

Are more men getting eating disorders?

Since 2000, the number of men diagnosed with eating disorders has risen by nearly 30%.

What's going on?

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'Masculine concerns can include wanting a lean or defined physique.' Photograph: Peter Dazeley/Getty Images

“Somewhere deep within me is a destructive urge,” says Colin. “It’s this gremlin in my head that hits me at unexpected moments. Ultimately, complete recovery requires changing my perception of myself. It is going to be a struggle, but it’s achievable.” Colin is a 50-year-old community development manager, and has battled an eating disorder for more than two decades.

Eating disorders have long been perceived as an issue affecting women and girls, but this idea has been shown to be increasingly warped: the number of men being diagnosed has risen by 27% since 2000.

Typically, this has been interpreted as a stark reflection of increasing pressure on men to care more about their image, but the truth is perhaps more complex. Are cases of male eating disorders really increasing or are we simply getting better at recognising them? Statistics tell us that anorexia, for example, is 10 times more common in women than men, but we are preconditioned not to expect it in the latter. Then there is emotional overeating – far more common than either anorexia or bulimia – but which has only recently become the subject of serious research.

“One of our concerns is that diagnostic criteria for eating disorders are entirely based on female traits,” explains Nadia Micali, a senior lecturer at the Behavioural and Brain Sciences Unit at University College London. “To get an anorexia diagnosis, you need to be afraid of getting fat. But masculine concerns can include wanting a lean or defined physique, and males who become fixated with achieving that by excessive use of supplements, hormones or starvation may be dismissed by doctors.”

A number of men with eating disorders report reactions ranging from mild disbelief to outward aggression when they seek help. Many are branded as attention seekers, which only hastens a rapid decline in mental health.

“One of the reasons I relapsed was because I still have a continual fear of being a fraud,” says Dave, a 25-year-old standup comedian, recovering from anorexia. “When I first went to a GP with heart palpitations and low body temperature, I was told to buy a good jumper and cut down on coffee, and was shown the door. I now have a great doctor, who is understanding, but that constant fear that it was me and that I wasn’t anorexic at all, made me try more and more dangerous ways of controlling what I ate and losing weight.”

The prevailing stereotype paints a picture of anorexia as largely a 21st-century phenomenon, a disease predominantly affecting white, teenage girls from comfortable, middle-class family backgrounds, with the western luxury of being able to control what they eat. We are led to believe it arises entirely due to the pressures of modern-day image ideals, and our persistent obsession in equating slim with beautiful. The reality is that anorexia is a mental disorder that has existed for centuries.

It is neither gender nor geographically specific, and while it is most common in those aged 15-30, it can occur in older age groups too. And our perception of it as a female disease is, in fact, surprisingly recent. The first recorded case of anorexia was in 1649 when Richard Morton, a London physician, noted the symptoms of a young man. Morton described it as a “nervous consumption” and continued to record cases throughout his life. His notes refer to a “wasting of the body without any remarkable fever, cough or shortness of breath” and speculate on a link to the “cares and passions” of the mind.

Anorexics themselves often reject the concept that their disorder has been triggered by the predominance of certain body types in magazines and adverts. Instead, it is a gradual process, where they slip into an addictive mindset of associating weight loss with both internal and external approval. This acts as a coping mechanism for some underlying trauma, which may range from the end of a relationship, bullying, loneliness, bereavement or general low self-esteem.

The sensationalisation of eating disorders and, in the case of anorexia, creating the idea that you aren’t ill unless you are visibly emaciated adds to the problem. “Anorexics don’t necessarily have to look skinny, in the same way that you don’t have to be in bandages to be genuinely ill,” says Dave.

Eating disorders may spring from a combination of nature and nurture, but it is thought that certain personality characteristics predispose people to them. Given that just 30-40% of those with eating disorders receive treatment, there is a growing drive across the US and the UK to collect blood samples and pinpoint genes that may indicate vulnerability.

“Part of the anorexic mindset is the competitive mindset,” says Richard, a 24-year-old accounts manager. “It’s like a game and when I feel I’m winning at it, controlling my hunger and overcoming the feeling of needing sustenance can become an almost spiritual experience. In my own mind, there is no drug or sensation like it. But it’s a game I can never win. ”

“We should look at anorexia in the same way that we do bronchitis or sports injuries,” Dave says.

“During my worst phases, I just wished I could have read something down to earth on the subject, something that said: ‘There is nothing to be ashamed of. This is what it is, these are the risks and if you are worried, here is a helpline and how to get treatment.’”

- Men Get Eating Disorders Too is a national charity that supports men with eating disorders and their families.

Source: <http://www.theguardian.com/lifeandstyle/2015/jan/18/are-more-men-getting-eating-disorders>