

Concurrent Session 6: Evidence Based Nutrition

A comparison of diet quality in young Australian women according to pregnancy status

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Background – Many studies of pregnancy include a dietary assessment component, yet we are lacking nationally representative data describing diet quality during this lifestage.

Objectives – To investigate the overall diet quality of young Australian women, and to compare this according to pregnancy status, defined as: pregnant, actively trying to conceive, given birth in the previous 12 months, or otherwise not pregnant.

Design – Cross-sectional study of a nationally representative sample of 9,118 women aged 25 to 30 years, who participated in survey three of the Australian Longitudinal Study on Women's Health (March 2003). The Dietary Questionnaire for Epidemiological Studies was used to calculate diet quality, consistent with the Australian Recommended Food Score (ARFS) methodology (1). This is summative estimation of food variety and frequency, in line with the Australian Dietary Guidelines.

Outcomes – Pregnancy status was significantly predictive of diet quality even after logistic regression accounted for disparities in education, marital status, and area of residence ($P=0.004$). Pregnant women and those who had given birth in the previous 12 months had significantly higher mean ARFS than those who were otherwise not pregnant (respective means (95% CI): 29.4 (28.7-30.1); 29.5 (28.9-30.1); 28.4 (28.2-28.7)), although these scores were only marginally improved.

Conclusion – Opportunities exist for enhancing the diet quality of young Australian women in line with national recommendations. Recent or current pregnancy appears to be associated with higher diet quality and variety. Further examination of the composition and correlates of maternal diet may help identify where improvements may be achieved, using the drivers for particular behaviours.

Reference

- Collins C, Hodge A, Young A. Are you what you eat? Associations between diet quality and health utilisation in mid-aged women from the Australian Longitudinal Study of Women's Health. 23rd National DAA Conference, Perth, 2005.

Diet and lifestyle predict mortality and morbidity in Australian Aborigines

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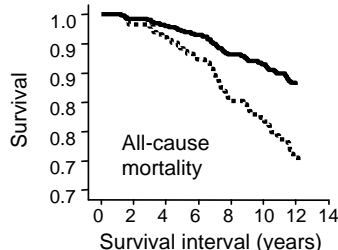
Background – Lifestyle diseases substantially influence increased mortality in Aboriginal Australians relative to the non-indigenous population. Poor nutrition, sedentary behaviour, alcohol-drinking, and smoking have been implicated, using cross-sectional data. We have examined unique longitudinal data which include aspects of diet and lifestyle and cardiovascular risk factors in a cohort of WA Aborigines with follow-up of mortality and hospital data.

Objectives – To examine predictors of CHD and all-cause mortality in Aboriginal Australians.

Design In 1988-89, randomly selected Australian Aborigines (256 men, 258 women), aged 15-88 years, completed interviewer-administered questionnaires about diet, exercise, smoking and alcohol drinking; blood pressure, weight, height and blood lipids were measured. The WA Data Linkage Unit linked participants to hospital and death records to 31 December 2002. Cox regression was used to examine predictors of CHD and all-cause mortality.

Outcomes - CHD risk increased with smoking (Hazard Ratio (HR) 2.62, 95% CI:1.19, 5.75), eating processed meats >once/week (HR 2.21, 95% CI:1.05, 4.63), eggs >twice/week (HR 2.59, 95% CI:1.11, 6.04) and using spreads on bread (HR 3.14, 95% CI:1.03, 9.61). All-cause mortality risk decreased with exercise >once/week (HR 0.51, 95% CI: 0.26, 1.05), increased in ex-drinkers (HR 3.66, 95% CI:1.08, 12.47), heavy drinkers (HR 5.26, 95% CI:1.46, 7.52), and with eating takeaway foods >9 times/month (HR 1.78, 95% CI 0.96, 3.29). Adverse behaviours clustered in 55% of participants and increased risk of CHD (HR 2.1, 95% CI:1.1, 4.0) and all-cause mortality (HR 2.3, 95% CI:1.2, 4.2) (see Figure).

Conclusion – Aspects of diet and lifestyle in Aboriginal Australians predict CHD and all-cause mortality. Clustering of adverse behaviours is common and increases risk of CHD and death.



All-cause mortality related to "better" and "worse" clusters of health-related behaviours

— "Better" "Worse"