

Healthy eating for people with depression, anxiety and related disorders



FACT SHEET 30

Food can play a vital role in maintaining mental health as well as physical health. In general, eating a nourishing diet gives people an overall sense of well-being. There are also some specific nutritional strategies that can help improve mood, maintain healthy brain functioning and help people with depression, anxiety and related disorders.

DIETARY GUIDELINES

The Dietary Guidelines for Australian Adults¹ provide simple instructions for selecting a healthy diet. They are relevant to all Australians, including people experiencing a mental illness. Here are some examples of how the following guidelines can benefit someone with depression and anxiety, in addition to promoting physical health.

Dietary Guideline for Australian Adults ¹	Example of mental health benefit
Enjoy a wide variety of nutritious food.	Increasing the variety in your diet can help stimulate interest in food when appetite is poor.
Eat plenty of vegetables, legumes and fruits.	Some of these foods, such as green leafy vegetables, are particularly good sources of folate. The nutrient folate has been shown to improve the effect of antidepressant medications.
Eat plenty of cereals (including bread, rice, pasta and noodles), preferably wholegrain.	Wholegrain cereals (those with intact kernels) and many fruits, vegetables and legumes have a low 'glycaemic index' which means that the sugar in these foods is absorbed slowly into the blood stream. This helps to stabilise blood sugars and optimise mental as well as physical performance. (To check the glycaemic index of a food visit www.glycemicindex.com) Wholegrain cereals are good sources of fibre. Eating high fibre foods daily and drinking plenty of water helps prevent constipation, a side-effect of some antidepressant medications.
Include lean meat, fish, poultry and/or alternatives.	These high protein foods are made up of amino acids – essential nutrients for repairing or building new cells. One essential amino acid is called tryptophan. Regular consumption of protein-rich foods ensures a steady supply of tryptophan to the brain where it is used to produce serotonin. Oily fish, such as tuna, salmon, mackerel, perch, sardines and herring are good sources of long chain omega-3 fatty acids. Consuming about 500 mg a day of long chain omega-3 fatty acids is a good preventative measure for mental health, as well as physical health. Two to three meals a week of oily fish or a weekly dose of one oily fish and one white fish meal, together with some omega-3 enriched foods (such as eggs, bread and milk) will achieve this.
Include milks, yoghurts, cheeses and/or alternatives. Reduced-fat varieties should be chosen where possible.	Dairy products are ready to eat, nutrient-dense foods that can serve as palatable snacks for people experiencing loss of appetite and weight. Low-fat varieties are useful when trying to lose or maintain weight. Milk is a good source of tryptophan. A warm milk drink before bed can help induce sleepiness.
Drink plenty of water.	This can help alleviate the side-effects of some antidepressants such as dry mouth and constipation. Drinking plenty of water also helps prevent dehydration. Even mild dehydration can affect mood, causing irritability and restlessness.
Limit saturated fat and moderate total fat intake.	This assists with weight control and promotes a healthy metabolism and healthy heart.
Limit your alcohol intake if you choose to drink.	Heavy drinking can actually contribute to depression or make it worse, since alcohol is a depressant. Even at moderate levels, alcohol can interact with antidepressant medication, reducing its effectiveness.

¹ Dietary Guidelines for Australian Adults National Health and Medical Research Council, Australian Government, Canberra 2003.

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Consume only moderate amounts of sugar and foods containing added sugar.	Many high sugar foods are not good sources of essential nutrients. High sugar foods such as cakes, pastries and biscuits are often high in saturated fat and kilojoules that increase blood cholesterol and encourage weight gain. Other foods/drinks such as soft drink have a high glycaemic index, causing an initial surge of sugar (glucose) into the bloodstream. This effect soon wears off leaving a person feeling tired and low.
Additional Suggestions	
Limit caffeine intake.	For people who experience anxiety, avoiding caffeine is wise. Caffeine, especially for those who are particularly sensitive to it, increases anxiety and contributes to insomnia. Coffee, tea, energy drinks (such as 'Red Bull' and 'Guarana') and cola drinks all contain caffeine, as do cocoa and chocolate in lesser amounts. For those who don't experience anxiety, limiting daily caffeine intake to the equivalent of two cups of coffee, or four to five cups of tea is acceptable.
Eat regular meals (and snacks if hungry) throughout the day.	This helps stabilise blood sugars and mood.

SUPPLEMENTS

General vitamin/mineral supplements

While supplements are no substitute for a healthy diet, there may be occasions when they are helpful. If you have been under-eating and/or eating poor quality foods for prolonged periods, a multi-vitamin/mineral supplement can help to meet your nutritional needs until you're able to resume better eating patterns.

If you decide to take a supplement, choose one with moderate levels of a whole range of vitamins and minerals. While there's some evidence that specific nutrients, such as folate, can play a role in the treatment of depression, more evidence is needed before specific doses of individual vitamins and minerals can be recommended. Some nutrients are toxic in high doses (such as the fat-soluble vitamins A, D and E) so check your supplement choice with a dietitian or a doctor.

Omega-3 fatty acids

There is evidence that the long chain omega-3 essential fatty acids found in seafood, (primarily eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)) play a role in depressive illnesses. While several studies do show promising results for the use of long chain omega-3s in the treatment of mood disorders, important questions remain regarding the optimal dose, optimal proportions of DHA and EPA, and whether omega-3s alone have an antidepressant effect or only in conjunction with antidepressant medication.

If you want to try taking omega-3 supplements, do so under medical supervision with someone who has experience in the area, as there can be complications such as blood-clotting disorders.

Also, at the doses used in trials to treat depression (typically two to three grams a day), omega-3s work in a similar way to antidepressant medication and can occasionally cause side-effects.

NUTRITIONAL CHALLENGES

Having a mental illness can make it challenging to eat well. Lack of motivation, loss of appetite, irregular meals, feeling isolated, financial insecurity and the use of comfort eating, drugs or alcohol as a coping strategy can all undermine adequate nutrition.

People with depression and anxiety and their carers can try some simple strategies for optimising nutrition when faced with these challenges.

Lack of motivation

Lack of energy and motivation is one of the most difficult barriers to eating well for people with depression and anxiety. Keeping it simple and asking for support can help.

- Draw up a daily timetable and schedule in food-related activities such as shopping, cooking and eating.
- Learn to prepare very simple meals. Baked beans on wholemeal toast for example, with cherry tomatoes and spinach is a healthy meal that can be prepared in five to ten minutes.
- If you live on your own and aren't eating proper meals, consider using frozen or home-delivered meals (e.g. Meals on Wheels or from commercial providers). These are better than no meals at all.
- Make use of shopping online and home delivered groceries.
- Make use of the times when you feel good to prepare meals ahead of time (e.g. if you feel good in the morning, make dinner then) – or cook large quantities of food and freeze it.

¹ Dietary Guidelines for Australian Adults National Health and Medical Research Council, Australian Government, Canberra 2003.



- There may be times when partners, parents and relatives will need to take on the role of food preparation until you are well enough to do this yourself.

Weight change

People with depression often lose or put on weight.

Weight loss

Loss of appetite and interest in food is a common symptom of depression that typically results in weight loss.

Dealing with weight loss

- Eating can stimulate appetite. Try to snack regularly throughout the day on energy-dense and nutrient-dense foods such as cheese and biscuits, dried fruit and nuts or leftover dinner.
- Exercise can also help stimulate appetite. Try to include some moderate activity, such as walking, as often as you can.
- If you can't manage to eat solid food, try some nutritious drinks, such as smoothies or soups. Adding skim milk powder to these boosts the protein, energy and nutrient content.
- If you have become very underweight and are struggling to eat at all, ask your doctor for a referral to a dietitian who can prescribe adequate meal replacement supplements until you recover your appetite.
- Pharmacists can also advise on meal supplements.

Weight gain

During recovery, as appetite improves, lost weight is usually restored. This weight gain can be regarded as a healthy sign of recovery.

Further weight gain can occur if physical activity levels are low, if comfort eating is common and with regular use of high-fat, high-sugar foods and drinks.

Some antidepressant medications also cause weight gain. The medications most commonly associated with weight gain include Mirtazapine, tricyclic antidepressants and the mood stabiliser, lithium. For most people, the weight gain is small and soon stabilises. For a small number of people, the weight gain can be large. Regular exercise and healthy eating can help minimise weight gain, whether medication or lifestyle induced.

Dealing with weight gain

- Ensure you eat regular meals – this stops you from becoming too hungry, which can lead to impulsive choices or overeating.
- Get as much physical activity as possible. Include some aerobic activity (such as swimming, walking or cycling) as well as some resistance training (weights, squats, push ups) if you can.
- Limit saturated fats (such as butter, cream, processed or fatty meats, fried fast foods, pastries, cakes, biscuits, hard cheese)

and high sugar foods and drinks (such as soft drinks, sweet biscuits, chocolate).

- Snack on nutritious, lower-kilojoule foods such as fruits, raw vegetables, low-fat crackers and dips (such as rice crackers and hummus).
- If you have trouble with excessive comfort eating or binge eating, professional help from a dietitian or psychologist can help.
- If you think your weight gain is medication-related, ask your doctor to review your medication.
- Be realistic about your weight loss expectations. Weight maintenance may be the most achievable result to aim for.
- If you are unable to lose weight, this doesn't mean you inevitably lose health. Increasing your fitness can offset the health risks associated with carrying extra weight.

Drugs and alcohol

Drinking alcohol, smoking cigarettes and taking other drugs to cope with depression all have nutritional consequences. Regular use of these substances can deplete the body of certain nutrients and disrupt regular eating patterns, exacerbating mood fluctuations and challenging a person's ability to establish healthy eating habits.

Tobacco smoking, for example, suppresses appetite and can lead to a person not eating enough. It also increases the demand for antioxidants to cope with the damage caused by smoking and can leave smokers low in these protective nutrients. Thiamine and other vitamin deficiencies are common in heavy drinkers and these deficits can cause low mood, irritability and/or aggressive behaviour. Cannabis, or marijuana, can stimulate appetite and in some cases lead to over-eating however, taking amphetamines can lead to going days without eating.

Since most illegal drugs and alcohol interfere with the effects of antidepressant drugs, it's important to tell your doctor if you are taking them, so you can get the appropriate treatment.

For suggestions on how to cut down your alcohol and drug intake see *beyondblue* Fact sheet 9: Reducing alcohol and other drugs.

POSTNATAL DEPRESSION, NUTRITION AND BREASTFEEDING

Breastfeeding increases a mother's requirement for energy (calories/kilojoules), certain nutrients (such as calcium) and fluid. The loss of appetite and anxiety that usually accompanies postnatal depression, and the fatigue that is common to many new mothers, can make meeting these extra requirements difficult. If a mother's overall food and energy intake is too low, this can reduce the volume of milk produced, and can also leave the mother depleted.

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Good support is crucial in assisting a woman with postnatal depression to breastfeed. This includes practical support in buying and preparing food.

Tips for meeting extra nutritional demands of breastfeeding

- Relax. You don't have to eat perfectly to be able to breastfeed successfully.
- Prioritise your own feeding. For example, make sure you eat breakfast straight after the first feed and then eat before breastfeeding throughout the rest of the day.
- Keep a bowl of nutritious finger food on your bench top that you can snack on throughout the day (e.g. low-fat cheese cubes, nuts, fruit).
- Don't try to diet or lose weight in the first few months after birth – you need the extra nourishment for breastfeeding, which helps you lose weight naturally anyway.
- Ask for and accept help. If friends offer support, ask them to cook you a meal. Ask your partner or relatives to help with the weekly shopping and cooking.
- Ask your doctor to check your iron levels. Iron deficiency is common in women, especially among those who have just given birth. Its symptoms, such as exhaustion, fatigue and low mood, can mimic those of depression. Iron supplements can alleviate these symptoms.
- While there is no conclusive evidence yet that omega-3 supplements can treat postnatal depression, there appears to be no harm in increasing intake either through eating more oily fish (tuna, mackerel, perch, sardines and herring) or through fish oil supplements. Talk to your doctor or dietitian about appropriate doses if you choose to try supplements.

For advice relating specifically to your situation, consult an Accredited Practising Dietitian.

EATING DISORDERS AND DEPRESSION

Depression is common among people experiencing an eating disorder.

For some, depression can lead to an eating disorder. For the majority, having an eating disorder leads to depression.² This is particularly so for people with anorexia nervosa, where the physiological effects of semi-starvation and extremely low body weight undermine mental health. There may also be a nutritional component to the mood disorder of people whose weight is within "normal" range and who have an eating disorder (typically someone with bulimia nervosa), due to fasting, purging and chaotic eating.

² www.healthyplace.com/Communities/Eating_Disorders/Site/depression/depression_preceded.htm

Improved nutrition, regular eating patterns and restoration of a healthy weight are an essential part of the recovery from an eating disorder and any associated depression. This usually requires help from a team of professionals with psychological, nutritional and medical expertise. While weight gain helps resolve the malnutrition component of depression, psychological therapy is often required for full restoration of mental health. This allows any personal, family and social issues that may have contributed to the disorder to be addressed while also supporting the person through the challenges of recovery.

RECIPES AND MEAL PLANS

For recipes and meal plans based on healthy eating principles, visit the Better Health Channel www.betterhealth.vic.gov.au/bhcv2/bhcsite.nsf/pages/bhc_recipes?opendocument or Nutrition Australia www.nutritionaustralia.org/Recipe_of_the_Week/Recipe_Archive.asp

The National Heart Foundation also provides information on healthy recipes. See www.heartfoundation.org.au and click on [Recipes](#).

MORE INFORMATION

Dietitians Association of Australia

www.daa.asn.au

Search for an Accredited Practising Dietitian near you via this website.

Meals on Wheels

www.mealsonwheels.org.au

Provides home-delivered midday meals to those unable to cook or shop for themselves.

Blue Pages

www.bluepages.anu.edu.au/treatments/what_works/

Provides a summary of what research tells us about the effectiveness of various treatments for depression, including dietary treatments.

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