Invited commentary in response to: Risk of overestimating treatment effects and generalisability of computer-based tailored dietary counselling

We appreciate the comments received from Okami et al. on our recently published article, which reports the results of a study to determine whether, and to what extent, a guided, stepwise and tailored dietary counselling programme could better improve the nutrient adequacy of the diet compared with an approach based solely on generic guidelines. Our study was conducted in pregnant, French women.

First, Okami et al. expressed concern that the effect may have been biased because, in our single-blind study, the treatment effect may have been overestimated by dietitians – who were both aware of the allocation of participants and who also assessed their diets; we refute this possibility. The dietitian effect may have been overestimated by dietitians because, in our single-blind study, the treatment could have been biased. Participants from a high social class living in an urban area may have another characteristic that may have been particularly relevant in our study. However, we assert that our data do not support, but in fact contradict, the Okami et al. hypothesis.

We feel that Okami et al.’s view is that compliance with the recommendations should be higher among people with higher levels of education and income, as illustrated by the reference that they cited. We agree with this point, but with regard to general guidelines. We do not believe that this holds true when it comes to tailored dietary counselling. Indeed, tailor-made interventions, in general, have proven effective because the personalisation of advice facilitates its acceptance and implementation. This feature could overcome a barrier faced by those with low education or income, who may have more difficulty implementing theoretical and generic guidelines and lack social support for doing so. Whereas dietary counselling often consists of general advice such as increasing the consumption of a broad category of foods, our step-by-step advice proposes a set of very specific pieces of advice (e.g. increasing the intake of a food that is consumed, or replacing one food item with another) and this characteristic may have been particularly...
effective in this context. More generally, as we discussed in the article, the method used in our study implements simple behaviour change techniques, as is often the case in tailored dietary counselling\(^{(5,6)}\); these techniques should have been effective in improving intervention adherence, regardless of women’s socio-economic characteristics. This effect may also be especially significant during pregnancy, which is a time of increased nutritional awareness\(^{(7)}\), which favours adherence to recommendations\(^{(8)}\).

Finally, we suggest that tailored dietary counselling, compared with general guidelines, may be particularly effective in individuals from a lower socio-economic status. Further studies on a broader population are needed to confirm this important characteristic with respect to social inequalities in public health nutrition.

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**References**


