

Today -

- What is Bigorexia?
- Body image problems and eating disorders in boys
- Why early intervention in eating disorders matters & what to do

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Bigorexia????

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 Body Dissatisfaction 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, anxiety, use 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 – major risk for EDs

• Bigorexia

Bryce's Story

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

Eating Disorders	
Anorexia Nervosa <ul style="list-style-type: none"> - Restriction of Energy intake <ul style="list-style-type: none"> → significantly low body weight → less than minimally expected wt - Intense fear of weight gain / fatness <ul style="list-style-type: none"> → behaviour that interferes with wt gain, despite low wt - Disturbance in body image <ul style="list-style-type: none"> → self evaluation unduly influenced by body weight / shape → persistent lack of recognition of seriousness of low wt 	Binge Eating Disorder <ul style="list-style-type: none"> • Recurrent Binge-eating • Abnormal eating behaviour with marked distress / guilt <ul style="list-style-type: none"> → Frequency ≥ 1 / week for 3 months • Absence of: <ul style="list-style-type: none"> → compensatory behaviours → Anorexia Nervosa → Bulimia Nervosa
Bulimia Nervosa <ul style="list-style-type: none"> • Recurrent Binge-eating • Inappropriate compensatory weight control behaviours → Frequency ≥ 1 / week for 3 months • Self-evaluation unduly influenced by body weight / shape • Absence of Anorexia Nervosa 	Other Specified Feeding & Eating Disorders - OSFED <p>Mixed behaviours / presentation, but serious illness:</p> <ul style="list-style-type: none"> → Atypical AN (AAN) – "normal" weight AN → Sub-threshold BN → Sub-threshold BED → Purging Disorder → Night Eating Syndrome

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 accompanied by a sense of loss of control).

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 or 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, e.g.: repeated weighing of self, excessive time spent 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')

Rhy'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

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

SO what can we do?

- Be alert to risks and warning signs of EDs AND muscle dysmorphia
- Help young people with possible eating disorders and muscle dysmorphia get to skilled assessment and treatment ASAP

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
- Treatments for muscle dysmorphia
 - Only average it takes seven years for someone with BN to seek treatment

GUYS GET EATING DISORDERS TOO

While eating disorders are often portrayed as illnesses that only affect females, up to a quarter of people with an eating disorder are **MALE**.

25%

FALSE MESSAGES

Males are often exposed to cultural messages that can increase their vulnerability to such developing an eating disorder.

These messages do not reflect the reality of mental and physical health in males.

You are what you look like

MALES SHOULD ONLY HAVE ONE BODY TYPE.

Males need to be in control

Eating disorders aren't masculine

Calling Help

Find help immediately

Find help in your area by visiting: www.nedccom.au/helpines

Snapshot

nedccom.au/eating-disorders-in-males

Is it possible for a male to recover from an eating disorder?

Evidence shows the sooner intense starts treatment for an eating disorder, the shorter the recovery process.

If you suspect you or someone you know has an Eating Disorder

Find help immediately

Find help in your area by visiting: www.nedccom.au/helpines

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 builders
- 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?

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 males
- 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 life-threatening 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**