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XXIX IFSO World Congress

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Nigh Eating Disorder and Psychopathological Correlates in Severe Obesity: Associations with Time-to-Weight-Loss Milestones after bariatric surgery

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The Future of Obesity Management:
From Weight Loss to Health Gain

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Disclosure Slide

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X	No, nothing to disclose
	Yes, please specify:

Night Eating Syndrome (NES)

- NES affects approximately **1.5% of the general population**, with prevalence rates reaching **15.7% among individuals with obesity**.
- It is classified within **Other Specified Feeding or Eating Disorders (OSFED)** in the DSM-5-TR.
- NES is characterized by **morning anorexia, evening hyperphagia, and sleep disturbances**, including nocturnal awakenings with food intake.
- It often emerges in association with **stressful life events** and may contribute to **weight gain and obesity**.
- NES was first described in individuals seeking **weight-loss treatment** and has been associated with **poorer weight-loss outcomes and depression**.

Methods

- 4,350 adults with severe obesity undergoing preoperative assessment for bariatric surgery were enrolled.
- Preoperative clinical and psychopathological assessments were conducted at the University of Rome Tor Vergata, while bariatric surgery was performed at IRCCS Maria Cecilia Hospital.
- **Complete data were available for 3,779 participants.**
- **NES** was assessed through a **clinical interview;** psychopathology was evaluated using the **EDI-2, DERS, BDI-II, and YFAS.**
- **Nadir weight** was defined as the lowest weight achieved within 12 months after surgery.
- %EWL was compared between NES and non-NES patients at nadir and at long-term follow-up.
- **Long-term weight-loss data** were available for **1,485 patients** (**mean follow-up: 46.3 months**; range: 18–175 months).
- **Among** patients with **NES**, **Cox** proportional hazards regression examined factors associated with **time to achieving ≥50% EWL during follow-up.**

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Results 1

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NES was identified in 1,093/3,779 patients (28.9%).

	No-NES	NES	p
Psychiatric disorder	15.5%	**24.9%**	<.001
Grazing	61.0%	**73.1%**	<.001
Emotional eating	49.6%	**59.7%**	<.001
Sweet eating	34.1%	**46.6%**	<.001
Junk-food consumption	55.3%	**63.6%**	<.001
Binge eating	16.6%	**33.9%**	<.001

No differences: sex, occupation, or medical comorbidities.

Results 2 : PSYCHOPATHOLOGICAL FEATURES

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	No-NES	NES	p
EDI-2			
Drive for thinness	7.37 ± 5.20	8.25 ± 5.54	<.001
Bulimia	2.52 ± 3.49	3.73 ± 4.34	<.001
Interoceptive awareness	3.86 ± 4.30	4.73 ± 4.76	<.001
YFAS symptoms	2.17 ± 2.85	3.28 ± 3.59	<.001
BDI-II			
Cognitive	5.59 ± 5.57	7.15 ± 6.42	<.001
Somatic	5.61 ± 3.49	6.44 ± 3.67	<.001
DERS			
Non-acceptance	11.54 ± 5.27	12.79 ± 5.58	<.001
Goal-directed behavior	10.62 ± 4.35	11.65 ± 4.39	<.001
Impulse control	10.88 ± 4.20	11.62 ± 4.48	<.001
Strategies	14.44 ± 5.40	15.94 ± 6.02	<.001

Values are mean ± SD

Results 3 : WEIGHT-LOSS OUTCOMES

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	No-NES	NES	p
%EWL at nadir	107.1 ± 43.5	106.2 ± 37.3	.929
%EWL at long-term follow-up	90.3 ± 41.7	83.5 ± 41.5	**.005**

Nadir: lowest weight achieved within 12 months after surgery

Long-term follow-up: mean 46.3 months (range: 18–175)

→ Comparable initial weight loss, but poorer long-term weight-loss outcomes in patients with NES

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Results 4: TIME TO CLINICALLY SIGNIFICANT WEIGHT LOSS

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Cox proportional hazards regression – NES patients

Outcome: time to achieve **≥50% EWL**

Complete cases: n = 187
170 (90.9%) reached ≥50% EWL

Predictor	HR	95% CI	p
DERS – Impulse control difficulties	**0.951**	**0.909–0.995**	**.028**

Impulse-control difficulties were the only independent predictor of time to ≥50% EWL.

Each 1-point increase in impulse-control difficulties was associated with a **4.9% lower hazard of achieving ≥50% EWL**, indicating a **slower achievement of clinically significant weight loss**.

Conclusion

- **NES was identified in 28.9%** of patients and was associated with **dysfunctional eating behaviors, depressive symptoms, and emotion dysregulation**.
- NES was **not associated with weight loss at nadir** — the lowest weight achieved within the first year after surgery — but was associated with **poorer long-term weight-loss outcomes**.
- Among patients with NES, greater **impulse-control difficulties** were independently associated with a **slower achievement of ≥50% EWL**.
- **Preoperative identification of NES and impulse-control difficulties may help identify patients who could benefit from targeted, long-term postoperative support.**

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