

Considerations and Factors that Impact Eating Disorders in Males: A Literature Review

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Abstract

This paper explores numerous published articles that report on results from research exploring the differences between men with eating disorders and women with eating disorders. Many treatment centers have not adapted their approaches or recognized the gender differences that exist. This paper examines the gender differences between males and females with eating by examining the societal stigmas and gender-based issues that males face, including body image, trauma, chemical dependency, and social media. Many of the eating disorder instruments highlight these differences, and a male-specific approach to treatment should be considered to fully understand and recognize the barriers males with eating disorders face.

Keywords: Eating disorders; Anorexia Nervosa; Bulimia Nervosa; Binge-Eating Disorder; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Considerations and Factors that Impact Eating Disorders in Males: A Literature Review

Eating disorders are life-threatening and life-altering conditions where one is obsessed with how they look, consume, and judge what others think about their appearance (Woodside et al., 2001). The obsession and preoccupation with weight can cause an unhealthy perception and thought process about food, leading to many adverse health problems. Early intervention is critical for those who struggle with eating disorders (Woodside et al., 2001). Men and women differ in how their eating disorders present themselves. Men with eating disorders would benefit from a specific treatment approach designed around the unique qualities of this gender. There are many varying factors and differences between genders, including the stigmatization of male treatment, body dysmorphia, diet culture, sports, drug use, social media, and the overall presentation of an eating disorder.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)

The DSM-5-TR is a diagnostic tool for various eating disorders, but the diagnostic criteria tend to reflect eating disorders in women (Raevuori et al., 2014). Although the DSM-5 has included "Gender-Related Diagnostic Issues" for some eating disorders, it still emphasizes the higher prevalence in women. It reflects the lack of information for men with eating disorders (American Psychiatric Association, 2022). Some common eating disorders that will be referenced in this paper include Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder.

Impact of Stigma on Men with Eating Disorders

In the DSM-5-TR, eating disorder warning signs include excessive exercise, avoidance of eating in front of others, or frequent bathroom use after eating (Turel et al., 2018). These warning signs are also prevalent among males with eating disorders but are often overlooked (Turel et al.,

2018). Diagnosing males with an eating disorder is relatively rare historically. Females were the primary population treated for eating disorders, contributing to a misconception that males do not have an eating disorder (Woodside et al., 2001). Although there is a suspected difference in the presentation and course of an eating disorder for men and women, more research is needed to determine this difference (Woodside et al., 2001). Later research has suggested that many symptoms of eating disorders among males are qualitatively different from females. The main contributing factor related to this difference is the overvaluation of weight and shape, which is specifically predicted on the internalization of a thin ideal (Gorrell & Murray, 2019). Given that men are already facing the barrier of stigma when seeking treatment, they must be treated effectively based on the differences that males and females present their eating disorders.

Evidence-based treatments are lacking for men, reinforcing the stigma that men do not need treatment for eating disorders (Strother et al., 2012). Furthermore, any clinician treating males with eating disorders will likely face a challenge given the limited literature they can access to guide their treatment. Resources are limited because treatment was designed for females mentally, physically, and physiologically (Strother et al., 2012). Although there are a few resources and treatment options for men, there are many barriers the individual and the clinician face when targeting this disorder. Although this has improved over the years, men have traditionally been poorly represented in different treatment centers because of insurance, with many insurance companies claiming that men do not get eating disorders (Collier, 2013). However, more recently, insurance companies have eased back, and more men are willing to pursue treatment due to affordability. Additionally, many online resources are available to men to connect with other men with eating disorders or attend virtual groups with trained eating

disorder clinicians (Collier, 2013). Progress has been made, but there are still barriers for men with eating disorders.

Eating disorders can develop from genetic and environmental factors (Räisänen & Hunt, 2014). Many people experience abuse or trauma, which can significantly impact later functioning. This is especially true for eating disorder populations, as around 70 percent of cases of Anorexia and Bulimia are linked to trauma and abuse (Räisänen & Hunt, 2014). Men are often overlooked as victims of trauma or abuse, which can lead to an oversight of a significant risk factor for developing an eating disorder. There are many considerations when looking at risk factors for eating disorders, including the stigma of men having a mental health problem (Räisänen & Hunt, 2014). Often men with eating disorders feel shameful about their situation because of how others will treat them. In one study, a high percentage of men shared how they were afraid to seek help for their eating disorder because they did not want to be viewed as "weak" by their families (Räisänen & Hunt, 2014). The same men had a similar experience when discussing trauma and abuse. These societal views helped to fuel these men's eating disorders because this was at least one area in their lives where they felt in control.

Impact of Gender on Eating Disorders

Men and women exhibit different symptoms and presentations with their eating disorders. Even though males and females can have Anorexia Nervosa, Bulimia Nervosa, or Binge-Eating Disorder, it does not mean these genders will display the same signs. The way that social stigmas, body image, diet culture, and sports affect men differs from women.

Gender-Based Issues for Males

The stigma surrounding male eating disorders can lead to men experiencing feelings of embarrassment about their eating disorders (Hocaoğlu, 2015). These feelings of embarrassment

often lead to men hiding their condition because of the shame of reaching out for help. Further research would be helpful to inform ways in which men can feel more open to seeking treatment (Hocaoglu, 2015).

Anorexia Nervosa is one of the most commonly known eating disorders affecting males and females. A review of the research suggests that females represent ninety percent of all Anorexia Nervosa cases (Zhang, 2014). It is estimated that 30% of Anorexia Nervosa cases are males, but this demographic is underreported and understudied (Zhang, 2014). Perhaps a contributing factor to this disproportionate representation is that the DSM-5 diagnostic criteria for Anorexia Nervosa have amenorrhea as a criterion, which exclusively pertains to females and might unintentionally perpetuate the belief that this is a disease predominantly found in females (Greenburg & Schoen, 2008). Although it may be true that females have significantly higher rates of Anorexia Nervosa, a significant number of males are impacted by this disorder and may be underrepresented. More gender-inclusive diagnostic criteria could help reduce the amount of underreported and undiagnosed cases of Anorexia Nervosa in males.

A negative body image, or body dysmorphia, is commonly associated with eating disorders for males and females (Gorrell & Murray, 2019). Men with an eating disorder may have difficulty recognizing their body image distortions because of societal standards, which typically involve a bulky, muscular body. However, this distortion applies differently to females, where societal standards involve a thin body. These different distortions change the treatment approach because of gender (Mangweth et al., 2004). Even though some men may want a thin body, many have goals towards a big, muscular physique. For the most part, men and women have differences in their ideal body type, which leads to differences in one's body image

(Mangweth et al., 2004). Awareness and education are needed to understand how ideal body type can impact the symptoms of an eating disorder (Räisänen & Hunt, 2014).

Diet culture and the use of magazines have substantially created unrealistic standards for the ideal body type (Scagliusi et al., 2009). Diet culture has normalized weight loss and restriction of food intake, especially for women. Information regarding female diets in magazines occurs about ten times more often than males (Scagliusi et al., 2009). Currently, the internet is widely used by many, and studies have shown how impactful this has been for those with eating disorders. Problematic internet use (PIU) has led to both men and women developing eating disorders such as Anorexia Nervosa because of the reoccurrence of social comparison and famous people whose body types are offered as models (Hinojo-Lucena, 2019). Models on social media have aimed more at the female diet culture. However, studies have shown that the internet is as impactful for men as it is for women because the stereotyped body images contribute to the lack of recognition for male eating disorders (Hinojo-Lucena, 2019). The use of magazines and the internet impacts men and women differently. It is essential to keep these differences in mind to create gender-inclusive tools for assessing and treating eating disorders.

Gender Body Image Issues and Sports

A common theme with eating disorders is the preoccupation with weight and body image. Distorted thinking patterns about weight lead to many individuals struggling with recovering from their eating disorder (Strother et al., 2012). Men and women typically have different thought processes about weight and ideal body size. For instance, men tend to strive for larger, more muscular builds. Men with eating disorders may become confused about their weight and whether they are considered underweight or overweight by society's standards (Strother et al.,

2012). This is different for females with eating disorders because societal views of a woman's body typically present a thin ideal body size (Strother et al., 2012).

Another consideration for male eating disorders is the use of sports. Participation in sports is often normalized as a form of exercise for men (Drummond, 2002). However, sports exercise may be misused by some men with eating disorders to lose weight. Many men with eating disorders will participate in sports that involve cardio workouts and the ability to burn calories. Men who practice disordered eating and play sports are more likely to overlook their eating problem (Drummond, 2002). This is due to normalizing sports and exercise, which typically involves rigorous exercise to increase heart rate and burn calories and fat. These activities are seen as healthy, and while they may be for some, men with an eating disorder are more likely to use exercise to fuel their unhealthy eating because of the normalization of exercise by society (Drummond, 2002).

Empirical Studies

It is helpful to consider some of the questionnaires used by researchers to learn more about the presentation of eating disorders. Some of these studies suggest gender differences in the development and symptoms of these disorders.

Eating Disorder Examination Questionnaire

The Eating Disorder Examination Questionnaire (EDE-Q) is a self-report tool that has helped researchers look for trends with eating disorders (Lavender et al., 2010). This empirical study is valuable because it helps researchers identify gender differences in eating disorders. Undergraduate men from Northeastern University who were enrolled in an introductory-level psychology course were administered the EDE-Q (Lavender et al., 2010). The results showed that about one in four men reported objective binge eating. Objective binge eating is an episode

that people with eating disorders experience when they consume an unusually large amount of food (Lavender et al., 2010). This is a considerable proportion of men, which a small sample size or other confounding factors may have skewed. Another global study examining Binge-Eating Disorders estimated that the prevalence rate of Binge-Eating Disorders was two percent among males (Woodside et al., 2004).

Further research is needed to assess the reliability and validity of these studies (Woodside et al., 2004). Aside from the variability in prevalence, another intriguing finding was that many of the men in the Northeastern University study indicated that they were seeking control in their lives, and consuming large quantities of food was meeting that need (Lavender et al., 2010). Further research would also be helpful to determine if men and women exhibit Binge Eating Disorders to seek control.

Temperament and Character Inventory-Revised

Whereas the EDE-Q looked at the prevalence of eating disorders and motivation for the eating behaviors, the TCI-R (Temperament and Character Inventory-Revised) is a self-report questionnaire examining gender differences in personality traits (Núñez-Navarro et al., 2012). Researchers used this questionnaire in an empirical study to examine personality differences among men and women with eating disorders (Núñez-Navarro et al., 2012). Men in this sample scored lower than women on the following TCI-R traits: harm avoidance, reward dependence, and cooperativeness (Núñez-Navarro et al., 2012). However, the findings had some limitations, particularly concerning harm avoidance. The questions on harm avoidance may have been more appropriate for female participants than male participants because of gender differences with the expression of emotions (Núñez-Navarro et al., 2012). Men and women express emotions differently; for example, women may express sadness, whereas men may be more likely to

express anger. This study supports the suggestion that there are gender differences in the presentation of eating disorders, but more research is needed to understand gender differences in personality traits further (Núñez-Navarro et al., 2012).

Multidimensional Perfectionism Scale

Whereas the TCI-R looks at personality traits, the Multidimensional Perfectionism Scale (MPS) assesses six specific dimensions involving perfectionism, including concern over mistakes, personal standards, perceived parental expectations, perceived parental criticism, doubts about actions, and organization (Woodside et al., 2004). A study utilizing the MPS found that men exhibited lower levels of perfectionism than women. This finding helped researchers conclude that women with eating disorders experience higher levels of perfectionism. In contrast, men with eating disorders may express similar behaviors but present differently than women (Woodside et al., 2004). One significant component of different perfectionistic behaviors is that women experience societal pressures to be thin and excessively aware of body shape.

On the other hand, if men experience reduced levels of perfectionism, they may be less strict about their weight goals or body shape ideals (Woodside et al., 2004). However, other studies do not support this conclusion, as other researchers have concluded that men with eating disorders become very preoccupied with their body image. This includes men and the desire to attain a muscular physique (Mangweth et al., 2004). However, many men with eating disorders will do whatever it takes to reach their desired image, resulting in many men with eating disorders becoming obsessed with their body image (Mangweth et al., 2004). Although this conclusion may be controversial, it is helpful to consider how perfectionistic tendencies impact the presentation and motivation of disordered eating behaviors in men.

Considerations for Counselors

Eating disorders are unique and individualized based on the person. However, counselors need to consider that there are numerous factors that impact the development and severity of an eating disorder.

Sexuality and Trauma

As counselors, there are some important considerations when treating men with eating disorders. For instance, the LGBTQ community faces many challenges, and research supports that it is becoming more common for men who identify with the LGBTQ community to develop an eating disorder (Lavender et al., 2017; Feldman & Meyer, 2007). Men encounter hardships with treatment for eating disorders, and men who belong to an LGBTQ community have faced additional challenges concerning treatment. For instance, one additional challenge LGBTQ men face is related to the trauma experienced in the LGBTQ community. The trauma LGBTQ men have faced has been linked with a higher risk of developing an eating disorder compared to heterosexual men (Feldman & Meyer, 2007). One specific example of how trauma has affected the LGBTQ community is related to sexual trauma. Research shows that sexual trauma was seen in around thirty percent of eating disorder cases in men who identified as a member of the LGBTQ community (Strother et al., 2012). The LGBTQ men who reported sexual abuse exhibited high shame, guilt, and disappointment (Strother et al., 2012). Seeking treatment for an eating disorder is very challenging, and adding elements such as sexuality differences and trauma has made the treatment process even more difficult. This represents one of the many contributing factors and barriers to successful eating disorder treatment, specifically for men.

Chemical Dependency

Another critical consideration and barrier to successful eating disorder treatment for males relates to chemical dependency (Strother et al., 2012). Individuals with an eating disorder

may use drugs and substances to cope with their eating disorder. Research shows that those with an eating disorder are at a higher risk of experiencing substance abuse problems. One study shows that around 24% of people with Bulimia also struggle with alcohol abuse (Strother et al., 2012). Additionally, about 57% of males with Binge-Eating Disorder exhibit issues with substance use, while only 28% of females reported substance problems (Strother et al., 2012). As previously mentioned, a study about undergraduate men reported Binge-Eating behaviors in about one in four cases (Lavender et al., 2010). It was also determined that about half of those males with Binge-Eating Disorder have a substance abuse problem, while only a quarter of females with Binge-Eating Disorder have a problem with substance use. Both males and females with an eating disorder are at risk for developing an addiction to drugs, but males with a Binge-Eating Disorder were shown to be at a higher risk compared to females with a Binge-Eating Disorder (Strother et al., 2012). Research also shows that men with Anorexia Nervosa, and Bulimia report higher numbers associated with addiction (Strother et al., 2012). Addiction is growing, and counselors must consider the impacts and challenges when working with men with eating disorders who also struggle with substances.

Social Media

Counselors should consider the impacts of social media on eating disorders because the use of social media is where many people consume their knowledge nowadays. For example, a study on Polish adolescents explored how these children and young adults learned about eating disorders (Czeczor et al., 2016). The adolescents shared that much of their knowledge about eating disorders stemmed from the media and less from their education and their support system. The same study discovered that adolescents' awareness of eating disorders involves the impact eating disorders have on the female population (Czeczor et al., 2016). They also shared

extensive knowledge about the symptoms, complications, and treatment of Anorexia Nervosa. Many of the adolescents from the study did not consider men with eating disorders, and much of their knowledge about specific eating disorders included Anorexia Nervosa but not Binge-Eating Disorder or Bulimia (Czepczor et al., 2016). As social media continues to grow, counselors and eating disorder specialists should educate youth, especially about the different eating disorders and the impacts these have on men and women (Griffiths et al., 2018). All these considerations should empower counselors to be mindful of potential challenges and barriers regarding treating male eating disorders.

Levels of Treatment

The treatment of eating disorders depends on the individual and the severity of their eating disorder (Räisänen & Hunt, 2014). Currently, there are many different types of treatment levels, including inpatient, residential, partial hospitalization, and outpatient. Determining the appropriate level of care is an important first step when treating eating disorders. Furthermore, treating eating disorders in the early stages with an appropriate level of care is significantly important for long-term success (Räisänen & Hunt, 2014). Each of these different levels of treatment involves counseling and food exposure. Inpatient treatment is the highest level of care, with patients being monitored at all times, especially regarding medical concerns (Strother et al., 2012). The step-down level from inpatient is residential, where patients with eating disorders are monitored at all times but typically reside in a home with other patients wherein non-medical personnel staff the facility. Partial hospitalization is a lower level of care compared to inpatient and residential treatment wherein patients will be on site for most of the day but not sleep there overnight. This continues with outpatient treatment, where patients recovering from eating disorders are seen for counseling and assessed on their progress, but with less frequency

(Strother et al., 2012), for example, once per week. It is essential to consider that each individual seeking treatment for eating disorders begins treatment at the level of care that represents the severity of their eating disorder.

Male Treatment Approach

The treatment approach for male eating disorders should coincide with successful interventions used for women (Scagliusi et al., 2009). Treatment for males with eating disorders should focus on three significant factors that have been successful with women. The first includes nutritional goals (Strother et al., 2012). Nutritional goals are dependent on the individual and type of eating disorder. One way to determine these goals is by viewing their weight history and gaining a better understanding of what a healthy weight should be for that individual based on their history and genetics. A dietitian has many tools to help the individual with an eating disorder determine their nutritional goals. Men would benefit from having a dietitian with experience regarding male eating disorders (Strother et al., 2012).

Psychoeducation and the theoretical approach is the second factor that should be considered. Educating individuals with an eating disorder about food, weight, body image, and societal stigmas can help them differentiate between healthy and unhealthy thinking about eating (Strother et al., 2012). The education process is a way to build rapport with the individual and introduce techniques that have been successful and effective for female eating disorders. Education approaches are utilized in all the different levels of treatment. There is an abundance of approaches that can be used. However, Cognitive-Behavioral Therapy (CBT), Dialectical-Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Motivational Interviewing were found to be the most effective (Strother et al., 2012). The combination of

education, rapport building, and blending different theories into counseling practice has led to higher success rates of recovery at treatment programs.

The third factor is addressing any challenges and barriers that inhibit recovery. Many matters may interfere with recovery and treatment, and some may be related to gender differences (Kinnaird et al., 2018). Males with eating disorders seeking treatment may have difficulty expressing their needs because many treatment centers were designed around the female population. Adaptation and inclusion of male treatment strategies are necessary for more success in recovery. Addressing challenges that inhibit recovery is significant early on (Kinnaird et al., 2018). Treatment centers can adapt their practices for male eating disorders by promoting further education about male eating disorders and offering more male treatment programs. There is growing evidence that males have more success with eating disorder recovery when in treatment with other males.

Furthermore, research has shown the effectiveness of group therapy, and males with eating disorders in group therapy have been shown to have a more remarkable outcome toward recovery (Weltzin, 2012). Additionally, group therapy allows males to build connections with one another and to feel more comfortable in the treatment process. Men with eating disorders will have the opportunity to feel valued, included, and connected with other men who may be similar to them. A male-only program may lead to more men seeking treatment (Kinnaird et al., 2019). However, if male-only is not possible, adapting the current treatment centers to foster connection and comfortability is vital for long-term success for males with an eating disorder.

Conclusion

Eating disorders are common diseases that affect both men and women. Much of the research and knowledge about eating disorders address women, while the research on males with

eating disorders is lacking. However, current research and literature suggest that recognition of male eating disorders is becoming more common, and treatment has become more inclusive for men (Weltzin, 2012). Even though the DSM-5 has recognized women with eating disorders in terms of diagnosis, recent developments and adaptations of the DSM-5 have further expanded the knowledge and depth of eating disorders, recognizing men with eating disorders more than before. There are gender differences in eating disorders, and research has shown that men and women can both have eating disorders, but the presentation of their eating disorders may differ. All the literature surrounding the eating disorder instruments have shown how men are just as affected as women regarding their eating disorder. Secondary concerns such as trauma, substance use, and social media all play an integral role in eating disorders for males and females. The research shows that the treatment approach for males with eating disorders should be similar to that of females. However, it is important to recognize the unique needs of men with eating disorders because men have an overall different presentation of their eating disorders compared to women. Treatment centers need to adapt to the present moment and consider the differences that men and women have in their treatment needs because many men with eating disorders are not being treated as they could and should be.

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