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EDITORIAL

Lifestyle Psychiatry: A Promising Horizon for Mental Healthcare Psiquiatria do Estilo de Vida:Um Horizonte Promissor para os Cuidados de Saúde Mental

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Physical activity, diet/nutrition and restorative sleep are the three basic pillars of lifestyle. Currently, lifestyle is considered a multidimensional construct, which integrates other behaviours, such as social support, stress management, substance use and outdoor activities.¹

Lifestyle Medicine involves the modification of these behaviours for therapeutic purposes. Its effectiveness has been consistently shown in other fields of medicine, such as cardiovascular, endocrine and metabolic diseases. For instance, after a heart attack, cardiologists prescribe moderate physical activity and choice of healthier foods on top of medications. Even lifestyle changes are recommended in prediabetes in order to prevent or delay type 2 diabetes. The COVID-19 pandemic has further emphasized the key role of lifestyle behaviours to maintain the physical but also the mental health of citizens across the world.¹ However, the relationship between lifestyles and mental ill health has long received less attention.

Compared to the general population, individuals with several psychiatric disorders have a greater likelihood to follow unhealthy lifestyles, such as poor-quality diets, low levels of physical activity, poorer sleep patterns, and higher rates of smoking and alcohol/substance misuse.² Of note, all these behaviours are modifiable.³ Growing evidence supports that lifestyle play a role in the treatment and even prevention of some psychiatric disorders.⁴ Changes in lifestyle behaviours aimed to manage mental disorders are the foundations of the emerging field of Lifestyle Psychiatry.

Let's take the role of exercise and diet in depression as an example. The antidepressant efficacy of exercise is now acknowledged. The European Psychiatric Association guidelines recommend its use as an adjunctive treatment in cases of mild and moderate depression.⁵ Indeed, the efficacy of aerobic exercise has been shown to be comparable to that of standard treatment with antidepressants and psychotherapy. Similarly, dietary interventions are an adjuvant strategy to, but not a substitute for, the conventional treatment of depression. It is known that high-quality dietary patterns, such as the Mediterranean diet, provide the essential nutrients for optimal brain functioning. Moreover, there is promising evidence that optimizing diet quality is effective to decrease depressive symptoms in adults with clinical depression.⁶

Recent clinical guidelines are beginning to emphasize lifestyles in mental healthcare. The Australian guide establishes a step-by-step approach to depression from primary health care, in which healthy lifestyles represent a first step of less intensive interventions before moving to conventional treatments.⁷

Lifestyle is gaining momentum in psychiatry. Which are the implications for clinical practice? Given that exercise and diet are effective and well-tolerated interventions, clinicians could prescribe them as part of a comprehensive package of care for individuals with psychiatric disorders. A basic message is that any level of physical activity is better than a sedentary lifestyle. The implementation of healthy lifestyle programs in mental healthcare is certainly

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challenging, but these interventions are feasible with sufficient support and supervision.⁵ The addition of dieticians, nutritionists and physical activity specialists into mental health facilities will be instrumental to that aim.

Similarly to psychotherapies and medications, not every patient is expected to respond to lifestyle-based interventions. The stratification of clinical trials using clusters of clinical symptoms and biomarkers may help to identify the subgroups of patients who can obtain the maximum benefit, the predictors of therapeutic response and ultimately personalize treatments based on healthy lifestyles.⁸ Finally, it is envisioned that incorporating lifestyle psychiatry into clinical practice and research may bring more hope and empowerment to people living with mental issues.

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References

- Balanzá-Martínez V, Kapczinski F, de Azevedo Cardoso T, Atienza-Carbonell B, Rosa AR, Mota JC, et al. The assessment of lifestyle changes during the COVID-19 pandemic using a multidimensional scale. Rev Psiquiatr Salud Ment. 2021;14:16-26. doi: 10.1016/j.rpsm.2020.07.003.
- Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, et al. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. Lancet Psychiatry. 2019;6:675--712. doi:10.1016/S2215-0366(19)30132-4
- Sarris J, O'Neil A, Coulson CE, Schweitzer I, Berk M. Lifestyle Medicine for Depression. BMC Psychiatry. 2014;14:107. doi:10.1186/1471-244X-14-107.
- Firth J, Solmi M, Wootton RE, Vancampfort D, Schuch FB, Hoare E, et al. A meta-review of "lifestyle psychiatry": the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. World Psychiatry. 2020;19:360–80. doi:10.1002/wps.20773.
- 5. Stubbs B, Vancampfort D, Hallgren M, Firth J, Veronese N, Solmi M, et al. EPA guidance on physical

activity as a treatment for severe mental illness: a meta--review of the evidence and Position Statement from the European Psychiatric Association (EPA), supported by the International Organization of Physical Therapists in Mental Health (IOPTMH). Eur Psychiatry. 2018;54:124-44. doi: 10.1016/j.eurpsy.2018.07.004.

- Jacka FN, O'Neil A, Opie R, Itsiopoulos C, Cotton S, Mohebbi M, et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). BMC Med. 2017;15:23. doi: 10.1186/s12916-017-0791-y.
- Malhi GS, Bell E, Singh AB, Bassett D, Berk M, Boyce P, et al. The 2020 Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders: Major depression summary. Bipolar Disord. 2020;22:788-804. doi: 10.1111/bdi.13035.
- Balanzá-Martínez V, Shansis FM, Tatay-Manteiga A, López-García P. Diet and Neurocognition in Mood Disorders - An Overview of the Overlooked. Curr Pharm Des. 2020;26:2353-62. doi: 10.2174/1381612 826666200318152530.