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Exploring preferred methods of peer support approaches to encourage adherence to a Mediterranean Diet in a Northern European population at high risk of Cardiovascular Disease

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There is a clear pattern of increasing incidence of chronic diseases in western civilization, which is beginning to establish in developing countries⁽¹⁾. Epidemiological studies have demonstrated that a two point increase in adherence to a Mediterranean Diet (MD) is associated with an 8 % reduction in all-cause mortality, particularly from chronic diseases such as cardiovascular disease (CVD)⁽²⁾. Peer support has been suggested as a possible cost-effective method to encourage adoption and maintenance of the MD in at risk populations. However development of such a programme has not been fully explored in the literature. The aim of this study was to use a mixed methods approach to determine the preferred approach for a peer-support intervention to encourage adoption of the MD. This work represents the first stage of the TEAM-MED feasibility study.

Qualitative (focus groups) and quantitative methods (questionnaire and preference scoring sheet) were used to determine preferred methods of peer support. A total of 67 participants at high risk of CVD took part in 12 focus groups; 27 males and 40 females with a mean age of 63. Discussions were stimulated using vignettes to contextualise the different concepts and facilitate understanding. Focus group data was transcribed under pseudonyms, coded using Nvivo 10 and thematically analysed. Quantitative data was analysed using IBM SPSS 11.

Group peer support was qualitatively and quantitatively the most preferred method. The mean preference score (1 being most preferred and 5 being least preferred) for group support was 1.5, compared to 3.4 for peer mentorship, 4.0 for telephone support and 4.0 for internet support. Thematic analysis of the focus groups produced themes 1 and 2; that elucidate reasons for the group support preference, and 3; which proposes that a combination of methods may be most effective in encouraging behavioural change (see table).

| Theme | Description |
|-------------------------------------|--|
| 1. Building a Collective Message | The group support model lays a strong foundation for developing a collective message; built on the common ground of being 'fellow strugglers' and cemented by the trust fostered by face to face contact. The message itself is developed from expert information provided by the study team in booklet form, practical information provided by peer supporters, learning through each other's experiences, sharing local information and problem solving. |
| 2. Catalysing Motivation | The group model of peer support uses interpersonal factors to catalyse motivation through support and encouragement between members, peer pressure, competitiveness and the perception of accountability. Measurements at group meetings also provide evidence of success which was discussed to be motivating. |
| 3. Stepping Stones of Change | Participants conceptualised change as a process, and discussed that throughout the process different models of peer support might be more or less useful. It was considered that at the beginning of changing, more intense support would be required such as the mentor approach, this would be followed by the group support model and the internet or telephone approach could be utilised to assist in the final stages or maintenance of change depending on personal preference. |

It is useful to understand how participants conceptualise group peer support and their views are imperative to improve future models to assist in behavioural change.

- Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ (2006) Lancet 367, 1747–57.
 Sofi F, Macchi C, Abbate R, Gensini GF, Casini A. (2014 Dec) Public Health Nutr. 17(12), 2769–82.

