



NATURAL, EFFECTIVE AND ADJUVANT

## MENTAL STRENGTH & RESILIENCE PROGRAM

TO IMPROVE THE MENTAL HEALTH OF YOUR PATIENTS AND STRENGTHEN THE EFFECTIVENESS OF OTHER THERAPIES

- COMBINES URINARY MEASUREMENT OF 21 NEURO-BIOMARKERS TO ESTABLISH NUTRIENT DEFICIENCIES AND A PERSONALIZED NEURO-NUTRIENT PROGRAM
- NO SUPPLEMENTS – OUR NUTRITIONAL PROGRAMS ARE BASED ON NUTRIENTS FROM UNPROCESSED FOOD AVAILABLE IN MOST GROCERY SHOPS
- THERE IS NO EFFORT REQUIRED FROM YOU. HEALTHY-LONGER PROVIDES ALL REQUIRED LOGISTICS, CUSTOMER SUPPORT, AND NUTRITIONAL CONSULTATIONS
- REVENUE SHARING FOR EACH ORDER

# WHY NUTRITION?

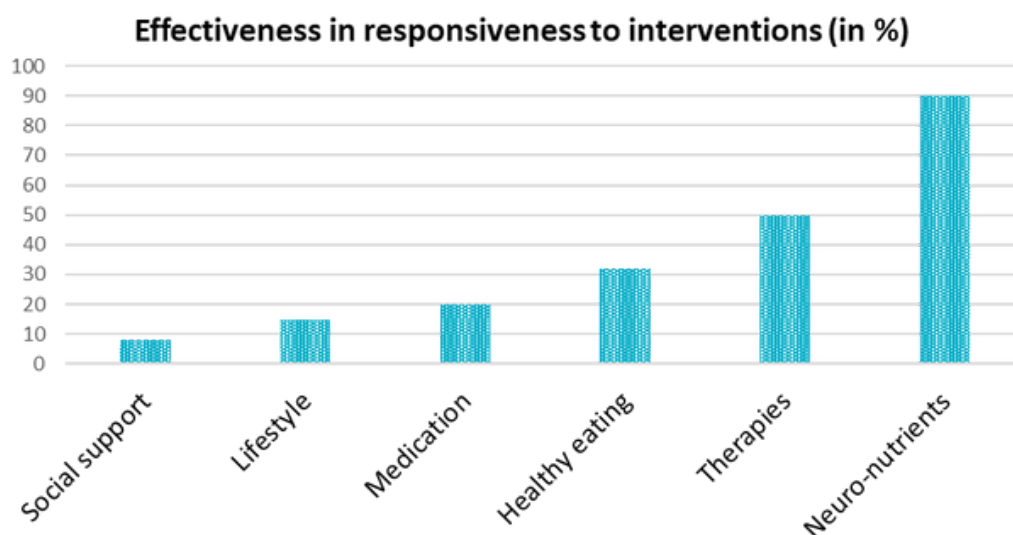
## NUTRITION IS A FOUNDATION FOR THE MENTAL STRENGTH AND RESILIENCE OF YOUR PATIENTS

Studies confirm that by 2030<sup>1</sup> more people will suffer from mental health issues, especially depression, than from any other disease. Already today, 10 to 20% of the population take anti-depressants, sleeping pills, or sedatives.<sup>2-5</sup> Absences from work to mention just one of the significant consequences of mental health problems are longer than for any other disease (an average of 43 sick days per case in Europe, 28 sick days in the US).<sup>6-7</sup>

At HEALTHY-LONGER, we support mental health specialists and nutritionists in building mental strength and resilience of their patients. By treating the root causes of deteriorating resilience and warning signs (susceptibility to stress, lower quality of sleep, cognitive functions, etc.) we can act before the poor mental health and its effects (illness, worsened performance and sick leave) occur. Several peer reviewed, scientifically published studies show 3 important findings:

- When we eat, we primarily feed our brain and nervous system (20-40% of nutrients and calories we consume).<sup>8-10</sup>
- In Europe and the US, we lack up to 60% of the nutrients that are important for mental health, even if we eat healthy.<sup>11</sup>
- Nutrition is an intervention with the highest effectiveness in improving our mental strength and resilience compared to any other treatment. Therefore, nutrition can be used as stand-alone intervention to lay the foundation of mental strength and resilience, or adjuvant to other interventions to increase their effectiveness.<sup>12-21</sup>

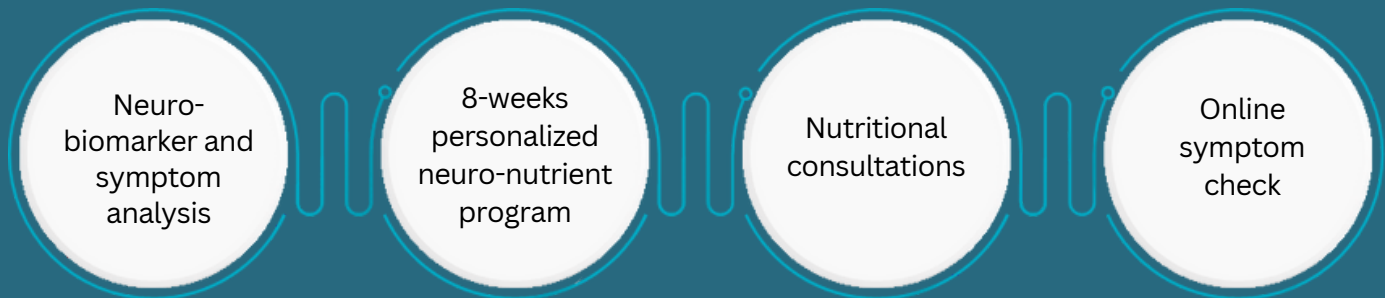
The chart below shows the effectiveness of nutritional programs in improving mental strength and resilience as a stand-alone or complementary measure to support other interventions: <sup>12-21</sup>



# OUR MENTAL STRENGTH & RESILIENCE PROGRAM

Combines the analysis of 21 neuro-biomarkers for nutrient deficiencies and a personalized neuro-nutrient program based on unprocessed food available in most grocery shops.

**The program is available at CHF 350.**



## PATIENT JOURNEY:

- 1 The patient confidentially orders the program online,
- 2 fills in our questionnaire regarding symptoms,
- 3 collects dried urine samples at home and sends them to our laboratory.

- 4 **Within two to three weeks the patient receives the following:**

- A comprehensive digital report (please see a sample report on [www.healthy-longer.com](http://www.healthy-longer.com)) with an analysis of the neuro-biomarkers and associated symptoms in 10 categories of mental strength and resilience (sleep, stress, burnout, anxiety, energy, appetite balance, self-regulation, low mood and depression, cognitive functions and neuroimmune system)
- An assessment of neuro-nutrient deficiencies
- An 8-week personalized, evidence-based, and easy to implement neuro-nutrient program
- Neuro-nutritional consultations
- An online symptom check to measure progress



**All data is anonymous and confidential.**

## PATIENT BENEFITS

- **Effective** improvement of mental strength and resilience
- **Preventive** - possibility to act before mental health deteriorates and its consequences occur (sick leaves, poorer performance etc.)
- **Easy to implement** and a higher success rate – requires additions to daily nutrition and not a complete lifestyle change
- **Available and affordable** - the program is based on inexpensive nutrients from unprocessed foods
- **All-natural**, with no potential for side effects
- **Anonymous** - all patient data is anonymous

## YOUR BENEFITS

- **Effectiveness enhancer** - increases the effectiveness of other therapies
- **Differentiation as healthcare provider** – many patients are interested in solutions that do not require or can reduce medications
- **Preventive** - opportunity to offer support before another therapy is needed
- **Sustainable** - creates awareness of the correlation between mental strength and resilience and nutrition
- **No stigma** – the patient does not become "a person with mental health issues". Instead, the program encourages patients to become mentally stronger and more resilient
- **Incentive-based** - includes a revenue sharing on each order

## NEXT STEPS

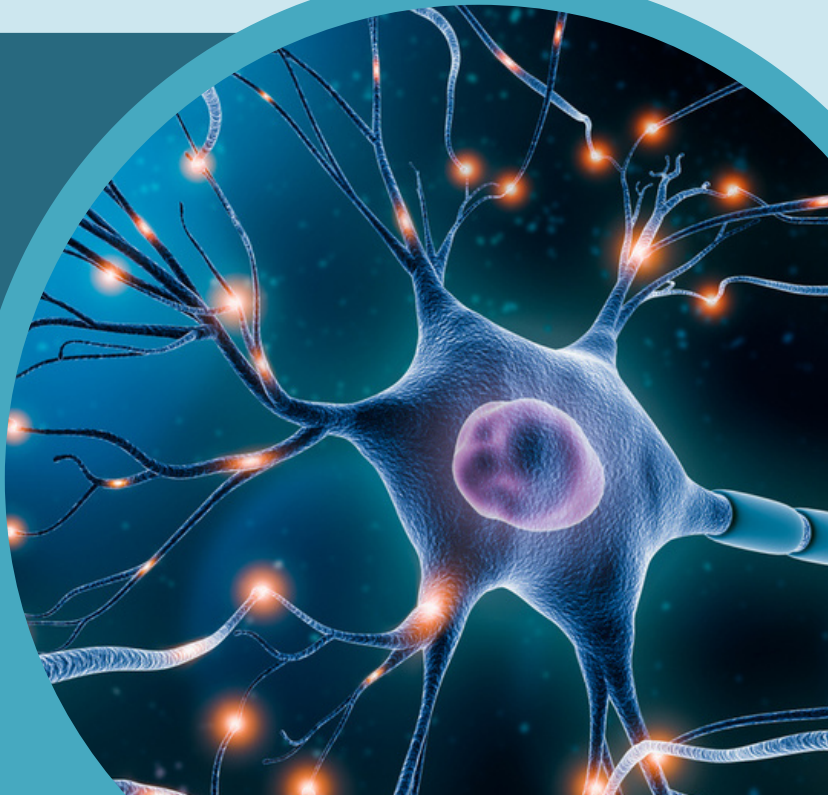
Would you like to hear more?

### Please contact us:

joanna.ledunger@healthy-longer.com  
roland.pfeuti@healthy-longer.com  
www.healthy-longer.com  
+41 44 320 30 00

### OR simply

- register as a partner on [www. healthy-longer.com](http://www.healthy-longer.com)
- receive a partner number that your patients use to order the “neuro-nutrient program”
- receive your revenue share each month





## REFERENCES:

1. WHO, Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx). (Accessed 1 May 2021). <http://ghdx.healthdata.org/gbd-results-tool?params=gbd-api-2019-permalink/d780dffbe8a381b25e1416884959e88b>
2. Wertli, M., Held, U., Signorell, A., Blozik, E., Burgstaller, J. (2020). Analyse der Entwicklung der Verschreibungspraxis von Schmerz- und Schlafmedikamenten zwischen 2013 und 2018 in der Schweiz. Universitätsspital Bern, Bern
3. Wertli, M., Reich, O., Signorell, A., Burgstaller, J.M., Steurer, J., Held, U. (2017). Changes over time in prescription practices of pain medications in Switzerland between 2006 and 2013: an analysis of insurance claims. BMC Health Services Research, 17(167)
4. Substance Abuse and Mental Health Services Administration. Behavioral Health, United States, 2012. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013
5. Moore TJ et al. (2017). Adult Utilization of Psychiatric Drugs and Differences by Sex, Age, and Race, JAMA Intern Med., 177(2):274-275
6. BKK Germany, Gesundheitsreport (2021). Arbeitsunfähigkeit – AU-Kennzahlen der beschäftigten Mitglieder für die zehnwichtigsten Diagnosen (Berichtsjahr 2020); p. 93
7. Kessler RC, PhD et al. (2006). The prevalence and effects of mood disorders on work performance in a nationally representative sample of US workers, Am J Psychiatry, 163(9): 1561–1568
8. Cunnane SC et al. (2020). Brain energy rescue: an emerging therapeutic concept for neurodegenerative disorders of ageing, Nat Rev Drug Discov., 19(9): 609–633
9. Goyal MS et al. (2018). Brain Nutrition: A Life Span Approach, Annual Review of Nutrition, Vol. 38:381-399
10. Bourre J-M (2004). The role of nutritional factors on the structure and function of the brain: an update on dietary requirements, Rev Neurol (Paris), 160(8-9):767-92
11. Mensink GBM et al. (2013). Mapping low intake of micronutrients across Europe, Br J Nutr., 110(4): 755–773
12. Bayes J et al. (2022). The effect of a Mediterranean diet on the symptoms of depression in young males (the "AMMEND: A Mediterranean Diet in MEN with Depression" study): a randomized controlled trial, Am J Clin Nutr, 116(2):572-580
13. Hoepner CT et al. (2021). Impact of Supplementation and Nutritional Interventions on Pathogenic Processes of Mood Disorders: A Review of the Evidence, Mar Nutrients, 13(3):767
14. Jacka FN et al. (2017). A randomized controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial), BMC Medicine, 15:23
15. George A Eby et al. (2006). Rapid recovery from major depression using magnesium treatment, Med Hypotheses, 67(2):362-70
16. Stahl ST, Ph.D. et al.. (2014) Coaching in Healthy Dietary Practices in At-Risk Older Adults - A Case of Indicated Depression Prevention, Am J Psychiatry, 171(5): 499–505
17. Mehren A et al. (2020). Physical exercise in attention deficit hyperactivity disorder – evidence and implications for the treatment of borderline personality disorder, Borderline Personal Disord Emot Dysregul., 7: 1
18. Soares E et al. (2012). Circulating Extracellular Vesicles: The Missing Link between Physical Exercise and Depression Management? Int J Mol Sci., 22(2): 542
19. Guerrera CS et al. (2020). Antidepressant Drugs and Physical Activity: A Possible Synergism in the Treatment of Major Depression? Front Psychol., 11: 857
20. Queirazza F et al. (2019). Neural correlates of weighted reward prediction error during reinforcement learning classify response to cognitive behavioral therapy in depression, Sci Adv, 5(7):eaav4962
21. Cuijpers P et al. (2016) How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence, World Psychiatry, 15(3): 245–258