



## WHEN FRENCH YOUNG GENERAL PRACTITIONERS COMMIT TO HEALTHY EATING

In France, patients usually come to their general practitioner (GP) with 2 or 3 motives during a consult. The average duration of a consultation is 15 minutes, in a fee-for-service context. While GPs are patients' obvious points of contact for providing nutritional advice, they have little time to do so. We thought it would be worthwhile to explore how they carry out this duty. The Pre-EGEA symposium, which was held in Lyon in 2018, was an opportunity to issue a call for thesis work among young doctors finishing their specialisation courses in general medicine. This call was successful, and the findings of five theses were presented at Pre-EGEA. Three of them have been covered by articles in this newsletter.

- The first thesis focused on interns in general practice. It is encouraging to see that these students (with a majority of female respondents) pay attention to the quality of their diet. They try to comply with the National Health and Nutrition Programme (Programme National Nutrition Santé - PNNS) guidelines, despite the constraints of their profession; the obstacles are storage issues and preparation time. They would like for their nutritional training to be improved, with priority given to practical culinary workshops instead of theoretical courses.
- The second thesis showed that doctor's personal background, often familial eating habits and physical appearance, influence the way he/she gives advice. Doctors feel they have varying degrees of legitimacy for doing so and claim to have received little nutritional training. General nutritional advice is deemed ineffective; a motivational approach is preferred.
- The third thesis enabled GPs' practices to be observed in single-blind conditions. One-quarter of the observed consultations gave rise to nutritional advice. This advice was brief, more frequent for men and in a context of secondary prevention. Advices were based on the PNNS guidelines, but mainly restrictive. The briefness of the message is offset by the regular monitoring of patients with chronic diseases, providing opportunities to reiterate and diversify advice across consultations.

These theses offer avenues of thought for improving the care of our patients to help them improve their diets. Nutritional advice requires know-how and time, which GPs are lacking the most. Know-how refers to the quality of the patient-doctor relationship. New forms of practice are emerging in France, with the support of the public authorities: multi-disciplinary health centres, creation of medical assistants, and increase in the number of "Asalée" (Team Health Project in Private Practice) nurses in charge of therapeutic education. These developments should enable GPs to improve the care they provide in the area of prevention, with a special focus on nutritional education.

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# Frequency of nutritional advice during consultations in general medicine

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Non communicable diseases are represented by four main categories of diseases: cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. They remain major public health concerns due to their prevalence, mortality rates and the costs that they represent every year. According to the World Health Organization (WHO), 63% of all deaths worldwide were due to chronic diseases in 2008<sup>1</sup>. These are multifactorial diseases and their main risk factors are primarily related to nutrition which are “modifiable” factors. Thus, they can be the targets of nutritional prevention actions<sup>2</sup>.

Two-thirds of the population visit their general practitioner (GP) once or several times a year, and 90% visit him/her at least every five years<sup>3</sup>. Almost 3/4 of GPs think that their role, in terms of nutritional education, is to provide personalised preventive advice, even if the patient has not asked for it<sup>4</sup>.

What is the frequency of nutritional advice during consultations in general practice? When this advice is provided, what are its target and conditions?

We undertook a descriptive epidemiological study on practices in general practice.

Ten interns studying with 10 GPs practicing in the Rhône region, observed each 25 consultations, from May to October 2018. The participating GPs were university internship supervisors. None of them had a supplementary diploma in the area of nutrition. To ensure the validity of the results and not influence the content of the consultations, GPs were not informed of the study's topic until the end of the observation phase.

A total of 242 consultations were used for the statistical analysis of the results.

## The profiles of the general practitioners

There were more male (70%) than female (30%) GPs. On average, they were 55 years old and had 24 years of work experience.

## Patients' profile

There were more female (62.8%) than male (37.2%) patients. Their average body mass index (BMI) was 26.1 kg/m<sup>2</sup> (it was higher for men (27.2 kg/m<sup>2</sup>) than for women (25.5 kg/m<sup>2</sup>) (p=0.05)).

Data contained in the patients' medical records enabled the BMI to be calculated in only 56% of cases. Moreover, during the observed consultations, only 54.5% of the patients were weighed and 6.3% were measured. That is why the interns subjectively (or visually) estimated each patient's BMI when observing the consultations.

70% of the patients had a history of at least one chronic disease. The four main diseases were arterial hypertension (26.4%), obesity (14.5%), type-2 diabetes (11.6%) and dyslipidaemia (10.7%). 57% of the patients were consulting for a follow-up visit.

## Frequency of nutritional advice

One-quarter of the observed consultations gave rise to nutritional

advice (19.4%, CI95% [14.6%-25%]). This result was consistent with the data in the international literature on this topic<sup>5,6</sup>.

The frequency of nutritional advices differs according to patient related factors (Table 1)

Patient-related factors determining the presence of nutritional advice

Target	Frequency of nutritional advice				P
Age	18-40 years	41-60 years	61-80 years		>0.05
	10.3%	19.1%	25.3%		
Gender	Female		Male		<0.05
	15.1%		26.7%		
Estimated BMI	Under-weight	Normal	Under-weight	Obese	<0.05
	0%	15.4%	22.5%	42.1%	
History	No disease		At least one disease		>0.05
	12.5%		22.4%		
Reason for consulting	Acute disease		Chronic disease		>0.05
	13.5%		23.9%		

## Conditions of nutritional advice

In 78.7% of the cases, nutritional advice was initiated by the GP and lasted less than three minutes.

GPs mainly used the dietary guidelines of the PNNS<sup>2</sup>, alone (60%) or combined with other advice (23.4%). Aside from the recommendation to drink water at will, the advice given mainly focused on foods to be limited, not foods to be promoted. Only 17% of the nutritional advice given concerned the recommendation to eat at least five F&V per day.

## Study's strengths

Our population of patients was quite representative of the general population. We were able to observe a large number of consultations in single-blind conditions. This gave us a good overview of nutritional care practices in general practice.

## Study's limitations

Our population of GPs was not representative of the GPs practicing in the Rhône region. The sample of patients who received nutritional advice was small, which limited the statistical analysis of the factors determining the presence of nutritional advice during consultations. Lastly, the nutritional advice was brief lasting less than three minutes, and we were unable to determine its impact on the duration of the consultation.

In practice, 1/4 of consultations with GPs give rise to nutritional advice. This advice initiated by the GP is brief and based on national guidelines<sup>2</sup>. GPs who claim to be short on time for nutritional prevention<sup>4</sup>, usually give advice when patients (old age, males, overweight or obese patients) or their diseases (follow-up consultations, history of chronic diseases) require it.

**Based on:** SCHMITZ N. Fréquence des conseils alimentaires en consultation de médecine générale: observation directe des consultations par les internes en stage chez les médecins généralistes exerçant dans le Rhône. Dissertation for the State diploma of Doctor in Medicine. 2019.

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# Influence of general practitioners' eating habits on the nutritional advice they provide to their patients

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General practitioners (GPs) are key points of contact and leading providers when it comes to nutritional advice for patients<sup>1</sup>. Since nutrition is a major factor influencing health, we wanted to explore the frequency and quality of the nutritional advice given in general practice.

The main objective was to explore how the dietary histories and current eating habits of general practitioners influence the advice they give their patients. The secondary objective was to find out what GPs think of the National Health and Nutrition Programme (PNNS)<sup>2</sup> guidelines and determine whether they apply them personally as well as during their daily practice.

This qualitative study consists of semi-directed interviews with 10 GPs. The qualitative method provides an opportunity to explore a topic that has not yet been studied and collect more personal responses (opinions, beliefs and feelings), with the ability to dig deeper if new or unexpected ideas appear<sup>3</sup>.

## Doctors' eating habits influence the advice they give

Doctors' diets are influenced by psycho-social and familial factors, in particular their childhood education, personality and attitude towards food.

There is clearly a link between their dietary patterns and the advice they give. In our sample, those who have had a balanced diet since childhood (mainly women) are more likely to associate nutrition with good health and provide basic general advice. Faced with the difficulties encountered by patients, these doctors feel unequipped to pass on their theoretical knowledge and see that it is implemented. On the other hand, overweight doctors tend to only intervene if the patient is already highly motivated; they consider it is a waste of time to give information to someone who is not seeking it. They have a motivational approach that is based mainly on the daily lives of patients; in their opinion, general advice is of little value. However, all doctors feel comfortable giving advice about common chronic

diseases, especially diabetes; since they see these patients on a regular basis, time is their ally in providing them with support.

For primary prevention, the most commonly used tool for the purposes of dialogue and education is weighing and BMI calculation. For patients who are not overweight, do not have a disease and do not make a request, doctors do not have time to provide nutritional advice.

## Doctors think their physical appearance also has an impact

When doctors are too thin and give nutritional advice, patients tend to express doubts. According to these doctors, patients think it is too easy for them to give such advice and consider they cannot understand their challenges. Conversely, doctors who are overweight or not satisfied with their appearance do not feel it is appropriate for them to provide advice.

## Doctors' opinions of the PNNS "eat at least 5 F&V per day" recommendation

The interviewed doctors all agree that eating F&V is important for a healthy diet. However, they have some differing opinions regarding the conditions of this consumption. All of the doctors have difficulty quantifying the 5 F&V; many of them consider it is difficult for patients to comply with this guideline.

The implementation or non-implementation of the nutritional guidelines by GPs mainly influences the way in which they provide advice. Those who have difficulty implementing them share the key notion that there is a major difference between theoretical knowledge and implementation of the guidelines. The nutritional care of patients in general practice could be improved by organising training for doctors, based on patient-doctor communication and thus focused on the method of providing advice instead of on its content.



**Based on:** : CHAMBON E. Influence des habitudes alimentaires du médecin généraliste sur les conseils alimentaires qu'il donne à ses patients. Dissertation for the State diploma of Doctor in Medicine. 2018.

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# Fruit and vegetable consumption of interns in general practice in Lyon

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Good health relies on a balanced daily diet with a special focus on fruit and vegetables (F&V). And yet their consumption remains below the National Health and Nutrition Programme (PNNS) recommendation: "at least five servings of F&V per day". Only 10% to 25% of young people aged 18-30 years comply with the guidelines<sup>1,2,3</sup>. Interns in general practice will be required to provide nutritional advice and play a key role in the nutritional education of their patients, but what about their own nutrition?

A cross-sectional descriptive study was undertaken using an anonymous questionnaire administered online to interns enrolled in the post-graduate degree programme in general practice in Lyon between 28 February and 22 March 2018. 148 responses were analysed, i.e. a 36% participation rate. Participation was higher for females (46%) than for males (15%). 9% of the respondents were underweight, 8% were overweight and 1% were obese. 26% did not engage in any physical activity. 86% used to have snacks.

## F&V purchases: habits

Purchases are mainly done in hypermarkets and supermarkets. Most purchases involved fresh F&V. Seasonal produce was purchased when it came to fruit, but this was less true for vegetables. 28% of the respondents preferred organic farming.

## 36% of the surveyed interns consumed more than five servings of F&V per day

On average, the interns consumed 1.9 servings of fruit and 2.3 servings of vegetables, i.e. 4.2 servings of F&V per day. Fifty-four interns (36%), claimed to comply with the guidelines. No significant relationship was established between gender, body weight, physical activity, smoking, having a child or eating a

regular breakfast and high or low F&V consumption. However, interns eating breakfast every day and not smoking seemed to consume more F&V.

## Lack of time as a major obstacle

For 61% of the interns, the main obstacle to consume F&V was lack of time (time reserved to cook and to shop). Difficulty keeping foods fresh (for 39% of the interns) and lack of culinary practice (for 15%) were also mentioned. These obstacles are slightly different from those of the general population, which are mainly taste, cost and lack of time<sup>4,5</sup>.

## Fruit and vegetable baskets: a solution?

Eighty-six percent of the interns would be interested in initiatives involving F&V. Introducing F&V baskets was highlighted by 70% of them. These could be distributed on hospital sites based on a subscription system. The interns also expressed interest in cooking classes (34%), dietary guides (22%) and mobile applications (18%).

## Nutritional training to be improved

Nutritional training during the internship needed to be improved for 16% of the surveyed interns. Only 14% of the interns named the PNNS as a source of information about nutrition, confirming the extent of this need. Practical training courses, possibly in the form of workshops, appear to be the most attractive.

The interns' average F&V consumption seems encouraging, showing their commitment to the issue of nutrition. This is essential in light of their future roles as general practitioners in providing their patients with preventive advice.



Based on: FABRE A. Place des F&L dans l'alimentation des internes en médecine générale de Lyon. Dissertation for the State diploma of Doctor in Medicine. 2019.

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