for both their obesity and BED(386). Relative to patients with obesity without BED, patients with obesity and BED have a greater feeling of lack of control, greater sensitivity to rewards, and greater impulsivity associated with food stimuli, as well as feelings of guilt and shame associated with more intense binges(385).

Binge eating disorder is relatively common, with a lifetime prevalence in the general population of 1.4%, though it can increase significantly among individuals with obesity, with no marked differences between genders(387). Comorbidities with other psychiatric disorders — such as depression, anxiety, substance abuse and even personality disorders — are frequent(387, 388). Between 64 and 79% of patients with BED will experience some psychiatric comorbidity throughout their lives, with mood and anxiety disorders the most prevalent(387, 388). Individuals with BED also have pervasive concerns about food, weight, and body image, in addition to deficits identifying and regulating emotions and several interpersonal problems(387). Negative emotions and maladaptive emotion regulation strategies play an important role in the initiation and maintenance of BED; particularly negative feelings associated with interpersonal relationships, like loneliness(388). Higher levels of depression are related to more severe binges; for instance, cravings that trigger binges are more often associated with lowered mood and lower energy levels than cravings that do not trigger them(388). This said, emotions other than depression and sadness are often behind the compulsivity observed in patients with BED. Such other emotions include anger, frustration, guilt, irritability, fury, resentment, and envy. These emotions are highly present in interpersonal contexts, which may be less tolerated by patients with BED or are experienced by them in a distinct and more aversive way(388).

c. Night Eating Syndrome

Night eating syndrome (NES) is characterized by recurrent episodes of night eating, which can be defined either by the occurrence of episodes of food consumption after waking during the night, or by excessive food consumption after the night meal, which cause stress or impairment of the individual's functioning and are not explained by other mental disorders(378). Night eating syndrome often affects individuals with severe obesity and can be explained as a circadian rhythm dysfunction(389). Other symptoms include morning anorexia, a strong urge to eat between dinner and bedtime and/or during the night or early morning, and the belief that it is not possible for them to fall asleep without eating(390).