

The devastating effect of anabolic steroids use in men

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A paper published in *Psychotherapy and Psychosomatics*, provides a careful analysis of the medical consequences of anabolic-androgenic steroid use in men.

Most body-image studies have focused on women especially in relation to eating disorders. In recent years, studies have also begun to address body image disorders in men as a result of their attention to have a lean and muscular body. Like women, this shift could be due to the constant exposure to lean and muscular male images in movies, television, advertising, and elsewhere.

In order to obtain the ideal body, many of these men use drugs (or "[dietary supplements](#)" containing drugs) in order to gain muscle or lose body fat. From a public health standpoint, the most concerning of these [substances](#) are the anabolic-androgenic [steroids](#) (AAS) – the family of hormones that includes testosterone and its synthetic derivatives. Drugs in the AAS family all possess both muscle-building and masculinizing properties.

About 98% of AAS users are male, who frequently use several AAS simultaneously (a practice called "stacking"), often combining both injectable AAS and orally active AAS. Alarmingly, at present, some tens of millions of men worldwide have used AAS, and thus AAS use arguably represents the youngest of the world's major substance use disorders. Because AAS use is relatively new, science has only begun to appreciate the potential adverse effects of these substances. Indeed, other drugs, such as alcohol, cannabis, and opioids, have been used for thousands of years, and many decades of research have now evaluated the effects of these substances. By contrast, most of the world's older AAS users, those who first tried these drugs as youths in the 1980s or 1990s, are only now reaching middle age. Consequently, it is only in the last decade or two that it has become feasible to study the long-term effects of AAS. Most common side effects of AAS use include cardiac effects and cardiomyopathy, as well as hypogonadism. Long-term AAS exposure may affect other organ systems causing hepatotoxicity, nephrotoxicity, and possibly neurotoxicity, perhaps with a potential for causing early-onset dementia. Another category of AAS side effects are

the psychiatric effects, specifically, major mood disorders, which may be associated with aggression, violence, and sometimes criminal behavior, muscle dysmorphia, which may be both a cause and an effect of AAS use and AAS dependence syndromes.

Unfortunately, because AAS use and dependence are relatively new, there is little research on the treatment of this condition. Moreover, substance use treatment facilities are often poorly informed about AAS use. Thus, much of the treatment of AAS users must be based on the clinician's assessment of each individual case.

Hopefully, now that AAS use has risen to become one of the world's major substance use disorders, research on treatment will grow and it will become increasingly easy for [mental health professionals](#) to stay up to date on evolving knowledge in this area.

More information: Gen Kanayama et al. Anabolic-Androgenic Steroid Use and Body Image in Men: A Growing Concern for Clinicians, *Psychotherapy and Psychosomatics* (2020). [DOI: 10.1159/000505978](https://doi.org/10.1159/000505978)

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