related memory intrusions, autonomic hyperarousal, dissociation, and depression in the acute aftermath. Fortunately, the majority of traumatized individuals succeed in coping with this major stress quite well during the following weeks and months unless the process of recovery is hampered by additional adverse psychosocial circumstances, psychological disposition or biological vulnerability. In a subgroup of persons a transition to acute and posttraumatic stress disorder or other major psychiatric disorders, e.g. depressive, anxiety, substance-related disorders may be observed. Posttraumatic stress disorders very often run a chronic course of illness enduring for many years or even life-long. The typical course of illness in PTSD is characterized not only by major psychiatric comorbidities contributing to a dramatically reduced health-related quality of life, to many deficits of psychosocial adaptation and a heightened suicide risk. It is also associated with a lot of major somatic health problems both in acute and long-term stages.

The main focus of the lecture will be on this special dimension of physical comorbidities in post-traumatic disorders. Epidemiological data will be presented both on functional bodily distress syndromes and somatic diseases as sequelae in the acute and long-term aftermath of trauma exposure. Some psycho-somatic and somato-psychic pathways will be discussed. The major challenge to meet both the mental and physical dimensions in the integrative care for patients with posttraumatic disorders will be stressed.

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WORKSHOP: NUTRITIONAL PSYCHIATRY – ON THE IMPACT OF NUTRITION ON PHYSICAL AND MENTAL WELL-BEING

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Background: Despite the multifactorial genesis of psychiatric disease, there is increasing evidence that nutrition not only influences the prevalence, but also the onset and the course of psychiatric disease (Sarris et al. 2015).

Aim: This workshop highlights the important role of nutritional psychiatry in clinical practice as a key tool for the prevention and treatment of major psychiatric conditions such as depression, anxiety disorders and anorexia nervosa.

Methods: Interactive case vignettes are used to illustrate the role of nutrition in psychiatric care underlined by the background of current scientific evidence. We are discussing the impact of nutrition on the gut microbiome (pre-, pro- and postbiotica) and the gut brain axis influencing our mood and behaviour through regulation of neurotransmitters (such as serotonin, GABA and dopamine) and present an easy-to-handle nutritional interview approach for psychiatrists. Secondly, we focus on the role of nutrient deficiencies, and dietary interventions for the treatment of depression and translate current scientific evidence into concrete food prescriptions for our patients.

Discussion: An adequate supply of energy and micro- and macronutrients (e.g. tryptophan for the synthesis of serotonin) is essential for well-being and may also be a fundamental requirement for the efficacy of psychopharmacological treatment. As knowledge about dietary approaches seems to be as important for psychiatrists as for gastroenterologists and endocrinologists, nutritional psychiatry was implemented as a free elective course for students and future psychiatrists at the Medical University of Graz and is an integrative part of the psychoeducational group for inpatients suffering from depression. We hope that this workshop helps to implement nutritional psychiatry in daily psychiatric practice.

Reference:

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