

COMMENTARY

The manosphere and men's health: unpacking the links between online communities, body dysmorphia and erectile dysfunction

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(Nick Ara Kamkari)**Abstract**

The increasing prevalence of erectile dysfunction (ED) among young men highlights a multifactorial issue rooted in the interplay of mental health challenges, societal pressures on male body image and risky health behaviors. Anxiety, depression and body dysmorphic disorder (BDD), particularly muscle dysmorphia, have surged in recent years, exacerbated by online communities within the “manosphere” that glorify hypermasculinity and physical perfection. These forums frequently promote the use of anabolic steroids and finasteride, substances that carry significant health risks, including hypogonadism, endocrine disruptions and sexual dysfunction. Anabolic steroid use, while yielding short-term muscular gains, has long-term consequences such as impaired fertility, mental health decline and ED. Similarly, finasteride commonly prescribed for androgenic alopecia, has been associated with libido reduction and mood disturbances. Online platforms often downplay these risks, encouraging young men to adopt these substances without full awareness of their potential adverse effects. The confluence of these physical and psychological factors creates a vicious cycle of appearance-related anxiety and ED, further compounding mental health issues. This article emphasizes the need for urologists to integrate mental health awareness and screening for risky behaviors into clinical practice. Tools such as the Patient Health Questionnaire-9 (PHQ-9) and direct inquiry about anabolic steroid and finasteride use can aid in identifying at-risk patients. Collaborative, multidisciplinary care involving mental health professionals, endocrinologists and dermatologists is crucial for effective management. Public health initiatives to raise awareness about these issues and promote healthy standards of masculinity are also essential. By addressing the root causes of body image dissatisfaction and fostering open dialogue, clinicians and communities can play a vital role in mitigating the growing burden of ED among young men and improving their overall health and well-being.

Keywords

Urology; Andrology; Sexual health; ED

The rising prevalence of erectile dysfunction (ED) among young men highlights a multifaceted issue that stems from the intersection of mental health, evolving societal standards for male body image and risky health behaviors. The ongoing mental health crisis, marked by escalating rates of anxiety, depression and body dysmorphic disorder (BDD), is at the core of this concern [1–5]. Contributing to this issue is the increasing use of anabolic steroids and finasteride for hair loss, often promoted in online communities within the “manosphere” such as More Plates More Dates (MPMD), Renaissance Periodization, Greg Doucette and other online gym-related forums that idealize hypermasculine and appearance-focused virtues. The “manosphere” refers to a loosely connected online network of communities that focus on men’s rights, fitness, self-improvement and masculinity [6]. While some groups

provide positive advice, others promote extreme views that reinforce hypermasculinity and body image concerns. These behaviors not only heighten anxiety and depression in young men (independent risk factors for ED) but may also alter physiologic endocrine signaling in ways that synergistically increase the risk of ED.

Body dysmorphia, particularly muscle dysmorphia—a subtype of BDD—has become increasingly prevalent among young men. Online forums and social media platforms amplify unrealistic body standards, encouraging the use of anabolic steroids and other performance-enhancing drugs, like Selective Estrogen Receptor Modulators (SERMS), to achieve muscular physiques [7]. Influential social media personalities, such as MPMD, have gained significant followings by providing detailed instructions on anabolic

steroid “cycling” and advocating for certain substances. For instance, a widely viewed video titled “What I Used for My First Cycle | What I Would Change If I Could Go Back in Time” highlights the normalization of such practices. While anabolic steroids may result in short-term increases in lean muscle mass, their use is strongly associated with hypogonadism, impaired fertility, mental health decline and ED [8]. Research has shown that individuals who use anabolic steroids have a significantly higher prevalence of depressive symptoms and suicidal ideation compared to non-users. Pope *et al.* [9] (1994) identified a link between steroid-induced hypogonadism and persistent mood disturbances, contributing to long-term mental health consequences. The endocrine disruptions triggered by steroid use often result in lasting urologic complications [10]. Many of these influencers are perceived as leaders in the field of men’s health by their followers and have built profitable brands around supplements like creatine, hair loss treatments, and “male enhancement” products like Turkesterone.

The relationship between anabolic steroid use and erectile dysfunction (ED) is complex, as supraphysiologic doses of testosterone initially appear to enhance sexual function but can have detrimental long-term consequences. Armstrong *et al.* [11] (2018) analyzed 231 anabolic steroid users and found that while high-dose testosterone supplementation (>600 mg/week) was associated with improved erectile function during use, a striking 27% of men reported de novo ED after discontinuing steroids. Additionally, 57% experienced decreased libido, with longer durations and more frequent cycles correlating with a higher risk of sexual dysfunction. The study highlights that chronic anabolic steroid use may result in hypogonadal symptoms after cessation, which include ED, fatigue, depression and decreased muscle mass. These findings emphasize the need for urologists and endocrinologists to routinely assess for anabolic steroid use in young men presenting with ED, as post-cycle hormone imbalances may be an overlooked etiology of sexual dysfunction.

Similarly, the widespread adoption of finasteride as a treatment for androgenic alopecia among young men raises concerns about sexual side effects, although it is significantly less risky than anabolic steroids. Despite its popularity, finasteride has been linked to reduced libido, ED and mood changes. Online communities frequently promote finasteride as a safe and essential solution for combating hair loss, often minimizing its potential adverse effects and discouraging open discussions. Emerging modalities, such as topical finasteride and RU58841, further complicate the decision-making process young men face when considering these treatments. One relatively popular YouTube channel and online community known as “Haircafe” promotes highly warped viewpoints regarding finasteride being a risk-free drug and that dihydrotestosterone (DHT) is a “trash hormone”, despite there being significant evidence DHT is involved in sexual development, sexual function and cognitive function [12, 13]. In their study, Mysore article states that finasteride-related sexual side effects occur in 2.1–3.8% of users, with erectile dysfunction (ED) being the most common issue [14]. The Prostate Cancer Prevention Trial (PCPT), which included 17,313 men, found that finasteride 5 mg only

slightly increased sexual dysfunction, and the impact diminished over time [15]. However, Irwig *et al.* [16] documented persistent sexual dysfunction in men who stopped finasteride, though selection and recall bias limit the study.

The convergence of these behaviors, motivated by societal pressures and reinforced by online discourse, places young men at increased risk for both psychogenic and physiologic ED. The interplay between mental health, substance use, and sexual dysfunction often creates a self-perpetuating cycle of distress and avoidance. For instance, a young man using steroids or finasteride to conform to societal standards may develop ED, which exacerbates underlying anxiety or depression.

It is imperative that urologists integrate mental health awareness and education about risky health behaviors into their practice, especially for young men. Routine screening for mental health disorders, anabolic steroid use and finasteride-associated side effects should become standard during consultations with young male patients presenting with ED. Tools such as the Patient Health Questionnaire-9 (PHQ-9) for depression and direct questioning about substance use and hair loss treatments can facilitate early identification of at-risk individuals.

Collaboration with mental health professionals, as well as endocrinologists and dermatologists, is essential for providing comprehensive care. Cognitive-behavioral therapy (CBT) and hormonal restoration therapy for anabolic steroid-induced hypogonadism have shown promise in treating ED. Increasing awareness of the risks associated with finasteride and steroids, while addressing the root causes of body image dissatisfaction, is critical for prevention. Concerns about body dysmorphia and penis size are not new phenomena; however, the proliferation of online forums has amplified these anxieties through social comparison and misinformation.

By adopting a multidisciplinary approach and engaging young men in open conversations about their health, urologists can play a vital role in addressing the complex and growing burden of ED in this population. Moreover, society as a whole must remain vigilant about the figures young men idolize in this digital era of social media and online communities. Public awareness campaigns could play an essential role in fostering healthier standards of masculinity and promoting positive role models for the next generation.

The rise of ED in young men is tied to mental health struggles, body dysmorphia and risky behaviors promoted in hypermasculine online communities. A multidisciplinary approach is key to addressing this complex issue. Learn more in our latest study.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

AUTHOR CONTRIBUTIONS

NAK—was the sole author of this commentary; conceived the topic, conducted the literature review, wrote the manuscript; responsible for all aspects of manuscript preparation, including drafting, revising and finalizing the content.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

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CONFLICT OF INTEREST

The author declares no conflict of interest.

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