

Psychology Today

Where Science Meets the Steps

The new science of addiction

Giving Nutrition Its Due in Bipolar Disorder Treatment

Nutrition is often overlooked as a component in managing bipolar disorder.

Medication and therapy – that's the standard approach to treating bipolar disorder. But that approach overlooks a critical component of successfully managing the disease: nutrition. That's because illnesses such as bipolar disorder often come with weight gain, which can complicate recovery by prompting not only physical problems but also mental fallout.

A 2011 research analysis concluded that up to 68 percent of treatment-seeking bipolar disorder patients are overweight or obese and 57.8 percent of those with severe depression are obese. Although many factors are at play, a chief culprit in weight gain is thought to be serotonin, a chemical messenger in the brain that affects appetite and a host of other functions. Serotonin is widely believed to be at lower levels in those with mood disorders. This deficiency can prompt a craving for carbohydrates and sweets, which, when consumed, allow tryptophan – the building block of serotonin – into the brain. The result may be a brief boost in mood at the cost of extra pounds.

Cravings can then manifest in binge eating. A 2013 joint study by the Mayo Clinic, the Lindner Center of HOPE and the University of Minnesota found that 10 percent of the bipolar population binge on food, and they are more likely to have issues such as suicidal thoughts, psychosis, anxiety disorders and substance abuse.

A Double Whammy from the Disease and its Treatment

Making things worse is that many of the medicines used to treat bipolar disorder prompt weight gain, especially second-generation antipsychotics, also called atypical antipsychotics. The risk varies with the type of antipsychotic, with weight gain appearing to be highest (up to 7 percent of baseline weight) with clozapine and olanzapine.

It can be an upsetting side effect. According to one study, it's the *most* upsetting. Particularly vulnerable are adolescents and young adults. Not only is this group most likely to see weight gain, but it's a time of life when body image reigns supreme. That distress can lead some to stop taking their medication, according to a 2004 study, and that, in turn, can increase the risk of relapse.

For those struggling with bipolar disorder, weight gain, no matter the cause, comes with a variety of negative consequences – both physical and emotional:

- **Metabolic syndrome:** Obesity has been linked to metabolic syndrome, a set of factors that can lead to cardiovascular disease and diabetes. It's common in the

- general population but even more so in those with mental illnesses. It's been shown to be present in up to [30 percent](#) of those with bipolar disorder.
- **Reduced life expectancy:** Those with serious mental illnesses such as bipolar disorder die 15 to 30 years earlier than the general population, [studies say](#). That's been related to preventable risk factors for heart disease, such as obesity.
 - **Quality of life:** The impact on physical appearance and the stigma surrounding weight gain can spark low [self-esteem](#), depression and social alienation, particularly in the [young](#).


What Can Be Done?

Making sound nutritional choices can be made more difficult by the disorganization and negativity that sometimes go along with bipolar disorder. For those who feel they are struggling to make it through the day, eating right and exercising can seem like the least of their concerns.

Nutritional [education](#) and support, therefore, is crucial when treating people with bipolar disorder as a way of helping them counteract the carb and sugar cravings that come with the disorder and that can be exacerbated by medication.

Encouraging [exercise](#) should be a primary goal. Not only does it burn calories, but study after study confirms it lowers blood pressure, protects against heart disease and cancer, and lifts mood. For some, exercise can be just as effective as antidepressants. About a half hour to an hour of moderate exercise most days of the week is recommended.

Nutritional education should include an overview of the special risks for those with bipolar disorder as well as the basics of healthy eating; for example, how to handle cravings, how to read a label and the benefits of whole foods.



In treatment programs and when eating out in the community, those with mood disorders should look for [SPE-certified](#) menus. Much like a Good Housekeeping Seal of Approval for home products, SPE passes judgment on the foodservice industry. An SPE-certified meal has passed rigorous standards related not only to its nutritional density but to the sourcing of the ingredients and the flavor of the finished dish. The name comes from the Latin phrase *Sanitas Per Escam*, which translates to "Health Through Food," but SPE also stands for sourcing, preparing and enhancing, the keys to good eating, the group says.

Supplementation also holds out some hope for those with bipolar disorder, though more rigorous testing is needed. Most promising are [omega 3](#) fatty acids, which had the strongest evidence of efficacy for bipolar [depression](#), according to a review conducted by Jeffrey J. Rakofsky, M.D., and Boadie W. Dunlop M.D., and published in the journal *Depression and Anxiety* in 2013. Omega 3s are essential to normal brain functioning and can protect against inflammation. Vitamin C also showed some positive effect.

Building Positive Momentum

We know that people struggling with bipolar need long-term help to keep negative side effects under control and to build momentum toward a healthier lifestyle, but they aren't likely to get it in the current system. Most treatment programs keep patients only for a few days and do little or nothing to educate them about nutrition.

<http://www.psychologytoday.com/blog/where-science-meets-the-steps/201406/giving-nutrition-its-due-in-bipolar-disorder-treatment>