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Opinion Article

Diagnosis and Treatment for Patients Suffering with Night Eating Syndrome

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DESCRIPTION

Night Eating Syndrome (NES) was first reported in 1955 in obese patients with characteristic syndromes such as nocturnal hyperphagia, insomnia, and loss of appetite in the morning. The literature has been growing since then. With increasing reports of syndromes worldwide, the prevalence of NES in the general and diverse population is estimated to be approximately 1.5%. It is estimated that 5% to 44% of patients with eating disorders and 3.8% to 12.4% of diabetics also suffer from NES. In addition, NES is present in 6%-14% of patients seeking weight loss treatment and in 8.9%-42% of patients planning obesity surgery. In another report, 12% of college students met NES criteria. NES is reported more frequently in women than in men. Despite the growing literature, this condition is still unfamiliar in terms of diagnostic criteria, comorbidities, and treatment options.

Diagnosis

Proper diagnostic criteria are essential to identify NES and ensure optimal treatment. A major feature of NES is nocturnal hyperphagia, defined as at least 25% of total daily caloric intake after dinner and/or night time awakening and uptake more than once a week included. Until the diagnostic criteria were proposed in 2011, the definition of NES lacked standardization. In 2013, NES was also included in the 5th edition of the Mental Illness Diagnosis and Statistics Manual (DSM-5) in the eating disorders category. There must be awareness of nocturnal intake and significant distress. Exclusion criteria include binge eating disorder, other mental disorders, or other medical conditions that better explain eating behaviors.

NES shares some characteristics with other psychiatric disorders, especially eating and sleep disorders, and nocturnal ingestion binging is a behavior shared by people suffering from NES and sleep-related eating disorders. Therefore, the level of consciousness during night intake is a major feature that distinguishes NES from sleep-disordered feeding, but the distinction between the two is still controversial. Popular evaluation tools include self-assessment questionnaires such as Night Eating Questionnaire (NEQ), Night Eating Syndrome Questionnaire (NESQ), Night Eating Diagnosis Questionnaire (NEDQ) and Night Eating Symptom Scale (NESS) and Eating Disorder Assessment (EDA), Night before Eating Syndrome History and Catalog (NESHC).

Although the cause of NES is not fully understood, clinicians believe that there are several mechanisms behind this disorder that indicate the role of several hormones such as melatonin, serotonin, cortisol, and leptin. Melatonin is secreted by the brain and helps regulate other hormones that function in circadian rhythms. People with NES tend to have low levels of melatonin and serotonin, and researchers believe that reducing these hormones disrupts sleep and dietary rhythms. Leptin is another hormone produced by adipose tissue that regulates weight through its effects on appetite and metabolism. It suppresses appetite especially during sleep. However, patients with NES have been found to have reduced levels of leptin. This can contribute to awakening at night. They also tend to have higher levels of cortisol (stress hormone), which can contribute to the development of the condition.

Treatment

Many treatments have emerged since the first NES reports, including both pharmacological and non-pharmacological options. Pharmacological treatments that have been studied and commonly used include Selective Serotonin Reuptake Inhibitors (SSRIs), topiramate, and agomelatine. SSRIs increase post-synaptic serotonin levels, which are thought to help restore circadian function. Commonly prescribed SSRIs are sertraline, escitalopram, paroxetine, and fluvoxamine, which have been shown to improve NES symptoms and lose weight. Topiramate is a glutamatergic antagonist that enhances GABA activity and helps NES patients suffer from anxiety and mood disorders. It has been shown to reduce and even eliminate the symptoms of NES. Agomelatine is a selective melatonin agonist that helps normalize the sleep and wake cycle and is thought to reduce depression and anxiety. This drug has been shown to improve symptoms of NES and lose weight. Various non-pharmacological treatments have been proposed to improve the symptoms of NES as well as mood and sleep disorders. These include daily phototherapy muscle relaxation therapy with or without education and Cognitive Behavioral Therapy (CBT) as it is believed that NES is associated with some cognitive distortions such as believing that one is unable to sleep without eating beforehand, specific food cravings, anxiety and agitation. Additionally, CBT does improve NES symptoms especially nocturnal ingestions.

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