

Centre for Mental Health

Swinburne University of Technology

What is muscle dysmorphia?

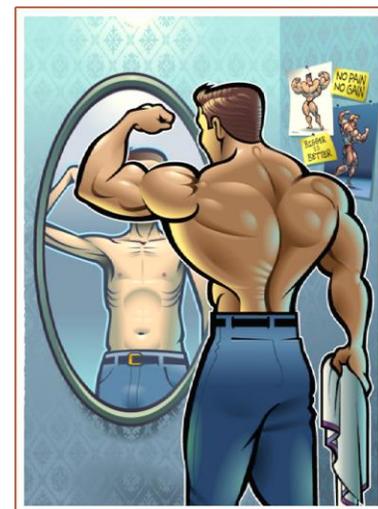
Muscle dysmorphia is a mental health condition involving severe distress and dissatisfaction regarding one's muscularity. People with muscle dysmorphia are preoccupied with the appearance of their muscles, and may perceive their bodies differently from others (e.g. being convinced one is scrawny or obese despite being objectively lean or muscular). Everyday functioning and quality of life can be severely impacted, and many individuals resort to using anabolic steroids. Adverse long-term outcomes can include depression or anxiety, feelings of hopelessness, social isolation, and suicide attempts.

Prevalence of muscle dysmorphia

It is unknown what proportion of the population live with muscle dysmorphia. Men represent most of those affected. Like many other mental health conditions, muscle dysmorphia onset tends to occur in late adolescence and young adulthood, a time of significant physical and emotional change. People with muscle dysmorphia may also have other mental health conditions, such as depression, anxiety disorders, eating disorders, body dysmorphic disorder (BDD), obsessive-compulsive disorder (OCD), or substance use disorders.

Possible causes

Muscle dysmorphia is a complex disorder, and likely results from multiple interactions between genetics, psychological and environment factors. Some studies suggest that muscle dysmorphia is closely related to eating disorders or OCD. Adverse childhood experiences involving teasing or bullying can cultivate personal beliefs linking personal attractiveness with self-worth, possibly triggering muscle dysmorphia in the face of an adverse life stressor (e.g. relationship breakup).



Symptoms of muscle dysmorphia

The key symptom of muscle dysmorphia is preoccupation with one's level of muscularity. Other symptoms include covering up their body, seeking frequent reassurance from others about their level of muscularity, avoiding social situations involving having to eat food one has not prepared themselves (e.g. at a wedding), or the use of anabolic steroids.

Treatment options

Case-report evidence shows that cognitive-behavioural therapy (CBT) or family-based therapy (for adolescents) can be useful for managing muscle dysmorphia. Medications used to treat BDD, including selective serotonin reuptake inhibitors (SSRIs), can also help.