



Impact of Sleep Disorder and Night Eating Syndrome on Adolescents Psychological Health

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ABOUT THE STUDY

Night eating syndrome was once a relatively unknown eating disorder. Obesity has gained attention due to its prevalence and increased research. The Otherwise Specified Feeding section and Eating Disorders of the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders now include night eating syndrome. There are three fundamental diagnostic criteria. The first is to eat at least 25% of your daily food intake after dinner or to eat 2 nights per week. The second criterion is that the binge eating is done on purpose. The third criterion must include at least three of the following: These include morning anorexia, a strong urge to eat between dinner and sleep or at night, insomnia, a belief that eating is necessary to induce or regain sleep.

It is critical to differentiate night eating syndrome from other eating disorders, such as Sleep-Related Eating Disorders (SRED). SRED is defined by the Night Eating Syndrome (NES) by awareness during the nighttime binge eating episode. People with sleep-related eating disorders are unaware that they are waking up at night and eating. People with night eating disorders, on the other hand, are conscious while eating. Sleepwalking has been observed in people with SRED in the past or during current investigations. Individuals with SRED may also have other sleep disorders such as restless legs syndrome, periodic sleep movements, and obstructive sleep apnea.

It is critical to distinguish people with nocturnal eating syndrome from people with sleep-related eating disorders because people with nocturnal eating syndrome may also have other sleep disorders. In studies with people suffering from nocturnal eating syndrome, sleep disorders such as insomnia and falling asleep late were discovered. Circadian sleep patterns are particularly disrupted in people with NES. This discovery

also suggests a treatment strategy for nocturnal eating disorder. Changes in the circadian phase and amplitude of melatonin, cortisol, leptin, ghrelin, insulin, and glucose rhythms can be detected in people with nocturnal eating syndrome. According to research on the treatment of NES, cognitive-behavioral therapies and medications that affect the serotonin system may be ineffective.

Depressed mood patterns are less noticeable in people with NES in the evening and at night. Some studies using depression scales found that people with nocturnal eating syndrome scored significantly higher than those who did not. People who have NES have lower self-esteem and more severe anxiety symptoms. It is a stress-related disorder, and some studies have discovered stress-related neuroendocrine changes like elevated cortisol levels. The Night Eating Questionnaire (NEQ's) Evening Hyperphagia subscale had a significant positive correlation with the DASS 21's depression and stress subscales, as well as the SCOPA Sleep Scale's insomnia and Daytime Sleepiness subscales.

An increase in night eating behaviours is associated with the presence of stress and an increase in depressive symptoms. The significant increase in insomnia and daytime sleepiness in people who eat more at night is also consistent with previous research. Nocturnal ingestion was associated with DASS 21 depression and the Stress Scale, but not with anxiety. The NEQ had a significant and reliable relationship with the DASS 21 stress and depression subscales. NEQ was also found to be significantly related to the difficulty of falling asleep at night rather than daytime sleepiness. As a result, depression and stress exacerbated nighttime eating problems. Anxiety aggravates eating disorders both directly and indirectly via sleep. Behavioral and psychological interventions to reduce anxiety, depression, and stress may be helpful strategies for the treatment of night eating syndrome.

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