Dietary Keys To Uplift Your Mental Health Transcript

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Introduction and Speaker Background

Welcome, Dr. Georgia Ede to the MS and Neuroimmune Summit. I am thrilled that you agreed to be part of this. Now, Georgia Ede is a Harvard trained psychiatrist who specializes in nutrition science and brain metabolism.

She has 25 years of clinical expertise as a psychiatrist and nutrition consultant for Smith College and Harvard University. Dr. Ede speaks internationally about dietary approaches for, psychiatric disorders, including really severe psychiatric disorders.

She coauthored the first inpatient study of the ketogenic diet for a treatment resistant mental illness. She developed the first medically accredited course and ketogenic diet for mental health practitioners, and was honored to be named the recipient of the Bazooka Brain Research Fund's first annual Metabolic Mind Award.

She has a new book, Change Your Diet, Change Your Mind, which I read and I loved. And I, really, really encourage everyone to check out that book. Georgia, did I miss anything, on your bio?

No, that was a very nice introduction. Thank you very much. And, let me say that it's really an honor and a privilege to be interviewed by you, Dr. Wahls. Oh.

Thank you. Now, for everyone who's listening, I want you to know that, anxiety and depression, is commonly diagnosed, formally for people with MS and even if you don't have the formal diagnosis, often you'll develop, symptoms of anxiety, symptoms of depression.

Such that about 60 to 70% of us will have at least symptomatic anxiety depression sometime during our diagnosis. And, what I would like do to start with Georgia is, please, give us a, example of hope.

Somebody who had severe anxiety, severe depression, who you saw them dramatically improve with your nutritional approach. Sure. I mean, I, give a number of examples in the book.

And so, one of the examples I give in the book, is, a woman who was suffering with, you know, panic attacks frequently throughout the day. Insomnia. lots of lots of, symptoms that almost felt as though she was having hypoglycemia episodes during the, you know, throughout the day.

And she was, you know, physically fit and running and, eating what she thought was a healthy diet and actually a much healthier diet than most of the people that I've worked with over the years.

Didn't look that bad compared to some of what I see. And, you know, she really didn't want to take medication. She, a lot of the medications that we use for anxiety are, medicines called benzodiazepines, medicines like out of van and Klonopin, sort of lorazepam and clonazepam.

And these medicines are potentially habit forming and have a lot of side effects.

Hope Through Nutrition for Anxiety and Depression

And she really wanted to go a more natural route. and so, when I took her history, it sounded like the pattern of it. So rather than just. But I used to do a long time ago, it's just you ask about anxiety symptoms, but I never took on a detailed history of the pattern of of that anxiety.

Right. So when I'm working in nutrition, I take a really detailed pattern history. When do you become anxious? How, you know, how often does it occur?

And then I and then I take a nutrition history as well, see if there's any connection potentially between timing of meals or what kinds of foods people are eating or not eating.

and, and it was very clear, as I was talking with her that there was a very clear relationship between her anxiety symptoms and her meal timing, and so she was much more likely to be anxious between meals later in the day than when she first woke up in the morning, for example.

Just one example, right? So I said, well, you know, if you want a more natural approach, maybe we could look at, the potential for you that the potentially there's too much of the wrong carbohydrate in your diet, for your, for you to feel stable on the inside because what we eat, we often think, well, a lot of what we eat when we're that we're often driven to eat by our hormones or hormones will drive us to eat.

people have emotional eating. This is one of the things you complain about emotional eating, but often it's actually the reverse, which is what you're eating is determining what your hormones are doing.

And then it becomes this vicious cycle. So if you eat the wrong way, you will disrupt the natural, balance of your hormones. And that will then in turn, drive you to eat the wrong way and it becomes this vicious cycle.

So all she did was take her diet, and and, remove, most of the carbohydrate. It wasn't a ketogenic diet. So just a low carbohydrate diet. We weren't measuring anything or trying to get into ketosis.

She just ate whole foods, you know? So meat and fish and eggs and cheese and things like that. And, and and she was 90% better within within 2 or 3 weeks and, without any medication and, and and I've, I've worked with people.

This was a younger woman, but I've worked with people who've had decades of anxiety. There's another story in the book, Decades of Anxiety, and have not responded to medications that within days to weeks of starting, you know, changing the diet in particular ways, usually having something to do with improving at least the quality, if not the quantity of carbohydrate in the diet.

You can see people really settle down. a lot of that instability is coming not from the environment or like the stress in your life. Everybody has stress in their life.

Some of it is actually coming. It's hard to feel stable even in a really good environment. If you're internally unstable, that your neurotransmitters and hormones and so forth are on a roller coaster.

So, what drives that internal instability then? Is it sugar? what what's going on, really? The, the most important, most common driver of it, and the way that I see it is, eating too many of the wrong carbohydrates.

Too often the refined carbohydrates, sugar, flour, cereals, fruit juices, those sorts of things. And those foods, the really naked carbohydrates that turn instantly into glucose in the bloodstream.

So you get this unnaturally steep spike, exaggerated spike in your glucose levels, and therefore also in your insulin levels. And so when you're when that happens, I mean, we're not talking about Whole Foods here.

You know, we're talking about which some people tolerate. Well, we're talking about is these unnaturally ultra processed, carbohydrates. So hang on the term ultra processed.

what what? Because many of our listeners won't know what that is. What? What is the ultra processed? So, you know, traditional forms of processing that we've been using for thousands of years are things like cooking and chopping and fermenting.

those are kind of additional and, you know, even curing salt curing and these processes, they, they this is processing, but it's processing, which is more benefit than risk, meaning you're you're extending the shelf life of something, things it's safe to eat the next day or you're, you're making the nutrients in that food more available or you're making it easier to digest.

Right. So, so or you're maybe making it less toxic, like by cooking it. And so those forms of processing which our ancestors learned the hard way, were beneficial.

So we're talking cooking, smoking, adding salt, fermenting. Yeah. And chopping maybe chopping. And chopping. Pieces. Right. Chopping. So those sorts of, and those time honored processing techniques have had a lot of benefits.

but modern industrial processing techniques where you have to put whatever that whole food is into a factory and spit something out on the other side.

That's all risk and no benefit, because you've stripped that. Let's say you're starting with a sugar beet and you're getting a sugar ish, pile of sugar crystals out on the other end that you've stripped all the nutrients, the fiber, the water out of that whole food you've made, and now you just have pure crystalline, sucrose on the other side, a simple sugar molecule.

We're just not designed to handle significant amounts of that concentrated type of naked glucose in our system. and so that ultra processing is usually involves a factory of some kind.

it might involve chemicals, as in the case of vegetable oil, and involves an explosive chemical called hexane. and so it usually involves, factories. You can't do these. You can't these are not the kinds of processes you can do at home in your kitchen.

And so that's what I mean by ultra processed.

Ultra-Processed Carbs and Blood Sugar Instability

You know, and I explain that, flour based products to make cereals, breads, pastas usually have a very high glycemic index. too much blood sugar, to wrap it.

Insulin goes up and it creates all sorts of problems. So I don't want people eating paleo friendly flour based products, because I think that creates problems.

Thank you. This is exactly right. So you see all kinds of, like, paleo friendly, chips made of cassava flour, for example, is a is a really good example.

Flour is flour. And, you know, refined is refined whether it originally came from a grain or not. So, and even the flour based, nut flour based products, you know, I just don't, think that that's, as healthy for you as eating these radical things known as meat, and vegetables.

Well, exactly. And, you know, the nut flours. I'm not a fan of either. I'm glad that that you feel that way, too, because, you know, these are our bodies aren't designed to eat powders.

We're supposed to. You are food. And swallow it and digest it from a whole from, you know, whole or minimally processed state. And as soon as you powder something or crystallize something or turn it into or liquefy it, even the whole body responds to an a completely different.

It changes it. So, what's the, most effective way to find to, nourish your brain in terms of getting nutrients and so if I'll be sure I'm getting all the essential nutrients that my brain needs.

So it's going to do the work of being a brain correctly. What should I be eating. Yes. So it for, so in order to, to thoroughly, properly nourish your brain, you obviously will need the diet to contain all essential nutrients.

And in order to do that, there is no biological way around this. This is a fact. You do need to include if you're using whole foods principles and not turning yet to supplements, you do need to include at least some animal food in the diet.

And and preferably meat, seafood, poultry, eggs, those animal foods and and, because those are the only foods, we're talking about meat, seafood, poultry here.

Eggs are have a couple of nutrients missing, but these are the only foods that contain every nutrient the brain and the rest of the body needs in its proper form and without any anti nutrients to interfere with our ability to absorb those nutrients.

So that's that's a very simple, okay. You just mentioned another term that people may not know anti nutrients. So what's an anti nutrient you know. So for example the greens and beans that we are so often told to base are the foundation of our diet on.

those are good examples of foods high and anti nutrients. So plants when you think about when you think about a seed. So grains beans, nuts and seeds are all seeds of different kinds.

Maybe little plant embryos inside. And so the, the plant very cleverly, is designed to hold on to those nutrients for that developing embryo so that when the time comes to sprout, all of those nutrients will be there for that embryo to be able to grow.

So there are these really clever molecules inside these foods grains, beans, nuts and seeds. an example is fighting acid. So fighting or fighting acid and that, is a mineral magnet that makes it much more difficult for us to access the minerals inside of those foods.

And this is where some of the traditional processing methods come in handy, because if you understand how to, that, that fermentation, for example, reduces by tape content.

then then you have if you choose to include those foods in your diet, there are ways that you can reduce, or improve your access to the minerals in those foods.

So anti nutrients are, are compounds that plants and and even eggs to a certain extent might naturally contain in order to, to conserve the nutrients for themselves as best they can.

Would lectins be part of that as well then? I would put lectins, lectins more in a category of a defensive, molecule, meaning they're, they're protective molecule for the plant that is trying to harm you.

It's trying to harm predators. It doesn't necessarily it's going to succeed, but that's what it's trying to do. And the more robust your immune health and your metabolic health and your gut health are, the less the better you're going to tolerate.

a lot of these plant defensive compounds because, you know, we've evolved alongside these plants for a long time. So we do have some of our own strategies to deal with them.

But but but if you have a weakened gut or immune system, for example, or poor metabolic health, which will weaken your immune system, then it's going to be harder for you to deal with some of the natural, toxins that are in plants that most of us should be able to do fairly well with, at least to some extent.

You know, part of what I tell my tribe is, for example, kale, which, you know, people know that I'm a big proponent of kale, but kale is filled with these toxic plant compounds trying to kill me off.

and fortunately, if I eat a wide variety of green leafy vegetables. So have kale today. Swiss chard tomorrow. a lot of salad the following day. And a parsley onion salad the day after.

So I'm cycling through the various plant poisons, so to speak, such that I always get little doses. Little doses? Little doses. that's not a problem. But if I had kale every single day, eventually the plant poisons and kale would become, a problem.

and so that's why I, I, I, I, strive diversity and explain to everyone that you want to have a what if you're going to have plants, have a wide variety of plants, don't eat the same plant, day in and day out that will come back to be a problem.

Yeah. So, I mean, using these sort of common sense, well informed. I mean, I think it's really helpful, that people understand the risks and benefits of all the foods they're eating, because all foods have risks and benefits.

Right. And so and tailoring that to your individual tolerance and mixing things up and also doing a certain amount of processing. So for example cooked cruciferous are much gentler then than, than raw cruciferous for example.

And for some people that's helpful information. And so if you have that and I mean, I was I really wanted in this book to make sure that I gave people information rather than telling them what to do.

So, like, you know, if you understand, you know, what the issues are and then you can pay attention to your own body, do your own experiments and see what works best for you, because the diet that works for me, that I need to eat is fairly restricted, does not mean that that's the diet that everybody should eat.

So I think there's a lot of room for, knowledge, experimentation.

Essential Nutrients, Anti-Nutrients, and Plant Defenses

but, I'm sorry, experimentation. If you have the information, then it makes it easier to figure out how to do those experiments. Now, I just want I want to go back to, why somebody may want to lower their carbs and even consider ketogenic diet.

could could we talk a little bit about, your thinking as you go through that with your patients? Sure. so, you know, there are if you have really good metabolic health, which most of us no longer do, now, the majority of us now have insulin resistance or what's called prediabetes.

And, you know what? That what that is is that, you're most likely, eating too many of the wrong carbohydrates too often. And so your insulin levels need to be running higher than they should in order to manage that extra, glucose load in your bloodstream.

Right. So if your blood sugar is running too high too often after meals, then your insulin will be running too high. And then, so what happens then is the body tries to protect itself from that extra insulin, by toning down its it's reaction to insulin.

So that's insulin resistance. You become more insulin resistant. So what I my first step in working with any patient is evaluating them for insulin resistance to see okay.

what how much even if they're fasting blood sugar is totally normal, which it can be for years and years and years before diabetes ever develops. How much insulin is it taking you to keep that blood sugar in a normal range?

And that's what you really want to know, because over the years insulin is climbing and climbing. Trying to manage all this extra glucose. And while it's doing that, you're becoming more and more resistant to that insulin.

So all of your cells are so affected. How so for the listeners who are thinking like, gosh, I want to know, do I have insulin resistance? how can they get that tested?

Yes. So the, there are several very simple tests. Most of these are things people can do at home. Or I have already had done the exception being the fasting insulin level.

So most, most doctors, when you go to your doctor for your physical or your nurse practitioner, they're checking for type two diabetes with a fasting blood sugar and a hemoglobin A1.

C and most people have had that those tests done. And most people know what those tests are about. But those tests are the last dominoes to fall on your way to type two diabetes.

By the time those are abnormal, you already have type two diabetes. So what you want to look for is your fasting insulin level, and you want it to be in the single digits.

So if it's above ten, that's a sign of insulin resistance. And the higher it is the worse things are. Right. So I've worked with young people in college settings.

They have fasting in terms of 30 and 40, and you really want them down in the single digits. And so fasting insulin and if your doctor will and order it for you, you can order it yourself through a private lab.

And it cost 10 or $15. It's not expensive. And then but the other tests you've probably already had or can do yourself. And so those are if you look at your cholesterol panel, I know everyone for, oh good LDL.

The LDL is the least of be. It's not it doesn't matter. But it's giving you all it's the number that gives you the least helpful information. What you want is look at those triglycerides.

You want the below 100 below 100mg per deciliter. If they're above that, that means that you're eating too much carbohydrate for your personal metabolism.

And then the other, test you can look at is your HDL. So you want your HDL to be nice and high above 40 or 50, depending male or female. You want that to be in the health. So hang on.

So above 40 for which gender. I always male except I think it's male. And then and above 50 for women the amount. Yes I think that's yes. And and then the other thing you can do, is, is, you can measure your waist circumference and your height.

If your waist circumference is more than half your height, that's a very strong clue to insulin resistance. So if you have one of these, you've got. So I mean insulin resistance is not a black or white issue.

It's on a spectrum. So you just want to know like how insulin resistant are you. Because there's no unfortunately there's no one single test that I can do and say, oh, you have this much insulin resistance.

You're just kind of putting these numbers together and saying the more of these that are off and the more off they are, the more insulin resistant you are.

So you can use these numbers yourself at home to figure out, what's going on with your metabolic health. I'm going to give the listeners one more tip.

When you look at your fasting, lipids, take your triglyceride, divide it by your HDL ratio, number, you'll get a ratio, and if it's over four, you're definitely into insulin resistance.

The number you're looking for is less than three. and in every one of my clinical trials, the ratio triglyceride to HDL improved significantly. so, diet can, be very, very helpful at improving your, insulin sensitivity.

Yes. And that's the thing, doctor, was, is that, as you know very well, you can change these numbers relatively quickly. So it really doesn't take long.

It is in some cases a matter of days to weeks. Right. And so it even made it takes a long if you have a lot of weight to lose, that will take a long time because that takes a long time to burn that fat.

But you can improve your metabolic health within days to weeks without even losing any weight just by getting your, glucose and insulin levels into a healthy range.

And everyone we are talking metabolic health. We're talking your how your body metabolizes blood sugar, how it metabolizes glucose. We want you to do that more effectively. Yes.

So let's talk explicitly about, ketogenic eating and severe psychiatric symptoms.

Testing for Insulin Resistance

I know I've been looking at papers, for people who have, severe anxiety treatment, resistant anxiety treatment resistant depression, treatment resistant psychosis, with, bipolar and schizophrenia.

and I was very impressed. no, it was not a randomized study, but still the fact that these very treatment resistant diseases improved. So I'm going to invite you to tell us about this amazing study, and the amazing findings.

Thank you for bringing this up, because I do want more people to know about, about the work of my friend and colleague, Doctor Albert Dennard, a psychiatrist in Toulouse, France.

in practice for over 35 years, now nearing retirement. And he invited 31 of his, most treatment resistant patients with severe chronic what was called, you know, treatment resistant, major depression, schizoaffective disorder, which is a type of schizophrenia which also has mood symptoms and bipolar disorder.

He invited 31 of those patients, into the hospital to try a ketogenic diet, a mildly ketogenic diet. Whole foods under his supervision. And, so 28 of these patients, were able to stay on the diet long enough, more than two weeks, to start to notice some changes.

Right. So these were patients who had been ill for an average of ten years already, as some as long as 30 years. These are patients who are taking an average of five psychiatric medications.

And all of these patients had failed multiple other medication trials, been hospitalized before without relief. and all of them had at least one marker of insulin resistance.

and so these 28 patients who stayed with the diet for longer than two weeks, every single one of these patients improved. And not just a little bit, a lot and 40, 43% and and they and these changes were noticed by about week three.

And we see this in clinical practice all the time on a ketogenic diet. Week three is a really nice turning point. And and so, 43% of these patients achieved clinical remission from their primary psychiatric condition and 64% of them were discharged from the hospital unless psychiatric medication and the degree of improvement that they experience from depression and psychosis, 7 to 10 times greater than medication trials have ever been able to show.

So, I want everyone who's listening who has, you know, really significant psychiatric symptoms to have hope that diet, it could be very, very helpful.

and so if someone's listening says, you know what, I want to try a lower carb diet. I want to try making some diet changes. how how would you have them guide that conversation with their medical team, whether it's their, neurologist, psychiatrist, primary characters, person.

Yeah. And I'm so glad you brought this up, because the ketogenic diet in particular is a very powerful intervention. metabolically, and it's powerful metabolic and biochemical intervention.

Now, that's what you want. You want a powerful treatment. But the downside of a powerful treatment is, that it's going to it can change your medication levels.

It can change your blood sugar levels. It can change your blood pressure. Lots of things can change. that can be, potentially dangerous if you're not working with somebody who can guide you, ease you through that process,

manage those medications, monitor your blood pressure, your blood sugar, and support you safely through that transition.

So please do talk with your medical team.

Ketogenic Diet for Severe Psychiatric Illness

And if you need more support, we have I have a free clinician directory international that you can search on my website, and where you can look for a practitioner in your area who could either guide your team or consult your team or even become part of your team, to help you.

and, you know, it's really very important not to stop your medication or change your medications, when you're making these dietary changes without medical supervision.

And in these diets, take, you know, these ads don't work overnight. You know, they take time and patience and, and, and it requires some knowledge and skill to do this.

So, I'm glad you brought that up. And if someone is trying to get pregnant or is pregnant, I in my practice, I tell people I, I don't want pregnant people on a ketogenic diet.

I don't want people trying to conceive on a ketogenic diet. you know, I want to be sure you're having enough carbs. You don't end up in ketoacidosis. so what's your stance on, trying to conceive and making diet changes?

Excellent. point. So, I teach a as you mentioned, I teach a clinician training program in ketogenic. That's for mental health. And one of the things I teach all my clinicians is, you know, ketogenic diet are safe for most adults, provided they are, you know, monitored the medications and, and the, physical and mental health conditions are safely monitored, by clinicians.

But when we talk and one of the when I say most adults I am excluding, I'm excluding, women who are already pregnant and I'm excluding, women who are breastfeeding and I'm excluding. Yes.

Thank you for to close to conception. So for because what what it needs to what needs to end. And in the book I recommend for if you are pregnant and you want a healthier, healthier, way of approaching this, there's a book by Lilly Nichols, who's a registered dietitian called Real Food for pregnancy, which is a good resource, really nicely researched resource that could go hand in hand with the way you do Dr. Wahls Yeah, yeah.

it's a lot of it, really, ties in nicely with what you do, and, but it's specific for pregnancy. She's really. That's her expertise. And. But the reason why is because ketogenic diet, first of all, can take a good three months or so before you're fully fat adapted and able to really make, you know, have good energy and your metabolism is you've reached your new safe, healthy equilibrium.

You don't want to be going through that while you're pregnant. It's too much of a physiological stress on the body. And and the other reason and why it's you can you can run into ketoacidosis during breastfeeding, for example, which is just the ketone levels are too high.

And that's that's dangerous because ketones are acidic and they can make your blood too acidic. And that, that will make you very sick. You could end up in the emergency room.

The reason why you can sometimes run into too many ketones, kind or almost runaway ketone production during breastfeeding is an pregnancy. These are special metabolic states of growth and production.

You need higher insulin levels. You need more food. You do not want to be in a on a deeply ketogenic diet.

Safety, Pregnancy, and Where to Find Dr. Ede

During those states, you want to have plenty of calories, plenty of plenty of food, and you want to actually have your insulin levels be a little higher than normal to support insulin, a growth hormone, you want to support those healthy growth and production processes.

So it's very, very important. What you just said. is so powerful. be sure to work with your medical team as you implement whatever diet, whether it's a ketogenic diet, lower carb diet, paleo diet.

even if you're going to, decide you want to do a mediterranean diet, I think it's really important that you talk to your medical team. so they know what you're doing and can monitor the medications, that you're using.

Georgia, this is wonderful. I could talk, the rest of the evening, but we both have other things that we should be doing. so, please tell our, listeners where they could find you.

so the best place to look is my website, which is called diagnosisdiet.com And that's where they can find the clinician training. They can find the clinician directory and they can find more information about the book if they're interested, in, learning more about, about nutrition in general.

And, and nutrition for mental health in particular. So I hope people find those resources useful. And do you have, Instagram or Twitter or Facebook? I do, I have all of those, for better or for worse.

So I have Instagram, Twitter, Facebook and LinkedIn. It's all of it. The, handle is @GeorgiaEdeMD Wonderful. Thank you so much. Thank you very much.