



ACADEMIC EXAMINATIONS
AT THE FACULTY OF MEDICINE OF THE UNIVERSITY OF LISBON
ADVANCED EDUCATION INSTITUTE

Master: Dietetics and Nutrition (1st Edition)

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Panel:

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ABSTRACT

Rationale: Depression may lead to obesity whereas obesity can contribute to depressive disturbances; yet changes in nutritional pattern and habits in depressive syndromes have been scantily investigated. We aimed to identify possible associations between nutritional factors and diagnosed depression.

Methods: This cross sectional study comprised 127 consecutive ambulatory adult patients with depression (DSMIV), under psychiatric treatment. All studied items, adjusted for sex and age, included: BMI, waist circumference, %fat mass (BIA-TanitaBC-418®), nutritional intake by comparison with recommendations (validated semi quantitative structured food questionnaire) and physical activity (validated structured questionnaire).

Results: Patient's mean age was 48 ± 13 (18-81) yrs, 119/127 (94%) were women. Overweight/obesity was found in 72% of the cohort, 72% had excessive fat mass and 69% had a waist circumference above the maximum cut-off value. Longer disease was associated with higher BMI and fat mass, $p<0.003$. Weight gain during illness was registered in 87%, only 12% lost weight, though undernutrition did not occur. Weight gain and greater fat mass were correlated with higher BMI, $p=0.002$. The pattern of food intake was poor, monotonous and inadequate in 59% of patients, there was also a regular consumption of hypercaloric foods by 78%. Overall, the food intake pattern was associated with weight gain, $p=0.002$. Drug consumption was associated with significant weight gain, $p=0.01$; antidepressants (75%) and benzodiazepines (72%) were prevalent. Furthermore, 80% of patients did not practice any physical activity.

Conclusions: There was a bidirectional association with overweight/obesity: a striking and clinically worrying prevalence of excess fat mass, abdominal fat, weight gain, poor nutritional intake and sedentarism. This unhealthy pattern points towards the need of a multidisciplinary approach to promote healthy life styles that may help depression management.

Key words: Depression, nutrition, weight changes, food intake, physical activity, psychiatric drugs