

## Specificity of the Use of Cognitive Behavioral Psychotherapy in the Treatment of Night Eating Syndrome

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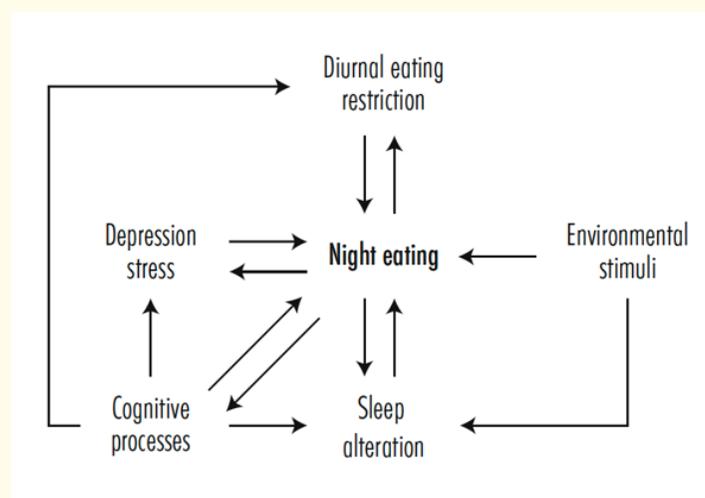
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### Abstract

The article shows that in the treatment of night eating syndrome, it is recommended to combine drug treatment with cognitive behavioral psychotherapy, which focuses on dysfunctional thoughts and behavior. The tasks, regulations and structure of the protocol of cognitive behavioral psychotherapy of night eating syndrome are presented. The data on the effectiveness of the use of this protocol of psychotherapy in the treatment of night eating syndrome are systematized.

**Keywords:** *Night Eating Syndrome; Cognitive-Behavioral Therapy*

In Russia, as well as all over the world, the number of patients with night food syndrome is increasing. Night eating syndrome (NES) or sleep eating disorder is a form of parasomnia and eating disorders, which is expressed by repeated involuntary, compulsive daily episodes of eating at night [5]. In the DSM-V, this disorder is included in the category "other dietary changes and eating disorders" (OSFED) [5]. Patients have changes in the pattern of eating (greater calorie intake at night than during the day), desynchronization between eating and the sleep-wake cycle, hunger and satiety control. This behavioral pattern of consuming more calories at night may be associated with the following neuroendocrine factors: low levels of melatonin and leptin [6]. In addition, patients with night eating syndrome often have elevated cortisol levels, which indicates that this condition is associated with sleep disorders, mood disorders, and an anxiety spectrum of disorders [5]. Stress in these patients in the form of psychosocial or emotional triggers is often associated with the onset, as well as with the continuation of an episode of a night meal [4]. Changes in the rhythms of eating and sleeping are also associated with overweight and taking surfactants [5]. In our practice, we observe that the onset of episodes of nocturnal eating in patients is often associated with a response to a diet, i.e. when calorie intake is restricted during the day, they tend to compensate for it at night. To this day, research is being conducted to find an effective pharmacological and psychotherapeutic treatment for night eating syndrome, which will be aimed at correcting eating behavior, depressive and anxiety symptoms, as well as sleep disorders [4-6]. Biological and psychosocial factors play an important role in the development and maintenance of this syndrome, as well as its relationship with other mental disorders. This in turn forms a vicious circle that tends to self-preservation. Therefore, it is necessary to consider the relationship between the patient's eating habits, the quality of his sleep and emotional disorders in order to break this cycle [1].



There is no satisfactory treatment for nocturnal eating. There is limited information about medical treatment (sertraline, topiramate).

More often they resort to drug treatment using the first line [5]: SSRIs (sertraline, paroxetine, fluvoxamine); anticonvulsants (topiramate); dopamine agonists (pramipexole). It has been shown that the introduction of exogenous melatonin or leptin, which can prolong sleep and suppress night appetite. The effectiveness of Z-hypnotics (zolpidem) has not been shown [5]. When prescribing these drugs, it is necessary to monitor side effects [5]. It is recommended to combine drug treatment with cognitive behavioral psychotherapy which focuses on the dysfunctional thoughts and behaviors involved in night eating syndrome [1,4-6].

Tasks of psychotherapy in the treatment of night eating syndrome:

- To strengthen the patient's self-awareness that he uses eating as a form of struggle with emotions.
- Changing/adjusting the power supply model.
- To teach the patient to recognize the triggers that lead to night eating, as well as to form skills on how to minimize or combat them.
- Correct the patient's circadian rhythms of nutrition delay by shifting the meal to the beginning of the day and at the same time breaking the connection between erroneous settings and nighttime meals.

Regulations for psychotherapy of night eating syndrome (by K.C. Allison): 10 sessions + 2 additional sessions on sleep disorders. The duration of therapy is 12 weeks [1,2].

The structure of the protocol of cognitive behavioral therapy (K.C. Allison) [1,2]:

- I. Examination of the patient's mental status using the 14-item Night Eating Questionnaire scale or Night Eating Symptom Scale-II (NESS-II).
- II. Psychoeducation: About the factors leading to night eating syndrome; about healthy weight loss and nutrition; the influence of food intake and mood on the night eating syndrome.
- III. Modification of the power supply model: Motivational interview aimed at changing the structure of nutrition; coping with difficulties that the patient may face during treatment; challenging dysfunctional thoughts related to nutrition; Food planning. Limit your daily calorie intake. Food consumption diary with calorie monitoring.
- IV. Behavioral analysis. Building a chain of episodes of night food. Training in the technique of stimulus control.
- V. Monitoring and evaluation of negative thoughts. Cognitive restructuring.
- VI. Sleep hygiene and sleep quality control.
- VII. Increased physical and social activity.
- VIII. Stress management techniques: progressive muscle relaxation.
- IX. Strengthening social capital/support.
- X. Prevention of relapses.

Cognitive-dialectical psychotherapy adapted specifically for the night food syndrome has been developed. She focuses on simultaneously improving adaptive emotional regulation skills to reduce negative emotions by connecting mindfulness techniques. This helps to reduce maladaptive symptoms, unhealthy attitude to food, body shape and weight [3].

**Effectiveness:** The night meal syndrome protocol helps to reduce hyperphagia in the evening; the number of awakenings (from 8.7 to 2.6 per week); the percentage of high-calorie food intake in the evening; reduction of daily calorie intake (from 2,365 to 1,759 kcal/day); symptoms of guilt and self-blame (according to BDI-II from 9 to 6.5) [1]. Improves mood background and satisfaction with the quality of life. Isolated use of reduced progressive muscle relaxation+psychoeducation reduces symptoms of anxiety in patients, reduces symptoms of eating behavior during sleep, increases morning appetite [5]. Behavioral therapy, which includes contingency management, stress management, and behavioral interventions for weight loss, has shown a reduction in symptoms of night eating syndrome for 18 months [4] For example, psychotherapies such IPT and compassion-based therapies that focus on improving emotional understanding of self and others and improving interpersonal functioning, and in doing so, addressing cooperativeness, may be particularly useful with this group. Further longitudinal research is needed to examine the trajectory of change in NES symptoms alongside change in personality traits in treatments that do and do not address those traits in people with NES.

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