

DÉPRESSION ET LIFESTYLE

CHEZ LES JEUNES ADULTES



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SOMMAIRE

1. Santé mentale vs Trouble mental

2. Lifestyle

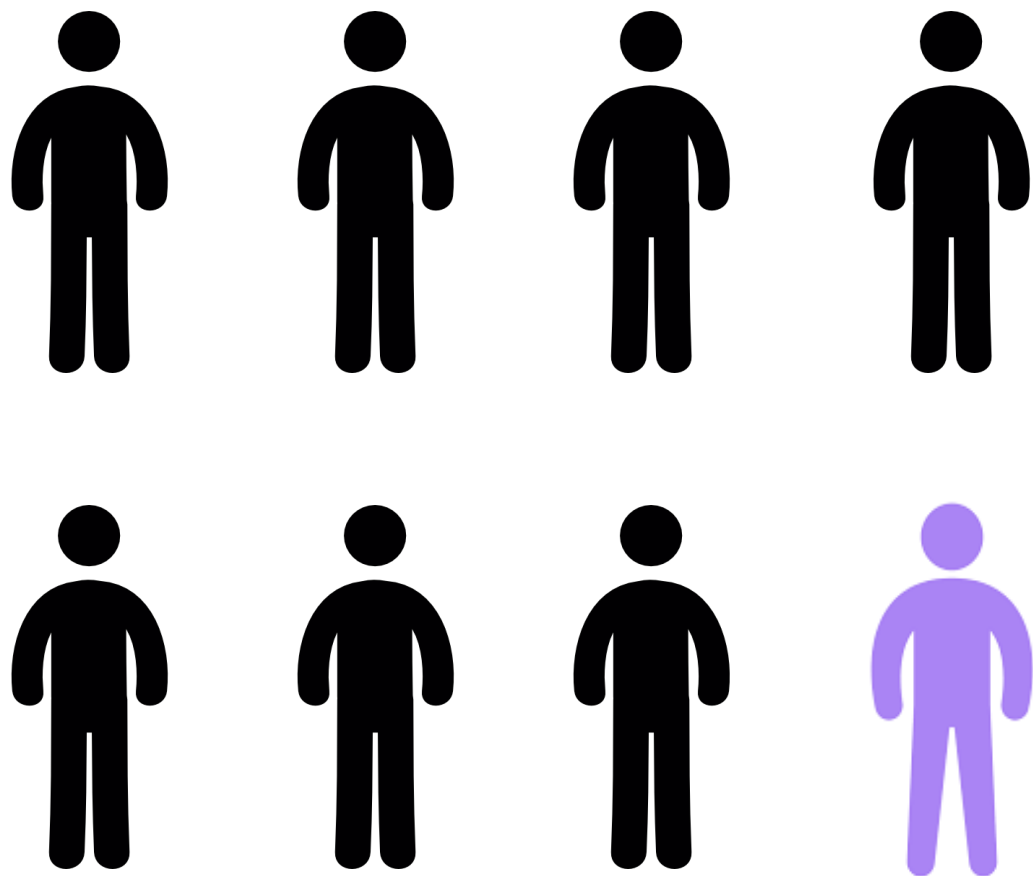
2.1. Définition

2.2. Facteurs de risque et de
protection liés à la dépression

3. Discussion



Granlund, M., Imms, C., King, G., Andersson, A. K., Augustine, L., Brooks, R., ... & Almqvist, L. (2021). Definitions and operationalization of mental health problems, wellbeing and participation constructs in children with NDD: distinctions and clarifications. *International journal of environmental research and public health*, 18(4), 1656.



1 PERSONNE SUR 8

DANS LE MONDE
PRÉSENTE UN
TROUBLE MENTAL



Organisation mondiale de la santé, 8 juin 2022

Symptômes dépressifs



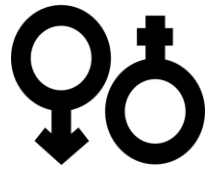
Sentiments de tristesse,
de vide ou d'irritabilité,
la perte de plaisir ou
d'intérêt pour les
activités

Changements corporels
et cognitifs

Changement de la
capacité de l'individu à
fonctionner

Durant au moins 2
semaines

Déterminants de la dépression



Sexe



Age



Stresseurs



Alimentation

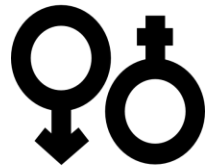


Activité physique



Qualité de sommeil

Déterminants de la dépression



Sexe



Age



Stresseurs



Alimentation



Activité physique



Qualité de sommeil

Modifiables!

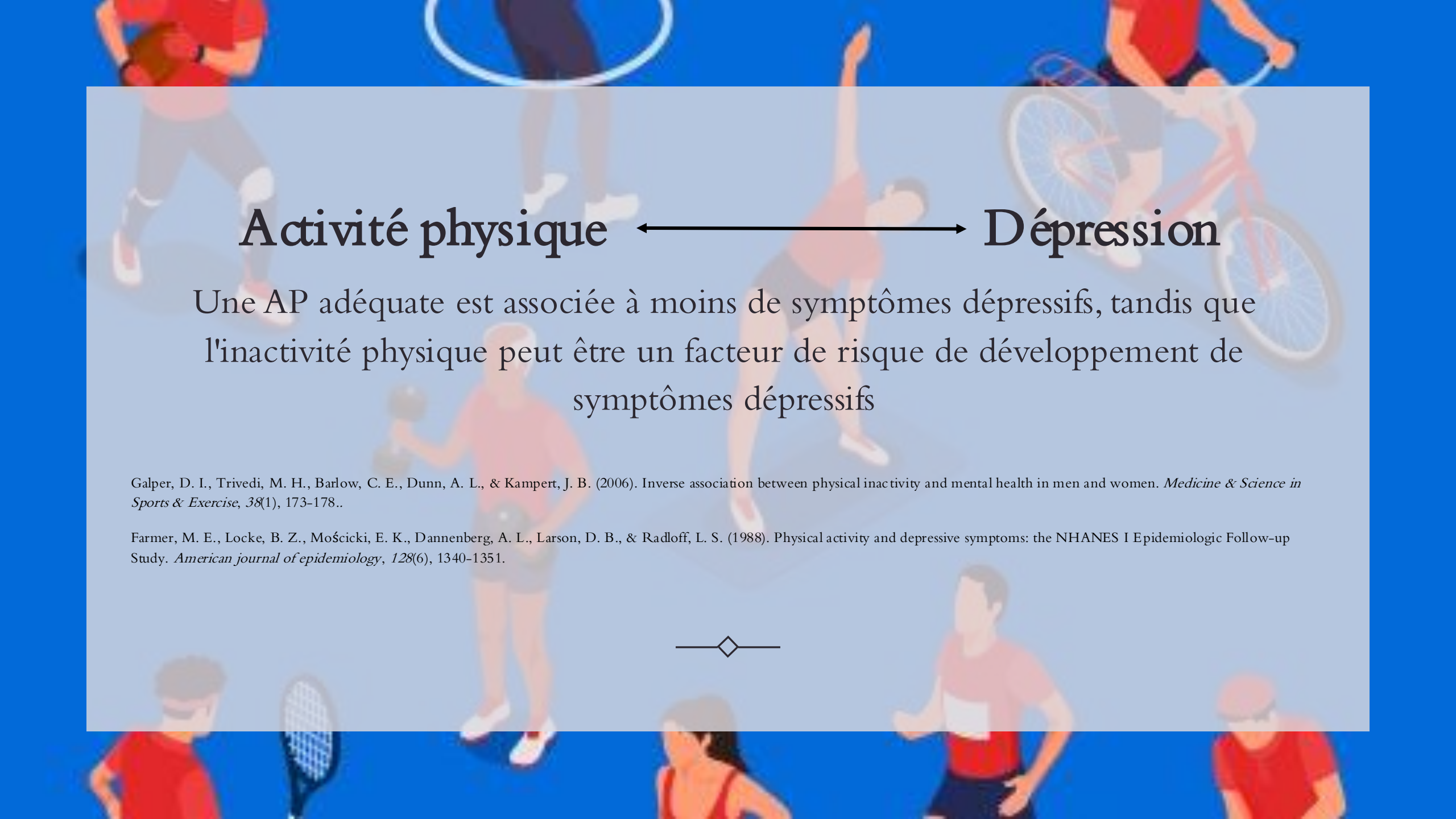
Strength of supporting evidence/evidence statement phrasing

Grade B/could			
Grade C1/may			
Grade C3/may			
Domain	Recommendation statement	Level of evidence	Recommendation Grade
5.1 Physical activity and exercise interventions	Physical activity and exercise interventions could be used to reduce depressive symptoms in people with Major Depressive Disorder	Limited; Grade B	2
5.2 Smoking cessation interventions	Smoking cessation interventions that involve counselling and/or pharmacotherapy (e.g. nicotine replacement) may be used to reduce depressive symptoms in current smokers with Major Depressive Disorder	Low; Grade C3	3
5.3 Work-directed interventions	A combination of work focussed counselling and work-directed interventions could be used to reduce depressive symptoms in people with Major Depressive Disorder	Limited; Grade B	2
5.4 Mindfulness-based and stress management interventions	Mindfulness-based therapies (e.g. Mindfulness Based Cognitive Therapy [MBCT] and Mindfulness Based Stress Reduction [MBSR]) could be used to reduce depressive symptoms in people with Major Depressive Disorder	Limited; Grade B	2
	Stress management and relaxation techniques (e.g. breathing techniques, progressive muscle relaxation) could be used to reduce depressive symptoms in people with Major Depressive Disorder	Limited; Grade B	2
5.5 Dietary interventions	Dietary counselling to improve nutritional habits that is in line with healthy dietary guidelines and/or nutrient-dense dietary patterns may be used to reduce depressive symptoms in people with Major Depressive Disorder	Low; Grade C1	3
5.6 Sleep-related interventions	Cognitive behavioural therapy for insomnia (CBT-I) could be used to reduce depressive symptoms in people with Major Depressive Disorder	Limited; Grade B	2
5.7 Loneliness and Social support-related interventions	Improving social support and reducing loneliness may be used to reduce depressive symptoms in people with Major Depressive Disorder	Low; Grade C3	3
5.8 Green space interventions	Support regarding individualised interaction with green spaces or participation in a green space-focussed program may be used to reduce depressive symptoms in people with Major Depressive Disorder	Low; Grade C1	3

Evidence that the intervention is effective	Evidence statement phrasing	Level of evidence	Explanation
Strong	Should	A	At least two independent RCTs with a low risk of bias showing efficacy (superiority to placebo or, in the case of psychotherapy studies, superiority to an 'active psychological placebo' in a study with adequate blinding), OR Superiority to/equivalent efficacy compared with an established comparator treatment in a three-arm study with placebo control or in a well-powered non-inferiority trial (only applicable if such a standard treatment exists) with a low risk of bias, AND No negative RCTs with a low risk of bias exist. If there are contradicting results from RCTs, the majority of RCTs AND/OR a meta-analysis with low risk of bias, and that included studies that were generally at low risk of bias, showing efficacy. If there are more than one 'A' treatment options, the decision should be based on head-to-head comparisons or meta-analyses showing superiority of one of the treatments
Limited	Could	B	One RCT with a moderate risk of bias showing superiority to placebo (or in the case of psychotherapy studies, superiority to an 'active psychological placebo') OR A randomised controlled comparison with a standard treatment without placebo control with a sample size sufficient for a non-inferiority trial with a moderate risk of bias, AND No negative studies exist OR Meta-analyses with a moderate risk of bias that show efficacy or Meta-analyses with low risk of bias that included studies that were generally at a high risk of bias
Low	May	C1	One or more prospective open studies (with a minimum of 10 evaluable participants per group) using a control group, but no randomisation, or using no control group, show efficacy OR One or more well-conducted case control or cohort studies (with a minimum of 10 evaluable patients) with a moderate probability that the relationship is causal show efficacy OR RCTs AND/OR meta-analyses with a high risk of bias showing efficacy
		C2	Non-analytic studies, e.g. case reports or case series with fewer than 10 evaluable participants show efficacy in the majority of cases
		C3	Expert opinions not based on any published data reporting efficacy
No evidence		D	

RCT: randomised controlled trial.

Marx, W., Manger, S. H., Blencowe, M., Murray, G., Ho, F. Y. Y., Lawn, S., ... & O'Neil, A. (2023). Clinical guidelines for the use of lifestyle-based mental health care in major depressive disorder: World Federation of Societies for Biological Psychiatry (WFSBP) and Australasian Society of Lifestyle Medicine (ASLM) taskforce. *The World Journal of Biological Psychiatry*, 24(5), 333–386.

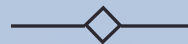


Activité physique ↔ Dépression

Une AP adéquate est associée à moins de symptômes dépressifs, tandis que l'inactivité physique peut être un facteur de risque de développement de symptômes dépressifs

Galper, D. I., Trivedi, M. H., Barlow, C. E., Dunn, A. L., & Kampert, J. B. (2006). Inverse association between physical inactivity and mental health in men and women. *Medicine & Science in Sports & Exercise*, 38(1), 173-178..

Farmer, M. E., Locke, B. Z., Mościcki, E. K., Dannenberg, A. L., Larson, D. B., & Radloff, L. S. (1988). Physical activity and depressive symptoms: the NHANES I Epidemiologic Follow-up Study. *American journal of epidemiology*, 128(6), 1340-1351.





Stress ←→ Dépression

Le stress peut augmenter le risque de la dépression, tandis que la dépression peut augmenter la susceptibilité à une réponse accrue au stress.

Liu, R. T., & Alloy, L. B. (2010). Stress generation in depression: A systematic review of the empirical literature and recommendations for future study. *Clinical psychology review*, 30(5), 582-593.

Sommeil ↔ Dépression

La dépression et le sommeil ont **une relation bidirectionnelle** dans la mesure où un mauvais sommeil contribue à la dépression et la dépression entraîne un mauvais sommeil.

Marx, W., Manger, S. H., Blencowe, M., Murray, G., Ho, F. Y. Y., Lawn, S., ... & O'Neil, A. (2023). Clinical guidelines for the use of lifestyle-based mental health care in major depressive disorder: World Federation of Societies for Biological Psychiatry (WFSBP) and Australasian Society of Lifestyle Medicine (ASLM) taskforce. *The World Journal of Biological Psychiatry*, 24(5), 333–386.

Eléments de lifestyle avec des données émergentes

ALIMENTATION

Il existe une association entre la qualité de l'alimentation et la dépression et les idées suicidaires.

Collins, S., Dash, S., Allender, S., Jacka, F., & Hoare, E. (2022). Diet and Mental Health During Emerging Adulthood: A Systematic Review. *Emerging Adulthood*, 10(3), 645-659.
<https://doi.org/10.1177/2167696820943028>

NATURE

Améliorer l'exposition aux espaces verts pour prévenir la dépression. Une exposition plus élevée aux espaces verts pourrait être utile en cas de dépression.

Liu Z, Chen X, Cui H, Ma Y, Gao N, Li X, Meng X, Lin H, Abudou H, Guo L, Liu Q. Green space exposure on depression and anxiety outcomes: A meta-analysis. *Environ Res*. 2023 Aug 15;231(Pt 3):116303

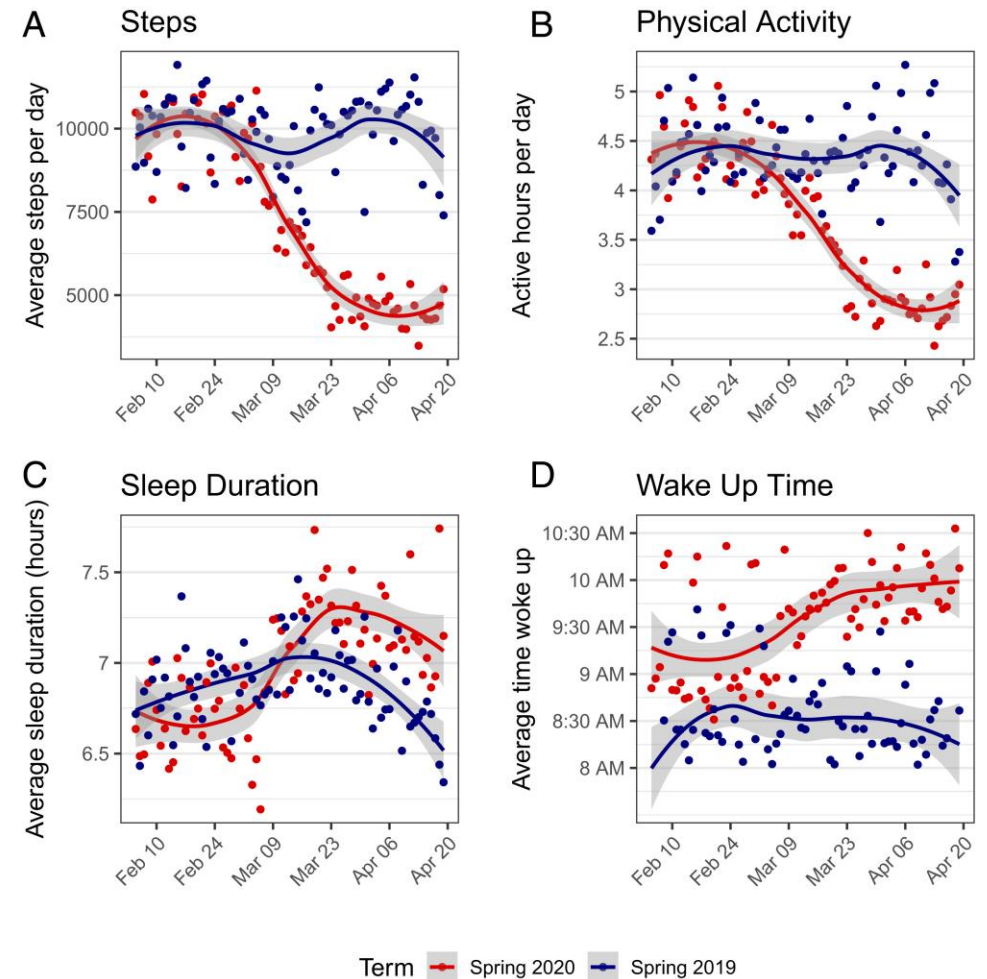


La force et l'orientation de ces deux relations restent encore floues

COVID-19 comme tournant dans la mise en lumière des relations entre lifestyle et dépression

Au cours de la pandémie, de mars à juillet 2020, la proportion de participants à risque de dépression clinique varie de 46 % à 61 %, soit une **augmentation de 90 % des taux de dépression** par rapport à la même population juste avant la pandémie.

Giuntella, O., Hyde, K., Saccardo, S., & Sadoff, S. (2021). Lifestyle and mental health disruptions during COVID-19. *Proceedings of the National Academy of Sciences*, 118(9), e2016632118.



Discussion

- Les adultes âgés **de 18 à 29 ans** sont les plus à risque de développer des symptômes dépressifs*.
- Le suicide est **la quatrième cause de décès** chez les 15-29 ans**.

- Les facteurs liés au lifestyle jouent un rôle important dans le développement, l'évolution et le traitement des maladies mentales.
- Se concentrer sur la modification du lifestyle présente deux avantages : **1. la prévention** et **2. le traitement.**

Proposer des modifications de lifestyle grâce aux outils numériques en fait une option **économique, sûre** et **accessible** à tous.

*Villarroel, M. A., & Terlizzi, E. P. (2020). Symptoms of depression among adults: United States, 2019.

**Organisation mondiale de la santé, 31 mars 2023

Vous avez entre 18 et 29 ans ?

Vous êtes invité.e à participer à un projet de recherche!

Maedeh Parvin, Doctorante
Anne-Marie Etienne, Professeure Ordinaire
Aurélié Wagener, PhD- Première Assistante



En quoi ça consiste?

L'étude a pour objectif d'évaluer les relations entre **le mode de vie** et les **symptômes dépressifs** et de mettre en évidence les facteurs de risque et de protection liés au mode de vie associés à la dépression.



Qui peut participer?

Tout simplement, le seul critère pour participer à cette recherche est d'avoir entre **18 et 29 ans** et rien d'autre!

Cette étude a reçu l'aval du comité d'éthique de la FPLSE.

Vous pouvez remplir un questionnaire **en ligne** de façon **anonyme** qui ne prend que 10 minutes.

Souhaitez-vous participer?

**Scannez
-moi
;)**

