

**Optimizing
Mental Health
Through Physical
Activity &
Nutrition**

hello!

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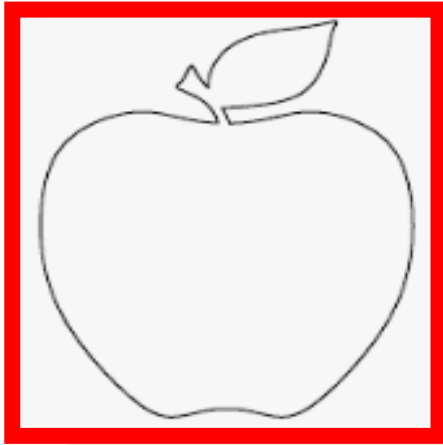
Founder/Owner,
KBG Wellness





Exercise & Psychological Health





Nutrition & Psychological Health





Implementation



1. Exercise

Physical Activity and Affect

Benefits

- ❑ Reduced state anxiety
- ❑ Increased energy
- ❑ Reduced tension
- ❑ Improved self-esteem
- ❑ Improved self-reported mood

Specifics

- ❑ Aerobic and anaerobic
- ❑ Moderate intensity
- ❑ Frequency over duration
- ❑ Outdoors

Physical Activity and Cognition

- ❑ Improved cognition and attention
- ❑ Improves neural plasticity
- ❑ Reduced cognitive decline with age
- ❑ Improves memory
- ❑ Reduces risk of Alzheimer's and dementia

Physical Activity and Cognition

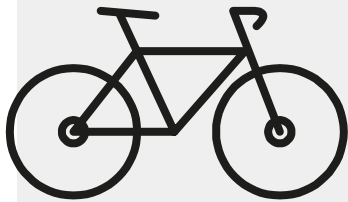
How?

- ❑ Increases brain-derived neurotrophic factor
- ❑ Telomeres
- ❑ Prefrontal cortex and hippocampus



Physical Activity and Psychological Disorders

- Those who don't exercise have higher levels of anxiety and depression
- Exercise interventions consistently improve clinical anxiety and depression
- Alleviation of treatment resistant depression, postpartum depression, & chronic illness
- Reduced psychological distress in patients with schizophrenia



How do physical activity interventions compare to psychotherapy or medication in the treatment of mood disorders?

Physical Activity vs. Other Therapies

Exercise vs. Therapy

- **Study 1: Aerobic exercise vs. therapy**

A) Aerobic Exercise

B) Time-Limited Psychotherapy

C) Time-Unlimited Psychotherapy

Greist, et al. 1979

Physical Activity vs. Other Therapies

Exercise vs. Therapy

- **Study 1: Aerobic exercise vs. therapy**
- No difference between groups A&B
- Both group A&B had superior outcomes to group C

A) Aerobic Exercise

B) Time-Limited Psychotherapy

C) Time-Unlimited Psychotherapy

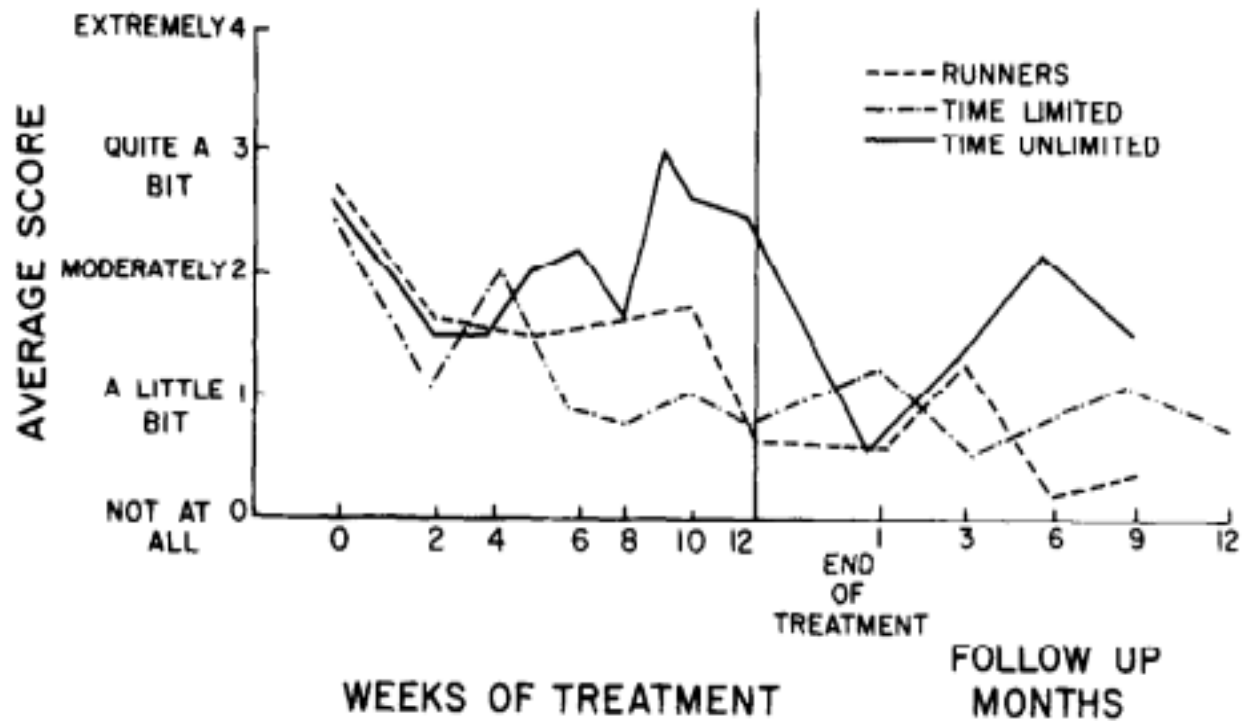


Fig. 2. Depression - SCL - 90.

Exercise vs. General Health Education

- **Study 2: Exercise for treatment resistant depression in older adults**
 - 86, older-adults with treatment-resistant depression

A) Exercise Group

B) Health
Education Group

Physical Activity vs. Other Therapies

Exercise vs. General Health Education

- **Study 2: Exercise for treatment resistant depression in older adults**
 - Group A had significant improvements (23% greater) compared to group B

A) Exercise Group

**55% saw
reductions in depression**

B) Health
Education Group

**32% saw
reductions in depression**

Physical Activity vs. Other Therapies

Exercise for Anxiety

- 2018 meta-analysis assessed 15 different trials with 675 participants
- Improvements in exercise groups
 - Moderate effect size of -0.41
- High-intensity yielded better outcomes, but greater dropout
- Improvements seen for many months after study completion

Exercise vs. Medication

- 16-week study comparing four intervention groups:
 - Guided exercise
 - Home-based exercise
 - Sertraline (SSRI)
 - Placebo pill
- 41% of patients achieved remission by end of study
- No statistical difference between groups

Physical Activity vs. Other Therapies

Exercise vs. Medication

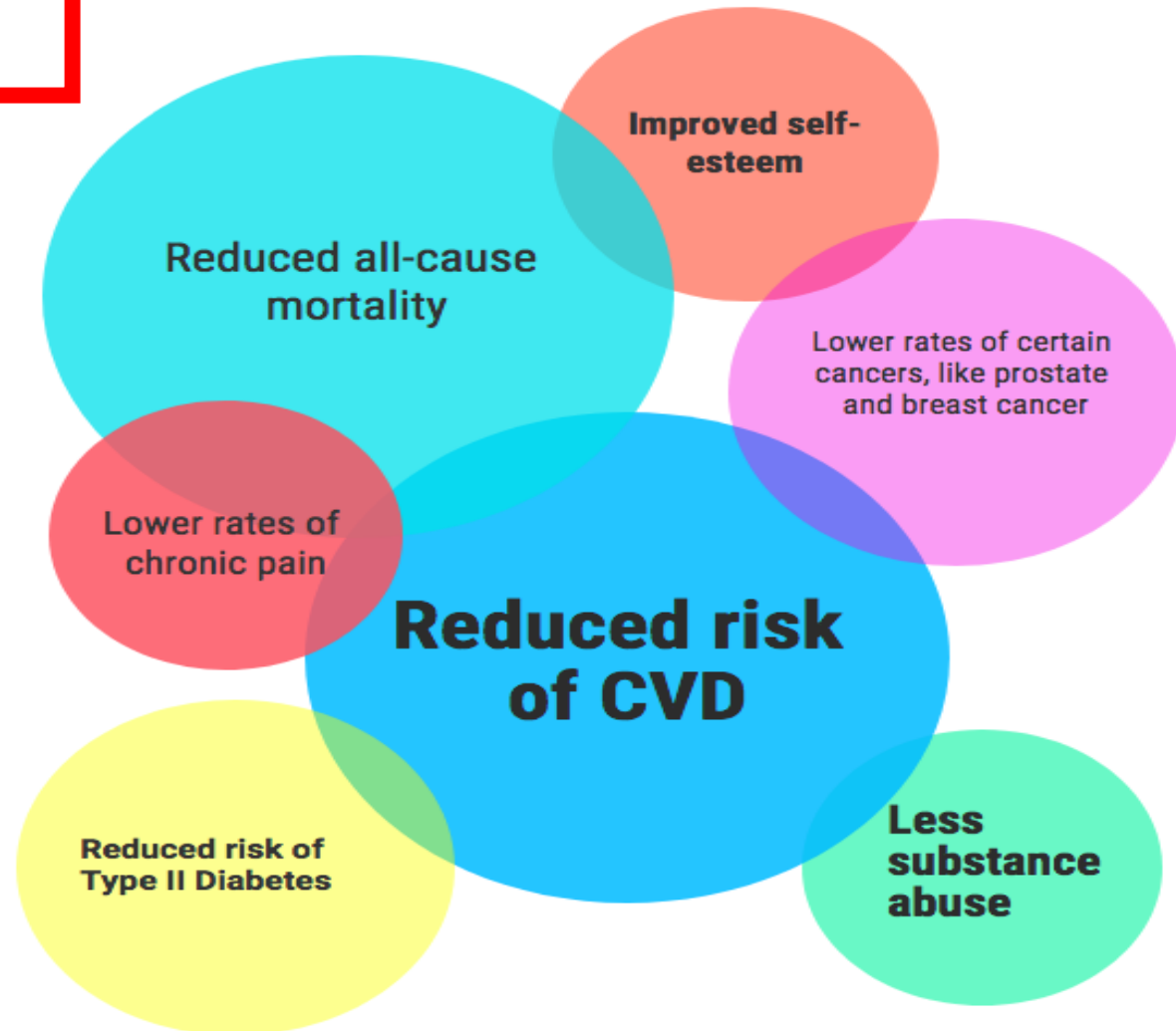
- Four RCTs have compared exercise to SSRI medication
 - All studies reported equal efficacy
- Eleven RCTs have compared exercise + SSRIs to SSRIs alone
 - 10 report improved outcomes with both exercise + SSRIs



Based on the review, it can be stated that exercise is an evidence-based medicine for depression, at the least as an add on to antidepressants.

- *Yael Netz, Frontiers in Pharmacology*

Side Effects



Why does exercise work?



Why Does it Work?

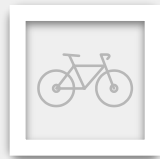
- ❑ Monoamine hypothesis
- ❑ Mindfulness
- ❑ Self-esteem & self-efficacy
- ❑ Social interaction
- ❑ BDNF and hippocampal growth
- ❑ Decreases inflammation
- ❑ Circadian rhythm



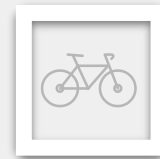
*Want to be
happier? Stay in
the moment.*

- *Matt Killingsworth, PhD*

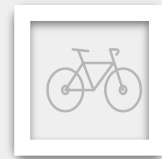
Exercise Takeaways



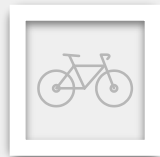
Get Outside



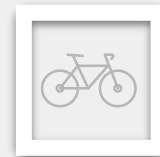
Get Social



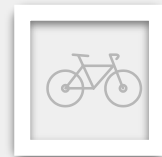
Talk, don't Sing



**Avoid weight
related goals**



**Emphasize
enjoyment**



**NO Pain,
Plenty of gain**



Turn to a neighbor

2. Nutrition

Nutrition and Psychological Health

What?

What we eat can have dramatic effects on our psychological health.

How & Why?

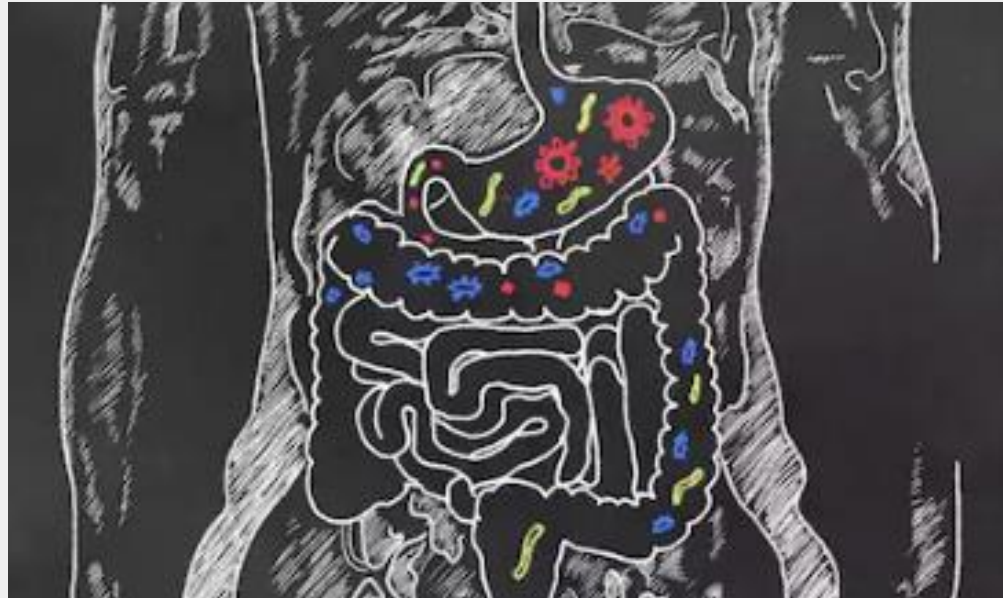
How and why we eat has an equally large impact.



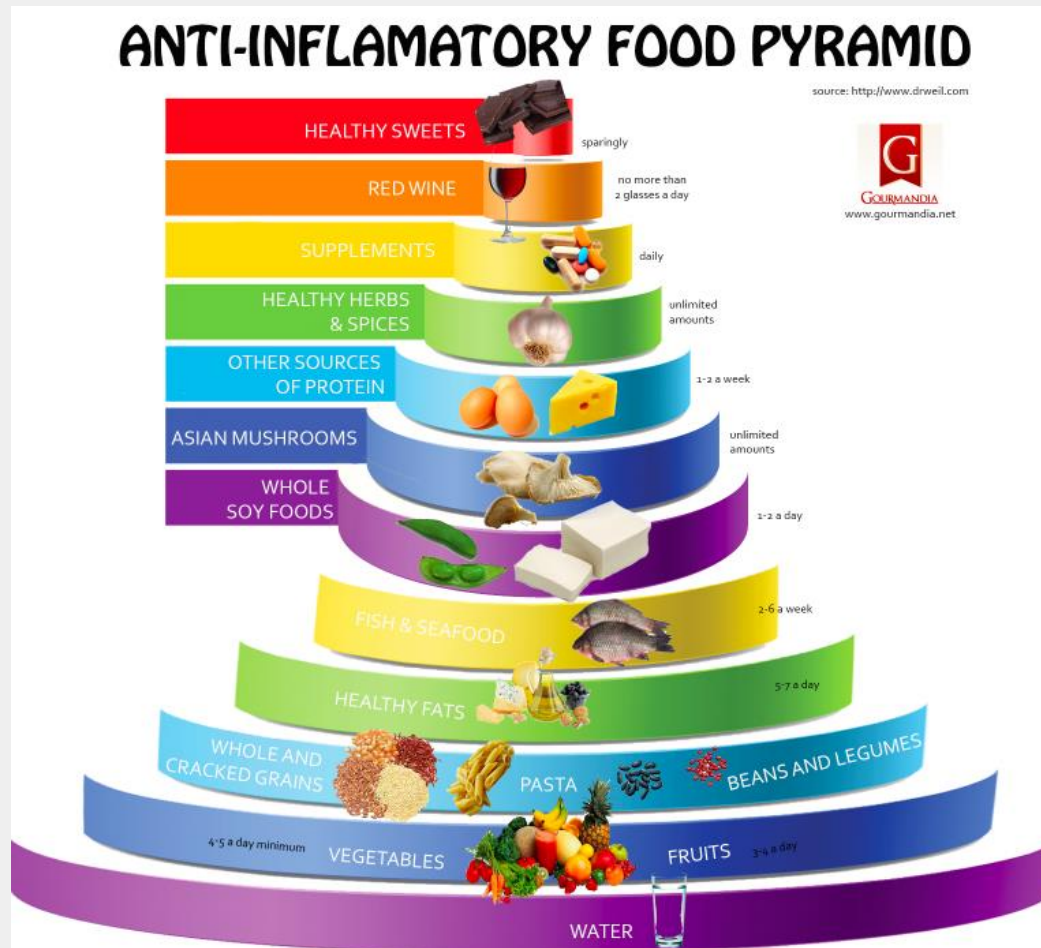
What we Eat

Key Players

- Inflammation
- The gut microbiome



What we Eat



What we Eat

Specific Nutrients

- ❑ Omega-3 Fatty Acids
- ❑ Zinc
- ❑ B-Vitamins
- ❑ Creatine
- ❑ Prebiotics





*Eat food, not too much,
mostly plants.*
- *Michael Pollan*

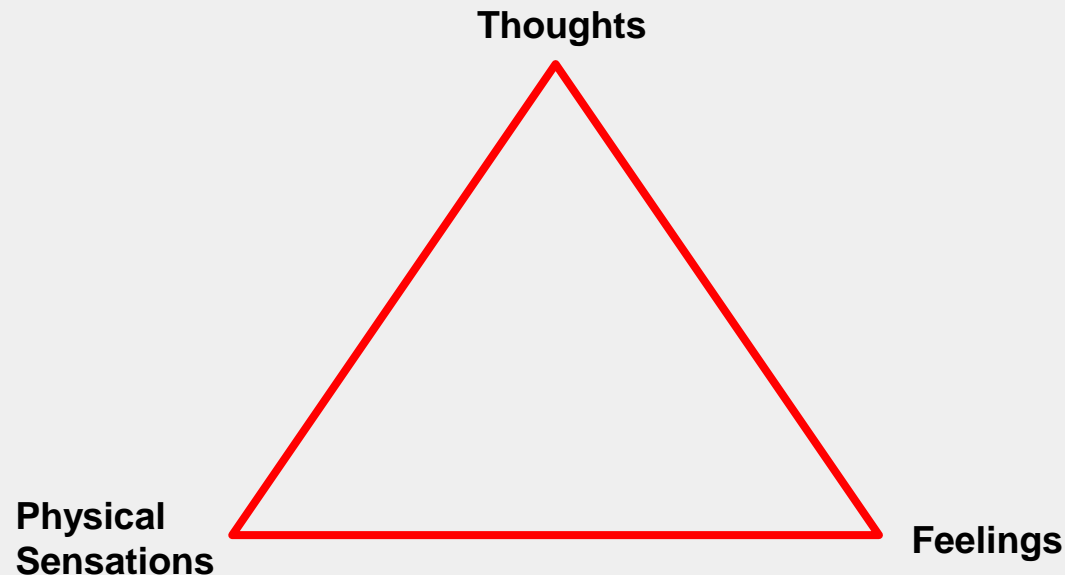
How we Eat

- Restrained eating linked with poorer psychological health outcomes, eating disorders, weight gain
- Intuitive eating linked with improved self-esteem, increased interoceptive awareness, reduced anxiety and depression, improved blood biomarkers

How we Eat

Intuitive Eating

- Dynamic integration between body and mind
- Cultivates or removes obstacles to interoceptive awareness



Breathing Break



Nutrition Takeaways

**Anti-
Inflammatory**



**Feed
your Gut**



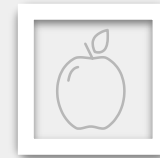
Omega-3's



Build Awareness



Be Mindful



Breathe





Turn to a neighbor

3. Implementation

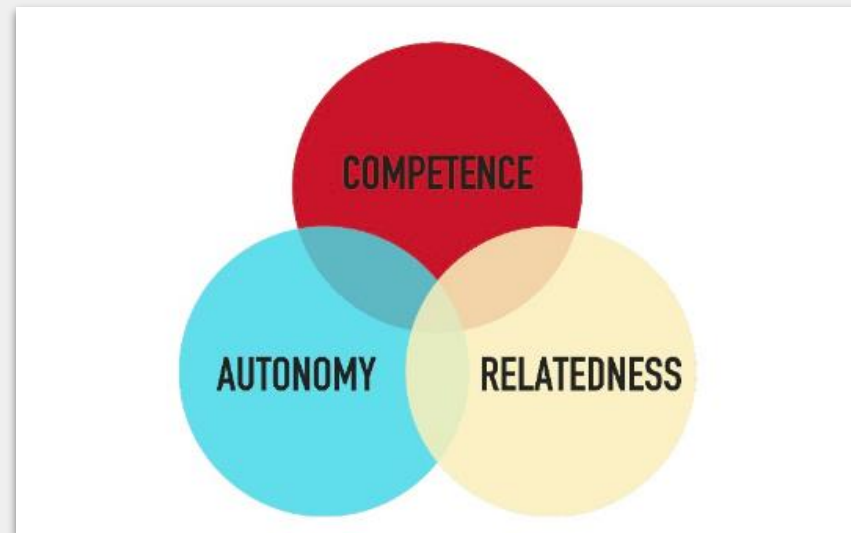


So what?

How can you use this information to help your patients?

Implementation

- Connect with resources
- Use *your* skills!
 - Stages of change
 - Self-determination theory



Small Steps



KAIZEN

Ask small questions.

Think small thoughts.

Take small actions.

Solve small problems.

Bestow small rewards.

Identify small moments.

thanks!

Any questions?

You can find me at
www.kbgwellness.com or
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