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A Lack of Knowledge and a Fear of Food Triggers Suffering in Patients with a History of Acute Diverticulitis: An Interpretative Phenomenological Analysis

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Corrupted diet-disease knowledge and fear of food trigger suffering in patients with a history of acute diverticulitis BOND UNIVERSITY **Queensland** Government

An interpretative phenomenological analysis



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Introduction

The inpatient dietary management for acute diverticulitis routinely includes dietary restrictions despite a lack of evidence for this approach.

Purpose

understand the impact of dietary restrictions for the 0

The lack of qualitative research prevents understanding the patient experience, which is a barrier to providing patient-centred care.

Findings

Participants' described experiencing a phenomenon we have called the "fear of food framework"; which sits within a context of "corrupted diet-disease knowledge" and is triggered by a "fear of food".

Cycle recommences with increased

Dietary restrictions

management of acute diverticulitis on patient experience.

Methods

Four semi-structured in-depth face-to-face interviews were conducted with adult patients admitted to a public hospital in South East Queensland, Australia, for acute, uncomplicated diverticulitis treatment. All participants had experienced acute diverticulitis previously, with the first episode ranging from 6months to 30-years ago.

Interviews were analyzed following the interpretative phenomenological analysis (IPA) framework.

Trigger: Fear of food

Food was used as a vehicle of blame and causality for the unknown aetiology of diverticulitis occurrence

fear of food

"I'm more dubious [about "to the second sec food] now... I'm going to work harder"

"I'm very careful with foods that I do eat, I'm a bit nervous"

Loss of culture

"we..had Christmas, my husband kept telling me 'you can't eat that'"

Internal locus of control

"I've just got to deal with it...It's your[own] fault you're in here"

Outcome: Psychological

pain

"they're not the one

suffering"

Social stigmatization

"they [friends] laugh at me"

Diet "failure"

"after I had the food yesterday that's when I had the big pain"

Vulnerability and burden

"The doctors said I can only have" clear fluids obviously its common practice with the disease"

Orrupted diet-disease knowledge Patients, family, health professionals



A multidisciplinary collaborative approach is needed to avoid unnecessary dietary restrictions and negative food associations to prevent avoidable psychological pain by patients. Increased research is needed regarding the dietary management of diverticular disease to improve quality of life and establish a consistent dietary management approach.