

ALIMENTAZIONE E PSICOLOGIA

COME IL CIBO INFLUISCE SULLA MENTE

STEFANO ERZEGOVESI

UNA STRADA A 2 DIREZIONI

Emozioni >> Cibo

Cibo >> Emozioni



CERVELLO: UN ORGANO ENERGIVORO

•PESA POCHISSIMO (2% DEL PESO CORPOREO TOTALE)

•RICEVE IL **15**% DELLA <u>GETTATA</u> <u>CARDIACA</u> TOTALE

•CONSUMA IL **20**% DELL'<u>OSSIGENO</u> TOTALE

•CONSUMA IL **20**% DEL <u>GLUCOSIO</u> TOTALE "15% of Cardiac Output" = Circolazione Efficiente

"20% of Total Body O2" = Abbondanti Antiossidanti

"20% of Energy (Glucose)" = Glucosio Senza Picchi (attenzione al CARICO GLICEMICO)

I BISOGNI DEL CERVELLO (1)

"Sleep = The Brain Housekeeper" = Pulizia e Manutenzione delle Cellule durante il Sonno

I BISOGNI DEL CERVELLO (2)

"Gut-Brain Axis" = Facciamo Amicizia con i nostri Batteri Intestinali (Microbiota -Microbioma) >> alimenti PREBIOTICI per sostenere qualunque tipo di terapia PROBIOTICA

I BISOGNI DEL CERVELLO (3)

"Hara Hachi Bu" = "Mangia fino a sentirti Sazio all'80%" >> QUALI RESIDUI DIGESTIVI NEL COLON?

"Intermittent Fasting" = Facciamo Pulizie Periodiche al Cervello

CIBO, ANSIA E DEPRESSIONE: PRIMI DATI (2014)

Coaching in Healthy Dietary Practices in At-Risk Older Adults: A Case of Indicated Depression Prevention

Sarah T. Stahl, Ph.D.

Steven M. Albert, Ph.D.

Mary Amanda Dew, Ph.D.

Michael H. Lockovich, L.C.S.W.

Charles F. Reynolds, III, M.D.

Prevention of major depressive disorder is important because current treatments are only partially adequate in reducing symptom burden and promoting health-related quality of life. Lifestyle interventions may be a desirable prevention strategy for reasons of patient preference, particularly among older patients from minority groups. Using evidence from a randomized depression prevention trial for older adults, the authors found that coaching in healthy dietary practices was potentially effective in protecting at-risk older adults from developing incident episodes of major depression. The authors describe the dietary coaching program (highlighted in a case example) as well as the feasibility and potential efficacy of the program within the context of evidence-based interventions for preventing episodes of major depression and mitigating symptoms of depression. Older adults receiving dietary coaching experienced a low incidence of major depressive episodes and exhibited a 40%-50% decrease in depressive symptoms, as well as enhanced well-being, during the initial 6-week intervention; these gains were sustained over 2 years. The authors also describe why lifestyle interventions like coaching in healthy dietary practices may hold promise as effective, practical, nonstigmatizing interventions for preventing episodes of major depressive disorder in older adults with subsyndromal depressive symptoms.

(Am J Psychiatry 2014; 171:499-505)

CIBO, ANSIA E DEPRESSIONE: MOD MED DIET (2018)

A modified Mediterranean dietary intervention for adults with major depression: Dietary protocol and feasibility data from the SMILES trial

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Background: The SMILES trial was the first randomized controlled trial (RCT) explicitly designed to evaluate a dietary intervention, conducted by qualified dietitians, for reducing depressive symptomatology in adults with clinical depression.

Objectives: Here we detail the development of the prescribed diet (modified Mediterranean diet (ModiMedDiet)) for individuals with major depressive disorders (MDDs) that was designed specifically for the SMILES trial. We also present data demonstrating the extent to which this intervention achieved improvements in diet quality.

Methods: The ModMedDiet was designed using a combination of existing dietary guidelines and scientific evidence from the emerging field of nutritional psychiatric epidemiology. Sixty-seven community dwelling individuals (Melbourne, Australia) aged 18 years or over, with current poor quality diets, and MDDs were enrolled into the SMILES trial. A retention rate of 93.9 and 73.5% was observed for the dietary intervention and social support control group, respectively. The dietary intervention (ModMedDiet) consisted of seven individual nutrition counselling sessions delivered by a qualified dietitian. The control condition comprised a social support protocol matched to the same visit schedule and length.

Results: This manuscript details the first prescriptive individualized dietary intervention delivered by dietitians for adults with major depression. Significant improvements in dietary quality were observed among individuals randomized to the Mod/MedDiet group. These dietary improvements were also found to be associated with changes in depressive symptoms.

Discussion/Conclusion: The ModiMedDiet, a novel and individually tailored intervention designed specifically for adults with major depression, can be effectively implemented in clinical practice to manage this highly prevalent and debilitating condition.

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

NUTRIRE IL CERVELLO: COSA METTIAMO NEL PIATTO?



Cibo Prevalentemente (75-95%) Vegetale



Abbondanti Verdure (+) e Frutta (-) di Stagione (Antiossidanti)



Cereali Integrali e Legumi TUTTI I GIORNI (Basso Carico Glicemico; Fibre Prebiotiche)

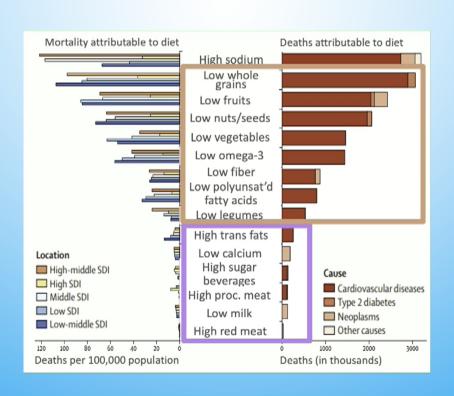


Pesce ricco di Omega 3 (più EPA)



MAI TROPPO CIBO

RIDURRE IL MALE O AUMENTARE IL BENE? (1990-2017)



LA PIAGA DEL CIBO ULTRA-PROCESSATO

Research Letter | Psychiatry

Consumption of Ultraprocessed Food and Risk of Depression

samuthpongtorn_2023_ld_230182_1697225882.39196.pdf

Chatpol Samuthpongtorn, MD; Long H. Nguyen, MD, MS; Olivia I. Okereke, MD, SM; Dong D. Wang, ScD, MD; Mingyang Song, MD, ScD; Andrew T. Chan, MD, MPH; Raaj S. Mehta, MD, MPH

Figure. Ultraprocessed Foods (UPF) Components and Risk of Incident Depression

	OD (050(61)
UPF components	OR (95% CI)
Sugar-sweetened beverages	0.89 (0.73-1.08)
Dairy-based desserts	0.93 (0.78-1.10)
Condiments	0.95 (0.82-1.10)
Meat products	1.02 (0.87-1.18)
Breakfast items	1.02 (0.88-1.19)
Savory snacks	1.03 (0.88-1.20)
Frozen foods	1.04 (0.86-1.25)
Sweet snacks	1.06 (0.91-1.25)
Other artificial sweeteners	1.26 (1.10-1.43)
Artificially sweetened beverages	1.37 (1.19-1.57)
UPF	1.49 (1.26-1.76)



LA STRUTTURA FISICA DEL CIBO





TRUCCHETTO MNEMONICO PER RICORDARSI COME MANGIARE BENE

G-BOMBS by Dr. Joel Fuhrman

Greens,

Beans,

Onions,

Mushrooms,

Berries,

Seeds.

The Nutrition Rainbow



Tips: The more naturally colorful your meal is, the more likely it is to have an abundance of cancer-fighting nutrients. Pigments that give fruits and vegetables their bright colors represent a variety of protective compounds. The chart below shows the cancer-fighting and immune-boosting power of different-hued foods.

Colors	Foods	Colorful Protective Substances and Possible Actions
Red	Tomatoes and tomato products, watermelon, guava	Lycopene: antioxidant; reduces prostate cancer risk
Orange _.	Carrots, yams, sweet potatoes, mangoes, pumpkins	Beta-carotene: supports immune
Yellow-orange	Oranges, lemons, grapefruits, papayas, peaches	system; powerful antioxidant Vitamin C, flavonoids: inhibit tumor
Green	Spinach, kale, collards, and other greens	cell growth, detoxify harmful substances Folate: builds healthy
Green-white	Broccoli, Brussels sprouts, cabbage, cauliflower	cells and genetic material Indoles, lutein: eliminate excess
White-green	Garlic, onions, chives, asparagus	estrogen and carcinogens Allyl sulfides: destroy cancer cells, redu
Blue	Blueberries, purple grapes, plums	cell division, support immune systems
Red-purple	Grapes, berries, plums	Anthocyanins: destroy free radicals Resveratrol: may decrease
Brown	Whole grains, legumes	excess estrogen activity
Physician	sCommittee	Fiber: carcinogen removal

