

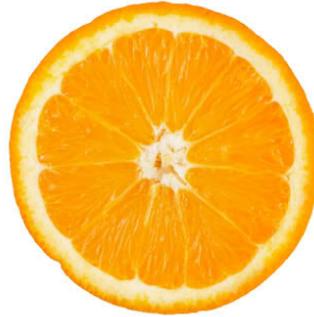
# Prep School Performance Nutrition News

with

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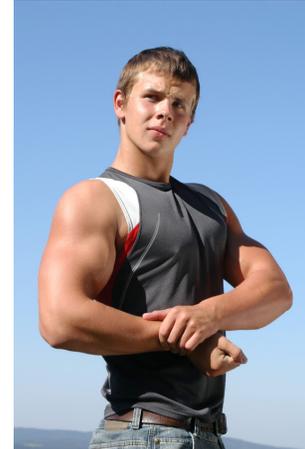
## Nutritionist. Speaker. Consultant.

Hello and welcome back to another school year! I hope that you had a restful summer. For this month's newsletter I am sharing information that I learned at the Sports, Cardiovascular and Wellness Nutrition Symposium in June. One of our speakers, David Wiss, MS, RDN shared work that is being done to define and learn more about muscle dysmorphia, which may put some of our young students at risk. I hope you find this to be informative and interesting!

**– Kathleen Searles, MS, RD, CSSD, LDN**

## Muscle Dysmorphia - A Male Body Image Disorder

Muscle dysmorphia is an obsessive preoccupation with the belief that one is not muscular enough. Sometimes referred to as “bigorexia” or reverse anorexia, this disorder is characterized by behaviors of rigorous weight lifting, a very high protein diet or restrictive eating, compulsive mirror-checking, and comparison of self with others. At the Sports, Cardiovascular and Wellness Nutrition annual symposium in June, David Wiss opened his remarks on this disorder by saying, “It is just as hard to be Ken as it is to be Barbie!” (Muscle dysmorphia occurs mostly in males, so this article is focused on young men.)



Those with muscle dysmorphia may find that their weight-lifting and dietary regimes interfere with other normal activities. Behaviors can include multiple “muscle selfies” and measuring muscle size before and after workouts. Young males may be influenced by the fitness/muscle industry media in much the same way that young females are influenced by the fashion industry.

The highest prevalence of muscle dysmorphia is among Asian high school students. Others at risk include those who were previously overweight, victims of bullying or trauma, dieters, and those with perfectionist tendencies.

Muscle dysmorphia is a concern because of its detrimental effect on social/psychological satisfaction and because it is associated with harmful behaviors such as unhealthy eating patterns and the temptation for anabolic androgenic steroid (AAS) use/abuse. Common dietary patterns include a very high protein diet with inadequate fat and carbohydrate, restrictive eating, and/or binge eating.

The use of AASs is of particular concern because AAS users are at increased risk of suicide and substance abuse. Those most susceptible to AAS use include those with conduct disorders, those who are excessively concerned about muscularity and body image, and those who are already using legal supplements to increase muscle mass or to lose weight. It is estimated that about 3.3% of high school students use AASs, which can lead to an increase in aggression, hostility, and affective distress. Up to 30% of those who use AASs develop a dependency syndrome.

### What Can You Do?

School personnel can help by offering reassurance to students that a variety of body types are normal and acceptable and that different people mature and develop at different rates. If a student appears anxious about his muscularity, refer him for some psychological support. Follow the same principles as for eating disorder prevention:

- De-emphasize that a particular physique is required for social or athletic success and enjoyment
- Support a general healthful diet and discourage dieting for weight loss
- Avoid comments or teasing about anyone’s body size, shape, weight or muscularity
- Model acceptance of your own and other’s physical appearance
- Support an age appropriate lifting program and discourage a “more is better” mentality

## Can you help me?

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