

Role of diet in Depression, suicide and violence

Introduction

There are many conditions in Western industrialised societies today that were unheard of, or at least very rare, just a century ago. The same conditions are still unheard of in primitive peoples who do not have the 'benefits' of our knowledge. There is a very good reason for this: They eat what Nature intended; we don't. The diseases caused by our incorrect and unnatural diets are those featured on these pages.

Dietary causes:

Depression: **Bran; soya; low intake of red meat; high-carb diet; sugar.** Suicide and violence. **High-carb diet; low blood cholesterol; vegetarian diet.**

Introduction

According to the World Health Organisation, depression is one of the most important diseases in the world. That is reflected in the huge increase in the prescription of anti-depressive drugs in the UK — now three times as many as just 12 years ago. Research conducted by the WHO has highlighted the prevalence of depression in modern society.[1]

The research assessed the ten most important disorders in developed countries. It found that, terms of years lived with disability, major depression, termed 'unipolar major depression', clearly turned out to be the most important disorder. In addition, 'bipolar disorder', a condition in which periods of depression alternate with periods of mania, ranks sixth on the list. To put that in context, diabetes was tenth. In respect of lost years due to premature death, 'unipolar major depression' ranked second only to cardiovascular diseases.

In a further analysis the WHO predicted a clear-cut increase in the relative importance of depression over the next 20 years.

The results of the WHO project underline the importance of depression for medicine and health politics. This may be surprising for the public and even for some health professionals, but not for depressed people and those familiar with the disorder. Depression is the most frequent psychiatric disorder and affects wellbeing in a more fundamental way than other disorders. Depression is a life-threatening disorder. Many depressed people want to die; 15% of people with severe depression commit suicide.

Cut the carbs

Are you feeling tired or depressed? You've all seen the adverts on TV for pick-me-ups perhaps in the late afternoon: eat a biscuit, chocolate bar or other source of sugar. These advertisements rely on people's belief that a resulting rush of sugar into the bloodstream will give you a mental boost, that it will make you feel good and make you more alert.

There have been many studies of the effects of these different meal patterns and different foods. Some tested and measured subjective things such as fatigue, vigour, anger, hostility, confusion, anxiety and depression. In all of these tests, those who ate carbohydrate-based meals reported worse scores in all classes except anxiety, where there was no difference. In other, objective tests of alertness, auditory and visual reaction times, and vigilance, carbohydrate eaters again came off worse.

There is certainly evidence that eating sugar or other carbohydrate foods has the ability to improve your mood. The role that glucose is known to play in supplying the cells of the body with energy has led to the assumption that an enhanced source of metabolic energy is associated with feeling subjectively more alert and energetic. But in fact, much of the evidence is that consuming carbohydrate has a hypnotic effect. In other words, it makes you feel good by making you more relaxed and sleepy, rather than more alert. This is the reason why many dieticians recommend a carbohydrate meal in the evening — it helps you sleep.

But with depression, if you are tired, you really don't feel like doing anything: it's an effort to get up, work, play, interact with people, get meals, and so on. And under these conditions, carbohydrate meals have exactly the opposite effect from what you might expect. They make you

relaxed and slow your reaction times; protein/fat meals make you feel awake, bright, alert and quick-thinking and, crucially, lift depression.

Suicide and violence

Depression is the main psychiatric illness that predisposes to suicide. The anti-cholesterol lobby would have us believe that the lower your cholesterol, the healthier you are. But a French study concluded that 'Both low serum cholesterol concentration and declining cholesterol concentration were associated with increased risk of death from suicide in men.'^[2] This confirmed many previous epidemiological and clinical studies which had described an association between lower blood cholesterol and increased suicide risk that is not entirely attributable to depression-related malnutrition and weight loss.^[3]

Low cholesterol and suicide

If your cholesterol is too low — that is below about 4.42 mmol/L (170 mg/dL) your risk of mood disorders, depression, stroke, and violence is increased. During trials to lower levels of cholesterol in the blood, it became obvious that there was a tendency towards more suicides and violent deaths in the treatment groups. In 1991 Canadian investigators examined this trend.^[4] Adjusting for age and sex, they found that those whose cholesterol was below 4.27 were 6 times more likely to attempt suicide than those with cholesterol above 5.77.

This was confirmed by a study conducted at the Psychiatric Clinic, Charles University of Prague.^[5] Patients in this study who had attempted a violent suicide had significantly lower cholesterol levels than patients with non-violent attempts and the control subjects. The authors say 'Our findings . . . are consistent with the theory that low levels of cholesterol are associated with increased tendency for impulsive behaviour and aggression and contribute to a more violent pattern of suicidal behaviour.' They conclude 'These data indicate that low serum total cholesterol level is associated with an increased risk of suicide.'

Polyunsaturated fats are recommended to lower cholesterol levels. This protocol could also add to the risk of suicide as a 2006 study found that people with a high intake of polyunsaturated vegetable margarines and

cooking oils, which were unbalanced with respect to omega-3 fatty acids were more likely to commit suicide.[6]

One of the many studies examining the effects of omega-3 and omega-6 fatty acid levels on suicide and violence reported finding evidence of 'a striking correlation' between the greater consumption of omega-6 linoleic acid from seed oils over the period 1961 to 2000 and the growing number of homicides in the USA, UK, Australia, Canada, and Argentina.[7]

And there may be another dietary aspect. A team from the Medical Research Council, led by Professor David Barker traced suicide rates in 15,500 Hertfordshire men and women whose birth records are available since 1911.[8] They found that men and women who committed suicide had low rates of weight gain in infancy. And that too could be caused by a carbohydrate-rich, nutrient-poor diet.

Depressing drugs

Dr Andrew Mosholder, an expert with America's Food and Drug Administration, reviewed 24 studies involving 4,582 patients taking one of nine different antidepressants. They showed that the drugs nearly doubled the risk of suicide among children and young adults. The FDA barred him from publishing his findings, but they were leaked to the press in 2004. In 2006, Mosholder's study was published.[9] It makes for extremely worrying reading. More worrying, perhaps, is that the FDA's principal role is guardian of public safety, yet it suppressed this evidence for two years. How many children during that time took their lives?

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