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Where are all the boys? An examination of gender and diagnosis in treatment-seeking adolescents with an eating disorder

- Eating disorders (ED) are commonly thought to affect girls – leading to exclusion of boys in ED research
- Only 1% of peer-reviewed articles on anorexia nervosa (AN) in male samples¹
- However, boys and men represent at least 1 in 5 of all ED cases²
- Female-centric ED research lens -> female-centric ED diagnostic criteria and assessment tools, -> boys with clinically significant ED psychopathology may be overlooked

Research aims/hypothesis:

- Treatment-seeking boys with EDs will be more likely than girls to be diagnosed with an a sub-threshold diagnoses
- Are boys with full-threshold ED diagnoses more likely to meet hospitalization criteria than those with sub-threshold ED diagnoses?

Participants

- 1474 youths (cisgender boys = 244; cisgender girls = 1230)
- Treated for ED at CHOP (both inpatient and outpatient)
- AN ($N = 1159$), bulimia nervosa (BN; $N = 29$), other specified feeding and eating disorder (OSFED; $N = 75$), and unspecified feeding and eating disorder (UFED; $N = 227$)
- Age $M = 15.27$ yrs ($SD = 2.51$) – non sig. for gender difference ($p = .42$)

Method

- Retrospective chart review
- Diagnoses made by trained research staff using DSM-5 criteria
- Full-threshold ED diagnoses included AN and BN
- Sub-threshold ED diagnoses OSFED and UFED

- Hospitalization criteria included at least one of the following: bradycardia, orthostatic compromise, hypophosphatemia and elevated ALT/AST

Chi square analyses conducted in IBM SPSS v.25³

Results

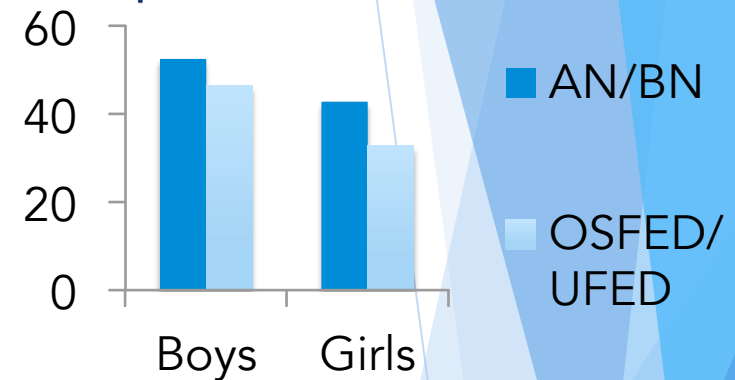
- Chi square analysis for diagnoses and gender was significant $\chi^2(3, 1474) = 14.22, p < .01$.



Boys were 1.79x
CI95%[1.31, 2.45] more
likely to have UFED or
OSFED diagnosis than
girls



% patients meeting ED
hospitalization criteria



46.5% of all boys
with sub-threshold ED met at
least one criterion for
hospitalization

Across all ED, cisgender boys were more likely than
cisgender girls to meet at least one hospitalization
criteria ($p < .01$)

1 in 3 boys with sub-
threshold ED exhibited postural
tachycardia

Boys with full-threshold ED diagnoses did not differ on
likelihood of meeting hospitalization criteria ($p = .39$).

Findings

- Cisgender boys presenting for ED treatment were more likely to receive sub-threshold diagnoses than cisgender females
- Despite this, boys were more likely to have significant medical complications
- Boys with sub-threshold ED diagnoses (UFED or OSFED) were not differentiated from those with full-threshold ED diagnoses (AN or BN) on hospitalization criteria

Implications

- Need for ED diagnostic criteria that captures gender differences in presentation

Limitations

- Small *N* limited inclusion of transgender and non-binary individuals

References & Acknowledgements

¹ Murray, S. B., Griffiths, S., & Mond, J.M. (2016). Evolving eating disorder pathology: Conceptualizing muscularity-oriented disordered eating. *British Journal of Psychiatry*, 208, 414-415.

² Deloitte Access Economics. *The social and economic cost of eating disorders in the United States of America: A report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy of Eating Disorders*. (June 2020). Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>

³ IBM Corporation. (2017). *IBM SPSS statistics for Mac* (Version 25.0). [Computer software]. Armonk, NY: Author.

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