



Food and Depression

» By Sue Dengate, Food Intolerance Network

Depression is increasing in developed countries. About one in ten Australian adults are affected by depressive orders in a given year and about half of all people who develop major depression can expect recurrences.

The standard medical treatment for depression – a combination of therapy and antidepressants – is not particularly effective. Research has shown that the commonly used SSRI (selective-serotonin reuptake inhibitor) antidepressants such as Prozac and Zoloft only work for about 30 per cent of patients and are no more effective than placebo¹. SSRIs have also been linked to adverse effects including suicide, violence, psychosis, abnormal bleeding and brain tumours.

During the time that depression has been increasing largely in Western countries, our food supply has changed dramatically with the widespread introduction of processed foods in the 1970s.

Reactions to foods have increased, both true allergy - a quick reaction to the proteins in foods such as peanuts - and food intolerance - a delayed reaction to the chemicals in foods such as food additives. Allergy is relatively rare but easier to recognise; intolerance reactions are much more common but difficult to recognise because symptoms build up slowly. Behavioural symptoms are due to intolerance, not allergy - see box below.

An elimination diet for depression

Although diet is not usually considered as a treatment for depression, an article published in a medical journal in 2002 describes the case of a patient - let's call him John* - who recovered from his depression using an elimination diet².

John was a 25-year-old university graduate from a stable and caring family. He had a history of attention deficit disorder without hyperactivity, motor tics, generalised anxiety, social phobia, panic attacks and obsessive-compulsive disorder. For the previous five years, John had suffered from severe depressive episodes which did not improve on any medications.

As a last resort John was asked to follow,

for a period of 3-6 weeks, the elimination diet from the Royal Prince Alfred Hospital (RPAH) Allergy Clinic in Sydney. On this diet, patients are asked to avoid about 50 additives in foods and medications, see Box 2. As well, they avoid naturally occurring food chemicals called salicylates (in foods such as citrus, grapes, tomatoes and broccoli; and in medications such as aspirin), amines (in foods such as cheese and chocolate) and glutamates (in foods such as soy sauce, mushrooms and peas). For severe symptoms, patients also avoid dairy foods and gluten³.

After four weeks on the RPAH elimination diet, John's mood and other symptoms had improved considerably. Double blind placebo controlled challenge tests showed that John was severely affected by food additives and salicylates. While staying on the diet, John was able to remain symptom-free. When reviewed a year later, John had been able to return to full time work.

Although in John's case the problems were related to additives and salicylates, people differ in what they react to. The Food Intolerance Network, which supports the additive-free low salicylate, low amine diet through an online network of over



6,000 families, has received numerous reports of depression related to a variety of food chemicals.

Children are affected too

For some people, avoiding depression is as simple as avoiding flavour enhancers (600 number additives). One mother wrote about her 10-year-old daughter who had started experiencing episodes of tearfulness and depression: 'I was amazed when she worked out for herself it was a reaction to sharing her Dad's chips. She told me "It's the flavour enhancers Mum, they just make me want to cry for no reason"'

Any or all of the additives listed in Box 2 can cause problems in sensitive people. An anxious 7-year-old named Andrew, who did the diet for learning difficulties, ate an icypole with seven artificial colours, BHA (320) and artificial flavours at the end of the diet. Three days later he experienced what his mother described as 'a massive bad and sad reaction'. First, Andrew turned into a monster and no one wanted to have anything to do with him. Then he sank into a deep, dark depression. He wanted to hurt himself, he wanted to be dead. As his mother said, 'It was awful and so dramatic. He was aware of what caused the reaction and never wants to eat one again'. Yet this family, like so many others, had never noticed any effects of foods, because when problematic food chemicals are eaten every day, effects appear to come

Additives to avoid

None of these additives are permitted in ACO certified organic foods except sulphite in wine.

Artificial colours

102, 104, 107, 110, 122, 123, 124, 127, 128, 129, 132, 133, 142, 151, 155

Natural colour

Annatto (160b)

Preservatives

200-203 sorbates
210-213 benzoates
220-228 sulphites
280-283 propionates
249-252 nitrates, nitrites

Synthetic antioxidants

310-312 gallates
319-320 TBHQ, BHA, BHT

Flavour enhancers

621 (MSG), also HVP, HPP
627 disodium inosinate
631 disodium guanylate
635 ribonucleotides

Slushies can have a high level of artificial colours and flavours that are high in salicylates.

and go without an obvious cause.

Another family discovered through the elimination diet that their 8-year-old daughter Alicia's depression was linked to amines. Classified as having a highly anxious temperament, pre-diet Alicia was mildly depressed, lethargic, pale, anxious, dizzy and 'spacey'. Her amine challenge resulted in severe depression including bouts of suicidal thoughts and almost psychotic agitation. 'A number of health professionals have told us they expect to see Alicia back during her teenage years, meaning so they can give her antidepressants', wrote her mother. 'However after two years avoiding amines she shows no signs of mental illness in any form and no longer seems a candidate for anxiety and depression.'

Women at risk

Some people are affected by all of the problem food chemicals. Thirty-eight-year-old Carla suffered depression from the age of 15 and described how she had self medicated on huge amounts of alcohol. 'I was always very emotional and explosive', she wrote. 'Either I was very "up" or totally down and in a complete mess. When I fell pregnant at age 29, I sank into a deep depression'. After taking Prozac for seven years and unable to come off it, she eventually discovered diet. She describes how she felt on the second day of the salicylate challenge:

'As soon as I woke up I could feel the return of my helpless, hopeless, awful black depression. I couldn't think straight to make even the simplest of decisions. I hated myself and anyone that I loved. It took about five days before I started to come up again. I don't ever want to feel like that again and I know what causes it now. I find the diet very hard in some ways, but I know which I prefer.'

Through the elimination diet, Carla also found that her insomnia was caused by amines, and that glutamates – both natural and as added flavour enhancers - caused tearfulness.

Due to female hormones, women are more at risk of food intolerance during their childbearing years, particularly while premenstrual and after giving birth. Now in her mid thirties, Margaret who described herself as 'a chronic bitch for two weeks out of every month', experienced severe menstrual cramping, heavy bleeding and frequent clots. After her first baby, she suffered from postnatal depression:

'Straight after my son's birth I knew something was wrong. When I got home I just sat in bed staring into space. I couldn't get out of bed, couldn't do anything, couldn't sleep. I would start panicking when I heard

the baby cry. My mother had to come and look after us, doing all the work and bringing my son to me for feeds.'

When her second child was born, the same thing happened, but this time Margaret started the elimination diet for her breastfed baby's eczema when her baby was four months old. It took Margaret 18 months on the diet to wean herself slowly off antidepressants. During that time her PMS, other menstrual problems and depression all disappeared. Food challenges showed that she was sensitive to 'nearly everything'. She says 'If someone had told me when I first got postnatal depression that my problems were due to food intolerance, I would have gone

on the diet straight away.'

Some people are more sensitive than others, and sensitivity to individual food chemicals varies. The elimination diet helps people to find out exactly which food chemicals are related to their symptoms. The Food Intolerance Network (confoodnet@ozemail.com.au) can supply names of supportive dieticians who will supervise a trial of the elimination diet with challenges for treatment of food intolerance-related depression. ◆◆

**Names in this article have been changed to protect privacy.*

References

1. Irving Kirsch et al, Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration, *PLoS Medicine*, February 2008.
2. Parker G, Watkins T, Treatment-resistant depression: when antidepressant drug intolerance may indicate food intolerance. *Aust N Z J Psychiatry*. 2002;36(2):263-5.
3. Clarke L et al, The dietary management of food allergy and food intolerance in children and adults. *Australian Journal of Nutrition and Dietetics*. 1996;53(3):89-94.

Sue Dengate is the author most recently of 'Fed Up: understanding how food affects your child and what you can do about it', Random House, 2008.

For more information: www.fedup.com.au

Some symptoms of food intolerance

- difficulty falling asleep, frequent night waking
- mood swings, anxiety, depression, panic attacks
- difficulty concentrating, lack of energy
- heart palpitations, fast heart beat
- headaches or migraines
- itchy skin rashes
- irritable bowel symptoms
- asthma, stuffy or runny nose
- irritability
- ADHD-type symptoms

