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On Tue, Sep 29, 2015 at 3:33 PM, Kathrynne fivestar@nutritionucanlivewith.com [Nutrition_Reports] <Nutrition_Reports@yahoogroups.com> wrote:

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Dietary Change Key to Improving Mental Health, Experts Say

Liam Davenport

|September 26, 2015

Dietary changes that reduce the incidence of, and prevent, mental health disorders are a cost-effective and efficacious means of improving mental health, urges a position statement that sets out a series of recommendations to advance nutritional medicine in psychiatry.

The statement, released by the International Society for Nutritional Psychiatry Research (ISNPR), emphasizes that there is epidemiologic, basic scientific, and clinical evidence to show that diet both influences risk for and outcomes of mental health disorders.

Moreover, a number of nutrients are linked to brain health. The statement calls for more robust research to determine the clinical impact of dietary changes and to identify biomarkers.

Felice N. Jacka, PhD, associate professor, Division of Nutritional Psychiatry Research, IMPACT Strategic Research Centre, Deakin University, Geelong, Australia, and president of the ISNPR, played a central role in the development of the consensus statement.

Unhealthy Foods Ubiquitous

"The situation we find ourselves in across the world is one wherein unhealthy food products are ubiquitous, they're heavily marketed, they're socially acceptable and normalized, and we believe that they're highly addictive," she told *Medscape Medical News*.

"The changes to our diet, globally, have resulted in a tsunami of ill health across the globe, and an unhealthy diet is...understood to be the greatest cause of early mortality.

"We can't continue to ignore this. No country in the world can afford the costs associated with the substantial changes to the food systems as the drivers of noncommunicable disorders, which we now understand include mental disorders and neurodegenerative disorders, and possibly neurodevelopmental disorders."

"Governments have to act. It's very difficult because we're talking about large global industry players here that are in many cases larger than governments and more powerful, but we can't afford to turn a blind eye."

The consensus statement is published in the October issue of *World Psychiatry*.

Mental Health Treatment "Suboptimal"

In developing the statement, the ISNPR used a Delphi-based model in which researchers and clinicians voted on 110 statements created by an expert steering committee.

The statements focused on three main areas: current needs and challenges in psychiatry, diet and nutraceutical evidence related to mental health and psychiatry, and potential public health and clinical applications.

A 10-point Likert scale was used to vote on the statements. Those that received a score higher than 6.5 were reviewed for inclusion in the consensus statement.

In the statement, the ISNPR says that although the outcomes achieved by current treatments of mental disorders are "suboptimal," little attention is paid to prevention. As such, diet and nutrition are modifiable targets for the prevention of mental disorders and play a key role in the promotion of mental health.

Furthermore, it states that "evidence-based nutritional change should be regarded as an efficacious and cost-effective means to improve mental health."

A number of nutrients, it says, have a "clear link" to brain health, including omega-3 fatty acids, B vitamins, choline, iron, zinc, magnesium, S-adenosyl methionine, vitamin D, and amino acids, and that dietary consumption could be supplemented by the prescription of nutraceuticals, where justified.

Nevertheless, further research is required, particularly randomized controlled trials (RCTs) using methodologically rigorous designs, to explore the biological pathways affected by nutritional modification, alongside clinical trials of nutraceuticals and the assessment of biomarkers.

Randomized Trial in the Works

The statement also addresses the role played by the food industry. It suggests that policies be developed to reduce the global burden of physical health and poor mental health due to poor diet.

"In my opinion, the observational evidence combined with the extensive animal research and our new understanding of the impact of the gut microbiome on brain and mood and behavior are, in themselves, enough to suggest that we should be focusing on nutrition in clinical care and thinking about measuring mental health when we look at public health initiatives that are designed to improve diet," said Dr Jacka.

"However, what we really do need are data from intervention studies where you take people who are already depressed or maybe have an anxiety disorder and improve their diet to see whether it improves their mood.

We've just finished recruitment on the first RCT to do that. We hope to have the results by the end of the year," she added.

Dr Jacka acknowledged that such trials are "fraught" with methodologic difficulties. "It's difficult getting people to change their diet, it's difficult to adequately measure diet, so there are barriers there, but the precautionary principle would tell us that there's likely to be much gained by addressing the physical health of patients with mental disorders."

"At the very least, it's going to address the comorbidity that so commonly accompanies mental disorder, but there's every chance that it may also improve their mental health, and this is something that needs to be evaluated as well."

She noted that the lack of RCTs "shouldn't prevent us acting on the extensive evidence that we already have to treat the whole person and not just their brain and/or their thoughts or their symptoms."

"We know that it's extremely difficult for individuals to change their diet when there are multiple, multiple points during any given day with triggers and indicators to consume these highly palatable, highly addictive, very cheap foods.

"We can't continue to ignore this. We need to institutionalize changes through education, in schools and early childhood settings, through restricting marketing, possibly through taxation, and doing everything we can to denormalize these foods and make them harder to consume. I wouldn't even call them foods, I'd call them food products," she concluded.

"Paradigm Shift"

Commenting on the findings for *Medscape Medical News*, Shaheen E. Lakhan, MD, PhD, executive director of the Global Neuroscience Initiative Foundation, associate professor of neurology and medical education, and neurosciences director, California University of Science and Medicine, in Colton, welcomed the position statement.

"The position statement is quite short, but it does summarize at least their motives, which are to explore evidence-based therapies and nutrition medicine and nutraceuticals and how they could be employed for psychiatric disorders, and then to mobilize that information to psychiatric practitioners to have them implemented in actual practice," said Dr Lakhan.

"They certainly set out at least some sort of guiding principles, but not yet the framework for actually implementing these key areas," he added.

Discussing the evidence supporting dietary changes and the use of nutraceuticals in mental health, Dr Lakhan said that a "paradigm shift" has occurred.

"I have been a contributor to the literature pool on nutrition in neurology and mental health disorders for the past 10 years, and I think we are at the cusp of what we call high-quality, randomized controlled trials, so high-tier evidence suggests that certain nutrition compounds can be used to primarily treat primary mental health disorders, as opposed to in the past, where they were largely adjunctive or added onto standard-of-care therapy. I think that this is akin to many disorders in the past maybe 50 or 60 years ago. Let's take, for instance, infectious diseases and pneumonia.

"Before we had specific classes of antibiotics that could cure these types of diseases, we had supportive management, respiratory therapy, blood pressure, fluids, IV lines, things of that nature, and it was only when we have targeted therapy are we able to could cure the disease," he said.

Dr Lakhan pointed out that for medications such as tricyclic antidepressants and selective serotonin reuptake inhibitors, analyses of the available data indicate that the number needed to treat is approximately eight or nine.

"That means a great deal of patients aren't achieving success with these standard pharmacological agents, and so that created a huge impetus for the scientific and biomedical community to explore other options.... I think in the past 10 years they've come to fruition," he said.

A crucial step to getting dietary changes and the use of nutraceuticals to the "front line" of psychiatric care, Dr Lakhan believes, is via undergraduate and graduate education.

He pointed out that currently, North American undergraduate boards are not required to have nutritional psychiatry and nutritional medicine components in medical education beyond simple biochemistry. The same applies to specialist psychiatric education.

"There is no mention of nutrition whatsoever, whether it's nutritional deficiencies causing or contributing to psychiatric disorders in the management of psychiatric disorders," he said.

"That needs to be changed if we want to influence the generation of practitioners who would most likely be prescribing these types of therapies for their patients," Dr Lakhan concluded.

The authors have disclosed no relevant financial relationships.

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