



Night Eating Syndrome: Report of a family case



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ARTICLE INFO

Article history:

Received 6 April 2015

Received in revised form 22 March 2016

Accepted 30 March 2016

Available online 6 April 2016

Keywords:

Night Eating Syndrome

Familial

Genetic

ABSTRACT

Night eating syndrome (NES) represents a circadian delay in the pattern of eating. As there are genetic links for other eating- and circadian-based disorders, it is likely that there is a genetic basis for NES as well. We present a family case study of three identified patients and their extensive family history of NES and co-morbid mood disorders. This case report suggested that NES may have a heritable feature, particularly nocturnal ingestions. Of the seven identified cases, four had co-morbid mood disorders, and all descended from a couple with bipolar disorder and delusional disorder. More work is needed to understand the extent of genetic influence on NES, and the relationship between NES and other psychiatric disorders.

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1. Introduction and objective

Night Eating Syndrome (NES) is characterized by recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. Specifically, at least two episodes of nocturnal eating (rising from bed during the sleep period and eating) should occur per week, or 25% or more of one's daily food intake should occur after dinner. Awareness and recall of the eating is required to be diagnosed with NES, as is significant distress or impairment caused by the disorder. An exclusion criterion for diagnosis of NES is another medical disorder or psychiatric disorder that might better explain the disordered eating pattern. An additional criterion requires that the disordered pattern of eating should be maintained for at least 3 months (Allison, Lundgren, & O'Reardon, 2010; American Psychiatric Association, 2013). Although (NES) did not ultimately make the cut as an official diagnosis, the Diagnostic and Statistical Manual, 5th Edition recognized the clinical significance of NES as a category of "Other Specified Feeding or Eating Disorder" (American Psychiatric Association, 2013).

Regarding the etiology, ingestion of food seen in patients with NES is conceptualized as a delay in the circadian pattern of food intake (O'Reardon et al., 2004). Although the etiology of NES is unclear, it is

thought that genetic factors may be involved (Lundgren, Allison, & Stunkard, 2006; Root et al., 2010). However, only a small number of studies have been conducted about this. Reports of familial aggregation of NES have represented a first step in understanding potential genetic and environmental influences (Lamerz et al., 2005; Lundgren et al., 2006; Root et al., 2010).

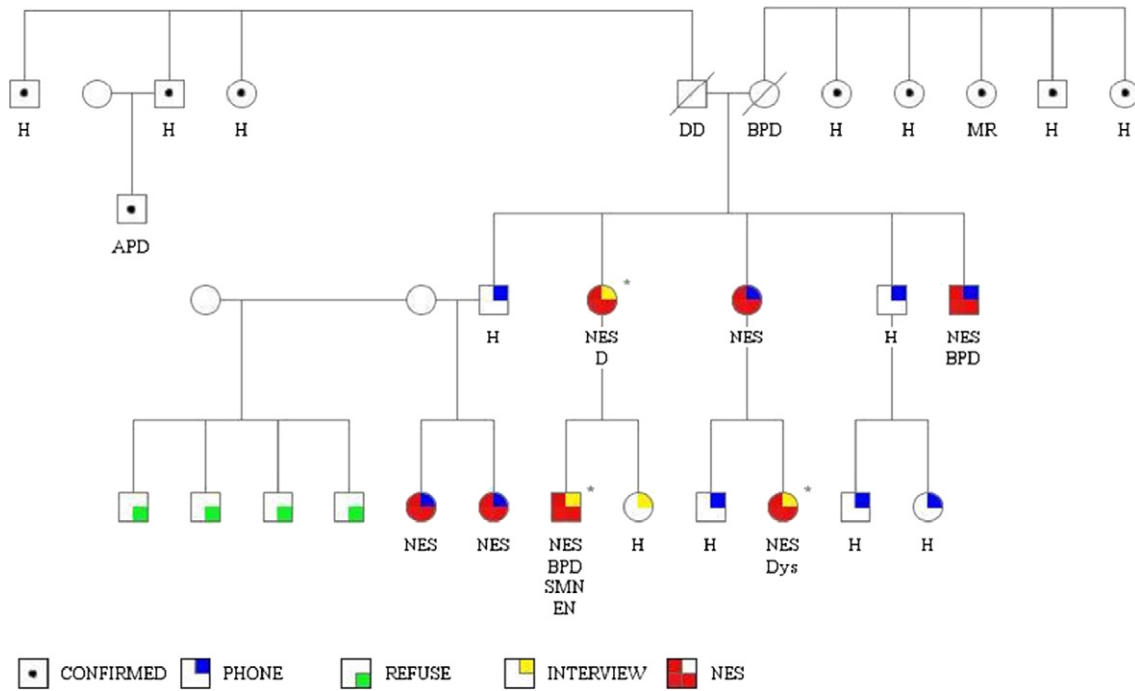
In this family case report we present the familial aggregation of NES in a single family, which may provide evidence for genetic inheritance factors involved in the etiology of NES. We describe these cases in the following text.

2. Case report

Three individuals from the same family were referred to a psychiatry clinic and were diagnosed as having NES by psychiatrists specializing in eating disorders. They used a routine clinical examination based on the proposed diagnostic criteria for NES (Allison et al., 2010). A remarkable finding in those cases was the discovery that several first-degree relatives also engaged in nighttime eating and were invited for an interview. Those who could not participate in a routine clinical interview were contacted for a telephone interview.

The family pedigree shown below was generated following psychiatric diagnoses of the three presenting family members and from information obtained from interviewed individuals regarding the other family members. Four of the 17 family members refused to participate. Information about the psychiatric diagnosis of family members who were not interviewed was confirmed by at least two other family members to be included in this report. We have

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Confirmed : Confirmed by at least two other family members

Phone - Phone Interview

Refuse -Refused interview

Interview - Interview at clinic

APD: Antisocial Personality Disorder

BPD: Bipolar Disorder

D: Depression

Dys: Dysthymia

DD: Delusional Disorder

EN: Enuresis Nocturne

H: Healthy

MR: Mental Retardation

NES: Night Eating syndrome

S:Somnambulism

Cases are listed in this figure who were interviewed in person as yellow, were interviewed by phone as blue, refused to participate as green, recorded with a confirmation of at least two family members as purple, and were deceased as strikethrough.

Fig. 1. Cases are listed in this figure who were interviewed in person as yellow, were interviewed by phone as blue, refused to participate as green, recorded with a confirmation of at least two family members as purple, and were deceased as strikethrough.

included diagnoses when family members had been under psychiatric treatment with a recorded diagnosis. Unverifiable information obtained from family members was not included. Definite diagnosis by a psychiatrist is recorded with the confirmation of participant family members or confirmation of medical records if they were deceased.

Cases are listed in Fig. 1 below who were interviewed in person as yellow, were interviewed by phone as blue, refused to participate as green, recorded with a confirmation of at least two family members

as purple, and were deceased as strikethrough. All cases that were diagnosed with NES shared a similar symptom profile. They all reported having nocturnal ingestions most days of the week for many years (2–20 years). They also had morning anorexia and consumed >25% of intake after dinner accompanied by marked depressive symptoms. Surprisingly most of the cases did not complain about their night eating as they considered it a normal condition. All cases were obese or overweight. Only detailed information of presenting family members are depicted below.

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