

## EVALUATION OF A DIETARY FAT RAPID ASSESSMENT METHOD (RAM)

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Recognition and awareness amongst the community that excessive quantities of dietary fat are associated with numerous chronic health problems (ie. heart disease, some cancers, obesity and diabetes) has resulted in the need for a quick and quantitative method to deliver effective nutrition information.

A dietary fat rapid assessment method (RAM) was designed to assess fat intake in an overall nutrition framework. Twenty health conscious subjects completed both the RAM and a three day dietary record following verbal and written instructions. Based on 18 subjects, the order in which the RAM and dietary records were completed did not influence reporting of fat intake on the RAM. Mean daily intake of fat ( $\pm$  SD) reported on the RAM was 44 ( $\pm$  13) g/day. This correlated with ( $r=0.40$ ,  $P=0.05$ ) and was not significantly different in magnitude from [ $t(17)=1.72$ ,  $P=0.10$ ] fat intake reported in dietary records. These findings are comparable to those reported by other studies (Block et al. 1989 and Heller et al. 1981).

The % energy from fat ( $\pm$  SD) estimated from the RAM was 18 % ( $\pm$  6). This did not correlate with ( $r=0.32$ ,  $P=0.09$ ) and was significantly different in magnitude from [ $t(17)=6.92$ ,  $P<0.001$ ] that reported in dietary records. The % energy from fat estimated from RAM has not been previously reported in the literature.

Nutrient analysis of dietary records showed that 19 to 54 year old women in this study were at risk of low level intakes of zinc and iron and that half the sample was regularly ingesting alcohol. Hence, an overall nutrition framework was considered necessary for the tool.

The brief quantitative nature of the RAM makes it difficult to account for all fat contributing foods. Potential problem areas include the increasing number of new products in supermarkets, cultural food preferences and composite foods. However, the nutrition education value of the RAM should not be underestimated. With continual refinement and adaption to meet the specific needs of different population groups, it provides a quick and simple assessment of dietary fat and empowers clients to make their own decisions about lower fat alternatives.

BLOCK, G., CLIFFORD, C., NAUGHTON, M.D., HENDERSON, M. and McADAMS, M. (1989). Journal of Nutrition Education 21:199.  
HELLER, R.F., PEDOE, H.D.T. and ROSE, G. (1981).  
Preventative Medicine 10:364.

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1983-72% of energy - to or less 15% of population.  
NAF from fat + milk & peanut butter

Notes