

Module 7 Lesson 3

Transcript

Hey everyone. Welcome to the lesson on anxiety, depression, and weight. I'm sure this lesson is going to hit home for many of you, as it does for me. We're in what feels like an epidemic of depressed and anxious kids, teens, adults, and the elderly too. Anxiety disorders are the most common mental illness in the U.S. affecting about 18% of the population. About 7% of adults in the U.S. have depression and 1.9 million children and teens have been diagnosed too. Even if we aren't living with a diagnosis, none of us are immune to poor mental health. And you'd be surprised at how many people you interact with every day are suffering. In today's lesson, we're going to cover the role of nutrition and weight in these mental illnesses. We'll talk about the prevalence of depression and anxiety and other statistics about these conditions, impacts of nutrition in prevention, symptom management and treatment, and how you can support your clients as a health professional.

Let's start with an anecdote. Early during my intake with Jillian who came to me to work on her eating and weight. I learned the lovely 19 year old athlete in front of me was diagnosed with anxiety and depression at age 14. So many people who I work with deal with anxiety and depression that I knew I had a lot of work to do to wrap my head around what that meant for her specifically. If someone says they're constipated, follow up questions are pretty straight forward. How many times do you have a bowel movement in a week? Do you often find yourself bloated after eating certain foods? What do you do to manage your constipation? You get the picture. Mental health questions are a whole different ball of wax. In order to get a good idea of what Jillian's anxiety looked like, I had to ask a lot of open ended questions and let her take the lead.

She told me that she was feeling really unhappy at the end of eighth grade where she was the soccer star for school and had spent nine years with the same friends in the same school. The idea of going to high school was really overwhelming to her. She withdrew, isolated herself, spent most of the afternoons in her bedroom, didn't go out with her friends and stopped going on sleepovers. She lost her appetite and a good amount of weight. Her mom brought her to the doctor's office when Jillian complained of a racing heart and shortness of breath at soccer camp. She'd had her first anxiety attack. Jillian tried therapy, mostly CBT, cognitive behavioral therapy, but her symptoms continued and the summer before her freshman year of high school, Jillian was put on medications to help manage her symptoms. It took months before Jillian felt better and more stable, but the combination of medication, puberty and the stressors of being a teen caused Jillian to put on a lot of weight and she was really, really unhappy with her body. That's where she was when she landed in my office.

Jillian is so not alone. I'm sure if you don't have a client like this, you know someone like this that fits this picture. I have so clients with their own versions of how depression and anxiety manifest in their lives. Each case is unique, but there are lots of common themes. I promise you, if you're working with clients, you're going to see either a depression, diagnosis, anxiety diagnosis or anxiety and depression diagnosis often and lots of times you'd never suspect it from how your client presents. This is why it is super, super important for you to be aware of all of this.

Let's go over some quick stats about these mental illnesses. According to the Anxiety and Depression Association of America in the United States, anxiety disorders are the most common mental illness affecting 40 million adults. That's 18.1% of the population, every year. We have great treatment for anxiety disorders, but less than 40% of the people suffering receive treatment. People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders. Anxiety disorders develop from a complex set of risk factors including genetics, brain chemistry, personality and life events.

A doctor or a mental health provider would be the one to diagnose the depression and they may use a combination of things to form their diagnosis. They may do a physical exam because oftentimes depression is linked to an underlying health problem. They may run some lab tests. Lots of times depression can be a side effect of hormonal imbalance like we talk about when I talk about the thyroid, there will probably be a detailed psychiatric evaluation where a provider asks about symptoms, thoughts, feelings, behaviors, and there's a questionnaire that helps with this evaluation as well.

Finally, the Diagnostic and Statistical Manual of Mental Disorders, DSM-5 published by the American Psychiatric Association is used to classify depression. There are many forms of depression, major depressive disorder, peripartum, postpartum catatonia, anxious depression, mixed feature and more. Most anxiety and depression is treated with a combination of psychotherapy and medication, but some people are treated with just meds or just therapy and outcomes are pretty good. What I see the most in my practice is either appetite suppression or appetite stimulation from the medications or using food to manage symptoms. Some of the side effects of the medications people take is a total loss of appetite. I will sometimes speak to my client to see if we can postpone taking the medication until after breakfast. I work with each client individually to find ways to help them eat even if their appetite is poor because they may still get blood sugar drops, which can make them feel depressed or irritable.

Usually we collaborate and decide on a few snacks that work for them even if they don't feel like eating. I always have clients plan for when the medication wears off and they feel ravenous. Sometimes they don't eat all day, don't even think about food, and then suddenly 4:00 PM hits and they are ravenous for a pound of pasta. Other clients are going to tell you that the side effects of their meds are that they're hungry all the time or they may not feel like they're eating more, but they're gaining weight. The side effects of some psychotropic medications is absolutely weight gain. I've seen clients keep copious food journals and gain in spite of really, really good eating patterns. Clients should speak with their doctors to find a medication and dosage that doesn't have the side effect, if at all possible. There are a few out there that I love, but they may not be right for your client.

I work with these clients to have a long list of things they can eat when they're hungry and I always try to make their hydration a big priority because hydration, often can squash some of the hunger. Another tip here is to see if the timing of their medications can be altered so that appetite stimulation is not going to hit when they're most vulnerable, but maybe that side effect could be mitigated by changing the AM dose to PM for example. Finally, we have a lot of clients who use food to manage their anxiety or depression. Unlike emotional eating, which we may do or not do based on the moment and what's available. People who are anxious or depressed may use certain foods regularly for when they are feeling intensely. It may be being used instead of medication.

Food isn't a cure for anxiety or depression. It may offer temporary relief. You remember, the serotonin response is great at calming when our stress hormones are firing, but it's not the best way to handle someone with triggered mental health challenges. For people who eat for emotional reasons, I try to come up with a list of non-food interventions to try before food. Plugging in deep breathing on a commute, using teeth whitening strips instead of a pint of ice cream while watching late night TV or occupying your hands with knitting instead of reaching for the potato chips can all be somewhat therapeutic and I always have a little food for coping list to help in emergencies. The non-food intervention isn't always practical. It's hard to knit at work, for example, but it isn't hard to eat cookies in a work meeting. I usually customize a food intervention for each client, but tea, popcorn, seaweed sheets, raw veggies and frozen grapes are my go to suggestions. Tea is warm and comforting. Frozen grapes are icy, juicy and flavorful. Seaweed and popcorn offer the crunch and saltiness. You see what I mean there.

Before we wrap up this lesson, let's recap the major points from today. Anxiety and depression are common diagnoses and often you'd never suspect it from how your client presents. You have to be Uber aware. Clients with these diagnoses may experience appetite suppression or

appetite stimulation from the medications, or they may be using food to manage symptoms. With appetite suppression, work with each client individually to find ways to help them eat, even if their appetite is poor. With appetite stimulation, come up with a list of foods they can eat when they're hungry and focus on hydration. Suggest they speak with their doctor also, about alternative medications. With clients who use food to manage symptoms of anxiety or depression, come up with a list of non-food interventions like the knitting I suggested, and keeping lists of nutritious foods to turn to if they do require food to cope. As with any mental illness, nutrition is just one piece of the puzzle and this client should be working with a great therapist as well. That's it for today. I will see you in the next lesson.