



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

A STUDY TO ASSESS THE PREVALENCE OF NIGHT EATING SYNDROME AMONG ADOLESCENCE IN THE SECONDARY HIGH SCHOOL JAMBUGHODA

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Received 15th July 2023; Revised 19th Aug. 2023; Accepted 22nd Nov. 2023; Available online 15th Dec. 2023

<https://doi.org/10.31032/IJBPAS/2023/12.12.1021>

ABSTRACT

Background: Obesity is a complex condition that interweaves biological, developmental, environmental, behavioral, and genetic factors; it is a significant public health problem. The most common cause of obesity throughout childhood and adolescence is an inequity in energy balance. **Aim:** The present research study aims to assess the prevalence of night eating syndrome among adolescence. **Materials and method:** A descriptive research approach was carried out among 222 adolescences. Sample was selected using non probability sampling technique. Self structured check list was used to prevent night eating syndrome. Descriptive and inferential statistics was applying to analysis the data. **Result:** The prevalence of night eating syndrome of Adolescence revealed that majority 181(81.5%) of adolescence had mild night eating disorder and 41(18.5%) of adolescence had moderate night eating disorder. **Conclusion:** The study conducted that there is an influence of prevalence of night eating syndrome among adolescence. The result revealed that age and family income was found significant association with prevalence of night of adolescence but type of family, food pattern, history of NES in family, socio economic status and body status were non significant with prevalence of night eating syndrome among adolescence.

Keyword: Night eating syndrome, prevalence, adolescence

INTRODUCTION

Late adolescent phase is the most active period of life because of double demand of activity and growth, as results nutritional are needs are extremely important at this phase of time. Although snacking is a well-established eating pattern among adolescents and can be a source of needed nutrients and calories, it is important that they don't become substitute for regular meal as it may further lead to cause the development of serious syndrome [1]. Night Eating Syndrome (NES) originally described by a stunkard etal, in 1955, is characterized by a delay in the pattern of food intake. According to population surveys, the frequency of NES is estimated to be 1.5% in adult individual, ranging from 6 to 14% in obese patient in clinical treatment 2'3 and reaching 42% in the candidates for bariatric surgery although a strong relationship between NES and obesity is recognize, this condition has also been observed in eutrophic individuals. Data on the frequency and characteristics of NES in children and adolescents are scarce [2].

Night Eating Syndrome is a rare disorder characterized by overeating at late night as well as sleep disturbances and evening mood alteration and similar other related symptoms. Precisely, patient with Night Eating Syndrome, are symptomized by

prolonged cycle of food intake, in which nocturnal eating and/or heavy food consumption occurs regularly after supper [3]. Development of Night Eating Syndrome in university students is dependent on several factors, not limited to, transition from late adolescence to early adulthood, developmental stress, unhealthy eating habits, peer pressure, gender identity [4]. Symptoms of Night Eating Syndrome usually last sever week or months. They include:

Waking up to eat: people with Night Eating Syndrome usually have insomnia more than four times per week. They wake up to eat (sometime multiple times a night) for several week or months. They feel like they have to have a full stomach to get bake to sleep.

Eating many calories at night: people with this disorder eat more than 25% of their daily food intake at night. They may eat late at night before they go to bed, during the night or both. Instead of eating one big meal, many people with Night Eating Syndrome eat smaller meals or snacks throughout the night. They usually crave foods that are high in calories, carbohydrates or sugar.

Decreased appetite during the day: Hyperphagia (intense hunger and overeating) happens later in the evening and during the night. People with Night Eating Syndrome

may not be hungry for breakfast. Some people don't feel hungry until late in the afternoon.

Depression and anxiety: Mental health conditions such as depression along with Night Eating Syndrome. People with Night Eating Syndrome tend to feel like they have no control over their eating they may feel ashamed, sad or embarrassed [5].

Cause of Night Eating Syndrome it's not clear. Doctor thinks it might be related to issues with the sleep-wake cycle and some hormones. Changes in your sleep schedule and routines aren't responsible. You're more likely to have night eating syndrome if you're obese or have another eating disorder. A history of depression, anxiety, and substance abuse are more common in people with Night Eating Syndrome [6]. Furthermore, young adults have been found to have higher prevalence of evening hyperphagia than any other age group. Particularly, university students who reported high stress, inconsistent student who reported high stress, inconsistent sleep patterns, and disordered eating might be at particular risk for development Night Eating Syndrome symptoms. The prevalence of Night Eating Syndrome using proposed diagnostic criteria was reported as 5.7% in one university sample yet few studies have comprehensively explored the significance of night eating in this group especially in this

country. Hence, this study was aimed at finding the prevalence of Night Eating Syndrome in the young adults and its association with obesity and overweight [7]. Some researchers believe night eating syndrome may have. For genetic roots people who are genetically predisposed, stress may trigger low serotonin levels, causing a domino effect that alters the internal body clock and interferes with feeling of fullness. Some case studies and surveys have found that night eating, syndrome could run in families, and researchers are starting to identify specific genes that could be involved [8-14]. Although SSRIs have been shown to be helpful for the treatment of Night Eating Syndrome, they are not a panacea.

METHOD AND METHODOLOGY

The methodology adopted for assessing the "A study to prevalence of night eating syndrome among adolescence" It includes the research approach, research design, setting of the study, sample and sampling technique, development of data collection tools and questionnaires, procedure for data collection and plan for data analysis. The consists of following two sections Section -A Socio Demographic data The section include socio demographic variable such as age, types of family, family income, food pattern, history of night eating syndrome in family, body status.

Section – B Night eating syndrome checklist It includes assessment of prevalence of night eating syndrome in adolescence. Deal with the research methodology adopted for the study. It include research approach, research design ,identification of population,shample ,inclusive and exclusive criteria, development and description research tool,validty and realibility.cheklist ,data collection procedure, plan for data analysis, ethical consideration and utilization.The methodology adopted for assessing the “A study to prevalence of night eating syndrome among adolescence” It includes the research approach, research design, setting of the study, sample and sampling technique, development of data collection tools and questionnaires, procedure for data collection and plan for data analysis. The study approach adopted for this study is quantitative research. The research design used in this study is Descriptive research designThe source of data collected from adolescence student at Secondary school Jambughoda. Variable or vary. Chin and Kramer stated that variables are concepts at different level of abstraction that are concisely defined to promote their measurement or manipulation within study. are qualities, properties or characteristics of person, things, situation that change. in this study demographic variables are age, types of

family, family income, food pattern, history of night eating syndrome in family, socioeconomic status, body status.Sample may be defined as representative unit of a target population, which is used upon by the researcher during their study. In other word sample is consists of a subset of unit which comprise the population selected by investigator or researcher to participants in their research project. In this study sample consists of 222 prevalence of night eating syndrome in adolescence.

Data was collected once after getting formal approval from concerning authorities of secondary school of jambughoda. adolescence was selected. The tool is divided in two section section –A was socio demographic tool and section –B was checklist yes no type question that would help to evaluate the night eating syndrome in adolescence. Total section –A was 7 quotation and then section-B was 15. Each quotation was one mark. A score is considered as if it A quantitative research study was carried out on 222 adolescence to assess prevalence of night eating syndrome among adolescence. The adolescence were selected from secondary school of Jambughoda. The tool used for the present study is check list. The data was analyzed using descriptive and inferential statistics was applied to analyses the data. The data was

collected after getting permission from the concern authorities of secondary school of jambughoda. The objective of the study was explained to the participants and their written consent was taken. Data in the study collected by the questioner and self structured checklist to assess the prevalence of night eating syndrome among adolescence.

REJULTS

Table 1, depicts the frequency and percentage distribution of socio- demographic variables of adolescence. According to their age, majority 134(60.3%) were in 16-17 years of age, 63(28.4%) were in 14-15 years of age, 16(7.2%) were in 18 years of age and 9(4/1%) were in 12-13 years of age.

Regarding type of family of adolescence, maximum 168(75.7%) were living in joint family, 34(15.3%) were living in nuclear family and 20(9%) were living in extended family.

with regard to family income of adolescence, maximum 85(38.3%) had Rs 1000-3000, 61(27.5%) had RS 3000-5000, 48(21.6%) had Rs 5000-7000 and 28(12.6%) had Rs 7000-10000.

As per food pattern of adolescence, majority 210(94.6%) were vegetarian and 12(5.4%)

were non vegetarian.

With regard to history of NES in family of adolescence, maximum 140(63.1%) had no history of NES in family and 82(36.9%) had history of NES in family.

According to socio economic status of adolescence, majority 164(73.8%) belongs to low socio economic status, 43(19.4%) belongs to medium socio economic status.

Table 2, depicts the prevalence of night eating syndrome of Adolescence revealed that majority 181(81.5%) of adolescence had mild night eating disorder and 41(18.5%) of adolescence had moderate night eating disorder.

Table 3, depicts the association between Prevalence of night eating syndrome of Adolescence and selected demographic variables which was tested by using chi-square test. Result revealed that age and family income was found significant association with Prevalence of night eating syndrome of Adolescence but type of family, food Pattern, history of NES in family, socio economic status and body status were non significant with Prevalence of night eating syndrome of Adolescence.

Table 1: Frequency and Percentage Distribution of Demographic Variables (N=222)

S. No	Demographic Variables	frequency	percentage
1	Age in years		
	a. 12-13 years	9	4.1
	b. 14-15 years	63	28.4
	c. 16-17 years	134	60.3
	d. 18 years	16	7.2
2	Type of family		
	a. Nuclear family	34	15.3
	b. Joint family	168	75.7
	c. Extended family	20	9
3	Family income		
	a. Rs 1000 – 3000	85	38.3
	b. Rs 3000 – 5000	61	27.5
	c. Rs 5000 – 7000	48	21.6
	d. Rs 7000 – 10000	28	12.6
4	Food pattern		
	a. Vegetarian	210	94.6
	b. Non Vegetarian	12	5.4
5	History of NES in family		
	a. Yes	82	36.9
	b. No	140	63.1
6	Socio economic status		
	a. High	15	6.8
	b. Medium	43	19.4
	c. Low	164	73.8
7	Body status		
	a. Ectomorphic	113	50.9
	b. Mesomorphic	57	25.7
	c. Endomorphic	52	23.4

Table 2: Prevalence of night eating syndrome of Adolescence (N=222)

Prevalence	f	%	Score range	Median	MEAN	SD
Mild	181	81.5	1-10	4	3.95	1.87
Moderate	41	18.5	9			
Severe	0	0				

Table 3: Association between Prevalence of night eating syndrome of Adolescence and selected demographic variables (N=222)

S. No	Demographic Variables	Prevalence		χ^2 value	df	p value
		Mild	Moderate			
1	Age in years			11.30	3	0.010*
	a. 12-13 years	7	2			
	b. 14-15 years	43	20			
	c. 16-17 years	116	18			
	d. 18 years	15	1			
2	Type of family			1.768	2	0.413 ^{NS}
	a. Nuclear family	25	9			
	b. Joint family	139	20			
	c. Extended family	17	3			
3	Family income			10.17	3	0.017*
	a. Rs 1000 – 3000	75	10			
	b. Rs 3000 – 5000	42	19			
	c. Rs 5000 – 7000	39	9			
	d. Rs 7000 – 10000	25	3			
4	Food pattern			0.359	1	0.549 ^{NS}
	a. Vegetarian	172	38			
	b. Non Vegetarian	9	3			
5	History of NES in family			3.028	1	0.082 ^{NS}
	a. Yes	62	20			

	b. No	119	21			
6	Socio economic status					
	a. High	10	5	2.787	2	0.248 ^{NS}
	b. Medium	37	6			
	c. Low	134	30			
7	Body status					
	a. Ectomorphic	92	21	0.053	2	0.974 ^{NS}
	b. Mesomorphic	47	10			
	c. Endomorphic	42	10			

*p value < 0.05 level of significance; NS-Non Significant

DISCUSSION:

The present study assessed the level of perception of secondary school adolescence among selected secondary school of jabughoda the majority of the secondary school adolescence were having positive perception.

The overall prevalence of night eating syndrome of Adolescence revealed that majority 181(81.5%) of adolescence had mild night eating disorder and 41(18.5%) of adolescence had moderate night eating disorder. Age and family income was found significant association with Prevalence of night eating syndrome of Adolescence but type of family, food Pattern, history of NES in family, socio economic status and body status were non significant with Prevalence of night eating syndrome of Adolescence at $p < 0.05$.

CONCLUSION

The Present study assessed the knowledge and practice regarding the prevalence of night eating syndrome among adolescence. Present study also assessed the level of perception of

secondary school adolescence among selected secondary school of Jabughoda, the majority of the secondary school adolescence were having positive perception.

The overall prevalence of night eating syndrome of Adolescence revealed that majority 181(81.5%) of adolescence had mild night eating disorder and 41(18.5%) of adolescence had moderate night eating disorder. Age and family income was found significant association with Prevalence of night eating syndrome of Adolescence but type of family, food Pattern, history of NES in family, socio economic status and body status were non-significant with Prevalence of night eating syndrome of Adolescence at $p < 0.05$.

CONSENT

As per international standard or university standard, student written consent has been collected and preserved by the author(s).

ETHICAL APRUVAL

The study was approved from ethical committee of Sumandeep Vidyapeeth institutional ethical committee and ethical

approval numberis
SVIEC/ON/NURS/SRP/AUG/23/3.

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