Micronutrients and mental health: Exploring the link between nutrition and cognitive function.

Uzochukwu Opara*

Department of Public Health, Federal University of Technology, Nigeria

Introduction

In recent years, mental health disorders such as depression, anxiety, and cognitive decline have become leading contributors to the global burden of disease. While the causes of mental illness are multifactorial, a growing body of research suggests that micronutrient intake plays a significant role in supporting cognitive function and mental well-being. Micronutrients vitamins and minerals required in small quantities are essential for neurological development, neurotransmitter synthesis, and the regulation of inflammation and oxidative stress. Their deficiencies have been linked to impaired brain function and poor mental health outcomes across different age groups [1].

The brain is a metabolically active organ that relies on a steady supply of micronutrients to maintain structure and function. Nutrients such as B vitamins, vitamin D, iron, zinc, magnesium, and omega-3 fatty acids contribute to neurotransmitter synthesis (e.g., serotonin, dopamine), myelin formation, synaptic plasticity, and neuronal signaling. Deficiencies in these nutrients can disrupt these processes, leading to cognitive impairment and emotional instability [2].

The B-vitamin complex (especially B6, B9/folate, and B12) is critical for one-carbon metabolism and the synthesis of neurotransmitters. Folate and B12 are also involved in the regulation of homocysteine levels—elevated homocysteine is associated with cognitive decline and depression. Multiple studies have found that supplementation with B vitamins can improve mood and reduce symptoms of depression, particularly in older adults or those with low baseline levels [3].

Often called the "sunshine vitamin," vitamin D is now recognized for its role in brain development and immune modulation. Low levels of vitamin D have been linked to depression, seasonal affective disorder (SAD), and cognitive dysfunction. Vitamin D receptors are present in brain regions such as the hippocampus, which is involved in mood regulation and memory. Supplementation in deficient individuals may alleviate symptoms of depression, although findings vary depending on baseline status and dosage [4].

Iron is essential for oxygen transport and neurotransmitter metabolism. Iron deficiency, especially during childhood and adolescence, can impair attention, learning, and IQ. In adults, low iron levels are associated with fatigue, poor concentration, and depressive symptoms. In pregnant women, iron deficiency can have lasting effects on fetal brain development and later cognitive outcomes in children [5].

Zinc and magnesium are trace minerals involved in synaptic transmission and enzyme regulation. Zinc deficiency has been observed in individuals with depression, and supplementation has been shown to enhance the effects of antidepressants. Magnesium plays a role in stress regulation and NMDA receptor function; studies suggest that low magnesium levels correlate with increased anxiety and depressive behavior [6].

Although not classified as micronutrients, omega-3 fatty acids, particularly DHA (docosahexaenoic acid), are essential for brain development and mental health. Low levels of omega-3s have been linked to attention deficit hyperactivity disorder (ADHD), depression, and dementia. Meta-analyses indicate that supplementation can improve symptoms in major depressive disorder and support cognitive function in aging populations [7].

Populations at higher risk for micronutrient deficiencies including children, pregnant women, the elderly, and individuals with restrictive diets—are especially vulnerable to mental health issues. Socioeconomic status, food insecurity, and poor dietary habits exacerbate the risk of deficiencyrelated mental illness [8].

While the link between micronutrients and mental health is increasingly supported, supplementation alone is not a cure. Mental health is influenced by genetics, environment, trauma, and lifestyle factors such as sleep, exercise, and social support [9].

Nonetheless, ensuring adequate nutrient intake through diet or supplements should be part of a comprehensive approach to mental well-being. Addressing these disparities through nutrition education, food fortification, and targeted supplementation can have significant public health benefits [10].

Conclusion

Micronutrients are fundamental to mental health and cognitive performance. Deficiencies in B vitamins, vitamin D, iron, zinc, and magnesium can negatively affect mood, cognition, and neurological development. Ensuring adequate intake of these nutrients, especially among vulnerable populations, offers a valuable strategy in preventing and managing mental

*Correspondence to: Uzochukwu Opara, Department of Public Health, Federal University of Technology, Nigeria. E-mail: uzochukwu.opara@futo.edu.ng

Received: 03-Apr-2025, Manuscript No. AAJFSN-25-165449; **Editor assigned:** 04-Apr-2025, PreQC No. AAJFSN-25-165449(PQ); **Reviewed:** 17-Apr-2025, QC No AAJFSN-25-165449; **Revised:** 22-Apr-2025, Manuscript No. AAJFSN-25-165449(R); **Published:** 28-Apr-2025, DOI:10.35841/AAJFSN-8.2.288

Citation: Opara U. Micronutrients and mental health: Exploring the link between nutrition and cognitive function. J Food Sci Nutr. 2025; 8(2):288

health disorders. As research continues to evolve, integrating nutritional strategies into mental health care can lead to more effective and holistic outcomes.

References

- 1. Miller GD, Jarvis JK, McBean LD. The importance of meeting calcium needs with foods. J Am Coll Nutri. 2001;20(2):168S-85S.
- Ma J, Johns RA, Stafford RS. Americans are not meeting current calcium recommendations. Am J Clin Nut. 2007;85(5):1361-6.
- Marie PJ, Pettifor JM, Ross FP, et al. Histological osteomalacia due to dietary calcium deficiency in children. N Engl J Med. 1982;307(10):584-8.
- 4. Pettifor JM. Nutritional rickets: Deficiency of vitamin D, calcium, or both? Am J Clin Nutr. 2004;80(6):1725S-9S.
- 5. LeBlanc AD, Evans HJ, Johnson PC, et al. Changes in total body calcium balance with exercise in the rat. J Appl Physiol. 1983;55(1):201-4.

- 6. Ray NF, Chan JK, Thamer M, et al. Medical expenditures for the treatment of osteoporotic fractures in the United States in 1995: Report from the National Osteoporosis Foundation. J Bone Miner Res.1997;12(1):24-35.
- Malabanan AO, Holick MF. Vitamin D and bone health in postmenopausal women. J Women's Health. 2003;12(2):151-6.
- 8. Heaney RP. Calcium, dairy products and osteoporosis. J Am Coll Nutr. 2000;19(sup2):83S-99S.
- Rozen GS, Rennert G, Dodiuk-Gad RP, et al. Calcium supplementation provides an extended window of opportunity for bone mass accretion after menarche. Am J Clin Nutr. 2003;78(5):993-8.
- 10. Ho SC, Chen YM, Woo JL, et al. High habitual calcium intake attenuates bone loss in early postmenopausal Chinese women: An 18-month follow-up study. J Clin Endocrinol Metab. 2004;89(5):2166-70.

Citation: Opara U. Micronutrients and mental health: Exploring the link between nutrition and cognitive function. J Food Sci Nutr. 2025; 8(2):288