All About Reducing Salt

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Introduction & Background

- US Food & Drug Administration\(^1\) recommends:
  - <2300mg of daily sodium consumption (general population)
  - <1500mg (at risk)
- A 2012 study\(^2\) shows:
  - 99.4% of US adults consume >1500mg sodium
- Most research focus on dietary salt intake & health consequences (i.e., blood pressure, cardiovascular-related deaths)\(^3, 4\)
  - Fewer studies address patients’ attitudes and barriers\(^5, 6\)
- Healthy People 2020\(^7\)
  - Decrease number of adults with hypertension (HTN); target 26.9%
  - Estimated 29.9% US adults had HTN in years 2005-2008
- There is a need to assess patients’ beliefs, knowledge, and barriers with respect to following a low-salt diet
Methodology

• Questionnaire packet administered to patients attending either Diabetes or HTN class over 2-week period
  • 7/28 – 8/8/14, 4 sessions total

• Questionnaire packet available in English & Spanish:
  • Cover sheet with instructions
  • Demographic Questionnaire (age, gender, race & ethnicity)
  • Dietary Sodium Restriction Questionnaire (DSRQ)\textsuperscript{8}
    • 4 Parts consisting of questions using a rating scale
      • Part 1 (Q1-11): General Information
      • Part 2 (Q12-23): Perceived Behavioral Control Subscale
      • Part 3 (Q24-27): Subjective Norm Subscale
      • Part 4 (Q28-34): Attitudes Subscale
  • Translated into Spanish & back-translated
Results

• Participants
  • Total 20 participants (13 F, 7 M)
    • 23 Questionnaires distributed, 3 declined (response rate 87%)
  • 100% Latino/Hispanic & majority in 51-60 age group

• Part 1 (Q1-11)
  • 40% (N=8) reported they were prescribed a low salt diet by a health care provider
  • 50% (N=10) reported that they try to follow a low salt diet
    • Note that these two groups overlapped (N=5)
Results: Part 2

• Part 2: Perceived Behavioral Subscale (Q12-23)
  • *Indicate below, how much the following items keep you from following a low salt diet* [from 1-5 (1= not at all; 5 = a lot)]
    • *Examples: Cost of low-salt foods, time to prepare foods, etc.*

• Average ratings shown below
Results: Parts 3 & 4

• Part 3: Subjective Norm Subscale (Q24-27)
  • Rate from 1-5 (1 = not at all; 5 = a lot) to statements (e.g., My doctor thinks I should follow a low-salt diet)

• Part 4: Attitudes Subscale (Q28-34)
  • Rate from 1-5 (1 = not at all; 5 = a lot) to statements (e.g., It is important for me to follow my low-salt diet)
Discussion & Conclusion

• At least 50% try to follow a low-salt diet w/o MD’s order
• No universal barrier to eating a low-salt diet
• Average ratings more consistent throughout Parts 3 & 4
  • Most acknowledge relationship between low-salt diet and health
  • Most acknowledge importance of low-salt diet

• Limitations
  • Small sample (N=20)
  • Incomplete responses & response bias possible
  • Literacy not assessed due to limited time
  • DSRQ originally developed for patients with heart failure and were predominately white
Recommendations

- Need for individualized plans
  - Address both cultural and financial barriers
- For future data collection
  - Obtain larger sample
  - Assess literacy prior to questionnaire distribution
  - Assess motivational level
  - Provide one-on-one guidance & offer more time
References


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