Bias Towards Men and Minority Patients with Eating Disorders
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Introduction

Disparities are prevalent in the diagnosis and treatment of eating disorders among men, overweight individuals, and minorities (NEDA, 2018). Research suggests that stereotypes pertaining to eating disorders may keep many individuals from diagnosis and treatment (Sonneville & Lipson, 2018). Specifically, if an individual with an eating disorder does not present as a thin, Caucasian woman, they have been found to be less likely to be diagnosed and treated. The diagnosis and treatment recommendations from healthcare providers, as well as the patient’s likelihood to seek treatment and remain in recovery are all affected by this stereotype. In this poster, diagnosis and treatment disparities in terms of gender, race, and weight will be reviewed, and possible solutions will be discussed.

Race

Stereotypes of eating disorders suggest that they primarily affect Caucasians (Gordon et al., 2002), making it likely that minorities are underdiagnosed and undertreated. Latina and Native American patients have been found to be less likely than Caucasians to receive a referral for further evaluation or care no matter how severe their symptoms (Becker et al., 2003). The lifetime prevalence of Bulimia Nervosa has been found to be considerably higher in Latino, Asian, and African American individuals compared to Caucasian individuals (2.03%, 1.50%, and 1.31% vs .51%). There is also a significantly greater 12-month prevalence of Bulimia Nervosa for both Latinos and African Americans compared with non-Latino Whites (Marques et al., 2011). Even if minority and non-minority groups were equally symptomatic, only 31% of the minorities received a recommendation to a mental health professional compared to 60% of the non-minority group receiving recommendations (Becker et al., 2003). In one community-based sample of ethnically diverse women with eating disorders, a majority did not receive care for their eating disorder; African-American women, in particular, were significantly less likely to receive care for an eating disorder when compared with Caucasian women (Becker et al., 2009).

Discussion

Men, average or overweight individuals, and minorities often feel stigmatized for not fitting the stereotype that eating disorders only impact thin, Caucasian women. As a result, individuals that do not fit this stereotype often do not pursue treatment (Becker et al., 2003). Training healthcare providers on all signs and symptoms of eating disorders among individuals including men, average/overweight individuals, and minorities could help reduce bias, stigma, and make professionals more aware of possible eating disorders they would otherwise not recognize. There should also be a focus on making eating disorder treatment open and accessible for all individuals without having to be referred by a professional or meeting certain standards considered typical to thin, Caucasian women.

References

References available upon request.