

More Than 1 in 5 Boys Have an Eating Disorder

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STORY AT-A-GLANCE

- › More than 1 in 5 boys have eating disorders, with binge eating and purging being most common, yet doctors often miss these problems because they're looking for different symptoms
- › Boys with eating disorders usually chase muscle and leanness rather than extreme thinness, following strict food rules and over-exercising while still looking "healthy" to others
- › Gay and bisexual boys face twice the risk compared to straight boys, and boys with higher body weight are also more likely to develop these disorders
- › Medical tools for spotting eating disorders were made with girls in mind, so they miss key warning signs in boys like muscle obsession, binge "cheat meals" and punishing workout routines
- › Gut health plays a key role in recovery through the gut-brain axis; strategies like eliminating vegetable oils and rebuilding beneficial gut bacteria help alleviate symptoms of disordered eating

Boys and young men are quietly facing a mental health crisis that almost no one is talking about. Eating disorders, long mislabeled as a "female problem," are now affecting males in ways the medical system isn't equipped to recognize, much less treat. The behaviors look different. The symptoms are often dismissed. And the damage is happening earlier and cutting deeper than many people realize.

What's even more troubling is how often these disorders go undetected. Parents, teachers and even health care providers often miss the warning signs in boys because they don't look like the conventional red flags: extreme thinness, fear of weight gain or visible emotional distress around eating. Instead, boys tend to chase leanness and muscle definition.

They follow rigid diet rules, binge in private or use exercise as a form of punishment — all while appearing "normal" on the outside.

This mismatch between how eating disorders show up in boys and how they're officially diagnosed is at the heart of the problem. Most clinical tools were designed with female experiences in mind, and they don't catch the behaviors that are destroying boys' physical and mental health from the inside out. This article explores the latest data on how widespread male eating disorders really are, why they're so often missed and how to reverse this silent epidemic.

The Eating Disorder Epidemic No One Is Talking About

A 2025 study published in *Eating Behaviors* set out to determine how common eating disorders are among males — a group that's long been underrepresented in mental health research.¹

Using a large sample of 1,553 boys and men ages 15 to 35 from across the U.S. and Canada, researchers used standardized diagnostic tools to assess who met criteria for various eating disorders. The goal was to get updated, accurate prevalence rates and identify which social and personal factors increase risk.

- **More than 1 in 5 males met clinical thresholds for an eating disorder** — The findings were eye-opening: 21.3% of participants qualified for a probable eating disorder. Bulimia nervosa was the most common diagnosis at 5.8%, followed by binge eating disorder. Anorexia nervosa was rare by comparison, diagnosed in only 0.3% of the sample.

- **Boys most affected by disordered eating weren't who you'd expect** – The highest odds of disordered eating showed up in two main groups: sexual minority males (gay and bisexual) and those with a higher body mass index (BMI).

Gay and bisexual boys had more than double the odds of being diagnosed compared to heterosexual peers. Each unit increase in BMI also raised the likelihood of an eating disorder by 18% – a strong indicator that weight stigma is fueling these issues.

- **Extreme dieting and binge eating were common but often hidden** – Boys in the study reported a wide range of disordered behaviors, from strict calorie-cutting and detox diets to **binge eating**, laxative use and compulsive exercise.

But because many of these behaviors don't match the stereotypical eating disorder profile, like thinness or food aversion, they're easily missed in clinical settings. This blind spot leads to delayed diagnoses and worsens long-term outcomes.

- **The worst symptoms were found in those seeking muscular perfection** – Males with eating disorders weren't necessarily trying to be thin. Many were striving for a **lean, "cut" physique** – broad shoulders, a narrow waist and defined abs.

This focus on shape rather than size meant they often binged, fasted or overexercised to sculpt their body. But because they might still have "normal" or even above-average weight, the severity of their disorder was often underestimated.

Standard Assessments Miss Male Eating Disorders by Design

The video *Hidden in Plain Sight: Men with Eating Disorders* explored why boys and men are underdiagnosed with eating disorders and how current screening tools fail them.² Eating disorders are among the most gender-biased mental health conditions, a failure that dates back to decades of research built almost exclusively around female experiences.

- **Current diagnostic tools are based on outdated female-centered criteria –** According to the video, much of the standard medical understanding of anorexia was originally built around female symptoms like amenorrhea, the absence of menstruation.

Since men don't menstruate, they were excluded by default from decades of research and recognition. Instead of showing up with thinness or dramatic weight loss, men often present with muscle obsession, compulsive exercise and rigid control over their eating habits.

- **Males present different warning signs, but doctors aren't trained to look for them –** For men, binge eating is often hidden inside culturally accepted behaviors like "cheat meals" or strict bulking and cutting cycles. Some consume up to 9,000 calories in one sitting, yet don't feel the same emotional distress as women. Because of that, many male patients aren't flagged by conventional assessments.
- **Male patients are often misjudged due to body size or muscle mass –** Many boys with disordered eating have normal or high body weights, which makes them seem "healthy" to clinicians who associate risk with being underweight. Yet these boys are frequently engaging in intense food restriction, diet pill use or punishing workout regimens.
- **Muscle dysmorphia plays a central role but is often missed –** Muscle dysmorphia is a condition where boys believe they're not muscular enough – no matter how fit they are. It drives extreme behaviors: constant lifting, extreme supplement use, food rules and social isolation. The video described this as a "pathological pursuit of muscularity," one that mirrors the drive for thinness seen in girls with anorexia but is rarely acknowledged in boys.

Cultural norms around masculinity complicate the picture even more. A boy who overeats is often seen as lacking discipline rather than struggling with an actual mental health condition. This keeps boys from speaking up, asking for help or even recognizing they have a problem in the first place.

- **Treatment spaces often feel unwelcoming or alienating to male patients** – Many boys report feeling out of place in eating disorder treatment programs, which are often geared toward women. Everything from reading materials to how the treatment is discussed often fail to reflect male experiences. As a result, boys often enter therapy feeling defensive, ashamed or like they don't belong – barriers that reduce their chances of recovery.

Restoring Gut Health Helps Alleviate Symptoms by Influencing the Gut-Brain Axis

If you've been struggling with disordered eating, intense food rules or obsessive thoughts about your body – especially if those habits feel out of your control – your gut could be part of the reason. I'm not just talking about digestion.

I'm talking about how your gut communicates with your brain, shapes your mood and regulates your hormones. That connection is called the **gut-brain axis**, and when it's off, your ability to make calm, rational decisions around food and body image goes with it.

Fixing gut health helps **alleviate anorexia**,³ while your gut-brain axis also plays a key role in food addiction and binge eating disorders.⁴ If you're someone with a long list of food intolerances, frequent bloating, inconsistent bowel movements or loose stools, your gut terrain is likely damaged. And until that damage is addressed, no mindset shift or therapy protocol is going to fully stick. Here's where I would start:

- 1. Assess your gut before making any changes** – You need to understand the state of your gut before overhauling your food or workout routine. Ask yourself these questions: Do you get bloated after eating? Are you skipping days without having a bowel movement? Does fiber make you feel worse?

Do you suffer from chronic diarrhea or loose stools? If you said yes to at least three, your gut is sending distress signals – and it's not ready for high-fiber health foods yet. Starting here will give you more power over your next steps.

- 2. Avoid fiber until your gut heals** – When your gut lining is inflamed or leaky, even healthy carbs like lentils, oats and raw greens create more harm than good. They ferment quickly in the wrong microbial environment, producing gas, pressure and inflammation. For now, keep it simple. I recommend white rice and whole fruit – foods that are easy on your system and give your cells clean fuel without feeding the invaders.
- 3. Pick carbs that nourish you without feeding bad microbes** – Your small intestine isn't designed to ferment – it's built to absorb. Fast-digesting carbs like white rice or fruit pass through without lingering, which means they won't feed harmful bacteria. Once symptoms improve, layer in foods like peeled potatoes, cooked squash and then root vegetables. But don't rush it. You need a solid microbial foundation before reintroducing heavy fibers.
- 4. Cut out vegetable oils and support your gut at a cellular level** – If you're still eating vegetable oils like canola, soybean or sunflower oil, it's like throwing gasoline on a gut fire. These oils damage your mitochondria and gut lining, tanking cellular energy and making healing nearly impossible. Swap them for butter, ghee or tallow.

Also reduce your exposure to electromagnetic fields (EMFs) and **endocrine-disrupting chemicals**, which further impair cellular energy and negatively impact the oxygen-free gut environment that beneficial bacteria need to thrive – especially *Akkermansia*, a species that maintains your mucus layer and supports healing from the inside out.

- 5. Rebuild your gut lining with the right bacteria** – After six months off vegetable oils, you can start to rebuild your gut with a timed-release *Akkermansia* supplement. These bacteria strengthen the mucus layer in your colon, which creates the ideal terrain for butyrate-producing microbes. **Butyrate** is your body's master healing molecule.

It repairs your gut lining, calms immune overactivation and puts the brakes on whole-body inflammation. Without it, your gut – and your brain – stay stuck in survival mode.

Restoring your gut isn't just about fixing digestion – it's about regaining control over your thoughts, habits and emotional resilience. When your gut is balanced, your brain becomes clearer, your cravings lose their grip and your relationship with food begins to normalize. Whether you're battling anorexia, binge eating or obsessive food thoughts, healing your gut terrain is one of the most powerful moves to support lasting recovery.

FAQs About Eating Disorders in Boys and Men

Q: How common are eating disorders in boys and young men?

A: Recent research shows that 21.3% of boys and men between the ages of 15 and 35 meet the diagnostic criteria for a probable eating disorder.⁵ This includes conditions like bulimia, binge eating disorder and atypical anorexia. Most are undiagnosed because current screening tools are designed around female symptoms, not male behavior patterns.

Q: What do eating disorders look like in boys compared to girls?

A: Boys are more likely to fixate on muscularity and leanness rather than thinness. They often follow strict diets, binge during "cheat meals" and use compulsive exercise as a way to manage emotions. These behaviors don't always trigger alarms in standard assessments, which focus more on weight loss and emotional distress around food.

Q: Who's most at risk for eating disorders among males?

A: Gay and bisexual boys have over twice the risk compared to heterosexual boys.^{6,7} Boys with higher body mass indexes (BMI) also face elevated odds, likely due to internalized stigma and pressure to meet unrealistic body ideals. These groups are under-supported in both research and treatment.

Q: Why are current diagnostic tools failing boys and men?

A: Most tools were developed around female-centric symptoms like fear of weight gain and menstrual changes. They don't account for behaviors like cheat meals, supplement abuse or muscle dysmorphia. Because of this, many boys are misdiagnosed or never diagnosed at all, even when their behaviors are severe.

Q: How does gut health influence eating disorder recovery?

A: Gut imbalances drive anxiety, food obsession and distorted thinking through your gut-brain axis. Healing your gut – especially by removing vegetable oils, focusing on white rice and fruit before fiber until your gut health improves, then restoring beneficial bacteria like Akkermansia – creates a stable foundation for recovery.

Supporting butyrate production is key, since this compound repairs your gut lining, lowers inflammation and helps your brain function more clearly.

Sources and References

- ^{1, 5, 6} [Eating Behaviors April 2025, Volume 57, 101980](#)
- ^{2, 7} [Within Health, Hidden in Plain Sight: Men with Eating Disorders](#)
- ³ [BMC Psychiatry May 2, 2024](#)
- ⁴ [Gut June 26, 2024](#)