

Eating disorders and men: The facts



Anyone can develop an eating disorder at any age, of any background, ethnic roots, gender or financial status. Blokes do develop eating disorders, research suggests that between 10% and 20% of sufferers are male, and this might be more about the fact that men visit their doctor less. It is possible the figures are actually higher.

“Only middle class teenage white girls get eating disorder, you’re a bloke, men can’t get eating disorders”

“We didn’t have eating disorders 50 years ago, things were different then”

Actually research suggest that eating disorders have always been with us in one form or another, nevertheless just 30 years ago there was not as much awareness, consequently people were often afraid to ask for help so they suffered alone and in silence.

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WHAT ARE EATING DISORDERS?

Food and eating play a very important part in our lives. We all vary in the foods we like, how much we need to eat, and when we like to eat. Food is essential for our health and development. It’s not unusual to experiment with different eating habits, for example you may have decided to become a vegetarian or tried changing your diet to improve your health. However, some eating patterns can be damaging.

Problems with food can begin when it is used to cope with those times when you are bored, anxious, angry, lonely, stressed or sad. Food becomes a problem when it is used to help you to cope with painful situations or feelings, or to relieve stress perhaps without you even realising it. If this is how you deal with emotions and feelings and you are unhappy about it, then you should try to talk to someone you trust. Try not to bottle things up - this is not helpful to you or other people around you, it won’t make you feel any better and the problem is unlikely to go away.

It is unlikely that an eating disorder will result from a single cause. It is much more likely to be a combination of many factors, events, feelings or pressures which lead to you feeling unable to cope. These can include: low self-esteem, family relationships, problems with friends, the death of someone special, problems at work, college or at university, lack of confidence, sexual or emotional abuse. Many people talk about simply feeling ‘too fat’ or ‘not good enough’. Teasing or even bullying around weight and shape have been identified as specific triggers for men.

Often people with eating disorders say that the eating disorder is the only way they feel they can stay in control of their life, but as time goes on it isn’t really *you* who is in control - it is the eating disorder. Some people also find they are affected by an urge to harm themselves or misuse alcohol or drugs. You may find that in common with many other people you experience feelings of despair and shame. You may have a feeling of failure or lack of control because you cannot overcome these feelings about food on your own.

“But I feel better than I ever have in my life, I feel FINE!”

So that’s ‘F**ked up’, Insecure, Neurotic and Emotional. Actually one of the effects of not eating enough is a ‘starvation high’. You might feel full of energy in the short term, but this will soon disappear as you begin to suffer muscle wastage, shortness of breath and osteoporosis (thinning bones). For men impotence and erectile dysfunction are also likely if you do not seek treatment.

WHO DO EATING DISORDERS AFFECT AND WHEN?

Anyone can develop an eating disorder, regardless of age, sex, cultural or racial background, usually they appear around 14 - 25; however it's not unusual for an eating disorder to appear in middle age.

Many people assume that eating disorders only affect teenage women. This is not true. At least 10% of people *diagnosed* as having an eating disorder are men. However there are probably many more undiagnosed cases because there is less chance of the condition being recognised in male sufferers. Many men find it hard to ask for help especially when the doctor or counsellor does not recognise their symptoms.

One of the most common symptoms of eating disorders in males is an excessive concern about fitness leading to over-exercising. This can put excessive pressure upon joints and lead to muscular complaints. It may also strain heart and lungs.

Research has shown that your genetic make-up may have a small impact upon whether or not you develop an eating disorder. Even the attitude of other family members towards food can have an impact. A key person - a parent or relative may unwittingly influence other family members through his or her attitude to food. In situations where there are high academic expectations, family issues or social pressures, you may focus on food and eating as a way of coping with these stresses. Traumatic events can sometimes trigger an eating disorder: bereavement, being bullied or abused, an upheaval in the family (such as divorce), long term illness or concerns over sexuality. Someone with a long-term illness or disability - such as diabetes, depression, blindness or deafness - may also experience eating problems.

"I'm intolerant to dairy products" "I can't eat carbohydrates" "I'm a vegan"

Is that really true? People sometimes use food fads to justify both their weight loss, and inability to eat many of the things offered to them.

HOW DO I KNOW IF I HAVE AN EATING DISORDER?

It's important to know that everyone will not have the same symptoms. Some people will have a mix of symptoms and you do not need to have all these symptoms to have an eating disorder.

Anorexia Nervosa (anorexia)

'Anorexia nervosa' means 'loss of appetite for nervous reasons' but this is misleading because in reality you have lost the ability to allow yourself to satisfy your appetite. You probably restrict the amount you eat and drink, sometimes to a dangerous level. You may exercise to burn off what you perceive to be excess calories. You focus on food in an attempt to cope with life, not to starve yourself to death. It is a way of demonstrating that you are in control of your body weight and shape. Ultimately, however, the disorder itself takes control and the chemical changes in the body affect the brain and distort thinking, making it almost impossible for you to make rational decisions about food. As the illness progresses, you will suffer from the exhaustion of starvation. Occasionally people die from the effects of anorexia, especially if it is untreated.

"I'm not a proper anorexic; I just exercise more than the others. The thinner I am, the better I run"

In the short term this may be true but as you deplete your body's reserves you will find that you hit 'the wall' sooner and sooner. You will also expose yourself to other issues that will affect your fitness such as osteoporosis and heart disease.

The effects of anorexia

Your body:

Severe weight loss; difficulty sleeping and tiredness; dizziness; stomach pains; constipation; feeling cold; growth of soft, fine hair all over your body; feeling uninterested in sex; poor skin; your hair falls out.

How you behave:

Excessive exercising; having ritual or obsessive behaviours; being secretive; lying about eating; trying to please everyone often alternating with being very angry; cooking or preparing food for everyone else; wearing baggy clothes.

How you think and feel:

Feeling fat when you are really underweight; getting irritable and moody; setting high standards and being a perfectionist; shutting yourself off from the world; thinking things are either right or wrong, there is no in between; difficulty concentrating.

"I'm not thin enough to be an anorexic"

Don't wait until you or someone you care about is too dangerously ill to ask for help. When you have anorexia the disorder is still telling you you're not thin enough even when you don't have the strength to stand up after sitting down.

The long-term effects of anorexia

The long-term effects of anorexia on the body and mind can be alarming and severe, in particular there is a high likelihood of developing osteoporosis and there is a much higher than normal risk of developing heart disease.

Once you are on the path to recovery, it can take some weeks or months for the body and mind to re-adjust. Eating and drinking regularly can cause your body to become bloated temporarily. On one hand you may experience enormous hunger whilst on the other; weight gain can seem an alarming prospect. Dealing with the expectations of others around you can also be stressful. Personality and mood swings can also take a while to settle, depending on the emotional difficulties that you may be facing.

"Eating disorders are caused because no-one eats as a family any more"

Again, eating disorders are more about dealing with difficult feelings and emotions as opposed to how you eat your meals. Food is not so much the issue, but the control mechanism. Even people who have been raised in families who eat together every night at the dinner table can develop eating disorders.

Anorexia and the family

Anorexia not only affects the person with the disorder - the whole family is affected. Each family is different but some common trends have been identified. People who develop anorexia have often been compliant and obedient children. They would be less likely to become angry than their brothers or sisters and would have been eager to please. They have often hidden their inner feelings and anxieties. They may fear failure and have an overwhelming desire to please and care for others. They are committed to achieving high standards set - or that they assume have been set - by parents or teachers, whereas often these high standards are self-imposed.

Anorexia may represent an attempt to demonstrate independence through control over food and eating. It is also very difficult for many people to understand that although food is an important issue, an eating disorder is actually all about feelings and emotions. This can lead to frustration and misunderstanding. Many carers find themselves saying in frustration something along the lines of *'Why don't they just eat?'*

Many families also find that the person with an eating disorder becomes the centre of attention which can seriously affect relationships between partners or brothers and sisters, parents, and other relatives.

"I can't be a real bulimic, I don't vomit, I only use laxatives and diuretics"

Any form of purging means there is a problem. In fact it can be more dangerous to use laxatives and diuretics as these prevent you absorbing vitamins and minerals that you need to stay healthy. In particular you risk serious heart disease if you do not get enough potassium.

Bulimia Nervosa

Bulimia is also linked with low self esteem, emotional problems and stress. You may constantly think about calories, dieting and ways of getting rid of the food you have eaten. Bulimia is actually more common than anorexia, but is more hidden because people with bulimia usually remain an average or just over average body weight. Bulimia can go unnoticed for a long time, although you may feel ill and very unhappy.

"I used to go to the food cupboard, fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier and fill the hole I felt I had inside. Afterwards I felt physically and emotionally upset and guilty about all the food I had eaten, so I would make myself sick."

If you have bulimia you become involved in a cycle of eating large amounts of food, making yourself sick, cutting down or starving for a few days or trying to find other ways to make up for the food you have eaten. Starving causes you to become so hungry that you eat large quantities of food because your body is craving nourishment. Some people do not vomit but take laxatives or diuretics: both behaviours may be described as 'purging' by medical professionals but taking laxatives or diuretics is particularly dangerous.

You are most likely to develop bulimia in your late teens to early 20s. This sometimes occurs because of a belief that bulimia will help you to diet successfully where other attempts to lose weight have failed. It is also often associated with low self-esteem or a general lack of self-confidence. You may have previously had anorexia.

The effects of bulimia

Your body:

Sore throat, bad breath and mouth infections; stomach pains; dry or poor skin; difficulty sleeping; constipation; puffy cheeks; dehydration; fainting; kidney and bowel problems.

How you behave:

Eating large quantities of food; being sick after meals or binges; taking laxatives or diet pills; being secretive and lying.

How you think and feel:

Feeling emotional and depressed; feeling out of control; mood swings; obsessed with dieting; food disappearing unexpectedly or being secretly hoarded

What is a binge?

At first you may begin to binge in an attempt to cope with emotional difficulties or to ease tension, but this can rapidly get out of control. You may find that the foods you eat are generally high in calories, carbohydrates and fat. In some circumstances, you may resort to eating things like uncooked pasta, partially defrosted frozen food or condiments, or retrieve and eat previously discarded food. As you start to feel full, feelings of guilt and shame come into your mind. It is not uncommon for people to eat two, three or even four times a normal amount of food in one go. In desperation, you may vomit or take laxatives to purge yourself of everything you have consumed. At this point, some people describe feeling emotionally relieved and physically light-headed. This cycle can keep inner pain and unhappiness at bay - but only for a brief time.

The frequency of these bulimic cycles will vary from person to person. You may suffer from an episode every few months or if you are more severely ill, you may binge and purge several times a day. Some people may vomit automatically after they have eaten any food. Others will eat socially but may be bulimic in private. Many people do not regard their illness as a problem, whilst others despise and fear the vicious and uncontrollable cycle they are trapped in.

Long-term effects of bulimia

In a similar way to anorexia, bulimia can take over the life of the person with the disorder, making them feel trapped and desperate. Bingeing, purging and dramatic loss of fluids can cause physical problems which can usually be corrected once the body is nourished in an even and moderate way.

Bulimia can, in extreme cases, be fatal due to heart failure. An imbalance or dangerously low levels of the essential minerals in the body can significantly, even fatally affect the working of vital internal organs. Other dangers of bulimia include rupture of the stomach, choking, and erosion of tooth enamel, painful swallowing and drying up of salivary glands. Laxative abuse can lead to serious bowel problems.

"I don't have an eating disorder, I just binge"

Binge Eating Disorder (BED) and compulsive overeating

If you binge eat, you may eat large amounts of food in a short period of time, you may focus on eating one particular food, you may select food randomly. The pattern of eating in a binge is very different from sitting down and having a meal. You may feel a lack of control during these binges, but unlike someone with bulimia nervosa, you do not try to get rid of the food. You may eat much more quickly, eat

until you are uncomfortably full, eat large amounts of food when you are not hungry or eat alone. You do this for very similar reasons to someone with bulimia.

Compulsive overeating involves 'picking' at food all day. There may be different reasons why you do this, but as with eating disorders, food and eating is used as a way of dealing with difficult feelings. If you compulsively overeat or binge eat, you may feel depressed or inadequate because you cannot control your eating, which can lead to further eating and weight gain.

"I spent all my time thinking about food. I even woke up at night thinking about it."

"Sometimes I just feel that I've lost all control that nobody in the world can feel as bad as I do after a binge, then I just start worrying about my weight. It never goes away"

Symptoms of binge eating may include some of the following:

Your body:

Weight gain; stomach pains; poor or spotty skin; difficulty sleeping; constipation.

How you behave:

Eating large quantities of food; being secretive and lying about how much you have eaten.

How you think and feel:

Feeling emotional and depressed; feeling out of control; mood swings; obsessed with weight. This cycle of bingeing and starving or purging can be broken, but you will need professional help to deal with some aspects of your emotional problems.

The most important thing is to make sure you eat enough. It sounds strange to say that to avoid a binge you should eat more, but many people binge after a period of starving themselves, so the body is hungry and it craves huge amounts of food. Then you may eat very little, because you feel so guilty about bingeing, and a cycle occurs. Make sure that you have enough to eat before and at school, college, or work to avoid a binge when you get home.

I'M WORRIED ABOUT TELLING SOMEONE ABOUT MY EATING DISORDER

Talking to someone you trust is an important part of recovering from an eating disorder. Covering up the symptoms, disguising the amount you eat and the way you feel, can become such a habit that talking openly about the issues in your life can seem almost impossible. Many people make excuses such as '*now is not the time*' or '*there is no one I can trust*'; or '*they may tell my partner or my parents*'.

It is extremely difficult to recover from an eating disorder without help from other people. Often partners and parents are grateful when they finally understand why you have been behaving so strangely. Ironically, the person with the problem often mistakenly believes their problems have been completely undetected. The secrecy and denial of eating disorders can make it difficult for you to acknowledge your problem when someone who cares, talks to you about it. This creates a barrier which only you can bring down, a task that may seem an impossible challenge.

The 'inner voice' which many people experience can make decisions about making a move towards recovery very difficult. Often your fear of gaining weight is very frightening indeed. It also affects the way you feel other people will react, and you may think their reaction will always be negative or lacking in understanding. This is the disorder distorting your thinking process, but it can be very hard to realise this. In order to recover you will have to be ready to challenge this negative thinking, and really want to move towards recovery before you will be able to respond to people who can help you.

WHERE TO TURN FOR HELP

You can find information about eating disorders on the internet (the *beat* site is www.b-eat.co.uk), or there are many books on the subject. However you may prefer to talk to someone about your particular circumstances on a confidential helpline.

Confidential helplines such as those run by *beat* are there to offer a listening ear. They can help you to seek out local services including self help groups where people support each other or individual self help support by phone, mail or e-mail. Helplines can offer more information about specific issues which may

concern you. If you are worried about talking to your General Practitioner (GP), they can suggest some strategies which may be helpful. The *beat* helpline service is there to support anyone who is concerned about themselves or someone they care about.

If you are living away from home or are at college or university there may be additional support available through the student union as well as the health centre or student counselling service. If you are unsure, NHS Direct can help you to find a local GP.

If you would prefer faith based support there are organisations that offer this. It is possible that your cultural background or faith makes seeking secular help difficult, in which case a confidential helpline can still offer support and information.

"I can cope by myself!"

You will need support, because eating disorders are so strong, it always needs professional or guided help to beat them.

SEEKING TREATMENT

Eating disorders can be beaten. Recovery is always possible even after many years of illness.

Eating disorders are complex conditions, and it can take a number of different professionals working together to treat them. Your GP should be able to make a diagnosis and tell you what sort of eating disorder they think you have. They may ask for a specialist to see you and make an assessment of your treatment needs.

Eating disorders affect you physically as well as emotionally and your treatment needs to address this. If you are a very low weight, then starting to eat again will be a priority, and your treatment may focus on this. You should be offered some psychological therapy- talking to a counsellor or therapist to help you with any emotional difficulties the eating disorder has caused. A Dietician or Nutritional counsellor can help with meal plans and food choices.

If you are a young person, you may be offered family therapy. This isn't because all your family is ill too- it is because having your family involved in helping you get well is proved to be the most effective.

If you need to see a specialist, most treatment takes place as an out-patient. Only the most seriously ill people and those who are also physically very frail should need to become an in-patient and stay in a hospital ward or special eating disorders unit.

The types and availability of treatment varies around the country and different types of help may be offered. Treatment should include dealing with the emotional as well as the physical issues but this must be done quite slowly so that you can cope with the changes. Help with eating and simply regaining weight is usually not enough by itself.

If someone is so ill their life is at risk, they can be treated even if they don't want to be. This is very rare, and there are legal safeguards in place that doctors have to follow very carefully. The *beat* website can access you to other useful websites with more information and advice.

The National Institute for Health and Clinical Excellence (NICE) have published treatment guidelines for England and Wales; and Quality Improvement Scotland (QIS) has produced guidelines for Scotland.

Self-Help

This may be useful as the first phase of treatment or alongside other treatments. There are many different styles of self-help publications and you need to find the right one for you.

Self-help groups can be a useful adjunct to treatment but, with a very few exceptions, they are not an alternative to professional treatment. However they can help sufferers and families understand they are not alone with the illness and offer valuable support and practical advice.

Effective treatment often involves working with families, carers and friends. The impact on the family of someone with an eating disorder can be enormous; families may also need support for themselves, and

advice on what will help and what may hinder an individual's recovery, *beat* helplines and support services are also there to help.

"It's just a phase"

Eating disorders flourish if they are ignored and they get worse very quickly. There is strong evidence that the sooner you seek treatment the easier it is to recover. It is extremely rare for an eating disorder to just 'go away'.

RECOVERING

We can beat eating disorders together.

This leaflet is only the beginning...there is so much to find out and to learn. If you want to find out more about *beat*, if you want to find out how you can be involved in beating eating disorders, then please contact us.

People are beating eating disorders every day. Adults, young people, parents, carers, friends, doctors, nurses and teachers. It doesn't matter who you are or what you do. YOU can start to beat eating disorders today.

beat Helpline 0845 634 1414

Open Monday to Friday 10:30am - 8:30pm and Saturdays 1:00pm - 4:30pm

beat Youthline 0845 634 7650

fyp@b-eat.co.uk

Open Monday to Friday 4:30pm - 8:30pm and Saturdays 1:00pm- 4:30pm

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