

EATING DISORDERS IN MALE PATIENTS: MEDICAL AND PSYCHIATRIC CO-MORBIDITY

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Introduction: Men make up approximately 10% of the diagnoses of specified Eating Disorders (ED), with Bulimia Nervosa more common in men than Anorexia. However, Eating Disorder Not Otherwise Specified (EDNOS) are more prevalent in men than Anorexia and Bulimia combined. Rates of concurrent depression and personality disorders are also high in men with EDNOS, as well as rates of medical co-morbidity.

Objectives: To describe a sample of male patients attending a Psychiatric Day Hospital.

Aims: To understand possible links between the diagnosis of ED and medical and psychiatric co-morbidity among male subjects.

Methods: Clinical data about male patients attending the Psychiatric Day Hospital of Modena from 05/01/2009 to 13/06/2012 were collected and analyzed. Psychiatric diagnoses were defined according to DSM IV criteria, medical comorbidities according to ICD10 criteria.

Results: Male patients with ED were on the whole 11 (7.9% of total patients). Nine of them (81.8%) were diagnosed with EDNOS; 7 had medical co-morbidity, namely gastrointestinal (36.4%), respiratory (9.1%), renal (9.1%), rheumatologic (18.2%), cardiac (9.1%) and hypertension (16.6%); 9 had psychiatric co-morbidity, namely personality disorders (46.2%), major depression (30.8%), substance abuse (15.4%) and anxiety disorders (7.7%). Only 1 male patient (9.1%) was suffering from the ED, with no medical or psychiatric co-morbidity.

Conclusions: Male patients suffering from ED are increasing and knowledge on their clinical features are less clear than for female subjects, resulting in a more difficult and less effective clinical management. Despite the small sample size, this study attempts to increase the understanding of this clinical population.