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Short communication

Nutritional knowledge, eating attitudes and chronic dietary restraint among men with eating disorders

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ABSTRACT

We compared nutritional knowledge, eating attitudes and chronic dietary restraint scores among 17 men (10 with bulimia nervosa and 7 with anorexia nervosa) and 50 women (20 with bulimia nervosa and 30 with anorexia nervosa), who were consecutive patients at a major treatment center in Brazil. There were no differences in nutritional knowledge and concern with food between men and women. For both genders, chronic dietary restraint scores were higher among bulimics. Men with eating disorders had better eating attitudes scores than women. Anorexic men tended to have worse eating attitudes scores than bulimic men, while the opposite was observed for women, suggesting an interaction between gender and diagnosis.

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Introduction

Eating disorders (ED) are more commonly observed among women than men (Kjelsås, Bjørnstrøm, & Götestam, 2004), and many authors have demonstrated that the male/female prevalence ratio of ED varies from 1:6 to 1:10 (Andersen, 1995). Therefore, these disorders were considered gender-bound until recently. However, there is an increasing interest in men with ED nowadays. Results from epidemiological surveys show that men with ED are not so rare (Woodside et al., 2001), and many case reports can be found in the literature (Bräutigan & Herberhold, 2005; Carlat, Camargo, & Herzog, 1997; Morgan & Marsh, 2006; Tong et al., 2005).

Some authors have found that the presentation of ED among men is very similar to that among women (Lindblad, Lindberg, & Hjern, 2006). Woodside et al. (2001) compared clinical and psychiatric characteristics of 62 men with ED and 212 women with ED. The only significant differences observed were a higher prevalence of alcohol dependence and a lower prevalence of major depression among males. Other studies have also observed that men and women with ED are similar in regard to their physiologic and psychological characteristics (Anderson, 1984; Touyz, Kopec-Schrader, & Beumont, 1993). Nevertheless, a review of the literature has shown that there are some differences between men and women with ED, such as body image concerns and practice of physical activity (Muise, Stein, & Arbess, 2003).

To our knowledge, no study comparing nutritional characteristics between men and women with ED has been conducted to date. Many authors have stated that it is important to have an in-depth knowledge of the nutritional characteristics presented by the patients with ED in order to design individualized and effective nutritional interventions (Alvarenga, Scagliusi, & Philippi, 2005; American Dietetic Association, 2001). Consequently, without knowing the nutritional characteristics of men with ED, it is not possible to design a nutritional treatment plan that is suitable and adequate for them. Thus, the aim of this study was to compare nutritional knowledge, eating attitudes and chronic dietary restraint scores among men and women with ED.

Methods

Participants

The sample consisted of all patients who sought treatment in the Eating Disorders Program (Institute of Psychiatry, Hospital das Clínicas, University of São Paulo, Brazil) and were diagnosed with

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Table 1
General and nutritional characteristics of men and women with anorexia nervosa (AN) and bulimia nervosa (BN)[a].

	Men with AN ($n=7$)	Men with BN ($n=10$)	Women with AN ($n=30$)	Women with BN ($n=20$)
Age (years)[b]	20 ± 3.4	21.6 ± 3.9	24.1 ± 5.9	24.7 ± 3.9
Body weight (kg)[b,c]	52.6 ± 5.7	68.3 ± 8.8	42.8 ± 4.9	63.8 ± 14.1
Height (m)[b,d]	1.78 ± 0.07	1.74 ± 0.91	1.60 ± 0.07	1.64 ± 0.05
Body mass index (kg/m^2)[c]	16.6 ± 1.3	22.6 ± 1.9	16.8 ± 1.7	23.9 ± 5.2
Nutritional knowledge score	7.5 ± 3.7	8.0 ± 2.4	8.5 ± 2.8	8.3 ± 3.0
Chronic dietary restraint score[c]	21.0 ± 7.1	27.3 ± 11.1	19.4 ± 7.9	28.6 ± 6.2
Eating attitudes score[b,d]	76.6 ± 31.3	65.0 ± 19.9	84.5 ± 22.2	95.0 ± 13.5
Relationship with food score[b,c]	23.1 ± 8.6	31.0 ± 11.4	30.8 ± 10.3	42.5 ± 5.5
Concern with food and weight gain score	12.1 ± 3.3	13.0 ± 5.3	13.6 ± 5.4	16.9 ± 4.0
Restrictive and compensatory behaviors score[b]	9.6 ± 5.7	8.8 ± 4.5	11.8 ± 4.0	12.9 ± 3.1
Food refusal score[b,d]	6.0 ± 4.0	4.8 ± 2.7	7.2 ± 3.0	9.4 ± 1.5
Meanings of eating score[b]	5.4 ± 3.6	4.4 ± 2.1	6.5 ± 3.3	8.2 ± 2.7
Positive feelings about eating score[b]	5.4 ± 4.3	6.0 ± 3.8	6.4 ± 2.9	7.8 ± 2.4
Idea of normal eating score[b,d]	38.0 ± 13.4	28.0 ± 6.8	39.0 ± 11.7	39.8 ± 10.3

[a] Data presented as mean ± standard deviation.
[b] $P \leq 0.05$ for gender comparison.
[c] $P \leq 0.05$ for diagnosis comparison.
[d] $P \leq 0.05$ for interaction (gender and diagnosis).

an ED between 2006 and 2008. It comprised 50 women (20 with bulimia nervosa and 30 with anorexia nervosa) and 17 men (10 with bulimia nervosa and 7 with anorexia nervosa). At admission, they were interviewed by a psychiatrist using the Mini International Neuropsychiatric Interview (MINI), which was translated and validated for use in Brazil (Amorim, 2000). The patients met diagnostic criteria for bulimia nervosa (BN) or anorexia nervosa (AN) according to the DSM-IV (American Psychiatry Association, 1994).

Procedure

The Research Ethics Committee of the Institute of Psychiatry (Hospital das Clínicas, University of São Paulo, Brazil) approved the study protocol. Informed consent was obtained from the subjects.

After the psychiatric interview, the patients had their weight and height measured and they completed the self-administered questionnaires described in the Measures section. Height was measured with a stadiometer to the nearest 0.5 cm. Subjects were weighed (in their underwear) with a digital scale to the nearest 0.1 kg. Body mass index (BMI) was calculated as weight (in kg)/ height^2 (in m).

The following variables were compared between male and female patients: age, height, body weight, BMI, chronic dietary restraint score, nutritional knowledge score, and eating attitudes (total score and the scores obtained by the seven subscales of the Disordered Eating Attitude Scale—described below).

Measures

Nutritional knowledge was assessed using the scale developed by Harnack, Block, Subar, Lane, and Brand (1997), which has 12 multiple-choice and open questions. Higher scores indicate greater nutritional knowledge. The Brazilian version demonstrated good validity and reproducibility, obtaining a test–retest correlation coefficient of 0.52 (Scagliusi et al., 2006).

Chronic dietary restraint was measured using the Restraint Scale (Herman & Mack, 1975), which has 10 questions about concern with diet and weight fluctuations. Higher scores reflect higher levels of dietary restraint. The Brazilian version presented good validity and reproducibility, obtaining a test–retest correlation coefficient of 0.64 (Scagliusi et al., 2005).

Eating attitudes were measured using the Disordered Eating Attitude Scale (DEAS), which defines eating attitudes as "beliefs, thoughts, feelings and behaviors towards food". The scale was developed and validated in Brazil (Alvarenga, Scagliusi, & Philippi, *Note 1*[1]). Briefly, in the validation study, Cronbach's alpha of the scale was 0.75, the test–retest correlation coefficient was 0.80, and the correlation coefficients between the total score of the DEAS and the Eating Attitudes Test score was 0.68. This scale has 25 questions. Higher scores mean worse attitudes. The questions are grouped into seven subscales which describe:

(1) "Relationship with food": the ways individuals deal with food in regards to food control, guilt, anger, desire and shame.
(2) "Concern with food and weight gain": concerns about calories, intake control, obsessive thoughts about food and weight gain.
(3) "Restrictive and compensatory behaviors": restriction of food and calories and attitudes aiming to compensate large or uncontrolled food intake.
(4) "Food refusal": the desire to not eat.
(5) "Meanings of eating": how normal does it feel to eat and if eating has ever meant feeling "dirty".
(6) "Positive feelings about eating": feelings related with pleasure and food memories (i.e., higher scores means less pleasure and good memories).
(7) "Idea of normal eating": rigid nutrition beliefs.

Statistical analysis

Analyses were performed with Statistical Package for Social Sciences 12.0. The significance level was set at 0.05. Data are presented as means ± standard deviations. The variables were compared by means of a two-way ANOVA, considering gender (men and women) and diagnosis (AN and BN) as factors. All values were log-transformed before analysis.

Results and discussion

Table 1 compares the general and nutritional characteristics of men and women with AN and BN. It is evident that a complex pattern emerged. In general, men had better nutritional characteristics than women, but this was also largely influenced by the diagnosis.

Nutritional knowledge and concern with food and weight gain did not differ between the groups. The lack of difference in the latter was expected, since it is a key characteristic of any ED. On the other hand, the nutritional knowledge of patients with ED has not

[1] *Note 1*: Alvarenga, M. S., Scagliusi, F. B., & Philippi, S. T. (submitted for publication). Development and psychometric evaluation of the Disordered Eating Attitude Scale (DEAS). *Perceptual and Motor Skills*. A copy can be requested to F. B. Scagliusi (fernanda.scagliusi@gmail.com).

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