Muscle Dysmorphia

- Common amongst men\textsuperscript{6}
- Less common in women\textsuperscript{8}

*Due to insecurities related to muscle mass.*
“It’s the feeling of being emasculated, weak, powerless, unattractive...”

-Elijah
3.5% reported an eating disorder
1.5% suffer from Bulimia
0.9% suffer from Anorexia

2.1% reported an eating disorder
1% suffer from muscle dysmorphia
10% of bodybuilders

2.8% suffer from binge eating disorder

Estimated 30 million people suffer from an eating disorder

*Based on a National Study
“Difficult to distinguish from an outside perspective.”
Exercise Dependence

Describing the phenomenon of Compulsive physical activity.
Exercise

Dependence

Describing the phenomenon of Compulsive physical activity.
Muscle Dysmorphia

- Obsessive belief one is not muscular despite obvious bulk$^{6,21}$

- Characteristic of obsessive compulsive disorder
  - Needing to look and feel flawless and attractive$^{23}$

- Experience shame and embarrassment about their body$^{21}$
Signs

- Obsessive preoccupation with one’s muscular appearance\textsuperscript{5,18}
- Gym session 2 times per day, 5-6 times per week\textsuperscript{4}
- Extremely rigid diet and diet timing\textsuperscript{22}
- Avoiding social events to maintain routine\textsuperscript{18}
- Steroid abuse
Restrictive Eating

- Protein at 3-5g/kg per day\textsuperscript{24}
- CHO restricted to 2g/kg

CHO cycling, alternating:
- Low intake (2 g/kg)\textsuperscript{15}
- High intake (6 g/kg)

- Careful timing of sugar intake\textsuperscript{24}
- Eliminates dietary fruit and dairy

False Information

Nutritional Guidance from:
- Muscle magazines
- Online bodybuilding forums
- Personal trainers
- Supplement industry
Risk Factors

Psychological:
- Bullying
- Trauma

Socio-cultural influences:
- Childhood obesity

Harmful Belief Systems:
- Males should have one body type
- Males need to be in control
Steroid Abuse

- Steroids are EFFECTIVE\(^9\)

- May cause paranoia, extreme irritability, anxiety, and delusions\(^{20}\)

- Withdrawal can lead to depression and suicidal ideations

- Long Term: Kidney failure, liver damage, enlarged heart, high blood pressure\(^{20}\)

- Cause of Death: Heart attack or stroke\(^9\)
Synthol Abuse
**Therapy**

Cognitive Behavioral Therapy:
- Identifying/challenging misconceptions about food, weight, body image, and compulsion to exercise$^{11,7}$
- Neutralize triggers$^{16}$
- Address shame, depression, anxiety, social avoidance, body image concerns$^{1,16}$.

**Treatment**
- Individualized, eating behavior, physical activity, lab tests$^1$
- Reduction/elimination of supplements$^2$
- Avoiding diet extremes
- Eat normally!
The Role Of The Dietitian

- Reintroduce a personally tailor “diet”¹
- Decrease food supplement dependence
- Nutritional needs
- Reestablish regular feeding patterns¹,⁶
- Reduce food fears, restrictions and feelings/emotions around food
- Decrease protein intake; increase complimentary whole foods²³
RAISE AWARENESS
It’s an awful thing to be betrayed by your own body.

And it’s lonely because you feel you can’t talk about it.
References


References


References


