

# MAIN BARRIERS AND COMMUNICATION CHALLENGES IN PROMOTION OF PROTEIN CONSUMPTION IN COMMUNITY-DWELLING SENIORS – 3 QUALITATIVE STUDIES

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## Rationale

Recent studies revealed that 15.4% of community-dwelling older adults do not meet recommended daily intake of 0.8 g/kg BW/day, and it appears difficult to increase protein intake in this setting. Opportunities for modifications of current dietary behavior of Dutch community-dwelling (CD) older adults were investigated in three qualitative studies in which we aimed to:

- identify needs and preferences (*study 1*);
- barriers and promotors (*study 2*);
- level of knowledge regarding the use of high protein products (*study 3*).

## Methods

Ninety CD older adults (age  $\geq 65$  y) were recruited at daily activity centers. Risk on low protein intake was assessed using ProteinScreener 55+.

*Study 1*: To gain insight in needs and preferences of older adults regarding meals and meal products (n=30), visual information on eating behavior was assessed using photovoicing. Participants took photos of all consumptions for 3 consecutive days (2 weekdays / 1 weekend day), data were verified during post photovoice interviews.

*Study 2 & 3*: Semi-structured interviews were conducted to identify protein consumption related barriers, opportunities (n=20) and knowledge and communication challenges (n=40).



**Picture 1: Example of photovoice data showing strict timing of meals.**

## Results

From ninety CD older adults (mean age:  $75.6y \pm 7.8$ ) 61% scored a chance on low protein intake.

*Study 1*: Photovoicing data showed that dietary patterns of 16 participants (n=30) consisted mainly of traditional products, such as potatoes, dairy, fruits, cheese and meat. Most participants followed a strict meal pattern (picture 1). In post-photovoice interviews, participants indicated not to be willing to change their current eating behavior.

*Study 2 & 3*: Barriers for inadequate use of protein products were 'lack of knowledge', 'inflexibility', and 'no urge to receive dietary advice' (table 1). Examples of promotors were 'trust in professionals' and 'product offers'.

**Table 1: Main barriers and promotors as identified in interviews with senior subjects.**

Main barriers	Main promotors
Physical & mental deterioration	Variation in dietary pattern
Lack of knowledge	Trust in professionals
Inflexibility of seniors	No difficulties with preparation and consumption of food
Difficulties in supermarket	Social interaction in supermarket
Changing information on protein	Open for dietary counselling when necessary
No dietary advice on protein	Product offers

## Conclusion

Older adults have no sense of urgency to increase protein intake, possibly linked to low or incorrect knowledge on the importance of protein. One of the challenges for professionals would be to motivate inflexible seniors to change their eating pattern, to optimize protein intake. However, to increase the chance for a successful change, eating patterns should also remain familiar.