



An Investigation into Patient Adherence to Dietary Advice for Type 2 Diabetes Mellitus

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Authors' contributions

This work was carried out in collaboration between both authors. Author NG performed the literature search and thematic analysis. Both authors reviewed and agreed the emergent themes. Author NG wrote the first draft of the manuscript. Both authors read and approved the final manuscript.

Conference Abstract

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ABSTRACT

Background: Dietary advice is the first line treatment for type 2 diabetes [1]. There is research evidence that patients with chronic disease often do not adhere to recommended dietary advice, Desroches et al. [2], however there is limited research investigating dietary adherence amongst individuals with diabetes. The aim of this study was therefore to explore the factors associated with dietary adherence in type 2 diabetes mellitus.

Methods: An internet-based qualitative research method was chosen, and following an internet search the 'Diabetes-Stories' website, containing verbatim transcripts of open interviews exploring patients' experiences with diabetes, was selected on the basis of the potential to generate data to meet the aim of the study [3]. The most recent interviews were selected ('1980s+') and those involving patients with type 2 diabetes only. Each transcript was then searched using the key words 'diet', 'food', 'nutrition' and 'dietitian' to identify data which related to the research aim. Eight interview transcripts were consequently obtained, consisting of interviews with four males and four females, and dating from the years 2004-2007. The data were analysed manually by one researcher using Thematic Analysis. Four emergent themes were reviewed and agreed by the research team. Consent for use of the transcripts was obtained from the website principal investigator and all identifiable information was made anonymous.

Results: The four emergent themes were dietary advice and participant understanding,

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participant adaptations and adherence, participant struggles and feelings and relations with healthcare professionals. All participants appeared to understand the dietary treatment of type 2 diabetes and social support and education were reported as important in adherence. Most participants were non-adherent at times and not acknowledging the longer term risks and dislike of the recommended diet were significant reasons. Two participants felt they were not treated as individuals by healthcare professionals and one participant felt he was expected to be more enquiring about treatment decisions than he wanted to be.

Discussion: Many studies provide evidence that social support and education are associated with increased diabetes treatment adherence, Gomes-Villas Boas et al, [4]; Minet et al, [5], therefore suggesting their importance in dietetic consultations. In addition to this, studies suggest that providing dietary treatment suited to a patient's personal circumstances, and preferred delivery of information (prescriptive or inclusive), is also likely to increase adherence (Hancock, 2012). Study limitations include the dates of the transcripts used, and the 'passive' analysis of secondary data from a single website.

Conclusion: This study provides a useful insight into the factors associated with dietary adherence in type 2 diabetes, and more current 'active' qualitative studies are therefore needed to strengthen existing evidence and enable appropriate changes.

Keywords: Qualitative; type 2 diabetes; dietary adherence; social support; education.

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