

Current Hypotheses and Challenges in Nutritional Psychiatry in the Treatment of Psychotic Disorders

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INTRODUCTION

Affective symptoms usually co-occur with psychotic symptoms. An effective predictive method would help in the differential diagnosis of mental disorder at an early stage. The aim of the study was to develop a predictive model using laboratory indices and clinical factors to improve diagnostic accuracy. Subjects were patients with psychiatric disorders who had affective and/or psychotic symptoms. The study collected two samples of patients (n=309). We created and validated models using 3 classification methods (logistic regression, decision tree, and discriminant analysis). In all three methods, 7 predictors were found to be significant in differentiating a diagnosis of affective disorder from a diagnosis of psychotic disorder: Activities of daily living, direct bilirubin, apolipoprotein A1, lactate dehydrogenase, creatinine, monocyte count, and interleukin-8. The decision tree outperformed the other two methods in terms of area under the receiver operating characteristic curve and correctly classified data. Most attention has been focused on highly prevalent mental illnesses, but attention is shifting to disorders such as schizophrenia and related psychoses.

DESCRIPTION

Various hypotheses have been put forward, some of which may be related, but further investigation is needed to understand them. These include the microbiota-gut-brain axis, immune dysregulation, and the potential for dietary inflammation, nutritional deficiencies, and disorders of glucose metabolism. It is worth noting that progress in this field has been hampered by a number of difficulties in completing, interpreting and demonstrating the clinical applicability of nutritional psychiatry research studies. Despite a lack of evidence for effects on symptomatology and cognition, nutritional interventions are now accepted as a key strategy in mental health care to combat disparities in physical health and life expectancy among people with psychotic spectrum disorders. Physical health has long been neglected in people with schizophrenia spectrum disorders, resulting in a significantly higher incidence of non-communicable diseases such as obesity, diabetes and cardiovascular disease, leading to a significant reduction in life expectancy. This occurred as a result of a complex interaction of medication side effects, symptoms, cognitive impairment, unhealthy lifestyles, inadequate physical health support, and diagnostic overshadowing. The recent movement to provide adequate physical health support to people suffering from schizophrenia has clearly defined the role of nutritional interventions in mental health services.

CONCLUSION

Ideally, in the coming decades, there will be an increase in independent studies with adequate funding that address specific questions in nutritional psychiatry. However, as dietitians and clinical nutritionists are increasingly used in mental health services to focus on physical health, it may be beneficial to make greater use of these available services and design nutritional psychiatry studies around their dietary intervention programs. In both cases, the research methods of the different studies should be well aligned. Continued and expanded collaboration in nutritional psychiatry research is expected to lead to agreement on research methods such as intervention protocols and outcome measures such as diet, inflammation, and measures of gut microbiota.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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