

Assessment of Mediterranean diet knowledge among older adults in Australia

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Australia's population is ageing, with one in six people over 65 years.⁽¹⁾ Whilst many will experience negative effects of ageing on their health, this is not inevitable.⁽²⁾ The Mediterranean dietary pattern (MD) is linked to healthy ageing and protects against a range of chronic conditions, including cardiovascular disease, type 2 diabetes, metabolic syndrome and impaired cognition.⁽³⁾ However, older adults' dietary patterns tend to be poor and adherence to the MD is generally low to moderate at best.⁽⁴⁾ Dietary behaviours are directly linked to nutritional knowledge and in Australia, a lack of knowledge is recognised as a major barrier to accepting, adopting and adhering to the MD.⁽⁵⁾ This study aimed to assess the MD knowledge of older Australians. A cross-sectional online survey with Australian adults aged > 55 years was conducted to assess knowledge of the MD. MD knowledge was assessed using the Mediterranean Diet Nutrition Knowledge Questionnaire, a 20-item tool validated for assessing nutrition knowledge in an Australian population.⁽⁶⁾ The questionnaire focuses on three major themes: a) dietary patterns, foods, and nutrients for reducing cardiac risk factors (four questions); b) nutrient content of foods, quantification, and label reading (seven questions); and c) core MD foods, dietary patterns, and meal selection (nine questions). Scores were calculated for overall knowledge (ranging from 0–40, with higher scores indicating greater knowledge) and the three MD themes. The average time taken to complete the survey was 15 minutes. The sample included 61 older adults who ranged in age from 55–89 years (mean (SD) 63.7 (8.1)), were mostly female (73.8%), had completed tertiary-level education (70.5%) and were born in Australia (67.2%). The mean total knowledge score was 30.5 (5.0, range 17.0–40.0). Participants scored highest on questions related to core MD foods and meals (12.2 (2.37), range 4–15 out of a possible 15) and cardiovascular risk factors (8.4 (1.6), range 1–10 out of a possible 10). Participants had the lowest level of knowledge of nutrient content of foods and label reading, with only two participants scoring full points (10.0 (2.8), range 2–15 out of a possible 15). There were four questions where less than 50% of participants scored full points (questions about foods for lowering cholesterol; foods high in salt; alcohol content of beverages; and MD cooking methods). The results demonstrate that whilst older Australians have some general knowledge of the MD, there are critical gaps, particularly relating to the nutrient content of foods and cooking methods. These findings are comparable to those obtained from a similar cohort.⁽⁶⁾ Nutrition education programs for older adults should be targeted at these gaps to aid with acceptance, adoption, and adherence to the MD.

References

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