

# Sleep Related Eating Disorder: Signs, Symptoms, Causes and Treatment Options

By Kevin Asp, CRT, RPSGT

As a sleep professional, it's important that you educate your patients on parasomnias, such as a sleep-related eating disorder (SRED), since sleep disorders like these could negatively impact a patient's health through weight gain and obesity.

The journal *Psychiatry* provides these [sleep-related eating disorder statistics](#):

- It is estimated that almost 5% of the general population has SRED and it occurs in 9% to 17% of people with eating disorders
- Approximately 70% of SRED patients experience nightly eating, typically when they are not even hungry or thirsty
- Over 65% of these patients eat unpalatable substances like buttered cigarettes and frozen foods

Cleveland Clinic provides these [facts about SRED](#):

- Both women and men can develop this condition, but it's more common in women
- Typically people between 20 and 40 years old develop SRED
- SRED seems to affect around 1% to 3% of the general population
- Ten to 15% of individuals with eating disorders develop SRED

Episodes always occur in a manner that seems "out of control" and when the patient only awakes partially.

## What Is a Sleep-Related Eating Disorder?

SRED is a form of parasomnia (a sleep disorder). It is defined by repeated episodes of rapid binge eating and drinking while asleep during the night. The episodes can occur when the person is partially awake and often seem out of control. The patient might not have any memory (or only a slight memory) of the binge even occurring.

During an episode, individuals with SRED might consume certain foods they wouldn't typically eat in the daytime and might even consume a strange combination of foods or inedible substances.

SRED can occur while a person is sleepwalking. Individuals with this condition eat while they're sleeping. They often walk into their kitchen and begin preparing food without even recalling doing so afterward.

Many of these individuals diet during the day, which could be leaving them hungry and susceptible to binge eating during the night time when they have less control because

they're sleeping. In certain cases, individuals have a history of drug abuse, alcoholism or other sleep disorders.

Other medical conditions or sleep disorders that interrupt sleep and that cause sudden awakenings could also trigger SRED.

## What Are the Effects of Sleep-Related Eating Disorder?

If it occurs often enough, those with SRED might:

- Gain weight
- Develop metabolic conditions (elevated cholesterol or Type 2 diabetes)
- Injure themselves when they prepare food (burns, lacerations)
- Feel tired or sleepy during the day or have unrefreshing sleep
- Develop tooth decay or cavities from eating sugary foods
- Become sick from ingesting toxic substances or inadequately cooked food

## What Causes Sleep-Related Eating Disorder?

While the exact cause of sleep-related eating disorder isn't known, it does sometimes develop when other sleep conditions are present, such as:

*Many of these individuals diet during the day, which could be leaving them hungry and susceptible to binge eating during the night time when they have less control because they're sleeping.*

## 1. Sleepwalking

Sleepwalking is a purposeful motion of walking while in a sleep-like state. It is sometimes referred to as somnambulism. Sleepwalking is among the various parasomnias classified as sleep disorders that include irregular behaviors and movements that occur during sleep. Individuals who sleepwalk and start sleep eating frequently may begin to exclusively sleep eat.

## 2. Restless Legs Syndrome (RLS)

Also referred to as Willis-Ekbom disease, RLS is a movement disorder marked by involuntary leg movements and unpleasant sensations in the legs that inhibit sleep.

## 3. Periodic Limb Movement Disorder (PLMD)

PLMD is manifested as sudden jerking motions of the legs that occur involuntarily while a person is sleeping and of which impacted individuals might remain unaware. It might involve:

- Twitching
- Kicking
- Extension of the legs

## 4. Obstructive Sleep Apnea (OSA)

OSA occurs when the upper airway completely or partially collapses, blocking the ability to breathe. While the individual continues to try to breathe, the air is not moving through the mouth, nose and throat into the lungs.

## 5. Narcolepsy

This is a sleep condition marked by excessive sleepiness throughout the day. It can cause profoundly disabling symptoms that range from emotionally-triggered muscle weakness to unexpected bouts of sleep that might lead to a collapse to the floor (cataplexy).

## 6. Irregular Sleep-Wake Rhythm

This occurs when the circadian rhythm becomes unmoored from natural influences of dark and light or degenerates. The person experiences fragmented sleep, frequently with three or more periods of sleep that last a few hours, scattered throughout a 24-hour time period. Excessive daytime sleepiness and

insomnia complaints often accompany these irregular bouts of sleep. The total amount of sleep attained, however, is often normal.

In addition, certain medications like Ambien (zolpidem) can trigger SRED.

## What Are the Signs and Symptoms of Sleep-Related Eating Disorder?

Episodes of SRED occur in the first half of the night once the person has been asleep. Signs might include:

- Frequent nightly episodes of eating and drinking in a manner that seems out-of-control
- Impaired consciousness while preparing and eating foods
- Minimal or no memory the next morning of these actions
- Eating high-fat and high-carbohydrate foods or odd food combinations
- Potentially eating toxic or inedible substances like coffee grounds, frozen foods, cigarette butts or cleaning solutions
- Potentially engaging in dangerous food preparation tasks or experiencing injuries
- Not being easily redirected or awakened during an episode
- Experiencing an adverse effect on health from nighttime eating

## How is Sleep-Related Eating Disorder Treated?

Sleep related eating disorder treatment starts with an interview. If SRED is suspected, it's typical for the individual to undergo polysomnography (PSG). PSG will frequently



show frequent confusional arousals occurring mostly from slow-wave sleep. As mentioned, other sleep disorders can trigger SRED and these would likely be identified during the study. Sleep apnea is often identified and treating this condition could help to alleviate SRED.

## *Parasomnias like sleepwalking require safety precautions to prevent unintentional harm to the sleepwalker and to others in the same sleep environment.*

### Treatment Might Include:

- 1. Discontinuing medicines that could be triggers.** This might involve changing or stopping current medicines that might be contributing to SRED.
- 2. Putting safety strategies into place.** Parasomnias like sleepwalking require safety precautions to prevent unintentional harm to the sleepwalker and to others in the same sleep environment. Strategies to ensure safety as well as educating household members or a bed partner on how to gently and safely coax the individual back to bed without waking them up or using restraint might be recommended. Strategies might also include sleep routine changes, and some additional precautions might include locking windows and doors, limiting access to dangers that could prove harmful in an unconscious state of action and hiding keys.
- 3. Treating other sleep conditions.** SRED might be decreased by treating other sleep conditions that are often linked with it such as restless legs syndrome (RLS), sleepwalking or OSA.
- 4. Taking medications.** If these types of strategies are not successful, medication may be recommended. The type of medication will depend on what is causing the SRED and whether there is another type of sleep or eating disorder involved.

### Lifestyle and Home Remedies for Sleep-Related Eating Disorder

Along with a treatment plan, there are certain lifestyle changes that could also help, which include:

- 1. Establishing good sleep habits.** Develop routine wake and sleep times. Try going to bed and getting up at the same time every day, which includes weekends. Get sufficient sleep each night.
- 2. Making environmental changes.** Make the kitchen and sleep area safer to avoid injury. Consider hiding the foods typically eaten during an SRED episode. They can be placed in locked cabinets or stored outside the kitchen.
- 3. Focusing on remaining healthy.** For instance, avoid tobacco and alcohol.

Patients should always talk with their primary care physician if they have sleep problems. The physician will likely want to also talk with any sleep partner to learn more about the SRED episodes and determine if there is another possible sleep disorder involved.

Remember, as a sleep professional, it is your job to educate and inform your patients about SRED and what they can do to stay safe. 🌙

### Sources

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