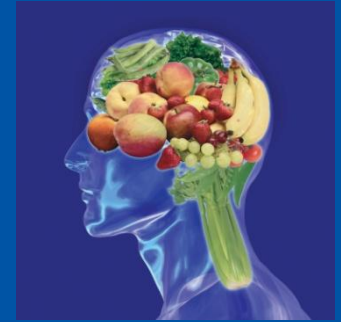


# MoodFOOD

PREVENTING DEPRESSION THROUGH FOOD

GAMIAN-Europe  
European Research project



Jan 2016

## PARTNERS IN THE PROJECT & MOODFOOD NEWS

Dear reader,

It goes without saying that GAMIAN-Europe members fully experience the important role of mental health for their well-being and quality of life, in addition to physical conditions. To be happy at a personal level and successful in professional activities is not always that easy when suffering from mental health problems. Therefore we at GAMIAN-Europe will do whatever we can to continue our efforts to raise awareness of mental health and its impact, advocate for patients' rights and combat the stigma attached to mental health problems. This is why GAMIAN-Europe is happy to be involved with MoodFood.

We hope you enjoy the newsletter and do let us have your comments via [assistant@gamian.eu](mailto:assistant@gamian.eu)

**The Editorial Committee**



### 'Weight changes during clinical depression are not only caused by the medicine' (MoodFOOD's first publication)

By Deborah Gibson-Smith



The MoodFOOD project has had its first publication **accepted by The Journal of Clinical Psychiatry**. This article, written by Deborah Gibson-Smith from the Department of Psychiatry at the VU University Medical Centre Amsterdam, compares 2-year weight changes between patients with current major depressive disorder, patients with remitted depression and healthy controls. The study also examined the relationship between antidepressant medication use and 2 year weight changes.

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In order to complete the study, data on 2542 adults, aged 18-65y, from the Netherlands Study of Depression and Anxiety was used. Data was aggregated from four different time points; baseline, 2, 4, and 6 years. Depression status was diagnosed by interview (Composite International Diagnostic Interview) at baseline and after 2, 4 and 6 years. Change in weight for the subsequent 2 year period was calculated and categorised as being weight stable, weight loss or weight gain, using 5% change in body weight as cut-off points. The association of depression status and antidepressant use with subsequent weight change categories was analysed both together and separately using multiple observations and assuming weight stable as the reference category.

The results showed that when compared to healthy controls, currently depressed patients were significantly more likely to gain or lose weight than remain weight stable. Having a history of depression was not associated with weight changes. Whilst the use of antidepressants was significantly associated with weight gain, when analysed together with depression status, only depression status seem to affect future weight changes. The authors concluded that patients with clinical depression have greater odds of either gaining or losing weight over a 2-year period, regardless of antidepressant use, which demonstrates the heterogenous nature of clinical depression.

Gibson-Smith has now started a follow-up research programme where she is examining the effect of nutritional supplements and life style advice on the development of depression.

For the abstract of the article, [click here](#)

## Depression and vitamin D in older adults living at northern latitudes – (AGES-Reykjavik Study)\*

\* AGES- Age, Gene/Environment Susceptibility

By Ingibjorg Gunnarsdottir



The role of vitamin D status when it comes to bone health is quite well established, while the role of vitamin D status in other areas - such as mental health - is growing but less established. A recent publication in the Journal of Nutritional Sciences, produced as part of the MoodFOOD project, suggests that in the older population living at a northern latitude, deficient serum 25(OH)D concentrations (<30 nmol/L)

may be a risk factor for depression, particularly in older men.

The aim of the study was to investigate associations between vitamin D status measured by serum 25-hydroxyvitamin D (25(OH)D) concentrations and depression in older adults. The results are based on analysis of data from the Age, Gene/Environment Susceptibility-Reykjavik (AGES-Reykjavik) Study.

More depressive symptoms were observed in both men and women with the lowest vitamin D concentrations. Older men with deficient serum vitamin D levels (<30 nmol/L) were twice as likely to be depressed compared to comparably aged men with adequate vitamin D levels (≥50 nmol/L) even after accounting for other factors such as diabetes and hypertension which might confer a health-related reason for depression. Although moderate inverse association was found between vitamin D status and depressive symptoms the association with current major depressive disorders was not seen among women.

Our findings contribute to the growing evidence linking vitamin D status to mental health. It is important to note that the association between depression and vitamin D in men was observed at a relatively low level of serum 25(OH)D (<30 nmol/L). Maintaining Vitamin D levels above 30 nmol/L may protect older adults against other adverse health conditions and may also reduce the risk of depression. Future research on the effects of vitamin D should examine sex-specific differences when assessing the risk of depression among older adults.

**Interview with project coördinator, Marjolein Visser - (VU-VUmc)**



**Marjolein Visser, PhD, is the Project Coordinator and WP leader of WP1. She is Professor of Healthy Aging at the department as**

well as at VUmc, head of the section Nutrition and Health (20fte), and programme director of the EMGO+ research programme 'Lifestyle, obesity and diabetes'.

GAMIAN-Europe's Editorial Committee (E.C) had the chance to ask her a few questions about the project.

*Can you tell us a bit more what kind of different nutritional strategies and lifestyle strategies you are investigating in the MoodFOOD trial?*

In the trial we apply two types of interventions simultaneously. One intervention is focusing on a combination of specific nutrients. These nutrients are selected because there are indications that they might be linked to depression. All participants to the trial will take two pills per day. These might be two pills with actual nutrients, or two placebo pills that look and taste exactly the same. The study participants, and research staff who are in contact with the participants, do not know what type of pills they are using. Only when the trial is completely finished and the results analysed, we will know which group received what type of pills. Only then we can determine whether the nutrient pills work better than the placebo pills in preventing depression.

The second intervention focuses on food behaviour. In a series of individual and group sessions, participants work on improving their actual diet (e.g. eat more healthy food products such as fruits and vegetables, and/or eat less high-sugar and high-fat snacks), improving their meal pattern (e.g. reduce the intake of in-between meal snacks), improving their cooking and healthy food shopping skills, and eating more mindful. Half of the participants receive this intervention, the other half not. So we will end up with four groups in the trial: group 1 (nutrient pills and no therapy), group 2 (nutrient pills and active therapy), group 3 (placebo pills

and no therapy), group 4 (placebo pills and active therapy).

The interesting part of this study design is that we can not only determine whether nutrient pills or active therapy is effective in preventing depression, but also whether nutrient pills *combined* with active therapy might be even more effective in preventing depression than just nutrient pills of just active therapy. The trial is currently running and many participants have already been included by the excellent research teams of the four countries.

*Do you expect big differences in the effect of food on 'depression' between the 4 different European countries, where the MoodFOOD trial is running?*

Due to differences in eating culture and meal habits between countries it might be harder for persons in some countries to improve their diet towards a more healthy diet or have a stable meal pattern. For example, the fish consumption is generally higher in Spain compared to the Netherlands, so it may be easier for Spanish participants to eat sufficient fish as part of a healthy diet. However, we still do not know what the exact role of fish is in the prevention of depression, although earlier studies have suggested that higher fish consumption may reduce depressive symptoms. Whether the omega-3 fatty acids in fish are responsible for this, or other components in fish (for example vitamin D) is not known yet.

*How do you see the role of GAMIAN-Europe's participation as a patients' organisation in this research project? In what stage/area of the project can we contribute the most?*

The collaboration between scientists and patient organisations is very

important. These organisations can help the scientists in focusing on those questions that are relevant to the individual patient or, in our case, potential future patients. The organisations can advise the scientist on what type of interventions might be feasible for patients and their direct family. So their input is already of importance at the start of a research project. In MoodFOOD, GAMIAN-Europe can also play a very important role at the final phase of the project. In that phase we will develop practical advice for an optimal diet and optimal food behaviour to help prevent depression. GAMIAN-Europe can valuably contribute to this process by helping in the translation of the scientific results into practical guidelines for individual persons at risk of depression. GAMIAN-Europe can also help in testing whether these guidelines are easy to understand and to implement in the different countries. And finally, GAMIAN-Europe can help in communicating these guidelines to individual persons at risk of depression and their family members.

*It is not all that common to actively involve patients as advisors in this type research. What were your considerations for doing so?*

The goal of MoodFOOD is to derive scientific knowledge on the bi-directional link between food and depression. But this is not its only goal. The project also wants to bring this knowledge to the individual EU citizen. I feel it is important that the individual EU citizen can benefit from a large research project funded with EU money. I feel that collaborations with patient organisations are crucial to reach this second goal.

## MoodFOOD 'in the picture'



*"In MoodFOOD European scientists from several disciplines will work together to unravel the mystery of the relation between nutrition and depression. That is a great challenge!"*

Ingeborg Brouwer  
VU University Amsterdam (The Netherlands)

*"Hopefully, at the end of the project we can provide some evidence-based advice on food choices and eating practices that promote mental well-being in Europe."*

Liisa Lähteenmäki  
Aarhus University (Denmark)

*"Intuitively, we can all sense a link between food and mood. The time has come to gather scientific data to clarify this relationship. This is where MoodFOOD comes in."*

Patricia Boulos  
EFICOM (France)

*"This is a unique opportunity to be involved with groups of excellence in a project of a great impact in two European major public health concerns: depression and overweight."*

(Miquel Roca  
University of the Balearic Islands (Spain))

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