The Metabolic Syndrome - the public’s perspective

Consumer perceptions of Metabolic Syndrome - findings from the qualitative studies

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Heather Parr

NICHE, School of Biomedical Sciences
University of Ulster at Coleraine,
Northern Ireland
hj.parr@ulster.ac.uk
LI PGENE: Activity 5 Work-Package

WP 5.1: Qualitative consultation with consumers and stakeholders

5.2: Model Metabolic syndrome & Psychosocial factors

5.3: Survey in six EU countries

Demonstration

Animal & Human Nutrition

Plant Biotech

Dissemination

www.nutrition.org.uk
Consumer Perceptions of Metabolic Syndrome

WP 5.1 Aims & Objectives

- Understand the European consumer and stakeholder viewpoint
- Generate hypotheses to test by six-country consumer survey and interpret findings
- Design of demonstration projects
Qualitative Research methods

- Broad /deep understanding of new topic
- Process is dynamic, interactive
- Rigorous research using multiple perspectives, data sources, methods, analysts
- Conduct pilot study
- A ‘grounded’ theory approach
Method - Research plan

● WHAT do we need to know?
  – Consumer attitudes/ opinions on:
    Functional genomics and personalised nutrition
    Sources of health information,
    Functional foods especially lipid altered diets and foods

● WHO to ask?
  – General, overweight and diabetic consumers

● WHEN was the study carried out?
  – During 2004/2005

● METHOD
  – Topic list guide
  – Face to face informal interviews n=20 (UK) (PT)
  – Focus groups n=14 (UK) (PT)
Method - Data

- Ethical approval
- Contact/ recruit consumers
- Data collection:
  - Audio record for accuracy
  - Transcribe verbatim
  - Analyse for themes
- Data analysis:
  - Multiple analysts
  - Computer software MaxQDA® and QSR Nu*dist®
Results - Food/health themes

1. Health perceptions
2. Barriers to healthy lifestyle
3. Perceptions of food quality
4. Functional foods
5. Genetically modified foods/agriculture
6. Functional Genomics
7. Food labelling and claims
1 - Health Perceptions

Unrecognised terms:
- Metabolic syndrome
- Insulin resistance syndrome
- Reaven’s syndrome, Syndrome X

‘.. metabolic rate.. the rate your body uses up..?’
F, age 26-33

‘..I take it MS is something to do with the rate your body uses up food and things’
F, age 26-33
1 - Health Perceptions

Unrecognised terms:

- Metabolic syndrome
- Insulin resistance syndrome
- Reaven’s syndrome, Syndrome X

‘Insulin resistance..
There’s different types of Diabetes isn’t there?’ F, age 42-49
1 - Health Perceptions

Unrecognised terms:
- Metabolic syndrome
- Insulin resistance syndrome
- Reaven’s syndrome, Syndrome X

Obesity and lifestyle compression

In children:-
- Physical activity
- TV/ computer games
- School travel time and safety
- School meal nutrition

In adults:-
- Cooking skills
- Knowledge of nutrition
- Convenience/fast foods
- Expense of physical activities
1 - Health Perceptions

Unrecognised terms:
• Metabolic syndrome
• Insulin resistance syndrome
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Obesity and lifestyle compression

In children:-
• Physical activity
• TV/ computer games
• School travel time and safety
• School meal nutrition

‘encourage parents to cook more at home.’ (F, age 58+)

“The government (can help).. too much salt and sugar (in retail foods)’
(M, age 34-41)

In adults:-
• Cooking skills
• Knowledge of nutrition
• Convenience/fast foods
• Expense of physical activities
2 - Barriers to Healthy Lifestyle

- Nutrition in dining out/convenience
- Pester power
- School meals (UK)
- Nutrition education in schools criticised
- Slimming clubs and gym expense
- Lack of support to change
- Weight maintenance difficult (yo-yo)
- Fatty foods cheaper in price
- High cost to health service to care for sick
- Apathy, individual responsibility

‘I had a ‘no tins’ mother.. there’s a capital J for junk now in most peoples diets. And pester power.. I keep saying to my 4 year old, ‘put it back’.’ (F, age 42-49)
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‘school dinners are diabolical.. we need to develop healthy eating habits with young children..’ (F, age 58+)

‘bring back cooking skills in schools..’ (F, age 58+)

‘we didn’t know what she was eating (in school meals), so we put her on packed lunches. ..(my) boys’ school is all burgers, chips (M, age 34-41)
2 - Barriers to Healthy Lifestyle

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‘(slim club) £5 a week is a lot of money ..to eat healthy; low fat fish, chicken and all that kind of stuff is much more expensive’ F, age 42-49

‘it’s .. how you’re brought up ..as to ..how your lifestyle will follow on’ F, age 42-49
2 - Barriers to Healthy Eating

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‘There’s the cost to look after people (who are ill) (F, age 58+)
‘they end up in hospital at the end of the day.. (beds) taken up by people who should really be watching their diet’ (M, age 18-25)
‘Sickness and ill-health is a problem for everybody’ (F, age 26-33)
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‘common sense’
F, age 58+

‘they... can’t make laws to prevent what’s happening... it’s the culture of fast food that’s hard to change now... can’t make people’
F, age 58+

‘people... are aware themselves’
F, age 42-49
3 - Perceptions of Food Quality

Quality foods perceived ‘natural’ and ‘organic’

- Referred to as (prohibitively) expensive (35%)
- Perceived as tastier, ‘better for you’
- Scepticism over quality assurance and environmental impact
- Mass production and sustainability problems

Food choice depends on:

- Habit, brand, additives, e. numbers
- Taste, packaging, marketing, adverts (suspicion)
- Labelling, Claims, Origin (PT)
- Price
- Emotion
- Lack of time

‘Tastier..less pesticides’ F, age 34-41

‘Sometimes I read them.. But are they real?’ F, age 34-41

Convenience
Pre-prepared
Minimal cook time
4 - Functional Foods

- Concept generally not recognised
- More expensive than standard foods
  - ‘expense’ F, age 42-49; F, age 50-57
  - ‘thought about it but the price put me off’ F, age 58+
- Heard of ‘good/ bad’ fats (55%)
- Scientific terms confusing
- Scepticism of claims on health foods
- Purchase fruit (PT), fibre (PT), fortified cereals, lipid altered spreads to lower cholesterol (Becel™ (PT) Flora Proactiv™ (UK) Nestlé™ Benecol™), dairy produce (low fat yogurts & yogurt drinks)
- In supermarkets or health food shops

‘we talk about the goods fats in oily fish, ..and.. bad fats, the hidden fats in cakes’ F, slim group
5 - Genetically Modified food / agriculture

Lack of knowledge/information

Quantity impaired as controlled
Lack of biodiversity

Health and environment fears
‘defies Mother Nature’
‘genie in bottle’
manipulated

NO!

Negative media driven

‘(GM) Not the real thing, not natural’ F, age 42-49
‘you just don’t mess with mother nature..that’s where all this mad cow disease came from’ F, slim group ‘..they’re interfered with’ F, age 42-49
‘..Foods tampered with, to make cheaper.’ M, age 18-25

‘not very good for you.. from the TV’ F, age 50-57

‘in years to come it (GM) may not be good compared to naturally grown (foods)’ F, age 58+
5 - Genetically Modified food / agriculture

- Lack of knowledge/information
- Quantity impaired as controlled
- Lack of biodiversity
- Health and environment fears
  - ‘defies Mother Nature’
  - ‘genie in bottle’
  - manipulated
- If proven
  - Healthier
- Need more info
- Negative media driven

MAYBE!

‘..labelling would have to be clear’ F, age 42-49
‘I would worry.. in the back of my mind.. seen on the news’ F, age 26-33

NO!
5 - Genetically Modified food / agriculture

Lack of knowledge/information

YES!
- Quality/safety improved
- Quantity increased
- Improve health
- ‘Already eating it!’

MAYBE!
- If proven
- Healthier
- Need more info

‘we’re already buying it.. vegetables’ F, age 58+
‘is it good or bad? I probably would, yes’ M, age 34-41
‘no difference, I’d pick it up anyway’ M, age 50-57
‘are not bad.. the mistake is.. in the kind of information people get’ M, age 34-41

‘Feed the world’

Negative media driven

Cheaper!

‘Already eating it!’

Increased variety

‘Already eating it!’
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Negative media driven
5 - Genetically Modified food / agriculture

- Lack of knowledge & information was reported by 50%
- 5% had never heard of Genetic Modification (UK)
- Knowledge (and lack of) are not barriers to purchase
- 25% would not purchase GM foods, stating negative media coverage & long term worries about GM
- Tomatoes, rice, corn and soya were recognised as GM foodstuffs
Theme 6 - Functional Genomics

- Positive reaction to preventing ill health risk
  - ‘you could get run over by a bus tomorrow’ F, age 42-49
  - ‘what you don’t know can’t do you any harm’ F, age 50-57
  - ‘I wouldn’t want to know the future’ M, age 34-41

- Fatalist (approx. 35%)
  - ‘(I’d want to know).. So you could modify your diet.. your lifestyle or take appropriate advice’ F, age 34-41

Pill?
- Fast acting
- Supplement
- Medical rigour
- Dosage - tick box
- Dosage precise

Food?
- Not medical
- Slower release, easy to digest
- Concern with dosage
- ‘Natural’
- Enjoyment

- Acceptability of functional food made with GM reduced by 40%
- Concerns: misleading results, need support, life assurance
**Theme 6 - Functional Genomics**

- Positive reaction to preventing ill health risk
- Fatalist (approx. 35%)
- Consumers preferred functional food (80%) to medication (15%) seek advice from GP (5%):

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‘No, think of the insurance’ (F, age 58+)
Theme 7 – Food labelling and claims

- Some mistrust of health claims/ marketing
- Lack of time to read labels (50%)
- Print too small (elderly)
- Responsibility on retailer/ manufacturer to highlight ‘unhealthy ingredients’
- Food nutrition confused by dietary regimes e.g. Atkins

‘(good diet is about) Balance. ..moderation.’ F, age 42-49

‘It seems to me that the diets will fail if you have to deprive yourself. .. lifestyle change (is needed) F, age 34-41
Summary conclusions

- Awareness of Metabolic Syndrome is very low
- Consumers are ill informed about GM foods
- Functional food concept not recognised
- Functional Genomics in personalised nutrition widely welcomed
- Majority (80%) would choose functional food over pill to address specific health concern
- Current acceptance of such functional food reduces with GM ingredients by approximately 40%
Recommendations

- Consumers interested in more information on:
  - Metabolic Syndrome
  - Functional genomic benefits
  - Balanced, informed debate on GM foods to prevent ill-health problems

- Information sources to be in simple language, easily accessible and trusted source (health professional)

- Policy makers to action lifestyle changing initiatives to reverse rising trend of obesity and associated costs of morbidity and mortality*

*Junk food ad crackdown announced’ 17.11.06
www.news.bbc.co.uk/1/hi/health/6154600.stm
Future work

- **Peer reviewed publications**
  - Qualitative (workpackage 5.1)
  - Psychosocial survey (workpackage 5.2)
  - Six country survey (workpackage 5.3)

- **FP7 EU Framework 7**
  - Collaborations in progress
  - Contacts welcomed!

Contact: hj.parr@ulster.ac.uk
        b.knox@ulster.ac.uk
Personnel involved

University of Porto – Faculty of Science and Nutrition

- Prof. M. Daniel Vaz de Almeida
  - mdvalmeida@fcna.up.pt
- Silvia Pinhao
  - silviapinhao@fcna.up.pt

University of Ulster - (NICHE) Northern Ireland Centre for Food and Health

- Dr. Barbara Stewart
  - b.knox@ulster.ac.uk
- Heather Parr
  - hj.parr@ulster.ac.uk