Investigation of nutritional status, knowledge and attitudes towards a healthy diet in people with psychiatric disorders requiring treatment

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Introduction: Compared with the general population, people with severe mental illness (SMI), including schizophrenia and major depressive disorder, are at higher risk of weight gain and metabolic syndrome, which is associated with an increased risk of diabetes, cancer, and coronary heart disease, as well as a reduced life expectancy. People with SMI generally have a poorer diet compared to the general population. They face several barriers that can lead to poor eating habits. Some barriers are reported by many people in the general population (e.g., taste, price, habits). In contrast, others are more specifically related to psychiatric symptoms and the side effects of psychotropic medication, such as cognitive impairment, increased appetite, lack of daily structure and sedation. Such barriers can lead to disordered eating habits. People with SMI were also thought to have lower nutrition knowledge, cooking and food skills and less positive attitudes towards healthy eating.

Methods: In this study, we compared the levels of nutrition knowledge, cooking skills, and food skills among 65 inpatients, 67 outpatients, and 64 healthy controls. In addition, several variables related to dietary behaviours, such as anthropometric measures, health behaviours, personality, dietary habits, and feelings towards and motivation towards healthy eating, were also assessed. Differences were tested using ANOVA and chi-squared tests. Interviews were performed between September 2021 and August 2022. Participants were included if they were between 18 and 65 years old. In the patient group, participants were included if they had a primary F2 or F3 diagnosis but no eating disorder. Healthy controls had to be free of any psychiatric disorder. The interviews lasted approximately one hour.

Results: The results showed that the health status and behaviours of the participants differed significantly between psychiatric patients and healthy controls. The psychiatric patients had a higher BMI and waist: hip-ratio and were more likely to suffer from diet-related diseases and food intolerances than the healthy controls. Most patients had experienced weight changes. Compared to the healthy controls, they had a poorer nutritional status, were less physically active, and were more often smokers. Patients performed fewer nutrition-related activities, they had a poorer diet and more disordered eating habits (more eating at night, larger portion sizes, more junk food and sweets and soft drinks, less vegetables and fruits, more eating alone). However, motivation for a healthy diet and nutrition knowledge and skills were comparable in both groups (patients and healthy controls). In the outpatients, a three-month follow-up showed that psychiatric symptoms had decreased significantly, but unhealthy eating habits remained almost unchanged.

Conclusion: Nutrition knowledge, cooking and food skills, as well as motivation, are not relevant barriers to healthy eating in psychiatric patients, although they may be important prerequisites. Rather, the results of this study indicate that people with SMI seem to have difficulties in translating their knowledge into action. Therefore, nutritional support that aims at improving daily structure and social inclusion through behavioural and practical approaches is indicated. The development of such interventions is necessary and strongly desired by psychiatric patients.