

Topiramate Tried in Sleep-Related Eating Disorders

BY SHARON WORCESTER
Southeast Bureau

SALT LAKE CITY — Patients with sleep-related eating disorder may benefit from treatment with topiramate, data from a small study suggest.

Of 17 patients with chronic sleep-related eating disorder (SRED) who were treated with the anticonvulsant, 4 stopped treatment due to lack of efficacy and 2 stopped taking the drug because of side ef-

fects, including pruritus and weight gain.

The remaining 11 patients stayed on therapy for a mean follow-up of 2 years, with all 11 achieving full or substantial control of SRED episodes and 10 of them losing a substantial amount of weight (mean of 9.4 kg), Dr. Carlos H. Schenck reported in a poster at the annual meeting of the Associated Professional Sleep Societies.

Topiramate has been shown in previous studies to promote weight loss and control binge eating, and at least two case reports

have suggested it helps control SRED. In the current study, the 17 patients presented with weight gain and nonrestorative sleep as a result of SRED; 9 had failed prior therapies for the condition; the other 8 received topiramate as first-line therapy, said Dr. Schenck of the Minnesota Regional Sleep Disorders Center and the University of Minnesota, both in Minneapolis.

Patients were initially treated with 25 mg topiramate at bedtime, with weekly increases of 25 mg as needed and as tol-

erated. The maximum dosage was 400 mg, with a mean dosage of 104.5 mg in the 11 patients who remained on therapy. They had a mean age of 45 years, and nine were women. The duration of SRED ranged from 3 to 45 years, and 10 patients experienced nightly SRED episodes.

In 5 of the 11 patients, SRED was idiopathic, and in 6, the SRED was presumed symptomatic; eight other sleep disorders were present in these patients. These disorders included restless legs syndrome/periodic limb movement disorder in five patients and sleepwalking, narcolepsy, and primary insomnia in one patient each.

In addition, five patients had one or more Axis I psychiatric disorders, including four patients with a mood disorder, one with chemical dependency in remission, two with anxiety disorder, and one with a paranoid disorder.

Eight patients were using other medications at the time topiramate treatment was initiated; these included benzodiazepines/agonists (five patients), dopaminergics (three patients), trazodone (three patients), antipsychotics (two patients), and daytime psychotropics (four patients). ■

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References

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Teen Insomnia a Risk Factor for Disorders Later

SALT LAKE CITY — Adolescent insomnia is fairly common and appears to be a risk factor for psychological disorders in young adulthood, Brandy M. Roane reported at the annual meeting of the Associated Professional Sleep Societies.

Of 4,253 adolescents aged 12-18 years at baseline, more than 9% reported insomnia, defined in this study as a self-report of having difficulty falling asleep on all or most nights during the previous year, said Ms. Roane, a doctoral student in psychology at the University of North Texas at Dallas.

Those reporting insomnia during adolescence were 1.7 times more likely to binge drink and smoke cigarettes, 1.6 times more likely to have smoked marijuana, 2.6 times more likely to have used other drugs, and 2.4 times more likely to have depression than did those who did not report insomnia, she said, noting each of the findings was highly statistically significant.

Reevaluation by an in-home survey 7-8 years after the initial interview showed that during young adulthood, those who had insomnia during adolescence were 1.2 times more likely to smoke cigarettes, 2.8 times more likely to have been diagnosed with depression, 3.5 times more likely to use medications for depression and stress, 2.1 times more likely to have attempted suicide, and 2.1 times more likely to have suicidal ideation, compared with those who did not report insomnia during adolescence. These findings also were statistically significant.

Further analysis to control for gender and baseline levels of variables such as depression are planned, she said.

—Sharon Worcester