

Nutrition education in Victorian phase 2 cardiac rehabilitation programs: what is the effect of one session?

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Cardiac rehabilitation (CR) programs overall are of benefit to participants (1) but the effect of nutrition education (NE) in these programs is unclear.

Patients (n=159) attending phase 2 CR programs were divided into a hospital experimental (n=40) and comparison group (n=39) and a health centre experimental (n=40) and comparison group (n=40). Experimental groups were given a questionnaire focussing on dietary fat knowledge, attitudes and habits one week before a one-hour dietary fat NE session and the same questionnaire one week afterwards. Comparison groups were given questionnaires two weeks apart with no intervening NE. Pre-test mean scores for dietary fat habits for the experimental and comparison groups were significantly better than those of a community survey ($t = -9.354$, $P < 0.001$, $t = -9.475$, $P < 0.001$ respectively (2)). Pre-test scores between groups were not significantly different. No group showed a significant change in attitude. Both hospital groups significantly improved in knowledge ($t = -3.6$, $P < .01$, $t = -3.8$, $P < .01$) and habits ($t = 2.9$, $P < .01$, $t = 2.7$, $P < .05$) but there were no significant differences in improvements between the groups. The health centre comparison group significantly improved in knowledge ($t = -4.1$, $P < 0.001$) and habits ($t = 3.7$, $P < 0.01$) but the experimental group, who were significantly older, did not ($t = -8$, $P < 0.001$).

CR patients (n=119) were also surveyed by questionnaire to assess NE satisfaction. Respondents were mostly male (82%), aged from 36 to 82 years (mean 63, SD 11) More than eighty-five percent found NE relevant to their needs, understandable, interesting and well presented, providing clear explanations of foods to eat or avoid, satisfactory answers to questions, increased confidence and good ideas on how to alter diets. About a quarter said there was too much information given and that they were confused about what to eat. Patients would have liked more information on eating out (27%), weight loss (24%) and recipes (20%). About half (54%) found the lecture material most useful, followed by group discussion (40%), written handouts (37%), overhead transparencies (36%) and food product displays (34%). Most (93%) were satisfied with the NE session overall.

This survey suggests that, although most patients seem satisfied with NE, one hour of NE appears insufficient to cause short-term changes in CR patients' nutrition knowledge, attitudes or dietary habits.

1. Hedback B, Perk J, Wodlin P. Long-term reduction of cardiac mortality after myocardial infarction: 10-year results of a comprehensive rehabilitation programme. *Eur Heart J* 1993;14(6):831-5
2. Dobson, A, Blijlevens, R, Alexander, H, Croce, N, Heller, R, Higginbotham, N, Pike, G, Plotnikoff, R., Russell, R, Walker, R. Short fat questionnaire: a self-administered measure of fat-intake behaviour. *Aust J of Pub Health* 1993;17(2):144-9. Correction: *Aust J of Pub Health* 1993;17(4):387.