Orthorexia Nervosa: How is this Affecting the Male Population?

Dylan A. Bailey

Introduction to Orthorexia Nervosa

Health. Wellness. Longevity. The justification for such terms can be met with aspects such as, the "rising cost of health care", the "obesity epidemic", and the "green movement" (1) manifesting themselves heavily on the minds of health-conscious individuals. Orthorexia Nervosa (ON) occurs when an individual adopts unhealthy obsessions with healthy eating (2), subsequently resulting in extensive dietary restrictions, a distortion of priorities, obsessive tendencies associated with food, and severe social isolation (3,4,5). Stemming from the Greek words "orthós" (straight, right, proper) and "orexsis" (appetite), ON was coined by Steven Bratman, MD, who first wrote about this condition in an October 1997 issue of Yoga Journal. But how is it possible for eating healthy to actually cause harm to one's health?

An individual struggling with ON will follow a strict diet, of which major food groups are often not sufficiently consumed, resulting in a shortage of essential nutrients, modification of social and personal relationships, and change in the individual's general psychosocial condition (6). Essentially, the desire to eat healthy foods is not itself a cause for concern, yet the obsessions for these foods, coinciding with the loss of moderation, balance, and withdrawal from life, can result in the fostering of this condition (3). What can start as diet tied to philosophy or theory, quickly adopts "pure" and "spiritual" connotations in the ON individuals mind (3,5). Additionally, feelings of superiority can arise when compared to the eating lifestyle and dietary habits of others (3). Often, specific foods, whole food groups, and food preparation methods deemed perilous to his/her health will be avoided by a person with ON, as ingesting what he/she considers to be quality food becomes of paramount importance. (3,4).

Obsessive expressions towards food are qualitative in an individual with ON, unlike cases of anorexia nervosa (AN) or bulimia nervosa (BN), in which food quantity becomes a motivating factor to regulate weight status (3). The more qualitatively restrictive and complicated the diet, the more an individual with ON will be attracted to it (7). It has even been reported that in extreme cases, a number of ON individuals would rather starve than consume foods regarded as "impure" or "unnatural" (3). Currently, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) does not recognize this recent eating behavior as a disease, but research has begun to highlight the stark prevalence of ON. Donini (3) reported that 28 of 404 Italian subjects (6.9%) displayed orthorexic behavior. Ramacciotti (8) also indicated a 57.6% (N=102) prominence of ON among a general Italian population sample. A "highly sensitive eating behavior disorder" or ON, was assessed in a sample of 318 resident medical doctors in Ankura, Turkey, utilizing the ORTO-15 test. Results from this test indicated that 45.5% of the study group scored below 40, defining them as orthorexic (6). Fidan (9) demonstrated that 43.6% of the 878 medical students of Ataturk University Medical School in Erzurum, Turkey, expressed ON tendencies using ORTO-11, the ORTO-15 test translated into Turkish. ON has even been reported to occur among dietitians (10), athletes (11), and performance artists including opera singers, ballet dancers, and orchestra artists (12).

A Dual Manifestation of Orthorexia Nervosa within the Male Population

Albeit limited, much of the recent research indicates a prevalence of ON among males, highlighting the idea that ON affects males equally, and potentially more frequently than females. Donini (3), Fidan (9), Garcia (11), and Aksoydan (12), have all determined that males experienced higher rates of ON occurrence when compared to females, with factors such as age, and weight further categorizing incidence of ON within the gender. ON tendencies among males have been reported to maintain a direct relationship with increasing age (3) and weight (12). One possible explanation for this could be the need to adopt a higher sensitivity toward nutrition, fueling a desire to prevent or treat illness and improve general health (5,12). Older males have an increased susceptibility to experience chronic illness, with efforts to avoid disease prompting the assessment of diet as an area of concern, justifying the modification and adoption of particular health conscious dietary behaviors. The media can be a primary contributor to the idea that eating well is important for keeping wellness (9), as knowledge

concerning the relationship between diet, health, and illness, can transition into obsession, and the development of ON. Being overweight or obese can additionally result in possible ON occurrence, as society has begun placing an increasing amount of importance on health and body image. Further, an obesogenic environment has given rise to the stigmatization of fatness, as male-centric ideals (muscularity, strength, power, athleticism) have gained heightened societal focus.

Moreover, ON is occurring within younger males maintaining lower weight status, and a previously existing risk for eating disorders (EDs) (9,11). In correlation with the strict physical and aesthetic stereotypes associated with males, in which "six pack" abdominal muscles dominate billboards, adopting the "health-fanatic" lifestyle can be seen as an acceptable action, legitimizing an individual's maniacal obsession with healthy eating. Even though weight loss is not a motivational factor for the dietary extremes expressed within ON, eating healthfully is seen as positive, and males are beginning to adopt this knowledge. Yet males, being new to a world filled with aesthetic and health filled expectations, can experience anxiousness and susceptibility toward bombarding social messages concerning food, pathologically exacerbating ON occurrence (3).

ON prevalence has illustrated a relationship to the fitness industry and athletic roots, as evidenced by ON manifestation in Italian male athletes (11), performance artists (12), and recreational fitness participants (13). Athletes are often well aware that nutrition plays a crucial role for enhancing performance and recovery, reaching an ideal weight, shaping the body (male specific pursuit of muscularity) and preventing physical detriments, which can lead to food control as a necessary factor to maintain intensive exercise practice and to achieve optimal performance (11). Knowledge concerning the significant role nutrition upholds in athletics, coupled with the prevalent availability of dietary information from unqualified sources, and the self-motivation character trait seen in athletes (14), can promote swift implementations of inadequate dietary practices. This can be detrimental for athletes displaying ON tendencies, as the potential avoidance of whole foods or food groups can result in nutrient deficiencies, and low energy availability within a population for whom adequate nutrition and energy intakes are essential for advantageous sport performance. Additionally, sports nutritionists or other health professionals dealing with male athletes need to understand that reluctance to discuss eating problems may occur, as difficulties can arise due to the shame and embarrassment associated with displaying stereotypically female dilemmas (14).

Implications for Dietetic Professionals and ON Treatment

Although ON subjects are not obsessed with food quantity intake as observed in AN and BN, some aspects of ON and clinically recognized EDs can be observed as similar including a genetic predisposition to perfectionism, anxiety, rigidity, a need for control of life transferred to eating, and character traits of detailed, careful, and tidy personas with an exaggerated need for self-care and protection (4). Zamora (15) explains that ON patients display obsessive-compulsive mechanisms with personality traits, phobic mechanisms, and hypochondriac mechanisms similar to those of restrictive anorexia. Might someone who is heavily obsessed with achieving the perfect diet, constantly thinking about food, and dedicating significant time to planning, purchasing, preparing, and consuming it, be categorized as having obsessive-compulsive disorder (OCD)?

Individuals with greater orthorexic tendencies were reported to have higher obsessive-compulsive symptoms (4). Garcia (11) confirmed that ON showed a strong relationship with Yale Brown Cornell Eating Disorder Scale (YBC-EDS) positivity, food and eating preoccupations, and eating and exercise rituals, making the association between ON and obsessive-compulsive symptoms clear. Ultimately, the specific clinical implication of ON is still under debate. ONs significance within the ED or OCD spectrum is certainly unknown, as future research can clarify its exact diagnostic placement.

Nonetheless, treatment solutions should utilize cognitive behavioral therapy (CBT) to challenge the patient's distorted belief system, by tapping

into current faulty beliefs and altering them (7). Individuals with ON need to understand that food quality is not the only determinant of health. Furthermore, nutrition education should emphasize eating techniques which will inhibit a relapse of obsessive tendencies. Medications, specifically selective serotonin reuptake inhibitors (SSRIs), have also been reported to be useful during ON treatment (7), but patients obsessed with dietary purity may be hesitant to adopt a prescribed drug regimen. Conversely, unlike patients with other ED's, subjects with ON may be more responsive to treatment due to their overall concern with health and self-care (7).

Now, even though the treatment of ON requires a multifaceted team of physicians, psychotherapists, and nurses, registered dietitians (RDs) can be the first in line to intercept an individual displaying ON tendencies. A person with ON may seek an RD for more information in regards to maintaining an optimal way of eating, with input to dietary concerns aligning with the disordered behavior (7). Registered dietitians need to be aware that the male population is currently displaying a growing incidence of problematic obsessions or fixations regarding healthy eating behaviors referred to as ON. By understanding the symptomology associated with ON, RDs have an opportunity to play a pivotal role in treatment via the referral of patients to other appropriate professionals or primary care facilities.

Behavioral & Psychological Aspects of the Orthorexic Patient (3,16,17)

Distortion of Priorities

- Longing to spend less time fixating on food, and more time with others
- Thinking with critical concern about what will be eaten on that day or the following day
- Belief that creating and following the perfect diet is uncompromisable
- Constant worry regarding food quality

Social Isolation

- Beyond ability to eat a meal prepared by someone else
- Positioning on a nutritional pedestal, consistent scrutiny of others and their diet
- Discussions on food are always based around having the perfect diet
- Hopes to spend less time on food and more time with friends, living and loving

Obsessive habits and repercussions of the lifestyle

- Needs to take their own food wherever they go
- Sense of control upon following a "correct" diet
- Straying from "correct" diet is met with feelings of guilt or self-loathing
- Lack of self-assessment capabilities regarding dietary behaviors, reduced capacity to criticize

About the Author

Dylan A. Bailey is a current senior dietetics undergraduate student enrolled at Montclair State University, Montclair, New Jersey.
Phone: 862-686-2359
Email: baileyd7@montclair.edu

References

1. Mellowspring, A. Orthorexia nervosa: A primer. *IDEA Fitness Journal*. 2010; 7(10), 67-70.
2. Bratman, S. About "orthorexia". Available at *http://www.orthorexia.com/about/*. Accessed Jan. 10, 2014.
3. Donini, L., Marsili, D., Graziani, M., et al. Orthorexia nervosa: A preliminary study with a proposal for diagnosis and an attempt to measure the dimensions of the phenomenon. *Eating Weight disorders.* 2004; 9(2), 151-157.
4. Brytek-Matera, A. Orthorexia nervosa – an eating disorder, obsessive- -compulsive disorder or disturbed eating habit?. *Archives of Psychiatry and Psychotherapy.* 2012; 1: 55-60.
5. Bratman, S. (1997). The health food eating disorder. Available at *http://www.orthorexia.com/original-orthorexia-essay/*. Accessed Jan. 3, 2014.
6. Bosi, T., Çamur, D., & Güler , C. Prevalence of orthorexia nervosa in resident medical doctors in the faculty of medicine (ankara, turkey). *Appetite*. 2007; 49(3), 661-666. doi:10.1016/j.appet.2007.04.007
7. Mathieu, J. What is orthorexia?. *Journal of the American Dietetic Association*. 2005; 105(10), 1510-1512. doi: 10.1016/j.jada.2005.08.021
8. Ramacciotti, C., Perrone, P., Coli, E., et al. Orthorexia nervosa in the general population: A preliminary screening using a self-administered questionnaire (ORTO-15). *Eating and Weight Disorders*. 2011; 16(2), 2011.
9. Fidan, T., Ertekin, V., Işikay, S., et al. Prevalence of orthorexia among medical students in erzurum, turkey. *Comprehensive Psychiatry.* 2010; 51(1), 49-54. doi:10.1016/j.comppsych.2009.03.001
10. Kinzl, J., Hauer, K., & Traweger, C. Orthorexia nervosa in dietitians. *Psychotherapy and Psychosomatics*. 2006; 75, 395-396. doi:10.1159/000095447
11. Segura-García, C., Papaianni, M., Caglioti, F., et al. Orthorexia nervosa: A frequent eating disordered behavior in athletes. *Eating and Weight Disorders*. 2012; 17(4), 226-233. doi: 10.3275/8272

12. Aksoydan, E., & Camci, N. Prevalence of orthorexia nervosa among turkish performance artists. *Eating and Weight Disorders*. 2009; 14(1), 33-37.
13. Eriksson, L., Baigi, A., Marklund, B., et al. Social physique anxiety and sociocultural attitudes toward appearance impact on orthorexia test in fitness participants. *Scandinavian Journal of Medicine & Science in Sports*. 2007; 18, 389-394. doi: 10.1111/j.1600-0838.2007.00723.x
14. Bonci, C., Bonci, L., Granger, L., et al. National athletic trainers' association position statement: Preventing, detecting, and managing disordered eating in athletes. *Journal of Athletic Training*. 2008; 43(1), 80-108.
15. Zamora, M., Bonaechea, B., Sanchez, F., et al. Orthorexia nervosa: A new eating behavior disorder?. *Actas Esp Psiquiatr*. 2005; 33(1), 66-68.
16. Torres-McGehee, T. Orthorexia: The direct impact of energy availability among female and male athletes. Available at http://vimeopro.com/nata1950/2013-special-topics/video/71055930. Accessed Jan. 10, 2014.
17. Kratina, K. Orthorexia nervosa: National eating disorders association. Available at http://www.nationaleatingdisorders.org/orthorexia-nervosa. Accessed Jan. 25, 2014.