The transition to college is considered a high-risk time period for the onset of eating disorders. Despite evidence suggesting that both men and women are at risk for binge eating (BE) and inappropriate weight compensatory (IWC) behaviors during this vulnerable time period, most research has focused on the development of eating disorders in women. As a result, little is known about the course of BE and IWC behaviors in college-aged men. Dakanalis et al (2016) researched this population to explore variables related to the onset and maintenance of disordered eating in college-aged men.

In a study published in the *International Journal of Eating Disorders*, Dakanalis et al (2016) investigated 2,555 men in their freshman year of college at a large Italian university. Participants were contacted by email and invited to voluntarily complete an online survey at the start of the fall semester (T1) and again 9 months later at the end of the spring semester (T2). Participants were predominately Caucasian, middle class, heterosexual, and average weight (mean BMI=23). They were assessed for BE and IWC using the ED Diagnostic Scale, general distress using the global severity index from the Brief Symptom Inventory, psychosocial functioning using the self-report version of the Social Adjustment Scale, self-esteem using the low self-esteem scale of the ED Inventory-3, self-objectification using the Objectified Body Consciousness Scale, negative affectivity using the Positive and Negative Affect Schedule, and body dissatisfaction using the Eating Disorder Examination Questionnaire.

Results indicate that, at the end of their freshman year of college, approximately 9% of participants reported engaging in regular (frequency of more than 1x/week for the past 3 months) BE and most of these men (~74%) maintained this behavior from baseline. Only 26% of the men who reported engaging in BE at T2 represented new onset cases that were initiated during the freshman year of college. Similarly, most cases of IWC were stable from baseline with few new onset cases occurring over the course of their freshman year. Only a minority of the men who engaged in regular BE also engaged in IWC. Most men engaging in IWC did not engage in regular BE. Approximately 13% of the sample at baseline and 16% at T2 reported engaging in co-occurring BE and IWC, typically relying on one type of compensatory behavior.

For the men who did report new onset BE and/or IWC symptoms over the course of their freshman year, lower self-esteem, and higher levels of self-objectification, body dissatisfaction, and negative affectivity emerged as significant risk factors. These same factors also predicted the maintenance of symptoms in men who were already symptomatic at baseline. Self-objectification was the most robust predictor of both initiation and maintenance of BE and IWC symptoms.
The authors note that most of the disordered eating behaviors observed in this sample were present at baseline, rather than developing over the course of the freshman year, and question whether college really is a high-risk environment for the onset of eating disordered symptoms. The variables that emerged as predictors for the onset and maintenance of disordered eating symptoms in men were similar to the factors identified in prior research as risk factors for women suggesting that self-objectification, and to a lesser extent low self-esteem, body dissatisfaction, and negative affectivity are robust risk factors for both men and women.