Night eating syndrome in young adults: Delineation from other eating disorders and clinical significance

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The Night Eating Syndrome (NES) is a recently described disordered eating style whose status in current diagnostic systems needs to be further clarified. The aim of this study was to increase knowledge about the clinical features of NES in a sample of 1514 young adults aged 18–26 years from the general population who participated in an anonymous Internet survey. We first examined characteristics of NES and tried to delineate it from healthy controls as well as from other eating disorders in terms of socio-demography, eating disorder pathology and general psychopathology. Second, we attempted to further clarify the clinical utility of the NES by assessing the degree of distress as well as impairment. Twenty (1.3%) participants with NES were identified and there was only modest overlap between NES and both Binge Eating Disorder (BED) and Bulimia nervosa (BN) according to questionnaire-based DSM-IV criteria. Compared to healthy controls, NES individuals reported more pronounced eating disorder pathology as well as general psychopathology (depressive symptoms, chronic social stress). NES seems to be associated with considerable distress and impairment. Implications for the validity and classification of NES are discussed.

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1. Introduction

The clinical phenomenon of Night Eating Syndrome (NES) was first described by Stunkard et al. (1955) as a disordered eating style characterized by morning anorexia (omitting breakfast), evening hyperphagia and insomnia. Since then, research on this potentially new eating disorder has started to increase rapidly and efforts to specify the definition of NES were further developed in order to reduce the heterogeneity in the category “eating disorders not otherwise specified” of current diagnostic systems (Birketvedt et al., 1999; Allison et al., 2005; Thomas et al., 2009). Previous studies assessing prevalences of NES differ considerably with respect to sample characteristics, type of population investigated, age structure and assessment methods. Prevalences obtained so far range between 1.5% and 5.7% in the general population, between 6% and 16% in overweight and obese weight loss seeking populations, and amount to 12.3% in populations suffering from mental disorders (Rand et al., 1997; Ceru-Bjork et al., 2001; Striegel-Moore et al., 2005; De Zwaan et al., 2006; Lundgren et al., 2006; Colles et al., 2007).

The overlap between NES and other eating disorders, especially Binge Eating Disorder (BED) has been examined mostly in obese populations. Findings indicate a considerable percentage of co-occurrence of BED in individuals suffering from NES, even though comorbidity rates vary widely with a range of 6.3% to 60% (Napolitano et al., 2001; Adami et al., 2002; Grilo and Masheb, 2004; Allison et al., 2006, 2007; Lundgren et al., 2006; Colles et al., 2007). Although both BED and NES seem to share the common feature of hyperphagia, they differ with respect to the amount of ingested food during episodes of hyperphagia (NES individuals consume less food than BED individuals; Allison et al., 2005), and regarding self-reported nocturnal anxiety which only occurs in persons with NES (Sassaroli et al., 2009). Recent studies reported further overlap of NES with other syndromes, for example Bulimia nervosa (BN; Tzischinsky and Latzer, 2004; Jarosz et al., 2007; Lundgren et al., 2011) and Anorexia nervosa (AN; Lundgren et al., 2011).

With respect to eating disorder pathology, findings remain mixed. Whereas several studies reveal that NES individuals indicate higher weight, shape and eating concern as well as...
overweight or obesity, since it is also present in normal-weight individuals. Thus, as self-reported in the study of Marshall and colleagues, the onset of obesity might follow the onset of NES, even though for further clarification longitudinal data is needed.

The overlap between NES and sleeping disorders has only recently been investigated (Howell et al., 2009). There is some evidence that insomnia is associated with increased probability of night eating in individuals with schizophrenia (Palme et al., 2011). Regarding general psychopathology, several studies in obese and weight loss seeking populations revealed an association between NES and elevated scores of depression, lower self-esteem, and increased stress in terms of elevated cortisol levels compared to healthy controls (Birkenveld et al., 1999; Gluck et al., 2001; Allison et al., 2006; De Zwaan et al., 2006). Other, questionnaire-based studies on normal-weight student populations and NES patients found elevated perceived chronic stress levels as well as maladaptive coping strategies such as denial and substance use in NES individuals (Lundgren et al., 2008; Wichian et al., 2009). Taken together, increased stress levels, associated with maladaptive functioning and depressive feelings seem to be related to NES (Lundgren et al., 2008). Up to now, the results further suggest that psychopathology in NES is not just due to overweight or obesity, since it is also present in normal-weight NES individuals.

Although according to the DSM-IV (American Psychiatric Association, 2000) a clinically relevant syndrome needs to be associated with clinical distress or disability in order to fulfill the criteria of a mental disorder, until present, data on subjective distress in terms of impairment and subjective burden in terms of distress and impairment in NES is scarce. Due to limited scientific evidence about its clinical utility, NES will not be included as an isolated diagnosis but within the section of eating disorders not elsewhere classified in the fifth edition of the DSM (Tanofsky-Kraff and Yanovski, 2004; Striegel-Moore et al., 2010). To increase the generalizability of the findings related to NES, we investigated a sample of young adults from the general rather than the clinical or obese population. In addition, we attempted to clarify the clinical utility of the NES by assessing the degree of distress and impairment and their relationships with eating disorder pathology as well as general psychopathology (Tanofsky-Kraff and Yanovski, 2004; Striegel-Moore et al., 2009; Allison et al., 2010). Results should foster knowledge gain about the NES in the light of a possible classification in current diagnostic systems. We conducted an internet-based study as it offers several advantages over paper-pencil assessment, such as cost-effectiveness, lowered subject burden and therefore increased access to participants, leading to an increased external validity (Reips, 2002).
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