

Let's Hear It For The Boys: Time to open the conversation about anorexia in adolescent males.

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Service Context

In our Child & Adolescent Mental Health (CAMH) Eating Disorder Service in the Northern Trust we serve a population of almost 471,000 people across a geographical area of 1,733 square miles, the largest geographical trust in Northern Ireland. Our service sits within the CAMHS step 3 service offering out-patient care to children and young people up to age 18 with the option of inpatient admission when indicated for those below age 16 under shared care arrangements with the Paediatric inpatient ward in our trust's largest district general hospital, Antrim Area. Those aged 16 years or over (up to but not including those aged 18 years) that require admission avail of a bed in our regional inpatient unit (Beechcroft) if their mental health needs outweigh their eating disorder physical needs, or an adult medical bed in the district general hospital with input from our team by liaison if the eating disorder physical health issues are paramount. Over the last 5 years we have seen approximately 400 patients, 79.7% female and 20.3% male. We are a small multidisciplinary team with input from nursing, psychiatry, dietetics, clinical psychology, and social work. We use evidence based practice as recommended by NICE guidance.

Project Aim

To explore the differing presentations and clinical course of adolescent males with anorexia nervosa who presented to our service.

Literature Review

The stereotypical perceptions of an 'eating disorder' tend to centre around affluent, Caucasian, teenage females with anorexia nervosa (Murray et. al., 2017), however this is likely to lead to underestimations of male susceptibility to eating disorders, and reinforce stereotypes of eating disorders as a primarily female issue (Sweeting et. al., 2015). Historically the literature has noted that males with eating disorders have been a significantly under-researched group (e.g. Murray et. al., 2017; Stedal & Lindvall Dahlgren, 2016), however recent research has begun to focus on the demographic and clinical characteristics of males within this population, although the tendency has been to examine males as compared with females, rather than as a discrete sample. Differences between male and female eating-disordered presentations have been reported on factors including neuropsychological profile (Stedal & Lindvall Dahlgren, 2016), self ratings on the Eating Disorder Examination Questionnaire (Darcy et. al., 2012), presenting medical characteristics and risk factors (Vo et. al., 2016; Coelho et. al., 2018) and body composition (Nagata et. al., 2017). Emerging research has additionally begun to examine potential predictors for eating disordered-presentations in children and adolescents. Barcaccia et. al. (2017) explored the role of mass media and peer views on eating disordered behaviours in both males and females; Evans et. al. (2017) reported that dietary restraint at 7 years of age predicted males' eating disorder symptoms at 12 years old, in contrast to females. Our study focused on demographic and medical characteristics of adolescent males with anorexia nervosa who attended our service, and examined patterns of similarity and / or difference both within this sample and with females' presentations.

References: Murray et. al., 2017; Sweeting et. al., 2015;; Stedal & Lindvall Dahlgren, 2016; Darcy et. al., 2012; Vo et. al., 2017; Coelho et. al., 2018; Nagata et. al., 2017; Barcaccia et. al., 2017; Evans et. al., 2017

Methods

A retrospective chart review was completed, examining 6 cases of adolescent boys aged between 10 and 16 years (at point of referral) that presented to our service between 2011 & 2020, and received a diagnosis of anorexia nervosa. These cases were chosen for their similarities in presentation and course of therapy.

Medical Characteristics

Case	WtH initial	WtH when stable	Urea initial	Urea when stable	Creat initial	Creat when stable
1	78.9	110	8.4	4	90	63
2	101	118	10.7	6.7	98	95
3	82	107	10.5	6	95	58
4	84.2	99.1	6.3	5.3	66	50
5	88.8	95.7	6.3	6.1	67	65
6	89.7	96.3	10.4	6.9	126	62

Conclusions

Previous literature reviews have found that males presenting with eating disorders are more concerned with muscularity rather than drive for thinness (Nagata et. al., 2017), which was reflected in our findings with clinical presentations associated with competitive sport engagement at a high level, obsessive tendency to exercise and clinical complications at a higher weight for height than expected. There is limited evidence about response to treatment at specific weight for heights, this case series highlights that current guideline levels for monitoring risk may not be helpful in gauging expectations regarding talking therapy engagement in boys.

We hope that the information described from our case series may be helpful in identifying and exploring the characteristics of adolescent males with anorexia nervosa, and in delineating similarities and differences within this sample, and with females presenting to the service. We recommend consideration that body composition analysis may be useful in assessment and management of male patients. Additionally we hope that this may be the impetus to drive further research in this area.

Results

The cases examined were noted to run a clinical course that varied greatly from the more typical patterns we see with adolescent girls. We noted patterns among the six cases examined, including:

Clinical presentation similarities:

- Perfectionistic traits were often associated with competitive sports at a high level rather than just a focus on academic performance.
- Excessive exercise was a prominent presenting feature, associated with obsessive traits.
- Blood results and clinical observations continued to be more deranged than we typically expect at the associated weight for heights in female patients. We hypothesise that this may be associated with higher muscle to fat ratio/muscularity.

Clinical progress during treatment:

- A much higher weight for height was required for patients to engage openly in talking therapy.
- In addition 5 out of 6 had trials of Sertaline commenced when clinically indicated with beneficial effects reported and improved engagement in talking work thereafter.
- A much higher for height was required for stabilisation of blood results.