# 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.

## Gender

Given that stereotypes of eating disorders suggest that they only occur in women, men are often underserved and underdiagnosed. Specifically, women have been found to be five times more likely to be diagnosed with an eating disorder than men. This is especially concerning, because men make up one in every three positive screenings for eating disorders. (Sonneville & Lipson, 2018). Furthermore, Subthreshold Binge Eating Disorder (i.e., exhibiting Binge Eating Disorder tendencies but not meeting diagnostic criteria) has been found to be three times higher in men than in women and approximately equal in men and women for any binge eating (Hudson et al., 2007). The average age of onset of an eating disorder among men is consistent with statistics similar to women (Carlat et al., 1997). Yet, women are almost 1.5 times more likely to be treated for eating disorders when compared to men (Sonneville & Lipson, 2018). In one study, men accounted for 10-15% of all bulimic patients, reported feeling ashamed of suffering from a "female" illness, and on average delayed treatment eight years longer than female patients (Carlat et al., 1997).

## 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).

## Weight

Stereotypes of eating disorders suggest that these individuals are often underweight. With this in mind, individuals who are at an average weight or overweight are less likely to be diagnosed and treated, even when they present with recognizable symptoms. Underweight individuals who accurately fit the stereotype have been found to be six times more likely to be diagnosed with an eating disorder compared to those with a healthy, natural weight. In addition, Anorexia is 73% more likely to be diagnosed than Binge Eating Disorder (Sonneville & Lipson, 2018), even when the prevalence is relatively similar. This could be due to individuals suffering from Anorexia having a much lower body weight than those with Binge Eating Disorder. Among professionals treating eating disorders, the majority 56% had observed their colleagues making negative comments about obese patients (Puhl et al., 2013). Furthermore, many believed that their colleagues held negative stereotypes about obese patients, felt uncomfortable caring for obese patients, and held negative attitudes toward obese patients (42%, 35%, and 29%, respectively). As a result, professionals with negative attitudes towards obese patients held frustrations about treating overweight patients and perceived poorer treatment outcomes for these individuals.

## 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.