Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
Stoutjesdyk[32] 1993	• 191 athletes (87 male, 104 female) • five different sports (Lightweight and heavyweight rowing, judo, gymnastics, diving, volleyball • 100 athletes (42 male, 58 female) competing in weight-sensitive sports • Age: N/A	Self-reported EAT	10.6% female and 4.6% male athletes scored ≥30 in the EAT, placing them in the "anorexic" range.	• Only national and international (but no provincial) level athletes scored ≥30 in the EAT. • A significantly higher prevalence of DE in weight sensitive sports was only found among female athletes.
Thiel[7] 1993	• 84 male athletes (25 wrestlers, 59 rowers) • 104 male controls and 183 female controls • two different sports (wrestling, rowing) • all athletes competing in lower weight categories • Age: wrestlers 20.7 (±3.1) years; rowers 21.3 (±2.0) years	Self-reported EDI	11% subclinical EDs in male athletes with 16% in wrestlers compared with 8% in rowers; 52% reported binge eating	• Prevalence of DE was significantly higher among male athletes compared with the control groups.
Terry[9] 1996	• 124 athletes (62 male, 62 female) • Rowing • 62 athletes (31 male, 31 female) competed in lightweight weight class • Age: all 23.4 (±3.2) years	Self-reported EAT	12.9% of male and 19.4% of female lightweight rowers scored above the ED threshold, whereas no heavyweight athlete scored above the ED threshold.	• No male athlete scored above the BSQ threshold, whereas 11.2% of females scored above the BSQ threshold. • BSQ and EAT scores were significantly positively correlated among all groups.
Ziegler[68] 1998	• 39 athletes (19 male, 20 female) • figure skating • Age: male 17.8 years (14.6–21.6 years); female 15.9 years (12.9–22.9 years)	Self-reported Diet and Sport Questionnaire	0% reported pathologic weight control methods more frequently than rarely or never.	• 39% of male athletes wanted to be thinner. • No significant difference between current and desired body shape in male athletes.
Fogelholm[57] 1999	• 363 athletes (190 male, 173 female) • 140 controls (61 male, 79 female) • 19 different sports • 259 athletes (141 male, 118 female) competing in weight-sensitive sports • Age: all 14-40 years	Self-reported EDI subscales (BD, EDI), EDI-64, yes/no questions	0-5% of male and 7-13% of female athletes were classified as “at risk of eating disorder”. Rapid weight reduction was reported by 0-79% of male and 9-78% of female athletes depending on the sports class, compared with 8% male and 15% female controls.	• Athletes of both gender competing in weight-class sports reported significantly more weight reductions attempts and rapid weight reduction techniques compared with other sport types and controls. • 55% of male and 51% of female athletes compared with 18% of male and 45% of female controls reported weight reduction.

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
Terry[63] 1999	• 103 athletes (59 male, 44 female) • Rowing • Heavyweight (28 male, 25 female) • Lightweight (31 male, 19 female) • Age: all 23.9 (± 5) years	Self-reported EAT	12% of lightweight rowers (6% male, 21% female) opposed to 0% of male and 4% female heavyweight rowers scored >15 in the EAT and were therefore classified as "at risk for ED". 3.4% of male and 11.4% of female athletes scored above the threshold.	• 0% of male and 9% of female athletes scored >20 in the BSQ. • Depression predicted 9% of the variance in the EAT.
Byrne[12] 2002	• 263 athletes (108 male, 155 female) • 10 different sports • 149 athletes competing in weight sensitive sports (55 male, 94 female) • 263 controls (108 male, 155 female) • Age: all 15-36 years	Structured diagnostic interview (CIDI) using DSM-IV criteria	DSM-IV identified 4.6% EDs among male athletes (vs. 0% controls) and 21.9% EDs among females (vs. 5.8% controls).	• Significantly higher ED prevalence rates of 7.3% among thin built male athletes and 30.8% among female athletes (vs. 8.2% normal built) were found. • Among male athletes and male controls AN, BN and EDNOS were equally common. Among female athletes and female controls EDNOS>BN>AN.
Haase[41] 2002	• 316 athletes (135 male, 181 female) • 14 different sports (male); 15 different sports (female) • 72 athletes (33 male, 39 female) competed in weight-sensitive sports • Age: male 19.33 (±4.07) years; female 18.54 (±4.11) years	Self-reported EAT-40	7% of athletes (1.5% male, 11% female) scored >30 in the EAT and were therefore classified as "at risk for ED".	• Mild negative association between positive perfectionism and DE in male athletes. • No significant association with negative perfectionism, social physique anxiety and DE.
Ferrand[33] 2004	• 42 male athletes • Cycling • Age: 21.8 (±3.7) years	Self-reported EAT-26	57% of all athletes scored >20 in the EAT-26, indicating the presence of eating concerns or weight preoccupations.	No significant difference of DE rates among different levels of competition (elite, national, regional).
Jonnalagadda[17] 2004	• 49 athletes (23 male, 26 female) • Figure skating • Age: male 19 (±4.0) years; female 15.5 (±2.6) years	Self-reported EAT	4% of male and 11% of female athletes reported binge eating two times/week during the past 3 months. Furthermore, 4% of the male and 36% of the female athletes reported dieting.	• 96% of male and 92% of female athletes were satisfied with their physical attractiveness. • Intensive exercise was the most frequent weight control behaviour (9% male, 26% female).

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
Sundgot-Borgen[5] 2004	• 1620 athletes (960 male, 660 female) • 1696 controls (916 male, 780 female) • 68 different sports • 495 competing in weight-sensitive sports (278 male, 217 female) • Age: 15-39 years; male athletes 23.2 (±4.9) years; female athletes 21.4 (±4.6) years; male controls 25.2 (±6.2) years; female controls 24.7 (±6.5) years for female	•Self-reported questionnaire including EDI subscales to identify "at risk" individuals •Followed by standardised clinical interview of all "at-risk" individuals using DSM-IV criteria	DSM-IV identified clinical and subclinical EDs in 13.5% of all athletes (vs. 4.6% controls) with 8% among male athletes (vs. 0% control) and 20% among female athletes (vs. 9% control).	• Prevalence of EDs was significantly higher among elite athletes than controls, higher among female than male athletes, and higher among athletes competing in weight-sensitive sports compared with less weight sensitive sports and controls. • Anorexia athletica and EDNOS were the most frequent EDs among all groups.
Filaire[40] 2007	• 27 male athletes • 17 male controls • two different sports (Judo, road cycling) • All athletes competing in weight-sensitive sports • Age: judo athletes 19.5 (+-/0.5) years; road cyclists 21.2 (±2.8) years; controls 21.8 (±1.8) years	Self-reported EAT-26 and de novo questionnaire	0% of the athletes met the criteria for clinical EDs. 65% of athletes lost more than 3kg during a season and consciously limit food choices. 14% of judo athletes and 41% of cyclists used more extreme weight loss methods such as fasting and laxatives. Athletes scored significantly higher in the global EAT, Dieting and Bulimia Score than controls.	• Bodyweight satisfaction was not significantly different between athletes and controls and was not associated with DE. Depression was the largest predictor of DE. • 25% of judo and 46% of cycling athletes (vs. 38% controls) reported pressure to lose weight. Athletes attributed this pressure to their coaches (8.3%), fellow or former athletes (25%) and themselves (25%), whereas among controls pressure was attributed to social pressure (45%) and themselves (15%).
Hagmar[56] 2008	• 223 athletes (125 male, 98 female) • 27 different sports • 66 athletes (43 male, 23 female) competing in weight-sensitive sports • Age: male 28.5 (range: 19-44) years; female 26.4 (range: 15-49) years	Self-reported de novo questionnaire	1.7% of male and 8.9% of female athletes reported previous EDs. 46.4% of athletes (47.9% male, 44.4% female) attempted to lose weight and 26.5% of athletes (33.1% male, 15.6% female) tried to gain weight in the 12 months prior to the Olympics.	• Male athletes competing in weight-sensitive sports showed a higher rate of weight loss attempts than male athletes competing in less weight-sensitive sports. • Athletes competing in weight-sensitive sports showed higher differences between desired and actual weight. • Weight class sports reported the highest rate of previous EDs (42.8% vs. 3.4% of all athletes) and 100% of weight class athletes reported to weight loss attempts. • 9.4% (4.8% male, 18.2% female) athletes competing

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
				in weight-sensitive sports reported previous EDs compared with 2.7% (0% male, 5.9% female) in less weight-sensitive sports.
Artioli[46] 2010	• 822 athletes (607 male, 215 female) • Judo • Age: all 12- 46 years; 19.3 (±5.3) years	Self-reported Rapid Weight Loss Questionnaire (RWLQ)	86% of athletes (89% excluding heavy weight) lost weight to compete with 85.8% among male athletes and 85.99% among female athletes.	• Aggressiveness of weight loss behaviour was significantly correlated with higher level of competition.
Schaal[4] 2011	• athletes (2067 1339 male, 728 female) • 36 different sports • Age: 12-35 years; male 18.5 (±4.9) years male; female 19.8 (±5.3) years	Clinical interview by clinician and psychologists using DSM-IV or ICD-10 criteria	4.9% of athletes had a current ED with 4.0% of male athletes compared with 6.5% of female athletes. A lifetime ED prevalence of 7.5% was found among athletes with 5.5% among male athletes and 11.2% among female athletes.	• EDNOS was the most frequent ED (current and lifetime) among both groups. • The highest prevalence of eating disorders in male athletes was found in combat and contact sports (7.3%).
Wyon[53] 2014	• 180 athletes (69 male, 111 female) • Ballet • Age: elite full-time ballet students 11-18years; elite professional ballet athletes 19-39 years	Self-reported EAT-26	0% of the professional dancers and 9.4% (1.3% male, 8.1% female) of the elite school dance students scored >20 in the EAT indicating possible DE or ED.	
Escobar-Molina[18] 2015	• 144 athletes (78 male, 66 female) • Judo • Age: all 15-30 years	Self-reported EAT-40	7.6% (2.6% male, 9.1% female) of the athletes scored 30-50 in the EAT-40 indicating a subclinical ED and 1.4% (1.3% male, 1.5% female) scored >50 indicating a clinical ED.	More male athletes used weight loss methods and more male athletes lost > 5% of their bodyweight compared with female athletes.
Gulliver[69] 2015	• 224 athletes (106 male, 118 female) • 24 different sports • Age: male 26.08 (±6.76) years; female 23.86 (±5.02) years	Self-reported SCOFF	22.8% of athletes (12.3% male, 32.2% female) scored ≥2 in the SCOFF indicating possible DE.	

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
Tan[19] 2016	• 51 athletes (16 male, 35 female) • 3 different sports (tumbling, acrobatics, rhythmic gymnasts) • 51 athletes competed in weight-sensitive sports • Age: all 16.70 (±2.46) years	Self-reported EAT-26, EDE-Q6	31% of male athletes and 67% of female athletes scored above the norm in the EDE-Q6.	• Self-esteem and depression were positively associated with DE symptoms in male athletes. • No significant difference of DE rates among different level of competition (national vs. international).
Gouttebarge[52] 2017	• 158 male athletes (81 current, 77 retired) • Ice hockey • Age: currently active athletes 26 (±5) years; retired athletes 35 (±7)	Self-reported Eating Disorder Screen for primary care	22% of currently active athletes self-reported ED over a period of 6 months.	• Higher levels of career dissatisfaction were related to ED (OR=5.1; p=0.03). • In retired athletes a 6-months incidence of 8% for ED, distress and anxiety/depression was found.
Taheri[62] 2017	• 63 male athletes • 60 male non-athletes • 3 different sports (taekwondo, karate, judo) • Age: athletes 18.59 (±5.29) years; controls 17.3 (±3.4) years	Self-reported EDDS	0% of male athletes scored above the clinical cut-off in the EDDS.	• Male athletes scored significantly higher in the EDDS total score, weight concern subscale, eating concern subscale, but not in the shape concern subscale compared with male non-athletes. • Male athletes that had a middle, good or great body image showed significantly more DE than male non-athletes. • Male athletes had a significantly better body image than male non-athletes.
Rousselet[15] 2017	• 340 athletes (213 male, 127 female) • 37 different sports • 127 athletes competing in weight-sensitive sports • Age: all ≥12 years; 16.6 (±3.5) years	Self-reported EDI and clinical interview using DSM-IV criteria	32.9% of athletes were identified to have a clinical ED with 32.5% male compared with 47.3% of female athletes.	• EDNOS was the most frequent ED for all three clinicians (97.2% for the psychologists, 92.6% for the dieticians, and 88.0% for the sports physicians). • Higher prevalence of ED in weight sensitive sports, multivariate analysis OR 2.48 (p<0.01)
Gouttebarge[51] 2018	• 595 male athletes at baseline (333 at follow-up) • Rugby • Age: ≥18 years; 26 (±4) years	Self-reported Eating Disorder Screen for primary care	21% of athletes self-reported ED at baseline and 11% of athletes reported distress/ED after a 12-month follow-up period.	Career dissatisfaction was significantly associated with DE.
Brook[70] 2019	• 260 para athletes (150 male, 110 female) • 3 different sports (male: cycling, soccer, track and field; female: cycling, rowing) • Age: all 31.7 (±11.5) years	Self-reported EDE-Q	EDE-Q scores were elevated among the following subcategories: dietary restraint (21% male, 27% female), pathologic behaviour (55% male, 29% female). 0.7% of male and 6.4% of female para athletes	• 43.3% of male and 45.5% of female athletes reported pressure to maintain a certain bodyweight. • 63.3% of male and 59.1% of female athletes reported currently changing body composition/weight for sport performance.

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
			reported a history of ED.	
Dimitrova[47] 2019	• 140 male athletes (57 at international; 83 at regional/national level) • 110 male controls (62 recreational athletes, 48 non-athletes) • Age: athletes 22.5 (±2.9) years; controls 23.4 (±3.6) years	Self-report EDE-Q	58.6% of international level athletes and 54.5% of regional/national level athletes showed DE symptoms compared with 46.9% of controls.	• Although the level of competition correlated with DE rates among male athletes, the difference was not significant. • 61.8% of athletes (mixed level of competition) competing in weight-sensitive sports (vs. 47.0%) showed DE, but the difference was not significant.
Gibson[50] 2019	• 26 male athletes • Rugby union • Age: 19-28 years	Self-reported EDI-3 subscales (DT, BD, Bulimia)	15% of athletes reported weekly binge eating, although 75% of them reported to never or rarely feel out of control. 77% reported avoidance of certain foods.	• Age was significantly negatively associated with the bulimia subscale score and the frequency of emotional eating. • Frequency of binge eating (not defined by loss of control) was associated with body dissatisfaction. • 42% of athletes reported being told that losing weight would help improve their performance, without any effect on the EDI-3 subscales.
Kilic[75] 2019	• 327 male athletes • Rugby • Age: over 18 years; 25.9 (±4.4) years	Self-reported: The Eating disorder Screen for Primary care	At baseline 22% of athletes scored 2 or more on the Eating disorder Screen for Primary care indicating the presence of eating disorder.	No significant association between concussion and eating disorders or musculoskeletal injuries and eating disorders were found.
Kristjansdottir[20] 2019	• 755 athletes (235 male, 520 female) • 20 different sports • 375 athletes (135 male, 240 female) competing in weight-sensitive sports • Age: all 18-35 years; 24.8 (±3.5) years	Self-reported EDE-Q, BULIT-R	The prevalence of athletes scoring above the clinical cut-off in the EDE-Q was 6.8% among male athletes and 10.6% among female athletes; in the BULIT-R 1.7% for male and 2.7% for female athletes.	• 3.8% of male and 25.3% of female athletes scored above the clinical cut-off in the BSQ. • A significant positive correlation among the BSQ, EDE-Q and BULIT-R was found. • No significant differences of DE prevalence among sport types were found.

Table S2	Prevalence and assessment of disordered eating (DE) in male elite athletes (adults and mixed samples)			
Reference	**Sample characteristics**	**Assessment of DE**	**Prevalence of DE**	**Additional findings**
Pinto[71] 2019	• 17 male athletes (3 at Olympian; 4 at international; 10 at national level) • Artistic gymnasts • Age: 18-27 years; 22.5 (±3.2) years	Self-reported EAT-26, BITE, BES, MSM, MBCQ	No symptoms consistent with the presence of ED (score >20) was observed in any athlete in the EAT. Within the BITE 35% recorded atypical behaviour (score 10-19). 6% reported a moderate presence of compulsive eating behaviours in the BES (score ≥18).	• 87.5% of athletes desired a larger/stronger body-shape than their self-reported current. • "Rarely" was the most common response selected by the athletes for the various body checking behaviours described.
Abbott[11] 2020	• 227 athletes (157 male, 70 female) • 179 controls (41 male, 138 female) • Soccer • Age: athletes 18-36 years, 21 (±5) years; controls 21-39 years, 25 (±6) years	Self-reported EAT-26, CPQ-12	15% of male and 11% of female soccer players scored ≥20 in the EAT-26 indicating eating disorder pathology, compared with 5% of male controls respectively 25% of female controls.	• Although male athletes scored significantly higher in the EAT-26 than male controls, there was no significant difference in the presence of clinical levels of DE (≥20 in the EAT-26) between the two groups. • Male reserve team players had higher EAT-26 and perfectionism scores than first-team players. • No difference between the prevalence of DE was found between the genders. • Perfectionism was a significant predictor of DE risk among both genders.

EAT, Eating Attitudes Test; EDI, Eating Disorder Inventory; ED, eating disorder; BSQ, Body Shape Questionnaire; BD, body dissatisfaction; DT, drive for thinness; DSM-IV, 4th edition of the Diagnostic and Statistical Manual of Mental Disorders; AN, anorexia nervosa; BN, bulimia nervosa; EDNOS, Eating Disorder Not Otherwise Specified; ICD-10, 10th revision of the International Statistical Classification of Diseases and Related Health Problems; SCOFF, SCOFF questionnaire; EDE-Q, Eating Disorder Examination Questionnaire; EDDS, Eating Disorder Diagnostic Scale; BULIT-R, Bulimia Test-Revised; BES, Binge Eating Scale; BITE, Bulimic Investigatory Test; MSM, Muscle based silhouette measure; MBCQ, Male Body Checking Questionnaire; CPQ, clinical perfectionism questionnaire.