

Evaluation of Individual Lifestyle Habits According to Adherence to the Mediterranean Diet in Turkish Adults: A Cross-Sectional Study

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INTRODUCTION

The Mediterranean lifestyle positively affects social, physical, and environmental wellness. The effects of the Mediterranean diet, which has proven a wide range of health benefits, in promoting a healthy lifestyle are remarkable.

This study was aimed to evaluate some lifestyle habits according to the level of adherence to the Mediterranean diet in adults.



RESULTS

The participants were constituted by young (mean age: 28.42±7.83 years). The majority of the participants were single (67.3%), and their education level was university (65.1%).

Table 1. Evaluation of participants' MEDAS scores

	Total (n=590)
MEDAS classifications	n (%)
Low adherence	149 (25.2)
Moderate adherence	184 (31.2)
Good adherence	257 (43.6)
MEDAS scores	
Mean ± Standard Deviation	8.00 ± 2.16
Min-Max	1-13

The mean MEDAS score of the participants was 8.00±2.16; 43.6% had good adherence levels, 31.2% had moderate adherence levels, and 25.2% had low adherence levels (Table 1).

METHODS

In this cross-sectional study, data were collected through an online survey (Google forms) between October 2020 and February 2021.

The questionnaire was included demographic information (age, sex, education level, marital status), nutrition and lifestyle habits (meal consumption habits, smoking, alcohol, exercise, weight control), and the Turkish version of the Mediterranean Diet Adherence Screener (MEDAS).

MEDAS consists of 14 items, and the score given for each item is 0 or 1. The total score of MEDAS ≥7 was considered moderate Mediterranean diet adherence, and ≥9 was considered good Mediterranean diet adherence.

The study sample consisted of adults (aged 19-64) who approved the informed consent form and were recruited through the internet. Initially, 763 people were reached, a total of 173 people were excluded from the study (causes: chronic diseases, age, missing data), and ultimately the data of 590 participants (male: 127 (21.5%); female: 463 (78.5%)) were analyzed.

The research data was evaluated using SPSS 26.0 program for Windows. The Pearson chi-square test was used to compare categorical variables. The statistical significance level was accepted as p<0.05. Ethics committee approval was received for this study from Kırıkkale University Non-Interventional Research Ethics Committee (Decision No: 2020.08.16).

Table 2. Main and snack meals consumption habits of the participants according to the MEDAS classification

	Low adherence (n=149)	Moderate adherence (n=184)	Good adherence (n=257)	Total (n=590)	X ²	p ^a
	n (%)	n (%)	n (%)	n (%)		
Main meals						
Two	92 (61.7)	81 (44.0)	87 (33.9)	260 (44.1)	29.771	<0.001*
Three	57 (38.3)	103 (56.0)	170 (66.1)	330 (55.9)		
Main meals skipping¹						
Yes	119 (79.9)	119 (64.7)	153 (59.5)	391 (66.3)	17.750	<0.001*
No	30 (20.1)	65 (35.3)	104 (40.5)	199 (33.7)		
Skipped main meal²						
Breakfast	43 (36.1)	42 (35.3)	31 (20.3)	116 (29.7)	16.188	0.003*
Lunch	72 (60.5)	64 (53.8)	111 (72.5)	247 (63.2)		
Dinner	4 (3.4)	13 (10.9)	11 (7.2)	28 (7.1)		
Snacks						
0	23 (15.4)	29 (15.8)	21 (8.2)	73 (12.4)	34.454	<0.001*
1	73 (49.0)	57 (31.0)	76 (29.5)	206 (34.9)		
2	39 (26.2)	79 (42.9)	112 (43.6)	230 (39.0)		
≥3	14 (9.4)	19 (10.3)	48 (18.7)	81 (13.7)		
The most preferred foods in the snack³						
Fruits	29 (23.0)	64 (41.3)	134 (56.8)	227 (43.9)	81.061	<0.001*
Nuts	13 (10.3)	26 (16.8)	49 (20.8)	88 (17.0)		
Dairy products	11 (8.7)	18 (11.6)	19 (8.1)	48 (9.3)		
Pastry, bagels, etc.	14 (11.1)	7 (4.5)	7 (2.9)	28 (5.4)		
Packaged food products	59 (46.9)	40 (25.8)	27 (11.4)	126 (24.4)		

¹"Sometimes" answers were included in skipping meals ²It was evaluated among those who skipped the main meal (n=391). ³It was evaluated among those who consumed snacks (n=517). ^aPearson chi-squared test. *p<0.05.

61.7% of the participants in low adherence consumed two main meals a day, while 66.1% of the participants in good adherence level consumed three main meals a day ($\chi^2=29.771$; p<0.001).

Skipping meals was more common in the low adherence group (79.9%) than in the moderate adherence group (64.7%) and good adherence group (59.5%) ($\chi^2=17.750$; p<0.001).

The rate of skipping breakfast was higher in the low adherence group (36.1%) than in the good adherence group (20.3%) ($\chi^2=16.188$; p<0.05).

87.6% of the participants consumed snacks. While the majority in the good (56.8%) and moderate (41.3%) adherence groups preferred fruit consumption as a snack, the majority in the low adherence group (46.9%) preferred packaged food products consumption ($\chi^2=81.061$; p<0.001) (Table 2).

There was no significant difference between the Mediterranean diet adherence groups regarding smoking and alcohol consumption (p>0.05). Regular exercise was higher among in moderate adherence group (23.4%) and the good adherence group (30%) compared to the low adherence group (10.7%) ($\chi^2=19.664$; p<0.05). Regular weighing was more common among in moderate adherence group (62.0%) and good adherence group (65.8%) compared to the low adherence group (52.3%) ($\chi^2=7.208$; p<0.05) (Table 3).

Table 3. Smoking, alcohol consumption, exercise, and weight check habits of the participants according to the MEDAS classification

	Low adherence (n=149)	Moderate adherence (n=184)	Good adherence (n=257)	Total (n=590)	X ²	p ^a
	n (%)	n (%)	n (%)	n (%)		
Regular physical activity						
Yes	16 (10.7)	43 (23.4)	77 (30.0)	136 (23.1)	19.664	<0.001*
No	133 (89.3)	141 (76.6)	180 (70.0)	454 (76.9)		
Smoking						
Yes	39 (26.2)	35 (19.0)	43 (16.7)	117 (19.8)	5.400	0.067
No	110 (73.8)	149 (81.0)	214 (83.3)	473 (80.2)		
Alcohol consumption						
Yes	51 (34.2)	52 (28.3)	84 (32.7)	187 (31.7)	1.560	0.458
No	98 (65.8)	132 (71.7)	173 (67.3)	403 (68.3)		
Weight Check						
Yes	78 (52.3)	114 (62.0)	169 (65.8)	361 (61.2)	7.208	0.027*
No	71 (47.7)	70 (38.0)	88 (34.2)	229 (38.8)		

^aPearson chi-squared test. *p<0.05.

Conclusion

As a result of this study, it was seen that the Mediterranean diet model not only represents a healthy diet but also is an integrative part of healthy behaviors.



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