

1st national cross-sectional study on meal/snacks and alcohol habits among community-dwelling elderly in Cameroon

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Dietary habits among elderly are known in certain African countries⁽¹⁾ but not in Cameroon. The aim of this study was to assess meal/snacks, alcohol frequencies consumption, socio-demographics, and health variations among community-dwelling elderly (>=60 y.o.) in Cameroon.

Food frequency questionnaire was used for meals/snack frequency, and 24 hour-recall for alcohol consumption. The protocol was approved by the Ethics Committee of the University of Douala (Cameroon), data were collected after consent from the participants or their legal representatives. Statistics were performed at 5% threshold.

599 people were included, aged 68.9±7.2 y with a sex ratio M/F of 0.93, 33.5% of the population was urban and 66.5% rural. The sample was representative of the elderly population of the country (age 68.6y; sex ratio M/F: 0.9; 33.5% in urban vs. 66.5% in rural). The number of meals was 2.0±0.8/d, higher in urban areas (2.2±0.8, $p > 0.001$), among 60–69-year-olds (2.1±0.8, $p = 0.004$), educated (2.1±0.8, $p > 0.001$), active (2.1±0.7, $p > 0.001$), those with an income (2.0±0.8, $p = 0.014$), without pathology (2.4±0.7, $p > 0.001$), not taking classical medication (2.2±0.8, $p > 0.001$). Breakfast was consumed by 65.9%, more often in urban areas (76.1%, $p < 0.001$), among 60–69 yr. (72.1%, $p < 0.001$), married (75.5%, $p < 0.001$), educated (71.1%, $p < 0.001$), without pathology (82.2%, $p < 0.001$). Lunch was consumed by 55.1%, more often in urban areas (63.2%, $p = 0.005$), among married (67.1%, $p < 0.001$), educated (66.1%, $p < 0.001$) and those without pathology (70.3%, $p < 0.001$). Dinner was consumed by 78.3%, more often in urban areas (85.6%, $p = 0.002$), those with income (81.2%, $p < 0.001$) and those not taking any classical medication (88.7%, $p < 0.001$). 29.7% took at least one snack during the day more often in urban (44.3%, $p < 0.001$), among >=80 y old (49.1%, $p = 0.004$), educated (33.7%, $p = 0.003$), those without pathology (48.5%, $p < 0.001$) and those not taking classical medication (38.2%, $p = 0.002$). A morning snack was consumed by 17.7%, an afternoon one by 24.5% a night one by 12.4%. 7.3% consumed alcohol, more often among 60–69-year-olds (9.5%, $p = 0.021$), men (10.8%, $p = 0.002$), married/free union (11.2%, $p = 0.002$), head of household (9.6%, $p = 0.009$), active (10.3%, $p < 0.001$), with income (9.1%, $p < 0.001$), people without pathology (14.9%, $p = 0.003$), not taking any medication (12.4%, $p = 0.002$).

Weak meals frequency (2.0±0.8/d), as noted elsewhere (1), might lead to poor nutritional status. Food habits seem more favourable in urban areas, in educated persons and in absence of a pathology. Alcohol consumption is scarce.

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Reference

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