



# SYMPOSIUM PRE EGEA

*« Quand les jeunes médecins s'engagent  
pour une alimentation saine »*



# **Importance of F&V in the prescription of General Practitioners – Feedback from the pre-EGEA symposium**

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# Declaration of interests

- Contribution to the expert work for the definition of PNNS objectives and dietary recommendations
- Invited speaker to a previous Egea conference and several symposia organized by Aprifel
- Contribution to the definition of the present pre-Egea and Egea program
- Contribution to the definition and follow-up of the presented MD theses

**Ma déclaration d'intérêt est consultable en ligne :**

**<http://www.anses.fr/Documents/DPI-Ft-MARTINAmbroise.pdf>**

**<https://ess.efsa.europa.eu/doi/doiweb/wg/681651>**



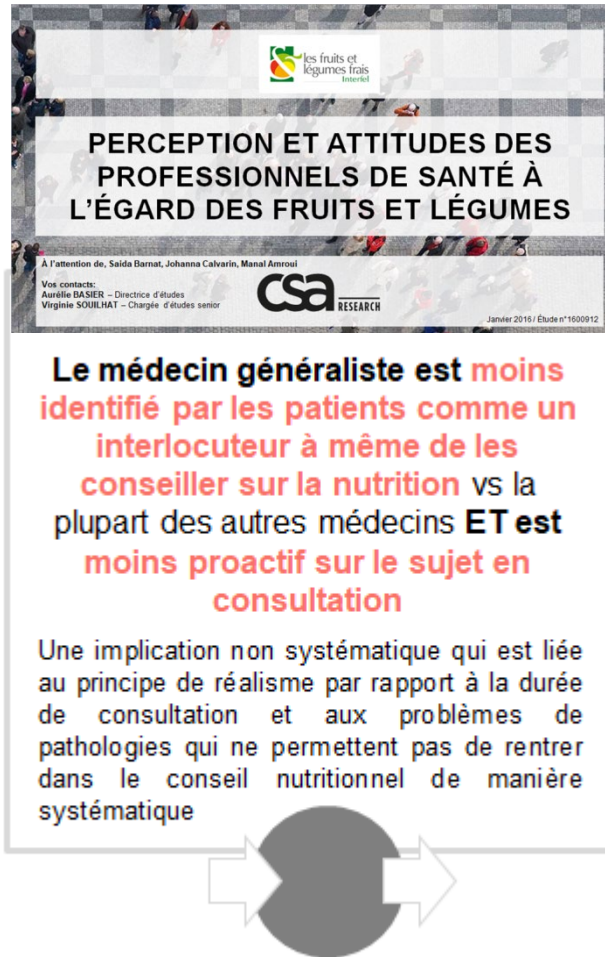
# The reference starting point

- 2015 Aprifel Survey of 500 health care professionals (GP and various specialities) – Presentation in January 2016:


## Perception and attitudes of health care professionals towards Fruits and Vegetables



# Survey result for GP



- GP is thought to be less considered by patients as a source of counselling in nutrition
- GP are less active (*than other specialists*) on this issue during consultations

 *A need for a better knowledge of the field reality in order to improve tools for helping GP*

# Milestones for the pre-Egea symposium

- Oct 16 - starting idea (S. Barnat - *Aprifel Chief Scientific Officer*, A. Martin)
- Nov 16 - first contacts between Aprifel and Lyon-I DUMG (*Lyon-I University Department for GP*)
- Jan – March 17 – Defining scientific themes for MD theses
- April 17 – Proposals on line on DUMG website
- May 17 – First manifestation of interest
- June 17 – 2 candidates
- Sept 17 – 7 candidates
- Nov 17 – First « **Thesis Circle** »: collective discussions for personalizing, optimizing and finalizing themes and methodologies
- Dec 17 – now: several meetings of the « Thesis Circle » for ensuring follow-up of candidates

# Follow-up - November 2018

- 1 loss of follow-up
- 1 resignation
- May-September: Some partial/preliminary results presented (reports for validation of training courses at GP or as research training)
- 1 thesis defended on October 25, 2018
- 4 theses to be defended in the first trimester 2019

# 1. What is the importance of nutrition counselling in GP consultations?

- *Nathalie SCHMITZ – Thesis to be presented in March 2019*
- Single-blind observation of consultations of 10 GPs (*not aware of the topic of the observation*) by their 10 training residents
- 250 consultations recorded (standardized questionnaire) – 242 complete and usable
  - Main result:
- **19 % consultations addressed nutrition issues, in most cases (72%) for less than 3 mn and at the GP initiative (78 %)**
- No influence on consultation duration
- *Many other data in course of statistical treatment*
- Main result in line/compatible with (rare) published papers



# Major modifying factors *of the « standard 19 % »*

- Male patients 26% vs female patients 15%
- Primary prevention 12 % vs 21% secondary prevention
- Obesity 42%, CVD 58%, metabolic disorders 55%
- 2/3 on the basis of PNNS, *focusing more on food/nutrients to be limited (in decreasing order sugar, salt, fat) than on those to be promoted (exception of water)*

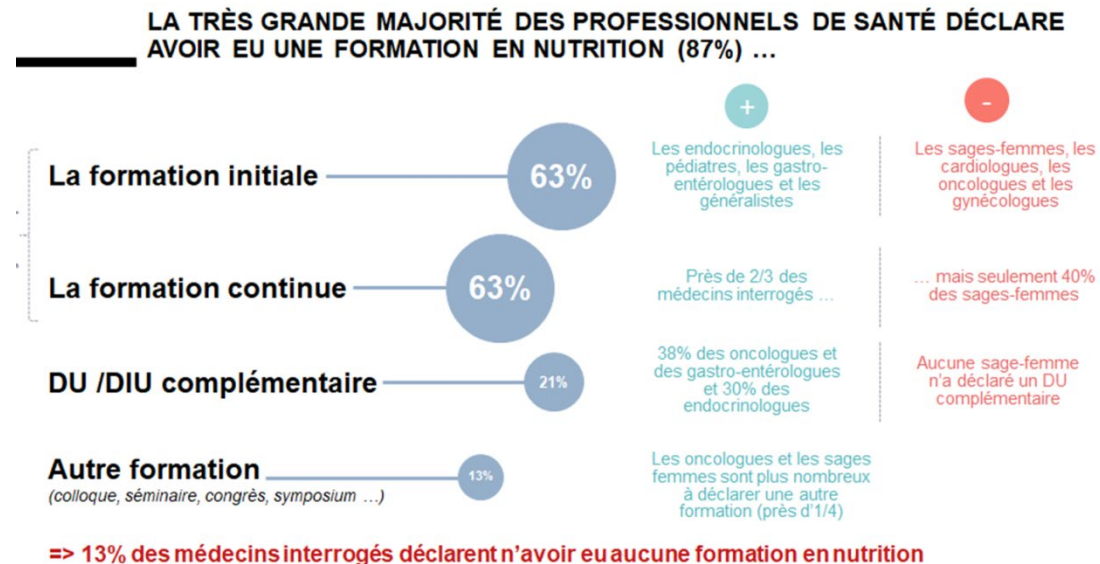
## 2. What is the influence of GP's dietary habits on this counselling?

- *Estelle CHAMBON* – Thesis defended on October 25th, 2018
- Qualitative research: face-to-face structured interview of 10 GPs (variability in age and gender)
- 2 parallel codings of the verbatims using NVIVO software
- Vertical analysis of each interview –  
Transversal analysis of the whole set of interviews

# A paradoxical surprise

- None of the interviewed GPs remembered anything about nutrition courses
- At odds with the Aprifel survey!

**Somewhat paradoxical because their knowledge and attitude towards nutrition was globally in line with PNNS...**



# Counselling depends on the personal GP's history

- Good dietary habits + no health issue

 ***Frequent counselling BUT very general***

- Improvable dietary habits and personal health problems

 ***More targeted and precise counselling WITH motivational approach***

### 3. How future GP integrate these recommendations into their daily life during their medical studies?

- Adeline FABRE — *Thesis to be defended in January 31st, 2019*
- *Quantitative survey with a detailed questionnaire*
- Responders : 146 = 36 % of GP residents,
- But 46 % of female residents vs only 15 % of male residents
- In line with known data about women' interest in nutrition

Consommation de fruits et légumes par jour	< 1	1	2	3	4	5 et +
Femmes (n)	3	3	14	27	35	47
Hommes (n)	0	0	4	2	6	7
Total (n)	3	3	18	29	41	54

**Average: 4,2 servings F&V per day (1,9 F - 2,3 V)**

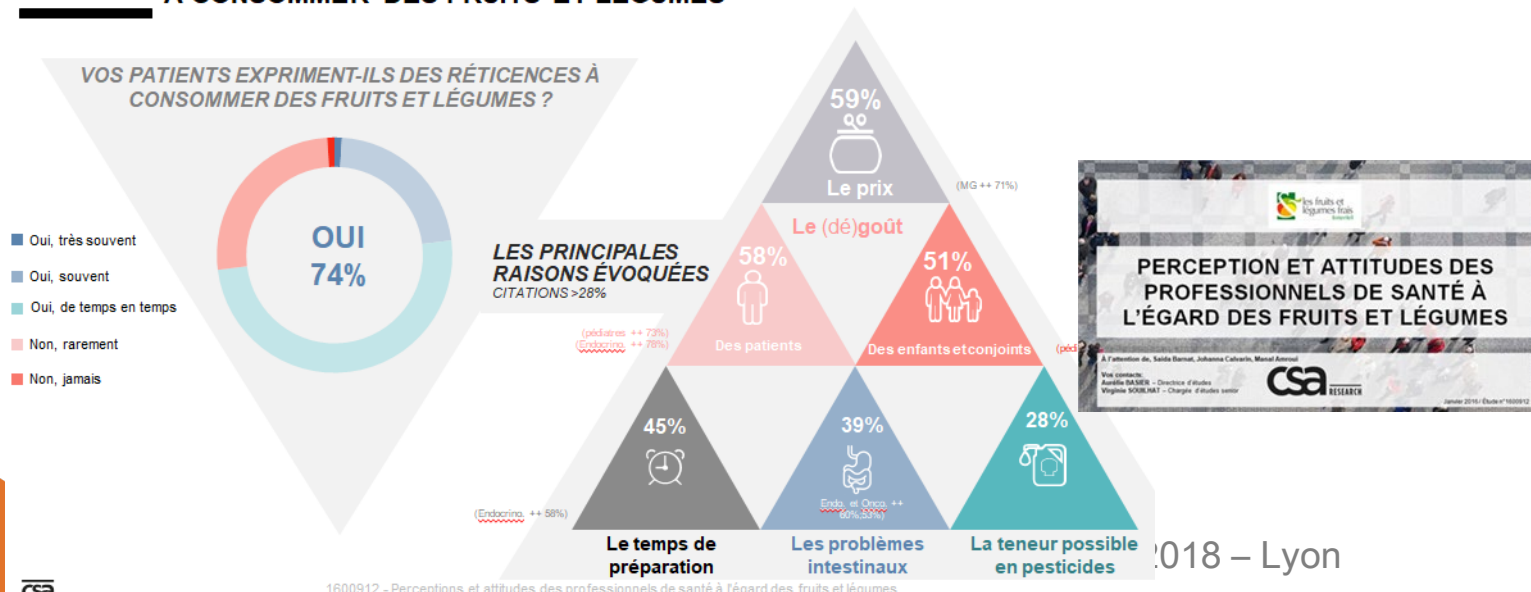
***36 % consume more than 5 servings/d***



# Future GPs are different from the general population

- Higher consumption
- Barrier is mainly convenience (time for preparation, conservation issues) and not price and taste as in the general population (*according to GP thinkings in the Aprifel survey*)

## LES PROFESSIONNELS DOIVENT FAIRE FACE AUX RÉTICENCES DES PATIENTS À CONSOMMER DES FRUITS ET LÉGUMES



## 4. What are the expectations of their patients in this area, especially when they want to follow some special regimen?

- Dariny RUGHOO — *Thesis to be defended in February 7, 2019*
- Qualitative research with face-to-face structured interviews of 10 vegetarians and 6 vegans *recruited using social networks*
- GPs not considered as valuable and informed referents... *(2 not informed by the patients on their diet)*
- Fear/feeling of a negative judgment by GP
- but GP would be appreciated as counselling referent if well informed about nutrition

**What are the expectations of their patients in this area, especially when they want to follow some special regimen?**

- The information about the diet is a motivation for nutrition counselling by the GP (43 %, *to be compared to the “standard 19%”*)
- Focusing on protein balance, omega 3...
- Biological prescription looking for deficiencies is always on request of the patient
- Vitamin B12 supplementation not initially prescribed by the GP

## 5. Barriers/promoters to changes in dietary behaviours IN CVD patients in general practice

- Estelle TANG – *Thesis to be defended on March 14, 2019*
- Qualitative research – face-to-face semi-structured interviews (*13 carried out, 7 analyzed,*)
- Exploration of 7 axes:
  - Patient perception of his/her disease
  - Dietary habits and lifestyle
  - Patient knowledge
  - Patient-GP relationship in help for changes
  - Personal history and mental representations
  - Patient environment
  - Proposals and suggestions

# provisional results...

- complex picture about the importance of psycho-sociological factors,  
*e.g. the progressive acceptation of the disease/disease denied or perceived as an acute traumatism*
- *To be completed before general conclusions can be drawn,*
- **but moving towards the definition of different typologies of patients that should be addressed differently by the GP**



# First concluding remarks



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# Second concluding remarks



# Additional Temporary concluding remarks

- Results from 5 theses as a starting point for a global picture of Nutrition (especially F&V) in general practice, from initial formation to GP practice and patients' expectations
- Picture more complex and sometimes different from that emerging from the Aprifel survey
- *Will be refined/updated after the completion of the 5 theses*
- *Should lead to new works for confirmations/refinements*
- *Should lead to a better design of helping tools for GPs*
- **possibly through considering different typologies of GPs' and patients**