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Body image and disordered eating in LGBTQI youth

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Eating Disorder Symptoms

- Over-evaluation of weight and/or shape
- Body dissatisfaction or disturbance in how one's body is perceived
- Binge eating: loss of control over eating and eating an objectively large amount of food in a relatively short time period
- Purging (vomiting, laxative abuse, diuretics, diet pills)
- Excessive and/or driven exercise
- Dietary restraint and/or restriction
- Weight loss or weight gain

Ackard et al., 2008; Bucchianeri et al., 2013; Herpertz-Dahlmann et al., 2015

Prevalence of Eating Disorders

- ≈10% of the population
  - AN = .5-1%
  - BN = 1-2%
  - BED = 2-3%
  - Other = 5%
- Higher prevalence in females than males
- Typical age of onset in teen/young adult years

Prevalence of Disordered Eating

- ≈55% of girls and ≈ 30% of boys report unhealthful weight control behaviors (fasting/skipping meals, severe caloric restriction, diet pills, self-induced vomiting, laxatives, diuretics)
- High school sample (9-12th grade)
  - Binge eating: 25% girls, 13% boys
  - Diet pills: 9% girls, 2% boys
  - Self-induced vomiting: 9% girls, 2% boys
  - Fast/skip meals: 43% girls, 14% boys

Croll et al., 2002; Neumark-Sztainer et al., 2006

Risk Factors

- Genetic factors (40-60%)
- Abnormalities in neurocircuitry
- Emphasis on thin ideal, pressure to diet (internal/ external)
- Low self-esteem
- Negative affect (e.g., depressed mood)
- Body image dissatisfaction
- Appearance comparisons
- Media exposure
- Early puberty

Protective Factors

- Positive family relationships (e.g., time spent with parents, perceiving parents as friendly, and feelings of closeness)
- Positive parenting
- Positive social and peer relationships, particularly that foster a more positive identity overall

Psychosocial Complications

- High rates of comorbid psychological disorders:
- Anxiety disorders
- Mood disorders
- Substance use disorders
- Impaired quality of life and interpersonal functioning
- Elevated rates of suicidal ideation/attempts

Medical Complications

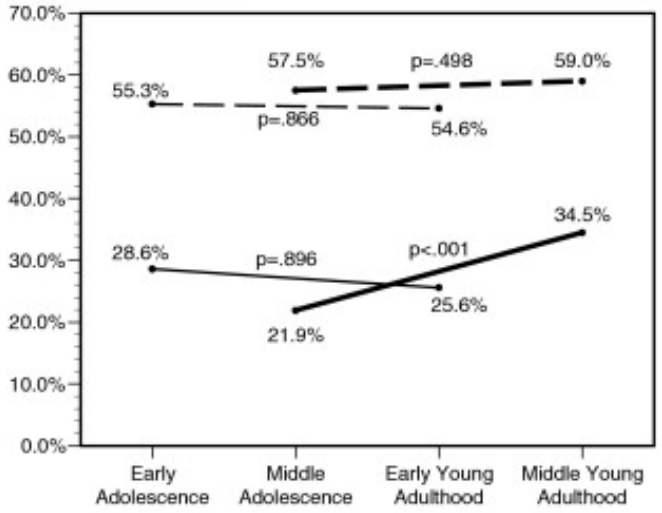
- *Cardiovascular*: Bradycardia, low blood pressure, cardiovascular consequences of obesity
- *Gastrointestinal*: Swelling of parotid glands, esophageal problems, gastric dilation
- *Endocrine*: Thyroid dysfunction, amenorrhea
- *Musculoskeletal*: Osteopenia, osteoporosis
- *Dermatological*: Lanugo, dry skin, loss of scalp hair
- *Neurological*: Enlarged ventricles, memory loss

Course of ED Symptoms over Time

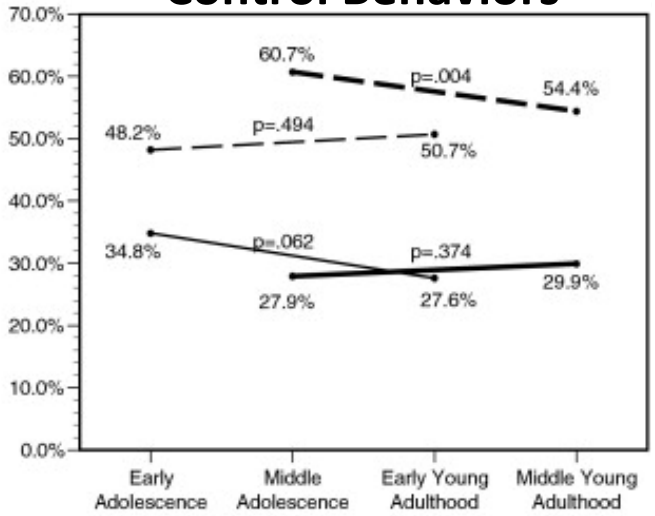
- Body dissatisfaction increases between middle and high school for both boys and girls, and it increases further during the transition to young adulthood (due to BMI change)
- Eating disorder symptoms are relatively stable or even increase from early childhood to early adulthood
- Symptoms of depression predict later eating disorder symptoms

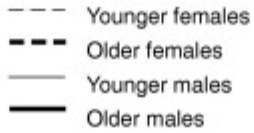
Ackard et al., 2008; Bucchianeri et al., 2013; Herpertz-Dahlmann et al., 2015

Dieting

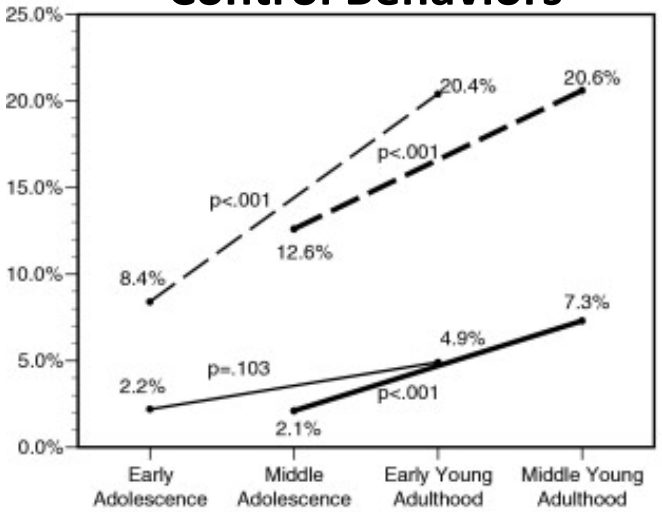


Unhealthy Weight Control Behaviors

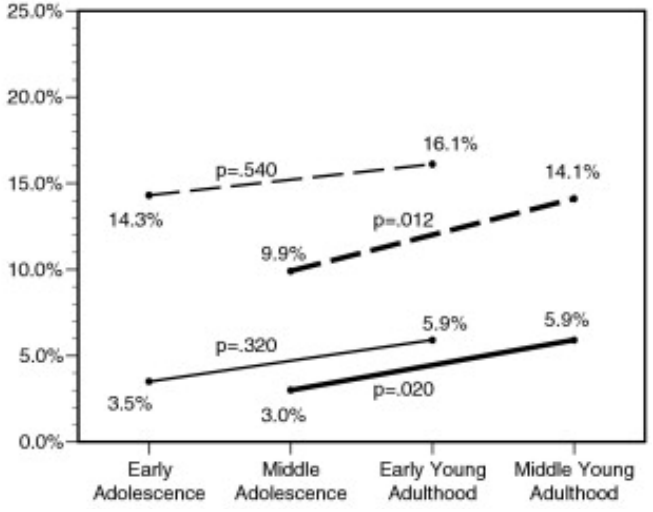




Extreme Weight Control Behaviors



Binge Eating



Neumark-Sztainer et al., 2011

Higher Risk for Eating Disorders

- Females are more affected than males
- Transgender individuals more affected than cisgender individuals
- Gay and bisexual males are more affected than heterosexual males
- Some discrepant findings on whether lesbian females are at similar v. lower risk than heterosexual females

Diemer et al., 2015; Yelland & Tiggemann, 2003

Social Roles

- Eating disorder symptoms are positively associated with endorsement of feminine role norms
- Gender nonconformist values may lead lesbian girls and women to reject feminine gender role concerns and behaviors (e.g., dieting and over-concern with appearance)
- For gay and bisexual males, gender nonconformist values may allow them to take on societal roles and behaviors perceived as more feminine

French et al., 1996; Lakkis & Ricciardelli, 1999; Meyer et al., 2001

Social Roles

- Social norms in gay male communities can emphasize thinness and appearance and lead to striving for unrealistic ideals
- Gay and bisexual males, like heterosexual women, are objects of male sexual attention, and may experience more pressure to appear a particular way (and develop greater weight/shape concerns)
- Among gay men, connectedness to the gay community is protective for body dissatisfaction, although involvement in gay community activities and organizations was associated with greater body dissatisfaction

Beren et al., 1996; Heffernan, 1994; Siever, 1994

Age of Recognition and Coming Out

- Earlier age of recognition and disclosure of lesbian, gay, or bisexual sexual orientation or transgender identity is associated with psychological distress
- Internalized negative messages/beliefs about oneself due to sexual orientation, non-normative gender expressions, or transgender identity
- Experiences of bullying and/or abuse (e.g., violence in the form of gay bashing)
- Stress and trauma can result in unhealthy coping habits and increase vulnerability to an eating disorder

Sexual Orientation and ED Symptoms

- Gay males (grades 7-12) were more likely to report a poor body image (28% vs. 12%/17%) and frequent dieting (9% vs. 6%/5%), compared with heterosexual and bisexual males
- Lesbian and bisexual females were more likely than heterosexual females to report a positive body image (42%/36% vs. 21%) and less likely to perceive themselves as overweight (34%/39% v. 51%), but just as likely to frequently diet (21%)

French et al., 1996

Binge Eating by Sexual Orientation

- In late teenage and early adulthood, binge eating is present in 2-3% of females and .5-1% of males
- Binge eating predicts later overweight/obesity and depression
- Gay, lesbian, bisexual, and ‘‘mostly heterosexual” youth (ages 12-23) have similar rates of binge eating and are more likely to binge eat than gender-matched heterosexual youth
- Middle-school and high school gay and bisexual males were more likely to report binge eating (25.0% vs. 10.6%)
- Lesbian and bisexual females are just as likely to report binge eating as heterosexual females (31%)

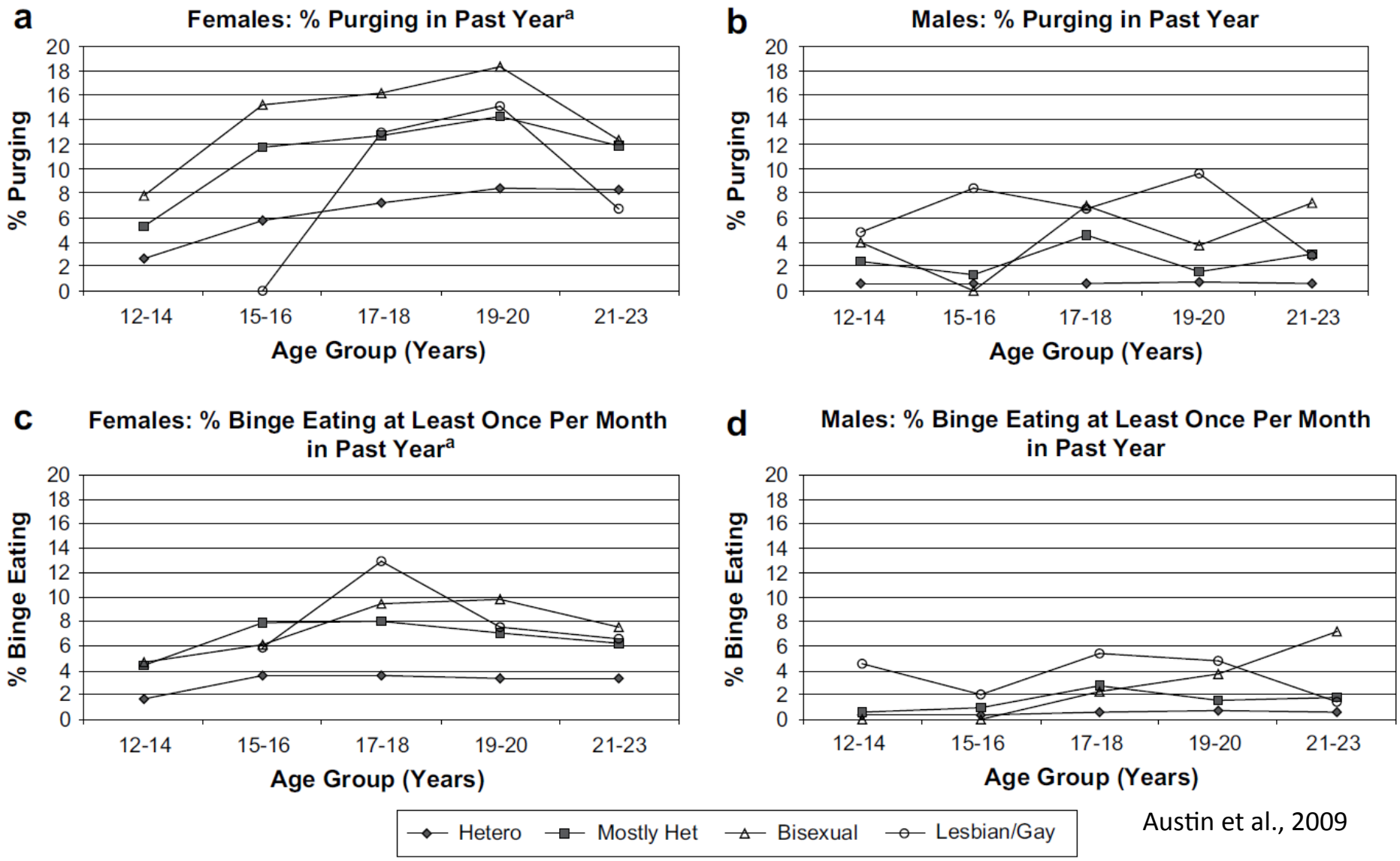
Austin et al., 2009; French et al., 1996; Sonneville et al., 2013

Purging by Sexual Orientation

- Gay, bisexual, and "mostly heterosexual" youth were more likely to purge than their same-sex heterosexual counterparts, while lesbian females were less likely to purge
- Gay and bisexual males were more likely to report purging (e.g., vomiting: 12% vs. 4%) than heterosexual males
- Lesbian and bisexual females were just as likely to report purging behaviors as heterosexual females (e.g., vomiting: 15%)
- Lesbian females and gay males have similar rates of purging

Austin et al., 2009; French et al., 1996

Binge Eating/Purging by Sexual Orientation



Austin et al., 2009

Body Image by Sexual Orientation

- Within sexual orientation group, females are more likely to engage in disordered eating behaviors than males
- Compared with heterosexual boys, gay and bisexual boys were more concerned with trying to look like men in the media
- Lesbian and bisexual girls were happier with their bodies, less concerned with trying to look like women in the media, and they dieted less

Austin et al., 2009

Body Image in Females

- Lesbians may be protected from cultural pressures to be thin and to diet because feminist social norms in lesbian communities may deemphasize the importance of weight and appearance

- Research on adult women has found lesbians to be less likely than heterosexual women to believe potential partners expect them to be thin and physically attractive

- Lesbian and bisexual girls were happier with their bodies, less concerned with trying to look like women in the media, and they dieted less

Brand et al., 1992; Heffernan, 1994, 1996; Herzog et al., 1992; Herzog et al., 1992; Siever, 1994

Body Image in Females

- One study of adult lesbians found that greater social integration into a lesbian community was associated with less concern with weight and shape and less dieting
- In contrast to gay and bisexual men, lesbian and bisexual women tend to have less body dissatisfaction and fewer eating disorders than heterosexual women (although other studies find no differences)
- One study of adult lesbians found that greater social integration into a lesbian community was associated with less concern with weight and shape and less dieting

Alvy, 2013; Heffernan, 1996; Lakkis & Ricciardelli, 1999; Meyer et al., 2001; Singh et al., 1999

Body Image in Males

- Within sexual orientation group, males are less likely to engage in disordered eating behaviors than females
- Gay and bisexual boys are more concerned with trying to look like men in the media than heterosexual boys
- Gay men believe their sexual partners prefer them to have a thinner physique and to be physically attractive
- Greater levels of disordered eating, body dissatisfaction, and weight concern in teenage years continues into adulthood in gay and bisexual males compared to heterosexual males

Boroughs and Thompson, 2002

Sexual Orientation

- Among men who have eating disorders, 42% identify as gay, even though they represent 5% of the male population, but no differences between lesbian/bisexual/heterosexual women
- No gender differences in ED prevalence for gay and bisexual individuals (EDs as prevalent in gay and bisexual men as in lesbian and bisexual women)

Feldman & Meyer, 2007; Kaminski et al., 2005; Morrison et al., 2004; Yelland & Tiggemann, 2003

Sexual Orientation in Men

- Gay men diet more, have a higher drive for thinness and higher drive for muscularity, are more fearful of becoming fat, and more dissatisfied with their bodies (in general and degree of muscularity) than heterosexual men or women
- Reasons for exercise more likely to be related to attractiveness, body tone, weight control, building muscles, fitness, and health in gay men than heterosexual men
- Gay men are also more likely than heterosexual men to hold distorted cognitions about the importance of having an ideal physique (to themselves and others)
- More importance placed on body (weight, muscularity, overall appearance) was associated with lower self-esteem in gay men but not heterosexual men or women

Yelland & Tiggemann, 2003

Body Image in Transgender Individuals

- Little research on body image in transgender individuals
- Body image is a fundamental issue associated with transgenderism
- Transgender individuals have negative attitudes toward their own sex characteristics, particularly their genitalia

Benjamin, 1966; Steiner 1985

EDs in Transgender Individuals

- Prevalence of self-reported lifetime eating disorder diagnosis, diet pill use (past month), and vomiting or laxative use (past month) and past-month use of diet pills highest among transgender college students
- 5x more likely to have an ED diagnosis and 2x more likely to use diet pills or vomit/use laxatives

Diemer et al., 2015

EDs in Transgender Individuals

	Heterosexual % (N)
Past-year eating disorder diagnosis	7.63 (9)[A]
Past-month vomiting or laxative use	6.03 (7)[A]
Past-month diet pill use	7.76 (9)[A]

	Sexual minority % (N)
Past-year eating disorder diagnosis	11.74 (25)[A]
Past-month vomiting or laxative use	12.56 (27)[A]
Past-month diet pill use	9.81 (21)[A]

	Unsure % (N)
Past-year eating disorder diagnosis	27.42 (34)[B]
Past-month vomiting or laxative use	26.40 (33)[B]
Past-month diet pill use	25.81 (32)[B]

Diemer et al., 2015

EDs in Transgender Individuals

	Past-year eating disorder diagnosis (N = 4,384)	
	%	OR (95% CI)[a]
Transgender	15.82	**4.62 (3.41–6.26)[A]**
Cisgender sexual minority men	2.06	**1.45 (1.28–1.65)[B]**
Cisgender unsure men	3.66	**1.54 (1.13–2.09)[B]**
Cisgender heterosexual men	.55	**.27 (.24-.30)[C]**
Cisgender sexual minority women	3.52	.89 (.73–1.08)[D]
Cisgender unsure women	2.97	**1.40 (1.14–1.73)[B]**
Cisgender heterosexual women	1.85	1.00 (referent)

- Impact of medical interventions on ED risk unknown

Diemer et al., 2015

Medical Intervention

- Unique study of 55 transgender individuals in the Netherlands
- Three time points: before puberty suppression (around 13 years), when cross-sex hormones were introduced (16 years), and 1 year after gender reassignment surgery (20 years)
- Psychological functioning improved following gender reassignment and was similar to or better than same-age adults; gender dysphoria was alleviated

de Vries et al., 2014

Body Image in Transgender Individuals

- Older transgender youth were more dissatisfied with their body prior to puberty suppression
- Youth who start puberty suppression later have greater development of sex characteristics that create greater body dissatisfaction
- Age gap in body dissatisfaction narrowed over time

de Vries et al., 2014

Body Image in Transgender Individuals

- Gender dysphoria and poor body image persists through puberty suppression in adolescence for transgender boys and girls
- Gender dysphoria remits after gender reassignment surgery (GRS)
- GRS was vaginoplasty for transwomen, mastectomy and hysterectomy with ovariectomy for transmen, many without phalloplasty)

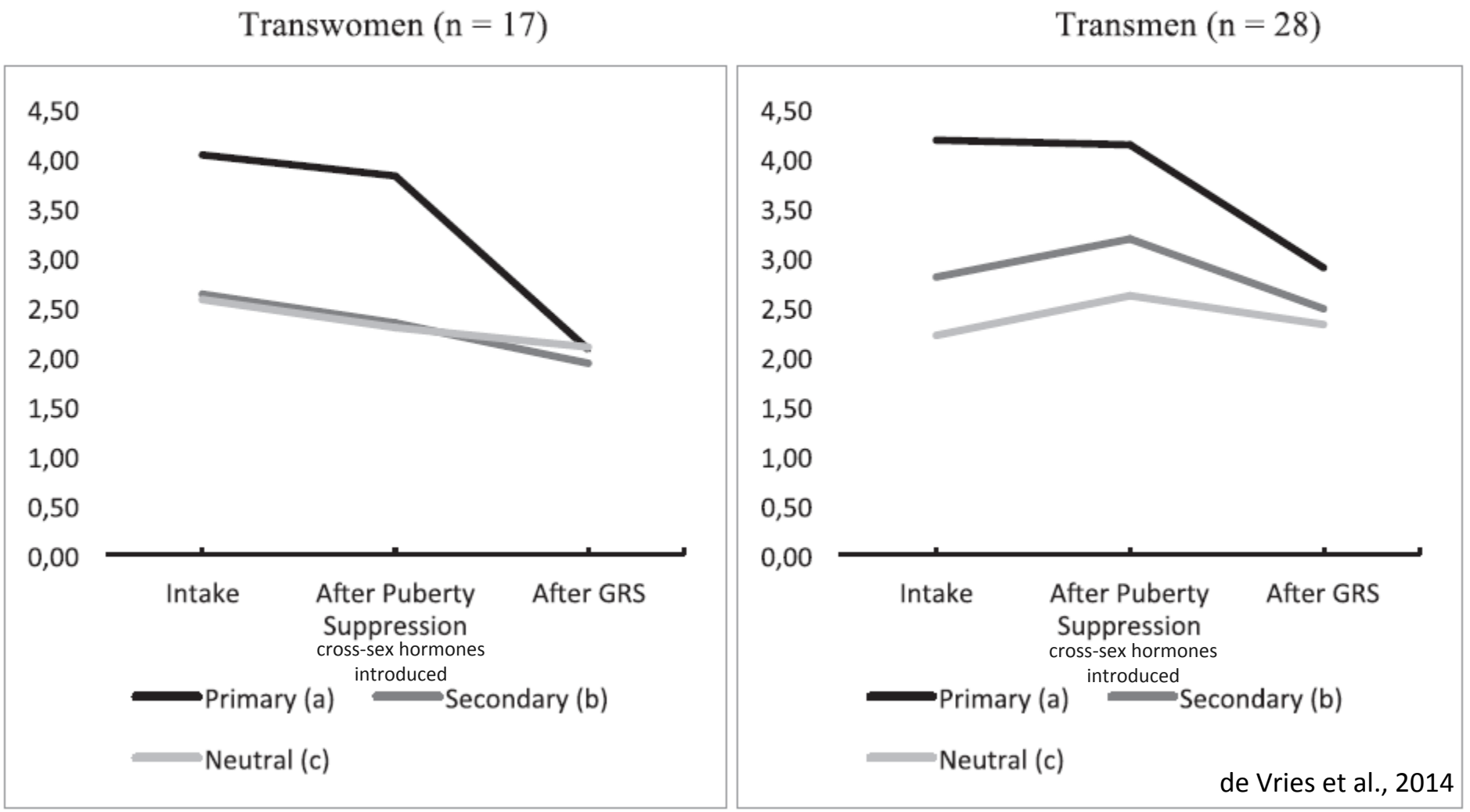
de Vries et al., 2014

Body Image in Transgender Individuals

- Transwomen were more satisfied over time with their primary sex characteristics than transmen, and more satisfied with secondary and neutral sex characteristics
- Transmen were more *dissatisfied* with secondary and neutral sex characteristic during puberty suppression than before, but this improved after gender reassignment

de Vries et al., 2014

Body Dissatisfaction in Transgender Adults



de Vries et al., 2014

Transgender Individuals

- Majority (70%) of transgender adults report current or past disordered eating
- Binge eating (25%), purging (25%), and excessive exercise (40%) relatively common
- Most frequently described strive for thinness as an attempt to suppress features of one's biological gender (e.g., breasts, hips; muscularity), or accentuate features of one's desired gender
- Gender reassignment was primarily perceived as alleviating symptoms of disordered eating

Ålgars et al., 2012

"I felt like I wanted to diet my gender away completely, or, like, dispel it altogether. I still feel like that sometimes, that I have to diet, because otherwise I'll start looking like a woman again."

- Aaron (transman)

"Weight gain would have brought forth my feminine figure, which was disgusting to me. (. . .) I was so skinny that people asked me if I was sick or something, because I wanted to keep my body's femininity at a minimum, so the fat wouldn't distribute to feminine places."

- Robert (transman)

"I thought that because I was a woman I had to look good, to look more like a model. I just felt a lot of pressure to be thin all the time. I wanted to be smaller, more delicate. In my opinion it is connected to being a woman."

- Martha (transwoman)

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"After my breast reduction surgery I gained some weight, but I was only happy about it. I could imagine being a fat man, but I could never be a fat woman. There is a huge difference."

- Megan (transman)

Body Image in Questioning Individuals

- Studies do not often provide a form for youth to indicate that they are questioning, and others exclude those who are unsure of their orientation
- Girls and boys identifying as "unsure" or not indicating any sexual orientation reported less concern with their weight and appearance
- Of those unsure of their orientation, none reported vomiting or using laxatives, using diet pills, or binge eating in the past year
- Of those not indicating any sexual orientation, girls were less likely to diet than heterosexual girls, and boys were more likely to vomit or take laxatives compared with heterosexual boys

Austin et al., 2009; Hoffman et al., 2009

Body Image in Questioning Individuals

- No information about those questioning gender identity
- Unclear how gender-expansive identity impacts body image or eating disorder symptoms, but it's very possible that living outside socially-defined gender norms may be protective

Body Image in Intersex Individuals

- Surgery common to make genitalia unambiguously male or female; may hide a diagnosis of intersexuality from children, which can be harmful
- Self-consciousness, inadequacy, self-hatred and resentment toward their bodies
- Self-consciousness in sexual experiences and avoidance of sexual contact
- Impact of intersexuality likely culture-bound

Chase, 1998; Diamond, 1997; Preves, 2002

Sexual Activity

- More sex partners and same-sex partners were associated with more disordered eating behaviors, particularly those with 3 or more sex partners of both genders
- Same-sex sexual experience in both males and females predicted bulimic symptoms 5 years later compared to heterosexual males
- Among sexually active males reporting disordered eating, poorer emotional well-being were associated with greater number of partners and with same-sex partners
- Eating disorder behaviors were more prevalent in boys with male-only or male and female sex partners compared to boys with female-only sex partners

Ackard et al., 2008; Wichstrøm, 2006

Summary

- Elevated risk of eating disordered behaviors in ‘‘mostly heterosexual,’’ bisexual, and lesbian/gay adolescents of both genders
- LGBTQ youth rank nutrition as one of the most important health concerns that they want to discuss with their medical provider
- Gay, lesbian, and bisexual individuals with eating disorders are more likely to have had another psychiatric disorder (males: anxiety; females: depression) prior to the onset of the eating disorder
- Early identification of disordered eating among individuals with mood and anxiety disorders could help in preventing eating disorders

Feldman & Meyer, 2010; Hoffman et al., 2009

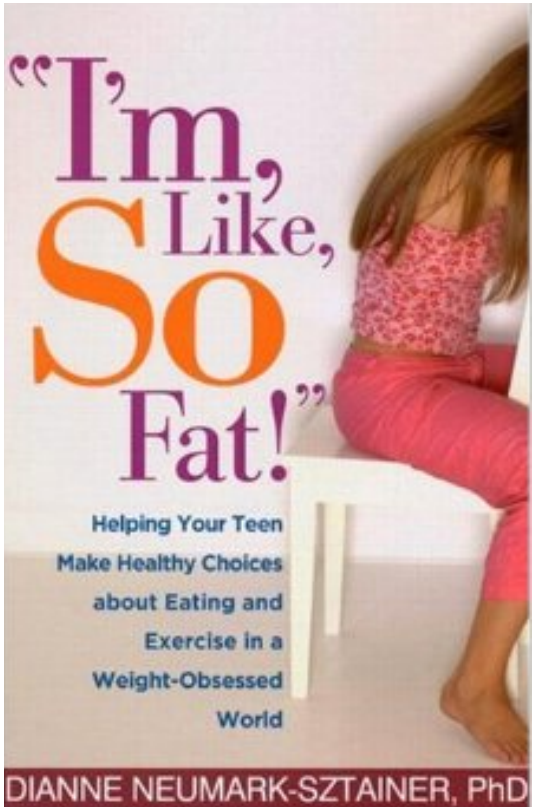
Early Warning Signs

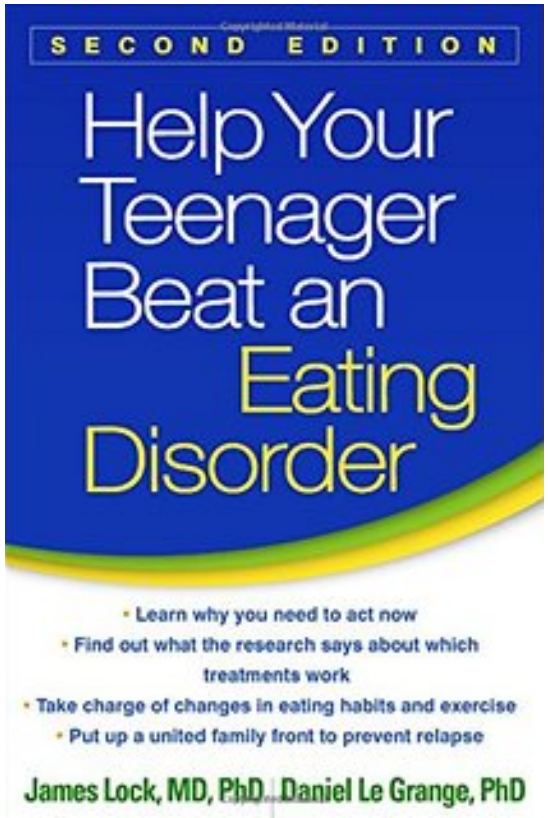
- Rapid or extreme weight change
- Strict dieting or rigid food rules
- Intense preoccupation with food, weight, shape
- Unexplained disappearance of large amounts of food
- Frequent trips to restroom after meals

Assessment

- Normalize dissatisfaction and dieting
  - Help kids/teens understand that these issues are common, but simultaneously express concern
- Helpful to ask how much time is spent thinking about food/eating, their weight, and their shape
- How much of a problem is this for you?
- **Ask parents** about their observations

Resources for Parents





National Eating Disorders Association (NEDA)
www.nationaleatingdisorders.org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