



Title: An Exploration of Nutrition Information for People with Type 2 Diabetes

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Introduction

Diet is key to managing type 2 diabetes (T2DM). Nutritional advice should be provided by trained healthcare professionals via structured education however only 16% of people with T2DM have been provided with this intervention (Diabetes UK, 2015). Research evidence suggests that people with T2DM access nutrition information from a range of sources including food labels however they still lack the knowledge and skills to self manage their condition. In 2013 the Department of Health in England (DoH, 2013) launched a new front of pack nutrition label format using the red amber green traffic light system which is compliant with European Union guidelines.

The aim of the research was to explore what nutrition information people with T2DM use in order to self manage their condition.

Findings

Nineteen people with type 2 diabetes (six men, 13 women) and one partner (one woman) with an age range of 53 to 77 years and length of time since diagnosis ranging from 0.5 -23 years were recruited from diabetes support groups in the East of England resulting in nineteen diaries and interviews. Seven main themes were revealed from the diary analysis (average % themes by diary); behavioural (6%), sources (36%), food groups (19%), eating (27%), feelings (4%), healthcare (4%), social (4%).

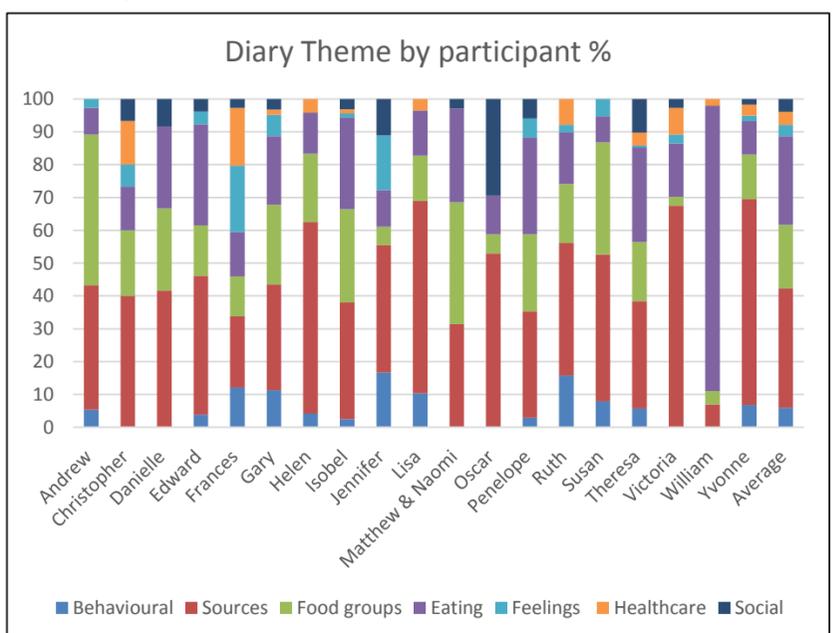
Food labels as a source:

Were referred to in 17 out of the 19 diaries. But one participant said:

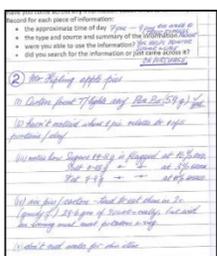
'I don't tend to look at the food labels... I don't really buy processed food so in terms of vegetables you don't really see those food labels, it tends to be on processed food.' (Edward)

Method

A mixed methods qualitative design incorporating the diary-diary interview method (Zimmerman & Wieder 1977). Participants were issued with hard backed note books with instructions to record any nutrition information they came across and used over a 4 week period. Participants were reminded and encouraged by email twice each week. Diaries were reviewed, then each participant was interviewed for clarification and exploration using a standard interview schedule. Partners were given the option of being interviewed together or separately. Ethical approval was obtained from the University of Hertfordshire.



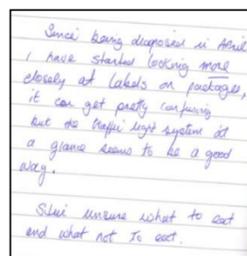
'Figures are conflicting and confusing'



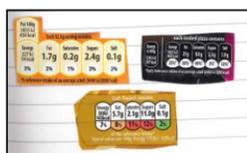
'A lot of these percentages when you add them up they come nowhere near 100%, they're like ten or twenty percent. So does that mean a lot of the material in there is rather like dark matter in the universe.' (Andrew)



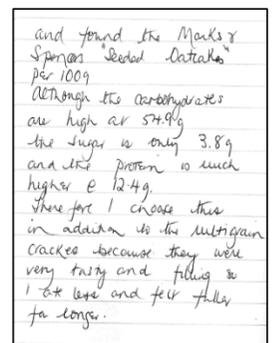
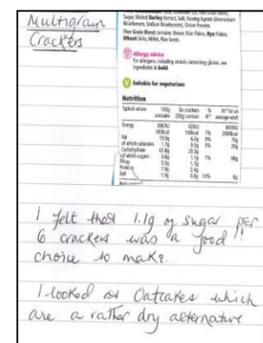
'I use the traffic light system'



'I find the traffic light system on the food that I do buy or have a look at, I find that quite good, very useful. I still don't know what I'm doing mind you!' (Jennifer)



'I search the label for the sugar content'



'I began to look at what [crackers] we had bought at Christmas and comparing the sugar...' (Susan)

'Education about diet-did they forget me?'

Only 5 out of the 19 diaries referred to HCPs, however the interviews enabled further exploration of this theme.

'I was never offered [structured diet education]. And it was only later that I found out [about it] and you mention it in your next check up and they say it's something when you've been diagnosed, so you've missed that education opportunity... whether it's something they forgot to mention it to me or I forgot to mention to others or whether it's financial pressures in their budget and they can't afford to spend that money on somebody, um or.. what it is, but there are some of us who've been offered it and some who haven't.' (Gary)

Discussion

The main sources of nutrition information utilised by the participants were food labels. Although the traffic light system was found to be valuable there is confusion about the meaning and in line with previous research (Breen et al., 2015) there is emphasis being placed on the sugar content of foods. There appears to be an issue with access to dietary advice from trained healthcare professionals. The depth and detail in the diary entries demonstrates that participants were engaged in the research and the diaries revealed rich data worthy of further analysis in their own right. However the diary-diary interview process (Zimmerman & Wieder, 1977) enabled further exploration and explanation of the records made. This was a small study undertaken across two counties in the East of England and so the data may not be directly transferable to others areas.

Conclusion

Education of people with type 2 diabetes should include a greater focus on the interpretation of food labels, work is needed on influencing food manufacturers to improve food labels and the process for accessing dietary advice from trained HCPs should be reviewed.