Can increased knowledge in nutrition and nutritional planning amongst caregivers prevent weight gain for adults with intellectual disabilities in municipality healthcare in Norway.

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Introduction: In Norway, people with intellectual disabilities (ID) live in a community-based setting. People with ID are exposed to a wide range of food choices and habits, which can lead to lifestyle challenges. Some of these may potentially exacerbate the development of lifestyle diseases, reduce quality of life or premature death. The level of nutritional competency that caregivers possess, understanding of nutritional value of food and understanding how much energy food contains is important knowledge in planning a healthy menu and to address dietary shortcomings.

Aim and method: Our aim was first to map and establish a method to ensure sufficient nutrition knowledge among carers of people with ID living in group homes; as carers have an essential part in food provision for residents; giving them a unique ability to work preventive. Secondly, to explore if increased nutritional knowledge among caregivers can prevent gaining weight in six new residents the first year into a new municipal group home.

Before six adults with ID (4 men; 2 women) moved into their new homes, the caregiver’s nutrition competency was mapped, using a self-developed questionnaire. Based on the findings, the caregivers were educated by clinical dietitian and other experienced personnel. This included establishing routines, writing nutrition plans, learning methods and tools to better guide residents with ID in decision making regarding nutrition. There were first weekly, then monthly follow-ups from clinical dietitian the first year.

A clinical dietitian surveyed the potential underlying nutritional challenges before the person with ID moved in, with questions regarding eating habits, competency of eating, medications, weight history, specific syndromes (Downs Syndrome etc.). This information provided the foundation for drawing up individualized nutrition plans.

Key findings: The findings in the questionnaire showed that caregivers were unfamiliar with Norwegian dietary guidelines and reported uncertainty related to diet – disease relationships. Searching for proper nutritional information in national professional guidelines or equivalent journals also scored lower, demonstrating that caregivers were uncertain where to find relevant information. A lack of competency was identified among the caregiver in general nutrition, and the main view of reducing obesity was to focus on sugar content, rather than the total energy content.

Caretakers measured weight within the first week when persons with ID moved in and continued monitoring and evaluating weight changes. After a year, the weight was stable and, in some male
participants, weight reduction was achieved. Meanwhile the female participants seem to have greater difficulties maintaining or losing weight.

**Conclusion**: Preparing caregivers before people with ID move from parents’ home to community-based setting, gives positive outcomes in both nutritional competency and overall readiness, providing people with ID better assistance when it comes to nutrition. This can prevent bad nutritional habits and reduce risk of lifestyle diseases.

**Implications**: Focus on establishing good nutritional habits as early as possible and improving the competency of caregivers’ knowledge in nutritional planning, is relevant in preventative healthcare and part of formal education. Access to competent personnel, such as a clinical dietitian, was reported as a success factor by caregivers.