

THE EVALUATION OF NIGHT EATING SYNDROME TREATMENT

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The objective of this investigation was to evaluate the efficacy of night eating syndrome (NES) treatment. A randomized sample of patients (n=96) age 31-65 years was observed. All patients had NES according to the diagnostic criteria. The level of NES was evaluated using Night Eating Questionnaire (NEQ). The sample was divided in two groups according to clinical characteristics of NES. 'Evening eating' (n=57) group had more episodes of taking food after dinner, but before going to sleep. They usually didn't have episodes of eating during night. The 'night eating' group (n=39) had more episodes of night eating after going to sleep, and didn't usually eat after dinner. Both groups were randomly divided into two treatment groups: first group was prescribed Sertraline (50-100 mg per day), second group was prescribed Agomelatine (25-50mg per day). The sample was observed on before treatment (D0) and after 2 months (D60). Results are presented in the table<

/p>Dynamics of NEQ score in groups

	Evening		Night	
	Sertraline	Agomelatine	Sertraline	Agomelatine
Patients	29	28	18	19
NEQ_D0	33,97±0,95	32,80±0,80	38,33±0,89*	37,68±1,44*
NEQ_D60	22,28±1,08*	27,00±1,75*	30,61±1,09*	23,16±1,32*

*- p<0,05

As seen in the table, the overall score of NEQ was significantly higher (p<0,05) in the 'night' group. Also that the NEQ score of patients with 'evening eating', who took Sertraline is lower (p<0,05) than in those, who received Agomelatine. In patients, who had 'night eating': those who took Agomelatine appear to have lower scores (p<0,05).

It is possible to conclude that prescribing Sertraline is more effective in patients with mostly 'evening eating' and prescribing Agomelatine – in those with 'night eating'.