

Summer Meeting, 11–14 July 2016, New technology in nutrition research and practice

## Feasibility of a complex intervention to improve diet in Maltese children

C.S. Copperstone<sup>1</sup>, G. McNeill<sup>2</sup>, L. Aucott<sup>2</sup> and D.M. Jackson<sup>2</sup>

<sup>1</sup>Faculty of Health Sciences, University of Malta, Malta and <sup>2</sup>Public Health Nutrition Research Group, Division of Applied Health Sciences and Rowett Institute of Nutrition and Health, University of Aberdeen AB25 2ZD

The high prevalence of childhood obesity in Malta is a challenging health problem. Schools can potentially be ideal for implementing successful dietary interventions when well designed. The main aim of this study was to assess the feasibility of a complex intervention to reduce sugar intake and increase water consumption in Maltese school children aged 9-11 years.

3 schools were recruited during the school year 2011–2012. This feasibility study used the Intervention Mapping Protocol<sup>2</sup> design and based the strategy on the recommendations laid out by the Medical Research Council guidelines for designing complex interventions<sup>3</sup>. The dietary outcomes were measured at school using the novel web-based 24-hour recall dietary assessment tool, REALITYMALTA<sup>TM</sup>, developed at the Rowett Institute of Nutrition and Health, and further developed and validated for use in Maltese school children<sup>4</sup>. The study included an educational component by supplying a printed leaflet on reduction of sugars, particularly non-milk extrinsic sugars (NMES) and through interactive sessions for both parents and children<sup>5</sup>. It also included an environmental component through the free supply of water in the intervention classrooms for a period of twelve weeks, 48 children (30 boys, 18 girls) completed both the pre-intervention and post-intervention assessments. Food counts and nutrients results were then compared using Wilcoxon signed-rank tests and paired sample t-tests respectively. No significant differences were found for food counts, except for increased fruit consumption (p = 0.03). A statistically significant reduction was reported for energy intakes (kJ/day) (p = 0.03), and small (but non-significant) reductions (p > 0.05) were reported for fats (g/day), and NMES (g/day). Water consumption rates remained similar pre- and post-intervention (p = 0.49).

Nutrient	Pre-Intervention Mean	S.D.	Post-Intervention Mean	S.D.	P Difference
Energy (kJ/day)	7733	2046	6809	2224	0.03*
Fats (g/day)	73.5	28.5	62.3	26.7	0.06
NMES (g/day)	84-4	38.4	75.2	45.7	0.34
Water (ml/day)	1554	442.1	1495	366.5	0.49

<sup>\*</sup> Significant at p < 0.05 (Paired t-test)

In conclusion, the reductions in energy, NMES and fats intakes reported in this feasibility study are encouraging, although only small changes were noted. These results could inform the design of a larger study of longer duration involving both intervention and control schools, whilst modifying the intervention design to ensure a positive effect for water consumption.

- Decelis A, Fox K & Jago R (2013) Pediatr Obes 8(5), e54-e58.
- Eldredge LKB, Parcel GS, Kok G et al. (2011) Planning health promotion programs: an intervention mapping approach. John Wiley & Sons.
- Craig P, Dieppe P, Macintyre S et al. (2008) BMJ 337, a1655.
- 4. Copperstone CS, McNeill G, Aucott L et al. (2011) Proc Nutr Soc 70 (OCE1), e27. 5. Copperstone CS, McNeill G, Aucott L et al. (2014) Malta J Health Sci, 1 (suppl1), p18.