Main finding goes here, translated into plain English. Emphasize the important words.

**Calories and Cocktails: Drunkorexia on Campus**

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**Abstract**

30-60% of college-age females and up to 30% of college-age males engage in “drunkorexia”, a set of behaviors characterized as engagement in caloric restriction to compensate for subsequent binge drinking, leading to purging behaviors. Due to the significant probability for risky behaviors from socially acceptable and enabled eating disorder behaviors, clinicians have begun to recognize the benefit of including these specific symptoms of drunkorexia under the OSFED diagnostic criteria as a subcategory for clinical consideration.

**Intervention**

Clinicians presented a training on drunkorexia to include diagnostic criteria, a literature review, gender differences, assessments, and interventions.

**Learning Objectives**

1. Recognize risk factors for developing drunkorexia
2. Distinguish gender differences in the clinical presentation of drunkorexia
3. Identify assessments used for evaluating drunkorexia behaviors

**Drunkorexia Assessments**

- Drunkorexia Motives and Behaviors Scale
- Compensatory Eating and Behaviors in Response to Alcohol Consumption Scale
- College Eating and Drinking Behaviors Scale

**Gender Differences**

**In Women:**

- **Varying Motivators:** engaging in drunkorexia behaviors in order to have fun and get more drunk rather than to conform to social pressures to binge drink.
- **Drive for Thinness:** a significant predictor of drunkorexia behaviors
- **Unsafe Behaviors:** Women who engage in drunkorexia behaviors were more likely to report memory loss, injuries, experiencing unwanted sexual encounters, and engaging in risky sexual behaviors

**In Men:**

- **Emotion Dysregulation:** A significant predictor of drunkorexia behaviors
- **Men** were more likely than women to get into physical altercations after engaging in drunkorexia behaviors

**Drunkorexia**

Substance Use Disorder

- May experience increased tolerance
- Persistent desire to cut down or regulate use

Bulimia Nervosa

- Individuals with BN may drink, even to excess, but the motivations will be different
- and not related to calories or fear of weight gain

Changing drinking behaviors due to a fear of weight gain
(IE: drinking zero-calorie options)

**Similarities Across Genders**

- **Intoxication**
  - Adolescents who endorse heightened anxiety and difficulty tolerating negative emotions have an increased likelihood of utilizing drunkorexia behaviors to reduce emotional distress

- **Modification**
  - Both genders endorsed continuing compensation behaviors when drinking by modifying their choice of alcoholic beverages to ones that had less calories in them

- **Body Image**
  - Strong associations have been demonstrated between alcohol abuse and body dissatisfaction across genders

**Systemic Barriers to Care**

- For Women:
  - Treatment centers have historically been designed for young, white, affluent women with Anorexia Nervosa
  - Lack of culturally inclusive foods at HLOCs
  - Pervasive societal and cultural fatphobia
  - American cultural bootstrap mentality creating difficulty for seeking support
  - Greek life enablement of drunkorexia behaviors
  - Childcare responsibilities typically placed on mothers

- For Men:
  - Glorification of extreme body stereotyped ideals in the LGBTQIA+ community
  - Machismo cultural standards
  - Financial barriers
  - Societal and cultural stigmatization

**Results**

39 providers from the following departments attended the training:

- Psychiatry and Behavioral Health Sciences
- Nursing
- Medical
- Counseling and Mental Health Center
- Dietetics

**Feedback**

- **Dietitians:** Discussed current questions they utilize to assess for alcohol use during eating disorder intake assessments.
- **Clinicians:** Asked questions related to utilizing the interventions for the LGBTQIA+ population

**Future Directions**

**Research:**

- Increased gender diversity
- Manualized treatment program
- Intervention modifications for the group and HLOC settings

**Student Health Providers:**

- Acquiring drunkorexia and/or dual diagnosis referral sources
- Adding questions related to food and alcohol interactions to intake assessments
- Increased training for substance use and eating disorder providers
- Working with USC student health to implement DMBS assessment in electronic medical record