

Today -

- Inform you about early intervention in eating disorders – especially
- body image problems and eating disorders in boys

Dr. Beth Shelton Shelton Psychology Melbourne

Body dissatisfaction in males

- Usually drive for lean muscularity broad shoulders, muscular chest, well developed arms, big biceps, V shaped torso, six pack abs - similar to competitive swimmer
- · Male BD rapidly approaching female levels
- Up to 95% College age US males are dissatisfied mean discrepancy between ideal and current body – 14%
- Up to a third of boys diet to lose weight
- 90% adolescent boys exercise mainly for muscle devt; 65% have changed their eating; 15% use substances including steroids
- Increased depression, anxietyuse of steroids, diet pills, compulsive exercise
- Study of 3000 Australian adults 1998 2008 prevalence of extreme dieting and purging increased faster in m than f
- Prevalence of strict dieting, fasting, purging and bingeing doubled in Australian men 1995 – 2005

Muscle Dysmorphia/"Bigorexia"

- Extreme preoccupation with becoming more lean and muscular
- · Working out despite serious pain or injury
- Shame, guilt or depression if not workout
- · Excessive mirror checking
- · Use or dependence on of anabolic steroids
- Impairment in social, occupational or interpersonal function
- Look outwardly healthy; BI distortion
- Currently classified as an obsessional disorder

Bryce's Story

Males and Eating Disorders

- Men and boys can and do have eating disorders
- Around 3 million Australians have an eating disorder
 25% of those around 750,000 are male
- 25% of AN and BN cases, up to 50% of BED cases
- Males are less likely to be in treatment
- Males have increased self-stigma and see ED as failure
- Males are less likely to get an accurate diagnosis of ED
- Early treatment means better chance of good outcome – look out for men and boys

What is an eating disorder?

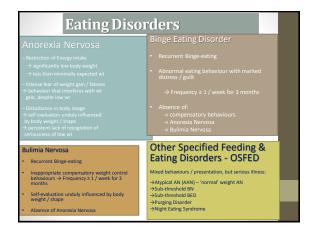
A person has an eating disorder when their attitudes to food, weight, body size or shape lead to marked changes in their eating or exercise behaviours which interfere with their life and relationships.

Eating and exercise behaviours that people with eating disorders may engage in include:

dieting, fasting, over-exercising, using slimming pills, diuretics, laxatives, vomiting, or binge eating (consumption of an unusually large amount of food

of loss of control).

accompanied by a sense



Prevalence

	prevalence	Gender (% Female)
AN	1 – 2%	90%
BN	2 – 4%	85%
BED	4+%	65%
OSFED	5+%	85%?

Outcomes of Eating Disorders

- **Recovery from Eating disorders:**
- ½ recovery within 5 years 1/3 have a relapsing course 20% have longterm illness
- Mortality: AN: 2 x that of women with other MH conditions; approaches 20% long term (suicide & medical complications)
- Suicide rate: AN: 1.5 x that in major depression
- Significant co-morbid illness:

anxiety disorders (OCD, social anxiety, PTSD), mood disorders, personality disorders, substance abuse, diabetes, IBS, obesity

Rhy's story

SO what can we do?

- Be alert to risks and warning signs
- •Help people with possible eating disorders and muscle dysmorpia get to skilled assessment treatment ASAP

Behavioural warning signs +males

- Dieting behaviours (e.g. fasting, counting calories, avoidance of food groups
- Evidence of binge eating (e.g. disappearance or hoarding of food)
- Evidence of vomiting or laxative use (e.g. taking trips to the bathroom during of immediately after meals)
- Excessive, obsessive or ritualistic exercise patterns
- Changes in food preferences (e.g. refusing to eat certain 'fatty' or 'bad' foods
- Development of rigid patterns around food selection, preparation and eating
- Difficulty eating with others, lying about eating
- Behaviours focused on food (e.g. preparing and cooking meals for others but not actually consuming; interest in cookbooks, nutrition)
- Behaviours focused on body shape and weight (e.g. interest in weight-loss) Preoccupation with body building, weight lifting, muscle toning Development of repetitive or obsessive behaviours relating to body shape and weight (e.g. body-checking such as body checking, repeated weighing of self, excessive timespent looking in mirrors
- Disgust with body size or shape or parts (eg: buttocks, thighs, stomach)
- Distortion of body size
- Social withdrawal or avoidance of previously enjoyed activities

Physical warning signs +males

- · Weight loss (> 15% below expected weight) or weight fluctuations
- · Low heart rate, temperature, blood pressure
- · menstrual changes
- Lowered testosterone
- Decreased libido
- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth from vomiting
- · Fainting, muscle weakness

Psychological warning signs +males

- Pre-occupation with food, body shape and weight
- Extreme body dissatisfaction
- Intense fear of weight gain
- Distorted body image (e.g. complaining of being/feeling/looking fat when a healthy weight
- or underweight)
- Sensitivity to comments or criticism about exercise, food, body shape or weight
- Heightened anxiety around meal times
- · Depression, anxiety or irritability
- · Low self-esteem (e.g. negative opinions of self, feelings of shame, guilt or self-loathing)
- Rigid 'black and white' thinking (e.g. labelling of food as either 'good' or 'bad')

Prevention?

- Australian studies show that Dad's weight bias predicts 3-4yr old boys development of weight bias and awareness of weight loss strategies
- Action figure toys have a muscularity beyond body
- · Weight-related teasing a risk factor
- · Higher body weight a risk factor
- · Increased objectification of males related to BD
- · Dieting as a cultural norm?
- Idea that your body size and shape is what it is meant to be if you eat regularly and to appetite, and exercise a reasonable amount?

Early Identification and treatment

- We need you!
- Key to recovery from AN is early detection and treatment
- Good treatments for Bulimia nervosa and Binge Eating Disorder
 - Only average it takes seven years for someone with BN to seek treatment



Take Home Messages 1

- Body dissatisfaction, eating disorders and muscle dysmorphia are increasing in boys and men
- In all eating disorders early treatment means better chance of full recovery
- Eating disorders can be hard to pick up, especially in
- Important role for parents, families, GPs, youth workers, sports coaches, teachers to help get young person to skilled assessment and treatment
- If the person is under 18, parents need to be informed and act
- If the person is over 18, careful, non-judgemental talking which leads ASAP to an appointment with a knowledgeable GP or a skilled ED professional is needed
- Resource: Mental Health First Aid for Eating Disorders

- Take Home Messages 2
 Eating Disorders are not the fault of the individual or the family
- They are serious mental health illnesses with serious, sometimes lifethreatening medical consequences
- The chance of fully recovering is increased the EARLIER the person gets to treatment
- Know the signs and what to do.
- Don't watch and wait