NSA Poster Presentations: Wednesday 11 August 2004

How does dietary advice for diabetes management divide families?

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Background – Healthy eating for a person with type 2 diabetes is the same as that recommended generally. In diabetes management, however, healthy eating advice often targets individuals with diabetes in isolation from their family context.
Objective – To explore how healthy eating for diabetes management and prevention is negotiated by urban Indigenous people within their families.
Design - Ethnographic study in a Brisbane Indigenous community was conducted in 2003-4. Research included indepth interviews with 25 people who either had diabetes, were family members or people with other risk factors for diabetes. Participant observation in community events, health-focussed groups and family homes was also conducted.
Outcomes – Often women with diabetes tried to prepare special recommended food for themselves but prepared 'normal' food for the family. This is tiring, time consuming and expensive and so, often not sustained. Community members typically refer to foods such as full cream milk, white bread, cordial and fatty meats as 'normal' foods. 'Normal' meals do not have a focus on low fat or higher fibre. 'Normal' snacks and take-aways are high fat. The types of foods nutritionists recommend for healthy eating patterns, management of diabetes and weight are not regarded as normal by many in this community. Thus these foods remain special diet foods. It is not usual for people with diabetes to consider their recommended diet to also be good for other family members.
Conclusions – People with diabetes often find it hard to maintain special diets they have been recommended. Opportunities to address diabetes prevention in family contexts are lost by focussing dietary advice solely on the individuals with diabetes. Recommendations for healthy family food may be more effective than recommendations for individual dietary changes.

Evaluating the short-term impact of nutrition education in outpatient cardiac rehabilitation programs

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Background – Nutrition education (NE) is an essential part of the risk factor modification component of cardiac rehabilitation (CR) programs in Australia, but there is a lack of information about the effectiveness of NE in CR.
Objective - To determine whether NE in Victorian outpatient CR programs improves the short-term knowledge, attitudes and dietary behaviour of participants, and the effects of differening amounts of NE.
Design – Observational study in three hospital outpatient and two health centre established CR programs. The NE content of the programs varied: one had 4.5 hours (long NE), two had one hour of NE per program (short NE), and two had no NE between assessments (no NE). Eighty volunteer patients were studied from each program. Pre- and post-program assessments consisted of self-administered questionnaires of dietary knowledge, healthy eating attitudes and fat intake.
Outcomes – In all groups, participants' baseline knowledge was poor, but attitude was positive and fat intake was low (compared to community survey using the same instrument). All groups improved significantly in dietary fat knowledge, with increase greatest in the group with the longest intervention. Attitude improved most and fat intake declined most in the group with the longest intervention.

Mean difference (CI 95%)	Scale	Long NE		Short NE		No NE	
Knowledge	(0-21)	3.5	(2.6 to 4.4)	1.7	(-0.9 to 2.5)	2.0	(1.3 to 2.8)
Attitude	(10-50)	3.0	(2.0 to 4.0)	0.5	(-0.3 to 1.3)	0.0	(-0.6 to 0.7)
Fat intake	(0-62)	-4.6	(-5.7 to -3.5)	-0.8	(-1.8 to 0.1)	-1.9	(-2.8 to -1.1)

Conclusions- Greatest improvements resulted from weekly knowledge-based NE sessions and individual dietary advice. Programs should thus be encouraged to offer this input to ensure that pre-existing dietary changes are maintained, and to facilitate further improvements.