

## Dietary approaches to treatment could have a major public health impact

**M**any years ago I attended a presentation given by a local consultant psychiatrist about his work using naturotherapy to help his clients. Naturotherapy involves meditation, diet, exercise and other non-medical components. The client is encouraged to take responsibility for their health by eating the right foods and making changes to their lifestyle. At the seminar the consultant described a client who had been successfully treated using this approach. This client then joined the meeting and explained how, prior to starting the naturotherapy, she had spent 20 years on various psychiatric drugs and in and out of hospital, with few noticeable benefits. She had commenced the naturotherapy approach two years previously and since then had been symptom-free, medication-free, and had, for the first time in her life, managed to sustain a job. This seemed a remarkable transformation for someone psychiatry had deemed 'treatment resistant' and likely to be dependant on the psychiatric system for the rest of her life.

Unfortunately, few of the other psychiatrists who attended this presentation were as impressed as I was, and none wished to explore the possibilities for enhancing services by using more diverse approaches, such as naturotherapy. In fact, at a later meeting at which this consultant was not present, other psychiatrists ridiculed his approach, declared such therapies to have no relevance to their own clinical practice, refused to give any financial backing to his initiatives, and decided to issue a warning to him for practising something they considered to have no valid evidence base. Sadly, he later lost his job with that trust.

Last year, an international ecological study of dietary patterns in relation to the outcome of schizophrenia and prevalence of depression showed an association between a higher dietary intake of refined sugar and dairy products and a worse two-year outcome for schizophrenia.<sup>1</sup> The same paper showed that a high prevalence of depression was predicted by a low dietary intake of fish and seafood. It seems peculiar that mental health services have been so reluctant to embrace alternative approaches, including dietary ones. The link between diet and illness is

well known and well established in the rest of medicine (for example, the role of diet and nutrition in the prevention and treatment of heart disease). So why is there such a reluctance to explore these links in mental health?

There is also more circumstantial evidence suggesting the influence of diet on mental health. For example, rates of psychiatric diagnoses such as depression, eating disorders, ADHD and autism have all increased massively in the western world in the past few decades, particularly among the young. While this is probably largely explained by our narrowing definition of normality in western society, it may also reflect a real increase in mental health problems. Such increases, if they are real, must reflect environmental changes that adversely affect mental health. And one aspect of western culture that we know has changed markedly in the past few decades is our diets, and the way food is farmed and processed.

In my experience, dietary interventions can take one of three forms. The first is about eliminating potential irritants from the diet, such as colourings, preservatives, flavourings and monosodium glutamate. The second is about adding essential supplements to the diet, where indicated, such as essential fatty acids (like omega-3 and 6), vitamins, minerals and trace elements. The third aims to establish a balance in the diet, such as reducing the intake of refined sugar, salt and saturated fat and increasing consumption of fresh fruit, vegetables, pulses, seeds and nuts.

Learning more about dietary approaches (including naturotherapy) has equipped me with a whole set of new interventions, and I now use these approaches to treat a wide variety of clinical problems in the children and adolescents I see. Furthermore, using dietary approaches, particularly as an alternative to psychiatric medication, is proving very popular with these young people's families, and most of the young people to whom I suggest such dietary changes accept their new limitations surprisingly quickly.

If the link is real, and the evidence suggests strongly it is, dietary approaches to treatment of mental health problems could have a significant public health impact if we were to start using them more often.



outside  
the box

<sup>1</sup> Peet M. International variations in the outcome of schizophrenia and the prevalence of depression in relation to national dietary practices: an ecological analysis. *British Journal of Psychiatry* 2004; 184: 404-408.

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