



Nutrition Society Congress 2024, 2–5 July 2024

Identifying barriers and facilitators to reducing free sugar intakes in consumers exceeding UK recommendations: A framework analysis

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Despite dietary guidance in over 90 countries and resources like the UK's Eatwell guide, most individuals do not adhere to or achieve dietary aims^(1,2). Specifically in the UK, population intakes of free sugars remain above the <5% recommendation, at around ~10% of total energy intakes⁽³⁾. To improve adherence to messages such as 'reducing free sugars', it may be helpful to identify barriers and facilitators to adherence whilst individuals attempt to modify their dietary patterns.

Participants were randomly selected from a randomised controlled trial investigating the effects of three different types of advice to reduce free sugars vs control on reducing free sugar intakes⁽⁴⁾. A semi-structured interview explored barriers and facilitators to dietary adherence. Covariate adaptive randomisation ensured equal interviews at all timepoints across the 12-week study period and from participants in each trial arm. Data were analysed using framework analysis⁽⁵⁾.

Sixty-two interviews were conducted across a 12-month period between 2021-2022. Seven themes for barriers and facilitators to recommendation adherence, encompassing 14 subthemes, were identified: 1) Proof and impact; 2) Realities of life; 3) Personal balance and empowerment; 4) Habitual approach; 5) Is it possible?; 6) Extensive awareness and viewpoint; and 7) Power of knowledge. Emergent themes sit within a context where individuals were challenged to reduce their intakes of free sugars and/or accurately record dietary intakes, thus they relate specifically to a dietary recording and free sugar reducing scenario. Participant interviews detected both internal and external environmental factors contributing to approaches to change. These factors were interrelated to self and community awareness, describing how individuals may utilise knowledge and understanding. Intervention participants reported all themes more than control participants; excepting the sub theme 'limited impact.' There were no observable reporting differences between the three intervention groups. Over the 12-week study period, the positive sub-theme 'enables' within the theme 'power of knowledge' was more prominent at intervention delivery (week-1) than week-12. Additionally sub themes 'active' and 'empower' were reported more in those with higher adherence scores. These results suggest that dietary recommendations may need to be adapted to incorporate the stage at which dietary behavioural change takes place, with some focus also on maintenance as well as change. Overall, participant reports revealed that dietary advice needs to be appropriate for the person receiving it, easily understood, applicable, and actively engaging.

Our findings, when considered with the wider literature, may help us to better understand attempts to make dietary changes based on dietary advice, and support an individualised approach to dietary management. This greater understanding will help future advice to reduce free sugar intakes, including policy and public health initiatives.

Acknowledgments

This work was funded by Bournemouth University, UK, and The International Sweeteners Association (ISA), BE.

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