



***Building a Better Brain with
Nutrition: The evidence to date***

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 - GAMA Foundation
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- Royalties from Harper Collins for sales of The Better Brain
- No current or past funding from the companies that make products researched

The broader context

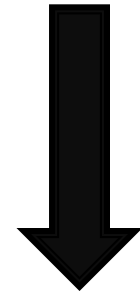
- 1. Increasing prevalence of mental problems**
- 2. There is a danger of (mental) health care bankrupting our society**
- 3. Our current 'gold standards' are turning out to be less effective than hoped**

Then what are we to do?



Photo image credit: istockphoto.com

***Dietary patterns and
mental health in the
21st century***



Mental illness



Mental illness

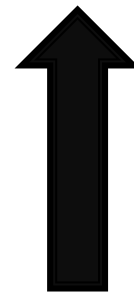


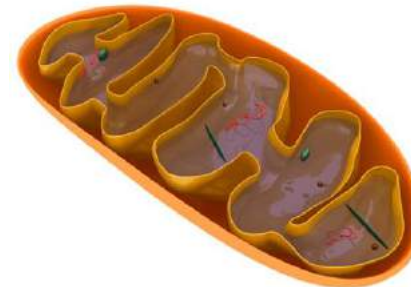
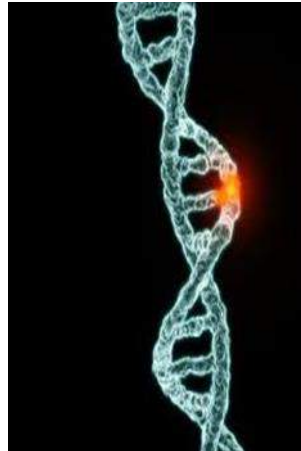
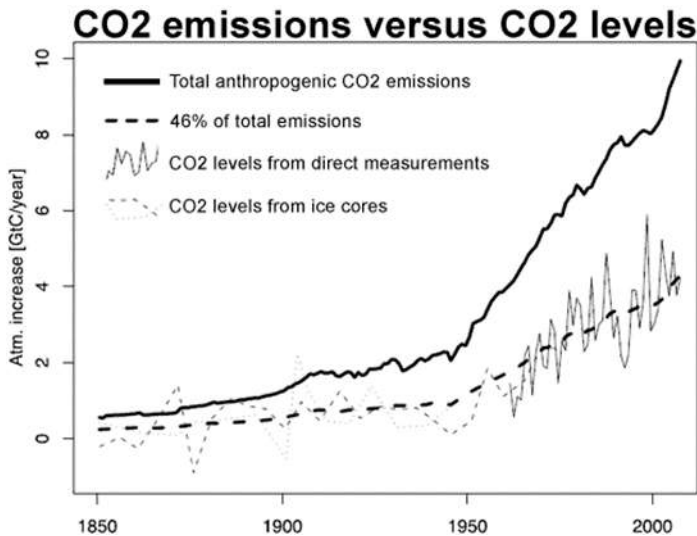
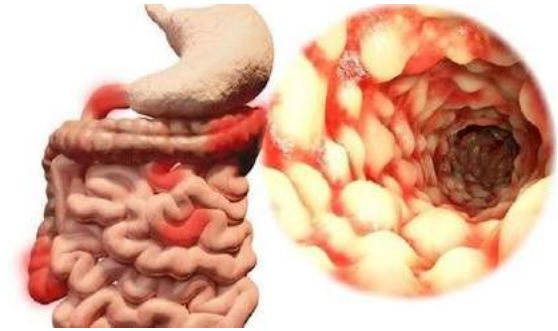
Photo credits: Elana Amsterdam, Sandy Austin, Christian Cable on Flickr

The obvious solution?



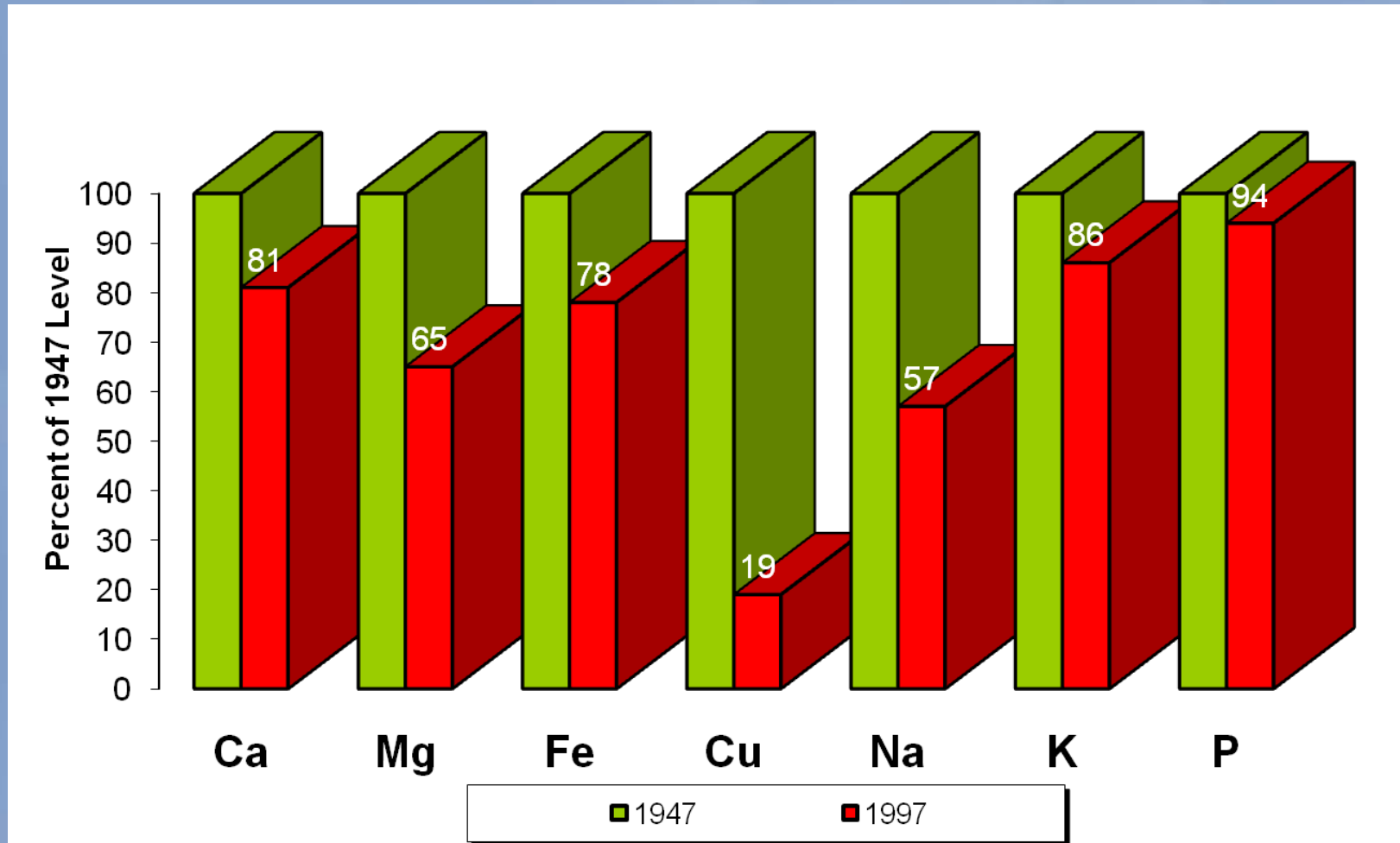
**Tell everyone
to eat better**

Eating better is a good thing.... BUT



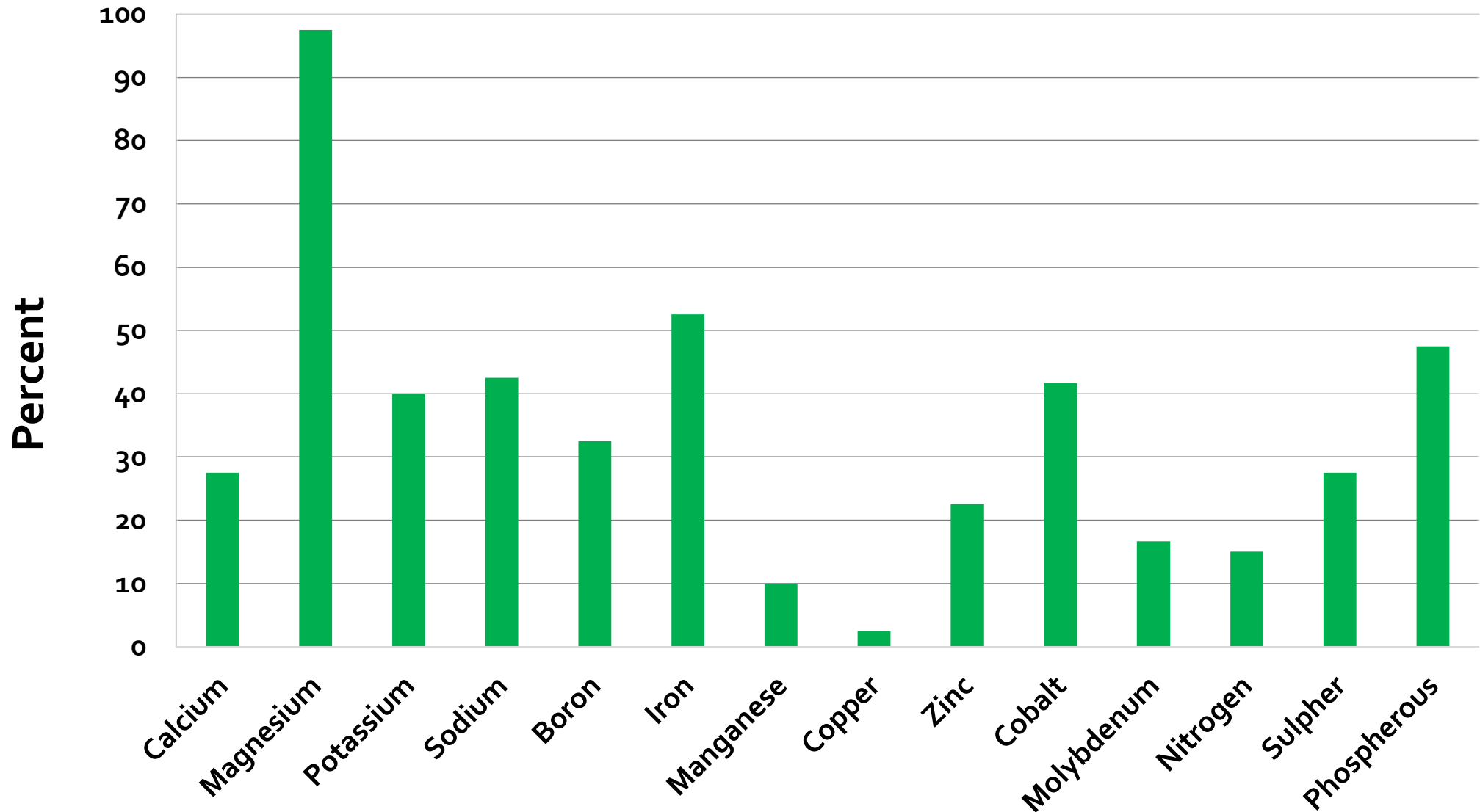
All of these factors could result
in fewer nutrients available for
brain health

Decrease in Mineral Content In Vegetables Over a 50 Year Period in the U.K.

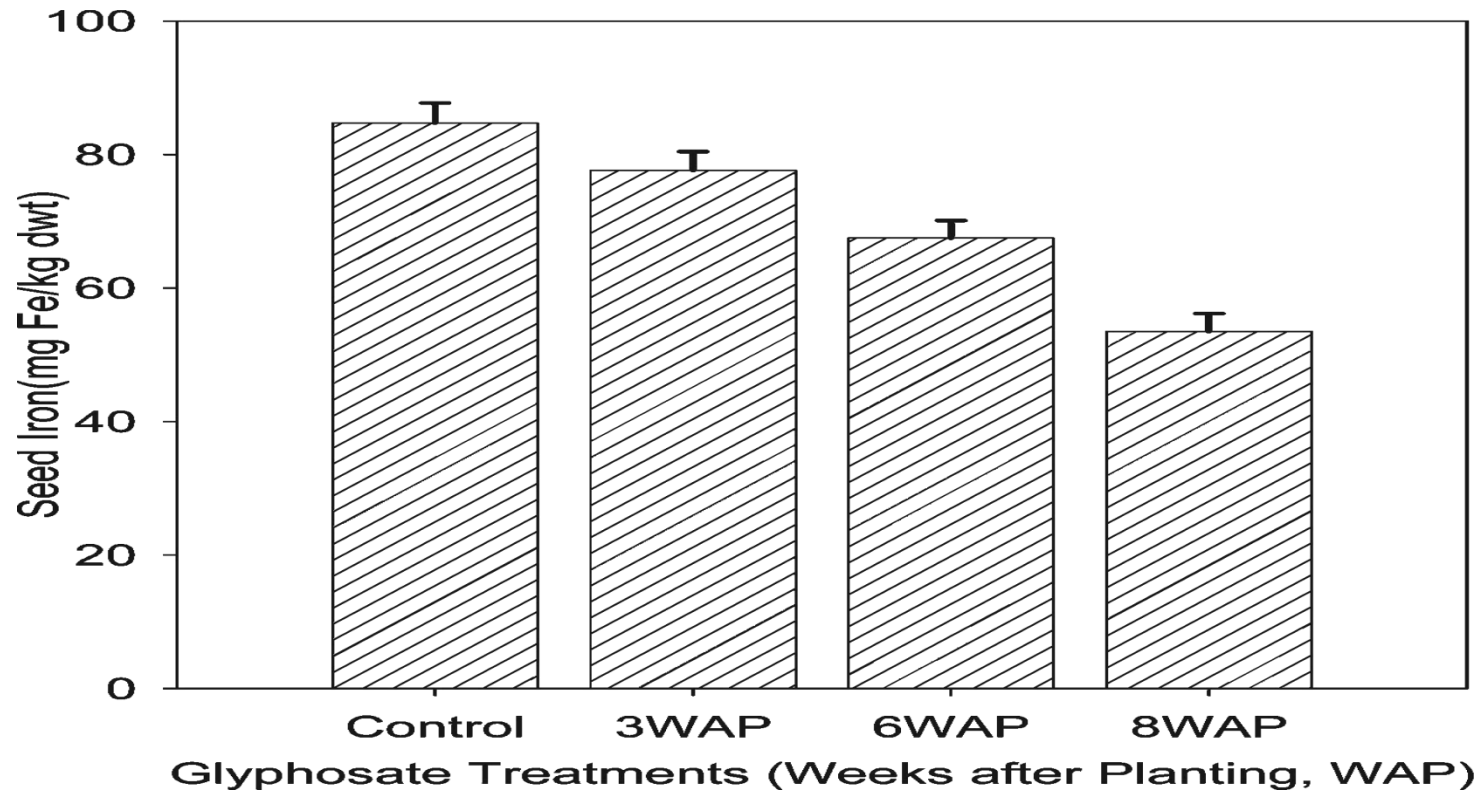


Mayer AB. Historical changes in the mineral content of fruits and vegetables. *British Journal of Food* 1997;99:207-11.

Percentage of 40 fields in which the nutrient was above the lowest level of the ideal range



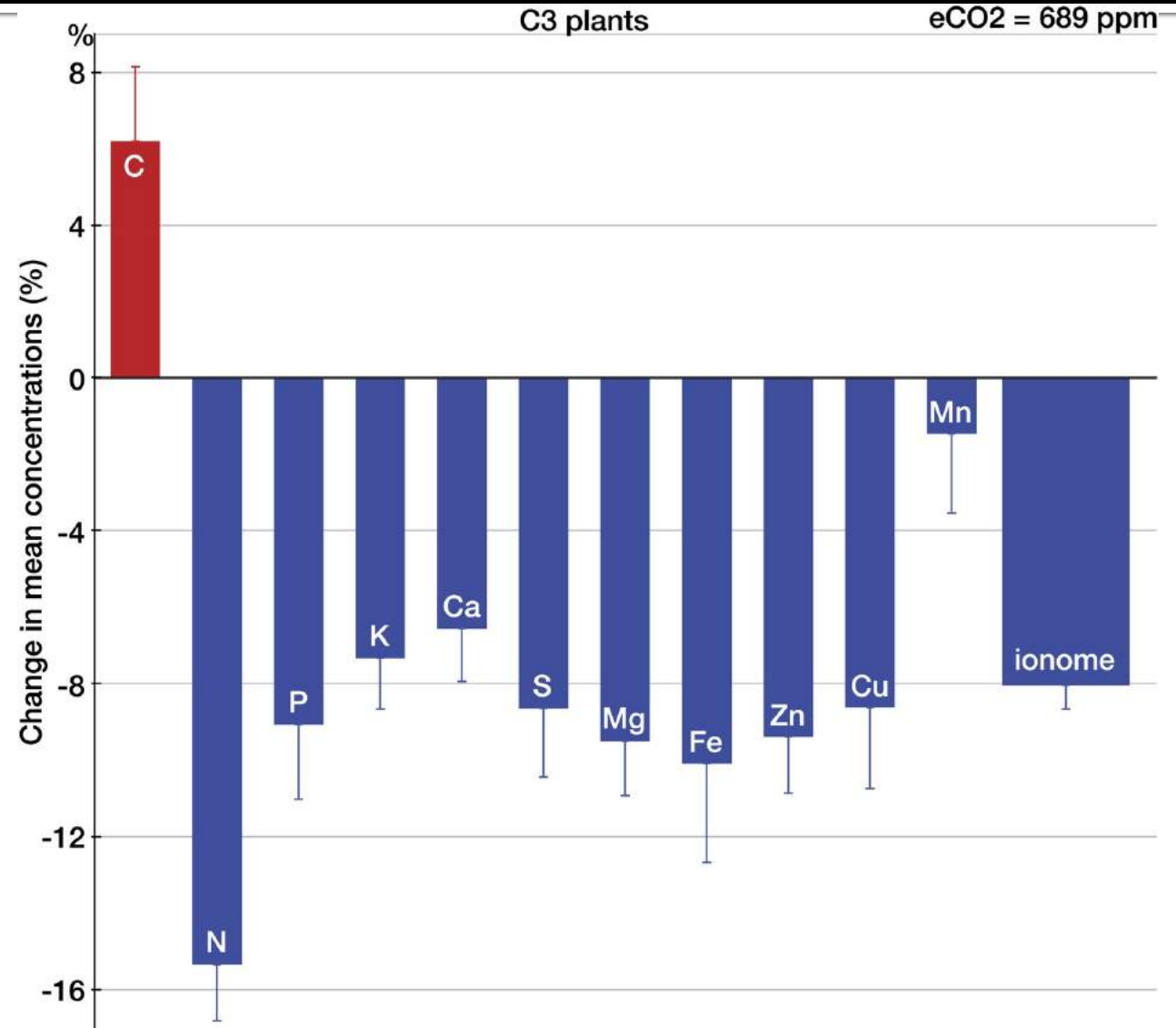
Effects of Gly treatment on soybean seed iron concentrations (mg of Fe/kg of dwt). The control did not receive any Gly treatment.

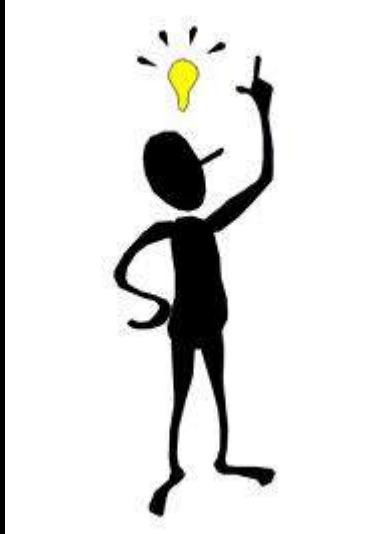


Bellaloui N, Reddy KN, Zablotowicz RM, et al. Effects of glyphosate application on seed iron and root ferric (III) reductase in soybean cultivars. *J Agric Food Chem* 2009;**57(20):9569-74**.

Does rising CO₂ levels affect nutrient content?

Loladze I. Hidden shift of the ionome of plants exposed to elevated CO₂ depletes minerals at the base of human nutrition. *eLife* 2014;**3**:e02245.

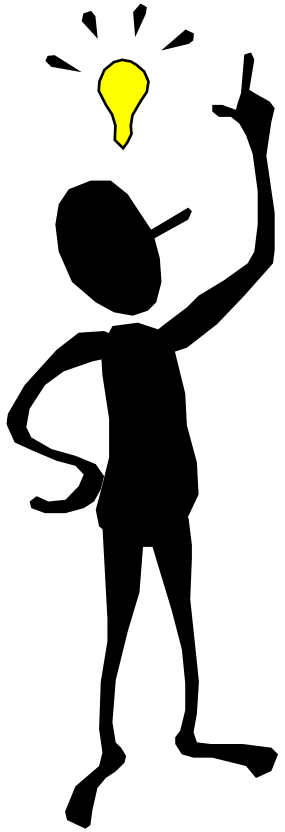




And what about individual variability and genetic mutations? Could some forms of mental illness reflect metabolic reactions going wrong?

AKA Inborn errors of metabolism

Could some cases of mental disorders reflect inborn errors of metabolism?



- Perhaps people inherit a *genetic polymorphism* that results in decreased binding ability of an enzyme(s)
- results in slowed metabolic reactions
- Less efficiency in making chemicals for optimal functioning
 - resulting in psychiatric symptoms
- Can be corrected at endpoint by:
 - administration of **high doses of the vitamin component** of corresponding coenzyme, restoring enzymatic activity

Ames BN, Elson-Schwab I, Silver E. High-dose vitamin therapy stimulates variant enzymes with decreased coenzyme binding affinity (increased K_m): relevance to genetic disease and polymorphisms. *Am J Clin Nutr* 2002;75:616-58; Kaplan BJ, Crawford SG, Field CJ, et al. Vitamins, minerals, and mood. *Psychol Bull* 2007;133(5):747-60.

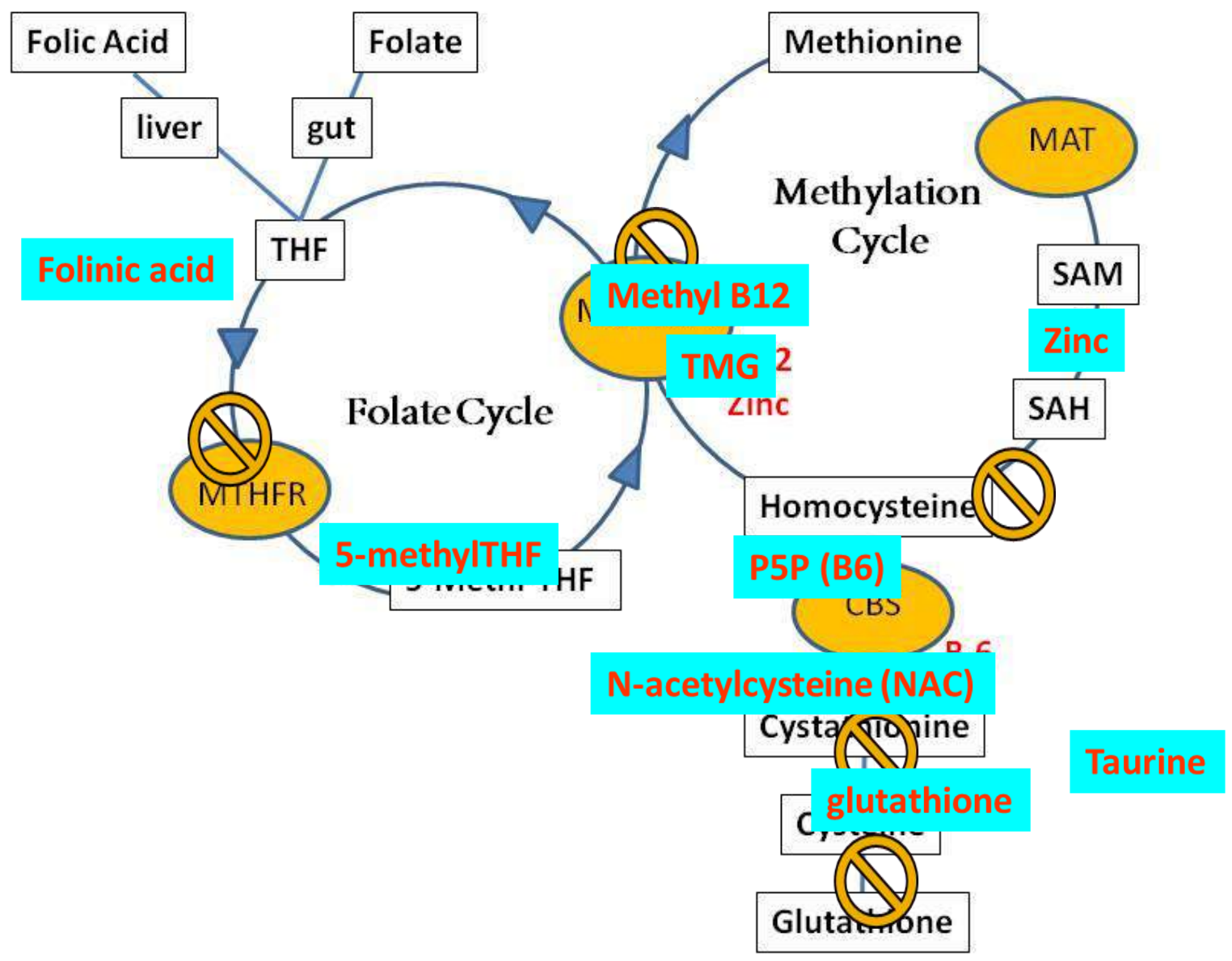
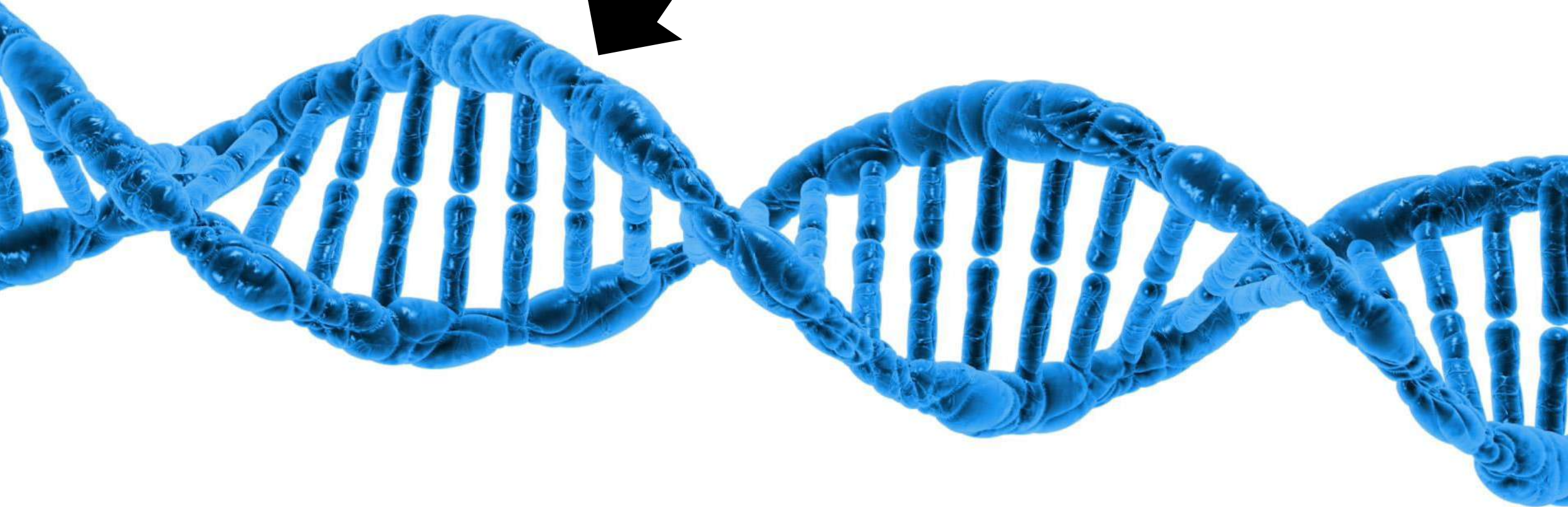
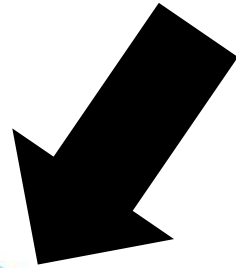
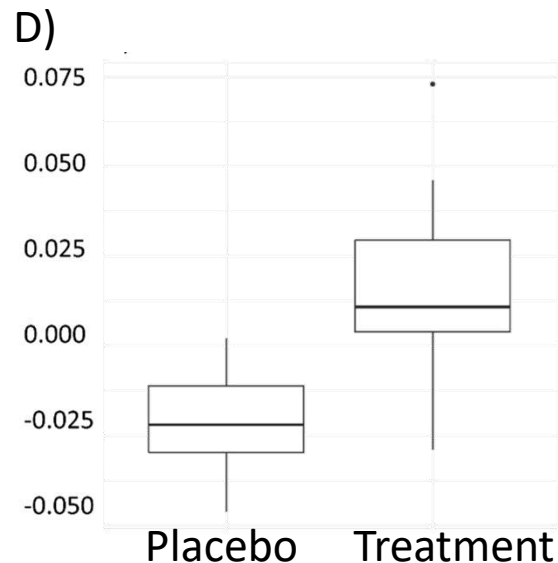
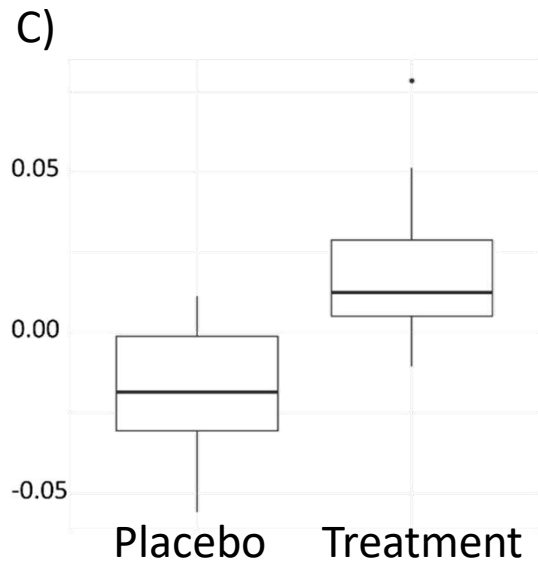
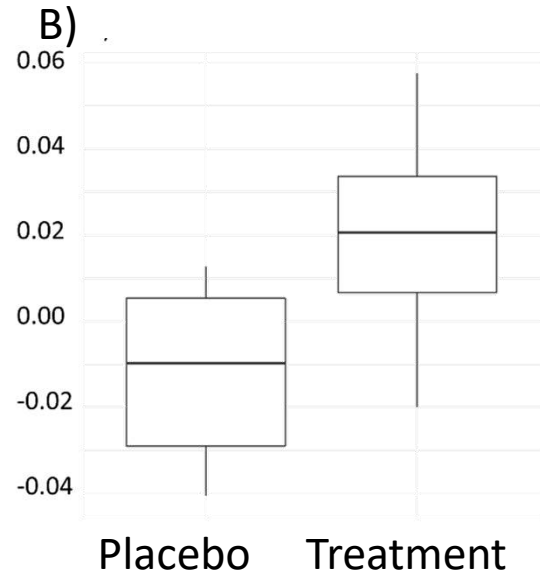
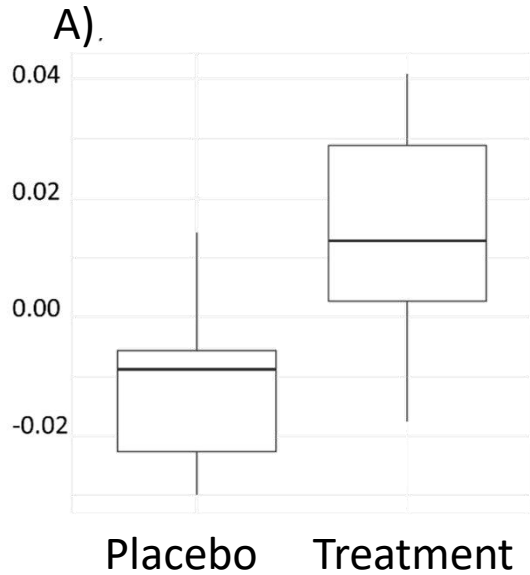


Image thanks to Natural Healing House

Methyl group can either activate or repress genes





Magnitude of methylation changes at most significant sites

General trend towards *increased* methylation with nutrients
 84% of top changes demonstrated increase in methylation

Stevens AJ, Rucklidge JJ, Darling KA, et al. Methylomic changes in response to micronutrient supplementation and MTHFR genotype. *Epigenomics* 2018;**10(9):1201-14.**

The microbiome: its health affects mental health



Image credit: thinkstockphotos.com

Dysbiosis

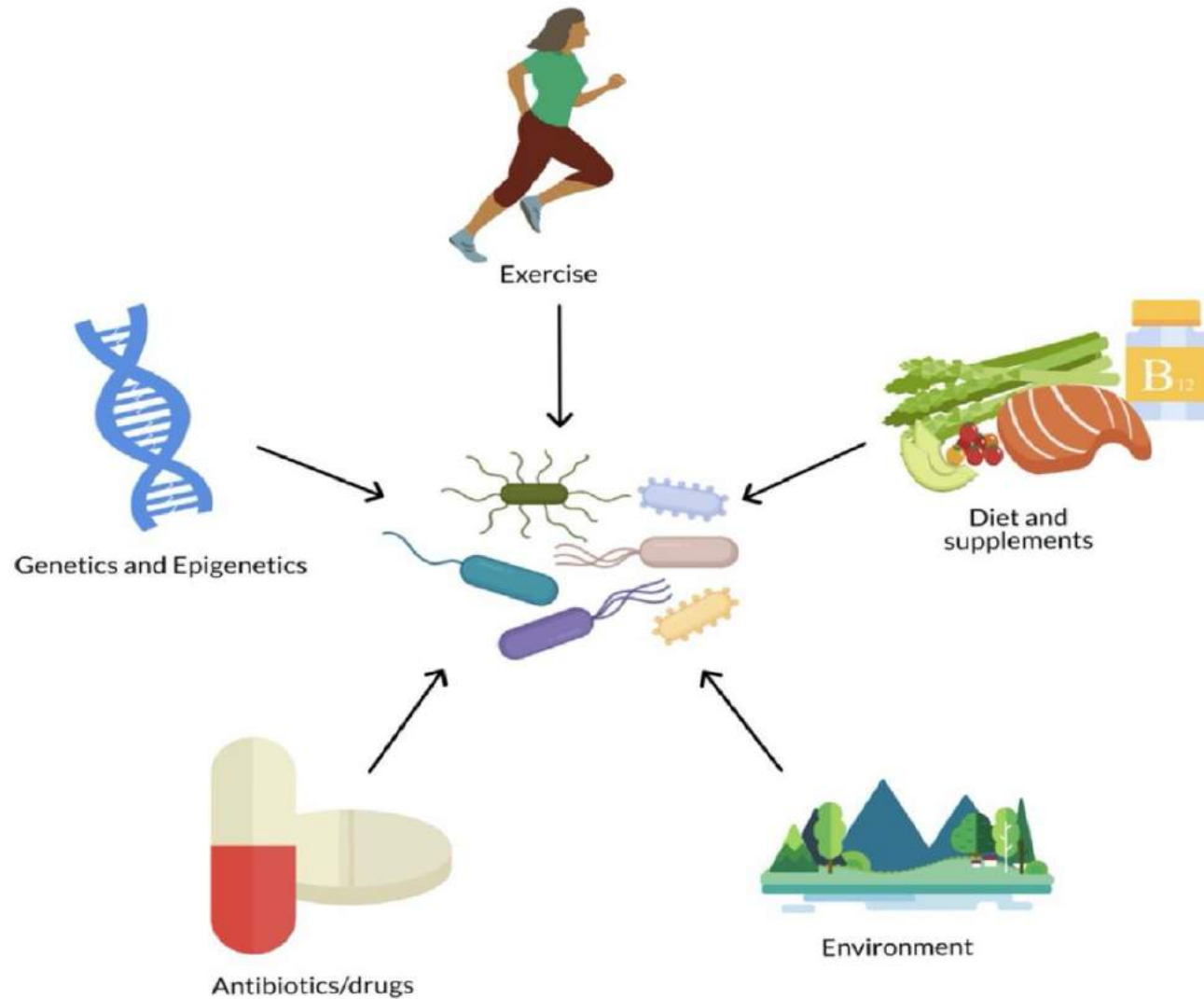


Image: Hughes RL. A Review of the Role of the Gut Microbiome in Personalized Sports Nutrition. *Frontiers in Nutrition* 2020;6.

Effects of Dysbiosis

- *Decreased nutrient synthesis*
- Altered production/ synthesis of neurotransmitters
- Chronic infections
- Increased permeability of the gut wall
- Increased production of endotoxins
- Increased inflammatory/immune activation
- Diversity of diet affects diversity of bugs

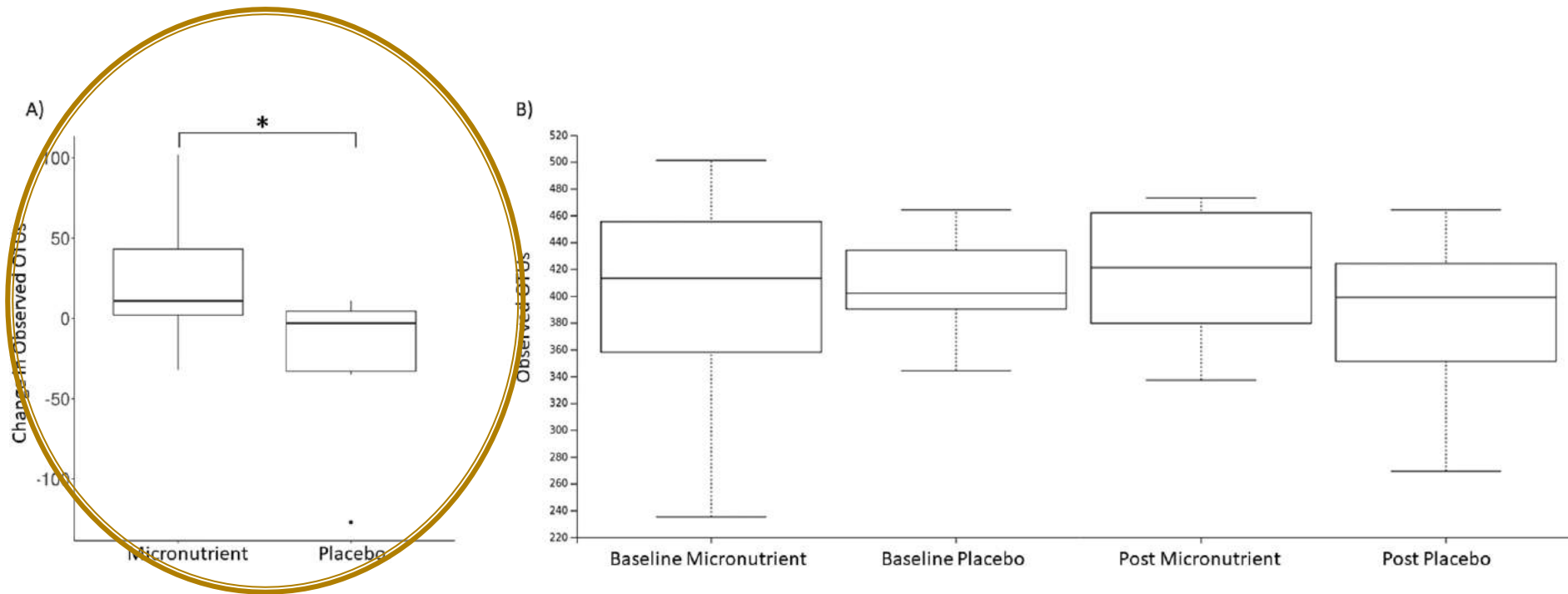
The microbiome subsample

- **17** children with ADHD (7-12): **7** placebo, **10** micronutrients, 10 week trial
- Investigated effects of micronutrient administration on faecal microbiome content using 16S rRNA gene sequencing
- Fresh stool samples collected at baseline and post treatment using OmnigeneGut faecal collection system



Comparisons of community richness in ADHD children

Stevens et al., 2019, *Scientific Reports*



Community richness post-RCT higher for micronutrient group (n=10) than placebo (n=7)
OTU=Operational Taxonomic Unit

Changes in bacteria based on exposure to nutrients: Summary

Stevens et al., 2019, *Scientific Reports*

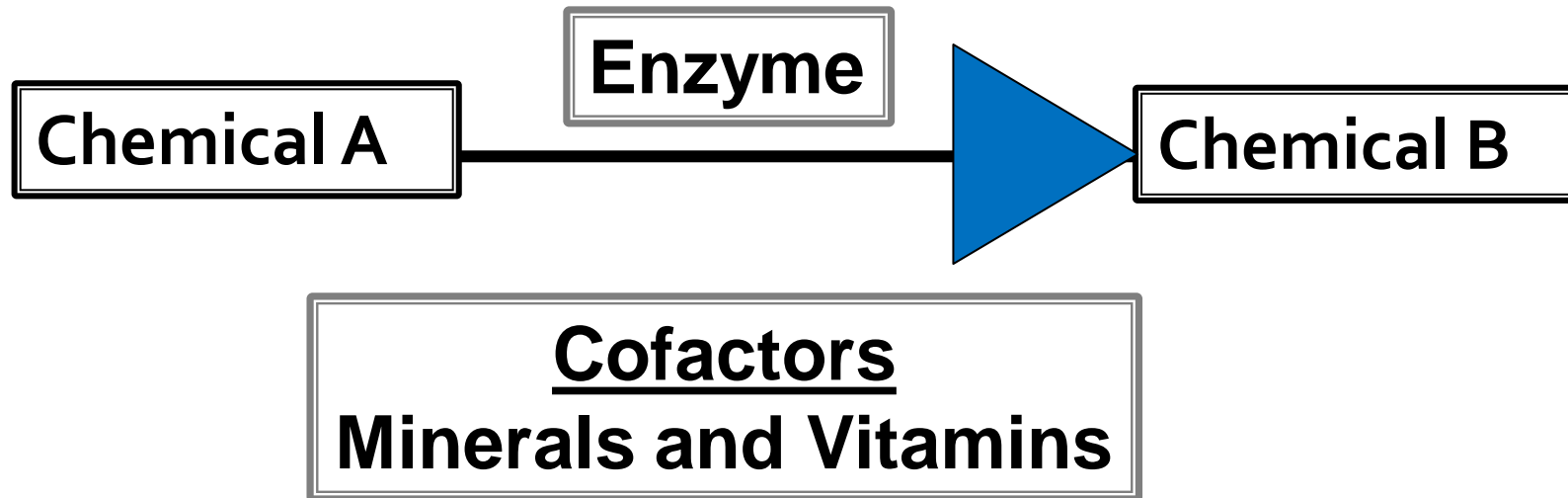
- Micronutrient treatment did *not* drive large scale changes in composition or structure of microbiome
- Observed taxonomic units (OTU), measure of community richness, significantly increased in treatment group but not in placebo group
 - Suggests micronutrient treatment may support a more diverse microbiome?

Should we then consider
supplementing with
micronutrients in *some* cases
(vitamins and minerals) for some
and if so...

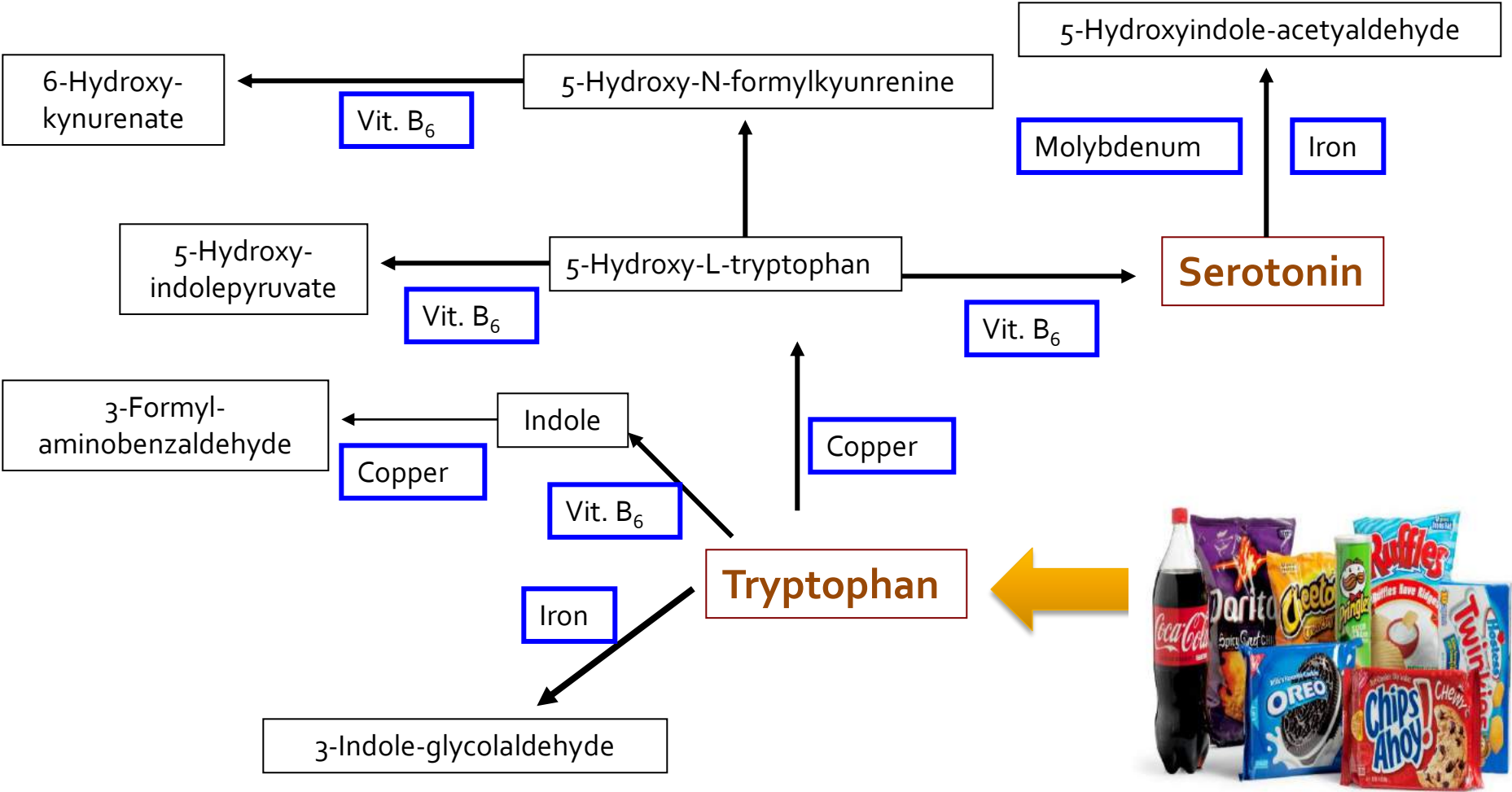
Single or multiple?

BRAIN METABOLISM.....

the transformation of one compound to another

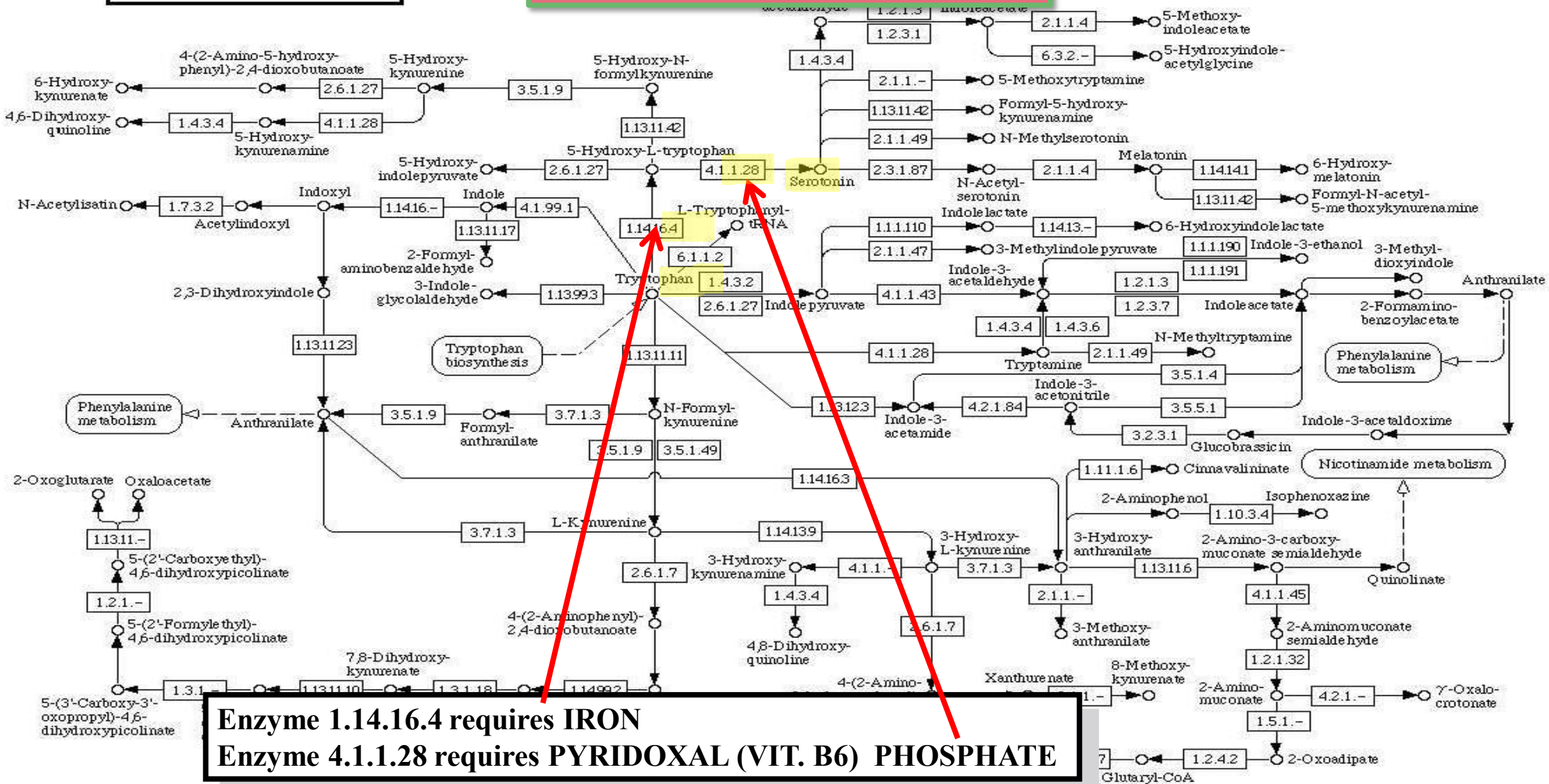


One small portion of serotonin pathway



TRYPTOPHAN METABOLISM

Serotonin Production



Enzyme 1.14.16.4 requires IRON
Enzyme 4.1.1.28 requires PYRIDOXAL (VIT. B6) PHOSPHATE

What does our body do to combat inflammation, oxidative stress?

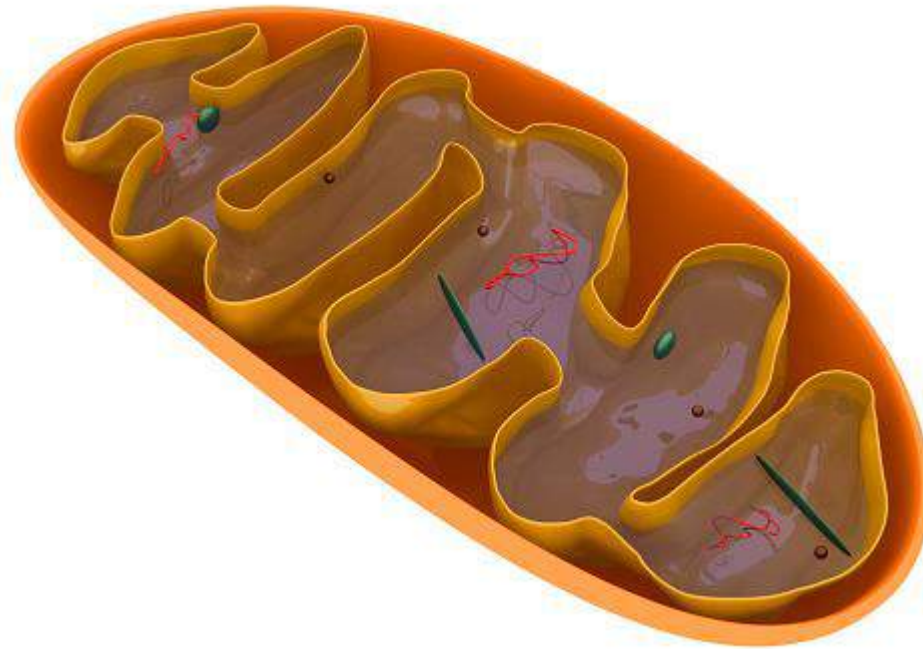


Image credit: unsplash.com

Mitochondria: What do they *do*?

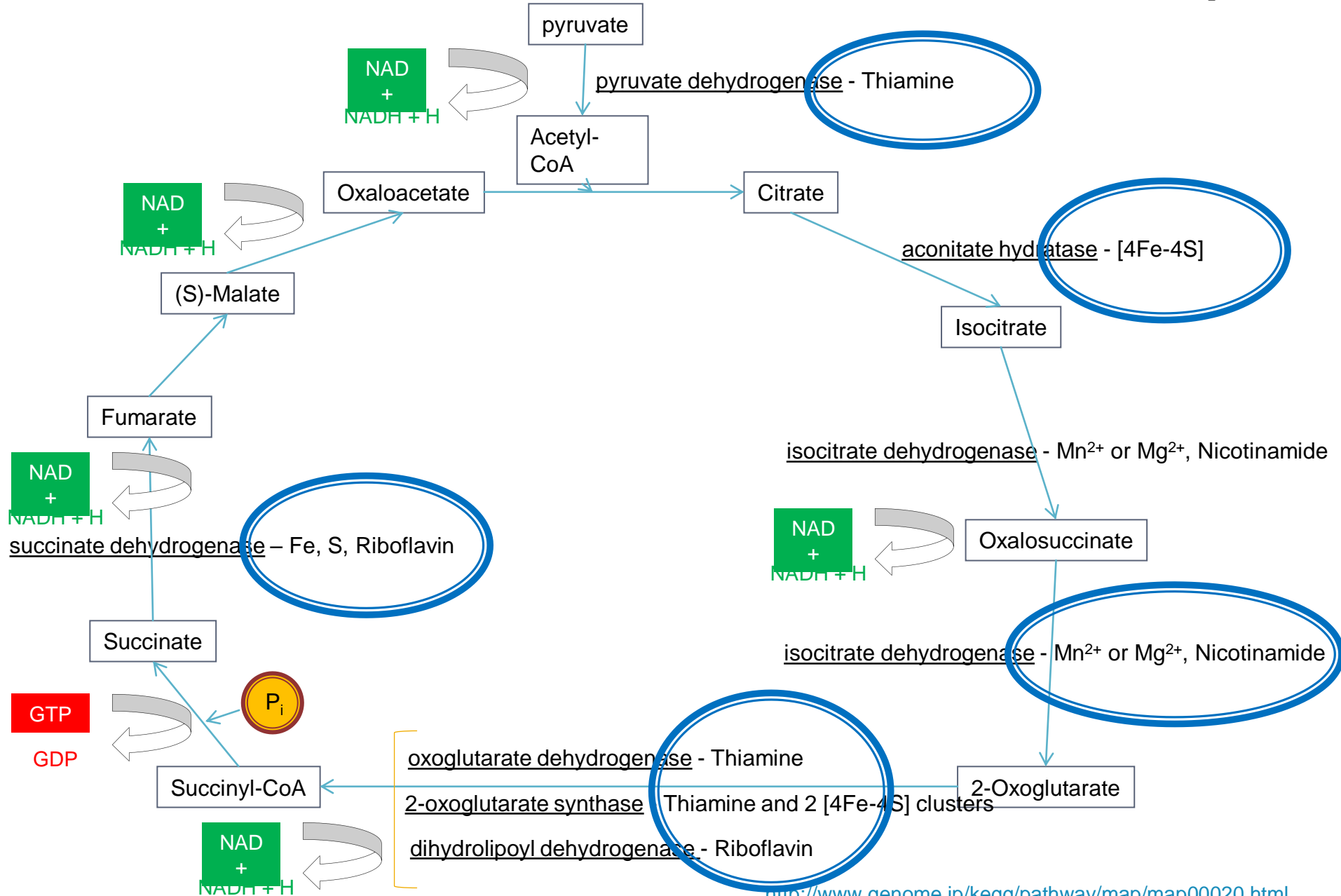
- The 'powerhouse' of every cell, for their ability to **form energy** in the form of adenosine triphosphate (**ATP**)

ALL mitochondrial function is

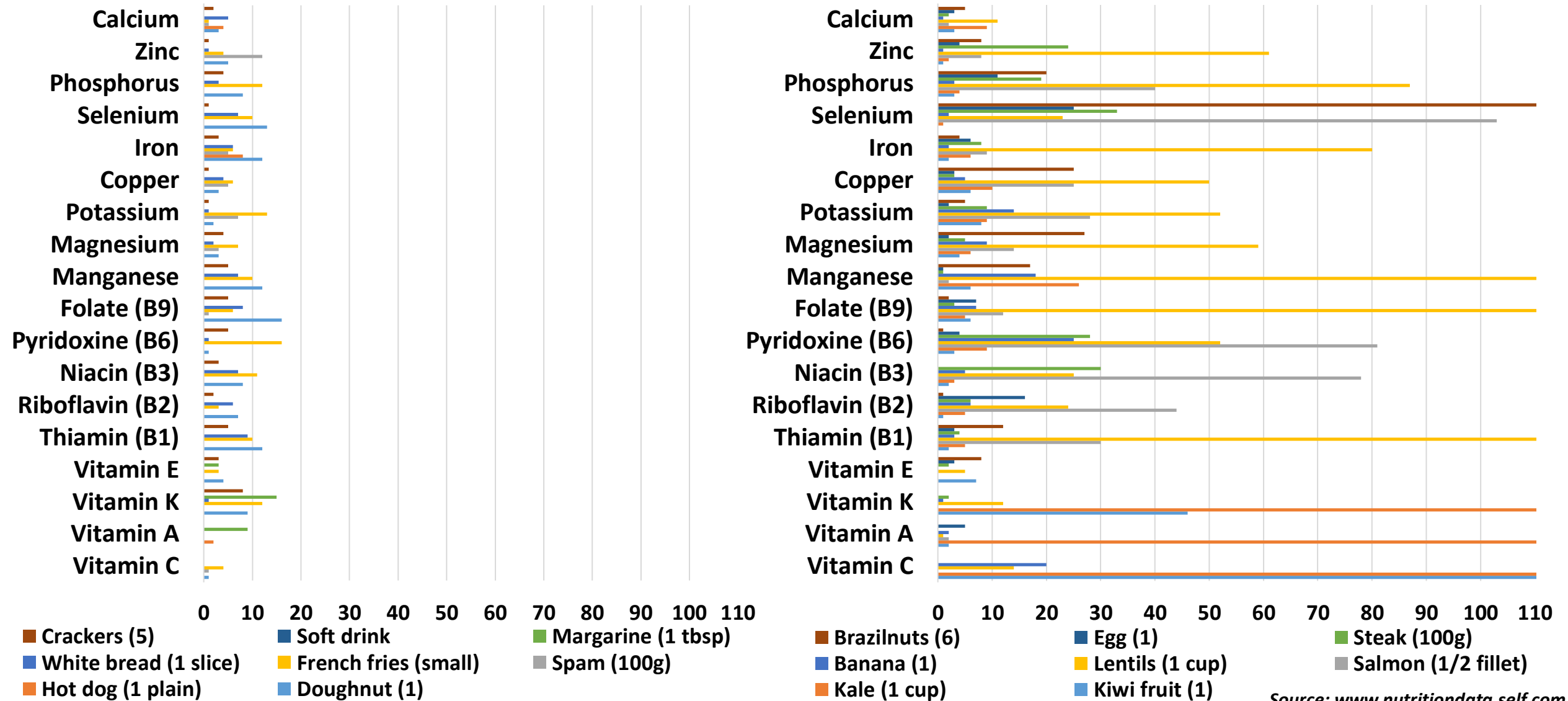
dependent on nutrients.... Possibly

ALL nutrients

Krebs (TCA/Citric Acid) Cycle



Percentage of RDA of micronutrients across ultra-processed foods and whole foods



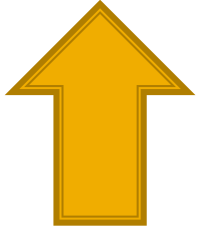
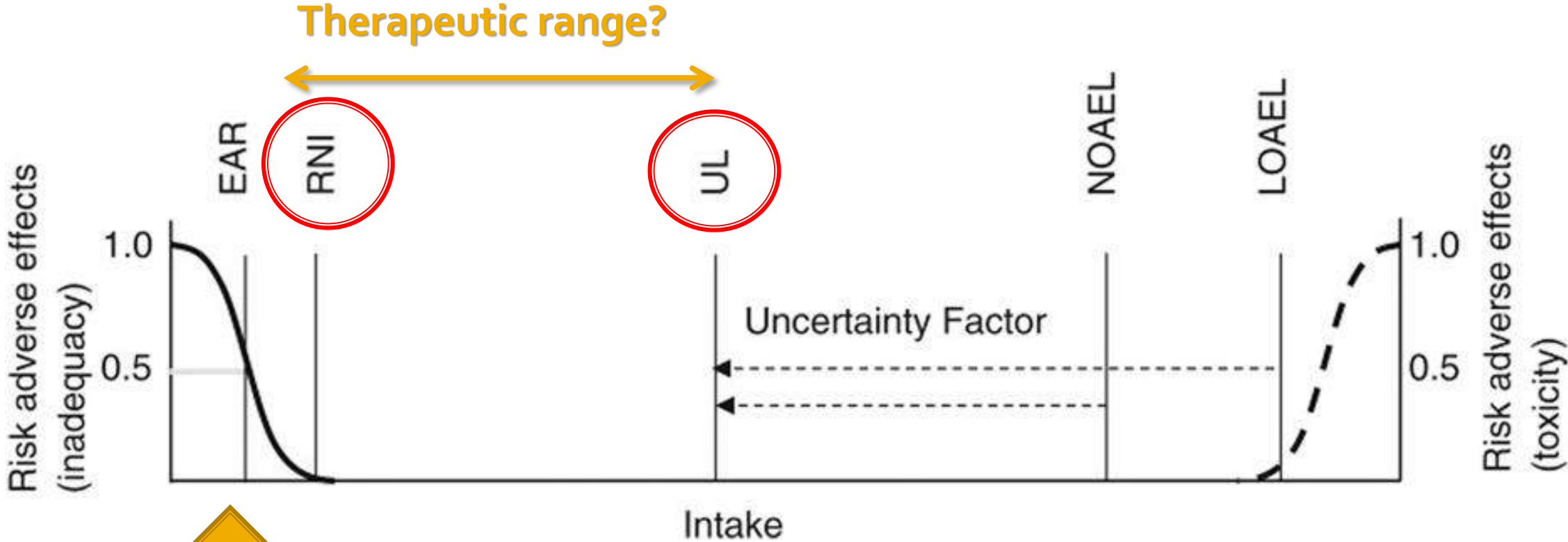
Source: www.nutritiondata.self.com

**Perhaps multi-ingredients makes more
sense?**

What is in a broad-spectrum micronutrient formula?

- ❖ **Vitamins like A, C, D, E, B₁-B₁₂**
- ❖ **Minerals like Calcium, Iron, Phosphorous, Iodine, Magnesium, Chromium, Molybdenum, Potassium, Zinc, Selenium, Copper, Manganese**
- ❖ **Amino acids like dl-Phenylalanine, alpha-lipoic acid, acetyl-L-carnitine, L-methionine, N-acetyl-cysteine, Glutamine**
- ❖ ***Often at doses higher than RDA but lower than UL***

How much?



Centrum ~ 25% RDA

No UL for 5 of the 8 B vitamins....

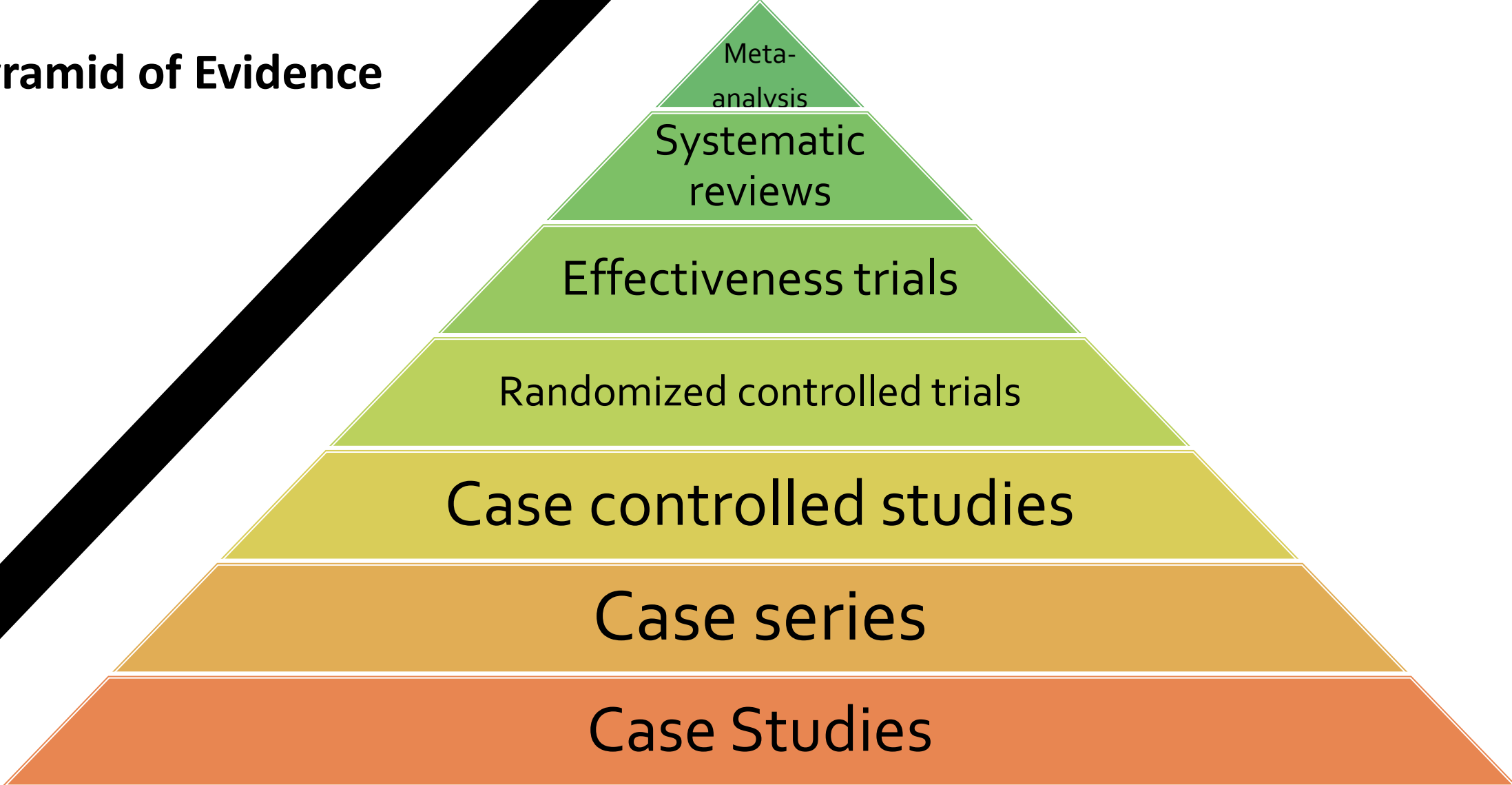
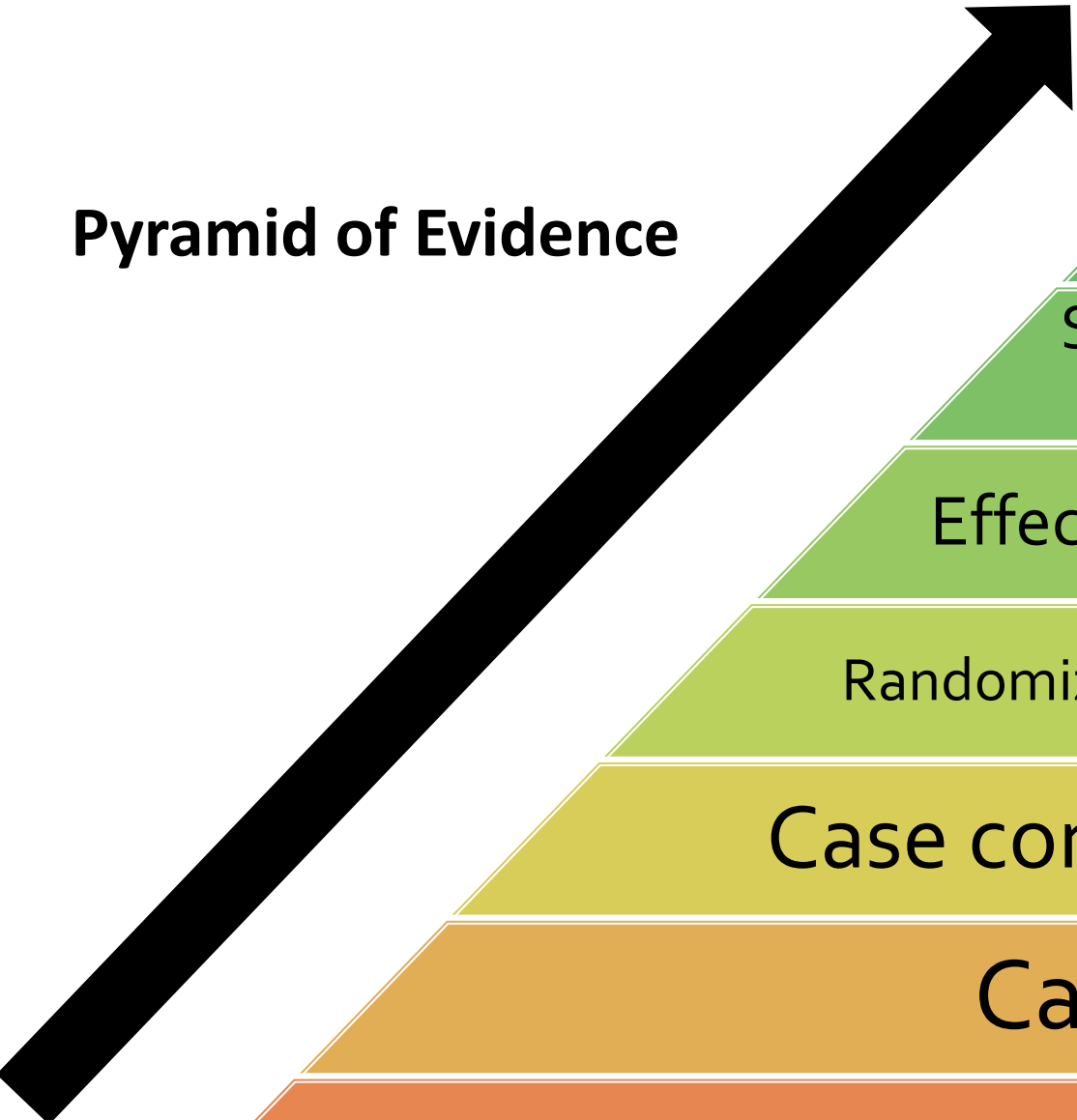
Pike V, Zlotkin S. Excess micronutrient intake: defining toxic effects and upper limits in vulnerable populations. *Ann N Y Acad Sci* 2019;**1446(1):21-43**.

What's the evidence for broad spectrum micronutrients?



Image credit: iStock Getty Images

Pyramid of Evidence



Broad spectrum multinutrient placebo-controlled RCTs directed at improving psychological/psychiatric symptoms

- Studies on aggression (6+RCTs, 1-RCT)
- Studies on autism (2+RCTs)
- Studies on addiction (2+RCTs)
- Studies on mood/PMS (19+RCTs, 7-RCTs)
- Studies on stress (many B Complex; 8+RCTs, 2-RCT)
- Studies on attention/hyperactivity/cognition (9+RCTs, 2-RCTs)
- **COMMON THEME:** emotion regulation, lowering irritability, managing anger
- Some *clinical*, some *nonclinical* populations

46
58 = 79% +

See Rucklidge JJ, Kaplan BJ. Broad-spectrum micronutrient formulas for the treatment of psychiatric symptoms: a systematic review. *Expert Rev Neurother* 2013;13(1):49-73; Blampied M, Bell C, Gilbert C, et al. Broad spectrum micronutrient formulas for the treatment of symptoms of depression, stress, and/or anxiety: a systematic review. *Expert Rev Neurother* 2020;20(4):351-71. **Email me for a full list of RCT studies: julia.rucklidge@canterbury.ac.nz**

The Treatment we have been researching

In divided doses, participants took:

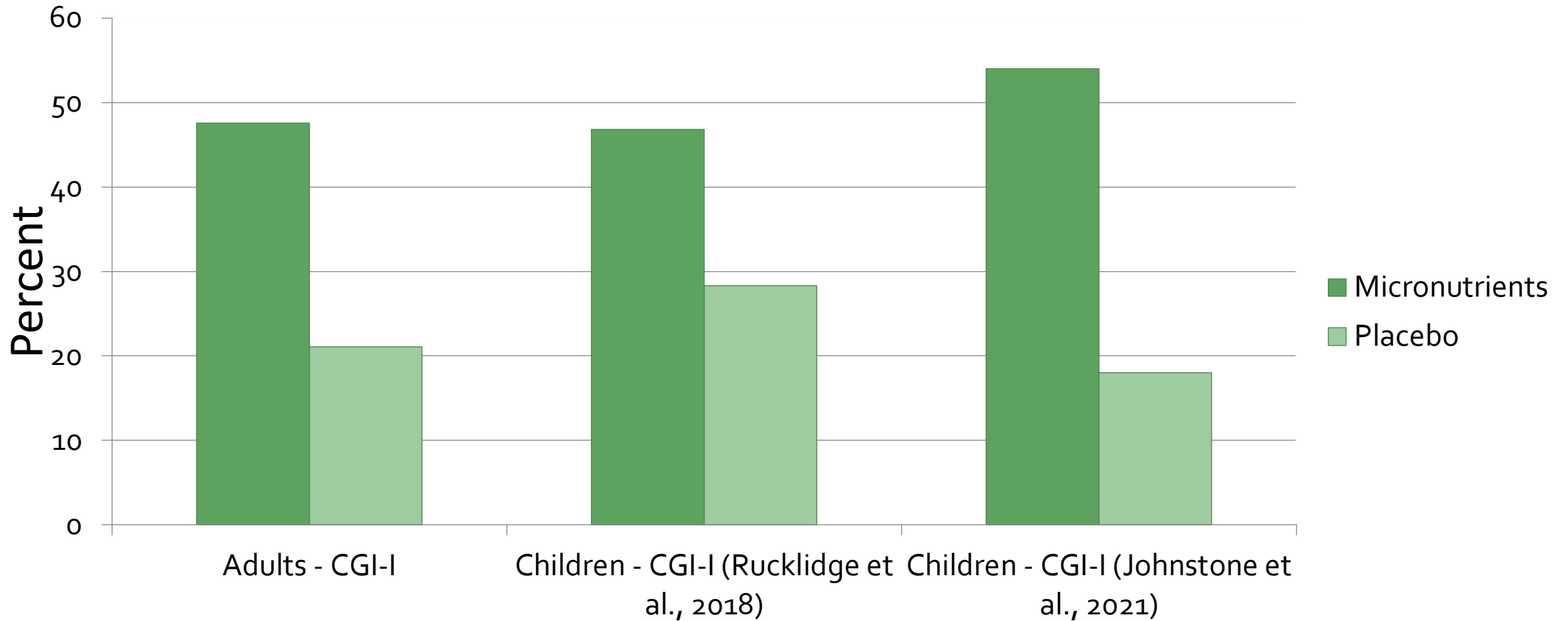
- 1 capsule, 3x day for 3 days
- 2 capsules, 3x day for 3 days
- 3 capsules, 3x day for 3 days
- up to 12 capsules/day

<http://research4kids.ucalgary.ca/pillswallowing>
for a training video



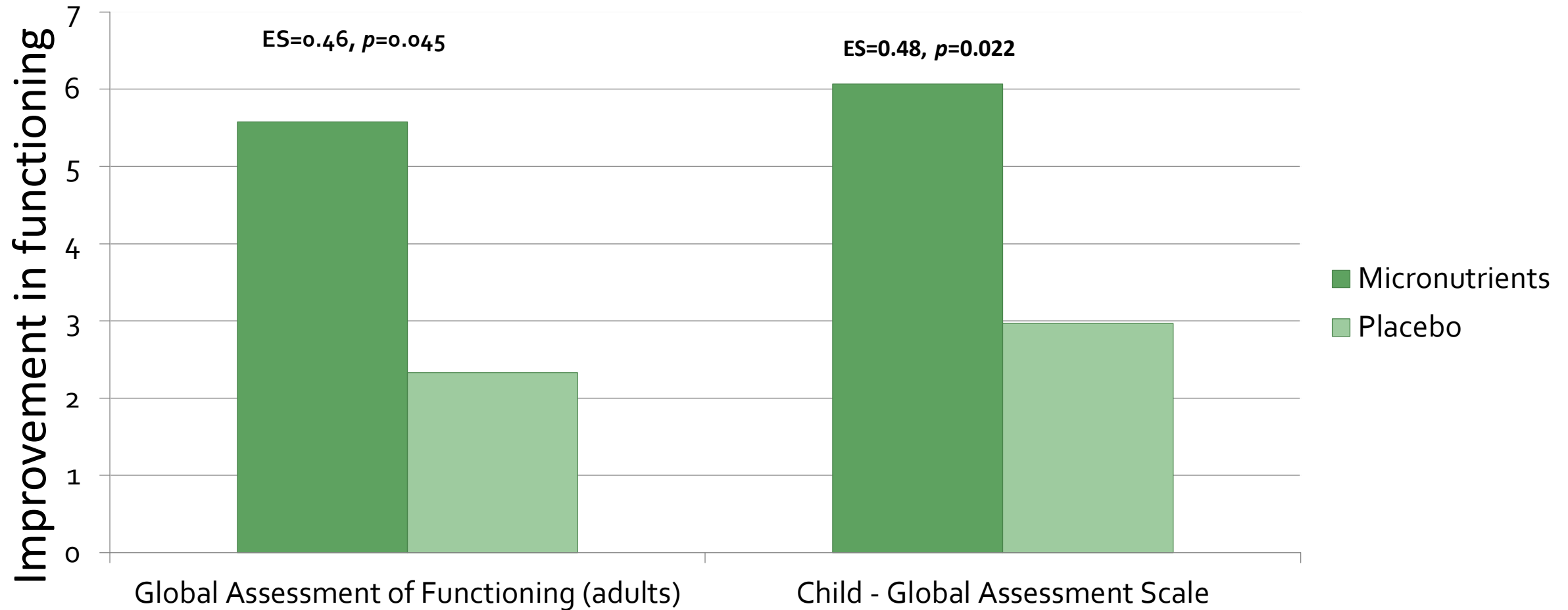
ADHD: Responders across 3 RCTs

Rucklidge et al., 2014, *BJP* (n=80); Rucklidge et al., 2018, *JCPP* (n=93); Johnstone et al., 2021, *JAACAP* (n=126)

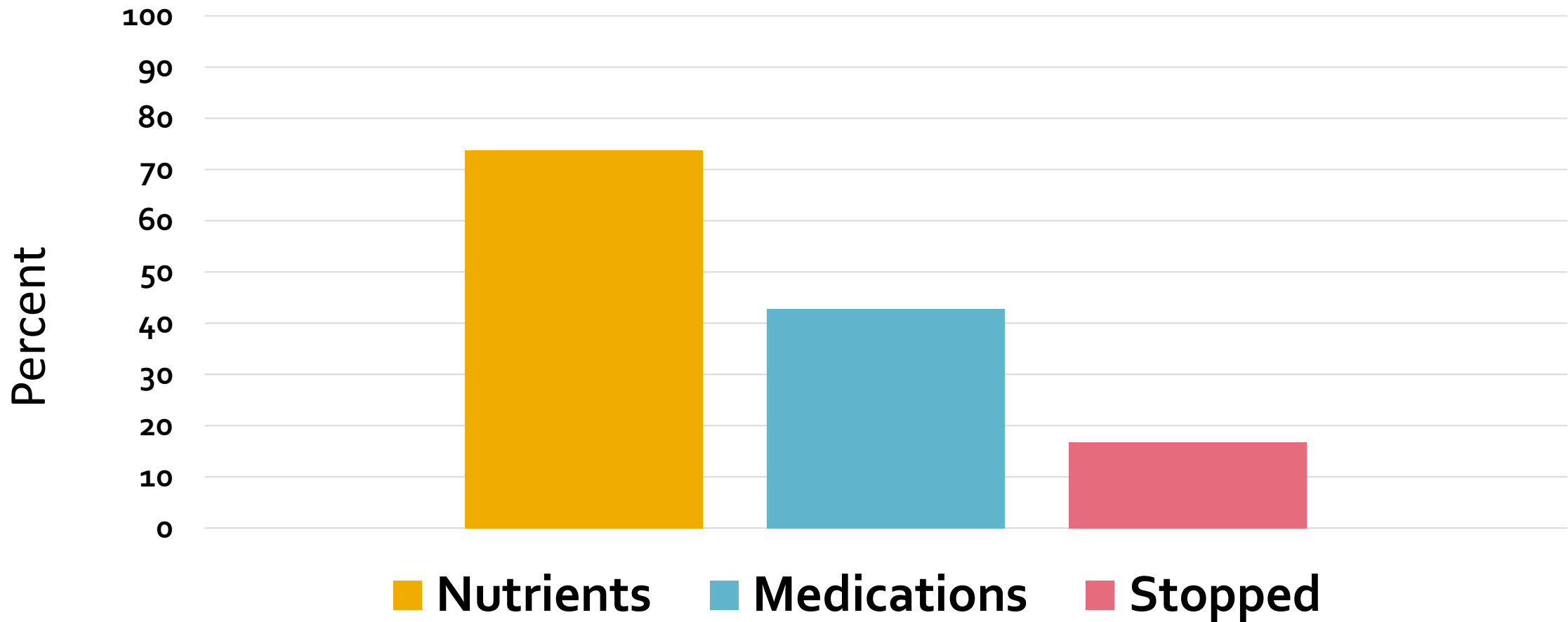


Functional impairment across 2 studies

Rucklidge et al., 2014, *BJP* (n=80); Rucklidge et al., 2018, *JCPP* (n=93)



Long-term benefit of nutrients: % ADHD responders: 1 year follow up



Darling KA, Eggleston MJF, Retallick-Brown H, et al. Mineral-Vitamin Treatment Associated with Remission in Attention-Deficit/Hyperactivity Disorder Symptoms and Related Problems: 1-Year Naturalistic Outcomes of a 10-Week Randomized Placebo-Controlled Trial. *J Child Adolesc Psychopharmacol* 2019;29(9):688-704.

Smoking cessation

Time

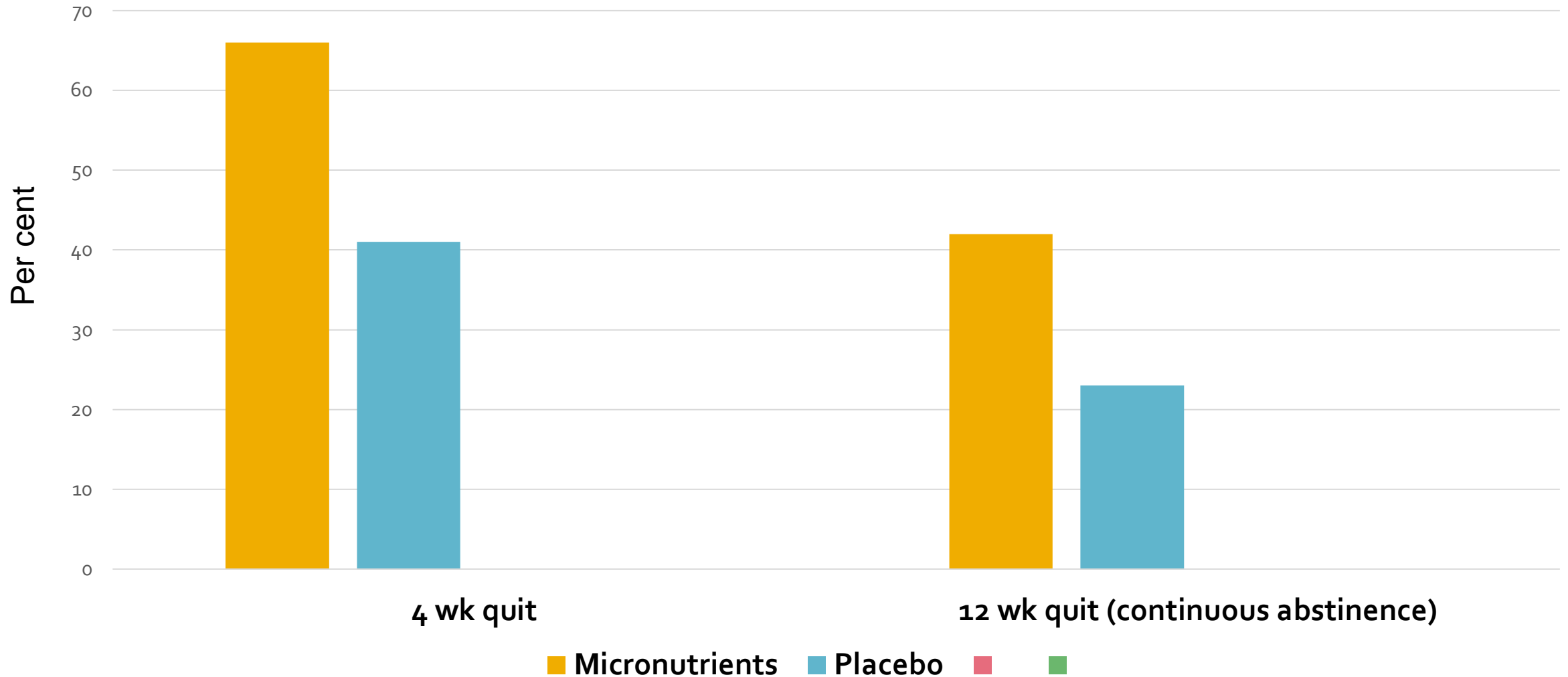


Reihana P, Blampied N, Rucklidge J. Novel Mineral–Vitamin Treatment for Reduction in Cigarette Smoking: A Fully Blinded Randomized Placebo-Controlled Trial. *Nicotine & Tobacco Research* 2018;21(11):1496-505.

Smoking cessation

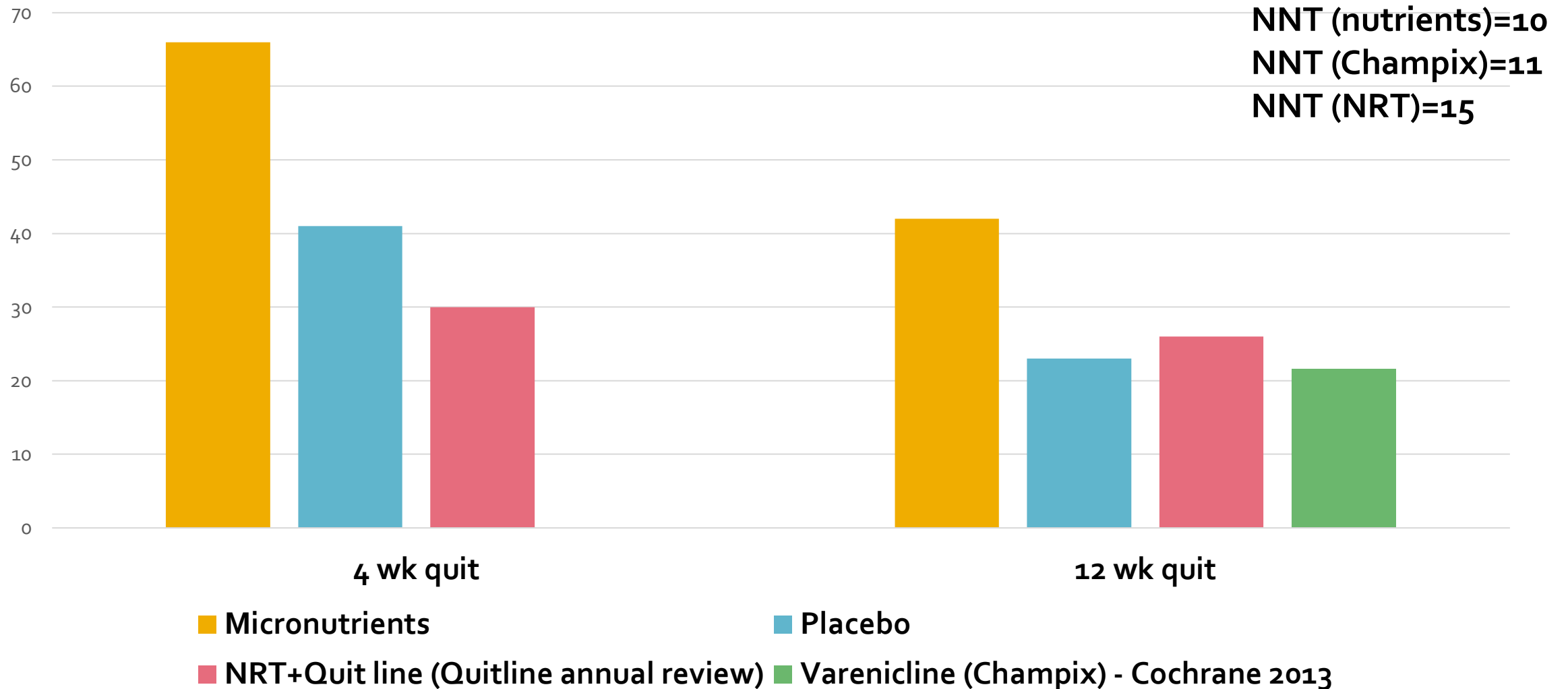
Reihana et al., 2018, *Nicotine and Tobacco Research*

Full intervention (pills + quitline): n=77



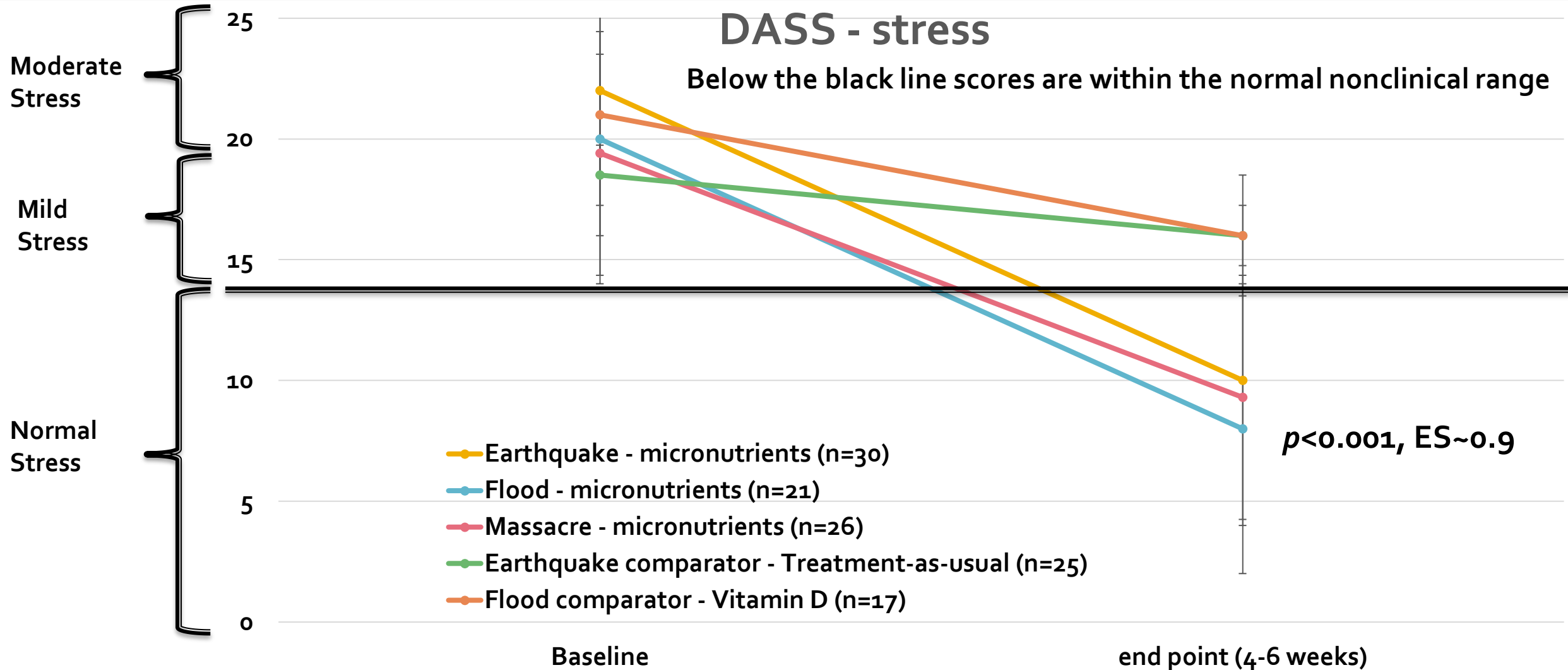
Smoking cessation

Reihana et al., 2018, Nicotine and Tobacco Research



Reduction in stress after earthquakes, flood, massacre with broad spectrum micronutrients

Rucklidge et al., 2012, 2014, 2021



How about side effects?

- **No group differences in side effects across three RCTs**
- **No differences in chemistry and haematology safety screens**
- **Increase in prolactin in micronutrient group in adult ADHD trial but not outside reference range; not observed in child trials**
- **Blood pressure: no group differences**
- **Weight and height: growth velocity appears stronger on active**

AE	Micronutr gp (n)	Med gp (n)	Group diff
Increased appetite	1	32	<0.0001
Fatigue	1	29	<0.0001
Drowsiness	1	31	<0.0001
Vomiting	1	9	0.015
Anxiety	6	19	0.004
Diarrhea	4	5	1.000
Constipation	0	6	0.026
Sleep problems	1	4	0.360
Drooling	0	4	0.116
Headache	2	8	0.089
Stomach ache	9	9	1.000
Dry mouth	0	6	0.026
Increased thirst	0	5	0.055
Dizziness	0	5	0.055
Dyskinesia	0	7	0.012
Nausea	3	5	0.713
Decreased appetite	2	5	0.434
Tremor	2	8	0.089
Tachycardia	0	4	0.116
Muscle rigidity	0	4	0.116
Restlessness	0	3	0.241
Akathisia	0	6	0.026
	33	214	

Mehl-Madrona L, Leung B, Kennedy C, et al. Micronutrients versus standard medication management in autism: a naturalistic case-control study. J Child Adolesc Psychopharmacol 2010;20(2):95-103.

Micronutrient “Side Effects”

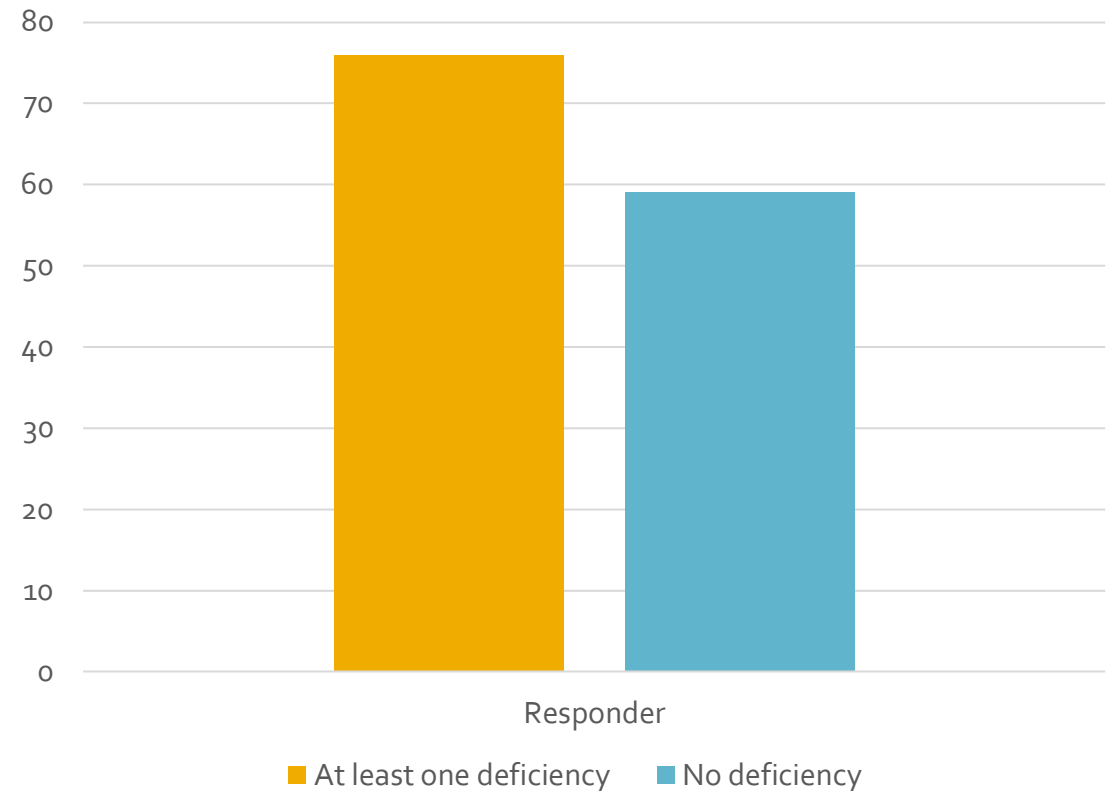
- ↓ alcohol, cigarettes & cannabis use
- ↓ sickness
- ↑ ability to cope with stress
- ↑ energy; returning to work
- **Between 50-80% of people respond to this intervention**

**Can we usefully use serum nutrient levels
to predict who needs to take nutrients
AND to track progress?**

Consider those deficient at baseline...

- vit D, copper, zinc, iron, ferritin, potassium, sodium, folate
- 21/c • By focusing on deficiency, ALL of these kids would miss the opportunity to benefit from treatment!
- 76% identified at end of OL
- BUT...59% of those with NO deficiencies also responders
 - $X^2 = 2.135, ns$

PERCENT RESPONDED TO NUTRIENTS



Nutrients poor predictors...

- Most participants had *normal* levels of nutrients at baseline and yet improved
- Perhaps...More apt to describe people with ADHD have *nutrient deficiency relative to their metabolic needs* rather than relative to general population
- (or could be reference ranges not sensitive to optimal functioning)

Does this matter? Do people use nutrient levels to guide on decisions?

- I think some do
 - Many companies use nutrient levels to design personalized protocol based on levels (and other things)
 - I get emailed on topic *all the time*
- BUT...we don't know if shot gun approach *less/more* effective than personalized
 - LOVE to research personalized vs shot gun

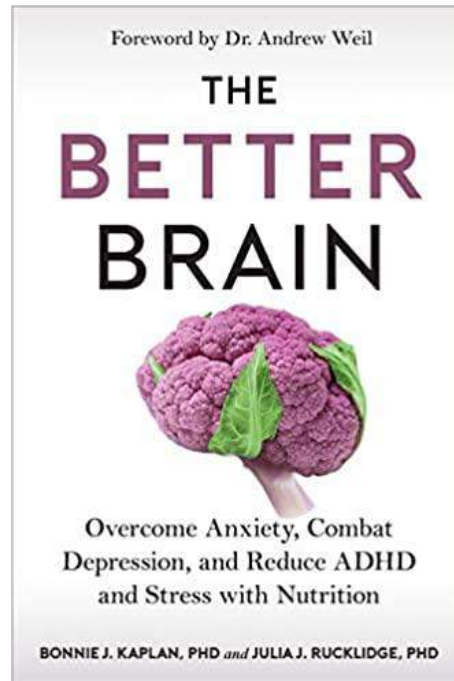
Test	Result	Target
CRP	4	<5
Homocysteine	8.6	0-15
Vit D	52	50-150
Folate	28	>7
EBV	IgM	Negative
	IgG	Positive
Copper serum	17.6	11-22
Zinc	12.1	9-19
Magnesium	2.41	1.4-2.25
Histamines WB	0.9	0.2-2
Pyrrroles	61.3	<20
TSH	0.5	0.4-4
H Pylori	negative	
SAMe	158	86-145
SAH	35	10-22
SAMe/SAH	4.5	>4
Methionine	32.1	15-37
Adrenals morning	12.2	6-42
midday	11.4	2-11
afternoon	8.2	2-11
evening	4.2	0-5
total	36	11-76
DHEA morning	24.9	5-30
DHEA/Cortisol	2.04	0.2-0.6
Neurotransmitters urine		
Glycine	66	43-173
Serotonin	65.8	47.6-140.3
Gaba	219	167-463
Dopamine	146	103-282
Adrenaline	12.6	10-35.7
Glutamate	1311	1213-4246
DOPAC	0.76	0.65-1.53
HVA	0.34	0.0-6.8
VMA	2.3	1.09-4.7
5HIAA		2.4-13.5

Summary: take home messages

- Micronutrients exert *positive* effects on mental health problems
- Evidence nutrients may increase methylation but not specific to any gene
- *Possible* intriguing effects of nutrients on microbiome
 - Micronutrient treatment may support a more diverse microbiome?
- Pre-treatment nutrient levels **not great** predictors of clinical outcome – some *weak signals*, not replicated
 - Deficiency not a great predictor of outcome
 - Nutrients can increase serum levels over time – BUT, not always directly related to clinical outcomes

Two new resources

- **BOOK! The Better Brain: Overcome Anxiety, Combat Depression, and Reduce ADHD and Stress with Nutrition**
- www.thebetterbrainbook.com
- **OUT now!**



- **MOOC!**
- <https://www.edx.org/course/mental-health-and-nutrition>
- **Free!**
- **ENROL NOW!**



Want to keep up with the research?



bit.ly/UCNutritionresearch



[mentalhealthandnutrition](https://www.facebook.com/mentalhealthandnutrition)



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@JuliaRucklidge



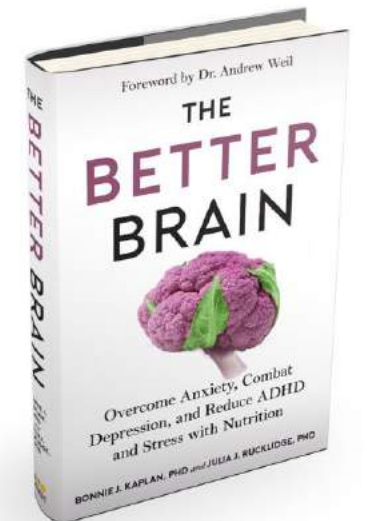
Julia_Rucklidge



Julia-Rucklidge



ucmentalhealthandnutrition



**I am not here to sell products, just here to sell
an idea...for information on all the research
internationally, email:
mentalhealthnutrition@canterbury.ac.nz**

The people behind our work at *Te Puna Toiora*

Current graduate students

Hayley Bradley
Meredith Blampied
Ben Warren
Siobhan Campbell
Taryn Hale
Sophie Waretini
Jess Heaton
Nurina Katta

Graduates of the lab

Dr Heather Gordon
Dr Amy Romijn
Dr Hahna Retallick-Brown
Dr Pip Raihana
Dr Kathryn Darling

Collaborators

Prof Bonnie Kaplan
Prof Ian Shaw
Prof Neville Blampied
Prof Chris Frampton
Prof Martin Kennedy
Prof Dermot Gately
Prof Rob Hughes
Prof Roger Mulder
Dr Aaron Stevens
Dr Jeni Johnstone
Dr Anna Boggis
Dr Matt Eggleston
Dr David Ritchie
Dr Katharine Shaw
Dr Joe Boden

Dr Tracy Melzer
Dr Nadia Borlese

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- Participants and families
for carefully monitoring
symptoms over time

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The GAMA Foundation

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**Tobacco Control
Research Tūranga**



Vic Davis Memorial Trust



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