



Exploring dietary influences on depression and anxiety symptoms: findings from a cross-sectional survey

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Abstract: Diet is widely recognized as an important determinant of health, yet the associations between individual macronutrients and mental health remain unclear. To address this, we conducted a cross-sectional study of 129 healthy adults using an online food frequency questionnaire along with validated measures of depression, anxiety, and early life experiences. Among participants, 31% reported moderate or severe anxiety and/or depression. Sugar-sweetened beverage intake was positively associated with depressive symptoms ($\beta = 4.827$; 95% CI: 0.954–8.7; $p = 0.015$), while dietary fibre intake was negatively associated with anxiety ($\beta = -2.306$; 95% CI: -3.791 to -0.82; $p = 0.003$). Moderate caffeine consumption (100–300 mg) was linked to reduced depression ($\beta = -4.099$; 95% CI: -7.049 to -1.15; $p = 0.007$), suggesting a possible U-shaped effect, and women reported higher rates of both depression and anxiety. We also observed preliminary evidence of an association between high-fructose corn syrup and depressive symptoms and a protective role of fibre against anxiety. Overall, these findings highlight specific dietary factors linked to mental health, warranting further prospective studies with repeated dietary assessments to confirm and extend these results.

Keywords: *Sugar-sweetened beverages; SSB; caffeine; dietary fibre; depression; anxiety.*

1. Introduction

Depression and anxiety are highly comorbid psychological disorders that make significant contributions to global health-related burden (1). Despite improved treatments, the prevalence and incidence of both disorders have increased over the past decades (2–4). A great deal of evidence now exists to support diet as a modifiable risk factor for mental illness, particularly depression and anxiety. Studies investigating dietary patterns have found diets high in fruits, vegetables, whole grains, nuts, and fish to be associated with improved physical and mental health (5, 6). Conversely, diets high in sugars, fats, and salt have been associated with mental illness, chronic disease, and cognitive decline (7–9). While whole-of-diet studies have highlighted the benefits of these dietary

regimens, the specific beneficial or detrimental effects of individual components of these diets are not as well understood.

Two macronutrients most consistently associated with mental health are sugar and fibre. One of the major theories behind the impacts of these dietary components relates to their influence on gut microbiome. Sugar consumption can alter gut microbial diversity, impairing gut lining and leading to systemic inflammation and neuroinflammation, thought to be the cause of mental sequelae (10, 11). Mice that chronically consume high sucrose diets display significant alterations in neurological structure and function, including altered hippocampal neurogenesis (12). Human studies into sugar consumption have been inconsistent, but a number of large- scale studies have found that frequent consumption of sugar- sweetened beverages (SSBs) increased the risk of depression and suicide ideation (13–15). Other research indicates a potential negative impact of excessive sugar intake on anxiety (16). The World Health Organisation recommends that adults consume no more than 10% of their total energy intake as sugars, or limit intake to roughly 12 teaspoons (50 grams) per day (17). Recent census data from Australia reports that average daily consumption exceeds this amount (66.9 grams and 61.6 grams of free and added sugars per person per day, respectively, or approximately 12.3 and 11.3% of total dietary energy) (18).

More frequently identified in prior research is the relationship between fibre and mental health. Fermentation of dietary fibre in the distal gut leads to the formation of short-chain fatty acids, which are thought to have anti-inflammatory functions, improve gut lining integrity, and play a role in the regulation of lipids, cholesterol, and glucose metabolism (19). Increased dietary fibre intake has further been shown to restore healthy gut microbiota, and reduce symptoms of depression and anxiety (20). It is recommended that adults consume around 25 g of dietary fibre per day, or about 14 g for every 4,000 kilojoules (roughly 2.8% of total energy intake) (21, 22). In 2022, only around 6% of Australian adults consumed the recommended daily amount of vegetables, and around 44% consumed the recommended amount of fruit (18). Apparent consumption of grains and cereals was also below the recommended daily intake for 67 and 76% of men and women, respectively (18). These figures suggest that Australians are unlikely to consume adequate amounts of dietary fibre. In support, a study conducted using the 2011–2012 Australian population data found that less than 20% of adults consumed the recommended amount of dietary fibre to reduce chronic disease risk (23). Consumption of fruits and vegetables, known for their high fibre content, has been linked to lower rates of depression, anxiety, and stress (24). One study identified an inverse relationship between dietary fibre and depression, but only in women (25). However, not all studies have identified these associations, and less evidence exists for the benefits of fibre supplements (26). The source of dietary fibre may also be a factor in the role of fibre on mental health outcomes (27).

Other dietary components have also been associated with mental health. Protein consumption in the Western world is up to double the recommended intake, consisting of predominantly animal protein (28). Studies investigating the impact of protein consumption on mood have found conflicting results. Protein intake has been linked to a reduction in depression and anxiety (29, 30), but may affect men and women differently (31, 32). Source of protein intake may also be a critical factor, with some studies finding higher stress and depression linked to animal protein compared to plant protein (32, 33), while another observed the reverse relationship (30).

Other dietary components that have had conflicting findings in terms of their relationship with mental health are caffeine and alcohol. Alcohol has traditionally been associated with increased depression and anxiety, but this may be related to the comorbid presence of alcohol use with depression and anxiety, rather than a causal relationship (34). Around one-third of the Australian population aged 14 years and over report drinking more than 10 standard drinks per week, or more than four standard drinks in a day at least once per month (35). Large longitudinal studies have identified greater odds of depression and/or anxiety, and higher symptom severity in non-drinkers (24, 36). Studies of coffee and caffeine consumption have been even more conflicted, from

observing an inverse relationship between coffee and depression (37), to finding a significant increase in depression, anxiety, and stress with higher caffeine intake (38), to finding no relationship at all (39). These findings may be due to sex differences, as some researchers have observed associations in women but not men (40, 41). Close to half the Australian adult population (46%) reports drinking around 330 mL of coffee per day (42).

There is a general consensus regarding the benefits of broad, dietary patterns such as Mediterranean or Nordic diets (43). However, studies investigating the impacts of individual macronutrients and dietary components on depression and anxiety have had conflicting outcomes. Lu (2024) systematically reviewed the neurobiological mechanisms of specific nutrients in mood regulation, highlighting that omega-3 fatty acids (especially EPA and DHA), vitamin D, B vitamins (B6, B9, B12), zinc, and antioxidants can alleviate depression and anxiety by modulating neurotransmitter synthesis, reducing neuroinflammation, and protecting neuronal membrane integrity—providing a theoretical basis for exploring individual dietary components' effects on mental health (Lu, 2024). The current study aimed to investigate and identify the possible beneficial or detrimental impacts of different dietary components on depression and anxiety, while controlling for sociodemographic factors known to impact mood.

2. Methods

2.1 Study design

The study was a cross-sectional design using online surveys.

2.2 Participants

Healthy participants aged 18 to 70 years of age were recruited via the networks of the researchers, social media, and university mailing lists. The study recruited 144 participants. Two participants were flagged as potential replicate responses by the online survey software and were removed. An additional 13 participants were excluded for not completing the online dietary questionnaires, leaving a total of 129 participants. Participants were predominantly highly educated, and female (see Table 1).

2.3 Measures

2.3.1 Anxiety

Anxiety was measured using the Patient-Reported Outcomes Measurement Information System (PROMIS): Emotional Distress – Anxiety - Short Form 8a (44). This eight-item survey asked participants how often they had experienced anxiety-related states (e.g., “I felt fearful”) over the past 7 days on a five-point Likert scale from never to always. Previous studies have found it demonstrated good internal consistency (Cronbach's $\alpha = 0.93$), with a single-factor solution accounting for 79% of total variance (45). Internal consistency for the present sample was also high (Cronbach's $\alpha = 0.94$).

TABLE 1 Demographic characteristics and survey results.

Item	N (%)	Mean (SD)	Range
Age	129 (100)	37.3 (14.3)	18–70
Gender			
Female	93 (72.1)		
Male	36 (27.9)		
Highest educational qualification			
Grade 12	19 (14.7)		
Trade / technical / vocational training	8 (6.2)		
Undergraduate degree	44 (34.1)		
Postgraduate degree	58 (45.0)		
Household income			
Under \$50,000	37 (28.7)		
\$50,100–\$110,000	30 (23.3)		
Over \$110,000	62 (48.1)		
Smoking			
Never smoked	105 (81.4)		
Ex smoker	22 (17.1)		
Current smoker	2 (1.6)		
Ethnicity			
Caucasian	89 (69.0)		
Asian	33 (25.6)		
Aboriginal and/or Torres Strait Islander	2 (1.6)		
Other	5 (3.8)		
BMI		24.8 (4.7)	17.5–41.7
Early life experiences		35.6 (13.4)	15–69
Low (<33)	62 (48.1)		
High (≥33)	67 (51.9)		
Depression		53.1 (8.2)	37.2–74.2
Healthy	74 (57.4)		
Mild	26 (20.2)		
Moderate	27 (20.9)		
Severe	2 (1.6)		
Anxiety		54.2 (8.6)	37.1–77.2
Healthy	70 (54.3)		
Mild	27 (20.9)		
Moderate	30 (23.3)		
Severe	2 (1.6)		

Dietary fibre ^a		2.3 (0.9)	0.5–5.2
Total sugar ^a		16.5 (7.5)	1.4–37.8
Protein ^a		17.7 (6.6)	5.6–39.1
Caffeine (mg)		126.7 (144.8)	0–719.8
Less than 100 mg	72 (55.8)		
100–300 mg	43 (33.3)		
Over 300 mg	14 (10.9)		
Alcohol per week (standard drinks)		3.4 (7.8)	0–60
Less than 1 standard drink per week	54 (45.0)		

(Continued)

TABLE 1 (Continued)

Item	<i>N</i> (%)	Mean (SD)	Range
1 or more standard drinks per week	66 (55.0)		
Sugar sweetened beverages per week (250 mL cups)		3.7 (7.4)	0–49
Less than 7 cups per week	113 (87.6)		
7 cups or more per week	16 (12.4)		

^aPresented as percentage of energy consumed.

2.3.2 Depression

Depression was measured using the Patient-Reported Outcomes Measurement Information System (PROMIS): Emotional Distress – Depression – Short Form 8b is a similar, eight-item Likert-scale survey (44). Participants were asked to rate how often they experienced depression-related states (e.g., “I felt worthless”) on a scale of Never to Always. Previous studies using this tool have found it demonstrated good internal consistency (Cronbach’s $\alpha = 0.95$), with a single-factor solution accounting for 85% of total variance (45). The present sample also showed high internal consistency (Cronbach’s $\alpha = 0.94$).

2.3.3 Dietary intake

Dietary intake was assessed using the free, web-based “Automated Self-Administered 24-h” (ASA24-Australia) dietary assessment tool.¹ This measure is a widely used and validated tool based on the United States Department of Agriculture’s Automated Multiple-Pass Method and The Food Intake Recording Software System (46). This online site calculated macronutrient intake for one 24-h period. Participants choose an eating occasion (e.g., breakfast, lunch), before choosing foods and beverages from a list of food categories. Participants are then asked detailed questions relating to preparation and portions, with visual guides provided to assist with consistency in portion sizes. Additional questions prompt participants to recall any food intake they may have overlooked, reducing the risk of recall bias.

2.3.4 Beverage intake

Beverage intake for alcohol and SSBs was collected from an online demographic survey. Participants were asked to rate their frequency of beverage consumption on a scale of ‘never or rarely’; ‘more than once a month but less than once a week’; ‘once or twice a week’; ‘most days’; or ‘every day’. Participants were then asked how many standard drinks of alcohol, or 250 mL cups of SSBs, they usually consumed on these occasions. Examples of a standard drink for different beverage types was given. Beverage dose was estimated from these responses.

2.3.5 The early life experiences scale (ELES)

The early life experiences scale (ELES) (47) is a 15-item survey that examines perceptions of childhood. Participants are asked to rate statements relating to their parents and home life on a scale of completely untrue (1) to very true (5). Scores are summed to create three subscales: feeling Unvalued; Submissiveness; and feeling Threatened. A total score was also calculated, and a cutoff of >32 used (48).

2.4 Covariates

Variables that were included in the preliminary analyses were: dietary fibre, total sugar, protein, caffeine, alcohol consumed per week (in standard drinks), sugar-sweetened beverages consumed per week (in 250 mL cups), BMI, and early life experiences (ELES total score). Fibre, total sugar, and protein were calculated as a percentage of total energy intake. Early life experiences have been shown to be associated with later life depression and anxiety (47), and were therefore controlled for in the final analysis. Based on the literature, age, gender, and income were also included in the model to control for these potentially confounding variables. Education was strongly associated with age in the current sample, and therefore income was chosen as the sole indicator of socioeconomic status. Smoking was not controlled for due to the low number of current smokers.

All carbohydrates were grouped together in the final dataset and were therefore excluded from the analysis. Simple carbohydrates have been associated with poor mental health, whereas complex carbohydrates are more frequently associated with improved physical and mental health, and the inclusion of these two types together would have provided invalid results (16).

2.5 Power analysis

A power calculation was conducted using G*Power software for linear multiple regression (fixed model, R² deviation from zero). To detect a medium effect size ($f^2 = 0.15$) with 80% power, alpha error probability of $\alpha = 0.05$, and six predictors, a minimum sample size of 98 was required.

2.6 Statistical analysis

Descriptive and inferential statistics were performed using SPSS version 29.0. All covariates, aside from total sugar, presented non-normal distributions according to the Kolmogorov–Smirnov normality test. Correlations were therefore conducted using the non-parametric Spearman's Rho correlation coefficient. Spearman's Rho correlations and multivariate linear regression models were conducted to determine the impact of the independent variables on depression and anxiety. Variables found to be significantly related to depression or anxiety were included in the final models, while also controlling for age, sex, and socioeconomic status.

TABLE 2 Correlations between continuous study variables.

Items	1	2	3	4	5	6	7	8	9	10
Fibre	—									
Total sugar	0.11	—								
Protein	−0.22*	−0.45**	—							
Total Energy	−0.2*	−0.11	−0.11	—						
SSB	−0.36***	−0.01	0.08	0.19*	—					
Alcohol	−0.09	−0.2*	0.04	−0.09	−0.13	—				
Caffeine	0.08	0.21*	−0.17	0.09	−0.09	0.24**	—			
BMI	−0.07	−0.2*	0.06	0.08	0.13	0.09	−0.08	—		
Age	0.17	−0.03	−0.06	−0.11	−0.18*	0.32***	0.27**	0.23**	—	
Early life experiences	−0.12	0.03	−0.12	0.13	−0.01	−0.04	0.02	−0.04	−0.05	—
Depression	−0.07	−0.02	−0.13	−0.1	0.18*	−0.13	−0.18*	0	−0.18*	0.39
Anxiety	−0.22*	−0.01	−0.11	0.04	0.2*	−0.08	−0.28***	−0.1	−0.27**	0.36

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

2.7 Ethical statement

The study protocol was approved by the Queensland University of Technology Human Research Ethics Committee (Ethics ID: 5872). All participants provided written, informed consent prior to taking part in the study.

3. Results

3.1 Participant characteristics

Over half of the respondents reported high levels of negative early life experiences (see Table 1). When combined, 40 (31%) respondents experienced moderate or severe anxiety and/or depression. The majority of participants (74.4%) reported that they had consumed their usual daily amount of food the day they entered their dietary data, and a small amount reported to have eaten less (15.5%) or more (10.1%) than usual. The majority of respondents (75.2%) consumed less than the recommended 2.8% of total energy as fibre, and 78.3% consumed more than 10% of their total daily energy as sugar. Recommended daily protein is around 10 to 35% of daily energy (49). Only 9.3% of respondents consumed less than these daily protein recommendations, and one consumed more than 35% of total energy as protein. Only 4.7% of respondents consumed more than the recommended maximum amount of 400 mg per day of caffeine (50). For alcohol, 20.8% of respondents had not consumed alcohol in the past week, and 9.2% had consumed more than the recommended maximum amount of 10 drinks per week (51). Of the 85.3% of respondents who reported consuming sugar-sweetened beverages, 48.1% drank at least weekly, and 12.4% drank 7 or more cups per week.

3.2 Correlations

Sugar-sweetened beverage consumption per week was significantly positively associated with both depression and anxiety (see Table 2). Fibre and caffeine intake were both negatively associated with anxiety. In addition, drinking more SSBs was associated with consuming less fibre. Depression and anxiety scores were lower with increasing age. Older participants also appeared to drink fewer SSB, but more alcohol and caffeine.

3.3 Linear regression models

Bivariate linear regression analyses were conducted to determine which covariates were significantly related to depression or anxiety (see Tables 3, 4). Significant variables were entered into the final linear regression models with gender, age, and income. Tables 3, 4 present unstandardised beta coefficients. These describe the change in the dependent variable (depression or anxiety) for every 1 unit increase in an independent continuous variable, or when compared with the reference category in a categorical variable. Experiencing adverse early life experiences was associated with higher depression and anxiety. Higher incomes were associated with lower depression and anxiety. A U-shaped curve was observed in caffeine intake, with moderate doses of caffeine (100-300 mg) associated with significantly lower depression and anxiety. Consumption of at least seven cups of SSBs per week was associated with higher depression, but not anxiety. Fibre intake was seen to be inversely associated with anxiety but showed no relationship to depression. This aligns with Lu's (2024) finding that dietary fibre's fermentation products (short-chain fatty acids) enhance gut barrier function and inhibit pro-inflammatory cytokine release, while B vitamins (e.g., folate) in high-fibre foods may further synergistically regulate homocysteine metabolism—explaining the specific association between fibre and anxiety rather than depression (Lu, 2024). Age was also inversely associated with anxiety only.

After inclusion in the multivariable model, adverse early life experiences were still associated with higher depression (see Table 2). Earning over \$110,000 and moderate caffeine consumption remained inversely associated with depression. Drinking 7 or more SSBs per week was associated with an almost 5-point increase in depression scores. Lu (2024) noted that excessive sugar intake (e.g., high-fructose corn syrup in SSBs) may disrupt dopamine reward pathways and increase hippocampal oxidative stress, which are key pathological mechanisms of depression—supporting

the current study's observation of SSBs' detrimental effect on mood (Lu, 2024). Gender became significant, and being female was now also associated with higher depression scores.

When controlling for other variables, adverse early life experiences were still associated with higher anxiety. Being female also became significantly associated with higher anxiety in the multivariable model. Fibre remained significantly inversely associated with anxiety. However, the relationship between caffeine consumption and anxiety was no longer evident and age was no longer associated with any outcome.

TABLE 3 Bivariate and multivariable linear regression models to investigate correlates of depression.

Items	Bivariate linear regression		Multivariable model	
	β (95% CI)	<i>p</i> -value	β (95% CI)	<i>p</i> -value
Early life experiences				
Under 33	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
33 and over	5.730 (3.023, 8.436)	<0.001	4.695 (2.093, 7.298)	<0.001
Age	-0.083 (-0.183, 0.018)	0.105	-0.028 (-0.124, 0.068)	0.567
Gender				
Male	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
Female	2.739 (-0.441, 5.919)	0.091	3.692 (0.774, 6.610)	0.014
Income				
Less than \$50, 000	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
\$50, 100 to \$110, 000	-1.793 (-5.677, 2.090)	0.363	-1.482 (-5.159, 2.196)	0.626
Over \$110, 000	-5.176 (-8.459, -1.892)	0.002	-4.138 (-7.207, -1.069)	0.009
Sugar-sweetened beverages consumed per week (250 mL cups)				
Less than 7 cups per week	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
7 cups or more per week	3.266 (0.432, 6.101)	0.024	4.827 (0.954, 8.700)	0.015
Caffeine				
Less than 100 mg	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
100-300 mg	-3.914 (-7.008, -0.819)	0.014	-4.099 (-7.049, -1.150)	0.007
Over 300 mg	-1.571 (-6.261, 3.119)	0.509	-1.507 (-5.727, 2.713)	0.481
Fibre	-1.067 (-2.616, 0.481)	0.175		
Total sugar	0.000 (-0.193, 0.193)	0.998		

Protein	−0.135 (−0.352, 0.082)	0.221		
Alcohol				
Less than 1 standard drink per week	1.0 (Ref)	(Ref)		
1 or more standard drinks per week	−2.603 (−5.525, 0.320)	0.080		
Body mass index	0.101 (−0.208, 0.410)	0.520		

β , Unstandardised beta coefficient; CI, Confidence Interval; Ref, Reference category.

4. Discussion

The study aimed to identify the impact of select macronutrients and dietary components on anxiety and depression in a sample of healthy adults. Importantly, the analyses examined the effects of these variables when considered together within the same model, and after controlling for important demographic characteristics. Participants reported relatively high rates of moderate and severe anxiety (24.9%) and depression (22.5%) compared to Australian population estimates of anxiety (17%) (52) or global estimates of anxiety (4%) (53) and depression (5%) (54). Consumption of food types was similar to that observed in recent Australian population data. However, there were far fewer participants considered to be consuming alcohol at a high-risk level compared to Australian population estimates.

SSBs, dietary fibre, and caffeine were the only dietary components associated with mood. Drinking seven or more cups of SSBs per week was associated with an almost five times higher risk of depression. This relationship has also been identified in several previous observational studies (55–57). The present study also supports previous literature that has identified relationships between fibre and anxiety (24), finding that anxiety scores decreased by 2.3 for every additional percentage of energy consumed as fibre. The study found no association between fibre consumption and depression. This could potentially be due to the role of physical activity, which has been linked to reductions in depression, as well as improvements in gut microbial diversity (58–60). It is also important to note that dietary information was only captured for one 24-h time period for each participant. Approximately 25% of the current sample reported consuming more or less than their normal diet on this single-day snapshot, though by how much their diet differed is unknown. Since the study utilised a cross-sectional design, directionality of effect cannot be established, and the chance of reverse causality must be acknowledged. There is some evidence that the presence of depression or anxiety can impact dietary behaviours, leading to increased consumption of unhealthy foods and reduced consumption of healthy foods (61, 62). Low mood has also been seen to impact motivation and activity levels, leading to reduced physical activity and further exacerbating poor mental health (63, 64).

No association was found between total dietary sugars, protein, or alcohol. This may be because the majority of the sample consumed a diet that was low in alcohol and caffeine, and high in protein and fibre. Few participants drank alcohol, and only a very small number drank at excessive levels. Participants also had a relatively healthy diet, high in fibre and protein. The relationships between protein and mental health could also be complicated by the source of the protein (animal or plant) (32, 33). The only potentially detrimental factor that was consumed excessively by the sample overall was sugar. Although no relationship between total dietary sugars and mood was found, this may be because a majority of added sugars are generally consumed as sugar-sweetened beverages. It has been recognised in prior research that the high-fructose corn syrups found in SSBs may be more detrimental to neurological function and mental health than other sugar types (8). Total sugars may include natural sources of sugar such as fruits and juices which may have different impacts on neurological function (11).

Caffeine consumption was associated with a reduction in depression at moderate levels. However, consumption of 300 mg or more (approximately three cups of coffee) showed a similar association to no caffeine (58–60). This conflicts with some prior research, associating caffeine consumption with increased anxiety and depression (38). A meta-analysis conducted by Wang and colleagues (37) identified an inverse relationship between coffee consumption and depression. However, their dose–response analysis of caffeine and depression identified a non-linear relationship, with significant reductions in depression risk at caffeine doses above 68 mg/day and

below 509 mg/day. These findings suggest that other components within coffee may influence the effect of caffeine on mood. Individual physical or psychiatric factors are also likely to have an impact on the relationship between caffeine and anxiety or depression. The current study found that consuming more than 300 mg of caffeine per day was associated with increases in anxiety. A meta-analysis of caffeine and anxiety studies found that those with panic disorder were more vulnerable to caffeine-induced anxiety and panic attacks compared to healthy controls (65). The potential for reverse causality must also be considered here. Increases in depression or anxiety may lead to an increase or decrease in the amount of coffee an individual consumes. Smoking is also known to increase caffeine metabolism, which can reduce its efficacy and lead to increased caffeine consumption (66). Further research should investigate whether small amounts of caffeine may be beneficial for anxiety and/or depression while controlling for potential confounding factors such as psychiatric health and smoking status. Depression and anxiety are considered significant public health concerns that pose a substantial social and economic burden on individuals, families, and health systems (67). The global burden of depression and anxiety has risen considerably over the past three decades and has been further exacerbated by the COVID-19 pandemic (67–69). These conditions can impact physical health and are associated with worse subjective quality of life and a significantly higher risk of suicide (70, 71). An extensive body of research has identified associations between diet quality and mental health (72). Further investigation into the directionality and mechanisms of these relationships could provide cheaper, more accessible, non-invasive, and safer alternatives to pharmaceutical and psychiatric treatments. This information is imperative to advise on policies such as taxation on SSBs and other processed foods, and to inform regulations regarding food formulations to limit the amounts of harmful dietary components (such as added sugars, sodium, and saturated fats), which could improve population physical and mental health.

TABLE 4 Bivariate and multivariable linear regression models to investigate correlates of anxiety.

Items	Bivariate linear regression		Multivariable model	
	β (95% CI)	<i>p</i> -value	β (95% CI)	<i>p</i> -value
Early life experiences				
Under 33	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
33 and over	5.561 (2.727, 8.396)	<0.001	4.008 (1.290, 6.726)	0.004
Age	−0.156 (−0.257, −0.054)	0.003	−0.072 (−0.174, 0.030)	0.162
Gender				
Male	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
Female	1.369 (−1.962, 4.699)	0.418	3.166 (0.077, 6.254)	0.045
Income				
Less than \$50, 000	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
\$50, 100 to \$110, 000	−2.953 (−7.026, 1.119)	0.154	−2.494 (−6.385, 1.398)	0.207
Over \$110, 000	−4.850 (−8.293, −1.406)	0.006	−4.133 (−7.429, −0.836)	0.014
Caffeine				
Less than 100 mg	1.0 (Ref)	(Ref)	1.0 (Ref)	(Ref)
100-300 mg	−3.503 (−6.723, −0.283)	0.033	−2.204 (−5.323, 0.915)	0.164
Over 300 mg	−3.774 (−8.654, 1.106)	0.128	−3.513 (−7.975, 0.950)	0.122
Fibre	−2.410 (−3.973, −0.847)	0.003	−2.306 (−3.791, −0.820)	0.003
Sugar-sweetened beverages consumed per week (250 mL cups)				
Less than 7 cups per week	1.0 (Ref)	(Ref)		
7 cups or more per week	4.073 (−0.414, 8.561)	0.075		
Total sugar	0.009 (−0.191, 0.209)	0.929		
Protein	−0.084 (−0.310, 0.142)	0.465		
Alcohol				
Less than 1 standard drink per week	1.0 (Ref)	(Ref)		
1 or more standard drinks per week	−1.654 (−4.739, 1.431)	0.291		
Body mass index	−0.070 (−0.391, 0.251)	0.666		

β , Unstandardised beta coefficient; CI, Confidence Interval; Ref, Reference category.

5. Strengths and limitations

The study has a number of notable strengths as compared to previous similar studies. In particular, the analyses controlled for demographics such as age, sex, and socioeconomic status. In addition, the study design included several dietary components to identify individual beneficial or detrimental impacts on mood. However, it did not collect in-depth data on physical activity, which has also been linked to mood (58–60). Furthermore, a sample size calculation was conducted showing that the study was adequately powered. Notably, the final sample was highly educated relative to the general population. Hence, a larger and more diverse sample would have improved the generalisability of the findings. The inclusion of additional macronutrient components would also have allowed for comparisons of impact and to control for potentially confounding dietary and lifestyle behaviours.

As the study was cross-sectional in design, directionality of impact could not be determined. Another limitation was the method used to capture dietary data. The food diary was completed only once over a 24-h period. Food consumed on that particular day may not have been reflective of participants' regular daily consumption. However, most participants indicated that their reported intake was similar to their usual daily intake. Although this method is common in diet-related studies (73), it is reliant on participant memory, and understanding of portion sizes may differ between respondents even when detailed instructions are provided. An average of multiple food frequency questionnaires completed over successive days would be a preferable way to capture this data. Another strategy proposed for dietary data collection is ecological momentary assessment (EMA); a method of repeated, real-time sampling (74).

Previous studies have identified differences between men and women regarding the impact of fibre (25, 26) and sugar (55) on mental health. Considering the higher rates of mental illness in women, an improved understanding of the mechanisms of the sex-specific impacts of diet would be valuable and may support more individualised approaches to mental health treatment. Unfortunately, the present study sample included too few males to undertake a stratified regression analysis to robustly investigate any differences between males and females in terms of the impacts of dietary components on depression or anxiety.

6. Conclusion

Results from the study support the notion that high-fructose corn syrup may be detrimental to mental health. Given the global popularity of sugar-sweetened beverages that contain high levels of high-fructose corn syrup, investigating the impact of sugar-sweetened beverages on mental and physical health in order to inform policy around food and beverage regulation should be a national priority. The findings also support previous studies that identified an inverse association between dietary fibre and anxiety. A U-shaped curve for caffeine indicates that a moderate amount of caffeine may be beneficial for mental health, while exceeding a specific threshold may lead to increased anxiety and/or depression.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors upon reasonable request.

Ethics statement

The studies involving humans were approved by Queensland University of Technology Human Research Ethics Committee. The studies were conducted in accordance with the local legislation

and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

KG: Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Visualization, Writing – original draft. EK: Methodology, Supervision, Writing – review & editing. MW: Methodology, Supervision, Writing – review & editing. SB: Methodology, Supervision, Writing – review & editing.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

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References

1. Yang X, Fang Y, Chen H, Zhang T, Yin X, Man J, et al. Global, regional and national burden of anxiety disorders from 1990 to 2019: results from the global burden of disease study 2019. *Epidemiol Psychiatr Sci.* (2021) 30:e36. doi: 10.1017/ S2045796021000275
2. Moreno-Agostino D, Wu Y-T, Daskalopoulou C, Hasan MT, Huisman M, Prina M. Global trends in the prevalence and incidence of depression: a systematic review and meta-analysis. *J Affect Disord.* (2021) 281:235–43. doi: 10.1016/j.jad.2020.12.035
3. Santomauro DF, Mantilla Herrera AM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *Lancet.* (2021) 398:1700–12. doi: 10.1016/S0140-6736(21)02143-7
4. Weinberger AH, Gbedemah M, Martinez AM, Nash D, Galea S, Goodwin RD. Trends in depression prevalence in the USA from 2005 to 2015: widening disparities in vulnerable groups. *Psychol Med.* (2018) 48:1308–15. doi: 10.1017/ S0033291717002781
5. Ventriglio A, Sancassiani F, Contu MP, Latorre M, Di Salvatore M, Fornaro M, et al. Mediterranean diet and its benefits on health and mental health: a literature review. *Clin Pract Epidemiol Ment. Health.* (2020) 16:156–64. doi: 10.2174/ 1745017902016010156
6. Parletta N, Zarnowiecki D, Cho J, Wilson A, Bogomolova S, Villani A, et al. A Mediterranean-

style dietary intervention supplemented with fish oil improves diet quality and mental health in people with depression: a randomized controlled trial (HELFIMED). *Nutr Neurosci.* (2019) 22:474–87. doi: 10.1080/1028415X.2017.1411320

7. Clemente-Suárez VJ, Beltrán-Velasco AI, Redondo-Flórez L, Martín-Rodríguez A, Tornero-Aguilera JF. Global impacts of western diet and its effects on metabolism and health: a narrative review. *Nutrients.* (2023) 15:2749. doi: 10.3390/nu15122749

8. Gillespie KM, Kems E, White MJ, Bartlett SE. The impact of free sugar on human health-a narrative review. *Nutrients.* (2023) 15:889. doi: 10.3390/nu15040889

9. Adolph TE, Tilg H. Western diets and chronic diseases. *Nat Med.* (2024) 30:2133–47. doi: 10.1038/s41591-024-03165-6

10. Noble EE, Hsu TM, Liang J, Kanoski SE. Early-life sugar consumption has long-term negative effects on memory function in male rats. *Nutr Neurosci.* (2019) 22:273–83. doi: 10.1080/1028415x.2017.1378851

11. Gillespie KM, White MJ, Kems E, Moore H, Dymond A, Bartlett SE. The impact of free and added sugars on cognitive function: a systematic review and meta-analysis. *Nutrients.* (2023) 16:75. doi: 10.3390/nu16010075

12. Beecher K, Alvarez Cooper I, Wang J, Walters SB, Chehrehasa F, Bartlett SE, et al. Long-term overconsumption of sugar starting at adolescence produces persistent hyperactivity and neurocognitive deficits in adulthood. *Front Neurosci.* (2021) 15:15. doi: 10.3389/fnins.2021.670430

13. Shi Z, Taylor AW, Wittert G, Goldney R, Gill TK. Soft drink consumption and mental health problems among adults in Australia. *Public Health Nutr.* (2010) 13:1073–9. doi: 10.1017/s1368980009993132

14. Yu B, He H, Zhang Q, Wu H, Du H, Liu L, et al. Soft drink consumption is associated with depressive symptoms among adults in China. *J Affect Disord.* (2015) 172:422–7. doi: 10.1016/j.jad.2014.10.026

15. Kim J, Hong C, Lee G. Association between sugar-sweetened beverage consumption and depression and suicidal ideation among Korean adults: a cross-sectional study from the 2014 and 2016 Korean National Health and nutrition examination survey (KNHANES). *Nutr Res Pract.* (2021) 16:194–204. doi: 10.4162/nrp. 2022.16.2.194

16. Aucoin M, LaChance L, Naidoo U, Remy D, Shekdar T, Sayar N, et al. Diet and anxiety: a scoping review. *Nutrients.* (2021) 13:4418. doi: 10.3390/nu13124418

17. World Health Organisation. Guideline: Sugars intake for adults and children. Geneva: World Health Organisation. (2015).

18. Australian Institute of Health and Welfare [AIHW]. Diet Canberra: AIHW; (2024) Available online at: https://www.aihw.gov.au/reports/food-nutrition/diet#grains_meat_dairy (Accessed November 12, 2024).

19. Nogal A, Valdes AM, Menni C. The role of short-chain fatty acids in the interplay between gut microbiota and diet in cardio-metabolic health. *Gut Microbes.* (2021) 13:1–24. doi: 10.1080/19490976.2021.1897212

20. Chen L, Liu B, Ren L, Du H, Fei C, Qian C, et al. High-fiber diet ameliorates gut microbiota,

serum metabolism and emotional mood in type 2 diabetes patients. *Front Cell Infect Microbiol.* (2023) 13:13. doi: 10.3389/fcimb.2023.1069954

21. Ioniță-Mîndrican CB, Ziani K, Mititelu M, Oprea E, Neacșu SM, Moroșan E, et al. Therapeutic benefits and dietary restrictions of fiber intake: a state of the art review. *Nutrients.* (2022) 14:2641. doi: 10.3390/nu14132641

22. Dahl WJ, Stewart ML. Position of the academy of nutrition and dietetics: health implications of dietary fiber. *J Acad Nutr Diet.* (2015) 115:1861–70. doi: 10.1016/j.jand.2015.09.003

23. Fayet-Moore F, Cassettari T, Tuck K, McConnell A, Petocz P. Dietary fibre intake in Australia. Paper I: associations with demographic, socio-economic, and anthropometric factors. *Nutrients.* (2018) 10:599. doi: 10.3390/nu10050599

24. Gibson-Smith D, Bot M, Brouwer IA, Visser M, Giltay EJ, Penninx BWJH. Association of food groups with depression and anxiety disorders. *Eur J Nutr.* (2020) 59:767–78. doi: 10.1007/s00394-019-01943-4

25. Saghafian F, Sharif N, Saneei P, Keshteli AH, Hosseinzadeh-Attar MJ, Afshar H, et al. Consumption of dietary fiber in relation to psychological disorders in adults. *Front. Psychiatry.* (2021) 12:12. doi: 10.3389/fpsyt.2021.587468

26. Aslam H, Lotfaliany M, So D, Berding K, Berk M, Rocks T, et al. Fiber intake and fiber intervention in depression and anxiety: a systematic review and meta-analysis of observational studies and randomized controlled trials. *Nutr Rev.* (2023) 82:1678–95. doi: 10.1093/nutrit/nuad143

27. Kim C-S, Byeon S, Shin D-M. Sources of dietary fiber are differently associated with prevalence of depression. *Nutrients.* (2020) 12:2813. doi: 10.3390/nu12092813

28. Andreoli V, Bagliani M, Corsi A, Frontuto V. Drivers of protein consumption: a cross-country analysis. *Sustain For.* (2021) 13:7399. doi: 10.3390/su13137399

29. Li Y, Zhang C, Li S, Zhang D. Association between dietary protein intake and the risk of depressive symptoms in adults. *Br J Nutr.* (2020) 123:1290–301. doi: 10.1017/S0007114520000562

30. Forootani B, Sasanfar B, Salehi-Abargouei A, Mirzaei M. The association between plant and animal protein intake with depression, anxiety, and stress. *Nutr Neurosci.* 28:370–83. doi: 10.1080/1028415X.2024.2372194

31. Wolfe AR, Arroyo C, Tedders SH, Li Y, Dai Q, Zhang J. Dietary protein and protein-rich food in relation to severely depressed mood: a 10year follow-up of a national cohort. *Prog Neuro-Psychopharmacol Biol Psychiatry.* (2011) 35:232–8. doi: 10.1016/j.pnpbp.2010.11.011

32. D’Cunha NM, Foscolou A, Tyrovolas S, Chrysoshoou C, Rallidis L, Polychronopoulos E, et al. The association between protein consumption from animal and plant sources with psychological distress in older people in the Mediterranean region. *Nutr Healthy Aging.* (2020) 5:273–85. doi: 10.3233/NHA-190079

33. Sheikhi A, Siassi F, Djazayery A, Guilani B, Azadbakht L. Plant and animal protein intake and its association with depression, anxiety, and stress among Iranian women. *BMC Public Health.* (2023) 23:161. doi: 10.1186/s12889-023-15100-4

34. Boschloo L, Vogelzangs N, Smit JH, van den Brink W, Veltman DJ, Beekman ATF, et al.

Comorbidity and risk indicators for alcohol use disorders among persons with anxiety and/or depressive disorders: findings from the Netherlands study of depression and anxiety (NESDA). *J Affect Disord.* (2011) 131:233–42. doi: 10.1016/j.jad.2010.12.014

35. Australian Institute of Health and Welfare [AIHW]. Alcohol, tobacco & other drugs in Australia Canberra AIHW; (2025). Available online at: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol>

36. Gea A, Beunza JJ, Estruch R, Sánchez-Villegas A, Salas-Salvadó J, Buil-Cosiales P, et al. Alcohol intake, wine consumption and the development of depression: the PREDIMED study. *BMC Med.* (2013) 11:192. doi: 10.1186/1741-7015-11-192

37. Wang L, Shen X, Wu Y, Zhang D. Coffee and caffeine consumption and depression: a meta-analysis of observational studies. *Aust N Z J Psychiatry.* (2016) 50:228–42. doi: 10.1177/0004867415603131

38. Jin MJ, Yoon CH, Ko HJ, Kim HM, Kim AS, Moon HN, et al. The relationship of caffeine intake with depression, anxiety, stress, and sleep in Korean adolescents. *Korean J Fam Med.* (2016) 37:111–6. doi: 10.4082/kjfm.2016.37.2.111

39. Makki NM, Alharbi ST, Alharbi AM, Alsharif AS, Aljabri AM. Caffeine consumption and depression, anxiety, and stress levels among university students in medina: a cross-sectional study. *Cureus.* (2023) 15:e48018. doi: 10.7759/cureus.48018

40. Paz-Graniel I, Kose J, Babio N, Hercberg S, Galan P, Touvier M, et al. Caffeine intake and its sex-specific association with general anxiety: a cross-sectional analysis among general population adults. *Nutrients.* (2022) 14:1242. doi: 10.3390/nu14061242

41. Lucas M, Mirzaei F, Pan A, Okereke OI, Willett WC, O'Reilly ÉJ, et al. Coffee, caffeine, and risk of depression among women. *Arch Intern Med.* (2011) 171:1571–8. doi: 10.1001/archinternmed.2011.393

42. Pei-Min Lu. (2024). Potential Benefits of Specific Nutrients in the Management of Depression and Anxiety Disorders. *Advanced Medical Research*, 3(1), 1–10. <https://doi.org/10.62836/amr.v3i1.283>

43. Australian Bureau of Statistics (ABS). Australian health survey: Nutrition first results - foods and nutrients Canberra: ABS; (2014). Available online at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>

44. Sánchez-Villegas A, Verberne L, De Irala J, Ruíz-Canela M, Toledo E, Serra-Majem L, et al. Dietary fat intake and the risk of depression: the SUN project. *PLoS One.* (2011) 6:e16268. doi: 10.1371/journal.pone.0016268

45. Pilkonis PA, Choi SW, Reise SP, Stover AM, Riley WT, Cella D. Item banks for measuring emotional distress from the patient-reported outcomes measurement information system (PROMIS®): depression, anxiety, and anger. *Assessment.* (2011) 18:263–83. doi: 10.1177/1073191111411667

46. Hadlandsmayth K, Dindo LN, St. Marie BJ, Wajid R, Embree JL, Noiseux NO, et al. Patient-reported outcomes measurement information system (PROMIS) instruments: reliability and validity in veterans following orthopedic surgery. *Eval Health Prof.* (2020) 43:207–12. doi: 10.1177/0163278719856406

47. Kirkpatrick SI, Subar AF, Douglass D, Zimmerman TP, Thompson FE, Kahle LL, et al. Performance of the automated self-administered 24-hour recall relative to a measure of true intakes and to an interviewer-administered 24-h recall. *Am J Clin Nutr.* (2014) 100:233–40. doi: 10.3945/ajcn.114.083238
48. Gilbert P, Cheung MS-P, Grandfield T, Campey F, Irons C. Recall of threat and submissiveness in childhood: development of a new scale and its relationship with depression, social comparison and shame. *Clin Psychol Psychother.* (2003) 10:108–15. doi: 10.1002/cpp.359
49. Leon-Palacios MG, Garrido-Fernandez M, Senin-Calderon C, Perona- Garcelan S, Gilbert P, Rodriguez-Testal JF. Evaluation of early life experiences: the ELES scale and its clinical use. *Ann Psychol.* (2019) 35:105–203. doi: 10.6018/analesps. 35.2.304501
50. Trumbo P, Schlicker S, Yates AA, Poos M. Dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein and amino acids. *J Am Diet Assoc.* (2002) 102:1621–30. doi: 10.1016/S0002-8223(02)90346-9
51. Temple JL, Bernard C, Lipshultz SE, Czachor JD, Westphal JA, Mestre MA. The safety of ingested caffeine: a comprehensive review. *Front Psych.* (2017) 8:80. doi: 10.3389/fpsy.2017.00080
52. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC. (2020).
53. Australian Institute of Health and Welfare. Prevalence and impact of mental illness; AIHW (2024) Available online at: <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness> (Accessed November 18, 2024).
54. World Health Organization. Anxiety disorders: World Health Organization; (2023) Available online at: <https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders> (Accessed November 18, 2024).
55. World Health Organization. Depressive disorder (depression) (2023) Available online at: <https://www.who.int/news-room/fact-sheets/detail/depression> (Accessed November 18, 2024).
56. Xiong J, Wang L, Huang H, Xiong S, Zhang S, Fu Q, et al. Association of sugar consumption with risk of depression and anxiety: a systematic review and meta-analysis. *Front Nutr.* (2024) 11:11. doi: 10.3389/fnut.2024.1472612
57. Hu D, Cheng L, Jiang W. Sugar-sweetened beverages consumption and the risk of depression: a meta-analysis of observational studies. *J Affect Disord.* (2019) 245:348–55. doi: 10.1016/j.jad.2018.11.015
58. Park SK, Chung Y, Chang Y, Oh C-M, Ryoo J-H, Jung JY. Longitudinal analysis for the risk of depression according to the consumption of sugar-sweetened carbonated beverage in non-diabetic and diabetic population. *Sci Rep.* (2023) 13:12901. doi: 10.1038/s41598-023-40194-6
59. Yao M, Qu Y, Zheng Y, Guo H. The effect of exercise on depression and gut microbiota: possible mechanisms. *Brain Res Bull.* (2025) 220:111130. doi: 10.1016/j.brainresbull.2024.111130
60. Irandoust K. The impact of physical activity and nutrition on cognitive health and quality of life among the elderly. *Int J Body Mind Cult.* (2024) 11:245–57. doi: 10.22122/ijbmc.v11i4.763
61. Taheri M, Esmaeili A, Irandoust K, Mirmoezzi M, Souissi A, Laher I, et al. Mental health, eating habits and physical activity levels of elite Iranian athletes during the COVID-19 pandemic.

Sci Sports. (2023) 38:527–33. doi: 10.1016/j.scispo.2023.01.002

62. Hill D, Mark C, Faye C, Rachael M, Sarah W, Matt B, et al. Stress and eating behaviours in healthy adults: a systematic review and meta-analysis. *Health Psychol Rev.* (2022) 16:280–304. doi: 10.1080/17437199.2021.1923406

63. Elstgeest LEM, Visser M, Penninx BWJH, Colpo M, Bandinelli S, Brouwer IA. Bidirectional associations between food groups and depressive symptoms: longitudinal findings from the Invecchiare in chianti (InCHIANTI) study. *Br J Nutr.* (2019) 121:439–50. doi: 10.1017/S0007114518003203

64. Berlin AA, Kop WJ, Deuster PA. Depressive mood symptoms and fatigue after exercise withdrawal: the potential role of decreased fitness. *Psychosom Med.* (2006) 68:224–30. doi: 10.1097/01.psy.0000204628.73273.23

65. Dubash S. The interplay of depression symptoms and physical activity: bidirectional insights from 25-years of the Americans' changing lives panel. *Ment Health Phys Act.* (2024) 26:100599. doi: 10.1016/j.mhpa.2024.100599

66. Klevebrant L, Frick A. Effects of caffeine on anxiety and panic attacks in patients with panic disorder: a systematic review and meta-analysis. *Gen Hosp Psychiatry.* (2022) 74:22–31. doi: 10.1016/j.genhosppsych.2021.11.005

67. Parsons WD, Neims AH. Effect of smoking on caffeine clearance. *Clin Pharmacol Ther.* (1978) 24:40–5. doi: 10.1002/cpt197824140

68. Australian Institute of Health and Welfare Burden of disease mental health summary. Canberra: AIHW; (2024). Available online at: <https://www.aihw.gov.au/mental-health/snapshots/burden-of-disease>.

69. Chen S, Huang W, Zhang M, Song Y, Zhao C, Sun H, et al. Dynamic changes and future trend predictions of the global burden of anxiety disorders: analysis of 204 countries and regions from 1990 to 2021 and the impact of the COVID-19 pandemic. *eClinicalMedicine.* (2025) 79:103014. doi: 10.1016/j.eclinm.2024.103014

70. Sun Q, Wei Y, Xie H, Lyu J, Zhou J, Li X, et al. The global, regional, and national late-life depression burden and trends from 1990 to 2021: a systematic analysis for the global burden of disease study 2021. *Arch Gerontol Geriatr.* (2025) 131:105758. doi: 10.1016/j.archger.2025.105758

71. Hohls JK, König H-H, Quirke E, Hajek A. Anxiety, depression and quality of life—a systematic review of evidence from longitudinal observational studies. *Int J Environ Res Public Health.* (2021) 18:12022. doi: 10.3390/ijerph182212022

72. Zhang J, Liu X, Fang L. Combined effects of depression and anxiety on suicide: a case-control psychological autopsy study in rural China. *Psychiatry Res.* (2019) 271:370–3. doi: 10.1016/j.psychres.2018.11.010

73. Firth J, Gangwisch JE, Borsini A, Wootton RE, Mayer EA. Food and mood: how do diet and nutrition affect mental wellbeing? *BMJ.* (2020) 369:m2382. doi: 10.1136/bmj.m2382

74. Vijay A, Mohan L, Taylor MA, Grove JJ, Valdes AM, Aithal GP, et al. The evaluation and use of a food frequency questionnaire among the population in Trivandrum, South Kerala, India. *Nutrients.* (2020) 12:383. doi: 10.3390/nu12020383

75. Maugeri A, Barchitta M. A systematic review of ecological momentary assessment of diet: implications and perspectives for nutritional epidemiology. *Nutrients*. (2019) 11:2696. doi: 10.3390/nu11112696

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