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Associations Between Diet Quality and Perceived Quality of Life in Overweight and Obese Older Adults

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Objective: To determine whether an association between health related quality of life (HRQOL) and dietary quality exists in overweight [body mass index (BMI) 25-29.9 kg/m^2] and obese (BMI ≥ 30.0 kg/m^2) older adults.

Design: A cross-sectional study.

Participants and Setting: One-hundred and nine overweight and obese older adults, 20 male and 89 female, ages 55-80 years from four Rhode Island senior centers. Participants were recruited from two urban senior centers, one in Warwick and one in Cranston, and two rural senior centers, one in North Kingstown and one in South Kingstown.

Measurements: Anthropometrics (height, weight, waist circumference, hip circumference, and BMI), diet quality [using the Dietary Screening Tool (DST)], and HRQOL (using the SF-12) were assessed at baseline. The DST score range was 0-100 with three categories of nutritional risk: at risk (<60), possible risk (60-75), and not at risk (>75). SF-12 summary score ranged from 0 to 100, with a higher score indicating better HRQOL.

Results: The mean age of participants was 68.87 ± 6.15 years and mean BMI was 33.4 ± 4.27 kg/m^2. According to DST scores, 32 participants were at nutritional risk, 52 participants were at possible nutritional risk, and 25 participants were not at nutritional risk. The mean SF-12 score among participants was 32.31±2.44. The current research used the median score (33) as the cut-point for low (≤33) and high (>33) HRQOL. Seventy-five participants scored low on the HRQOL and 34 participants scored high on the HRQOL using the method described above. There was no significant correlation between participants' diet quality measured by DST and perceived quality of life measured by SF-12. A Chi-square test for independence indicated no significant association between DST category and high or low HRQOL.

Conclusion: It was unexpected that there was no significant association between diet quality and perceived quality of life in this population. Other research studies have found an association between the physical component score of HRQOL as measured by the SF-36, a longer version of the SF-12, and dietary intake using a food frequency questionnaire, which provides more dietary information than the DST. It may be necessary to have the additional data that the SF-36 and the food frequency questionnaire provide on HRQOL and dietary quality, respectively, to find an association. However, for this study, the SF-12 and DST were used because both surveys reduce participant burden as they are shorter in length than the alternatives.