

food and mood

The quarterly newsletter of the Food and Mood Project

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The big surprise finding in the Food and Mood Survey was that water drinking came tops as the self-help strategy most beneficial to the emotional and mental health of survey participants. To investigate further why this might be, *Food and Mood* recently interviewed Martin Hum PhD DHD. Dr Hum, a registered nutritional therapist for ten years, has a particular interest in the role of water in the body and the effects of low level dehydration.

Water works!

Interview with Dr Martin Hum

F&M: In the recent food and mood survey, 80% of the survey participants said that having more water was helpful or very helpful for their emotional and mental health. This apparent benefit could have been because they were automatically drinking less sugary or caffeine containing drinks and obtaining a benefit that way. However, please would you explain how you think just having more water could be helping these people's emotional/mental health.



DrH: Dehydration is a form of stress and any kind of stress causes the same physiological changes in the body. If it continues long-term, it can result in feelings of anxiety and depression. Remember that the brain is 85% water. It is the movement of water through microtubules in the nerve cells that generates the electrical activity in the brain. That is why the slightest shortage of water can affect brain function and why severe dehydration causes confusion, hallucinations and

eventually death. Even mild dehydration causes an increase in the production of histamine, which acts as a neurotransmitter in the brain and can disrupt the delicate balance of other neurotransmitters and hormones.

F&M: When people are unwell, taking supplements (if affordable) is often easier than changing what you eat. How important do you think it is that people rehydrate before doing this?

DrH: In explaining this, I often use the analogy of a garden, with the

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'Remember that the brain is 85% water. It is the movement of water through microtubules in the nerve cells that generates the electrical activity in the brain.'

FROM THE EDITOR



Since the autumn conference, the findings from the Food and Mood Survey have been generating significant media interest, with coverage in the Daily Telegraph, Independent, BBC News Online and World Service, plus plenty of other local radio reports and magazine coverage. This issue of *Food and Mood* focuses on the surprise indication from the survey findings that the simple act of increasing the amount of water we drink could have a noticeable affect on how we think or feel. Therefore we are delighted to have been able to interview Dr Martin Hum, a specialist in the benefits of water-drinking. We also have a dramatic personal account, from the founder of the charity APRIL, as to what can happen when the importance of drinking water is overlooked. The letters pages contains some fascinating correspondence and there are ten Food and Mood tips written with a festive season 'spin'!

Finally, if you are looking for a good cause to donate to this festive season, the Food and Mood Project is currently in need of funds. The Project appears to be falling victim to its own success as, following a steadily growing awareness of the Project's work, administration (and other costs) also increase. We would welcome any donations you are able to make to help us keep afloat!

All good wishes,
Amanda Geary
Food and Mood Project Founder

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earth baked hard by drought. Adding fertiliser when the soil is dry will do no good because it can't get down to the roots of the plants. It's the same with our bodies. Nutrients have to be absorbed from the gut into the bloodstream and then transferred across the cell membranes into the cells. Until those nutrients are inside your cells, they can't do you any good. If you rehydrate your body, by drinking two litres of water a day, any vitamin and mineral supplements you take will then be much more effective. Lecithin, essential fatty acids and aloe vera juice will help your body to rehydrate faster.

'You should not wait until you are thirsty before having a drink of water, since thirst is a signal that your body is already undergoing physiological changes as a result of dehydration'

F&M: Many people who are dehydrated simply do not feel thirsty. Others, particularly children, who are deficient in essential fatty acids can have a raging thirst. Please could you comment on this?

DrH: It is ironic that one of the early effects of dehydration is to switch off the thirst reflex in the brain. This is another example of the way a shortage of water affects brain function. In fact, you should not wait until you are thirsty before having a drink of water, since thirst is a signal that your body is already undergoing physiological changes as a result of dehydration. Essential fatty acids (EFAs) have a role in the body's fluid balance by providing the building blocks for normal cell membranes that allow water into and out of our cells. If EFAs are deficient, the cell membranes are constructed from the wrong kinds of fatty acids, which don't let water into the cells as effectively. So the body becomes physiologically dehydrated, even if plenty of water is being consumed.

Water is cool in school

Water is Cool in Schools is a national campaign launched by ERIC (The Enuresis Resource and Information Centre) to raise awareness of the health benefits of drinking water regularly during the school day, and to improve access to fresh drinking water in schools. One of the arguments for this campaign is that, when thirsty, mental performance can be impaired by at least 10%.

Meanwhile, a recent survey of 200 Yorkshire schools reported that thousands of schoolchildren in the area are suffering from dehydration because they have no access to water. 40% are going without water for the whole day, and many are suffering headaches, poor concentration, and tiredness as a result.

Further info about the ERIC campaign: 0117 960 3060, info@eric.org.uk

Water wisdom

'One simple truth is that dehydration can cause disease' ...
'When the body begins to collect salt, it is doing so to keep water in the body'

Dr Fereydoon Batmanghelidj

Batmanghelidj, F (1997) Second edition *Your body's many cries for water* The Therapist Ltd

'Life is movement and is epitomised by water in a constant state of motion and transformation, both externally and internally. Flowing as water, sap and blood, this life molecule is the creator of the myriad life-forms on this planet'

Callum Coats

Coats, C (1996) *Living energies: Viktor Schauberger's brilliant work with natural energy explained* Gateway Books, Bath, UK.

'Water can exchange energies that science does not yet comprehend nor have the equipment to measure'

Charlie Ryrie

Ryrie, C (1998) *The healing energies of water* Gaia Books Ltd



F&M: People used to drinking fizzy drinks can sometimes be persuaded to switch to water as long as it's sparkling water. Are there any disadvantages to health generally from having sparkling, rather than plain, water?

DrH: The bubbles in sparkling water are carbon dioxide gas, which dissolves in water to form carbonic acid, so sparkling water is always slightly acidic. Drinking a lot of sparkling water will eventually acidify the body, leading to problems with digestion and inflammatory conditions such as arthritis. But low-level dehydration will cause these same problems much quicker. Sparkling water is certainly preferable to fizzy drinks containing sugar and chemical additives. If it is used as a 'halfway house' to help people get used to drinking more water, the benefits of this will probably outweigh its disadvantages. But once a water-drinking habit has been established, the aim should be to switch to still water.

F&M: In the summer 2002 issue of *Holistic Health* (the Journal of the British Holistic Medical Association) there was an article by Ray Peat PhD called 'Stress and Water'. It was quite complex (and it also covered breathing and the Buteyko method) but, as I understood it, he was saying that CO₂ in H₂O was beneficial. In the article Peat wrote that the CO₂ is more soluble in living tissue than in ordinary water ('solubility is what governs the situation, not a context-free concentration gradient') and 'knowing that hyperventilation can make a person faint, because loss of CO₂ causes blood vessels in the brain to constrict, I saw that additional CO₂ would increase circulation to the brain.' What do you think of this?

DrH: I would certainly be interested in seeing Ray Peat's paper. I guess that, like many substances in the body, CO₂ can be both harmful and beneficial, depending on the particular metabolic pathway it is involved in.

'I try to avoid drinking tap water, because it usually contains added chlorine and, in some areas, fluoride as well. Both these substances are poisons...'

F&M: What, in your view, is the best type of water to drink? And what is your view on the health risks/benefits of drinking distilled or reverse osmosis filtered water?

DrH: I try to avoid drinking tap water, because it usually contains added chlorine and, in some areas, fluoride as well. Both these substances are poisons and they can combine with organic matter in water to form compounds called trihalomethanes, which have been implicated in miscarriages and birth defects. Distilled water and reverse osmosis filtered water do not contain these or other contaminants and are a much better option. My own preference, from a taste point of view is for a still bottled mineral water with a fairly low mineral content, such as Volvic or Spa. Mineral waters that have a lot of dissolved calcium bicarbonate are too alkaline (which is as bad as being too acidic). Whatever kind of water you drink, be sure to drink at least two litres every day and more if the weather is hot or you are exercising a lot.

F&M: Dr Hum, thank you very much for this.

Dr Martin Hum is a Fellow of the Institute of Optimum Nutrition and a health journalist, writing regularly for specialist publications. Comments on this interview can be sent to him via The Food and Mood Project.

Water – the side effects?

'Drinking more water [was an easy change to make] because the mood stabiliser made me feel very thirsty and I worked out lots of places to get free drinking water and with loos, where I go in central London'

Food and Mood Survey participant

You may be concerned about having to 'go to the loo' more often as a consequence of drinking more water. This inconvenience will decrease as your bladder becomes used to holding more liquid. In the meantime, it is best to drink little and often. That way, the water you drink is less likely to pass 'straight through you'!

Perhaps a welcome 'side-effect' from drinking more water is that you may find you don't want to eat so much. This is because once you begin to recognise your body's thirst signals and stop misinterpreting them as hunger signals, you will find that urges to binge on biscuits can disappear. So, every time you feel hungry, try drinking a glass of water instead. Then wait to see whether the pangs you experienced were of genuine hunger or disguised thirst

Dehydration and psychosis link

Email from Millie Kieve, Founder/Chair of APRIL (Adverse Psychiatric Reactions Information Link)

I would like to tell you of my own experience when my daughter Karen suffered a sudden onset of psychosis after being prescribed sulphasalazine (salazopyrine) a sulphonamide drug used for Crohn's disease.

The medication was prescribed in 1985 with no patient information leaflet. Not being told the importance of taking plenty of water with this drug, Karen suffered terrifying nightmares. The consultant insisted she should continue on the drug and denied this was a side effect. (It is listed on the data sheet in the ABPI data sheet compendium <http://emc.vhn.net>)

'He prevented the official reporting to the CSM of this sudden onset of psychosis in a 20-year-old university student with no previous history of mental illness'

Karen had to be flown back from Palma unconscious due to being medicated, by air ambulance. I travelled separately and called the gastroenterologist from the airport, I asked if the drugs could have caused the mental breakdown. He said 'Only if she got dehydrated'.

When Karen re-started the medication she developed a fixed drug eruption⁽¹⁾ after one dose! I am willing to tell the world this story. The consultant even prevented the official reporting to the CSM⁽²⁾ of this sudden onset of psychosis in a 20-year-old university student with not previous history of mental illness.

I then found that the information about the importance of the need to drink was added to the data sheet as a requirement when prescribing this drug - yet the CSM only produced a patient info leaflet for the first time in 2000 (I believe). The Martindales pharmacopea had this information long before the drug company data sheet added it.

(1) Fixed drug eruption is an eruption through the skin caused by the drug.

(2) CSM: Committee on Safety of Medicines

For more information about APRIL (Adverse Psychiatric Reactions Information Link) please visit <http://www.april.org.uk> or telephone 01992 813111

Leading by example

At a recent Food and Mood seminar for mental health professionals in London, Amanda Geary challenged delegates first to consider changing their own eating habits before recommending patients or clients to do the same. 'Changing your diet is challenging. For example, it can make you different from other people which makes the new way of eating difficult to sustain. If mental health professionals can also use this form of self-help it can provide them with a valuable experience of the change process involved. It can help to avoid making unrealistic demands on service users and this first-hand experience adds weight to the advice that's being offered' said Amanda.

The thorny issue of the ethics of imposing dietary change onto vulnerable clients in residential care, was another discussion point raised at the Food and Mood seminar. It soon became clear that careful consideration of the situation would be needed, particularly by those innovative catering services keen to implement change within residential accommodation. Another perspective on this dilemma is that it would be unethical to withhold dietary changes understood to be beneficial. Recognising food as 'medicine' can soon become a complicated business!

Meanwhile, Sussex Oakleaf Housing Association (SOHA) are actively supporting staff to experiment with eating differently. At the same time, the idea that 'what we eat can affect how we feel' is being slowly introduced to appropriate clients within the SOHA Independent Living Programme. The SOHA initiative has been to start a 'Peer Support Healthy Eating Project' and make funds available

for SOHA staff to get together to buy and try what, for some staff, may be novel foods to eat.

'We share food and ideas, experiment with tasting healthy food options, and then discuss our reaction to them.'

'This idea has developed from a shared interest by Project Workers in the relationship between what we eat and how we feel, and the affect that food can have on our physical, emotional and mental health' reports Pdraig Breatnach, Project Worker in the Independent Living Team at SOHA. 'The peer support group meets once a month and uses an experiential approach. We share food and ideas, experiment with tasting different (and, in some cases, untried) healthy food options, and then discuss our reactions to them. To date, we have had several themed sessions, including the Mind Meal, caffeine free drinks and food, alternative snacks and lunches, and different breads and spreads' said Pdraig.

'There appears to be a correlation between the eating habits of Project Workers and SOHA tenants. Our motives are both selfish and altruistic – as well as gaining increased health benefits for ourselves we also hope to stimulate and foster an interest in SOHA tenants to do the same.' added Pdraig. The SOHA staff involved in this project intend to pass on to interested tenants their experiences from their continuing exploration of 'good mood' eating.

For a chat about the SOHA Peer Support Healthy Eating Project contact Pdraig Breatnach at SOHA on 01444 253380.

Research news

More evidence for efficacy of fish oil

A remarkable 69% of depressed patients who received a daily dose of 1g of EPA omega-3 fish oils for 12 weeks experienced a 50% decrease in their symptoms, such as sadness, anxiety and sleeping problems, compared with only a 25% decrease amongst those given an inactive drug. The only side effect reported by some research volunteers was mild gastrointestinal problems. The research, conducted by Dr Malcolm Peet of the Swallownest Court Hospital in Sheffield and co-researcher Dr David Horrobin of Laxdale Research Ltd in Stirling, Scotland, was reported in the October issue of the Archives of General Psychiatry (2002; 59: 913-919) and adds to a growing body of evidence for the use of fish oils in the treatment of a range of psychiatric illnesses that includes manic depression and schizophrenia.

Meanwhile, a survey of a cross-section of 4,644 adults living in New Zealand reported in Public Health Nutrition (2002; 5(3):427-431) demonstrated a significant relationship between fish intake and self-reported mental health status (as measured on the SF-36 questionnaire). The authors propose this finding provides support for the hypothesis that omega-3 oils act as mood stabilisers.

In a separate, UK based survey, only one sixth of people questioned were aware of the Food Standard Agency advice to eat at least two portions of fish (including oily fish) each week, according to the Consumer's Association magazine Which?. This report also drew attention to the pitfalls of eating certain oily fish – such as mackerel – which run the risk of being contaminated with mercury and other pollutants.

Festive food plan

Many people find Christmas stressful, and so the idea of trying to eat healthily at this time can *add to the total stress load*. If this is the case for you, it may be better to wait until the New Year before thinking about changing what you eat.

However the Christmas vacation does give us the *opportunity for a break from our regular routine*. If this is normally unhealthy eating then we have the chance to improve that. If it's usually a very strictly controlled healthy eating regime then perhaps Christmas is the time to loosen up a bit, 'let yourself off the hook', and enjoy eating whatever you fancy!

The important thing is that whatever you decide to do *you are aware that food can affect how you feel*. So if your mood changes along with your diet at Christmas – there just might be a connection between the two!



~ TEN FOOD AND MOOD TIPS FOR CHRISTMAS ~

- 1 Treat yourself to good quality food** whenever possible, eg good quality chocolate (rather than chocolate that is full of sugar) which is less likely to affect blood sugar levels, or organic wines and beers that give you less of a hangover.
- 2 Buy some bottles of mineral water** and always have a bottle out on a tray with glasses, and therefore readily available to drink. Encourage children to drink water by buying sparkling mineral water and adding slices of orange or lemon to make it more interesting. If you are drinking alcohol, extra water will help reduce, or avoid, a hangover.
- 3 Avoid additive-laden, sugar-full fizzy drinks.** These can be the cause of kids that are 'climbing the walls'. Instead, treat yourself – and the family – to fresh fruit juices. Drink diluted with sparkling mineral water to reduce the natural sugar 'hit'.
- 4 Have a tempting and attractive bowl of unusual and exotic fruits,** as well as sweets and chocolates. But don't let the bowl just sit there as an ornament! At some point each day cut up the fruit and have an even more attractive 'fruit plate' that's easy to eat and enjoy.
- 5 Bowls of nuts are naturally festive foods** and excellent sources of minerals and essential fats. Brazil nuts are a good source of selenium (which can be low in people with depression), walnuts contain omega-3 oils (also needed for good mental and emotional health), and almonds contain magnesium and calcium (needed to reduce feelings of tension). Have **toasted sunflower seeds and pumpkin seeds** as an alternative to bags of crisps. Have fun making your own **popcorn** – it also fills you up and, depending what you put on it, can be less fattening than ready-made popcorn.
- 6 Include the traditional dried fruit such as figs and dates** which are good for the constipation that can be brought about by the change in diet. Remember, the health of your bowel is linked to the state of your brain!
- 7 Avoid the temptation to start the day with sweet and sugary foods** that set your blood sugar levels off on a roller coaster ride. Instead, as it's the holiday and you have the extra time, **start the day with a substantial – perhaps a cooked – breakfast** that contains some sort of protein. This will fill you up and keep you off of the chocolates for longer.
- 8 Treat yourself to some salmon or other oil-rich fish** such as mackerel, sardines, herring/kippers, pilchards or fresh (not tinned) tuna. Depending on the fish you choose, have it as a snack on toast (eg sardines on toast), as sandwiches (smoked salmon sandwiches) or as part of your cooked breakfast (eg grilled kippers or mackerel).
- 9 Remember that your Christmas turkey** is a particularly good source of tryptophan, which will boost levels of the mood-enhancing brain chemical serotonin.
- 10 If you are wheat sensitive,** then invest in the delicious **gluten-free mince pies, Christmas puddings and cakes** that are now available (see www.village-bakery.com). Even if you succumb to the other wheat-containing foods around, at least you will have reduced the total load of food stressors on your body-mind.

Manganese benefits

I have been suffering from clinical depression for more than 20 years, and I have had manic episodes as well during most of this time. I am also suffering from OCD. (Obsessive Compulsive Disorder). For my depression and OCD, I received Anafranil (clomipramine) and Lithium was used for the treatment of my manic episodes. However, I had to discontinue Lithium, due to adverse side effects. Also, with the passing of time, Anafranil become less and less effective in treating my depression. I tried other medication such as Zoloft, Effexor, Seroxat and combinations of these as well but my depression and OCD grew steadily worse. My manic attacks also continued from time to time.

I finally realised that the answer to getting back my health had to lie elsewhere and not in medication. I reduced Anafranil to a minimum and started experimenting with nutrients (minerals, during the last one and a half years) noting on a diary the effect each had on my illness and me in general. Based on these observations I chose to use Manganese when I went through a manic episode 7 months ago. I took a total of 34mg per day, for 7 days. It proved quite effective. At the time I was also taking a minimal dose of Anafranil.

Following the success of Manganese and other nutrients in helping me feel better, I discontinued Anafranil and I am now medication free. During my one and a half year of experimentation with minerals, my depression and OCD were alleviated.

When I first stopped Anafranil (which I had been taking on-off for 2 decades) I had a manic attack and also insomnia and intense anger outbursts. Again I used Manganese and all symptoms greatly diminished but didn't go away. Based on my past observations and theories I have formulated regarding each nutrient's effect on my illness, I added Zinc to my Manganese supplementation. This time the outbursts, insomnia and mania went away completely. I used 23mg of Zinc plus 34mg of Manganese daily, for 7 days. (They have a long lasting effect so I do not need to use them continually).

Please note that while Manganese (with the help of Zinc if the need arises) is effective in successfully treating manic episodes, other nutrients are also required for clinical depression to go away and optimum health restored. I have succeeded in making my manic episodes disappear. I am now working on the clinical depression side of my illness and I will use the knowledge I have so far accumulated to nurse myself back to health.

Drawing from my own experiences Manganese is also very effective in treating insomnia. It promotes a very healthy kind of sleep.

Last but not least I have found that Manganese can bring considerable relief in the case of obsessive compulsive

disorder. It has done so in my case, and I firmly believe it will do the same for others too.

I have also written to medical research institutes (including the Clinical Trial Service Unit at Oxford University) alerting them to this trace element's potential and calling for a clinical trial to be established, to confirm its effectiveness. Oxford University was interested and I have established correspondence with them).

I fully believe that other patients will obtain the same benefits from Manganese as I have. I recommend 20-25mg of Manganese morning and night plus Zinc 20-25mg in the morning. They should be taken with food. It is important that no other nutritional supplements be administered alongside. Please note that complete recovery for manic episodes can be anticipated within a 7 day period.

I hope my findings will prove useful.

Kyriacos Kotsonis, Cyprus

Caffeine is best avoided

I have spent all morning reading your *Food and Mood Survey Report*. One clear fact emerges: caffeine is bad for you! Especially if you suffer from mood/psychotic disorders.

The letter from the Housing Association User ('Final Word', p40) is significant. Here he says, 'Other benefits were that my paranoia decreased. . . my depression almost disappeared and my sleep pattern went back to normal'.

I am at present doing research for our 'hospital' focus group on the effects of sleep deprivation on mental health (especially on mood disorders) – as I think this problem is not taken seriously by medical/nursing staff. In our local hospitals there are drink machines on every ward offering tea, coffee and coca cola! Also the only thing on offer at teabreaks (even at bedtime) is – tea and coffee!

I have not taken caffeine for 5–6 years now – except for a cuppa before 7.30 am (I am able to get away with this!) In all this time I have had no manic/hyper episodes and my GP says I have made 'a remarkable recovery', and am 'unlikely to get ill again'.

Thank you!

Name and address provided

Herring to the rescue

I read the information on your site with very much interest, and I surely am convinced you're absolutely right in saying that food can influence your mood.

I myself have suffered from agoraphobia and panic-attacks for many years now. Once I walked through a city centre, feeling very nervous and sometimes on the verge of a panic-attack, when I saw a fish stand where they sold raw salted herring. I bought one and ate it on the spot. After a few moments I began to feel considerably

better, my nerves came to rest, and it felt as if the sun began to shine in my head. I felt much more self-assured and the anxiety was gone. This was the first time I was aware of the influence of food on your state of mind. After that I used eating fish as a mean to reduce my anxiety.

I also found out that besides drinking coffee, (strong) tea, and coca-cola, other substances had a negative influence on my attacks. Especially taste-enhancers, E621, E622, E623. The first one is also known as veh-tsjin or natrium-glutamate [monosodium glutamate or MSG] and is often used by chinese restaurants. They can also to be found in snacks, crisps, and canned soups. (In Holland the content of food has to be on the label). I also take bananas, pasta, 2 fish-oil capsules a day, and nuts to improve my mental condition. When I have got something important to do that I find difficult, I take a pasta meal the night before, and take bananas and lots of sardines or other fish on my empty stomach. On the day itself I take no food or drink that contains caffeine.

I hope you keep up the good work, because I know you got it right!

Hans Lammers, by email from Holland

Salicylate sensitivity

I have suffered from panic attacks for the last 5–6 years, and was diagnosed earlier this year as having a salicylate sensitivity.

To cut a long story short, I am fairly certain that my panic attacks are caused by a reaction to what I am eating/drinking – in particular, foods containing high levels of salicylate.

Over the last few months I have followed a diet low in salicylate, and my panic attacks stopped. Occasionally I feel mildly anxious in a situation that would normally trigger a panic attack, but only get a full blown panic attack if I do eat or drink something (knowingly or not) with high salicylate levels.

I am now being treated by a herbalist, who diagnosed candida imbalance, and sensitivities to a number of other food types. I have changed my diet, and am in the process of taking homeopathic desensitising drops. Other physical symptoms (bloating, poor circulation in my hands and feet, headaches, tiredness, upset stomach, general anxiety, emotional highs and lows) are also greatly improved. The overall impact on my physical and emotional wellbeing has been absolutely life changing.

I'm looking forward to reading your book – your website is excellent, and I finally feel that there is someone out there who can provide me with informed, logical information. It's now one of my dearest wishes to help share my experiences with others – if what I have suffered can in any way help someone else it will all have been worth it.

Miss T O, by email

Nutritional testing

Homocysteine testing at home



YorkTest laboratories have launched a new home test kit for measuring plasma levels of homocysteine. This naturally occurring substance is formed as a result of protein digestion but excess levels have been

associated with an increased risk of illnesses such as Alzheimer's, depression, schizophrenia, diabetes, obesity, heart disease and stroke. The unique home test kit enables you to take your own pin-prick blood sample at home. The sample is then sent to the YorkTest laboratory for analysis and results are returned within 14 days. The good news is that if homocysteine levels are shown as being higher than what is considered normal they can be reduced, simply and inexpensively. Excess homocysteine is formed when certain vitamins are at low levels in the body, so this risk factor for disease can be reduced within two to three months by increasing levels of vitamins B6, B12 and folic acid – through taking nutritional supplements and/or a change of diet. *Further information on 0800 074 6185 or visit www.yorktest.com.*

Our recommendations

by Food and Mood Survey participants

All Food and Mood Survey participants kindly provided their best single piece of advice appropriate for someone who was starting out to explore food and mood. These are just some of the recommendations that were offered:

- ‘It's worth breaking through the ‘comfort zones’ to experience a greater well-being’
- ‘Get the support of family, friends, colleagues or a health professional if you can’
- ‘Perhaps keep a food and mood diary - and be honest with yourself!’
- ‘Try changing things, step by step’
- ‘Think of this as an experiment, to see how you can feel’
- ‘Go at your own pace and make it a sustainable way of living’
- ‘Don't give up. Things may not happen overnight’
- ‘Remember: you are unique, and you are the expert on how you feel’

These recommendations also feature on the new *Food and Mood poster*. To view the poster and also the full list of 200 recommendations, plus the key findings from the survey, go to www.foodandmood.org.

Food and Mood conference report

Amanda Jodhpuria

I feel incredibly fortunate that I was offered a place to attend this conference as a delegate for the Manic Depression Fellowship.

I was diagnosed manic-depressive two years ago, but, now drug free, food has been an important part in my recovery.

When I was diagnosed I was told that I had a biochemical imbalance. What I didn't realise until I attended this conference was that research has shown that mental illnesses – be it manic depression, schizophrenia, autism, Alzheimer's, PMT, alcohol addiction or bulimia – all exhibit some kind of biochemical imbalance. From a nutritionist's point of view, the best way to treat the imbalance and, therefore, the mental illness, is to introduce either through foods or supplements the chemicals that will allow the reaction to occur.

Patrick Holford, from the Institute of Optimum Nutrition, cited several cases of patients who had literally been transformed when this method of treatment had been applied.

Drugs on the other hand, work on a totally different principle and do not address this fundamental problem.

Amanda Geary, talking about The Food and Mood Project, had researched the effects that changing diet can have on mental health, in a survey of 200 mental health sufferers. The research concluded that the overall mental health of the research group was considerably improved when positive changes were made to the diet.

Therefore, it seemed to me, that there was undoubtedly, a link between food and mood.

My own experiences since my diagnosis make me convinced that we need to pursue this line of thought. I was found to be very low in essential fatty acids and essential B-vitamins, low in zinc and had unstable blood sugar levels due to skipping meals and not eating breakfast. The introduction of supplements and the conscious eating of relevant foods as well as eating regular meals and taking chromium to balance blood sugar levels had dramatic effects on my life.

So why is this message not being screamed from the rooftops, particularly in the light of so many people being increasingly affected by mental health problems...?

'This type of self-management is logical, simple and straightforward. In my experience it has meant the difference between having, and not having, severe mental illness.'

As the conference progressed it became clear that this simple message may not be in the interests of the Government or the NHS, as it would undoubtedly affect the cash-rich drug companies who seem to be supporting our economy.

But, however powerful these companies are, I am sure we can start to make a difference. In my opinion:

- We must start to take diet seriously when looking at mental health.
- We must start to educate sufferers in the best way to eat for optimum health.
- We must start to test for deficiencies and use supplements in diets where necessary.
- We must start to change the food offered in hospitals to mental health patients.

This is an ideal time to install a new way of self-managing and the Food and Mood conference should be applauded as an invaluable way to start this process. It brought together nutritionists and health professionals who, if they could work together, could bring beneficial changes in how we view mental health.

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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