Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Paul Hellyer

Dietary advice is more than simple instruction

The complexity of food for people with long term health conditions

Francis H, Carryer J, Wilkinson J. *J Prim Health Care* 2018; **10**:186–193

The emotional, spiritual and social context of the patient should be taken into consideration.

The prevalence of long-term health conditions (LTC) such as chronic obstructive pulmonary disease, diabetes, depression and coronary disease is increasing. Together with predisposing factors such as obesity, hypertension and inactivity, these often occur concurrently with a consequent decrease in quality of life. Long-term self management frequently focuses on lifestyle advice, particularly around diet counselling, weight loss and exercise. However, there is a lack of evidence for effectiveness of this advice.

This qualitative study examined the experience of 16 people with LTCs, using a semi-structured interview approach and linked responses to the Whare Tapa Whā model of healthcare. In this model, the four walls of a whare (house) represent different aspects of health – physical (taha tinana), emotional or mental (taha hinengaro), spiritual or sense of purpose (taha wairua) and family or social (taha whāinau).

Dietary advice was frequently found to be focussed around the physical domain, and related to exercise and weight loss. Participants found, however, that they were often told what they shouldn't eat and felt that the complexities of their lives were ignored.

Within the emotional domain, the comforting nature of food was stressed by the participants together with the sense of shame at not achieving the goals set by clinicians. The (dis)honesty of responses to food diaries is discussed ('I said I had a lot of vegetables. A bit of lettuce in the burger- that's all I was having').

Emotional responses were linked with the spiritual and the importance of food as a reward to relieve stress and lift the spirits is mentioned. However, diet decisions were seen as one of the few ways this group could express control over their lives and poor decisions were often linked to feelings of guilt at 'having something naughty'.

Food within a social or family context was seen as a source of both support and conflict. The sense of belongingness imbued by eating together engendered enjoyment but a simultaneous peer pressure to ignore good dietary practice had a negative effect. The cultural context of food was found to be important for participants' sense of purpose and identity, and a stronger influence than the individual's dietary goals.

A holistic approach to a healthier diet must take into account the complexities of daily life (low income, co-morbidities, limited life choices) and understand the domains of the emotional, spiritual and social as well as the physical. The Whare Tapa Whā model gives a framework for clinicians to re-think their dietary advice to patients with LTCs.

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Teeth for life

Oral care as a life course project: a qualitative grounded theory study

Gibson B J, Kettle J E, Robinson P G, Walls A, Warren L. *Gerodontology* 2018: DOI: 10.1111/get.12372

The educational and social aspects of early life influence oral health in old age.

Grounded theory is a research methodology, commonly used in social sciences, in which connections and contrasts in the data are made as it is collected. Theory to explain the analyses is generated as the study progresses. It is an inductive process rather than the more usual pure science-based deductive process. Life course research involves an interdisciplinary approach which seeks to understand generational changes which may influence life course outcomes. In this study, the impact of life style, attitudes to oral self care and engagement with professional services on the ability to maintain a healthy dentition into old age were investigated.

Forty-three people aged 65+ were recruited and in-depth interviews carried out, discussing oral care, dental attendance and treatment and feelings about the teeth and mouth in general. As interviews were analysed, an early theme emerged which showed how participants related to dentists over time and how these relationships had shaped their oral health and knowledge about dentistry. Divorce, for instance, is described by one participant as having a negative affect on oral care. Increased knowledge and access to understanding of dentistry came from another participant who came from a working class background but was able to attend a grammar school.

Oral care over the life course may be seen then as a social project, with attitudes changing from generation to generation. The concept of 'going for a check up' as opposed to only when in pain, is relatively recent but one which engages people with dentists. The very fact of having 'dental work' done also increased knowledge of dentistry. Engagement increases the value placed on teeth and the importance of maintaining a healthy dentition for life. Finding a 'good' dentist – one who explains, is gentle and also has modern facilities (eg clean sink and x-rays) – was found to be important to this process. An inability to access dental care will then have negative impacts on dental health throughout the life course. If treatment fails, however, 'the work and all the future work by the same dentist (would be judged) negatively. Past work therefore shapes the expectations of future work and informs how dental attendance is approached'.

To maintain oral health and a functioning dentition into old age engenders a sense of achievement, compared to previous generations for whom dentures were a norm. The authors theorise that oral care can be seen as a life course project and that the loss of even a single tooth 'could be felt as an existential failure', when time and money has been spent over the life course to maintain the dentition. Consequently, poor oral health in old age due to deprivation may be seen as a failure or unsuccessful ageing.

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