



# Capitol Sleep Medicine Newsletter

2441 Old Stringtown Road • Grove City, Ohio 43123

Phone: 614-317-9990 • Facsimile: 614-317-9905

[www.CapitolSleepMedicine.com](http://www.CapitolSleepMedicine.com)



Timothy J. Walter, M.D.



Uma Marar, M.D.

December 2007

Volume 2

Number 12

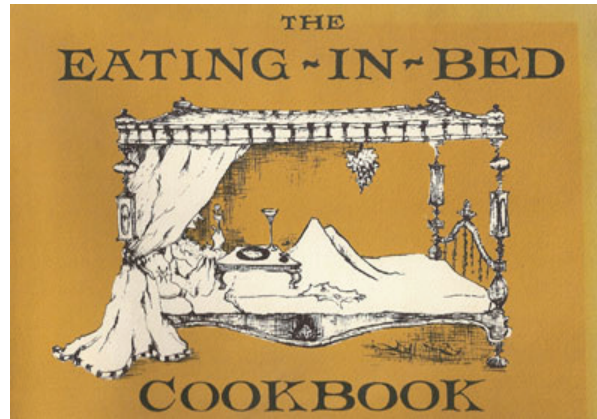
## Sleep Eating

What exactly is sleep eating? Nocturnal sleep-related eating disorder is a non-REM sleep parasomnia that is associated to other sleep disorders, especially sleepwalking. It consists of episodes of compulsive eating during the night, which are then partially or completely forgotten by the patient. This should be differentiated from night-eating syndrome, which is far more common and is really when one is wide awake but frequently eats during sleeping hours.<sup>1</sup>

Sleep eating was actually first reported in 1955 but only nine reports on this syndrome appeared during the next 36 years, seven being single-case studies and two containing polysomnographic confirmation. An analysis of 38 cases, determined that the mean age was 39 years, mean duration of night-eating was 12 years, 66% were women, 68% had nightly binge eating, and 44% were overweight from night-eating. Sleepwalking was the predominant disorder responsible for night-eating; restless legs syndrome, obstructive sleep apnea, and various other conditions (including two cases of anorexia nervosa) were also identified.<sup>2</sup>

How many sleep eaters are actually unaware of their behavior while they are eating? Over 90% of these patients state that at the time of nocturnal eating they are “half-awake, half-asleep” or “asleep”, and over 90% reported “consistent” or “occasional” amnesia for the event. Nearly half may have a polysomnographic diagnosis of somnambulism. Thirty-five percent may have a lifetime eating disorder diagnosis.<sup>3</sup>

What percent of patients with eating disorders have sleep eating? In one study of 126 patients previously diagnosed with eating disorders, the Inventory of Nocturnal Eating, a self-report questionnaire addressing nocturnal eating and sleep disturbance, was administered. Almost 5.0% of this sample described symptoms consistent with sleep-related eating disorder. Subjects with sleep-related



eating disorder endorsed more symptoms consistent with sleep disorders and had higher levels of depression and dissociation than those without nocturnal eating.<sup>4</sup>

What is the best way to treat these patients? Cognitive-behavioral therapies have been shown to be ineffective in treating sleep eating<sup>5</sup>, but pharmacotherapy may be effective. An open label study of 30 subjects with sleep

related eating disorder, 76% of whom were female, were prescribed topiramate with a dose range of 25-300mg with the intention of treating sleep eating. Over two thirds of the patients were considered to be topiramate responders, and twenty-eight percent of the patients lost more than 10% of body weight. The authors concluded that topiramate may be effective in reducing nocturnal eating in patients with chronic sleep related eating disorder and that a prospective, double-blind study of topiramate in a larger sample of these patients is warranted.<sup>6</sup>

Smaller studies have shown that a dopaminergic agent taken with codeine may control sleep eating and induce the loss of excess weight.<sup>7</sup> The efficacy of pramipexole has been confirmed to be effective in the treatment of sleep eating in a small 2 week trial of 11 patients with sleep eating.<sup>8</sup>

Some medications can elicit sleep eating. Zolpidem is commonly prescribed for insomnia, but it has also been associated with eliciting sleep walking in a small percent of patients. A small series of five patients over 11 months with problematic nocturnal sleep eating associated with zolpidem determined that following the discontinuation of zolpidem and effective treatment of their sleep disorders, nocturnal eating resolved.<sup>9</sup>

Don't eat too much over the holidays!

<sup>1</sup> [Rev Neurol](#), 2007 Sep 1-15;45(5):276-9.

<sup>2</sup> [Int J Eat Disord](#), 1994 May;15(4):343-56.

<sup>3</sup> [J Clin Psychiatry](#), 1998 Jan;59(1):14-9.

<sup>4</sup> [Psychol Med](#), 1999 Nov;29(6):1461-6.

<sup>5</sup> [Int J Eat Disord](#), 1994 May;15(4):343-56.

<sup>6</sup> [J Clin Psychiatry](#), 2006 Nov;67(11):1729-34.

<sup>7</sup> [Int J Eat Disord](#), 1994 May;15(4):343-56.

<sup>8</sup> [Eur J Neurol](#), 2005 Jun;12(6):432-6.

<sup>9</sup> [Sleep Med](#), 2002 Jul;3(4):323-7.

2441 Old Stringtown Road  
Grove City, Ohio 43123

**1-800-SNORING**  
1-800-766-7464

11925 Lithopolis Road N.W.  
Canal Winchester, Ohio 43110