

# The influence of nutritional therapy measures on the modification of nutritional problems in patients with psychopathogenic symptoms and implications for the treatment of mental illnesses

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## Background

The relationship between dietary behaviour and mental illness is currently the subject of intense scientific debate and is still a little-studied area of psychiatric care research. In particular, the quality of nutrition and intake of specific nutrient groups as well as different effects in the psychosomatic context are the focus of studies on different diets. The findings are currently still ambivalent, and causal relationships are still difficult to map using controlled studies. Both previous, nutrition-specific studies and the S3 practice guidelines in psychiatry and psychotherapy of the DGPPN show a high relevance of health-promoting measures in the treatment of mental illness [1]. There are currently limitations in the research results relating to a mindfulness-based perspective on nutrition and its influence on mental health. Maladaptive, regulatory dietary patterns can be associated with mental illness, in which dietary behaviours serve as coping strategies on a cognitive level or are the result of dysfunctional compensatory volitions [2]. Away from nutritional mechanisms of action and due to an ambivalent research situation, more recent studies are shifting their scientific focus to cognitive processes in connection with disorder-specific eating behaviour. The influence of mindfulness-based interventions in the context of the third wave of psychotherapy on the improvement of psychopathogenic symptoms has been comprehensively documented. The significance of mindfulness-relevant aspects in a nutrition-specific context is also evident [3]. The study situation in an application-orientated, psychiatric context is still strictly limited. This research gap is to be addressed as part of a pilot study.

## Methods

Using a newly developed, mindfulness-focused nutritional therapy consisting of four modules, each with a theoretical and a practical unit, patients at a psychiatric-psychosomatic specialist hospital complete a four-week therapy unit in a group therapy setting. As part of the theoretical units, each module block begins with the teaching of nutrition-specific knowledge with a focus on mindfulness-based, action-related, emotional and cognitive skills. Building on the theoretical content learnt, patients are supported therapeutically in the practical testing of the knowledge gained through the preparation of meals. In a pre-post measurement over three measurement points, mindfulness-based factors in the context of nutrition as well as changes in eating patterns towards health-promoting eating behaviour and possible effects on psychological stress are assessed at the beginning and after completion of the four-week nutritional therapy intervention and 12 weeks after discharge. Modified questionnaires will be used to record mindful and intuitive eating behaviours, eating habits and problems as well as general psychological stress across diagnoses using validated measurement methods [4][5][6]. The scientific survey will begin in 01/2024 and the long-term establishment of a control group to record the effects of nutritional therapy is planned. The planned measurement instrument is currently undergoing a pre-test phase.

## Results and outlook

Descriptive and inferential statistical correlations between the mindfulness-based nutritional therapy concept, nutritional behaviour and psychological stress are investigated. The aim of nutrition therapy is to improve nutrition-related skills and the long-term adaptation of health-promoting behaviours to create an improved possibility of salutogenesis. Initial results should provide implications for practical clinical work with psychiatric illnesses.

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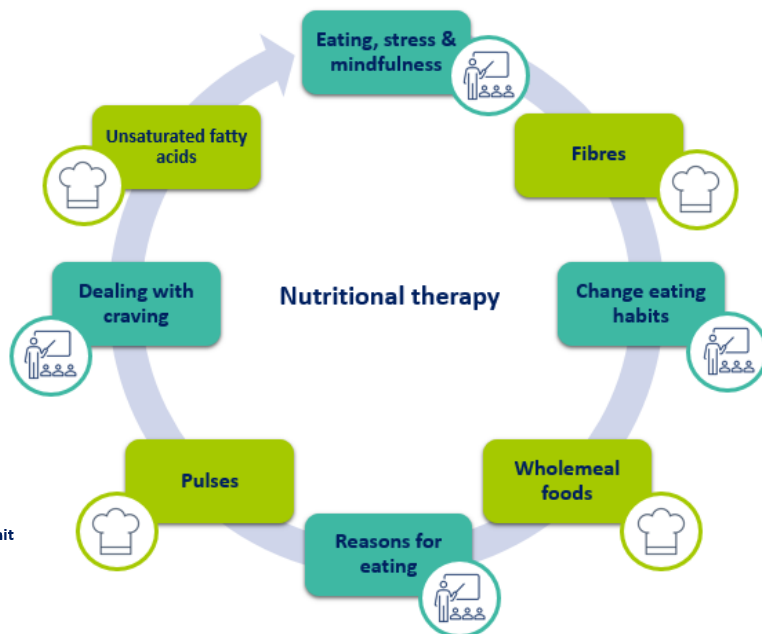


Fig. 1: cyclical sequence of nutritional therapy intervention modules.

### Literature

[1] Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde. (2019). *S3-Leitlinie Psychosoziale Therapien bei schweren psychischen Erkrankungen*. (2. Aufl.). Berlin: Springer. doi:10.1007/978-3-662-58284-8 [2] Kornacka, M., Czepczor-Bernat, K., Napieralski, P., & Brytek-Matera, A. (2021). Rumination, mood, and maladaptive eating behaviors in overweight and healthy populations. *Eating and weight disorders : EWD*, 26(1), 273–285. doi:10.1007/s40519-020-00857-z... [3] Warren, J. M., Smith, N., & Ashwell, M. (2017). A structured literature review on the role of mindfulness, mindful eating and intuitive eating in changing eating behaviours: effectiveness and associated potential mechanisms. *Nutrition research reviews*, 30(2), 272–283. <https://doi.org/10.1017/S0954422417000154> [4] Ruzanska, U. A., & Warschburger, P. (2017). Psychometric evaluation of the German version of the Intuitive Eating Scale-2 in a community sample. *Appetite*, 117, 126–134. doi.org/10.1016/j.appet.2017.06.018 [5] Peitz, D., Schulze, J., & Warschburger, P. (2021). Getting a deeper understanding of mindfulness in the context of eating behavior: Development and validation of the Mindful Eating Inventory. *Appetite*, 159, 105039. doi:10.1016/j.appet.2020.105039. [6] Kleiser, C., Mensink, G., Kurth, B. M., Neuhauser, H., & Schenk, L. (2007). Ernährungsverhalten von Kindern und Jugendlichen mit Migrationshintergrund—KiGGS-Migrantenauswertung.

