Caregivers` tailored nutritional counseling increases protein intake among male caregivers and patients receiving care at home – CareNutrition-study (RCT)

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report
Introduction

• Older caregivers and care recipients are prone to nutritional problems
  – They often experience high levels of stress, depression, burden and compromised physical health which increase the risk of inadequate nutrition (1,2,3)
  – Low intake of protein is common and can affect to their nutrition and health (4)

Aims and methods

• In this study we investigated
  1) the effectiveness of tailored nutrition counseling on protein intake among caregivers aged ≥65 years with normal cognition
  2) We also investigated if caregivers’ nutritional counseling affects to protein intake among care recipients (aged ≥ 50 years)

• Sample from CareNutrition randomized controlled trial (RCT)
  – Study was carried out in the area of Pori Social and Health services in Finland
  – Study is funded by the Grant of National Institute for Health and Wellfare
Intervention

• 6 month intervention to caregivers included
  – tailored nutritional counseling with home visit
  – group meetings (2 time cooking course or group conversation 4 times)
  – written material
Control group

• Nutrition booklet about elderly nutrition was offered to control group by mail
Methods

• Protein intake was assessed with three-day food diary at baseline and at final measurements

• Main outcome measure was change in protein intake (g/kg bodyweight (BW)/d) and it was analyzed among participants with protein intake under 1,2 g/kgBW/d (intervention target) at baseline.

  – Recommendation 1,2-1,4 g/kgBW/d in Finland
Participants

• Total of 55 Caregivers (n=28 I, n=27 C) who completed the study and had protein intake under 1,2 g/kgBW/d at baseline.
  – 79,7% of all participants, who completed the study
  – Mean age 73,5 years, 45 % male

• Total of 40 Care recipients (n=25 I n=15 C) who completed the study and had protein intake under 1,2 g/kgBW/d at baseline.
  – 88,8% of all participants, who completed the study
  – Mean age 75,6 years, 55 % male
RESULTS, CAREGIVERS (n=55):
Protein intake increased more in intervention group, but
the change between control group was not significant
(p=0.26)
RESULTS, MALE CAREGIVERS:
Protein intake increased among male caregiver intervention group (n=12) and decreased in control group (n=13), (p=0.007)

Baseline | Final measurements
---|---
**Intervention** | **Control**
0.89 g/kgBW/d | 0.72 g/kgBW/d
1.0 g/kgBW/d | 0.79 g/kgBW/d

+0.11 g/kgBW/d | -0.07 g/kgBW/d
What does it mean?

- Among intervention group male caregivers, protein intake increased from 0.89 to g/kgBW/d to 1.0 g/kgBW/d, even though energy intake did not change (1798 vs. 1782 kcal)
- Among persons weighing 70 kg, this means 7.7 g of protein.
RESULTS, CARE RECIPIENTS (n=40):
Protein intake increased in care recipient intervention group (p=0.033). Change between intervention and control group was not significant (p=0.48)
Notifications of results..

• Good changes in the quality of their diet
• Milk or meat products were usually added to increase protein intake
Conclusions

• Tailored nutritional counseling improve protein intake among elderly male caregivers
  → good and important target to nutrition interventions

• Offering nutritional counseling to caregivers affects to care recipient’s nutrition at the same time

• More tailored nutrition counseling combined with group meeting are needed
Thank you!

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