# Nutritional Psychiatry: Implications for the prevention and treatment of mental disorders

Prof Felice Jacka OAM Food & Mood Centre, IMPACT, Deakin University, Australia









### Mental disorders are a leading cause of disability worldwide

(GBD study)





# Poor diet and its sequalae is the leading cause of early death globally



(GBD study)

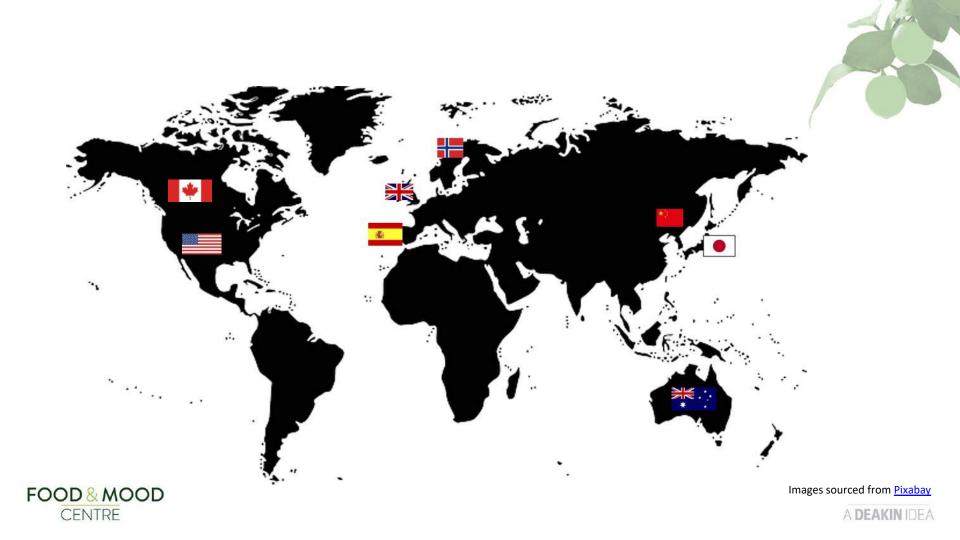




## **Nutritional Psychiatry**







## Diet and Depression in Adulthood

Church Fox.

Molecular Psychiatry https://doi.org/10.1038/s41380-018-0237-8

#### **REVIEW ARTICLE**

Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies

Camille Lassale<sup>1,2</sup> · G. David Batty<sup>1</sup> · Amaria Baghdadli<sup>3,4</sup> · Felice Jacka<sup>5</sup> · Almudena Sánchez-Villegas<sup>6,7</sup> · Mika Kivimäki 01,8 · Tasnime Akbaraly 01,3,9

Received: 10 May 2018 / Revised: 26 July 2018 / Accepted: 2 August 2018 © Springer Nature Limited 2018

	N	N			
Study	total	events.	OR (95% CI)	Score	Comparator
Cohort					
Adjibede 2017; Female	1492	103	0.95 (0.57, 1.59	rMED	T3 vs T1
Adjibade 2017; Male	2031	19	0.58 (0.29, 1.13)	IMED	T3 vs T1
Hodge 2013	8660	731	0.72 (0.54, 0.95	MDS	7-9 vs 0-3
Lai 2016; Female	9280	continuous	0.42 (0.26, 0.68	MDS	6-9 vs 0-2
Sanchez-Villegas 2015	15093	1051	0,70 (0.58, 0.85)	MDS	6-9 vs 0-2
Subtotal (I-squared = 33.1%)	p=0.201)	$\Leftrightarrow$	0.67 (0.55, 0.82)		
Cross-sectional					
Veronese 2016	4470		0.82 (0.85, 1.04	8MED	Q4-5 vs Q1-3
Tehrani 2016; Female adoles	cents 263	<	0.41 (0.17, 0.97	MSDPS	Q5 vs Q1
Subtotal (I-equared = 55.8%)	p = 0.133)		0.66 (0.35, 1.24)		
Overall (i-squared = 34.4%, p	e = 0. 166)	$\Diamond$	> 0.88 (0.59, 0.82		
		2 5	1		

Fig. 1 Meta-analysis of studies investigating the association between a traditional Mediterranean diet and depressive outcomes. Estimates are ORs, RRs or HRs of depression for people with highest adherence

compared to lowest adherence (categories or quantiles specified). MDS Mediterranean diet score, rMED relative MDS, aMED alternative MDS, T tertile, O quintile

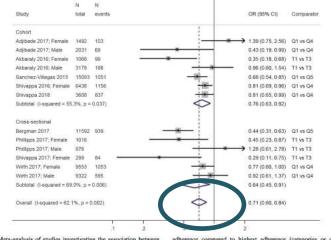


Fig. 4 Meta-analysis of studies investigating the association between the Dietary Inflammatory Index DII and depressive outcomes. Estimates are ORs, RRs, or HRs of depression for people with lowest

adherence compared to highest adherence (categories or quantiles specified). T tertile, O5 quintile, O4 quartile

### Decreased incidence of depression:

Adherence to a Mediterranean diet: 0.67 (95% CI 0.55–0.82)

Lower Dietary Inflammatory Index: 0.76 (95% CI 0.63-0.92)

Lassale et al. Mol Psych 2018.





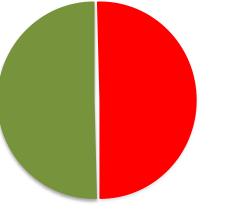
## Mental Health in Young

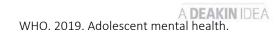
### 1 in 7 young people experience a mental health condition

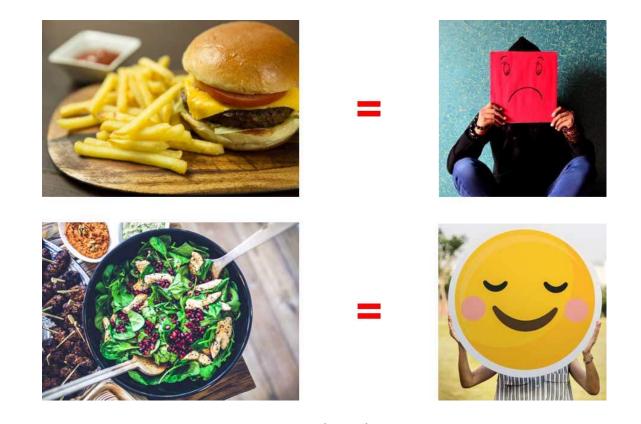


Half of all mental health issues start by 14 years of age









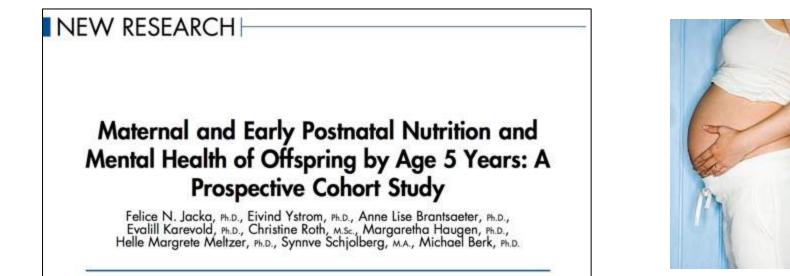


Jacka et al. (2011) PLoS One Jacka et al. (2010) Aust N Z J Psychiatry Jacka et al. (2013) Soc Psychiatry Psychiatr Epidemiol McMartin et al. (2013) Prev Med O'Neil (2014) Am J Public Health

Images sourced from **Pixabay** 



## Diet and Mental Health in Early Life



Impact of early life nutritional exposures extends from physical to mental health



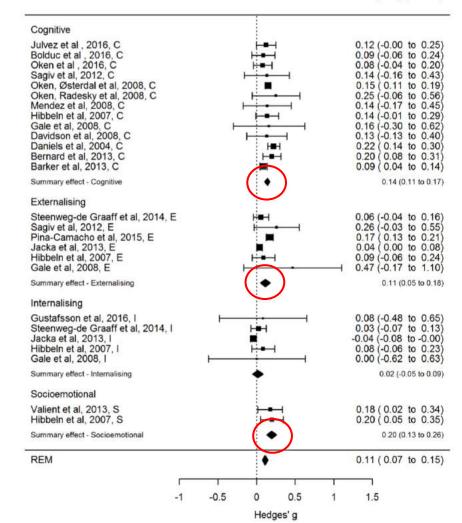
Jacka et.al. J. Am. Acad. Child Adolesc. Psychiatry. 2013.



Reference

Research

Hedges' g (95% CI)



**BMJ Open** The importance of maternal diet quality during pregnancy on cognitive and behavioural outcomes in children: a systematic review and meta-analysis

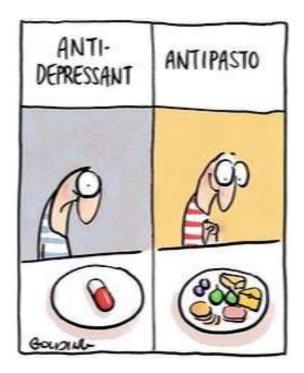
Tiril Cecilie Borge,<sup>1</sup> Heidi Aase,<sup>2</sup> Anne Lise Brantsæter,<sup>3</sup> Guido Biele<sup>1</sup>

### Borge et al. BMJ Open 2017

Externalising, internalising, socioemotional, cognitive outcomes

Better maternal diet quality had a small, statistically significant association with child neurodevelopment FOOD & MOOD CENTRE

## The SMILES trial





Jacka et al. (2017) BMC MedicineDEA

100

## **Diet as Intervention for Depression**

### The SMILES trial

### 67 adults with depression

### **Adjunctive to current treatment**

12 week study

Individual **nutritional** consulting sessions

### Social support protocol

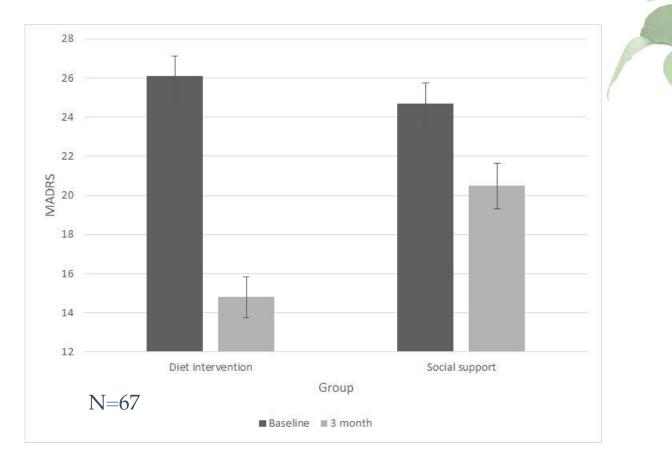




### Effect size:

Cohen's d = -1.16 (95% CI -1.73, -0.59)

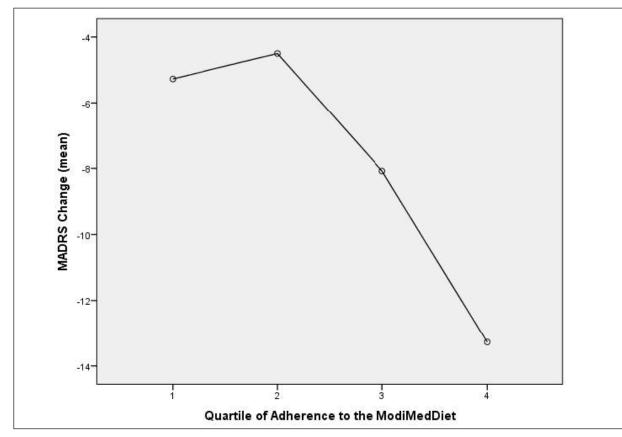
NNT= 4.1





Jacka et al. (2017) BMC Medicine DEA

1400



Degree of dietary adherence closely correlated with degree of symptom improvement



Jacka et al. (2017) BMC Medicine DEA















Protein	AND Cereals and AND Starchy Vegetables	ND Vegetables
<b>Tinned sardines</b>	with wholegrain biscuits	plus <b>avocado, tomato</b> and <b>cucumber</b>
Sudin ca	Vira Weath	00 🕫 🥿
<b>Tinned salmon</b>	with <b>tinned chickpeas</b>	and <b>salad</b>
DHN WEST &		
Tinned tuna	plus <b>instant brown</b> or <b>basmati rice</b>	with <b>tinned corn, peas</b> and <b>beetroot</b>
	Provint nece	
Egg	on wholemeal toast	with avocado, tomato and mushrooms
- P		00 🐲 🤧
Supermarket rotisserie	with <b>couscous</b>	and frozen vegetables
chicken (skin removed)	Const Cours	and the second sec

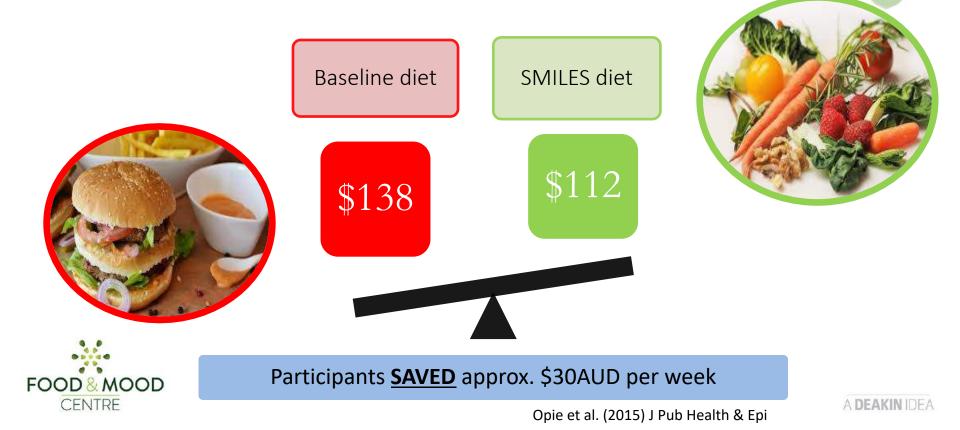


Opie et al. (2017) Nut Neuro



140

## **Eating Well for Mental Health \$\$?**



## **Economic Evaluation**

- We measured time lost (absenteeism) from paid and unpaid work (volunteering, study, house-keeping)
- We measured visits to health care professionals
- We measured the costs of delivering the interventions and the diet itself
- Compared with the social support condition, average total health sector costs were \$856 lower and average societal costs were \$2591 lower for those receiving dietary support.
- These differences were driven by lower costs arising from fewer allied and other health professional visits and lower costs of unpaid productivity

(Chatterton et al. (2018) BMC public health)





### Whole Diet-Focused Treatment

SYSTEMATIC REVIEW/META-ANALYSIS	Study name	Statistics for each study							Hadgest's g and 96% G					
		Hedges's g	Standard	/ariance	Lower	Upper limit	Z-Value	p-Value						
OPEN	Agarwal et al. 2015	0.353	0.120	0.014	0.118	0.589	2.941	0.003	- 1 i			L-0-	- 1	f
	Assaf et al. 2015	0.027	0.010	0.000	0.008	0.046	2744	0.006				4		I
The Effects of Dietary Improvement on Symptoms of Depression and Anxiety: A Meta-Analysis of	Envik et al. 2010 Endevelt et al. 2010	-0.048	0.089	0.008	-0.222	0.127	-0.534	0.593			134			
he chects of Dietary improvement on Symptoms	Forster et al 2012	0.711	D. 124	0.045	-0.020	1.196	2.873	0.072						I
of Depression and Anviety. A Meta-Analysis of	Hyppa et al. 2003	-0.136	0.182	0.015	-0.020	0.220	-0.749	0.454						
Depression and Analety. A meta-Analysis of	Imayama et al. 2011	0.273	0.096	0.009	0.085	0.461	2.844	0.004						
Randomized Controlled Trials	Jacka et al. 2017	0.865	0.279	0.078	0.319	1.412	3,102	0.002				- T		-0
undomized controlled mais	Jenkinson et al. 2009	0.216	0.103	0.011	0.013	0.418	2.088	0.037				-0-	11112	
	Kasckow et al. 2014a	-0.583	0.414	0.172	-1.395	0.230	-1.406	0.160		-		_		I
oseph Firth, PhD, Wolfgang Marx, PhD, Sarah Dash, PhD, Rebekah Carney, PhD, Scott B. Teasdale, PhD,	Kasckow et al. 2014b	0.120	0.255	0.065	-0.381	0.620	0.469	0.639				-0		
Aarco Solmi, MD, Brendon Stubbs, PhD, Felipe B. Schuch, PhD, André F. Carvalho, MD,	Kleman et al. 2001	-0.095	0.233	0.054	-0.52	0.362	-0.408	0.683			-			I
elice Jacka, PhD, and Jerome Sarris, PhD	McMillan et al. 2011	0.149	0.388	0.150	-0.611	0.908	0.383	0.702			13. 778	-0		I
	Neman et al. 2000	0.159	0.207	0.043	-0.247	0.565	0.768	0.442			10		S	I
	Scheier et al. 2005	0.234	0.115	0.013	0.009	0.459	2.035	0.042						
	Wardle et al. 2000	0.275	0.166	0.028	0.100	2.008	3.074	0.002				$\sim$		
		u2/5	-u une	uub	0.100	0400	2014	uue				$\sim$		
Firth et al. (2019) Psychosomatic Med									-2.00	-1.0	00	0.00	1.00	2.00
inter et al. (2013) i sychosomatic mea														
	AD 4000 MM (000 UPP) - 6000									Favours (	Control		Favours Diet	
	FIGURE 1. M	feta-ana	lysis of th	e effec	ts of c	lietary	interv	entions o	n depressiv	e symptom	s. Box size re	epresents st	udv weightin	g. Diamond
	represents ove					, and the second				- J-prom		T	- J - Mgana	O Millorid

- N=16 RCTs with 45,826 participants ٠
- Dietary interventions significantly reduced depressive symptoms ٠
- No effect was observed for anxiety (but few studies) •
- Greater benefits in females for both depression and anxiety •
- Greater benefits when delivered by nutrition professionals ٠





## **Diet matters to mental and brain health**

### DIET IS *MODIFIABLE* – TARGET FOR PREVENTION AND TREATMENT





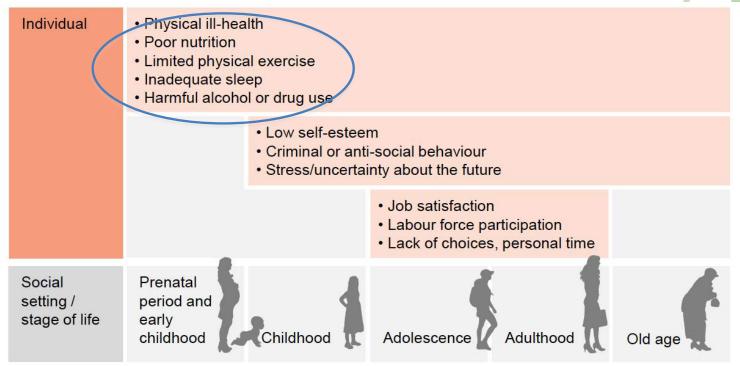
# More than 80 policy documents

- United Nations
- World Health Organisation
  - UNICEF
  - European Commission
- Country-level policies including Australia, Canada, Finland, France, Germany, Latvia, New Zealand, Norway, the United Kingdom, and the United States



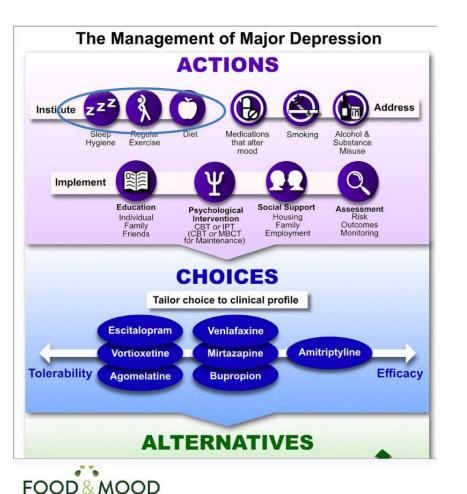


### Productivity Commission Mental Health Report 2020





A DEAKIN IDEA



CENTRE

RANZCP Guidelines

The 2020 Royal Australian and New

Gin S Malhi<sup>1,2,3</sup>, Erica Bell<sup>1,2,3</sup>, Darryl Bassett<sup>4</sup>, Philip Boyce<sup>5,6</sup>, Richard Bryant<sup>7</sup>, Philip Hazell<sup>6</sup>,

Malcolm Hopwood<sup>8</sup>, Bill Lyndon<sup>1</sup>, Roger Mulder<sup>9</sup>

Richard Porter<sup>9</sup>, Aieet B Singh<sup>10</sup> and Greg Murray<sup>11</sup>

Zealand College of Psychiatrists clinical

practice guidelines for mood disorders

ANZJP

Australian & New Zealand Journal of Psychiatry 2021, Vol. 55(1) 7–117 DOI: 10.1177/0004867420979353

© The Royal Australian and New Zealand College of Psychiatrists 2020 Article reuse guidelines: sagepub.com/journals-permissions journals-agepub.com/home/asp @SAGE



"First, the framework shows that lifestyle changes and psychological interventions are *foundational* in the treatment of mood disorders.

These are .... *essentially non-negotiable* and to be discussed with all patients.

Lifestyle changes include smoking cessation, limiting alcohol and substance misuse, instituting exercise, sleep hygiene and *a healthy diet*."





#### Search online courses



Register

#### Online Courses / Healthcare & Medicine



### Food and Mood: Improving Mental Health Through Diet and Nutrition

### \*\*\*\*\* 4.7 (276 reviews)

Explore the relationship between nutrition and brain health, why it matters, and how to work towards positive food changes.









## **Continuing Professional Education**

- Introduction to Nutritional Psychiatry Nutri-Psyche
  - Endorsed by the RANZCP
  - Aims to build knowledge and skills to support psychiatric practitioners
- Lifestyle Medicine for Clinical Services Life and Mind
  - Developed in collaboration with JCU and ASLAM
  - Aims to support all health professionals working with SMI













World Federation of Societies of Biological Psychiatry & Australasian Society of Lifestyle Medicine Lifestyle-Based Mental Health Care Clinical Guidelines for the management of depression

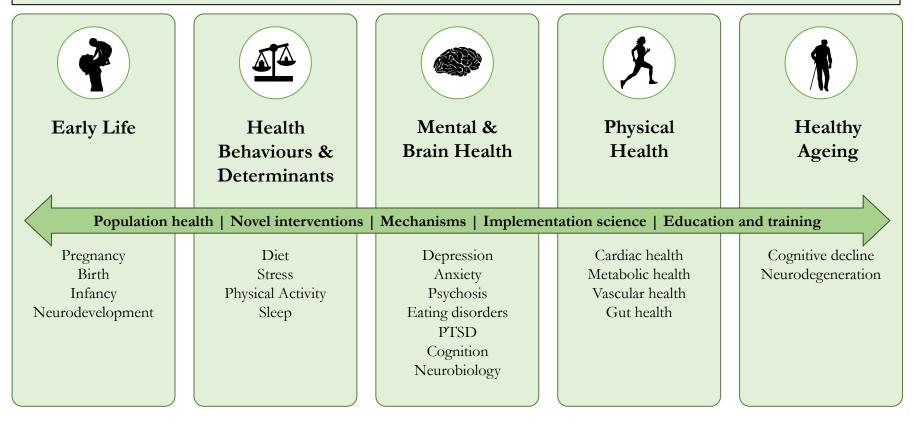


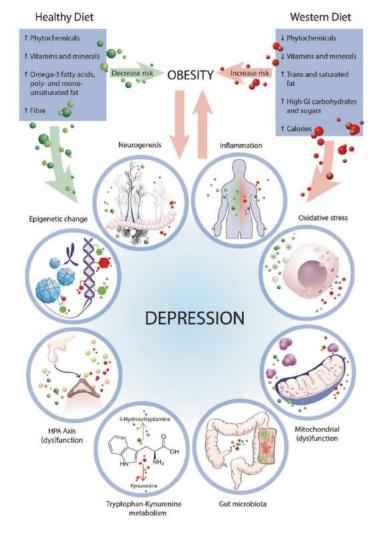




## Food & Mood Centre Program

**Our Vision:** A world in which nutrition is recognised as fundamental to mental and brain health **Our Mission:** To generate and implement world's-best evidence for nutritional psychiatry



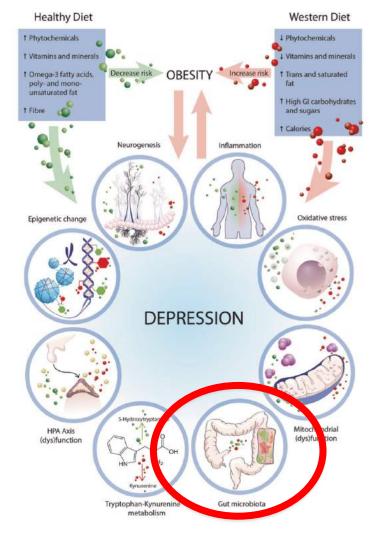




Marx et al. (2020) Mol Psych







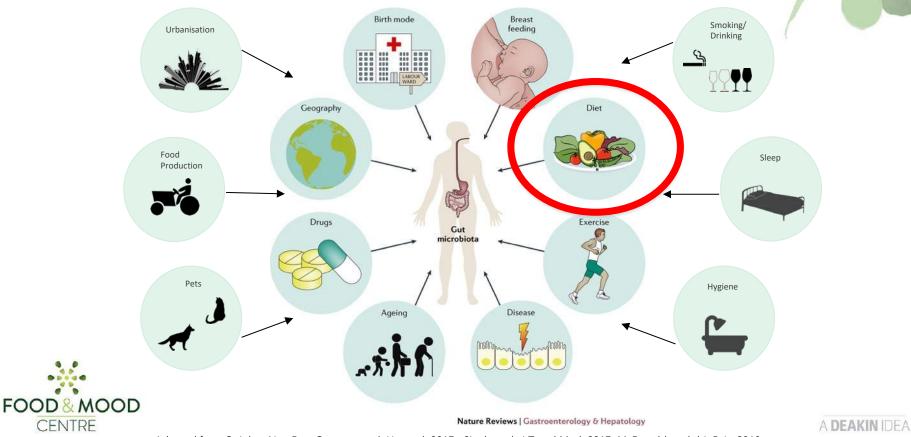


Marx et al. (2020) Mol Psych





## Factors Influencing Gut Microbiota



Adapted from Quigley. Nat. Rev. Gastroenterol. Hepatol. 2017; Singh et al. J Transl Med. 2017. McDonald et al. bioRxiv. 2018

# **MOVING MOODS (pilot)**

Human microbial transfer as an adjunctive treatment for MDD

Primary outcome measure	
Feasibility	

**Aim** n = 15 Target population adults with moderate to severe MDD

### **Primary objective**

Investigate the feasibility of FMT as an adjunctive treatment for depression in adults

### **Secondary objectives**

Establish whether FMT changes biological parameters in depressed adults, including the faecal microbiome, Hypothalamic Pituitary Axis activity, Neurogenesis, inflammation, cardiovascular and metabolic risk factors, cognition, Quality of life, gastrointestinal symptoms and tolerability. Depression symptoms (MADRS) will also be assessed.



# The CALM Trial

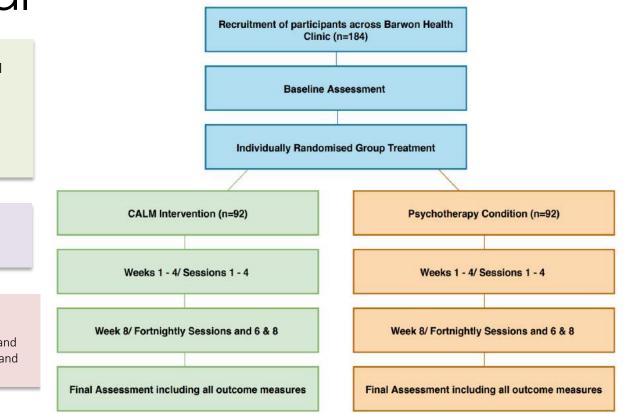
AIM: To investigate the effectiveness of CALM for Victorians experiencing COVID distress compared to a group-based, telehealth psychotherapy program led by psychologists.

**Primary Outcome** 

Depressive symptoms (PHQ-9 scores)

#### Secondary Outcome s

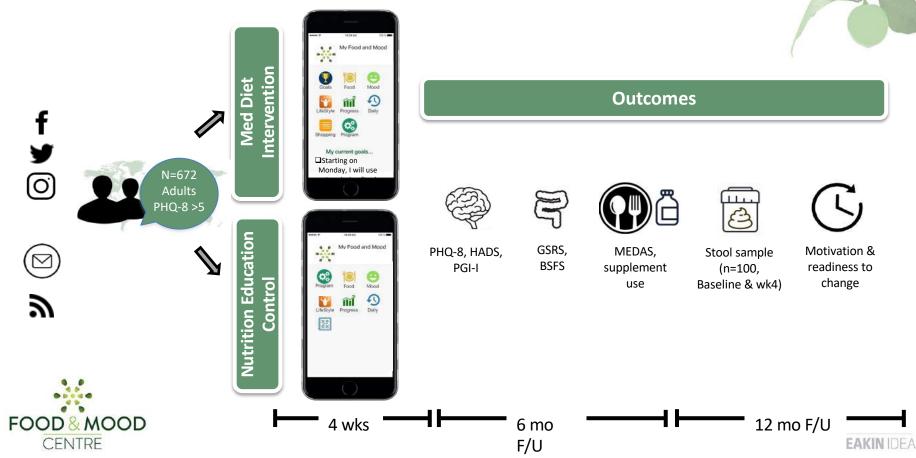
Anxiety (GAD-7), psychological distress (K-10), remission and recovery (GAD-7, PHQ-9), health behaviours, functioning and cardiovascular profile







**BeNEFIT** - Bringing e-Health Nutrition Education to populations For Improved depression Treatment: A Randomised Controlled Trial





## Brain Changer

The latest cutting-edge science on how diet can affect your risk of anxiety and depression, and influence the health of your brain

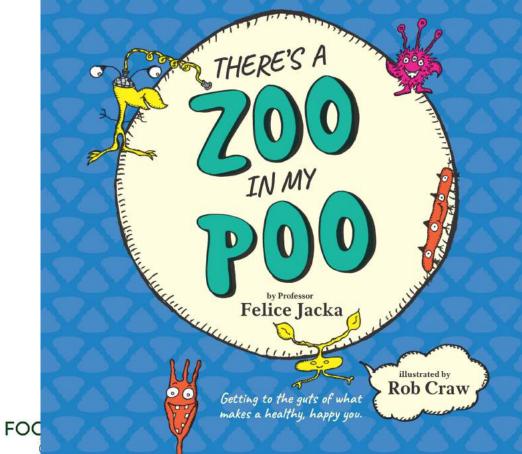
### PROFESSOR FELICE JACKA

Australian and international authority on diet, mental health and brain health

### Pan Macmillan Press February 2019



Brilliant. Clear and charming, with delightful illustrations. I would have loved this as a child. Dr Michael Mosley





### Pan Macmillan Press August 2020





### International Society for Nutritional Psychiatry Research

*"To support scientifically rigorous research into nutritional approaches to the prevention and treatment of mental disorders and their comorbidities"* 

**ISNPR.ORG** 

The Aims of the ISNPR









Australian Government National Health and Medical Research Council Australian Research Council





A DEAKIN IDEA





