

Sleep Related and Nocturnal Sleep Related Eating Disorder Characteristics

Ravi Gupta*

Department of Psychiatry and Sleep Clinic, Himalayan Institute of Medical Sciences, India

DESCRIPTION

Sleep-Related Eating Disorder (SRED) is a form of parasomnia, or sleep-related eating disorder (abnormal behavior that happens during sleep). It makes people prepare and eat meals when they are sleeping. They barely remember what they did when they wake up, if at all. Some drugs, such as sedatives that put us to sleep, can cause SRED [1]. Unusual eating habits during the night are a defining feature of eating disorders associated with sleep. Eating habits may also be influenced by other sleep problems. Conditions characterized by sleep deprivation may affect hormones those that regulate appetite. Lack of sleep can also affect brain function in ways that affect impulse control and eating habits. Nocturnal eating disorders may develop as a result of a traumatic incident, another eating disorder like bulimia, sleep disturbance like sleepwalking, or an underlying medical condition such stomach ulcers, sleep apnea, or depression. A prescription sleeping pill called zolpidem (Ambien) can also make eat more at night [2].

Nocturnal Sleep-Related Eating Disorder (NS-RED), though less frequent than sleepwalking, can happen with sleepwalking. This disease causes people to consume when they are asleep. People frequently enter the kitchen and begin to prepare food without recalling doing so. A person may gain weight and face an increased risk of type 2 diabetes if NS-RED occurs frequently. A person is diagnosed with Night Eating Syndrome (NES), a disorder that is closely linked, when they eat while awake and may find it difficult to go asleep again unless they eat [3].

The following NES symptoms frequently last for at least two months:

- Eating more than half of one's daily calories after dinner
- Often waking up from sleep and desire to eat in order to go back to sleep

Someone with NES eat while they are conscious, which is different from NS-RED patients. The conditions are similar, though, in that they both combine elements of eating and sleeping disorders. Both of these issues can affect a person's

ability to eat properly, instill shame, and lead to sadness and weight gain. These illnesses can affect both men and women, but they tend to affect women more frequently. It is estimated that one in 100 people have NES [4]. Almost 5% of people have NS-RED. When combined with other eating disorders, the prevalence of these disorders rises by up to 17%. A lot of these people diet during the day, which could leave them starving and prone to binge eating at night when their inhibitions are weaker due to sleep. Several patients who suffer from eating problems linked to sleep have histories of drinking, drug use, and other sleep issues.

CONCLUSION

An initial interview and possible overnight stay in a sleep lab, when the patient's brain activity is tracked throughout the night, are both steps in the treatment of sleep-related eating disorders. Sometimes medication can help with these disorders; however sleeping medications should be avoided because they might worsen confusion and clumsiness, which can result in accidents. Techniques to relieve stress and anxiety could be included to the list of treatments. These techniques include restricting alcohol and caffeine intake, psychotherapy, assertiveness training, and stress management workshops.

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Correspondence to: Ravi Gupta, Department of Psychiatry and Sleep Clinic, Himalayan Institute of Medical Sciences, India, E-mail: ravi_gupta@gmail.com

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