

Education about risk factors for both cancer and CVD led to increased fruit consumption in targeted population

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Disease education about overlapping behavioral risk factors for both cancer and cardiovascular disease led to small changes in dietary behavior among a community-based sample of African-American adults, according to data presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research, held here Oct. 16-19, 2012.

"When working with populations that do not meet recommended guidelines for health promotion and disease prevention, we found that a more impactful way to help them understand the implications of their decisions was to help them understand that one risky behavior, such as [poor diet](#), is associated with the likelihood of developing multiple diseases," said Melanie S. Jefferson, M.P.H., research coordinator at the Medical University of South Carolina in Charleston.

Jefferson and colleagues conducted a [randomized trial](#) to evaluate the effect of two risk-factor education programs among 212 African-American adults. Researchers assigned participants to either the integrated risk counseling protocol or the disease-specific protocol.

Participants assigned to the integrated risk counseling protocol received education about the overlap in [behavioral risk factors](#) for cancer and cardiovascular disease. Those in the disease-specific group received education only about behavioral [risk factors](#) for cardiovascular disease.

Both protocols included techniques from motivational interviewing and interactive activities designed to increase fruit and vegetable intake and physical activity.

Participants provided self-reported feedback at baseline and after one month of each protocol.

Researchers found that participants assigned to the integrated counseling protocol increased fruit intake significantly compared with those assigned to the disease-specific protocol. At baseline, only 37.4 percent of participants in the integrated risk counseling group met recommended guidelines for fruit intake. By follow-up, that number increased to 57.4 percent. In contrast, 31.1 percent of patients in the disease-specific group met fruit recommendations at baseline. After one month of counseling, 41.5 percent met the recommendation.

No significant increases were found in [vegetable intake](#) or physical activity.

"Our findings suggest that behavioral risk-factor education has some short-term benefits in terms of changing health behaviors. However, it may be difficult for individuals from medically underserved populations to make multiple behavioral changes at once," Jefferson said. "Future studies are needed to determine if there are differences in responses to interventions that address one versus multiple behavior changes in populations that have limited financial and health care resources."

Provided by American Association for Cancer Research

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