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Effect of a peer support intervention to encourage adoption and maintenance of a Mediterranean diet in established community groups: A cluster randomised trial

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The TEAM-MED (Trial to Encourage Adoption and Maintenance of a Mediterranean Diet) is a theory-based, culturally tailored intervention. Its aim is to pilot test a community and group-based peer support (PS) programme - for encouraging adoption of the Mediterranean Diet (MD) in adults at high CVD risk in Northern Ireland - and compare to a proven intensive MD intervention (based on the PREDIMED model)⁽¹⁾ and a minimal MD education intervention. Due to the study design PS groups were newly formed.

Recent research suggests that established groups involving individuals with similar socio-demographic characteristics and established social networks may experience greater social cohesion and engagement compared to members in newly formed groups⁽²⁾. This study is an extension of TEAM-MED and aims to explore the effect of a peer support intervention in already established community groups.

Recruited community groups were randomised to receive either a peer support (PS) intervention or a minimal MD intervention of education materials (control). Peer supporters were trained to deliver the intervention; this consists of 11 group-based sessions delivered over 12 months. Sessions last up to 2 hours and contain a behaviour educational component. Control groups were provided with written educational literature focusing on the MD. The underpinning theoretical framework for the intervention is based on the social support model and behavior change techniques e.g. social support, goal setting, self-monitoring and problem solving.

Outcomes are assessed at baseline, 3, 6 and 12 months. The primary outcome assesses change in habitual Mediterranean Diet Score (MDS) at 6 months from baseline (adoption). Secondary outcomes assess change in MDS at 12 months from 6 months (maintenance) and change in other markers of nutritional status.

N = 2 community groups were randomised to the PS intervention and n = 2 to the control group. Groups were homogenous in terms of gender and socio-economic status with an average of n = 8 participants per group. Interim analysis suggests that both the PS and the control groups increased MDS scores by 2.6 (95 %CI 0.5, 4.6) and 3.3 (95 %CI 2.0, 4.6) respectively at 6 months from baseline; between group differences were not significant at 6 months (p = 0.47).

Preliminary analysis suggests that the PS intervention and the control group both led to increased habitual MDS scores at 6 months. One year follow-up results (June 2017) will allow us to evaluate if the PS intervention encourages the maintenance of a MD longer term.

1. Estruch R, Ros E, Salas-Salvado J, *et al.* (2013) *NEJM*. **368**, 1279–1290.
2. Hunt K, Wyke S, Gray C.M, *et al.* (2014) *Lancet*. **383**, 1211–1212.