

## Feeding or Eating Disorders Not Elsewhere Classified

### **Atypical Anorexia Nervosa**

All of the criteria for Anorexia Nervosa are met, except the individual's weight is within or above the normal range.

### **Subthreshold Bulimia Nervosa**

All of the criteria for Bulimia Nervosa are met, except behavior occurs less than once a week and fewer than 3 months.

### **Subthreshold Binge Eating Disorder**

All of the criteria for Binge Eating Disorder are met, except behavior occurs less than once a week and fewer than 3 months.

### **Purging Disorder**

Recurrent purging behavior to influence weight or shape in the absence of bingeing.

### **Night Eating Syndrome**

Recurrent episodes of eating after awakening from sleep or excessive food consumption after an evening meal.

According to recent research, there are significantly more men suffering from an eating disorder than it was previously believed.<sup>1</sup>

Men might diet for different reasons such as to prevent weight gain or to excel in sports. Men often develop eating disorders if they had a history of being overweight in childhood.

Even consumption of over-the-counter supplements may be dangerous. Excessive doses of these supplements can cause damage to the kidneys and digestive system, compromise endocrine function, and negatively effect performance.<sup>2</sup>

It is always recommended to consult a dietitian or a physician prior to taking any supplements.

## **What causes an Eating Disorder?**

The development of an Eating Disorder is complex in nature and often stems from a variety of influences (peers, societal expectations, media, parents, trauma, mental health concerns, etc.). Individuals with an eating disorder often have negative body image, poor self-esteem, anxiety, depression, and/or obsessive compulsive problems. Eating disorders affect both men and women.<sup>3</sup>

## **Eating Disorders and Men**

- Men make up 10–20% of anorexia and bulimia cases and up to 40% of binge eating disorder cases.<sup>4</sup>
- 1 million men in the USA are suffering from an eating disorder.<sup>5</sup>
- Bingeing and over-exercising are more prominent in men than women.<sup>6</sup>
- Men are less likely to recognize their eating disorder; hence, less likely to get diagnosed and treated.
- Many men with eating disorders use anabolic steroids to cut fat and gain muscle.<sup>6</sup>
- Risk factors include such personality characteristics as perfectionism, high achievement orientation, OCD, and ADHD.<sup>6</sup>

## **You Can Help a Friend with an Eating Disorder**

Talk to a professional about your concerns. Learn about eating disorders and symptoms.

Talk with your friend. Pick a time and place that is informal but private.

Do not nag, blame, or admonish.

Your friend may be resentful or angry, but do not take it personally.

Encourage your friend to speak to a professional.

Assist your friend in getting help.



## **Contact Professionals**

### **UNIVERSITY HEALTH SERVICES**

General Appointment: 850-644-4567

Nutrition Appointment: 850-644-8871  
<http://uhs.fsu.edu>

### **THE UNIVERSITY COUNSELING CENTER**

Counseling Appointment: 850-644-2003  
<http://counseling.fsu.edu>



# **What College Men Should Know About EATING DISORDERS**



UNIVERSITY HEALTH  
SERVICES



UNIVERSITY  
COUNSELING CENTER  
at Florida State University



**Check the statements below that apply to you:**

- ☐ I feel dissatisfied with my body size
- ☐ I regularly use over-the-counter supplements or steroids to enhance exercise
- ☐ I exercise excessively regardless of whether I am ill or tired
- ☐ I frequently use muscle-gaining or fat-burning supplements
- ☐ I feel guilty after eating a food considered “bad”
- ☐ I feel anxious, guilty, or “fat” if I am unable to exercise
- ☐ I feel shame about my eating behaviors
- ☐ I think about food, weight, and/or my body size all the time
- ☐ I temporarily fast to compensate for food eaten
- ☐ I frequently skip meals to control my weight
- ☐ I have a rigid eating schedule
- ☐ I am secretive about my eating or exercise practices
- ☐ My self-esteem and assertiveness are low
- ☐ I excessively count calories, carbohydrates, or fat
- ☐ I frequently use supplements, laxatives, diuretics, or other substances to control my weight or muscle mass
- ☐ I become anxious prior to eating
- ☐ I eat the same thing day after day or meal after meal
- ☐ I feel guilty if I eat a certain food that is high in calories, fat, or carbohydrates
- ☐ I feel pressure from TV or magazines to have a perfect body

**What Treatment Options are Available for Students at Florida State?**

*Men may feel ashamed to admit they have an eating disorder because they think it will make them appear less strong and manly. Guess what? You are not alone and effective treatment does exist! Don't wait if you think you may have an eating disorder.*

**Mental Health Counseling**

Eating disorders often occur as symptoms of emotional conflict. One common emotional conflict is stress which can trigger eating disorder symptoms such as negative body image or body dissatisfaction and excessive thoughts about weight, dieting, and food. During the initial counseling session, the student will be asked questions regarding eating habits, behaviors, lifestyle, and emotions. With the student’s input, the counselor will establish treatment goals and evaluate progress at follow-up appointments.

**Nutrition Assessment and Follow-Up**

The initial nutrition assessment provides an opportunity for the student to share their eating patterns and thoughts about weight, eating, and food. Then, an individualized nutrition care plan is developed by the nutritionist and the student. The ultimate goal is to help the student decrease disordered eating, normalize eating behaviors, stabilize weight and help the student feel confident about making balanced food choices to meet nutritional needs.

**Medical Evaluation**

All persons with a suspected eating disorder should be examined by a medical practitioner. The purpose of this evaluation is to confirm a diagnosis and to evaluate for medical complications that may result from inadequate nutrition, binge/purge cycles, excessive exercising, and use of over-the-counter supplements and/or steroids such as:

- Low body weight, heart rate, and body temperature
- Damage to esophagus, stomach, and/or tooth decay
- Abnormal bowel function
- Electrolyte imbalances, dangerous heart rhythms
- Water retention, muscle cramps, dehydration, nausea, vomiting, dizziness, and diarrhea
- Altered kidney function

The medical practitioner may recommend medications to treat underlying depression, anxiety, or other mental health conditions. Many cases of eating disorders can be treated on an outpatient basis. However, students who do not respond to treatment may be referred for hospitalization or residential care as needed.

**Treatment Team Approach**

Due to the complexity of eating disorders, treatment requires a comprehensive team approach. This multidisciplinary healthcare Eating Disorder Treatment Team includes dietitians, medical practitioners (primary care physicians, psychiatrists, and advanced RNs) and mental health professionals (counselors, psychologists, art therapists, and clinical social workers). Initial assessment and ongoing follow-up with each team member is an essential aspect in the treatment of an eating disorder. To further optimize students’ care, the team meets monthly to discuss the care plans for students with eating disorders. Each member discusses their students’ progress from their individual perspectives and receives professional support and suggestions from other members.

*If you feel concerned about any of the items listed on the left side of the brochure, you might want to speak with a counselor, physician, or nutritionist. These statements are either associated with increased risks of developing an eating disorder or are symptoms of an existing eating disorder.*

**Common Types of Eating Disorders**

***Anorexia Nervosa (AN)***

Anorexia Nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation, excessive weight loss, fear of weight gain, and refusal to maintain a weight which is normal for one’s height and age. These individuals often perceive themselves as being fat even though they are extremely thin. Men with Anorexia Nervosa are more likely to be diagnosed with Obsessive-Compulsive Disorder (OCD) than women with AN.

***Bulimia Nervosa (BN)***

Bulimia Nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle by bingeing and compensatory behaviors. These behaviors include self-induced vomiting, laxative and/or diuretic misuse, and excessive exercise and are used to “compensate” or “undo” the effects of binge eating by ridding the body of food and calories. Men with Bulimia Nervosa are more likely to use exercise or vomiting as a method of purging than laxatives or diuretics.

***Binge Eating Disorder (BED)***

Binge Eating Disorder, also known as compulsive eating, is a serious, potentially life threatening eating disorder characterized by recurrent binge eating without the regular use of compensatory behaviors.

<sup>1</sup>Hildebrandt, T., Alfano, L., & Langenbucher, J. W. (2010). Body image disturbance in 1000 male appearance and performance enhancing drug users. *Journal of psychiatric research*, 44(13), 841-846.  
<sup>2</sup>Robinson, K. J., Mountford, V. A., & Sperlinger, D. J. (2013). Being men with eating disorders: Perspectives of male eating disorder service-users. *Journal of health psychology*, 18(2), 176-186.  
<sup>3</sup>Brown, J., & Bardoukas, N. (2013). Predictors of Body Dissatisfaction in Asian and Caucasian Males: A Preliminary Test of a Three Factor Model. *International Journal of Men's Health*, 12(1), 3-16.  
<sup>4</sup>Jones, W., & Morgan, J. (2010). Eating disorders in men: a review of the literature. *Journal of Public Mental Health*, 9(2), 23-31.  
<sup>5</sup>The Eating Disorder Foundation. (2013). About Eating Disorders. Retrieved from <http://www.eatingdisorderfoundation.org/EatingDisorders.htm>  
<sup>6</sup>Specter, S. E., & Wiss, D. A. (2014). Muscle Dysmorphia: Where Body Image Obsession, Compulsive Exercise, Disordered Eating, and Substance Abuse Intersect in Susceptible Males. In *Eating Disorders, Addictions and Substance Use Disorders* (pp. 439-457). Springer Berlin Heidelberg.