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BY MATT BRZYCKI

Q+A

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NEW FINDINGS ON THE LIBIDO-EXERCISE CONNECTION, MUSCLE DYSMORPHIA AND “CHEAT DAYS.”

DOES INTENSE OR PROLONGED EXERCISE DECREASE LIBIDO IN MEN?

A study published in July 2017 surveyed 1,077 men (aged 18 or older) who responded to an online questionnaire asking about their libido (sexual desire) and training habits. Researchers divided the respondents into two groups—low libido and normal/high libido—according to their “libido scores” (calculated from their replies to questions on that topic).

The survey suggested men who exercised with higher intensity or duration had a greater risk of lower libido than those who exercised with low or mid-range intensity or duration. Interestingly, the vast majority of the men who performed some type of strength training had a normal or high libido.

Note the familiar scientific maxim that “correlation doesn’t imply causation.” Just because a study found a connection between prolonged or intense exercise and a lower libido, it doesn’t mean that one caused the other. Lower libido could have been caused by decreased levels of testosterone or greater mental or physical fatigue, for example.

We all like to think exercise helps keep libido strong, and it may—as long as the exercise intensity or duration isn’t excessive.

REFERENCE: Hackney, A.C., et al. 2017. Endurance exercise training and male sexual libido. *Medicine & Science in Sports & Exercise*, 49 (7), 1383–88.

WHAT IS MUSCLE DYSMORPHIA?

People with *muscle dysmorphia*—a term first used in 1997—are dissatisfied with their bodies, have low self-esteem and are preoccupied with their muscularity. Originally, the condition was called *reverse anorexia*. In people with anorexia, no matter how much fat they lose, they still see themselves as too big; with muscle dysmorphia, no matter how much muscle they gain, they still see themselves as too small.

In one review and meta-analysis published in February 2017, researchers pooled data from 31 studies with 5,880 subjects (average age 28). They found a positive association between muscle dysmorphia and psychological disorders such as anxiety, social physique anxiety, depression, neuroticism, perfectionism and low self-esteem. As might be suspected, muscle dysmorphia is more common among bodybuilders than those who simply do weight training.

Many people who weight train want to increase their muscular size, but with muscle dysmorphia, the urge can become unhealthy.

REFERENCE: Mitchell, L., et al. 2017. Muscle dysmorphia symptomatology and associated psychological features in bodybuilders and non-bodybuilder resistance trainers: A systematic review and meta-analysis. *Sports Medicine*, 47 (2), 233–59.

IS THERE ANY SCIENTIFIC BASIS FOR ADVOCATING “CHEAT MEALS”?

As the name implies, a cheat meal lets people cheat on their eating plan. Cheat meals are consumed 1 day a week—on a “cheat day”—and are characterized by an undisciplined and unrestricted food intake that “rewards” disciplined and restricted intake of food on the other 6 days. These meals almost always include calorie-dense foods that are the antithesis of what we typically consider healthy. (Burgers, fries, pizza and ice cream are cheat day favorites.)

Eating these foods isn’t necessarily bad if done in moderation. But with cheat meals, the foods are consumed once a week in massive quantities. Though using cheat meals to boost metabolism is a popular notion reflected in an enormous quantity of online content and advice, there’s no scientific support for this practice.

If anything, cheat meals have raised concern in the clinical community because they meet certain criteria for eating disorders. For example, as defined by the American Psychiatric Association, cheat meals are similar to binge-eating disorder and bulimia nervosa.

REFERENCE: Pilo, E., et al. 2017. A thematic content analysis of #cheatmeal images on social media: Characterizing an emerging dietary trend. *International Journal of Eating Disorders*, 50 (6), 698–706.



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Have a question for our expert? Send it to AmericanFitness@nasm.org.