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Nutrition and Depression: Good Food for a Good Mood
Charlene Cherry, RD

Can we prevent or treat illness by eating differently or concentrating certain nutrients in pill form? New interest in complementary and alternative medicine has prompted a more in-depth look at the role of nutrients in a variety of health conditions, including mental health. Researchers are currently exploring the relationship between food and mood. While much of the research is preliminary, a few strong themes are emerging.

The enclosed patient nutrition education handout provides a summary of these themes in a format for use with patients who suffer from depression. The first side of the handout is helpful for patients struggling with depressive symptoms of poor appetite and weight loss, providing simple, concrete actions to improve nutrition. On the reverse side, the underpinnings of the recommendations are detailed for patients who are able to receive more information.

Particular items of the detailed information are helpful in educating patients whose longstanding eating patterns are very poor, have co-occurring substance abuse, or who follow low-carbohydrate diets. The handout provides a springboard for a discussion of the non-diet approach to weight management, as many patients have poor nutrient intake because of frequent dieting.

Good nutrition provides the foundation for a good mood and is an important complement to medication and behavioral therapy in the treatment of depression. Help your patients who have depression by educating them on the basics of nutrition self-care.

Mark your Calendars...
Food & Nutrition Conference & Expo 2004 Anaheim

DDPD events:


DDPD member meeting: Monday October 4th at 7 AM with Kathryn Mosley, MS, RD “The PKU Diet in the Adult Client”. Kathryn works at the Children’s Hospital of Los Angeles.

We will also be represented at the DPG showcase on Monday from 11-2.

Member Commentary
Incorporating Current Resources for Counseling Children with Special Health Care Needs
Andrea Shotton MS RD LDN • Metabolic Nutritionist UT Health Science Center • Boling Center for Developmental Disabilities

Dietetics professionals are constantly bombarded with nutrition education materials. However, have many dietetics professionals incorporated these materials into current practice? Since the development of the 5 a Day for Better Health Program, counseling children with special health care needs (CSHCN) on eating diets with variety has become a much simpler task.

Incorporating Current Resources for Counseling Children with Special Health Care Needs:

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Q & A from the Resource Professional

Question:
Is excessive caffeine intake considered an eating disorder? Why else would someone drink 15 cups of coffee a day or 12 diet soft drinks?

Answer:
Caffeine can be used for many purposes. Even though from a nutrition point of view 15 cups of coffee a day is excessive and probably crowding out other nutrients, nutrition education may not be an adequate solution. As with any disordered eating (or in this case drinking) behavior, the key is the individual's motive.

Many eating disorder patients abuse caffeine as a source of “energy” in the absence of adequate kcalorie intake and as an appetite suppressant.

Other possibilities include:
• Untreated Attention Deficit Disorder, where the effect of the caffeine is to help the patient “focus” or “think clearly.”
• An undiagnosed learning issue that the patient is misinterpreting as difficulty concentrating;
• An anxiety issue, where the patient is using caffeine to steady her nerves but is really perpetuating the anxiety cycle;
• Depression, where the patient is using caffeine just to make it out of bed and face her day;
• Narcolepsy, sleep apnea, or another disorder that interrupts nighttime sleep and makes the patient drowsy during the daytime;
• An effort to control migraines or headaches of unknown origin or those that occur when the patient tries to discontinue caffeine;
• A patient who is consuming excessive caffeine may be using it for pseudo-therapeutic purposes without realizing it, and may need further assessment, and intervention beyond simply decreasing caffeine.

“Depression...continued from page 1

References


Legislative Chair (04-05)*
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Nutrition Reviews

Making the Three Tenors Sing
From the Chair
Mary Emerson MS, RD, LDN
Permit me to introduce myself, I work in a 100 bed acute psychiatric facility treating adults, adolescents and children. I also provide out-patient consultation to our out-patient programs. I do a bit of private consulting in group homes, as well as having a life outside of work with a marriage and raising a family of three children. Five years ago I returned to psychiatric care after working in the acute medical arena for seven years. My involvement in DDDP helped make my job easier with the feedback I have gained from my colleagues. I feel very honored to be able to serve as your chair.

I am excited about the upcoming year. The priority session we are planning is entitled "Behavioral Therapy in the Treatment of Eating Disorders" presented by Molly Kellogg, RD, LCSW who is in private practice in Philadelphia. This session will take place on Saturday October 2nd at 10:30-11:30 am. Molly provides training, supervision and coaching services to nutrition professionals treating eating disorder clients. Her Web site www.mollykellogg.com where she offers a number of tele-courses. She is also presenting a skills workshop on Saturday October 2nd. We are also hosting a breakfast member meeting on Monday at 7 AM with Kathryn Moseley MS, RD from UCLA presenting "PKU diet in the Adult Client". We will also have a display at the DPG showcase on Monday at FNCE. If you attend FNCE I hope that you are able to take advantage of these opportunities.

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We would also like to let you know that DDDP has approved its Guiding Principles on the 4/7/04 conference call. I must thank Susan Zabriskie for her work as our chair over the last year in leaving me with no loose ends to tie up and for her mentoring me as I take over as chair of DDDP. Thank you, Susan! I want to thank Rosalind Wilkins, our past Membership Chair, who has transitioned to nominating chair for making the transition to Lillian so smooth and seamless. Lee Wallace is also transitioning from Secretary/Treasurer to Chair-elect. Joyce Lowe has agreed to stay on as Audiovisual Librarian for another term, as has Daria Polanchik has also agreed to stay on as Legislative Chair for another term. We are very fortunate that our Newsletter Editor, Melissa Altman-Traub, has agreed to stay on for one more year. Our Developmental Disorders Resource Professional Ann Overmyer and our Psychiatric Resource Professional Linda Vening are continuing their terms. We have a great team ready to serve our members and I look forward to a rich rewarding year for DDDP.
Planting Your Garden

Nancy Baker

“There are many tired gardeners but I’ve seldom met old gardeners. I know many elderly gardeners but the majority are young at heart. Gardening simply does not allow one to be mentally old, because too many hopes and dreams are yet to be realized. The one absolute of gardeners is faith. Regardless of how bad past gardens have been, every gardener believes that next year’s will be better. It is easy to age when there is nothing to believe in, nothing to hope for; gardeners, however, simply refuse to grow up.”

~ Allan Armitage

Can you imagine someone watching for flowers to bloom in their garden where none were planted? Would you gently tap them on the shoulder and explain how flowers come to the garden?

Nature has a way of teaching us lessons we sometimes miss in day to day living. There are times when we think we’re working on our business or our life. We’re ecstatic about the number of chores we can check off, yet they don’t seem to get us anywhere and after our frustration we begin to realize we haven’t planted anything. All we’ve done is raked and cleaned up the garden, bought some tools and thought we were done. Having a garden that is rich and satisfying involves preparing, and it also involves planting, watering, weeding, feeding, and more. It involves doing things in the proper season, giving the seeds proper soil, light, feeding and nourishment for success.

What do you want to grow? Is it joy? Family harmony? A career that is deeply satisfying? Before we plant a garden we spend the winter of our life pouring over ideas, seed catalogs if you will, looking at images and pictures of what we’d like our garden to contain, giving our garden form and shape first in our minds, then on paper.

Once we have chosen the seeds we begin to prepare the soil.

We break up old thoughts and belief systems that no longer serve us. We remove the rocks of believing it can’t be done. We fertilize by what we put into our minds. If you have difficulty finding appreciation and gratitude do a rain dance by remembering a time when you were out of work, had a toothache or life didn’t work. It will help you pour down appreciation and gratitude for what is right now. If that doesn’t work call in professional rainmakers. They offer their services for free. All you have to do is volunteer at a soup kitchen, a hospice, or a home for children with terminal illnesses. You can’t leave without realizing how blessed you really are.

We weed out what we don’t want to grow in our garden. As your garden grows there will be some weeds that have taken advantage of all the care you have shown. It’s important to remove them, for if they get to grow they will strangle any plants you want, stealing nourishment and space. We weed out negative thoughts, lack of forgiveness, hate, and judgments about ourselves and others.

Enjoy the harvest.

Not all the seeds we plant will bloom, but nature is generous, and each bloom will provide thousands of seeds of new possibilities. Giving us lots to share, with others, because by our actions and the results in our lives we inspire others.

Visit the ADA Web site at www.eatright.org/fnce

• Register by August 25 for the Advance rate
• Plan ahead for ADA Tours
• Receive special rates on Disney Theme Park tickets

Register Now for the 2004 Fall ADA Teleseminars!

Listen with a group to earn 2.0 hours of CPE


NOVEMBER 4 Survival Spanish for Foodservice and Dietetics Professionals

LOG ON: www.eatright.org/cpd.html
OR CALL: 1.800.775.7654

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DDPD Web Site and Yahoo Group

Sharon Lemons, RD

I’m thrilled to be coming in as the Webmaster for DDPD. I am currently a Master’s Student at Texas Woman’s University where I’m finishing my thesis. I finished my internship last December and passed the RD exam in April. I’ll be finishing my thesis this summer. From that point I’m looking forward to working out in the field of Dietetics.

I’ve had some training in Web pages through both TWU and some of my volunteer activities in the Boy Scouts of America. I’ve been the owner of a Yahoo group for a couple of years now and have found it very useful as a communication tool with other volunteers.

My love of the population DDPD serves is very personal. I have three sons, but two of my sons have high functioning autism. Through my experiences in the autism community I’ve had the opportunity to work with some amazing people. I’m always amazed at the devotion professionals have to bettering the lives of this group. I’m sure as I meet more of you I’ll count the many members of this group as some of those special people.

DDPD’s listserv has changed to a Yahoo Group. There are several advantages to our members that utilize this benefit. The most important is a direct link to other professionals through the listserv. Other benefits include the ability to search archives using key words. Files and bookmarks may be made available to other members of the listserv or you may share photos and important dates. Everyone has the ability to chat with other members that enter the chat room. Anyone that has files, bookmarks, photos or dates they want available to other members may do so by emailing ddpd@prodigy.net.

The Web page will stay at the same address www.ddpd.org. If you haven’t visited there I hope you will soon. I think you will find the audiovisual library very impressive. You’ll also find information about upcoming events and some helpful links.
The color-based recommendation has helped to create a positive mood during counseling sessions and to give a stronger association to foods by including visual stimulation (colorful foods) in counseling sessions. For example, recommending eating bright orange or blue colored foods in place of tan or gray foods adds variety to the diet.

Because of the positive feedback from parents and CSHCN on the color way program, a modification of the handouts was produced that targeted the population with restricted dietary food lists. For example, the handout incorporating blue/purple fruits and vegetables for children with Maple Syrup Urine Disease listed only those foods low in leucine; or the handout on incorporating blue/purple fruits and vegetables for children with Galactosemia listed only those foods low in galactose. Although, this technique seemed to motivate the children to at least try the new foods or even to look for them in the grocery store, the children have not consistently incorporated color variety in their daily diets.

As is often the case in developing effective counseling strategies, modification was necessary; and, in this case a method to increase long-term compliance of incorporating a variety of color to the diet was needed. At the Tennessee Dietetic Association Pre-conference Showcase, “Field To Plate”, an excellent counseling tool was suggested. Consider the experience of the mouth watering effect a person gets when staring at a just picked, blemish free, rosy red apple. However, what if after biting into an apple, only a mushy fibrous mesh of dry cardboard texture and taste was all that was savored. Although most people are aware that not all apples will taste mushy, those that may have tasted apples for the first time may not be so aware. Consequently, registered dietitian Amanda Archibald’s vision of “Field To Plate” is that of every nutrition professional being situated in the marketplace to aid the consumer in making decisions; not only choosing the most appropriate foods, but the best tasting ones. Ms. Archibald compares the consumer’s experience with fresh fruits and vegetables as the creation of a relationship with food. To help with long-term compliance, dietetics professionals should encourage consumers to have positive relationships with healthful foods.

Thus, to reflect on motivating CSHCN to continue to have “colorful” diets in the long-term; dietitians can be sure to recommend the appropriate fresh foods at the peak agricultural growing season in order for children to have a chance to enjoy various colored foods.

For more information, check out:
• Field To Plate’s Web site, www.fieldtoplate.com, has links for a listing of each state’s seasonal foods and date of harvest. The site also explains how to obtain CPE credits from attending Field To Plate workshops.
• 5 A Day: The Color Way Plan’s Web site, www.5aday.com, has links for recipes and cites foods in each color grouping along with metabolic functions.

DDPD Members—Join Forces to Establish Standards for Group Homes Food Skills

We would like to work on two projects that are of interest to everyone working with group homes.
1. Checklist of basic food skills and pictorial references to teach clients cooking and nutrition.
2. Menu planning tool kit for group home staff to use.

Let’s put our heads together on these and try to stop continually reinventing the wheel! Contact: Susan Zabriskie, susanzabriskie@yahoo.com if you are interested in contributing to these projects.

(telephone: 315-788-2730 x1237)
The color-based recommendation has helped to create a positive mood during counseling sessions and to give a stronger association to foods by including visual stimulation (colorful foods) in counseling sessions. For example, recommending eating bright orange or blue colored foods in place of tan or gray foods adds variety to the diet.

Because of the positive feedback from parents and CSHCN on the color way program, a modification of the handouts was produced that targeted the population with restricted dietary food lists. Handouts obtained from the Web site www.5aday.com were altered to fit the allowed foods for children with Inborn Errors of Metabolism (IEM). For example, the handout incorporating blue/purple fruits and vegetables for children with Maple Syrup Urine Disease listed only those foods low in leucine; or the handout on incorporating blue/purple fruits and vegetables for children with Galactosemia listed only those foods low in galactose. Although, this technique seemed to motivate the children to at least try the new foods or even to look for them in the grocery store, the children have not consistently incorporated color variety in their daily diets.

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DAN (defeat autism now) is having their conference in Los Angeles Oct 1-3.

For more details about the conference visit: http://www.healthylifestyleexpo.com
**Planting Your Garden**

Nancy Baker

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We fertilize by what we put into our minds. Nature has a way of teaching us lessons we sometimes miss in day to day living. There are times when we think we’re working on our business or our life. We’re ecstatic about the number of chores we can check off, yet they don’t seem to get us anywhere and after our frustration we begin to realize we haven’t planted anything. All we’ve done is raked and cleaned up the garden, bought some tools and thought we were done. Having a garden that is rich and satisfying involves preparing, and it also involves planting, watering, weeding, feeding, and more. It involves doing things in the proper season, giving the seeds proper soil, light, feeding and nourishment for success.

What do you want to grow? Is it joy? Family harmony? A career that is deeply satisfying? Before we plant a garden we spend the winter of our life pouring over ideas, seed catalogs if you will, looking at images and pictures of what we’d like our garden to contain, giving our garden form and shape first in our minds, then on paper.

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We break up old thoughts and belief systems that no longer serve us. We remove the rocks of believing it can’t be done.

We plant the seeds. Our seeds are our thoughts and words. We know it would be silly to plant watermelon seeds and expect lilies. In just the same way when we speak or answer the question: “How are you?” with: “The kids have been acting up, Matt’s out of work, I’m not getting along with mom, I hate my job, and then the economy, the war, money’s tight...”. These become the seeds we plant and we grow what we nourish, what we give attention to with our words and thoughts. Thoughts, words... are yours of what’s going right? or what’s going wrong? Gossip and talking about others plants the very traits you judge in your garden. Are they what you want to grow?

We plant in places that allow the right light to reach our garden.

If the seeds of our dreams are planted in the shade of our obligations, fears, and limited thinking they will never grow to their full potential.

We fertilize by what we put into our minds.

Watching news, violent movies, reading the paper, gossiping about the neighbors, complaining about the boss, other people’s problems, worries, and anxiety are not the proper type of manure to grow a healthy garden! We need the richness of positive thoughts, inspirational stories, friends who uplift us, and the willingness to look for possibilities in situations rather than believing its up to someone else to change things.

We water our seeds with gratitude and appreciation.

What we love and appreciate, where we show our gratitude, feeds the earth of our dreams and gives the seeds of our dreams the nourishment to blossom. If you have difficulty finding appreciation and gratitude do a rain dance by remembering a time when you were out of work, had a toothache or life didn’t work. It will help you pour down appreciation and gratitude for what is right now. If that doesn’t work call in professional rain-makers. They offer their services for free. All you have to do is volunteer at a soup kitchen, a hospice, or a home for children with terminal illnesses. You can’t leave without realizing how blessed you really are.

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From the Chair

Mary Emerson MS, RD, LDN

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Guidelines for Authors

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group accepts advertisements for its newsletter, DevelopMental Issues, under these guidelines:

• Advertisements will be limited to products and services that are of interest to our members, consistent with the goals of the dietetic practice group, and which promote sound nutrition of the patients we serve.
• We reserve the right to evaluate all statements in advertisements and to refuse to accept any copy that does not follow guidelines established through the American Dietetic Association.

We require the following disclaimer in each issue of the newsletter: “The publication of an advertisement in DevelopMental Issues should not be construed as an endorsement of the advertiser or the product by the American Dietetic Association or this dietetic practice group.

Rates:
$2500 to sponsor an entire issue (which includes recognition at our Annual Meeting, a full page ad, a recognition notice, and one year complimentary subscription)
$ 500 for a full page
$ 350 for a half page ad
$ 250 for a quarter page
$ 125 for an eighth page (business card size).

Dietetic Practice Group members are entitled to a 20% discount.

Advertisements may be submitted at any time and advertisers will receive notification of acceptance within 30 days of submission, at which time scheduling for placement will be arranged.

Advertisements must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG #12 and sent to Melissa Altman- Traub, Newsletter Editor, Nutrisolutions@aol.com 215/491-5408.
Q & A from the Resource Professional

**Question:**
Is excessive caffeine intake considered an eating disorder? Why else would someone drink 15 cups of coffee a day or 12 diet soft drinks?

**Answer:**
Caffeine can be used for many purposes. Even though from a nutrition point of view, 15 cups of coffee a day is excessive and probably crowding out other nutrients, nutrition education may not be an adequate solution. As with any disordered eating (or in this case drinking) behavior, the key is the individual’s motive.

Many eating disorder patients abuse caffeine as a source of “energy” in the absence of adequate kcalorie intake and as an appetite suppressant.

Other possibilities include:
- Unintended Attention Deficit Disorder, where the effect of the caffeine is to help the patient “focus” or “think clearly.”
- An undiagnosed learning issue that the patient is misinterpreting as difficulty concentrating;
- An anxiety issue, where the patient is using caffeine to steady her nerves but is really perpetuating the anxiety cycle;
- Depression, where the patient is using caffeine just to make it out of bed and face her day;
- Narcolepsy, sleep apnea, or another disorder that interrupts nighttime sleep and makes the patient drowsy during the daytime;
- An effort to control migraines or headaches of unknown origin or those that occur when the patient tries to discontinue caffeine.
- A patient who is consuming excessive caffeine may be using it for pseudo-therapeutic purposes without realizing it, and may need further assessment, and intervention beyond simply decreasing caffeine.

Other resources include:

- Please view the November 2004 issue of the Michigan Dietetic Association newsletter, “Dieting, essential fatty acid intake, and depression.”
- “Dieting, essential fatty acid intake, and depression. Brain function.”
- “Neurobiology of depression”
- “Dieting, essential fatty acid intake, and depression.”
- “Nutrition and depression: Focus on folate.”
- “Depression” continued from page 1

References:

- Soares CJN. Sex, hormones, and depression: the effect of the caffeine is to help the patient “focus” or “think clearly;”
- Substance Abuse Resource Professional (04-06)
- Psychiatric Disorders Resource Professional (03-06)

Eating Disorders Resource Professional (04-07)

Resource Professionals

Do you have a professional question you need help with? Contact the appropriate Resource Professional today!
Nutrition and Depression: Good Food for a Good Mood

Charlene Cherry, RD

Can we prevent or treat illness by eating differently or concentrating certain nutrients in pill form? New interest in complementary and alternative medicine has prompted a more in-depth look at the role of nutrients in a variety of health conditions, including mental health. Researchers are currently exploring the relationship between food and mood. While much of the research is preliminary, a few strong themes are emerging.

The enclosed patient nutrition education handout provides a summary of these themes in a format for use with patients who suffer from depression. The first side of the handout is helpful for patients struggling with depressive symptoms of poor appetite and weight loss, providing simple, concrete actions to improve nutrition. On the reverse side, the underpinnings of the recommendations are detailed for patients who are able to receive more information.

Particular items of the detailed information are helpful in educating patients whose longstanding eating patterns are very poor, have co-occurring substance abuse, or who follow low carbohydrate diets. The handout provides a springboard for a discussion of the non-diet approach to weight management, as many patients have poor nutrient intake because of frequent dieting.

Good nutrition provides the foundation for a good mood and is an important complement to medication and behavioral therapy in the treatment of depression. Help your patients who have depression by educating them on the basics of nutrition self-care.

Charlene is a dietitian at Pine Rest Christian Mental Health Services in Grand Rapids, Michigan.

Nutrition and Depression: Good Food for a Good Mood continued on page 2

Incorporating Current Resources for Counseling Children with Special Health Care Needs

Andrea Shotton MS RD LDN • Metabolic Nutritionist
UT Health Science Center • Boling Center for Developmental Disabilities

Dietetics professionals are constantly bombarded with nutrition education materials. However, have many dietetics professionals incorporated these materials into current practice? Since the development of the 5 a Day for Better Health Program, counseling children with special health care needs (CSHCN) on creating diets with variety has become a much simpler task.

Member Commentary continued on page 5

Mark your Calendars...
Food & Nutrition Conference & Expo 2004 Anaheim

DDPD events:

Priority Session: Sunday October 3rd at 10:30-11:30 with Molly Kellogg, LCSW, RD

DDPD member meeting: Monday October 4th at 7 AM with Kathryn Mosley, MS, RD
"The PKU Diet in the Adult Client". Kathryn works at the Children’s Hospital of Los Angeles.

We will also be represented at the DPG showcase on Monday from 11-2.

DevelopMental Issues is supported by a grant from www.ForMyDiet.com.