



Service Priorities and Programmes

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Dietetics community partnership program on cardiac rehabilitation

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Introduction

Diet management requires cardiac patient's confidence for long-term body weight(BW) control to decrease the risk of cardiovascular disease(CVD). TMH Dietetic Department and the Hong Kong Society for Rehabilitation Community Rehabilitation Network(CRN) enriched the nutrition element of the Psychocardiac Rehabilitation Program(PCR) since September 2011. In a period of 14 weeks, Dietitian leads the first nutrition workshop to generate the confidence of dietary changes. Participants then attend the other nine workshops conducted by social worker of CRN to monitor dietary changes.

Objectives

(1) achieve dietary goal(s) (2) increase confidence in dietary changes (3) keep diet knowledge (4) prevent weight gain (5) decrease admission rate with CVD

Methodology

In the first nutrition workshop, height(meter), BW(kilogram), body mass index(BMI) and waist circumference(WC)(centimeter) were collected. Each participant set dietary goal(s) expected for a 100% achievement, declared confidence level of dietary changes with a maximum of 10 scores, and completed diet knowledge test with a maximum of 12 scores after the workshop. During the 14th week, CRN collected the above data again. About six months after the program, dietitian collected participants' BW and incidence of admission with CVD from Clinical Management System(CMS). SPSS(version 11) was used for statistical analysis. Frequency(%) was applied for lipid-lowering medication, achieved dietary goal(s), and admission with CVD; and one sample t-test for mean \pm SD for confidence level, diet knowledge, BW, BMI and WC. Wilcoxon Signed Ranks test compared the difference ($p<0.05$).

Result

Of the 28 completed data sets collected between September 2011 and September

2012, 26(92.8%) showed prescribed lipid-lowering medications and 27(96.4%) had dietary goal(s) achieved in the 14th week. From 1st to 14th week, confidence level of dietary changes was significantly increased(7.4 ± 2.4 to 9.5 ± 1.9 , $p=0.000$), no difference in diet knowledge(7.4 ± 1.9 to 7.5 ± 1.8 , $p=0.849$), WC was slightly decreased(91.8 ± 13.2 to 90.3 ± 12.9 , $p=0.044$), BW and BMI had no difference(BW: 69.1 ± 15.3 to 69 ± 15.3 , $p=0.933$; BMI: 26.5 ± 5 to 26.5 ± 4.9 , $p=0.923$). About six months after the program, BW and BMI were slightly decreased(BW: 69.1 ± 15.3 to 68 ± 14.5 , $p=0.033$; BMI: 26.5 ± 5 to 26.1 ± 4.7 , $p=0.031$) and no incidence of admission with CVD. The PCR is effective in achieving dietary goal(s), increasing confidence of dietary changes and keeping diet knowledge leading to long-term prevention of weight gain and decreasing the risk of CVD and admission rate.