

Letter to the editor

Dietary intervention in the dystopian world of severe mental illness: measure for measure, then manage

To the editor,

Severe mental illness (SMI) shortens life expectancy by 20 years or more through preventable cardiometabolic diseases. A healthy diet is a cornerstone for physical health of interventions to address this 'scandal of premature death' (1). Despite the impact of healthy diet on the burden of preventable diseases, we have very limited knowledge regarding the dietary habits of people with SMI. Further, people with SMI infrequently receive evidence-based dietary advice, unlike others at high cardiometabolic risk. A recent meta-analysis highlighted the efficacy of dietary interventions to improving cardiometabolic health in SMI (2). Pooled data from twenty randomised controlled trials showed that dietary interventions reduced weight, BMI, waist circumference and blood glucose. Importantly, interventions predominantly delivered by dietitians were significantly more effective than interventions led by other health professionals. To date, dietitians are not commonly components of multidisciplinary mental healthcare teams. Should people with SMI engaged with health services have access to dietary guidance to halt the adverse cardiometabolic trajectory on which they are trapped?

Dietary intervention goes beyond weight management: higher diet quality reduces risk of all-cause mortality, cardiovascular disease and cancer, independent of weight (3). Further, diet quality improves intakes of key nutrients essential for heart and brain health. Improved diet quality (with or without weight change) with commitment should be achievable in SMI and is a core lifestyle factor that should be assessed for every mental health patient, as are tobacco smoking, alcohol and recreational drug use. Confidence in assessing dietary intake in people SMI appears low: only 23% of dietary trials in people with SMI made any objective dietary measure (2). Further, no dietary tool has been validated in people with SMI, a gap requiring attention.

Health care in SMI requires cardiometabolic disease prevention, a fundamental component of which is healthy diet. Optimal clinical care would assess diet and intervene appropriately, just as for smoking, alcohol and drug use, and elevated glucose and lipids. Can we continue to ignore this pivotal risk factor in disease prevention in this high-risk group?

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