



The Mediterranean Diet Score as a Medical Student Patient Counseling Tool in the Primary Care Setting

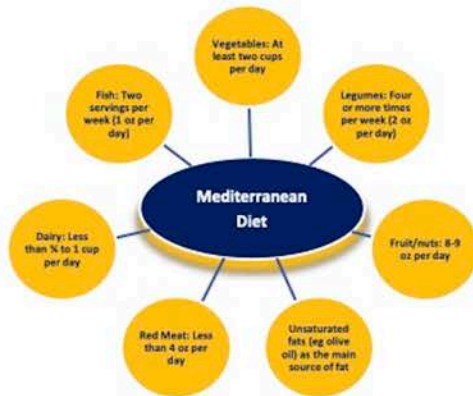
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INTRODUCTION

- The Mediterranean Diet has been adopted in the ACC/AHA guidelines for prevention of stroke and cardiovascular disease.
- High conformity to the diet (6-9) vs low conformity (0-3) is associated with a significant reduction in all cause, CVD, and cancer mortality (21%, 20%, and 17%, respectively) in men and a 20% reduction in all-cause mortality and 12% reduction in cancer mortality in women.
- Additionally, it has been studied that an increase in a person's MDS could reduce all cause mortality by 25%
- Question: Could in-clinic counseling help patients to increase their MDS by 2 points and maintain that change?



STUDY DESIGN: Prospective cohort study using MDS as a dietary assessment tool and basis for counseling with aim to motivate patients to improve diet and increase score by 2 points and maintain that change for at least 3 months

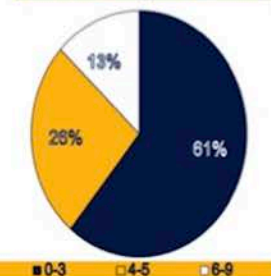
APPROACH

- Ten WVU Culinary and Lifestyle Track (CLMT) medical students were trained in patient interviewing, taking a nutritional history and calculating a patient's Mediterranean Diet Score (MDS) in WV Eastern Panhandle primary care clinics.
- After reviewing score with the patient, the students assisted the patients in making personal goals to increase their MDS by 2 points.
- Medical students planned follow-up by phone to assess progress



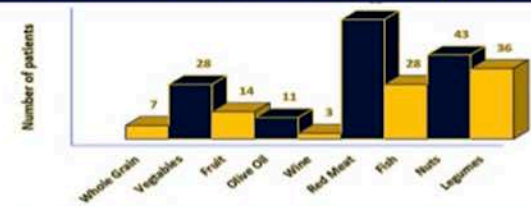
Results: 106 patients initially assessed in a 3 week period

MDS of Primary Care Patients



- 61% scored between 0-3 indicating low conformity.
 - 26% scored between 4-5 indicating moderate conformity.
 - 13% between 6-9 indicating maximum conformity.
- Average score was 2.97- consistent with average US population value.

Stratification Across MDS Categories



At baseline:

- Patients were **most likely** to receive points for:
 - Nuts daily, legumes at least 4 times weekly, and red meat less than 4 oz a day
- Patients were **less likely** to receive points for:
 - Daily olive oil, wine, fruit and whole grains

Follow-up

Group 1: Unfortunately, only 22/53 patients were able to be contacted for follow-up, and none of them confirmed that they had maintained their goals

Group 2: Amazingly, none of the patients were able to be reached at the call point of 12 weeks.

Inability to establish follow-up contact was extremely disappointing and unexpected

The CLMT students had returned to their 2nd year classes, and were not calling from patients' PCP's office. This may have made patients leery to taking call.

Considerations

Another, more effective method for follow-up is needed in future

More timely follow-up may have been more effective as well – waiting for 4 weeks was obviously too long-

Begin with weekly reminder to check off understanding and motivations, and then more regular contact via physician's office after that.

Follow up can be arranged through inpatient portals, as studies have indicated patients are receptive to online messaging programs. Possibly via Doximity with office phone number showing, or written materials reminders via the physician's office.