

## Healthy Lifestyles for Bipolar Disorder

*Summarized by Thomas T. Thomas*

At our informational meeting on February 26, we learned about relevant research being done at UC Berkeley's Psychology Research Department, presented by **Professor Sheri Johnson, PhD**, and our NAMI friend **Robert Villanueva**, who is a lead member of the Lived Experience Advisory Board for the [CALM program](#). Dr. Johnson and Mr. Villanueva, who shared about his own lived experience, discussed the current international research project looking at healthy eating plans as supplements to medication. They explained study details and how local consumers can participate on a paid basis.

Villanueva was diagnosed with bipolar disorder 24 years ago. He has since become an international speaker, using his experiences to reduce stigma around mental illness. He is also president of NAMI Alameda County South and a trainer of trainers. Johnson has a family member with schizophrenia. Her research work is to understand why someone with bipolar disorder has episodes of mania or depression and how to prolong periods of wellness and stability.

Growing up in the Bay Area, Villanueva had worked at Oakland Scavenger and coached high school wrestling. At age 28 he began feeling low energy and lowered cognitive function and was diagnosed with depression. He struggled on, saying "I'm not ill!" He did not share his condition with family and friends. After a couple of years, he couldn't work, sold his house, and left his family. "I was off on a journey," he said, but he really wanted to end his life.

He talked to a doctor, who suggested a suicide crisis line, and he was eventually diagnosed as bipolar. He shared the news with his wife, started on medication, connected with a therapist, and went to peer support groups. "My safe place was Barnes & Noble," he said, "where I could sit and read personal stories, read about psychology, neurochemistry, and philosophy." He read [Touched with Fire](#) by Kay Redfield Jamison, about artists with bipolar disorder who did their best work while stable.

"A big part of my acceptance," he said, "was NAMI and its advocacy from perfect strangers." Villanueva found it was helpful to be "out and about and encounter other people."

He made life changes, too, like getting to bed at a certain time to ensure he slept regularly. He also made his bed immediately upon rising, so that he wouldn't be tempted to get back in before his regular bedtime. With bipolar disorder, he said, hypomania and depression become your reality. Hypomania can be seductive and productive. He learned to check in whether he was feeling high or low, avoiding isolation, staying in bed, and not making anything to eat when he felt depressed—but also slowing down on the freeway when he was feeling manic. "You have to read your own clues," he said. "You have to live an anchored life."

Villanueva still occasionally goes through periods of mania and depression. So, he checks in regularly with his therapist and with a doctor to adjust his medications,

because all of them have side effects. He has also recorded his experiences through the podcast [Bipolar in the Bay](#).

Johnson said that a good diet and healthy eating can make a difference on top of medications. “People with bipolar disorder have metabolic and whole-body issues,” she said. These affect the sleep-wake cycle, the body’s circadian rhythm. She noted that, in animals, the times of eating are more powerful in the sleep-wake cycle than cues of light. “People with bipolar disorder don’t have good biological clocks.” Johnson said that most people think they eat just three meals a day, but actually they may be eating from morning until late at night.

The CALM program study, which is funded by the Wellcome Trust, compares time-restricted eating, or “eating by the clock,” with healthy eating as represented by the Mediterranean diet. This diet consists largely of vegetables, fruits, whole grains, and proteins from legumes, and treats red meat and highly processed foods as “extras.”

The study aims to enroll 450 volunteers on an international, cross-cultural basis. So far, they have 65 people in the study, but they want more to be sure of their findings. There are some eligibility requirements: participants should not have alcohol or substance abuse issues, no eating or digestion disorders or other medical conditions, and should not be suicidal. She also noted that study participants are allowed exceptions to the regimen for social engagements and family routines, like having dinner out or eating together at a particular time.

Participants are questioned carefully about their current dietary habits, bipolar symptoms, and sleep patterns. Then they are randomly assigned to either a program of time-restricted eating or the Mediterranean diet. (There is no “placebo” control group.) Participants are checked weekly to see if they are following the regimen and to find any barriers they encounter. Then they are questioned about their symptoms at four weeks, eight weeks, and finally followed for a year to note if any differences remain in effect.

The program design—Johnson’s dream—is to create a toolkit that can be shared widely and easily, to be sent out online for people with bipolar disorder to use.

In addition to the international study, Villanueva is running parallel, local study with participants in San Francisco, Marin, Contra Costa, and Alameda counties that will include in-home visit. “We’re on the front edge of this study,” he said.

So, how do you make a lifestyle change? Johnson said that you do the best you can in the moment, for the day. You ask yourself why the change matters to you. You understand what’s going to be hard about it and do what you can to change one step at a time. And most important, you do this without beating yourself up.

**Q. What are you allowed to eat on the time-restricted diet?**

A. There, it’s not *what* you eat but *when* you eat—and the content is not restricted. We try to get people to eat only during ten hours in the day. But you do have to be conscious about what you’re eating. If you previously enjoyed late-night snacks, which are usually high in sugar, you will miss a lot of calories in time-restricted eating and will have to make them up some other way.

**Q. With time-restricted eating, what do you do about cravings?**

A. When you eat by the clock, the body gets its hormones ready to eat, which manages hunger.

**Q. Have you done any research on the ketogenic diet?**

A. The CALM program only works with people who are on a medication program with their doctor and want to try an add-on. Keto diets change neurotransmitter processing in the brain and are not without side effects, like days of nausea in the beginning.

**Q. Why did you choose the Mediterranean diet over a low-carb, high-protein diet like the Atkins diet?**

A. Johnson said she was not trained as a nutritionist but worked with psychiatrists to review various diets for the study. Time-restricted eating addresses body clock issues, and the Mediterranean diet has been used in studies with thousands of people experiencing brain health and cognitive decline.

**Q. What other bipolar research is your group doing at UC Berkeley?**

A. Our research includes body clock and motivation studies, insomnia, and the neuroscience of cravings.

**Q. Has your program been affected by the recent disruption in federal grants?**

A. The CALM program is funded by the Wellcome Trust, so no. But a billion dollars in National Institutes of Health grants are currently not being distributed, even though a judge has ordered the money be released.