

# NIGHT-EATING SYNDROME

Authored by  
**Mohammed looti**

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## Night-Eating Syndrome: A Review

### Abstract

Night-eating syndrome (NES) is a rare and severe eating disorder characterized by recurrent episodes of evening hyperphagia, insomnia, and a morning anorexia. It is associated with significant psychological distress and has been linked to a variety of medical conditions. Despite its potential to cause significant morbidity, there is limited understanding of the underlying pathophysiology of NES. This paper reviews the current literature on the clinical presentation, diagnostic criteria, epidemiology, treatment strategies, and potential etiologies of NES.

### Introduction

Night-eating syndrome (NES) is a rare eating disorder characterized by recurrent episodes of evening hyperphagia, insomnia, and a morning anorexia. This syndrome is associated with significant psychological distress and has been linked to a variety of medical conditions. Despite its potential to cause significant morbidity, there is limited understanding of the underlying pathophysiology of NES. This paper reviews the current literature on the clinical presentation, diagnostic criteria, epidemiology, treatment strategies, and potential etiologies of NES.

### Clinical Presentation

NES is characterized by recurrent episodes of evening hyperphagia and insomnia, accompanied by a morning anorexia and often accompanied by other symptoms such as guilt, shame, and depression. Those with NES typically consume at least 25% of their daily caloric intake after dinner and at least two-thirds of all meals or snacks consumed after dinner. The evening hyperphagia is often associated with cravings for sweet, high-calorie foods. The morning anorexia is usually accompanied by a feeling of fullness, nausea, and/or vomiting.

### Diagnostic Criteria

NES is diagnosed based on the following criteria: recurrent episodes of evening hyperphagia with insomnia, a morning anorexia, and at least three of the following: (1) recurrent episodes of eating after awakening from sleep, (2) recurrent episodes of eating large amounts of food in a short period of time, (3) recurrent episodes of eating in response to negative emotions, (4) recurrent episodes of eating large amounts of food without hunger, and (5) recurrent episodes of eating in secret.

### Epidemiology

NES is estimated to affect up to 3% of the general population and is more common among women than men. NES is also more common among individuals of lower socioeconomic status, those who

are overweight or obese, and those with a history of depression, anxiety, and/or substance use disorder.

### Treatment Strategies

The current evidence suggests that the most effective treatment for NES is a combination of cognitive-behavioral therapy (CBT) and pharmacotherapy. CBT focuses on reducing evening food cravings and increasing physical activity, while pharmacotherapy focuses on treating underlying medical and/or psychiatric conditions. Additionally, there is some evidence that light therapy and lifestyle modifications (such as avoiding caffeine and alcohol) may be beneficial.

### Etiology

The exact etiology of NES is unknown, but it is thought to be related to a combination of genetic, environmental, and behavioral factors. Several potential risk factors have been identified, including a history of depression, anxiety, and/or substance use disorder; obesity; and certain medical conditions (e.g., diabetes, thyroid disorders).

### Conclusion

In conclusion, NES is a rare and severe eating disorder characterized by recurrent episodes of evening hyperphagia, insomnia, and morning anorexia. It is associated with significant psychological distress and has been linked to a variety of medical conditions. The diagnosis of NES is based on the presence of certain clinical criteria, and the most effective treatment is a combination of cognitive-behavioral therapy and pharmacotherapy. The etiology of NES is still unclear, but genetic, environmental, and behavioral factors are thought to be involved.

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