

Assessment and treatment of Latino males with eating disorders: Cultural considerations webinar transcript

July 20, 2022

la-shell_johnson@med.unc.edu: Good afternoon, everyone, I would like to welcome you to today's webinar entitled, "Assessment and treatment of Latino males with eating disorders: cultural considerations."

la-shell_johnson@med.unc.edu: I have a few things that I'd like to note before we get started. Participants will be muted upon entry and videos turned off.

la-shell_johnson@med.unc.edu: For technical assistance, we ask that you please use the chat box located at the bottom of your screen. You will also receive an email approximately one month after today's presentation requesting feedback and impact on today's presentation. Later on this afternoon, you will receive an evaluation from our continuing education coordinator. You can visit us at www.nceedus.org/training to view other training opportunities that we may have.

la-shell_johnson@med.unc.edu: I'll go ahead and introduce today's speaker. Today's speaker is Dr. Mae Lynn Reyes-Rodríguez. A clinical associate professor at the Psychiatry Department of the University of North Carolina at Chapel Hill.

la-shell_johnson@med.unc.edu: She is a fellow of the Academy for Eating Disorders and an expert of content for the National Center of Excellence for Eating Disorders (NCEED). Dr. Reyes-Rodríguez is the Editor-in-Chief of the Puerto Rican Journal of Psychology.

la-shell_johnson@med.unc.edu: As a researcher and clinical psychologist, she's devoted her clinical research career to the eating disorder treatments for the Latinx population in Puerto Rico during her early career and later with Latinxs in the mainland, particularly in central North Carolina. She has published numerous papers and book chapters on cultural adaptation.

la-shell_johnson@med.unc.edu: She's actively involved in the Latinx community as a columnist and one of the main Latino newspapers in North Carolina, La Noticia in which she provides psychoeducation on mental health in order to raise the awareness and reduce the health disparities in this Community.

la-shell_johnson@med.unc.edu: We will have a time for question and answers immediately after the presentation is finished. Any unanswered questions will be sent via email, approximately one week from today. I will now turn things over to Dr. Mae Lynn Reyes-Rodríguez.

Mae Lynn Reyes-Rodríguez: Thank you, La-Shell for that introduction and thank you NCEED for organizing this webinar. And thank you all for joining us in this topic.

Mae Lynn Reyes-Rodríguez: So today, I wanted to talk about eating disorders in Latino males, work on the challenges that we are facing when we are doing assessment, and also treatment. And what are the cultural aspect that we have to take in consideration when we are working with this population.

Mae Lynn Reyes-Rodríguez: The specific aims of this webinar is to identify cultural values and other relevant factors to be consider when working with Latino males and also to discuss cultural considerations that are suggested during the assessment and treatment of Latino males.

Mae Lynn Reyes-Rodríguez: So basically in this webinar, I wanted to focus primarily on five topics. I wanted to present what we know in terms of prevalence.

Mae Lynn Reyes-Rodríguez: What are the presentation of eating disorders in Latino males.

Mae Lynn Reyes-Rodríguez: Also, the challenges that we're facing when we're doing assessment, particularly when we are assessing the binge eating behavior, but also body dysmorphia.

Mae Lynn Reyes-Rodríguez: And what are the cultural considerations that we have to put in place when we're doing treatment. And also we'll talk a little bit about prevention.

Mae Lynn Reyes-Rodríguez: When we think about eating disorder in males for some reason, we think that this is a very recent issue. However, we know in terms of the history that the first cases of males with eating disorder were identified as early as the late 17th century. For example, in 1689, Richard Morton was the one who identified the first case of anorexia in males. He used the terms of nervous consumption to identify that, and then later in that century we have Robert Whytt also reported a case of a 14 year old male with anorexia nervosa.

Mae Lynn Reyes-Rodríguez: Then we have in the 1834, William Gull was the one who introduced the term of anorexia nervosa, but also a believer that eating disorder was not an issue only for female but also for males. And with Charles Lasegue they identify and reported, the first cases of eating disorders males, particularly anorexia.

Mae Lynn Reyes-Rodríguez: So, as you can see the eating disorder emails have been identified very, very early in the history. However, for some reason the eating disorder field has been primarily focused on females. And because of that, diagnosis criteria has been focused primarily on the experience of females, and also the assessment.

Mae Lynn Reyes-Rodríguez: The assessment protocol has been developed and tested primarily for females, and when we look in terms of clinical trials, basically, most of them has been conducted primary with females, and that has raised a lot of concerns about if we are accurately assessing eating disorders in males.

Mae Lynn Reyes-Rodríguez: One example of that is, if we have a clinical case female and another clinical case male being diagnosed by a clinician, meeting all of the diagnosis criteria for an eating disorder.

Mae Lynn Reyes-Rodríguez: And we look in terms of the score for the eating disorder inventory and also for the eating disorder examination questionnaire. We would see that the score for males would be lower than the score for females, so that is telling you that the measures that we have are not capturing pretty well the experience of eating disorders in males.

Mae Lynn Reyes-Rodríguez: So, the reality is that we have a vacuum of information when we talk about eating disorder in males. So, the research in males is very limited. We know that about 25% of AN and BN cases are males.

Mae Lynn Reyes-Rodríguez: We know also that 5%-11% of clinical cases in clinical settings are males and also, we know that Latino boys report or higher eating disorder behavior, when we compare with White, Black, and Asians.

Mae Lynn Reyes-Rodríguez: So let's look in terms of the prevalence. We have only two prevalent, national studies exploring eating disorder in Latino males.

Mae Lynn Reyes-Rodríguez: One of them was published in 2007 by Alegria and collaborators and they estimated the lifetime prevalence and also the 12-month prevalence using the DSM IV criteria.

Mae Lynn Reyes-Rodríguez: They found for anorexia in a lifetime and also 12-month prevalence of .03. For bulimia nervosa, lifetime 1.34%.

Mae Lynn Reyes-Rodríguez: When we look in terms of 12 months for bulimia nervosa with us to .72%. In terms of binge-eating disorder, we see that the prevalence for lifetime is 1.55%.

Mae Lynn Reyes-Rodríguez: lower for 12 months, which is .63% and when we look in terms of any bingeing this a little bit higher 5.43 for the lifetime and 2.23% for 12-month.

Mae Lynn Reyes-Rodríguez: The second study that we have globally looking into eating disorder in Latino males was in 2011 published by Marques and collaborators. And they use like data sets, including the data set that the study that Alegria used in their study and also they estimated the lifetime prevalence and 12-month, using the DSM IV.

Mae Lynn Reyes-Rodríguez: The lifetime prevalence and also the 12-month for anorexia basically the same is the same prevalence that the Alegria study found.

Mae Lynn Reyes-Rodríguez: For BN lifetime 1.73%, for 12-month 1.08% to as a little bit higher but around the same. For binge-eating disorder 1.54 for lifetime and 12-month .58%.

Mae Lynn Reyes-Rodríguez: So I think that these two studies are showing that, yes, eating disorders is happening in Latino males. And, we need to pay attention to that.

Mae Lynn Reyes-Rodríguez: Other thing that is interesting from the study of Marques, in addition to look into the prevalence and they also explore lifetime service utilization.

Mae Lynn Reyes-Rodríguez: and I have to clarify that it's not necessarily service utilization for eating disorder, its more about services utilization for mental health and what is interesting in this chart is that you can see that for bulimia, for binge eating, and any binge, there is some kind of gap in terms of service utilization, we are looking for Latino males, which is the orange bar compared to non-Latino White compared to African American, and also with Asian American. So, I think that with this

information, what we are seeing that usually Latino males tend to not necessarily seek for professional help, even when they are struggling with some kind of health issue or mental health issues.

Mae Lynn Reyes-Rodríguez: In this study, I wanted to share this information with you, because this was eye opening for me. This is a study that we conducted at the University of Puerto Rico system which comprise 11 campuses around the island, and in this study we conducted the research with freshmen students across the islands 11 campuses.

Mae Lynn Reyes-Rodríguez: Out of nine out of 11 campuses and the sample of 722 male college student, we found a prevalence of 4.43%.

Mae Lynn Reyes-Rodríguez: With the frequency and severity for bulimia nervosa using the DSM IV. We use the EAT-26 and the BULIT-26 to collect the eating disorder behavior and something that was very interesting.

Mae Lynn Reyes-Rodríguez: This specific studying this was part of a larger study we included females, and when we compare the female's eating disorder versus the male eating disorder. Males were reporting more eating disorders, more severe and also more frequency of purging behavior which was very, very interesting in some way, we were not expecting that result so think that was the first time this is was the study was conducted between 2004 and 2006.

Mae Lynn Reyes-Rodríguez: So, was an eye opening for me that this is something that is happening in Latino males and we are not aware of that.

Mae Lynn Reyes-Rodríguez: Also here, I wanted to present other behavior, as I mentioned that they were reporting a lot of eating disorder behavior like dieting at the time of the study, bingeing behavior, having more than one per week.

Mae Lynn Reyes-Rodríguez: Three almost 35% laxative misuse and also purging behavior.

Mae Lynn Reyes-Rodríguez: And then older another aspect that was interesting and those who were reporting more eating disorder, they were more into the overweight or obese side.

Mae Lynn Reyes-Rodríguez: This is another study conducted in Latin American.

Mae Lynn Reyes-Rodríguez: Particularly they were identifying indicators of eating disorders in gay men. This sample in Latin American this was conducted in 10 Latin American countries, they use the Eating Attitude Test (EAT-26). They didn't specify any cutoff point. However, a thing that they were looking more into the eating behavior. Is surprising that Cuba, Puerto Rico they report the highest percent, 15% follow Paraguay, Guatemala, Peru. In general, we are seeing high prevalence of disordered eating behavior in this sample of gay men in Latin America.

Mae Lynn Reyes-Rodríguez: So what is the pressure that males are receiving in terms of body image? So we have the mainstream society definition about masculine and usually is like lean body, very muscular, which is very different from females, that we are looking into the things that.

Mae Lynn Reyes-Rodríguez: We know that the media pressure has increased, triggering a lot of shame and depression in those men who can't achieve those expectation and also, we have the metrosexuality maybe that was in the late 90s.

Mae Lynn Reyes-Rodríguez: That emphasis on the heterosexual males to the physical appearance grooming, spending a lot of time and money in beauty treatment and using fashionable clothes, the thing that that was another pressure for men to look in certain way.

Mae Lynn Reyes-Rodríguez: So here, I think that it's interesting to see the evolution of bodybuilding across time, so you can see that at the beginning. Obviously, you can see the definition of the muscle the six pack but has been increasing through the through across the time. And, if you look into the 2021, the muscle tend to be bigger and there is like that expectation about having larger muscle and very defined.

Mae Lynn Reyes-Rodríguez: So, if we look in terms of body image and Latino males what is different for one of the concept that we need to look at is the machismo and I think that I wanted to expand a little bit this concept about machismo because when we talk about Latino males.

Mae Lynn Reyes-Rodríguez: Something that comes to our mind is the macho right. And sometimes we think about matures more add so one.

Mae Lynn Reyes-Rodríguez: Chauvinism and I think that that is not necessarily the entire definition or the experience of machismo in our culture, I think that is the strong pride.

Mae Lynn Reyes-Rodríguez: Being masculine, but also is the pride of providing for the family. It's the pride of protecting your family and when with.

Mae Lynn Reyes-Rodríguez: Think about protection with thing in someone who physically can make you feel safe and in that sense, this is why, as we, the male Latino male associated the masculine with having muscle. So usually being overweight is, this is a factor for discrimination is like a weakness, because you don't have control because you can't show that you're the one who can protect.

Mae Lynn Reyes-Rodríguez: Also, what we are seeing is in terms of those Latinos experiencing muscularity concerns they tend to have more eating disorder symptomatology, also low self-esteem social anxiety, and the use of supplement.

Mae Lynn Reyes-Rodríguez: The other cultural aspect that we had to take in consideration is the acculturation. We have the immigrant paradox, and the immigrant paradox is telling you that.

Mae Lynn Reyes-Rodríguez: Those who recently moved to the US in some way they are protected, they keep some healthy behavior, but when we compare with first generation, or US born.

Mae Lynn Reyes-Rodríguez: The health decrease, the health in some way deteriorate.

Mae Lynn Reyes-Rodríguez: So what we are seeing that isn't in general with health right, but what we are seeing in eating disorder some studies are have reporter the opposite, that those who are less acculturated, they endorse more into the loss of control eating.

Mae Lynn Reyes-Rodríguez: We are seeing also the greater body image concern a lower lower BMI as a risk factor for disordered eating, I think that may be an explanation for that could be that.

Mae Lynn Reyes-Rodríguez: it's not necessarily the acculturation process, who can be a risk factor for eating disorder.

Mae Lynn Reyes-Rodríguez: is more the acculturative histories and least there are some studies what females, Latina females that has shown that it's more the stress coming from the acculturation rather the acculturation per se.

Mae Lynn Reyes-Rodríguez: So I guess that maybe that could be something that can explain why in some studies have found that those Latino males with, who are less acculturated are actually showing more eating disorder behavior.

Mae Lynn Reyes-Rodríguez: So let's look into the presentation of eating disorder in males in general.

Mae Lynn Reyes-Rodríguez: What we are seeing is a higher prevalence of binge eating behavior and purging compared to women, and this is something that I found in the study that we conducted in the University of Puerto Rico.

Mae Lynn Reyes-Rodríguez: The history of mild or moderate obese before developing eating disorder again that was something that we saw in the study of the University of Puerto Rico.

Mae Lynn Reyes-Rodríguez: Men tend to do exercise as prevention for medical complication but also to optimize performance in a sport or to be eligible to compete. Other presentation that has been reported by eating disorder, specifically for anorexia, leanness for enhancing muscle definition, the six pack of abdominal muscle, rather than the flat stomach that is the usually the goal for females, but also the compulsive exercise, they have found that is similar both in females and males.

Mae Lynn Reyes-Rodríguez: For bulimia nervosa, some boys report less eating concern and might not experience as much loss of control as female.

Mae Lynn Reyes-Rodríguez: For binge eating, is the most prevalent eating disorder in males and ARFID are the 35% in boys.

Mae Lynn Reyes-Rodríguez: In Latinos what we have been seeing in terms of presentation in Latinos the concern with fat are more relevant to loss of control of eating are way more than the actual size and those less acculturated as I said, engage in more loss of control eating.

Mae Lynn Reyes-Rodríguez: Also we had the body image concerns are very common ones, particularly the muscularity-based dissatisfaction in the rigid protein-based diet. Latinos are more likely to engage in more extreme behavior to lose weight compared to Whites.

Mae Lynn Reyes-Rodríguez: As I presented at the beginning, the prevalence of disordered eating behavior in Latino gays is about 10% that was based on the study that I presented with the 10 Latin American countries.

Mae Lynn Reyes-Rodríguez: And the body's satisfaction at that here, instead, the mainstream muscularity are associated with disorder eating behavior in Latino gays so those who feels that they are not in adherence to that kind of expectation are more risk to this to develop the eating disorder behavior.

Mae Lynn Reyes-Rodríguez: We have to pay attention that there is some minority groups who are in a higher risk for body dissatisfaction and eventually to potentially develop eating disorders such as athletes, homosexuals, and transgender males.

Mae Lynn Reyes-Rodríguez: So let's move into assessment, because, as I mentioned at the beginning, most of the instrument has been developed and tested primary for female, so the, the main issue is that females and males can experience body dissatisfaction in a very different way, and maybe the.

Mae Lynn Reyes-Rodríguez: gap that we have seen in terms prevalence is because we are not capturing pretty well the eating disorder in males.

Mae Lynn Reyes-Rodríguez: We have in Spanish the eating disorder examination has been translated into Spanish and tested, particularly in the US, we also have the EDE-Q.

Mae Lynn Reyes-Rodríguez: Which is the questionnaire, based on the eating disorder examination and I just wanted to share one of the experience that I had doing assessment for Latino.

Mae Lynn Reyes-Rodríguez: males for eating disorder was the loss of control. When I was assessing the binge eating behavior and asking about the loss of control with the sense of lack of control.

Mae Lynn Reyes-Rodríguez: The patient was saying no, that is, the that doesn't happened to me, and in some way some of his report was very consistent with the bingeing episode so at some point I realized that was important to ask a different question is instead of.

Mae Lynn Reyes-Rodríguez: Focusing on the loss of control was more about it is hard to stop eating when you are eating.

Mae Lynn Reyes-Rodríguez: And that was the moment that he was explaining that for him loss of control was more like an aggressive behavior and, and that was that was the reason why he is saying no, I have control about my eating. So I think that we have to be careful about.

Mae Lynn Reyes-Rodríguez: The loss of control, especially males because they don't want to feel that they are out of control and out of control, maybe for some Latinos, I am not saying, for all of them, remember that we have.

Mae Lynn Reyes-Rodríguez: nuances across Latinx group and we have to be careful, if they are understanding the sense of lack of control and not thinking that we are asking for aggressive behavior.

Mae Lynn Reyes-Rodríguez: The other tests that we have in a Spanish and it think that this test muscularity-oriented eating test (MOET) in some way is trying to capture better the body dissatisfaction.

Mae Lynn Reyes-Rodríguez: So here, you have the saw the study published with the translation in Spanish, of the muscularity oriented eating test (MOET).

Mae Lynn Reyes-Rodríguez: We have another instrument, the muscle dysmorphic disorder inventory (MDDI).

Mae Lynn Reyes-Rodríguez: That they published norms for gender minority population, so I think that it's important to know that there are many other instrument that can be.

Mae Lynn Reyes-Rodríguez: complimentary for the assessment of eating disorder if we feel and thing that the current assessment protocol that we have that doesn't capture pretty well the eating disorder emails.

Mae Lynn Reyes-Rodríguez: So here just to give you an example of some of the muscularity-oriented eating test.

Mae Lynn Reyes-Rodríguez: For example, I have used meal replacements supplement when I felt full.

Mae Lynn Reyes-Rodríguez: I have felt anxious when I run out of protein-based supplements. So I think that is asking some or some questions that are more accurate before meals and see if that can even help to them define the body dissatisfaction and that instrument is in Spanish.

Mae Lynn Reyes-Rodríguez: So what are the cultural consideration, I think that remember with the Latinx, not only males but also female, stigma it's a huge factor and.

Mae Lynn Reyes-Rodríguez: Having an eating disorder sometime could be hard to accept because doesn't match with the image, about being a strong.

Mae Lynn Reyes-Rodríguez: And in usually in terms of the Latino culture, there is a stigma about having a mental health because it's equal to be like weak.

Mae Lynn Reyes-Rodríguez: And it is very hard for them to, to feel comfortable being open about having a mental health issue and also having an eating disorder and least in the study that I can talk to with females.

Mae Lynn Reyes-Rodríguez: We find out that the stigma about eating this about having an eating disorder was greater than the stigma of having a mental health so would be interesting to see if that is the thing with Latino males.

Mae Lynn Reyes-Rodríguez: In terms of Latino males, if they, if they feel discriminated that has been correlated with poor health.

Mae Lynn Reyes-Rodríguez: The other piece is the acculturative stress, as I mentioned before it's not necessarily about the acculturation process, sometimes it's more about the stress coming from that process.

Mae Lynn Reyes-Rodríguez: That has been identified as a risk factor for eating disorder, so we have to take that, into consideration.

Mae Lynn Reyes-Rodríguez: Another aspect that is very common in the Latino population is the seek-help pattern. The seek-help pattern help pattern is very different, usually they wait until the symptoms are very severe.

Mae Lynn Reyes-Rodríguez: And they tend to underutilize specialized treatment. I think that that could be associated with functionality, if I feel that I can function, that I can do what I need to do to provide for my family, I don't want it to waste my time going to an appointment.

Mae Lynn Reyes-Rodríguez: In terms of not going to specialist's treatment, I think that is more related with the stigma. I don't want someone knowing that I am going to a psychiatrist or to mental health clinic because they will think that I am crazy, and that is a symbol of being weak.

Mae Lynn Reyes-Rodríguez: In terms of treatment, a thing that is important to avoid the stereotypes, I know that usually, when we think about Latinos.

Mae Lynn Reyes-Rodríguez: We think about machismo, but I think that we need to try to be open and trying to see machismo in a different kind of definition that is not only necessarily these kind of aggressive behavior.

Mae Lynn Reyes-Rodríguez: It's more also the pride of being the the one providing for my family, which is more in the positive side, and the one who can protect my family. I think that, because we don't have clinical trials focus on Latino males.

Mae Lynn Reyes-Rodríguez: We can make like a strong recommendation about what should be doing in terms of treatment in that regard, I will say we need to explore their own experience with eating disorder and trying to be open to know how they are experience the eating disorder.

Mae Lynn Reyes-Rodríguez: Other aspect that, for me, has been very important working with Latino family has been psychoeducation, especially when we have a Latino gay with an eating disorder or any kind of gender identity, that is a factor of a lot of stress in Latino family, especially because that in a family

Mae Lynn Reyes-Rodríguez: are attached to traditional values and sometimes it is the first time for them to have someone talking about being gay or being transgender in their family and that.

Mae Lynn Reyes-Rodríguez: Increased a lot of stress in the family and because of that increased stress on the patient in can exacerbate the eating disorder symptoms, so I think that.

Mae Lynn Reyes-Rodríguez: It is important to work with the family, provide the psychoeducation, and if you don't feel that you have the expertise on that topic, for example,

0Mae Lynn Reyes-Rodríguez: I remember the first case that I treated with transgender male and I was very open with the family, this is my first case.

Mae Lynn Reyes-Rodríguez: I need to educate myself in the transgender topic. I work with the gender clinic at UNC.

Mae Lynn Reyes-Rodríguez: Trying to collaborate with the other clinic and trying to understand the process in order for me to educate the family and provide the support that they need to navigate to through that process.

Mae Lynn Reyes-Rodríguez: I think that that has been key to reduce the stress in the family and eventually and decreasing the stress on the patient and helping with the, with the eating disorder piece.

Mae Lynn Reyes-Rodríguez: The other piece that is important in terms of psychoeducation is about eating disorder, it is sometimes very hard for the family, especially Latino family to understand the nature of the eating disorder and they have to be honest, sometimes

Mae Lynn Reyes-Rodríguez: From the eating disorder field, they, they don't get it, they, it is very hard, sometimes to understand the eating disorder, so you can imagine, having someone with no kind of background or training to figure out or making sense about eating disorder.

Mae Lynn Reyes-Rodríguez: Enough family members, so I think that it is important to take time with the family, educating them about this as an eating disorder.

Mae Lynn Reyes-Rodríguez: And those behavior that you are seeing in your son is because of the eating disorder and trying to help and navigating them through that process.

Mae Lynn Reyes-Rodríguez: Before moving to the prevention, I wanted to maybe discuss some of the challenges that I have encounter working with Latinos males with eating disorder and I wanted to talk about maybe three specific cases that I think the represents some of the challenges.

Mae Lynn Reyes-Rodríguez: One of them was an adolescent Latino with anorexia nervosa.

Mae Lynn Reyes-Rodríguez: He was trying to get that body image, muscular body. And reduced his eating restrict their his eating pattern and in that sense, got out of control. He was experiencing a lot of anxiety.

Mae Lynn Reyes-Rodríguez: In at some moment during the treatment.

Mae Lynn Reyes-Rodríguez: He was very reluctant to do some kind of treatment for the eating disorder, he was more into the anxiety. Anxiety, was affecting his social interaction and when we try to have the family, more involved into the.

Mae Lynn Reyes-Rodríguez: weight restoration and trying to be in charge of his eating pattern was very hard for the family to do that and something that I have been seeing, especially with adolescent males, is the, the use of the language as a power.

Mae Lynn Reyes-Rodríguez: They feel that they have more power, because they, they are bilingual and parents are sometime depend on them to know exactly what is going on in their medical appointments.

Mae Lynn Reyes-Rodríguez: And family sometimes they feel less less empowered to enforce the recommendation. That is very different from my experience working with Latinos in.

Mae Lynn Reyes-Rodríguez: For example, in Puerto Rico where you can see, family very empowered in in doing whatever they had to do in order to enforce the recommendation. However, here in the mainland, what I am seeing families feeling is powerless, powerless.

Mae Lynn Reyes-Rodríguez: Because they don't have the domain of the language, because they don't know exactly what is going, they are depending on what the patient is telling them. Sometimes they feel left out in the treatment because the provider doesn't speak Spanish.

Mae Lynn Reyes-Rodríguez: And in that sense, I think that we need to work with the family, in the sense that they feel that we are including them and giving them a little bit more power to work with the recommendation.

Mae Lynn Reyes-Rodríguez: With this specific Latino, I remember that was very hard for the family to enforce the recommendation.

Mae Lynn Reyes-Rodríguez: He was losing weight, we because of the health insurance.

Mae Lynn Reyes-Rodríguez: We just have one one option, and in that option had like away at least So for me was the moment to then define what can what we can do and I decided to go with what is more relevant for you now.

Mae Lynn Reyes-Rodríguez: I am here, trying to work with the eating disorder, however, I feel that you don't want to talk and to address the eating disorder and for he what was more relevant was the anxiety.

Mae Lynn Reyes-Rodríguez: So I decided to use a different kind of approach and to focus more on the inciting in that was the moment that he felt that I was.

Mae Lynn Reyes-Rodríguez: connecting with him, that I was listening to him, but also was the way to show him that, following through the recommendation in this case for the anxiety, was helping him.

Mae Lynn Reyes-Rodríguez: I gain his trust and he was able, after working with the anxiety piece to be more willing to work with the eating disorder piece because.

Mae Lynn Reyes-Rodríguez: He felt that I was giving him recommendation now that were working for him. So I think that sometime in that is something that I have been seeing in Latino males that they wanted to work with things that makes sense for them not necessary that made sense for us as a therapist.

Mae Lynn Reyes-Rodríguez: The other case that I have, have treated here has been Latino gay.

Mae Lynn Reyes-Rodríguez: And I remember having all of the stress from, from the family, when they discovered that their son was gay.

Mae Lynn Reyes-Rodríguez: And part of the process is not only working with the eating disorder is also working with the family, trying to help them to navigate through this disclosure what was for them, trying to work with the communication.

Mae Lynn Reyes-Rodríguez: Work with all of the conflict with the, with the family on to having some kind of reduction of family conflict and that helped for the eating disorder piece.

Mae Lynn Reyes-Rodríguez: So sometimes we have to in some way trying to make decision how, what are the pieces that that we need to address in the treatment and what will be the order of targeting those pieces, I think that the goal is to create the best environment possible.

Mae Lynn Reyes-Rodríguez: That can help the patient that can support the patient during the treatment for the eating disorder, so if.

Mae Lynn Reyes-Rodríguez: One of these issue is, is, creating a lot of noise that it is very hard for the patient to work with the eating disorder piece, we have to then decide what is making that noise and how we can provide the extra support on that.

Mae Lynn Reyes-Rodríguez: The other case that was very interesting for me was treating a Latino male transgender.

Mae Lynn Reyes-Rodríguez: And again, that was important to educate myself in terms of transgender issues and trying to communicate to the family, all of the questions that they were asking about: what is the transgender? Why is now is he why now he is in love with a female? So all of these kind of concepts about transgender, homosexual.

Mae Lynn Reyes-Rodríguez: bisexual, all of those concepts was very important for me to navigate with the family have a discussion trying to help them to understand what was going on with his son, their son.

Mae Lynn Reyes-Rodríguez: That was very helpful to work with the eating disorder having that piece done on with the family, having family meetings.

Mae Lynn Reyes-Rodríguez: onto the patient felt like my family's accepted me for who I am. And that was the moment that the patient started improving, with the eating disorder.

Mae Lynn Reyes-Rodríguez: Something that it is important too, as I said, to then define all of the pieces that are part of the treatment and if you don't feel comfortable with because of the language, because you don't have the expertise on the culture, you have to seek other professional or other kind of support that can help you.

Mae Lynn Reyes-Rodríguez: To provide that extra support in order to, to, to help the patient.

Mae Lynn Reyes-Rodríguez: And finally, wanted to talk a little bit about prevention, because.

Mae Lynn Reyes-Rodríguez: Also, we don't have we don't have that much materials particularly sensitive for Latinos.

Mae Lynn Reyes-Rodríguez: We developed these fotonovelas, which is like a graphic soap opera that is very popular in the Latino culture.

Mae Lynn Reyes-Rodríguez: And we decided to do something different, and see if having fotonovelas were more culturally sensitive in this case we developed two different scripts for adolescent male.

Mae Lynn Reyes-Rodríguez: In that screen was primary English when the dialogue was between peers at school, but then Spanish when they the dialogue was between adolescents and parents.

Mae Lynn Reyes-Rodríguez: Obviously, we use the, the sport as a as a catching illustration, they felt that was very eye catching for them that.

Mae Lynn Reyes-Rodríguez: Telling a story was more appealing, rather than having like a brochure plenty of words without any kind of story, and the adult version, something that was very interesting in terms of the feedback was.

Mae Lynn Reyes-Rodríguez: Saying I need to, I need to know that that is causing any kind of medical complication, so in that story we use a man struggling with diabetes and also with the eating disorder having like a bench some kind of binge eating behavior.

Mae Lynn Reyes-Rodríguez: But for adult males they wanted to feel that this is something important, and this is why we changed a little bit the.

Mae Lynn Reyes-Rodríguez: The title of the fotonovela, is my coping with the consequences of not eating healthy and that title was because they, they told us that for Latino men in order to seek help,

Mae Lynn Reyes-Rodríguez: To pay attention is because this is causing something maybe come, and I think that this is what all the people has found in other studies that.

Mae Lynn Reyes-Rodríguez: They need to feel that this could affect me medically in order to seek professional help.

Mae Lynn Reyes-Rodríguez: So think that as a final remark, I think that.

Mae Lynn Reyes-Rodríguez: The methods that I wanted to send today's the eating disorder are prevalent in Latino males.

Mae Lynn Reyes-Rodríguez: The binge spectrum eating disorder more common in Latino males.

Mae Lynn Reyes-Rodríguez: Muscularity concerns can contribute to eating disorder in Latino males and also acculturation is not a clear moderator for eating disorder in Latino males, we have to pay attention to the acculturative stress.

Mae Lynn Reyes-Rodríguez: That we have to be very careful with the assessment of body dissatisfaction and loss of control over eating in order to, to assess accurately the eating disorder in Latino males.

Mae Lynn Reyes-Rodríguez: So here you have all the references.

Mae Lynn Reyes-Rodríguez: So I think that now we have time for question and having just a talk about the topic.

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Reyes-Rodriguez. I just wanted to give you a few reminders before we open up for question and answer.

la-shell_johnson@med.unc.edu: We will have this webinar available on our Training Center next Friday and you will also receive a copy of today's slides this afternoon with your evaluation.

la-shell_johnson@med.unc.edu: I'll go ahead and open up for questions, so the first question asks, you are great, and this will, as a compliment then and a question you are great, and this is such wonderful information. What are some interventions for outpatient services, not as extensively trained in this order, but are treating trauma, PTSD, and acculturation.

Mae Lynn Reyes-Rodríguez: So. I can talk about the, the outpatient treatment for eating disorders, as I said, we don't have any clinical trials focused on Latino males I think that when that happens, what we need to do is to look into what we have available and.

Mae Lynn Reyes-Rodríguez: We have the cognitive behavioral therapy for bingeing and, bulimia.

Mae Lynn Reyes-Rodríguez: FBT, family based therapy is for anorexia, especially with adolescent and I think that we have to follow what is already published as an evidence based treatment for eating disorder.

Mae Lynn Reyes-Rodríguez: But I think that, because we don't have clinical trials, particularly for Latino males maybe we, we have one with conducted by Grilo for binge eating disorder, although I have to mention that were conducted with very acculturated Latinos, very educated.

Mae Lynn Reyes-Rodríguez: We have to follow the evidence based treatment with an open mind. Open mind equal work, but I have to be flexible if I need to make some kind of adaptation and it is the same with trauma. Trauma is something that we have been finding.

Mae Lynn Reyes-Rodríguez: With eating disorder patient, I think that is looking into the evidence based treatment that we already have published for trauma, and anxiety, depression.

Mae Lynn Reyes-Rodríguez: But with an open mind, we can do a search if there is something that may be a clinical case where the Latino male that can help us and guide us.

Mae Lynn Reyes-Rodríguez: Through the possible modification that we have to do, but because of the lack of evidence base data I can make like a strong recommendation about you have to do X, Y, and Z because we don't have that data, I think that this is an area that we need to continue exploring and doing research.

Mae Lynn Reyes-Rodríguez: I don't I don't know if that answer that question.

la-shell_johnson@med.unc.edu: Thank you so much, I think it did there's another part to that question, it says, are there, specific cultural eating disorder assessments that can help treatment planning.

Mae Lynn Reyes-Rodríguez: No, I will say, then I would recommend use the APA guidance for culture assessment we don't have any specific guidance for eating disorder, I think that, that is giving me ideas about what we need to maybe doing something the eating disorder field because I think that we don't have any specific guidance for culturally sensitive. But, I know that the APA they have guidance.

la-shell_johnson@med.unc.edu: They want to get for that response that response, Dr. Reyes-Rodriguez the next question reads, "Is there any research concerning alcohol intake and Latino males and effect on eating behaviors?"

Mae Lynn Reyes-Rodríguez: That I am aware, no, to be honest, but that is another topic that is very interesting.

la-shell_johnson@med.unc.edu: Thank you so much, once again, and the two questions that you answered initially they did say thank you for those responses it answered the questions that they asked.

la-shell_johnson@med.unc.edu: Are there any other questions, please feel free to type them in the question and answer box, we have about five more minutes. One more came in; "Are there resources for nutritionist or dietician base workers that can accommodate clinical treatment."

Mae Lynn Reyes-Rodríguez: Yeah, think that for dietitian when I the cultural adaptation that I that I did for CBT with Latina females, we use a dietitian or who was bilingual and Latina and we published a paper about the role of the food.

Mae Lynn Reyes-Rodríguez: In eating disorder, I think that, although in that small clinical trial we didn't include males, I think that those recommendations can be very applicable for, for males.

Mae Lynn Reyes-Rodríguez: I think that we have to think about what are the eating patterns of the family. Sometimes some family in, for example in Mexico, they have a different kind of schedule for eating that we have to be sensitive when we are.

Mae Lynn Reyes-Rodríguez: Exploring with the family, their eating pattern. Sometimes you know, we in the US, we have like a certain time noon, is the time for launch and there is a specific food that we tend to eat for lunch.

Mae Lynn Reyes-Rodríguez: Which is very different in the European model and Mexican they, they tend to use more the European model, so I think very, be very open to hear what is the eating pattern of the family and trying to adjust the recommendation, based on that. We don't want the family to change everything, because sometimes when we recommend that they don't follow through that recommendation.

Mae Lynn Reyes-Rodríguez: Because it's not their natural eating pattern, so I think that, instead of trying to shift and change everything, it's more to work with their pattern and how we can enhance that pattern. Some older, other intervention that I remember the dietitian making was making a list about the food that they usually do based on their cultural backbone and trying also to accommodate for that.

la-shell_johnson@med.unc.edu: Thank you once again Dr. Reyes-Rodriguez. The last question received reads, "Are the fotonovela materials available for download or purchase?"

Mae Lynn Reyes-Rodriguez: Um, If, if, the, if they are not available online. I think that at some point we, we had it up at some moment for some reason.

Mae Lynn Reyes-Rodriguez: The they took out of the from the, the website, so I think that if the person is interested can send me a message, and we can try to figure out how to send the the, the fotonovela.

Mae Lynn Reyes-Rodríguez: Yeah, so unfortunately we don't have it like in for sale or reproduction, but I think that if you can send me an email, and I can try to, to send the, the file.

la-shell_johnson@med.unc.edu: Well, be sure to pass your email address on to that person. We had one more question, "Are there other influencers or speakers that can be provided as resources for clients to follow on social media such as informal role models that you would recommend?"

Mae Lynn Reyes-Rodríguez: That is a tough one, on top of my head, I can't think about someone, but I can try to do a search, and La-Shell can send you the information, and I can try and do identify.

Mae Lynn Reyes-Rodríguez: Who else in the social media, I am not that active in social media but we can try to identify if there is someone that would be good role model.

la-shell_johnson@med.unc.edu: Thank you so much Dr. Reyes-Rodriguez, we truly appreciate everyone joining today I'll send you the comments that we received and all of the, the, warm wishes to you for providing this information today.

la-shell_johnson@med.unc.edu: As I mentioned before, you will receive a copy of the slides from today's presentation and the recording will be available on our Training Center next Friday. Do you have any remarks for the attendees today Dr. Reyes-Rodríguez, before we adjourn.

Mae Lynn Reyes-Rodríguez: Just appreciate you joining the, the, the webinar I think that this is a very interesting topic that we don't have much information that we need to do more research at thing that.

Mae Lynn Reyes-Rodríguez: I hope that, with this webinar we are raising the awareness that help the providers to look into eating disorder in Latino males. Because sometimes we, because of the clinician bias, we can overlook in those behavior in and continue with the stigma about eating disorder and Latino culture. So, thank you for joining.

la-shell_johnson@med.unc.edu: Thank you all so much, and thank you once again, Dr. Reyes-Rodriguez for your time today. We appreciate you all joining. I hope you enjoy the rest of your day, thank you.