Research evidence suggests that greater adherence to a traditional Mediterranean diet (MD) is neuroprotective and may help prevent cognitive decline. There is a need to understand how to change behaviour towards a MD, particularly in non-Mediterranean and high-risk populations, for example, individuals with Mild Cognitive Impairment (MCI). We developed a MD educational resource for MCI patients in accordance with the Medical Research Council framework for developing complex interventions\(^1\), based on a systematic literature review and informed by qualitative work\(^2\) with MCI patients and their care givers.

The aim of this research was to evaluate the acceptability of a Mediterranean lifestyle education resource with MCI patients and to understand the barriers and enablers to dietary change in this population group. Patients with a diagnosis of MCI were recruited from memory clinics to participate in structured interviews. An interview topic guide was developed using the Theoretical Domains Framework (TDF)\(^3\), a theory-driven framework that can aid the design and development of complex interventions. Interviews were transcribed verbatim and a thematic analysis framework\(^4\) was applied to the transcribed data. The TDF was used as an initial coding framework and was then expanded to reflect the emerging themes from the study.

A total of \(n = 8\) MCI patients took part in the interviews (mean age = 77.0 years). Feedback suggested that the material was accepted by MCI patients and each participant had made dietary changes, or intended to, after reading the resource. Participants showed "optimism" with regards to making changes to their diet and the idea that a MD could improve their health, particularly their memory, was highlighted as an enabler to dietary change. Understandably, one of the main barriers for this group of participants was the effects of MCI on their "memory, attention and decision processes" such as ability to retain information and need for reminders. In relation to "environmental, context and resources", there were practical suggestions to improve the format and content of the resource, such as clarification of portion sizes, as well as simpler meal ideas with smaller serving sizes to suit the needs of an older adult population. Although the TDF domain of "intention" to make changes was evident, there were indications that goal setting may not suit everyone as it was suggested by some to be too prescriptive and burdensome to record goals in a written format.

This qualitative study evaluated the acceptability of the Mediterranean lifestyle education resource, as well as factors influencing dietary change, in patients with MCI. Participants engaged with the resource and were interested in making dietary changes, however, the feedback highlighted that further tailoring of the resources was required to suit the needs of this population group. The use of the TDF in the development of the research tool and analysis added depth and structure to interpretation of the findings. The feedback was used to further refine the proposed Mediterranean lifestyle education intervention, “THINK-MED”, before its evaluation through a pilot randomised controlled trial, which is currently underway.