

# food and mood

The quarterly  
newsletter of  
the Food and  
Mood Project

Issue no. 4  
Summer 2001

## Caffeine: just what you need?

By Amanda Geary

**How you experience the effect of caffeine depends on whether you are an occasional or regular caffeine-user, how much you have, your own level of sensitivity to the substance and whether or not you have developed a tolerance for and a dependency on caffeine.**

*The apparently beneficial effects of caffeine can be confused with simply avoiding withdrawal symptoms*

At first the effect of having less caffeine than usual can be a bad headache, irritability, lethargy and a 'fuzzy' head, all of which signal the start of caffeine withdrawal. In fact, scientists have recommended that before treating patients for headaches, depression, fatigue, drowsiness, or even flu-like symptoms, doctors should first rule out caffeine withdrawal as a possible cause<sup>(1)</sup>. Also, in the treatment of more serious mental health problems caffeine can be confusing the symptom picture. In bipolar disorder



(manic depression), for example, it has been recommended that caffeine is avoided during excited phases<sup>(2)</sup>.

### Giving it up

Any caffeine-containing product consumed regularly over just a few days will give a person a caffeine dependence and withdrawal effects can be experienced as soon as the habitual cuppa is skipped<sup>(3)</sup>. The positive effects of caffeine can be due to 'withdrawal relief'. This is when the apparently beneficial effects of caffeine can be confused with simply avoiding withdrawal symptoms<sup>(4)</sup>.

*Those who can stay the course are usually rewarded with a renewed mental clarity, emotional stability and more energy*

Experts recommend weaning yourself off of caffeine slowly as this may be easier than cutting it out suddenly. But a complete withdrawal from a caffeine dependence does tend to follow a predictable course and so after no

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## FROM THE EDITOR

I'm particularly pleased with this issue of the newsletter as it contains so much that has been contributed



by newsletter readers: for example *In the Community* describes how food and mood ideas have been applied to a residential mental health care setting, there is a fascinating tale of dramatic improvements to mental health in *My Story* and a comprehensive account of an important new publication on schizophrenia and diet can be found in *Book Review*. In fact there is so much in this issue there's little space for my column! So I hope you enjoy the read and I look forward to writing again in the autumn!

Amanda Geary

Food and Mood Project Founder

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Explore the relationship between what you eat and how you feel

## Did you know?

- **White chocolate is free from caffeine, a spokesperson from Cadbury's has confirmed: The caffeine is introduced via the cocoa mass and this ingredient is not used in the production of white chocolate and is therefore free of caffeine. You can check this yourself by looking at chocolate bar labels.**
- **A homeopathic remedy which is made from coffee and can be taken quite safely to help with the negative symptoms of caffeine withdrawal. Homeopathic 'cofea' comes in the form of small white pills and can be obtained mail order from the Nutri Centre (see page 3). If you would like to try out this remedy and are willing to report back on its effectiveness the Food and Mood Project has just one bottle to be sent free of charge to the first person to write in.**

more than 3-5 days of a worsening of symptoms, those who can stay the course are usually rewarded with a renewed mental clarity, emotional stability and more energy.

### Strength of brew

Caffeine concentrations in drinks and foods vary enormously depending, for example in tea, on the brand you buy and how long you soak the bag! These variations probably explain why books and magazine articles can quote confusingly different caffeine levels in their tables. And of course no list of caffeine levels can account for an individual's sensitivity to the substance – an essential ingredient of nutritional therapy practice which recognises each person's 'biochemical individuality' as the key to deciding what changes are needed.

### Mythical cures

Coffee is often used as a hangover remedy but this may be more of an urban myth than scientific fact<sup>(6)</sup> although caffeine does have an analgesic (painkilling) effect<sup>(6)</sup>. Caffeine may exacerbate a hangover as its diuretic (urine producing) action can worsen the dehydrating effect of alcohol. Caffeine does, however, increase the speed at which painkillers take effect as research into the effects of combining ibuprofen and caffeine as a painkiller for wisdom tooth extraction have shown<sup>(7)</sup>. This

finding explains why several remedies from the chemist can be found to contain caffeine – so if you are trying to avoid the substance you will need to check these labels as well.

Although caffeine taken first thing in the morning can counter the drowsiness from benzodiazepine medication (used as tranquilizers and sleeping pills to treat anxiety and insomnia) it may not improve mood or performance<sup>(8)</sup>. And having a large cup of coffee to keep yourself awake, alert and in a good mood during a busy day is not, apparently, as effective as taking smaller regular doses of caffeine<sup>(9)</sup>.

It has been shown that the psychoactive effects of caffeine have what, in scientific jargon is known as a 'flat dose-response'. In other words you get the biggest hit from your first cup of the day<sup>(10)</sup> which means habitual caffeine drinkers who depend on caffeine to 'keep going' may function best in the mornings and start to flag come the evening.

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*Caffeine increases the body's stress response*

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### Occupational stress

Drinking caffeine increases the body's stress response. Scientists have measured levels of the stress hormone adrenalin of people at work and found it was 37% higher in the habitual coffee drinkers<sup>(11)</sup> and caffeine is also shown to raise blood pressure<sup>(12)</sup>. A far better way to manage stress and energy levels at work would be to take regular breaks whilst enjoying a caffeine-free alternative such as Barley Cup, Yannah, Red Bush or herbal tea.

### It's a fix

A strong preference, and even craving, for caffeine-containing drinks and foods are more likely to be due to the caffeine content than the taste of, for example, the coffee or tea. Scientists have found that regular caffeine-drinkers will say they dislike the taste of caffeine-free alternatives but that their enjoyment of a non-caffeine containing drink can then be 'reinforced' through a technique known as 'conditioning' (as used on Pavlov's dog). To do this, habitual caffeine drinkers needing another caffeine 'fix' were 'conditioned' to choose fruit juice by also giving them a caffeine containing pill with the juice.

A comparison group of caffeine drinkers who were given fruit juice plus a dummy (placebo) pill did not show such a strong preference for the juice. Applied to every day life this can explain how, through adding caffeine to a drink, food manufacturers can 'train' consumers to apparently enjoy the taste of their product<sup>(13)</sup>. It is also possible to experience a negative conditioning effect where drinks are disliked because they were drunk during a caffeine withdrawal and have become subconsciously linked with the unpleasant withdrawal symptoms<sup>(21)</sup>

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*Caffeine-free alternatives include Barley Cup, Yannah, Red Bush and herbal teas*

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Chocolate contains caffeine as well as several thousand other naturally occurring chemicals and it is often eaten in an attempt to improve mood. However, scientists have been unable to measure any significant improvements in feelings of depression or improved relaxation amongst self-identified chocolate 'addicts' who over-indulge – any pleasure experienced was apparently short-lived and accompanied by feelings of guilt<sup>(15)</sup>.

### Caffeine: the down side

Caffeine has been shown to cause blood vessels to constrict (to be vasoconstrictive) and to reduce the cerebral blood flow (blood flow in the brain)<sup>(16)</sup>. The amount of caffeine present in two mugs of strong coffee (about 250mg) can reduce cerebral blood flow by approx 20%<sup>(17)</sup>. It has been speculated – although not proven – that this effect could explain why caffeine can cause anxiety in some people.

Caffeine consumption is well known to cause insomnia and even a morning cuppa for a sensitive person can cause difficulties sleeping. Caffeine has also been found associated with symptoms of PMS<sup>(18)</sup>, anxiety and panic attacks<sup>(19)</sup> and people who suffer from these symptoms may have an increased sensitivity to caffeine.

### Mind power

Finally, the power of the mind should not be overlooked as research has

demonstrated that you can enhance or diminish the effect of caffeine according to what you expect to happen when you have a cuppa. After a group of volunteers had been told to expect a caffeinated drink which would boost their performance on a motor skills task, scientists then provided them with a placebo (dummy) drink with no caffeine in. Nevertheless the people in this group produced significantly higher scores on the task compared to the 'control' group (who hadn't received anything to drink but still took the skills test) *even though their drink did not contain caffeine*. Another group, who had been told they could expect to perform worse in the test due to negative effects of caffeine did just that – but they had not been given any caffeine in their drink either<sup>(20)</sup>. Food for thought indeed!

*(The numbers in brackets refer to research references, which, due to the limitations of space, can be sent to you on receipt of an sae or email.)*

## Food/supplement cupboard

# Rhodiola (rhodiola rosea)

(with thanks to S Gilford of Reading for writing in with information on Rhodiola).

Yet another good mood herb to try. This one comes from Russia and, apparently, has been used in Eurasian traditional medicine for over three millennia. It appears to function as an 'adaptogen' which means that it increases the body's ability to adapt to stress and to the adverse effects of excessive amounts of stress hormones. Rhodiola is reported to act on the hypothalamus gland – the initial hormonal trigger of the biological stress response. Rhodiola's benefits include improving mental alertness, memory and concentration, alleviating depression, boosting physical energy, improving sleep patterns and also male sexual function!

Rhodiola is available mail order from the Nutri Centre (telephone 020 7436 5122).

Discount on nutritional supplements for newsletter subscribers!

**The Nutri Centre, Europe's leading natural medicines dispensary, has kindly agreed to provide a 20% discount on their products for Food and Mood newsletter subscribers. Please mention this when you phone to place an order.**

## Good mood food

by Ian Hughes, London

# Mushroom tops

**Preparation** 20 mins.  
**Cooking** 40 mins.  
**Serves** 4

If you like mushrooms, this is the perfect way to over-indulge with few feelings of guilt. The greater variety of mushrooms on sale, particularly in supermarkets, also gives you the opportunity to experiment with different varieties, colours, textures and, more particularly, different types of filling.

Organic produce, sadly, always seems to come at a premium but I experimented recently with organic pumpkin seeds and organic (frozen) sweetcorn and was pleasantly surprised by the improved flavour. So on this occasion the extra cost would seem to have been worth it!

### Ingredients

20 flat black/medium sized white mushrooms  
2 small lemons  
olive oil  
(freshly ground) sea salt and black pepper, to taste

### For the topping:

4 garlic cloves  
Approx 400g/7oz/1 cup tin cooked chickpeas  
2 tbspsns olive oil  
1 tbspsns fresh mixed herbs, chopped  
1xsmall tin (approx 125g/4oz/½ cup) mackerel fillets in olive/sunflower oil (optional)  
1-cup sweetcorn 4ozs/125g or broad beans (unfrozen)  
1tbspsns pumpkin seeds or (if not avoiding wheat/gluten) bread crumbs (for le crunch!!)

### Method

- 1 Preheat the oven to 400F/200C/gas mark 6.
- 2 Remove the stalks for the mushrooms and retain.
- 3 Remove the zest fro the lemons and finely chop.
- 4 Put mushrooms on a roasting tray, drizzle each with a little olive oil, squeeze the lemon juice over the top and season with salt and pepper.
- 5 Bake for 20 mins until well cooked.
- 6 Remove for the oven and leave to cool in the tray.
- 7 Turn up the oven to 450f/230C/gas mark 8.
- 8 While all this is going on, prepare the mixture: Put chopped mushroom stalks, lemon zest,
- 9 Carefully spoon some over each mushroom then gently press in the mixture with your fingers.
- 10 Bake for another 10–15 mins until the mixture starts to brown, if necessary finish off under the grill.
- 11 Serve immediately and finish off when nobody else is looking!

.....  
: How about contributing a good mood food recipe for :  
: the newsletter and receive a signed copy of the *Food* :  
: and *Mood Handbook* or an extra six months on your :  
: newsletter subscription? :  
:.....

# Nourishing ourselves

**This report is written by a project worker at a registered care home run by Brighton Housing Trust that provides ‘medium’ support for people who may have been receiving psychiatric care. Amanda Jones describes the successes – and challenges – that, following a visit from the Food and Mood Project, are being experienced by the household as it starts to take those first steps to improve mood with food ...**

**57** SACKVILLE GARDENS provides support (which includes support with skills like cooking, cleaning and shopping) for mental health service users wanting to live more confidently in the community. There is a communal kitchen and residents share food and the cooking of meals.

## Discussions

All of the residents who attended the talk have taken part in recent discussions about food and there has been broader discussion between residents

and staff about what constitutes ‘a snack’. This has taken into account:

- The time and effort required to prepare a snack
- Why and when one snacks
- What emotional needs snacking fulfills
- What nutritional contents a healthy snack would contain (e.g. whole foods, high fibre, low saturated fat, different types of fat, sugar content, etc.)
- Consequently the main shopping list has been revamped by axing the less nutritious snacks such as pork pies and pasties and the fridge now contains a lot more ingredients to make snacks (see box).

*‘I like what was said about fish and have included those in my meal choices’*

## Agreements

The residents have each looked at the meals they cook once a week for the rest of the household and have collated a choice of five healthy and interesting meals which everyone has agreed would be nice to eat for when they plan the fortnightly menus at the residents’ meetings (see box).

The Food and Mood talk was particularly helpful with this process because it supported residents looking at what constituted a healthy meal and it gave staff the authorization to be having the discussion with residents more freely. In the past, staff efforts had tended to fail because residents had thought they were being dictated to or deprived of ‘nice’ food.

## Sackville Gardens top five residents’ meals

- 1 Jacket potatoes with various fillings**
- 2 Sunday Roast**
- 3 Smoked mackerel, new potatoes and fresh vegetables**
- 4 Spaghetti bolognaise**
- 5 Smoked fish pie**

## Sackville Gardens DIY snacks ingredients

- baked beans
- wholemeal bread
- pitta bread
- chicken
- cottage cheese
- light cream cheese
- crackers
- dips
- eggs
- dried fruit
- tinned fish
- ham
- hummus
- salad
- tinned spaghetti
- soup
- noodles
- oatcakes
- pasta
- porridge
- peanuts/nut selections
- Quorn
- raisins
- twiglets

## Sunday treats and puddings

Of their own volition, the residents decided to axe the tradition of ‘cakes on sunday at 3pm’ each week. Instead, staff have put in its place a ‘smorgasbord of healthy snacks’ to nibble at which is currently being reviewed by residents. Residents also reflected that the puddings they were choosing were not always being eaten and so agreed to have a go at having a starter instead. Successful starters include melon, prawns and soup and some residents have begun to have a stab at making these themselves. If there have been puddings, there has been a lot more thought put into the choosing of these e.g. fruit salad with greek yoghurt/fromage frais, low-fat ice cream, home-baked low-fat dessert from a cook-book.

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*'I feel I was already eating well, but now I am also trying to drink more water. I buy it from the supermarket but also drink tap water as well'*

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## Shopping

There has been a general shift towards buying better quality ingredients by looking at the labels for hidden sugars/fats, buying organic, buying whole foods and buying fresh where possible. Fizzy/carbonated drinks such as Pepsi, Fanta, Coke and Lemonade were dropped from the shopping list and in their place there has been sparkling and still bottled water and fruit juices. The residents didn't disagree too strongly about this and are now quite into drinking water.

## Transitions

Generally the talk tapped into questions people had been having about their diet and seemed to empower them to try making changes that beforehand may have seen punitive or discomforting. The emphasis on healthy eating and nourishing oneself seemed to strike a chord and make some transitions that bit easier.

The one resident who was not present has commented that they find the fridge no longer contains food they can 'put their hands on' and they do not like the fact that the fizzy drinks have gone. This resident has told me they have been buying in their own supply of chocolate and pop to comfort eat.

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*'I'm keeping a food diary. Its very difficult to remember, but I'm trying. Later on I might try to do moods too'*

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## 'Changing eating habits is quite a commitment'

One resident's enthusiastic declaration to 'lose weight and watch what I eat' became a source of pressure once the rest of the house members and staff began to take

this seriously and express interest. The communal gaze became a disempowering force which saw them eventually putting on a little weight instead. The lesson that's been learned from this is to take a more muted and sustainable approach – like giving up one thing at a time or cutting down on portion sizes or eating healthier types of foods. Staff found that giving the resident room to reflect supported that process more. It was also appreciated that changing eating habits is quite a commitment.

## Staff included

Amongst the staff team there has generally been an increase in the consumption of water and the weekly 'cake break' at the staff meeting has seen more healthy options on offer

such as fruit. One team member is trying to eat different types of oily fish and loving it and others are increasing their consumption of water. The food and mood talk tapped into a general discussion about healthy eating and helped some of us to make changes in our eating patterns for the better.

## Summary

There has been a tangible shift in the culture around food in the house and the changes seem manageable and, in part, feasible. I hope this information helps the Food and Mood Project and also helps others to continue to look at their role food plays in their lives.

*Amanda Jones  
Project Worker, Sackville Gardens  
Project, Brighton Housing Trust*

## Letters

*Write a letter that is printed and receive an extra issue on your newsletter subscription!*

### **Sugar sensitive**

I was fascinated by the article in the March edition of *Prima* magazine on 'Eat your way to happiness' [This was about sugar sensitivity and was written by a journalist who included the 'Are you sugar sensitive?' quiz from the *Food & Mood Workbook* – Ed].

Two years ago after feeling very tired all the time my local GP took a blood sample and found a slight irregularity. I was sent for a glucose intolerance test – the Lucozade drinking session. This confirmed a 6.7 reading. A two-day fasting in hospital followed where I was tested for both ends of the spectrum – diabetes and hypoglycemia. At the final consultation meeting I was told I had neither of the above. They admitted something wasn't quite right – but as nothing was seriously wrong there was nothing they could do. I came out of the hospital feeling very confused and unsure of what to do next – in a sort of 'no-mans land'. The elements in the article

made a lot of sense to me and I could relate fully to many of the aspects and this gave me a great sense of relief.

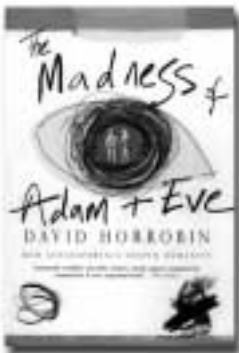
*Yours with much appreciation,  
Fiona Bown, Nottinghamshire*

*Editor replies: Laboratory testing can be attractive in our search for answers but in the end it may be no more useful than our own observations. However, you may want to try a new 'Glucoscan' home test kit that measures glycosylated haemoglobin levels, or 'sugar-coated blood cells' which have a life-span of 3-4 months and so provides an average blood sugar reading. The higher the reading the greater the potential for diabetes and other blood-sugar related conditions.*

*Home test kits (which use a pin-prick blood sample sent to the laboratory for analysis) can be ordered direct from York Nutritional Laboratory (tel 01904 410410) and costs £39. A discount of 20% is offered if you order the kit through the Food and Mood Project and are prepared to share with us your experience of using this test. Please contact us for details.*

# The Madness of Adam and Eve – how schizophrenia shaped humanity

by David Horrobin  
published by Bantam Press (2001)  
price £18.99



This book is in the nature of a 'research in progress' report by The Schizophrenia Association of Great Britain of which Dr Horrobin is President.

Inspired by his schizophrenia research, the author has combined his knowledge of medical science with his interest in evolution to produce an intriguing hypothesis.

Because schizophrenia is present in all countries at the same level (0.7–1%), Dr Horrobin believes that about 150,000 years ago – before the different human races separated – a genetic mutation produced abnormalities in brain biochemistry affecting the way essential fatty acids (EFAs) were metabolised.

This allowed the Cro-Magnons to develop the technical and perceptual skills which differentiate humans from apes and Neanderthals. They would also have developed the psychopathic tendencies and paranoia which figure so largely in the history of the human race. Advanced levels of these skills, together with unusual ability in science, music, art and religion and also more criminality, sociopathy and alcoholism are often found in people with schizophrenia, manic depression, dyslexia and schizotypal personality. The same is true of their extended families which is strong evidence that one (or probably more) genes are linked to these conditions. This resulted in a brain deficiency of EFAs with a deleterious effect on mental processes.

EFAs are not produced by the body and must be obtained from food. Our ancestors, living near lakes, rivers or the sea, would have met this

deficiency with a suitable diet of eggs, meat (especially organs) and water-based animals, fish, crustacea and molluscs. This diet was also low in saturated and monounsaturated fats. Third world countries with a low level of saturated fat consumption have better outcomes in schizophrenia.

Experiments are now being tried to treat schizophrenics with high doses of two EFAs: of EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) with hopeful results. Iron is also thought to be very important to the proper working of EFAs.

This is a well researched and easily readable book, providing a better

**If you would like to review a food and mood book then please contact the Project with your suggestion or to find out what we have in on our review list. Any book reviewed can be kept by the reviewer.**

understanding of mental abnormalities, how they fit into the scale of 'normal' behaviour, and how they can be enormously productive if their destructive potential is contained. It also offers a nutritional alternative to the ineffective and debilitating drugs which are all that are currently available as a treatment for schizophrenia and related disorders.

*Issue no. 3 of this newsletter featured an introduction to the importance of essential fats for mental health generally. Back issues are still available, price £2.50, from the Project.*

## Webwatch

### New on-line support group

**The food and mood project website is now up and running at [www.foodandmood.org](http://www.foodandmood.org). The site includes details of the new on-line support group which is free to join and, at present, open to anyone who is interested in sharing their ideas, experiences, questions and suggestions about the food and mood relationship. Joining (or leaving) is quick and easy and the emails that you post are automatically sent to all group members. Benefits of membership also include the opportunity to share pictures and also to set up a vote or questionnaire on a topic that interests you. Check it out!**



### Other websites worth a visit:

- [www.AutismMedical.com](http://www.AutismMedical.com)** – site of the organisation Allergy Induced Autism
- [www.merton-books.co.uk](http://www.merton-books.co.uk)** – Merton Books provide a mail order service which is a good source of cook books for those on special diets
- [www.restorative-health.co.uk/index.shtml](http://www.restorative-health.co.uk/index.shtml)** – an organisation that investigates the links between diet and criminal behaviour
- [www.sagb.co.uk/](http://www.sagb.co.uk/)** – the site of the Schizophrenia Association of Great Britain (see book review this page)

# The tail wags the dog

a neurotic's tale



**IBS, panic attacks, 'agoraphobia', chronic anxiety and depression, constant back trouble and migraine (plus a host of lesser ailments due to malabsorption by damaged guts) – those are some of the manifestations of wheat sensitivity.**

My life was blighted by all of those from my mid-twenties until in 1985, at the age of 46, I at last found the underlying cause. Less than 48 hours after eliminating wheat, my guts were so pain-free and calm that I forgot to stuff my pockets with bogroll before going out! Inconceivable! Without wheat I became a different person – bold, optimistic, happy, sociable, and astonishingly energetic. I felt 'real and present in my skin', I noted, enjoying anew not only sights and sounds (smells came back, delightfully, only much later with zinc supplements) and food, and company, but housework too – doing 'wildly unnecessary long-term chores'! I even looked and sounded quite different – hardly recognized my own voice, and the new alert and cheerful face in the mirror.

In my former depressed state I'd felt 'like wading uphill through treacle with the brakes on, tripple-wrapped in dirty polythene'. But – such is the Catch-22 of depression – it was only the previous year that I'd recognized how ill I was, when a chiropractor's correction of my long-distorted sacroiliac joint plus cranio-sacral manipulation had instantly produced (to my and his amazement) the same effect. Only for a few weeks, though, and with several relapses –

distressing, but very usefully revealing. What was going on?

Meeting only rude dismissal from my 'all-in-the-mind' GP, I did my own research. I found very significant connections with Alexander Technique and other 'mentally' effective therapies correcting posture and breathing: the 'depressive slump' for example is in part a vicious circle! Cranio-sacral therapy boosts cerebrospinal fluid (CSF) flow around the brain, 'commonly improving endocrine function'.

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*Without wheat I became a different person – bold, optimistic, happy, sociable, and astonishingly energetic*

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It must have thoroughly flushed out my ventricles, because all the mid-brain functions that had been so defective – pituitary and hypothalamus (emotions and homeostatic feedbacks: hunger, thirst, temperature, blood sugar etc) and reticular system functions (startle reflex damper, amplifier of sensory perceptions and memory, etc) – all were instantly restored to normal. No relearning was necessary: 'agoraphobia' is a physical condition! (Another common cause is magnesium deficiency which even makes cattle hyperventilate).

I realized, among other things, that my migraine aura of paranoid 'horrors' was when increasing meningeal pressure made my brain and spinal chord stick in 'startle' and 'flee' mode. My phobic panic attacks were

caused by feedback failure in the blood sugar control, resulting in adrenalin flooding and the 'possum' reaction! In fact all my feedback systems worked in this 'catastrophe theory' fashion: delayed response followed by sudden violent over-reaction.

Why that first 'miraculous' transformation was so brief was, it turned out, because my anti-stress systems were soon overwhelmed again by the histamine reaction to wheat, inflaming not only the gut but, as I learned commonly happens, the meninges too – the membranes that enwrap the spinal chord and brain, folding deep around the mid-brain ventricles.

Tissue swelling there would impede CSF flow through the ventricular foramina, the tiny holes through which it should circulate, impairing all those mid-brain feedbacks, and in the case of the severe meningeal migraine attacks which ended in convulsions (DIY ECT treatment?) after complete loss of consciousness, probably finally blocking them and shutting the whole system down. Before I learned this was 'only' migraine, I used to believe and hope I was dying. Without wheat and gluten, I've lived happily ever after!

**If you would like to share your story then we'd love to hear from you. Please write or phone the Food and Mood Project if you'd like guidance on writing. Contributions need to be approx 500 words in length and are rewarded with a signed copy of the Food and Mood Handbook or two extra issues on your newsletter subscription.**

# Reader survey

**Thanks to all those who replied to our survey. The response rate was 10% which, although quite typical for a postal survey of this kind, means it is difficult to argue that the replies from responders are representative of the readership as a whole. However, a summary of what was said by those who did reply follows:**

## A good read

All the contents of the newsletter scored highly with the recipes providing the widest range of responses – most people love the recipes but a few said they could do without them. (We're keeping them!) There was almost unanimous agreement that the newsletter was interesting, informative and easy to read. A typical comment was that it provides 'a good amount of information without overwhelming us with too much'. Requests were made for more website info and journal references as well as topics for future issues – e.g. children, the social context of food – and these have been noted.

The writing style is recognized as 'considered' and 'clear (yet unpatronising)', the design of the newsletter also received very favourable comments and the 'very calming' pale green colour seems to be appreciated. The price was commented on by a minority and it is something that, with funding, we would hope to be able to reduce in the future.

## Many changes, some benefits

91% of those who replied to our survey had made some change to their diet. The most frequent change made was to cut down on caffeine and chocolate. Other changes included cutting down on wheat, saturated fats, refined sugars and alcohol. The survey respondents had also taken care to have more good mood foods which included eating regular and nutritious meals, having more protein and essential fats such as oily fish, nuts and seeds, and also more fruit and water. 55% had also tried taking nutritional supplements with the most popular products being a multivitamin and mineral supplement and essential fats such as cod liver oil or evening primrose oil.

The reported benefits were not as clear cut, however, with the majority (55%) saying they were 'not sure' either that they were benefiting from these changes or that the benefits they were experiencing could be linked to the changes they had made. An important minority (36%) were very clear about the rewards they were experiencing from eating differently, and even those who had said they were 'not sure' could still report improvements (or greater control) over moods, less anxiety and more energy.

So, all in all, very encouraging and thanks again to all of you who were able to reply.

## PRIZE DRAW WINNERS!

The following newsletter readers are the lucky winners of the prize draw and have each received a copy of the new Food and Mood Handbook or a £10 book token:

**Caroline Lloyd, Leeds**  
**Deborah Robertson, Hampshire**  
**Claire Wigg, Leeds**

food and mood

The Food and Mood Project was started in 1998 with a Millennium Award from Mind, the mental health charity. The aim of the Project is to empower individuals to explore the relationship between diet, nutrition and emotional and mental health, and to share this information with others.

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The Food and Mood Project

## Food and Mood talks

Talks which explore the relationship between the food you eat and the way you feel with Amanda Geary BSc (Hons), PGCE, Dip. Nut., member of the British Association of Nutritional Therapists, Founder of the Food and Mood Project.

### Thursday 7th June

**6.30-7.30pm**

**(Talk/book-signing)**

Borders Bookshop,  
Churchill Square,  
Brighton

Cost: Free.

Details: 01273 731122

[www.bordersstores.com](http://www.bordersstores.com)

### Saturday 30th June –

**Sunday 1st July (Talk\*)**

Food Fair, Bentley  
Wildfowl and Motor

Museum, Halland, near

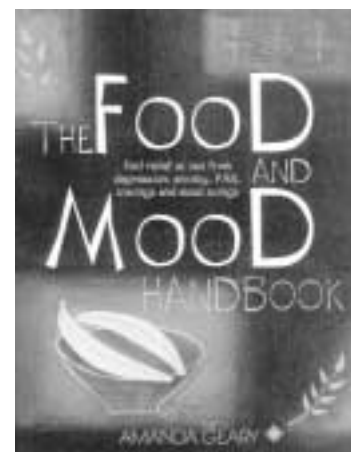
Lewes, East Sussex. Tel: 01825 840870.

(\* Phone for confirmation of time and cost).

### Sunday 8th July 2.15-3.15pm (Talk)

The Organic Food & Wine Festival, Alexandra Palace,  
London. Cost: included in entrance to festival. Tel: 020  
8746 2832. [www.organicfoodwinefestival.co.uk](http://www.organicfoodwinefestival.co.uk)

If you can't travel to these venues and would like to arrange a Food and Mood talk or workshop in your area, please contact Amanda on 01273 478108.



## Food and Mood newsletter

In the next (autumn) issue out September 2001:

**Focus on: Allergies**

Deadline for contributions 31st July 2001