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Concurrent Session 7

General practitioners' perception of their role in dietary counselling

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Background - Proven effective methods of dietary change are not being applied to patients who have experienced a cardiovascular event. Key investigators have reported that a high proportion of these cardiac patients have poor nutrition, are overweight and/or obese with diets high in saturated fat and cholesterol. The overall aim is to facilitate the improvement of the nutritional health of cardiac patients aged 65-75 years.

Objective - The aim of this qualitative study was to elicit the opinions of a range of Victorian general practitioners regarding the value of dietary counselling for the older cardiac patient.

Design - An Exploratory qualitative interview study was conducted with 30 general practitioners in Melbourne, Australia. Each interview lasted 30 minutes. The texts were then analysed using the computer software program NUD*IST database.

Outcomes - The general practitioners described their roles as either: coordinators of care and having holistic roles or as having no role in dietary counselling. The frequency and duration of dietary counselling was not clearly evident in interviews but counselling appeared to range from the provision of no advice to bouts of advice from once to perhaps four times a year.

Conclusions - General practitioners who provided dietary counselling made up the smallest proportion of general practitioners in this study. The context in which dietary counselling is provided needs to be understood if we are to attempt to address the issues which influence general practitioners' provision of dietary counselling. Findings from this study will be incorporated into prevalence studies of general practitioners, dietitians and cardiologists.

Implementation of the folate-neural tube defect health claim in Melbourne

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Background - In late 1998 the then Australia New Zealand Food Authority (ANZFA) commenced a trial permitting a health claim on certain folate-rich foods, both fortified and non-fortified, as part of a folate-neural tube defect (NTD) Health Claim Pilot. The pilot created a precedent for health claim implementation in Australia and New Zealand.

Objective - To survey the implementation of the folate-NTD health claim and the availability of folate fortified food products in Melbourne supermarkets in 2004.

Design - During 2004 the 128 permitted food products listed in the transitional standard for health claims were sought in 5 large supermarkets in suburban Melbourne. Found products were examined for folate fortification, use of the folate-NTD health claim and an ANZFA folate approved logo.

Outcomes - Eighty seven of the 128 permitted food products were found. Two of the 87 found food products were implementing the folate-NTD health claim on their label and one of these products was implementing the ANZFA folate approved logo. Twenty eight of the listed food products were fortified with folate.

Conclusions - Six years after commencement, the Health Claim Pilot was being poorly implemented in Melbourne. The findings raise questions about the choice of health claim for the pilot, the efficacy of the health claim to support the voluntary folate fortification public health intervention and the capacity of the pilot's verification system to monitor the implementation of the folate-NTD health claim.