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**Penn Study Reveals Prevalence of Night Eating Syndrome
Among People With Psychiatric Conditions**
Findings Highlight Need for Screening and Treatment

(Philadelphia, PA) - According to a study that appears in the January 1 issue of *The American Journal of Psychiatry*, researchers at the **University of Pennsylvania School of Medicine** and the University of Minnesota found that night eating syndrome is a common disorder among psychiatric outpatients and is associated with substance use and obesity.

Night eating syndrome is a condition that is characterized by two main features: excessive eating in the evening (hyperphagia) and nocturnal awakening with ingestion of food. Its prevalence has been estimated to be 1.5% in the general population and 8.9% in an obesity clinic.

“This is the first study that looks at the connection between psychiatric conditions and night eating syndrome,” said **Jennifer D. Lundgren, PhD**, lead author of the paper and postdoctoral research associate in Penn’s Department of Psychiatry, Division of Weight and Eating Disorders. “Night eating syndrome is often associated with life stress and depression, so we were particularly interested in looking at the prevalence of the condition in this population,” said Lundgren.

The research was supported by the National Institute of Mental Health and the National Institute of Diabetes and Digestive and Kidney Disease.

Study Protocol

The study consisted of 399 participants from psychiatric outpatient clinics. Participants were screened using a questionnaire to assess hunger and craving patterns, percentage of calories consumed following the evening meal, insomnia and awakenings, nocturnal food cravings and ingestions, and mood. Those who scored above cutoff on the questionnaire were then interviewed by phone and diagnosed with night eating syndrome if one or both of the following criteria were met: 1) evening hyperphagia and/or 2) nocturnal awakenings with ingestions of food occurring three or more times per week.

Conclusions

Based on the total group of 399 participants, the prevalence of night eating syndrome was 12.3%, which exceeds the prevalence of the condition in an obesity clinic.

The study revealed a significant effect of night eating syndrome diagnosis on body mass index (subjects with night eating syndrome: mean = 33.1kg/m²; subjects without night eating syndrome: mean = 27.7 kg/m²). Additionally, obesity was present in 57.1% of participants with night eating syndrome and obese patients

with psychiatric conditions were 5 times more likely than non-obese patients to exhibit the condition.

Substance abuse was also more likely to occur among patients with night eating syndrome (30.6%) than among those without night eating syndrome (8.3%). It was reported that alcohol was the most commonly abused substance.

“Given the prevalence of night eating syndrome among outpatients with psychiatric conditions, our findings indicate that mental health practitioners will need to screen for and incorporate appropriate treatment options into their practice,” said **John P. O’Reardon, MD**, a co-author of the study, Assistant Professor of Psychiatry at Penn, and Director of Penn’s Treatment Resistant Depression Clinic. Recent studies have found the antidepressant setraline (Zoloft®) to significantly improve symptoms of night eating syndrome, including nocturnal ingestion and evening hyperphagia.

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