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Dietary restrictions and depressive symptoms: longitudinal results from the Constances cohort

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ABSTRACT

OBJECTIVE - Cross-sectional results have suggested a linear association between dietary exclusions and depressive symptoms. This prospective study aimed to examine the direction of their association. **METHODS** - In the population-based Constances cohort, depressive symptoms were defined by a score ≥ 19 on the Centre of Epidemiologic Studies-Depression (CES-D) scale. Diet was measured with a 24-item qualitative food frequency questionnaire (FFQ). Both variables were available at inclusion (from 2012 to 2014) and on follow-up (2015 for the CES-D and 2017 for diet). Food exclusion was categorized into 5 different groups: no exclusion, exclusion of 1, 2, 3 or ≥ 4 food items. Logistic regressions were conducted, either taking depressive symptoms as the outcome on follow-up with dietary exclusions at baseline as predictor or with the opposite, adjusting for age, sex, education, income, alcohol intake, smoking, physical activity and anemia. Path analysis included outcomes and covariates in one model. **RESULTS** - A total of 29,337 participants (53.4% women, 48.15 ± 12.99 y.o.) had complete CES-D data and 25,336 (53.56% women, 49.05 ± 12.88 y.o.) FFQ data. Dietary exclusion at inclusion predicted depressive symptoms at follow-up (Odds-Ratio [95% confidence interval]: 2.35 [1.62–3.40] for ≥ 4 excluded items). Depressive symptoms at inclusion predicted dietary exclusions at follow-up (3.45 [1.93–6.16] for ≥ 4 excluded items). In path analysis, the standardized estimate of the association between dietary exclusions at inclusion and depressive symptoms at follow-up was by far higher than the opposite (0.1863 and 0.00189, respectively, both $p < 0.05$). **CONCLUSION** - The association of dietary exclusion with subsequent depression is stronger than the opposite association.

KEYWORDS: -

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