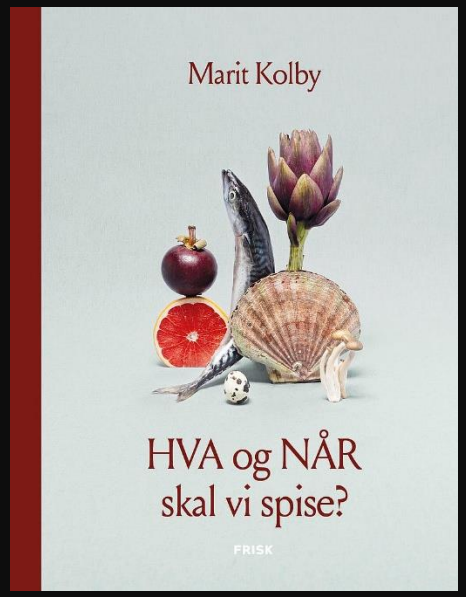
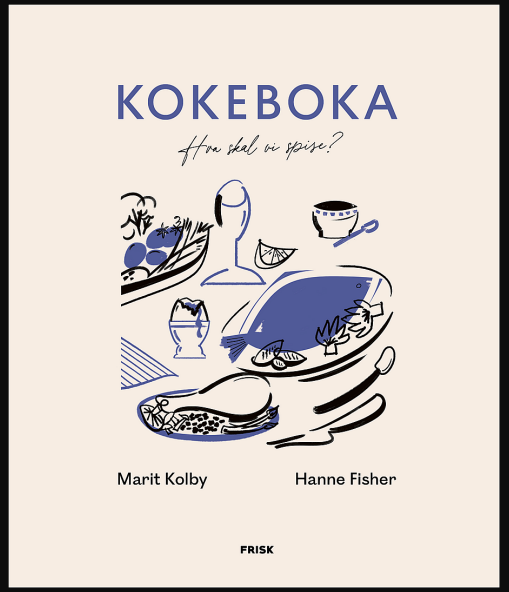
Ernæring og psykisk helse

Marit Kolby

Mine interessekonflikter





Selv-rapporterte psykiske plager blant unge øker

- Tenåringsjenter og unge kvinner
- Studenter

Økning i diagnoser hos barn og unge:

- Autismespekter-diagnose
- ADHD-diagnose

https://www.fhi.no/he/fr/barn-og-unges-psykiske-helse/
https://studenthelse.no/tidligere-undersokelser/
https://bmjopen.bmj.com/content/12/5/e057654.abstract

- Sosial isolasjon og ensomhet
- Digitale medier og oppmerksomhetsalgoritmer
- Bekymring for fremtiden
- Press og prestasjonskultur

Depresjon og angst blant unge i Norge har doblet seg de siste ti årene

Forskere peker på tre årsaker til at utviklingen går feil veg.

Én av tre studenter kan ha en psykisk lidelse: – Nå må det handling til

Nye tall om psykisk helse vekker uro. – Vi har etterlyst tiltak i mange år, sier studentorganisasjonen.

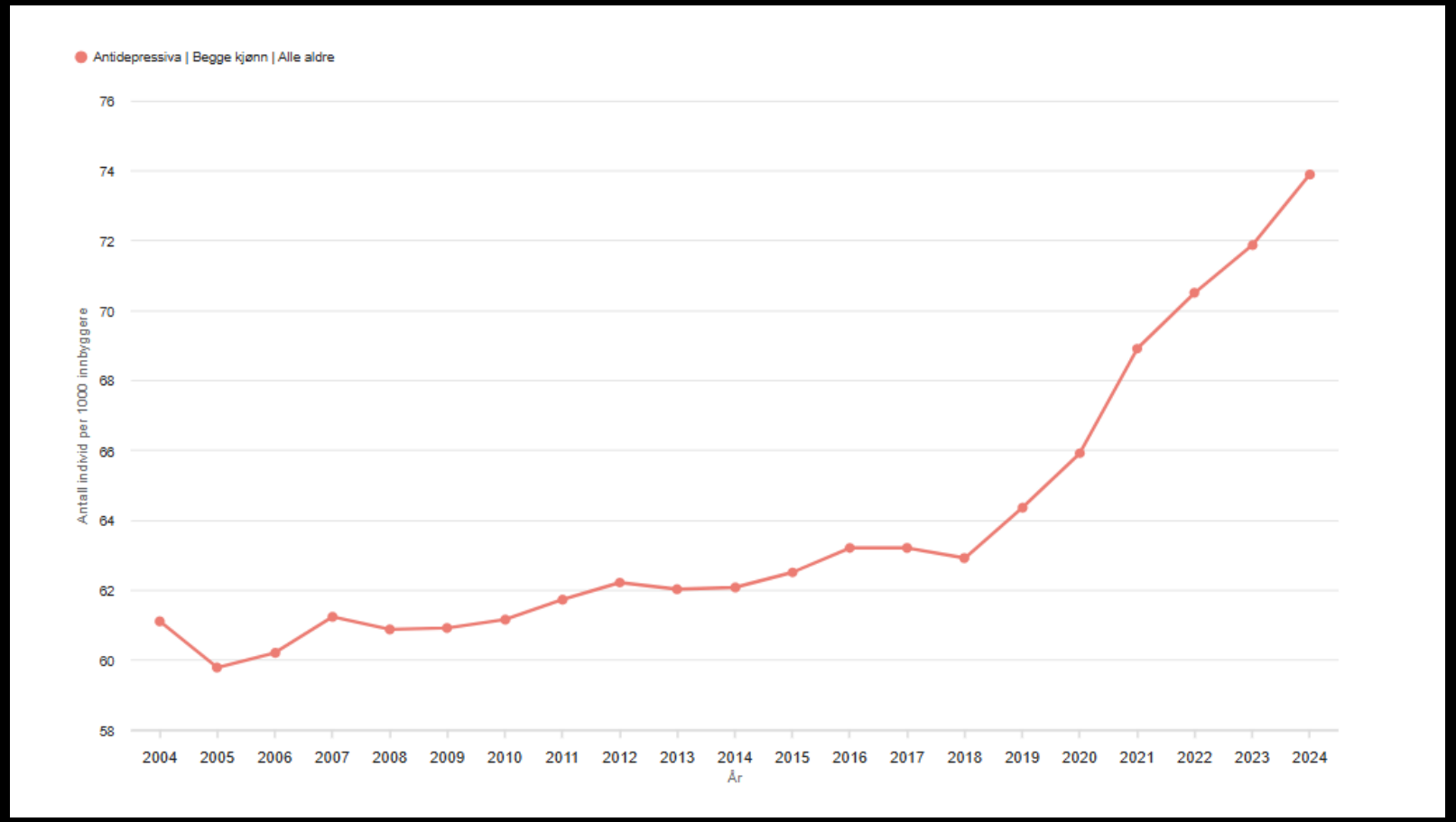
MENTAL HELSE

Psykolog om studenters mentale helse: — Jeg tror det går til helvete og at det er for seint å snu

Psykolog Svein Øverland sammenligner den mentale helsen til dagens unge under 35 år med klimakrisen, og mener de er «helt ødelagte». Studentleder Sigve Næss Røtvold sier at studentene har advart mot dette lenge.

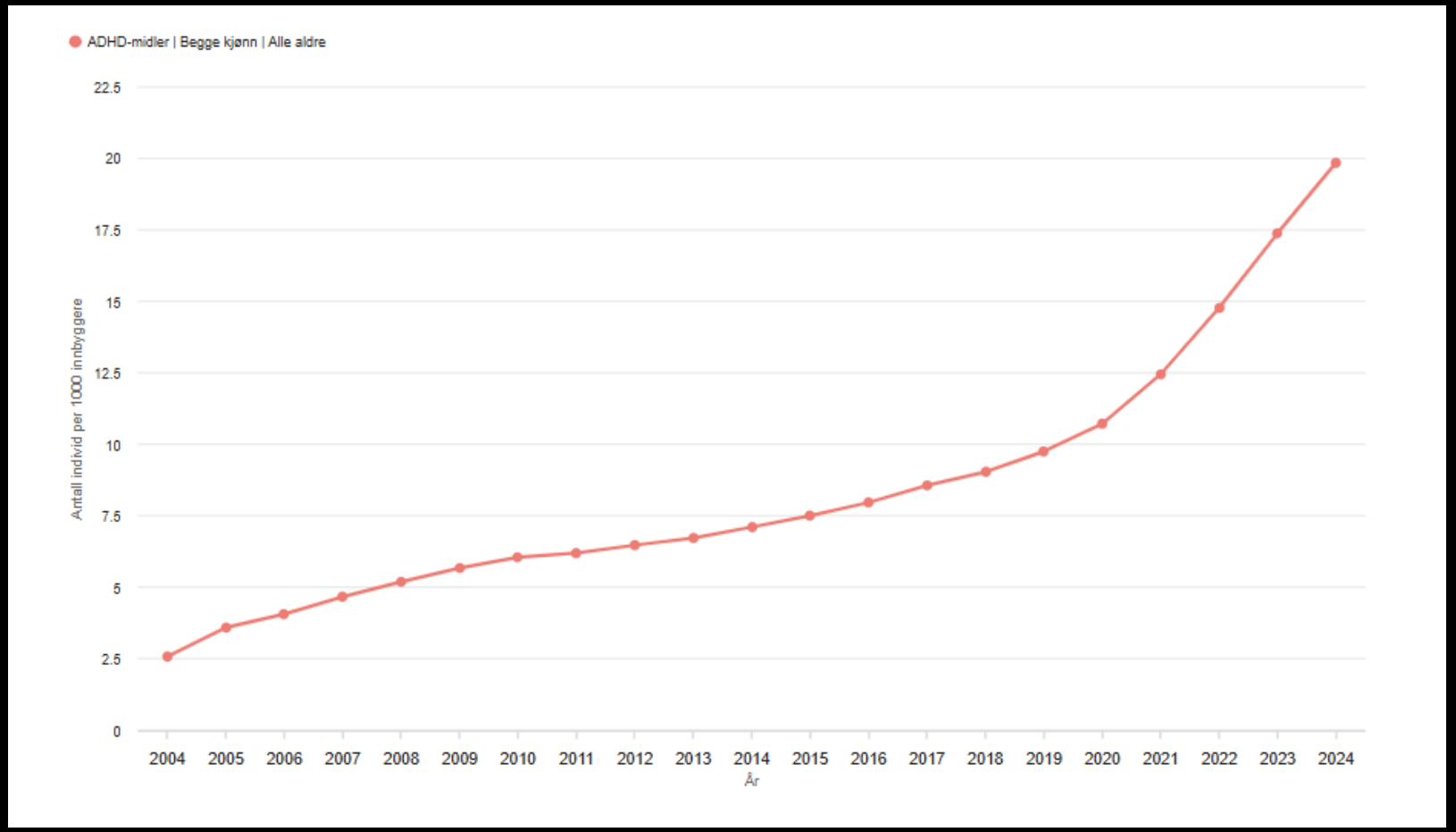
https://www.nrk.no/trondelag/hunt_-44-prosent-av-tenaringsjenter-i-norge-plages-av-stress_-angst-og-tunge-tanker-1.15993034
https://www.nrk.no/sorlandet/en-av-tre-studenter-kan-ha-en-psykisk-lidelse_-_-na-ma-det-handling-til-1.16558696
https://www.khrono.no/psykolog-om-studenters-mentale-helse-jeg-tror-det-gar-til-helvete-og-at-det-er-for-seint-a-snu/994053

Legemiddelbruk – antidepressiva



https://statistikk.fhi.no/lmr/bKQr_q4ImSChYfZzT1VwOeObMrXQ4K4j

Legemiddelbruk – ADHD midler



https://statistikk.fhi.no/lmr/bKQr_q4ImSChYfZzT1VwOeObMrXQ4K4j

Nav-analyse: Stor økning i psykisk sykefravær i hele befolkningen

Nesten halvparten av økningen i sykefraværet fra 2019 til 2023 knyttes til sykefravær med psykiske diagnoser, men forskerne klarer ikke å finne ut hvorfor.

STADIG FLERE BLIR SYKMELDT MED EN PSYKISK DIAGNOSE – HVEM ER DE?

Av Lamija Delalic og Tobias Lunde[1]

Sammendrag

De siste årene har legemeldt sykefravær med psykiske diagnoser økt betraktelig. I debatten diskuteres mulige årsaker til økningen og nivået på sykefraværet om hverandre. Samtidig mangler grunnleggende kunnskap om sykefravær med psykiske diagnoser. I denne artikkelen bidrar vi til å øke forståelsen av denne type sykefravær, i lys av utviklingen de siste årene. Med en regresjonsmodell identifiserer vi kjennetegn forbundet med økt risiko for sykefravær med psykiske diagnoser. Vi undersøker deretter om det har vært endringer i risikofaktorene fra 2018 til 2023.

Vi finner at antall sykmeldte med en psykisk diagnose har økt med 28 prosent fra 2018 til 2023. Videre har de lange fraværene blitt enda lenger. I 2018 hadde kvinner, personer mellom 30 og 39 år, de med barn, sivilstandene ugift og skilt/ separert eller enke/enkemenn samt ansatte i høyskoleyrker og salg- service og omsorgsyrker høyere risiko for å bli sykmeldt med en psykisk diagnose enn sine motparter.

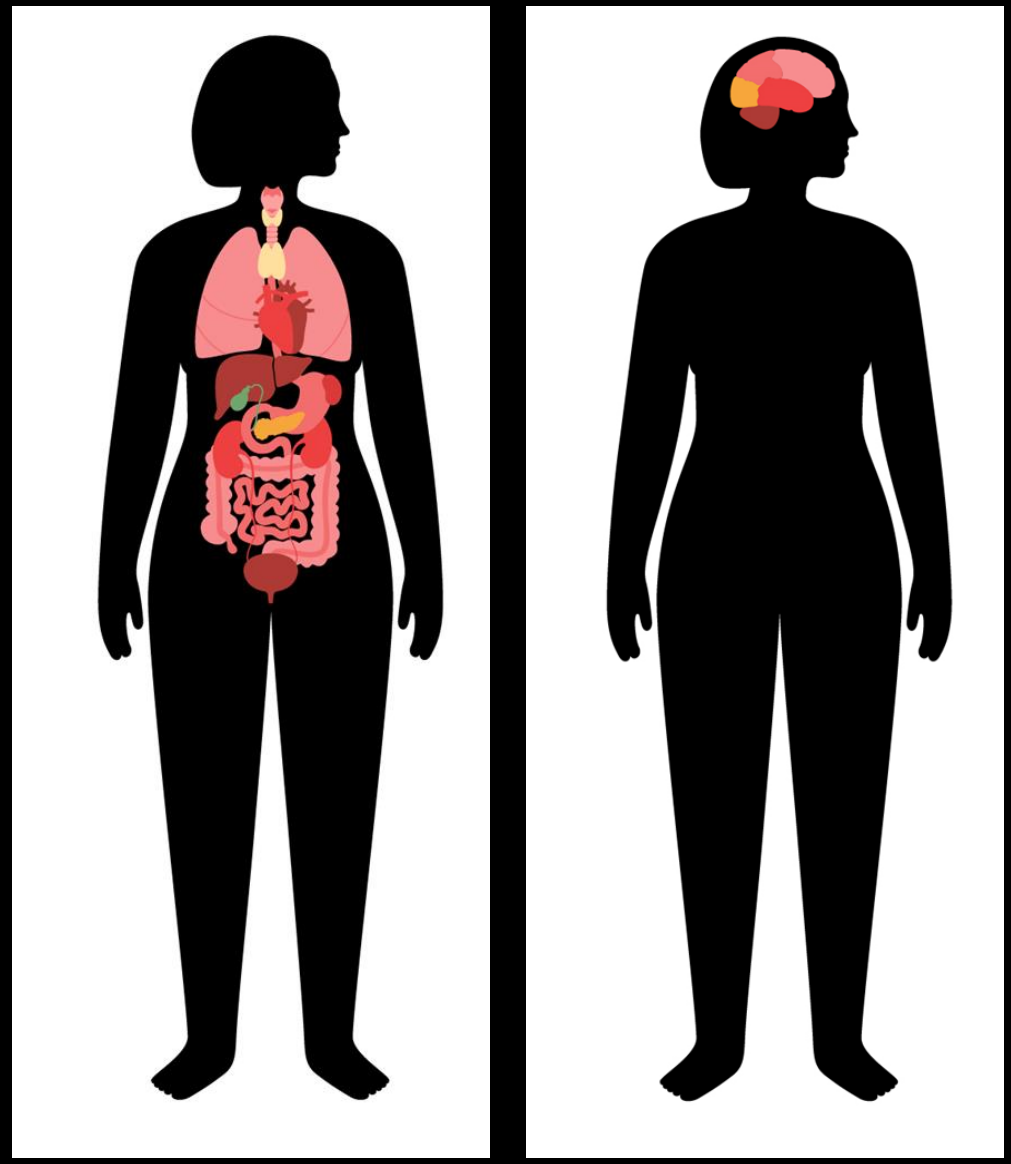
Fra 2018 til 2023 finner vi få, og små, endringer i hvem som har høyere risiko for å bli sykmeldt med en psykisk diagnose. Unges (18-29 år) risiko har imidlertid økt mer enn for personer mellom 40 og 49 år. Dette til tross for at de to aldersgruppenes risiko var like høy i 2018. Utover dette finner vi at sykefravær med psykiske diagnoser har økt på tvers av befolkningen. Det svekker hypoteser om at økningen drives av forhold som har rammet enkelte grupper. Forklaringer som økt bruk av hjemmekontor, endret arbeidspress og insentiver i sykefraværsordningen, får liten støtte. Pandemiens langsiktige konsekvenser, endrede holdninger til sykefravær, og endret psykisk helse, kan være medvirkende faktorer. Disse teoriene styrkes av tall fra Finland, Sverige og Storbritannia, som viser at utviklingen ikke er unik for Norge. Vi argumenterer for at det trengs mer forskning på utviklingen i psykisk helse etter pandemien.

https://doi.org/10.60847/NAV.5788

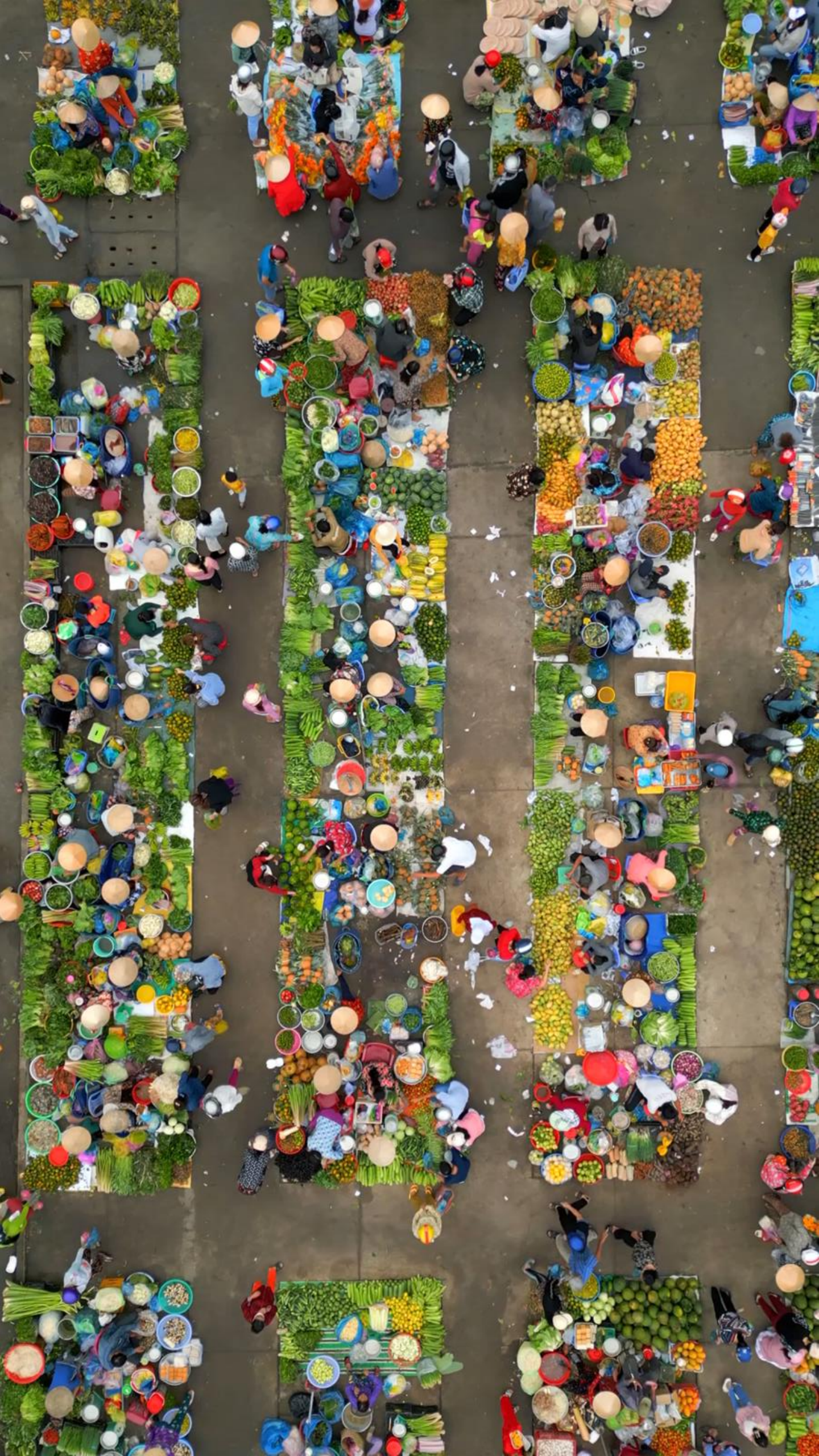
[1] En stor takk rettes Ola Thune for tilrettelegging av data for analysen, og til Ola Thune og Jon Petter Nossen for gode diskusjoner underveis.

https://www.nav.no/no/nav-og-samfunn/kunnskap/analyser-fra-nav/arbeid-og-velferd/arbeid-og-velferd/arbeid-og-velferd-nr.3-2025/stadig-flere-blir-sykemeldt-med-en-psykisk-lidelse.hvem-er-de

- Kosthold har stor påvirkning på alle organsystemer
- Hjernen er en del av kroppen
- Kosthold er fraværende i den offentlige samtalen om psykisk helse



Hva vet vi om kostholdets betydning for mental helse?



Kosthold og **depresjon** i observasjonsstudier

Redusert risiko

Sunne kosthold / høykvalitetskosthold:

- Mye frukt, grønnsaker, fisk, fullkorn, nøtter, belgvekster
- Lite hurtigmat med mye fett, sukker og salt
- «Tradisjonelt», «prudent»
- Middelhavskost, lav DII
  (DII – Dietary Inflammatory Index)

PMID: 30254236
PMID: 40158860
PMID: 41019538

Kosthold og **depresjon** i observasjonsstudier

Økt risiko

Usunne kosthold / lavkvalitetskosthold:

- Mye hurtigmat, snacks, søtsaker, raffinert korn, prosessert kjøtt og søte drikker
- «Vestlig» (western)
- Høy DII

PMID: 30254236
PMID: 40158860
PMID: 41019538

Ultraprosesserte kosthold:

- Domineres av omfattende prosesserte industriprodukter
- Fortrenger tradisjonelle kosthold
- Fører til forringet kostkvalitet
- Koblet mot omfattende helseproblemer

Series

Ultra-Processed Foods and Human Health 1

Ultra-processed foods and human health: the main thesis and the evidence

Carlos A Monteiro, Maria LC Cavalcanti, Euridice Steele-Martinez, Geoffrey Cannon, Giovanna C Andrade, Phillip Baker, Maira Bes-Rastrollo, Mariana Lima Bonaccio, Ashley N Gearhardt, Neha Khandpur, Mark Kelly, Renata B Levy, Priscila P Machado, Jean-Claude Moubarac, Leandro F M Rezende, Juan A Rivera, Gyorgy Scrinis, Bernard Srour, Boyd Swinburn, Mathilde Touvier

This first paper in a three-part *Lancet* Series combines narrative and systematic reviews with original analyses and meta-analyses to assess three hypotheses concerning a dietary pattern based on ultra-processed foods. The first hypothesis—that this pattern is globally displacing long-established diets centred on whole foods and their culinary preparation as dishes and meals—is supported by decades of national food intake and purchase surveys, and recent global sales data. The second—that this pattern results in deterioration of diet quality, especially in relation to chronic disease prevention—is confirmed by national food intake surveys, large cohorts, and interventional studies showing gross nutrient imbalances; overeating driven by high energy density, hyper-palatability, soft texture, and disrupted food matrices; reduced intake of health-protective phytochemicals; and increased intake of toxic compounds, endocrine disruptors, and potentially harmful classes and mixtures of food additives. The third and final hypothesis—that this pattern increases the risk of multiple diet-related chronic diseases through various mechanisms—is substantiated by more than 100 prospective studies, meta-analyses, randomised controlled trials, and mechanistic studies, covering adverse outcomes across nearly all organ systems. The totality of the evidence supports the thesis that displacement of long-established dietary patterns by ultra-processed foods is a key driver of the escalating global burden of multiple diet-related chronic diseases. Two companion papers in this Series specify policy actions and wider public health strategies to promote, protect, and support diets based on fresh and minimally processed foods and prevent their displacement by ultra-processed foods.

Introduction

A 2009 commentary[1] and subsequent publications[2–5] proposed that the purpose and extent of industrial food processing had shifted globally in past decades, with harmful—and overlooked—effects on human health, especially diet-related chronic diseases.

Rather than primarily serving to extend the shelf life of whole foods, preserve or enhance sensory properties, or facilitate culinary preparation, industrial food processing has become increasingly aimed at creating substitutes for whole foods and their preparation as dishes and meals. In pursuit of greater profits, especially by transnational corporations, new processing technologies emerged. Unlike long-established methods, such as drying, chilling, freezing, pasteurisation, fermentation, baking, salting, sugaring, bottling, and canning—which largely preserve the natural structure of foods and enhance their durability, palatability, and culinary versatility—these new technologies disrupt food matrices, chemically modify food components, and combine them with additives to produce ready-to-consume, long-lasting, and highly palatable products.[3–5]

This shift, which was common in some high-income countries after World War 2, accelerated in the 1980s with the deregulation of foreign investment and globalisation of the corporate food industry, in parallel with worldwide increases in obesity[3,4] and other diet-related chronic diseases, such as type 2 diabetes,[3] colorectal cancer,[6] and inflammatory bowel disease.[6]

As a result of these new technologies, a new food classification system was introduced that considered the extent and purpose of the industrial processing to which foods are subjected before consumption.[7] This system, later updated and named Nova,[4,7,8] identifies four food groups, with the fourth (and most processed group) termed ultra-processed foods (UPFs). UPFs are branded, commercial formulations made from cheap ingredients, with little or no whole food, designed to compete with the other three Nova groups and their preparation as dishes and meals, and maximise corporate profits.

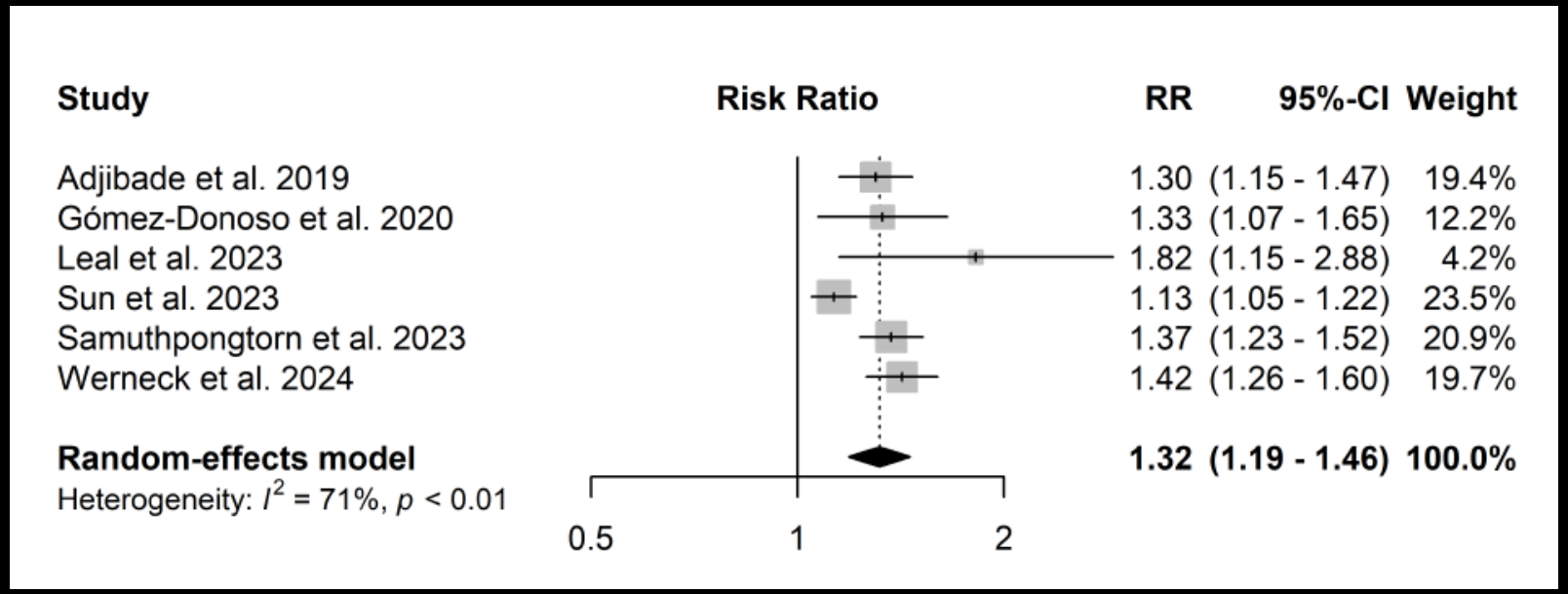
Among other uses, such as structuring dietary guidelines,[10] Nova enables the measurement of individual-level and population-level exposure to the ultra-processed dietary pattern by calculating the dietary share of UPFs (as a percentage), either by energy or weight.[11] In the aforementioned publications,[1,2] three hypotheses concerning the ultra-processed dietary pattern were proposed. The first hypothesis proposes that the ultra-processed dietary pattern has displaced, and continues to displace, long-established patterns based on the three first Nova groups and their preparation as dishes and meals. The second hypothesis suggests that such a pattern degrades various aspects of dietary quality related to chronic diseases, including—but not limited to—nutrient profiles. The third hypothesis is that exposure to the ultra-processed dietary pattern increases the risk of multiple diet-related chronic diseases through various mechanisms. The thesis arising from these

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01565-X/fulltext

Ultraprosesserte kosthold

Økt risiko for **depresjon** hos de som inntar mest

- 6 kohorter: 32 % økning i relativ risiko



PMID: 35807749
PMID: 38613906

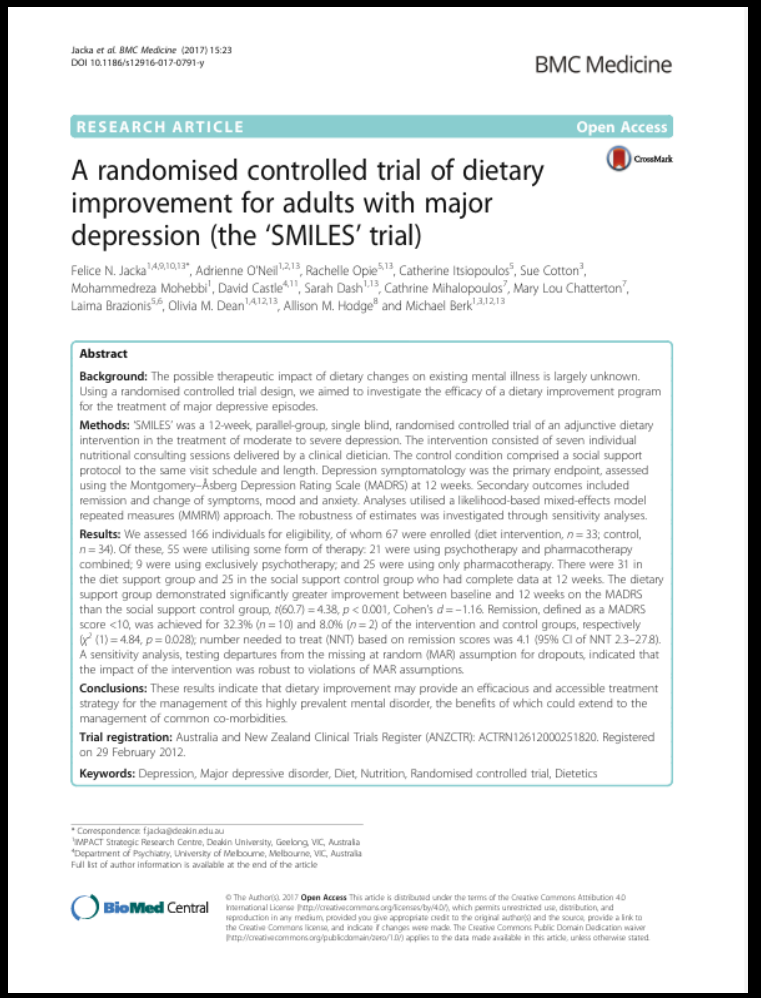
- Observasjonsstudier kan ikke fastslå årsakssammenheng
- Intervensjonsstudier er etisk og praktisk ugjennomførbare

Men vi kan jobbe “omvendt”!

The SMILES trial

Kan bedre kosthold hjelpe de som allerede er deprimerte?

- 67 deltakere med alvorlig depresjon
- 50 % fikk kostholdsendring,
  50 % fikk sosial støtte (kontrollgruppe)
- 12 ukers varighet



Jacka et al. BMC Medicine (2017) 15:23
DOI 10.1186/s12916-017-0791-y

BMC Medicine

RESEARCH ARTICLE Open Access

A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial)

Felice N. Jacka[1,4,9,10,13*], Adrienne O'Neil[1,2,13], Rachelle Opie[5,13], Catherine Itsiopoulos[5], Sue Cotton[3], Mohammedreza Mohebbi[1], David Castle[4,11], Sarah Dash[1,13], Cathrine Mihalopoulos[7], Mary Lou Chatterton[7], Laima Brazionis[5,6], Olivia M. Dean[1,4,12,13], Allison M. Hodge[8] and Michael Berk[1,3,12,13]

Abstract

Background: The possible therapeutic impact of dietary changes on existing mental illness is largely unknown. Using a randomised controlled trial design, we aimed to investigate the efficacy of a dietary improvement program for the treatment of major depressive episodes.

Methods: 'SMILES' was a 12-week, parallel-group, single blind, randomised controlled trial of an adjunctive dietary intervention in the treatment of moderate to severe depression. The intervention consisted of seven individual nutritional consulting sessions delivered by a clinical dietician. The control condition comprised a social support protocol to the same visit schedule and length. Depression symptomatology was the primary endpoint, assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS) at 12 weeks. Secondary outcomes included remission and change of symptoms, mood and anxiety. Analyses utilised a likelihood-based mixed-effects model repeated measures (MMRM) approach. The robustness of estimates was investigated through sensitivity analyses.

Results: We assessed 166 individuals for eligibility, of whom 67 were enrolled (diet intervention, $n = 33$; control, $n = 34$). Of these, 55 were utilising some form of therapy: 21 were using psychotherapy and pharmacotherapy combined; 9 were using exclusively psychotherapy; and 25 were using only pharmacotherapy. There were 31 in the diet support group and 25 in the social support control group who had complete data at 12 weeks. The dietary support group demonstrated significantly greater improvement between baseline and 12 weeks on the MADRS than the social support control group, $t(60.7) = 4.38$, $p < 0.001$, Cohen's $d = -1.16$. Remission, defined as a MADRS score <10, was achieved for 32.3% ($n = 10$) and 8.0% ($n = 2$) of the intervention and control groups, respectively (χ^2 (1) = 4.84, $p = 0.028$); number needed to treat (NNT) based on remission scores was 4.1 (95% CI of NNT 2.3–27.8). A sensitivity analysis, testing departures from the missing at random (MAR) assumption for dropouts, indicated that the impact of the intervention was robust to violations of MAR assumptions.

Conclusions: These results indicate that dietary improvement may provide an efficacious and accessible treatment strategy for the management of this highly prevalent mental disorder, the benefits of which could extend to the management of common co-morbidities.

Trial registration: Australia and New Zealand Clinical Trials Register (ANZCTR): ACTRN12612000251820. Registered on 29 February 2012.

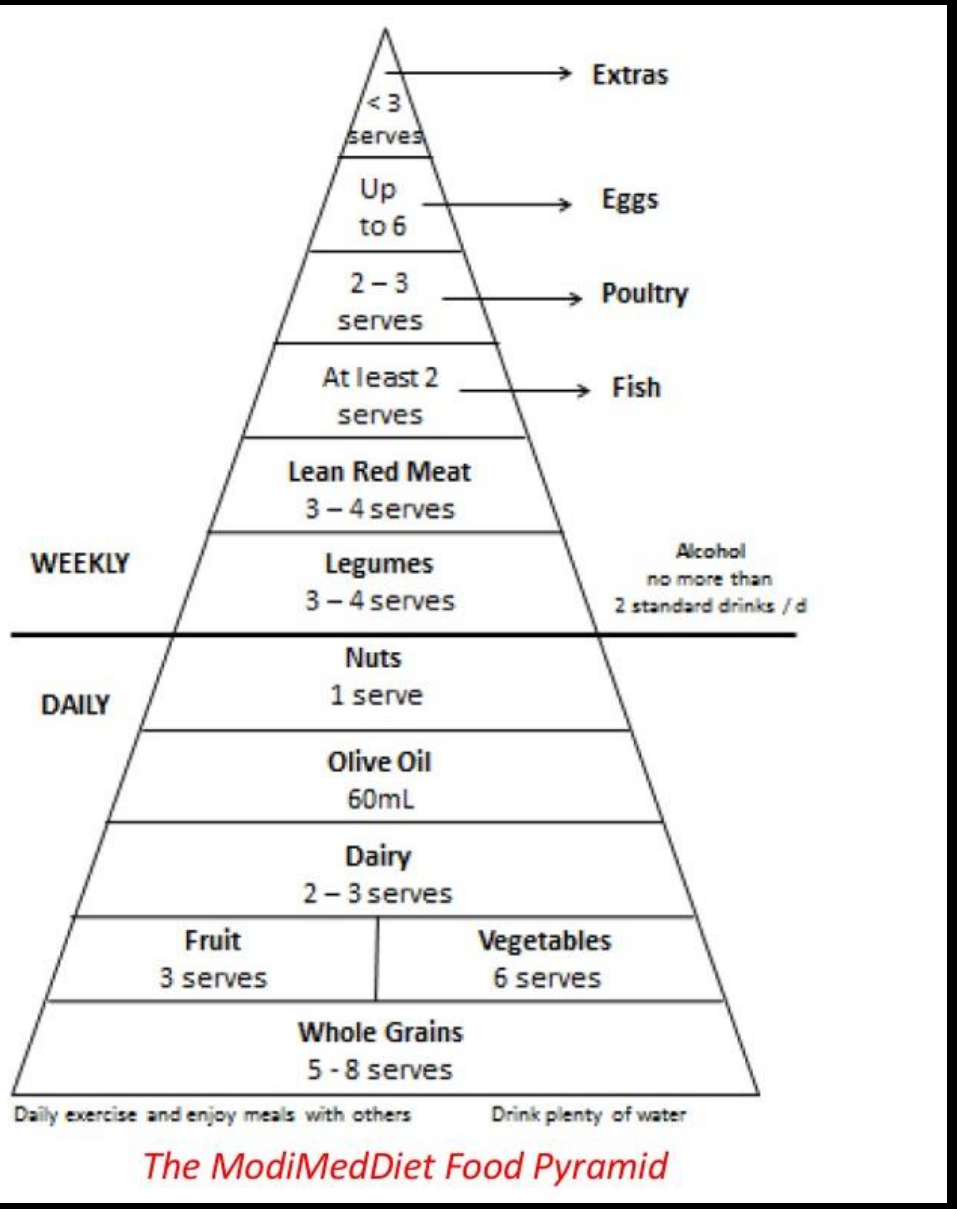
Keywords: Depression, Major depressive disorder, Diet, Nutrition, Randomised controlled trial, Dietetics

* Correspondence: f.jacka@deakin.edu.au
[1]IMPACT Strategic Research Centre, Deakin University, Geelong, VIC, Australia
[4]Department of Psychiatry, University of Melbourne, Melbourne, VIC, Australia
Full list of author information is available at the end of the article

PMID: 28137247

The SMILES trial

Kostintervensjonen



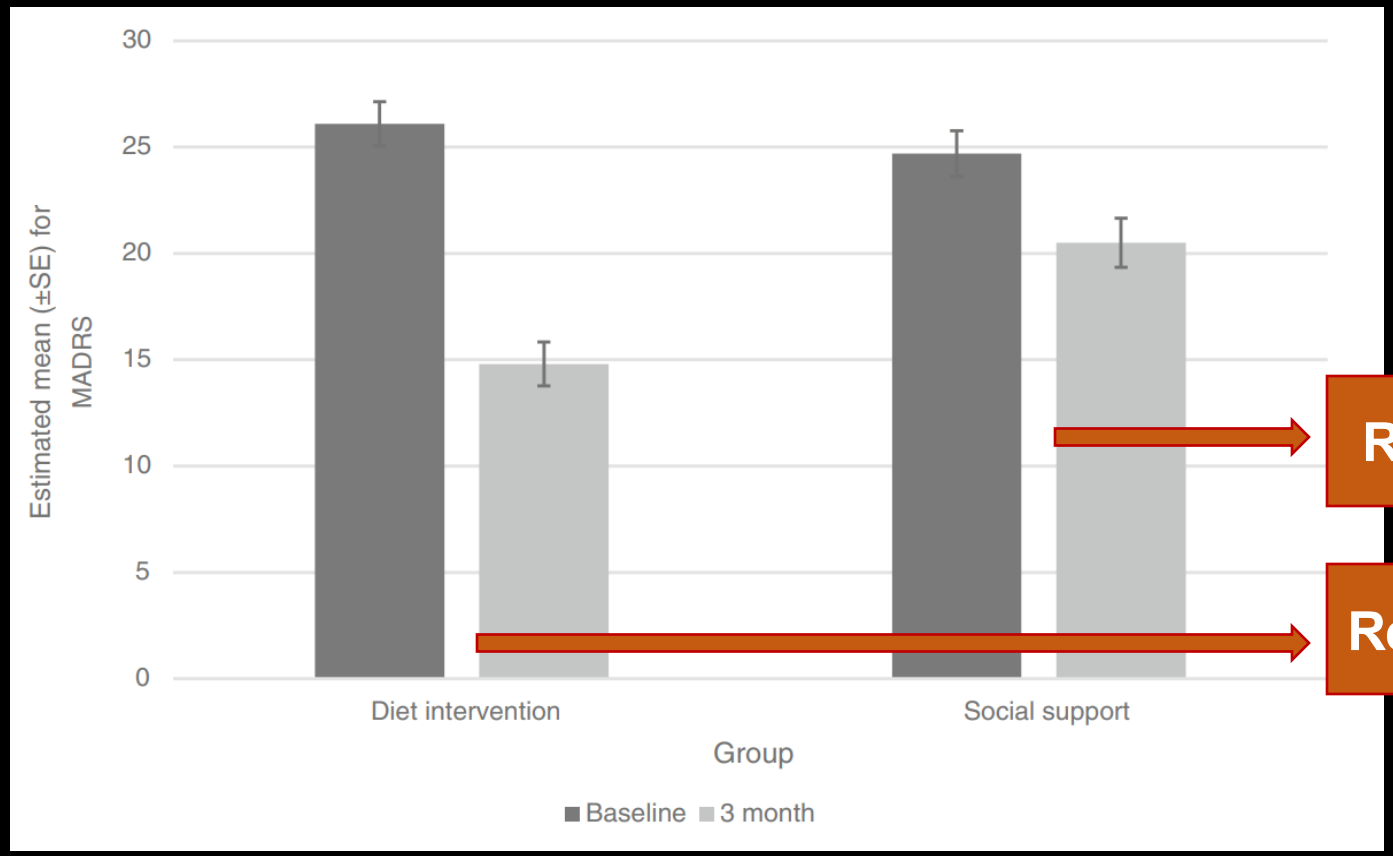
The ModiMedDiet Food Pyramid

The SMILES trial

Kostgruppa reduserte godteri, søte drikker, kjeks, fritert mat, fast food og prosessert kjøtt med 22 enheter i uka!

The SMILES trial

Resultatet:



The SMILES trial

- Bedre kosthold er et av flere verktøy for å behandle depresjon
- De fleste klarte å forbedre kostholdet
- Jo mer forbedring i kostholdet, jo mer forbedring i depresjon
- Det nye kostholdet var rimeligere

Felice Jacka, leder for SMILES trial

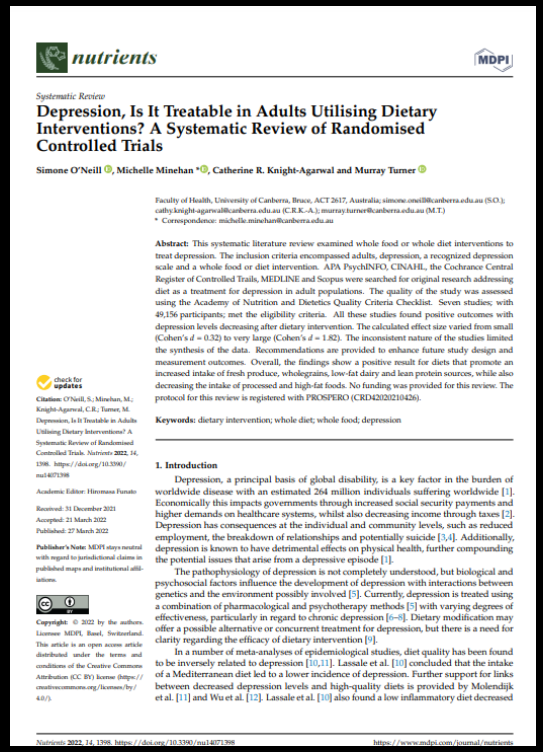
Flere kostintervensjoner har vist god effekt på **depresjon**

The effect of a Mediterranean diet on the sympto
young males (the "AMMEND: A Mediterranean D
Depression" study): a randomized controlled trial

PLOS ONE

A brief diet intervention can reduce symptoms of depression in young adults – A randomised controlled trial

A Mediterranean-style dietary intervention supplemented with fish oil improves diet
nd mental health in people with
on: A randomized controlled trial
D)



nutrients

MDPI

Depression, Is It Treatable in Adults Utilising Dietary Interventions? A Systematic Review of Randomised Controlled Trials

PMID: 35406011

PMID: 35441666
PMID: 31596866
PMID: 29215971

Hvorfor kan kosthold forbedre mental helse?

Råvarebaserte kosthold

Næringsinnhold ↑

Beskyttende stoffer ↑

Stressorer ↓

Tarmhelse ↑

Inflammasjon ↓

Cellekommunikasjon i akser ↑

Reparasjon, vedlikehold og fornyelse ↑

Næringsinnhold i maten – en blindsone?

https://youtu.be/3dqXHHCc5lA?si=ntj4F7NErtiKv8iI

The surprisingly dramatic role of nutrition in mental health | Julia Rucklidge | TEDxChristchurch

Næringsverdi

- Matens næringsverdi er redusert
- Inntak av næringsfattige ultraprosesserte produkter øker

foods

MDPI

Review

An Alarming Decline in the Nutritional Quality of Foods: The Biggest Challenge for Future Generations' Health

Raju Lal Bhardwaj [1,*], Aabha Parashar [2], Hanuman Prasad Parewa [1] and Latika Vyas [3]

[1] College of Agriculture, Sumerpur-Pali, Agriculture University, Jodhpur 342304, Rajasthan, India
[2] Agricultural Research Substation, Sumerpur-Pali, Agriculture University, Jodhpur 342304, Rajasthan, India
[3] Directorate of Extension Education, Maharana Pratap University of Agriculture and Technology, Udaipur 313001, Rajasthan, India
* Correspondence: rajubhardwaj58@gmail.com

Abstract: In the last sixty years, there has been an alarming decline in food quality and a decrease in a wide variety of nutritionally essential minerals and nutraceutical compounds in imperative fruits, vegetables, and food crops. The potential causes behind the decline in the nutritional quality of foods have been identified worldwide as chaotic mineral nutrient application, the preference for less nutritious cultivars/crops, the use of high-yielding varieties, and agronomic issues associated with a shift from natural farming to chemical farming. Likewise, the rise in atmospheric or synthetically elevated carbon dioxide could contribute to the extensive reductions in the nutritional quality of fruits, vegetables, and food crops. Since ancient times, nutrient-intense crops such as millets, conventional fruits, and vegetables have been broadly grown and are the most important staple food, but the area dedicated to these crops has been declining steadily over the past few decades and hastily after the green revolution era due to their poorer economic competitiveness with major commodities such as high-yielding varieties of potato, tomato, maize, wheat, and rice. The majority of the population in underdeveloped and developing countries have lower immune systems, are severely malnourished, and have multiple nutrient deficiency disorders due to poor dietary intake and less nutritious foods because of ignorance about the importance of our traditional nutrient-rich diets and ecofriendly organic farming methods. This critical review emphasizes the importance of balance and adequate nutrition as well as the need to improve soil biodiversity and fertility: those are main causes behind the decline in nutritional density. There is also emphasis on a possible way out of alleviating the decline nutritional density of food crops for the health and well-being of future generations.

Keywords: biodiversity; micronutrient; nutrient density; traditional food; synthetic fertilizers

check for updates

Citation: Bhardwaj, R.L.; Parashar, A.; Parewa, H.P.; Vyas, L. An Alarming Decline in the Nutritional Quality of Foods: The Biggest Challenge for Future Generations' Health. *Foods* **2024**, *13*, 877. https://doi.org/10.3390/foods13060877

Academic Editor: Weiqun Wang

Received: 9 December 2022
Revised: 3 February 2023
Accepted: 14 February 2023
Published: 14 March 2024

1. Introduction

Globally, more than two billion people are suffering from micronutrient insufficiency, especially iodine, iron, folate, vitamin A, and zinc [1–3]. It is the main cause of premature deaths, morbidity, and retardation in the physical and mental growth of children [4]; in 2017, 11 million deaths and 255 million daily-adjusted life years (DALYs) could be attributed to malnutrition [5]. Since the 1940s, crop yield and the per-capita availability of foods have been continuously increasing due to intensive farming techniques, artificial fertilization, pesticides, irrigation, growing high-yielding varieties, and other environmental means, whereas malnutrition tends to increase incessantly due to disrupting the fine balance of soil life and decreasing the nutritional density and quality of the food crops. At present, people are overfed but undernourished due to consuming nutrient-poor diets [6,7]. It is quite difficult to obtain an equal concentration of nutrition from the food that was enjoyed before the pre-green revolution era. Important commercial high-yielding fruits such as apples, oranges, mango, guava, banana, and vegetables such as tomato and potato have lost their nutritional density by up to 25–50% or more during the last 50 to 70 years due

Næringsverdi

Intervensjoner med multi-mikronæringsstoff tilskudd har forbedret symptomer ved ADHD

- Barn
- Voksne

The Journal of Child Psychology and Psychiatry

Journal of Child Psychology and Psychiatry 59:3 (2018), pp 232–246 doi:10.1111/jcpp.12817

Vitamin-mineral treatment improves aggression and emotional regulation in children with ADHD: a fully blinded, randomized, placebo-controlled trial

Julia J. Rucklidge,[1] Matthew J.F. Eggleston,[2] Jeanette M. Johnstone,[3] Kathryn Darling,[1] and Chris M. Frampton[4]

[1]Department of Psychology, University of Canterbury, Christchurch; [2]Canterbury District Health Board, Christchurch, New Zealand; [3]Child and Adolescent Psychiatry, Oregon Health & Science University, Portland, OR, USA; [4]Department of Psychological Medicine, University of Otago, Christchurch, New Zealand

Background: Evaluation of broad-spectrum micronutrient (vitamins and minerals) treatment for childhood ADHD has been limited to open-label studies that highlight beneficial effects across many aspects of psychological functioning. **Method:** This is the first fully blinded randomized controlled trial of medication-free children (n = 93) with ADHD (7–12 years) assigned to either micronutrients (n = 47) or placebo (n = 46) in a 1:1 ratio, for 10 weeks. All children received standardized ADHD assessments. Data were collected from clinicians, parents, participants and teachers across a range of measures assessing ADHD symptoms, general functioning and impairment, mood, aggression and emotional regulation. **Results:** Intent-to-treat analyses showed significant between-group differences favouring micronutrient treatment on the Clinical Global Impression-Improvement (ES = 0.46), with 47% of those on micronutrients identified

Research Brief

Effect of Micronutrients on Behavior and Mood in Adults With ADHD: Evidence From an 8-Week Open Label Trial With Natural Extension

Julia Rucklidge,[1] Mairin Taylor,[1] and Kathryn Whitehead[2]

Abstract

Objective: To investigate the effect of a 36-ingredient micronutrient formula consisting mainly of minerals and vitamins in the treatment of adults with both ADHD and severe mood dysregulation (SMD). **Method:** 14 medication-free adults (9 men, 5 women; 18-55 years) with ADHD and SMD completed an 8-week open-label trial. **Results:** A minority reported transitory mild side effects. Significant improvements were noted across informants (self, observer, clinician) on measures of inattention and hyperactivity/impulsivity, mood, quality of life, anxiety, and stress all with medium to very large effect sizes (all ps < .01); however, the mean of inattention remained in a clinical range whereas the means on measures of mood and hyperactivity/impulsivity were normalized. Follow-up data showed maintenance of changes or further improvement for those who stayed on the micronutrients. **Conclusions:** Although this study, as an open trial, does not in itself prove efficacy, it provides preliminary evidence supporting the need for a randomized clinical trial of micronutrients as treatment for the more complex presentations of ADHD.

Keywords

ADHD, treatment, minerals, vitamins, micronutrients, severe mood dysregulation

PMID: 28967099

PMID: 20071638

Ketogene kosthold

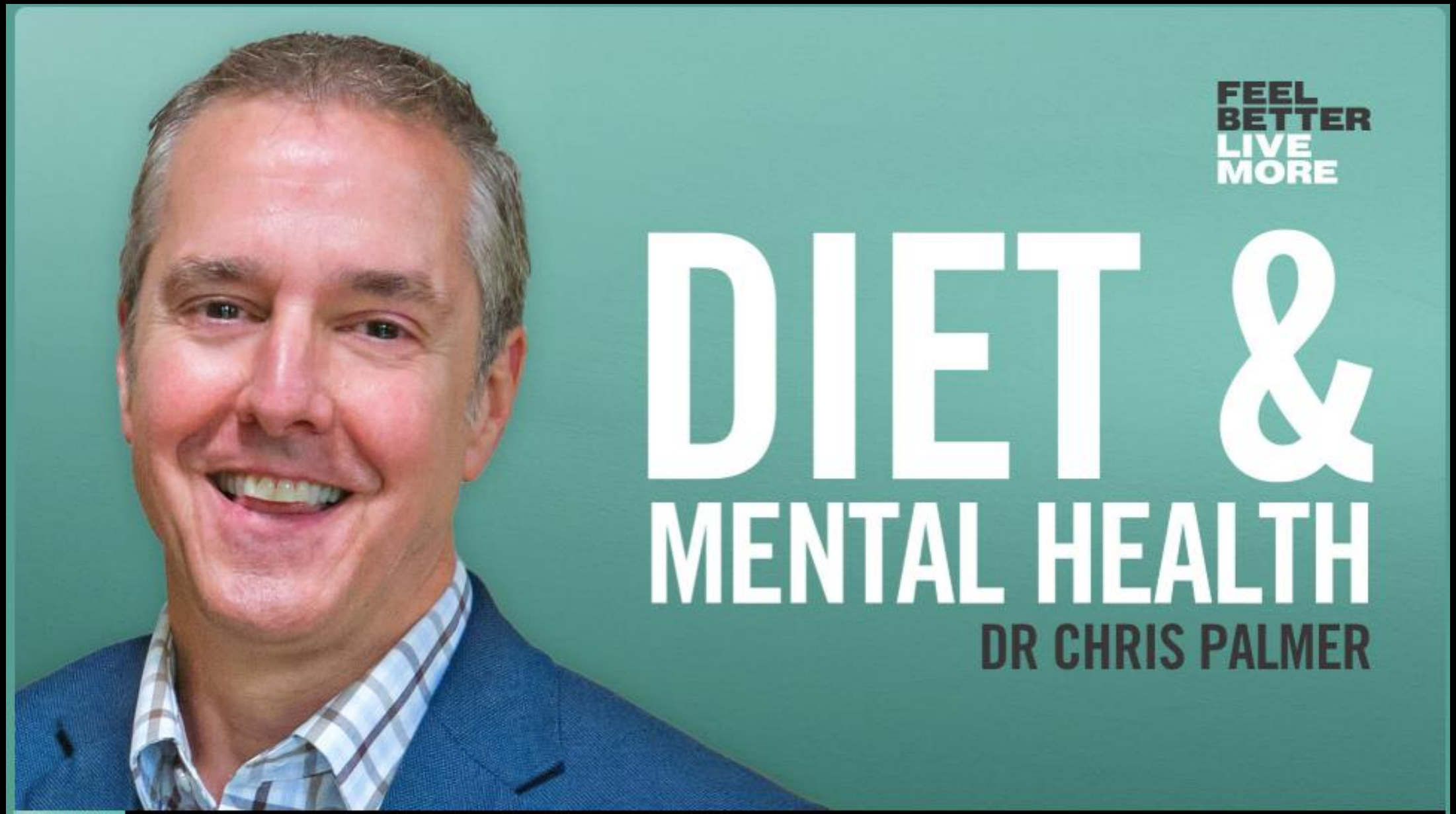
Svært lavt innhold av karbohydrater

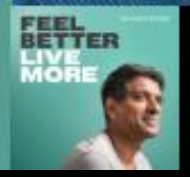
Næringstette

↓

Metabolsk omprogrammering

Inflammasjon ↓





Feel Better, Live More Podcast

A Brand New Way to Understand and Treat Mental Health Problems with Dr Chris Palmer

Ketogene kosthold

Ketogene kosthold kan forbedre:

- Schizofreni / schizoaffektiv lidelse
- Bipolare lidelser
- Depresjon
- Angstlidelser
- Autismespekterforstyrrelse
- Spiseforstyrrelser
- Alkoholmisbruk

Current Treatment Options in Psychiatry (2025) 12:1
https://doi.org/10.1007/s40501-024-00339-4

REVIEW

The Ketogenic Diet as a Transdiagnostic Treatment for Neuropsychiatric Disorders: Mechanisms and Clinical Outcomes

Jacoy Anderson[1] · Elif Ozan[1] · Virginie-Anne Chouinard[2] · Garrison Grant[1] · Aaron MacDonald[1] · Leah Thakkar[1] · Christopher Palmer[2]

Accepted: 14 October 2024

Abstract

Purpose of Review This review explores the evidence for using a ketogenic diet as a transdiagnostic treatment for mental health disorders. We examine the biological pathophysiologic mechanisms that underlie many neuropsychiatric disorders—such as mitochondrial dysfunction, oxidative stress, inflammation, glucose hypometabolism, and glutamate/GABA imbalance—that can be ameliorated by the ketogenic diet. Additionally, a literature review summarizes clinical trials and case reports on the ketogenic diet as a treatment for various psychiatric disorders.

Recent Findings Recent research provides evidence that the ketogenic diet may be an effective treatment for schizophrenia/schizoaffective disorder, bipolar disorder, depression, anxiety disorders, Alzheimer's disease, autism spectrum disorder, somatic disorders, eating disorders, and alcohol use disorder.

Summary Many psychiatric disorders have shared metabolic pathways that exacerbate or cause psychopathology. The ketogenic diet is a transdiagnostic treatment that can not only address metabolic dysfunction, but can also ameliorate symptoms like depression, anxiety, mania, psychosis, and cognitive impairment. These effects suggest that the diet has the potential to serve as a non-pharmacological treatment option and ease the global disease burden of neuropsychiatric disorders.

Keywords Ketogenic Diet · Neuropsychiatric Disorders · Schizophrenia · Bipolar Disorder · Alzheimer's Disease · Mitochondrial Dysfunction

✉ Christopher Palmer
CPalmer@mgh.org

Jacoy Anderson
JAnderson75@McLean.Harvard.edu

Elif Ozan
EOzan@mgh.org

Virginie-Anne Chouinard
VChouinard@McLean.Harvard.edu

Garrison Grant
GJGrant@mgh.org

Aaron MacDonald
AJMacdonald@mgh.org

Leah Thakkar
LDoghramji@mgh.org

[1] McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA

[2] McLean Hospital, Harvard Medical School, 115 Mill Street, Belmont, MA 02478, USA

Published online: 21 November 2024

Introduction

Neuropsychiatric disorders, including psychotic, mood, and anxiety disorders, account for a considerable portion of global disability and represent substantial social, health, and economic challenges. These disorders result in the loss of approximately 7.4 to 8.6 years of life per person on average [1]. In 2019, they accounted for approximately 19% of global years lived with disability and approximately $1.7 trillion USD of lost productivity globally [2].

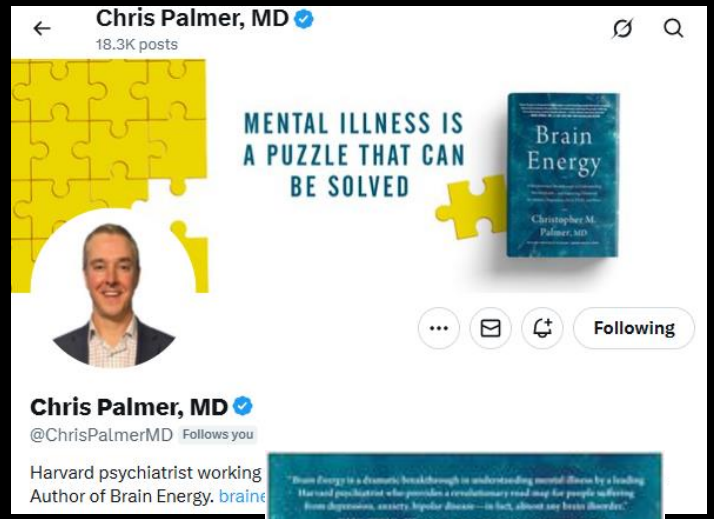
The comorbidity and heterogeneity of neuropsychiatric disorders further complicate their impact. Individuals with mental health disorders face a two- to fourfold increase in mortality related to diabetes, cardiovascular disease, respiratory illness, infectious diseases, and cancer [2]. This correlation sometimes exists even among individuals who are healthy in weight and not taking medication, suggesting the possibility of shared biological pathways between mental illnesses and other chronic diseases [3]. Thus, reducing the disease burden of neuropsychiatric disorders in conjunction

doi.org/10.1007/s40501-024-00339-4

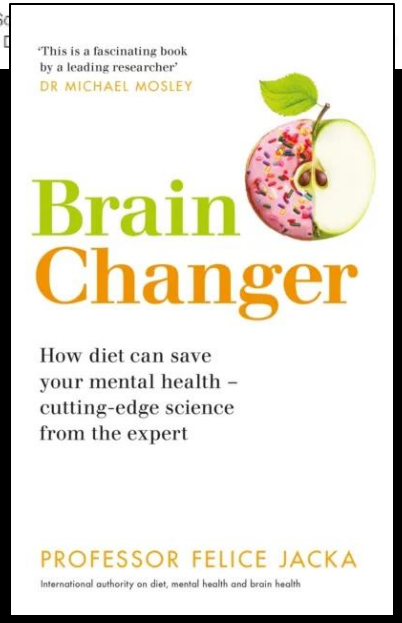
Mentale helseproblemer kan forebygges og behandles ved næringsrike, råvarebaserte kosthold som begrenser ultraprosesserte produkter

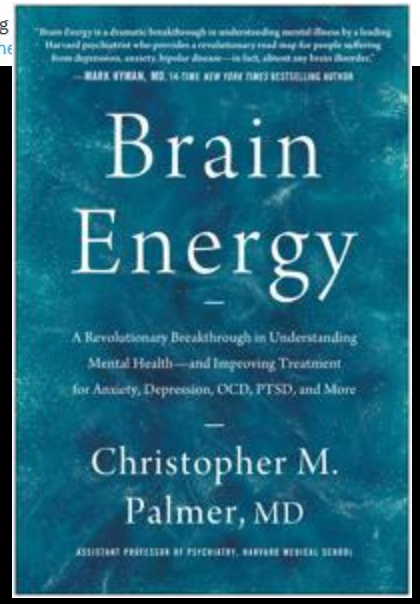
Folk å følge

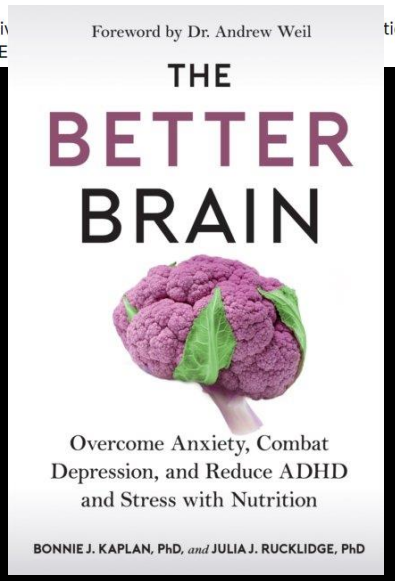

Prof Felice Jacka OAM
13.8K Tweets
Brain Changer
Following
Prof Felice Jacka OAM
@FeliceJacka Follows you


Chris Palmer, MD
18.3K posts
MENTAL ILLNESS IS A PUZZLE THAT CAN BE SOLVED
Brain Energy
Following
Chris Palmer, MD
@ChrisPalmerMD Follows you


Julia Rucklidge
1,663 posts
Following
Julia Rucklidge
@JuliaRucklidge


'This is a fascinating book by a leading researcher'
DR MICHAEL MOSLEY
Brain Changer
How diet can save your mental health – cutting-edge science from the expert
PROFESSOR FELICE JACKA
International authority on diet, mental health and brain health


Brain Energy
A Revolutionary Breakthrough in Understanding Mental Health—and Improving Treatment for Anxiety, Depression, OCD, PTSD, and More
Christopher M. Palmer, MD


Foreword by Dr. Andrew Weil
THE BETTER BRAIN
Overcome Anxiety, Combat Depression, and Reduce ADHD and Stress with Nutrition
BONNIE J. KAPLAN, PhD, and JULIA J. RUCKLIDGE, PhD

Ernæring og mental helse -

Et satsningsområde ved Oslo Nye Høyskole

v/Ella Marie Heyerdahl, Høyskolelektor, Institutt for Helsefag

Ernæring og mental helse ved ONH

- Samarbeid mellom institutt for helsefag og institutt for psykologi
- Flere studietilbud innen ernæring og mental helse
- Tverrfaglig forskningsgruppe i ernæringspsykologi

ONH Oslo Nye Høyskole

Årsstudium i kosthold, ernæring og mental helse

Årsstudium i kosthold, ernæring og mental helse (60 stp)

Nettbaserte studier. Heltid/deltid

Første semester	**ERN1010 (15 stp)** Mat, kosthold og ernæring	**PSY1140 (15 stp)** Helsepsykologi
Andre semester	**ERN1020 (15 stp)** Samfunnsrettet ernæring	**ERN6080 (15 stp)** Ernæringspsykologi

ONH Oslo Nye Høyskole

Bachelor i ernæring med fordypning i mental helse

Første studieår		15 studiepoeng		15 studiepoeng
	Første semester	**HEL1010** Humanbiologi		**ERN1010** Mat, kosthold og ernæring
	Andre semester	7.5 studiepoeng	7.5 studiepoeng	15 studiepoeng
		HEL1060 Samfunn og folkehelse	**HEL1050** Forskningsforståelse og kritisk tenkning	**ERN1020** Samfunnsrettet ernæring
Andre studieår		15 studiepoeng		15 studiepoeng
	Tredje semester	**ERN2030** Energigivende næringsstoffer og metabolisme		**HEL2040** Helsekommunikasjon og formidling
	Fjerde semester	7.5 studiepoeng	7.5 studiepoeng	**ERN2070** Ernæring og livsstilsrelaterte tilstander
		ERN2050 Mikronæringsstoffer og andre bioaktive komponenter	**ERN2060** Ernæringsepidemiologi og forskningsmetode	
Tredje studieår		15 studiepoeng		15 studiepoeng
	Femte semester	**PSY1140** Helsepsykologi		Valgemne (15 stp)
	Sjette semester	15 studiepoeng		15 studiepoeng
		ERN608 Ernæringspsykologi		**ERN3080** Bacheloroppgave

- Bachelor i ernæring med fordypningsemner (180 stp)
- Ernæringspsykologi (15 stp) og Helsepsykologi (15 stp)
- Nettbaserte studier heltid/deltid

- MERK: emner fra årsstudiet inngår i graden

ONH Oslo Nye Høyskole

Tverrfaglig forskningsgruppe i ernæringspsykologi

- Medlemmer fra helsefag og psykologi, studentrepresentant

Foto: Getty Images

Oslo Nye Høyskole etablerer tverrfaglig forskningsgruppe i ernæringspsykologi

Oslo Nye Høyskole etablerer nå en ny tverrfaglig forsknings- og formidlingsgruppe i ernæringspsykologi- et felt i rask vekst internasjonalt som belyser hvordan kosthold og psykisk helse påvirker hverandre gjensidig.

https://oslonyehoyskole.no/Aktuelt/Oslo-Nye-Hoyskole-etablerer-tverrfaglig-forskningsgruppe-i-ernaeringspsykologi

Oslo Nye Høyskole

Spørsmål?

Du kan fortsatt søke studieplass hos oss!

Se info på: https://oslonyehoyskole.no/