

What are Predictors of Night Eating Syndrome?

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Abstract

Data from the 2009-2010 NHANES indicates that two in three adults in the United States are overweight and one in three adults are obese (1). The rate of overweight and obesity continues to rise and a need exists to develop intervention techniques to halt the progression of the epidemic.

Night eating syndrome (NES) is an eating disorder in which a normal pattern of food intake is disrupted. A possible overlap exists between the risk factors associated with NES and the risk factors associated with overweight and obesity because both conditions are associated with an abnormal pattern of food intake. Understanding factors that affect food intake is of increasing interest in preventing the rise of obesity because reducing these factors could be an effective intervention method to reduce its rise in prevalence. Data from current NES research suggests that psychosocial factors including depression, comorbid binge eating, low self-esteem, anxiety perceived stress, and smoking status are predictive of NES.

Introduction

Night Eating Syndrome (NES) was introduced in 1955 by Albert J Stunkard M.D., William Grace, M.D., and Harold Wolff, M.D. as a syndrome characterized by nocturnal hyperphagia, insomnia, and morning anorexia (15). The prevalence was estimated to affect about 1.5% of the general population (2,3,9, 10, 13,14), 8.9%-15% of obesity clinic patients, and 31% and 42% of individuals undergoing bariatric surgery (2). Other studies report that the prevalence of NES in obese populations ranges from 4% to 42%, and in surgical weight loss individuals from 6%-42% (3, 4, 13). Many studies also suggest a high incidence of body-image dissatisfaction, depression, mental health, and poor quality of life exists among the NES population.

NES individuals often have comorbid or underlying disorders. Research from the department of Psychiatry at the University of Pennsylvania suggests that NES could be a side effect of an underlying circadian rhythm disorder with phase-onset delay (2). Other papers suggest that developing NES, among other eating disorders is the cause of circadian rhythm disorder development (4). Nonetheless, the exact causes of NES are unknown and may be unique to the affected individual.

Emotional disturbance may be a predictor of NES. Stunkard noticed NES arises in emotionally disturbed individuals experiencing life stress and during periods of weight gain (7). Kucukgoncu among other researchers note that a NES individuals also have depression (3, 13, 2,7). He suggests that serotonin levels in depressive patients may be related to the pathophysiology of the disorder including its role on appetite, food intake, and circadian rhythm (3, 4).