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Dietary quality and patterns and non-communicable disease risk of an Indian community in KwaZulu-Natal, South Africa

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L imited data exist on the South African Indian diet despite their high prevalence of non-communicable diseases. This study Lattempted to determine the dietary quality and patterns of an Indian population in KwaZulu-Natal with reference to the high prevalence of non-communicable diseases. Two-hundred-and-fifty apparently healthy Indians, aged 35-55 years participated in a cross-sectional study where diet was assessed using a validated quantitative food frequency questionnaire. Mean intakes were compared to the WHO goals. Dietary quality was determined by index construction and dietary patterns by factor analysis. The mean daily percentage of energy (%E) from n-3 fatty acids (0.24 %E), dietary fibre (18.4 g/day) and fruit and vegetable intakes (229.4 g/day) were below the WHO goals. Total fat (36.1 %E), polyunsaturated fatty acids (11.8 %E), n-6 fatty acids (11 %E) and free sugars (12.5 %E) exceeded the goals. The Pearson partial correlation coefficients between the deficient index and risk markers were weak whilst, the excess index was inversely correlated with waist circumference for the whole sample. Two factors were identified, based on the percentage of fat that contributed to each food group: Factor 1 (meat and fish versus legume and cereal pattern), which accounted for added fat through food preparation and Factor 2 (nuts and seeds versus sugars and visible fat pattern), which accounted for obvious fat. The medians for waist circumference, blood glucose, cholesterol and triglyceride levels showed significant decreasing trends for factor 2 (p<0.01). When assessing the diet quality and patterns, guidance on the prudent use of added fats may lead to a healthier lifestyle.

Biography

Ashika Naicker has completed her PhD from the North West University, South Africa. She is a Senior Lecturer at the Durban University of Technology in the Department of Food and Nutrition.

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