

Abstract

Women are More Adherent to Low Sodium Diet Recommendations than Men

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Background: Despite the importance of the low sodium diet to heart failure (HF) management, adherence is poor. There are important gender differences in some aspects of HF, including better outcomes in women. However, little is known about gender differences in adherence or factors that affect patients' ability to follow sodium-restricted diet (SRD) recommendations. The purposes of this study were to determine whether there were gender differences in (1) adherence to SRD recommendations and (2) knowledge of and barriers to following such a diet. **Methods:** In this study, objective evidence of adherence to a SRD was measured using 24-hour urinary sodium excretion (UNa) obtained under circumstances designed to ensure reliability and validity. The Heart Failure Attitudes and Barriers questionnaire was used to measure knowledge and perceived barriers to following a SRD. **Results:** A total of 68 HF patients (41 men; 27 women) participated in this study (ejection fraction $30 \pm 12.9\%$; age 63 ± 14 years). Women reported receiving a SRD prescription from health care providers more frequently than men (93% vs. 71%, $p=.05$). Although more women reported that following a SRD was difficult than did men (65% vs. 33%, $p<.05$), they were more adherent to the SRD than men (2713 vs. 3859 mg/ 24 hour UNa, $p=.01$). With regard to knowledge, women recognized signs of excess sodium intake such as fluid build-up ($p=.001$) and edema ($p=.01$) more often than men. Women had better understanding of appropriate actions to take related to following a SRD, such as the need to eat fresh foods ($p<.01$), maintain dry weight ($p=.05$), and avoid convenience foods ($p<.01$). With regard to perceived barriers, there were no gender differences observed in these common barriers to following a SRD: 1) difficulty picking out low-salt foods on menus or at the grocery, 2) favorite foods not being low-salt, 3) poor taste of low-salt foods, 4) low-salt foods not served in restaurants, 5) family and friends not eating or cooking a low-salt food, 6) cost of SRD, and 7) time required to prepare foods. **Conclusions:** Although men and women perceived similar barriers, women were more adherent to the SRD and had greater knowledge about following a SRD. Further investigation of this phenomenon is warranted to determine if better adherence contributes to improved outcomes in women.