

## Nutritional knowledge of primary health care physicians in Jeddah, Saudi Arabia

*To the Editor*

I read the interesting article by Al-Zahrani and Al-Raddadi<sup>1</sup> on the nutritional knowledge of primary health care physicians in Jeddah, Saudi Arabia. At the forefront, primary health care (PHC) physicians have the opportunity to encounter many patients with diseases that have nutrition in their etiology and management. Though PHC physicians are less competent than nutrition specialists in the diagnosis and treatment of nutritional disorders, they can still play an important role in screening and referral of suspected cases to nutrition specialist and providing suitable educational measures. I have 6 comments regarding the aforementioned study.

First, the authors stated that most of the studied PHC physicians (83.5%) were general practitioners (GPs) followed by family physicians (board certified) and pediatricians. They did not state the exact number and percentage of the latter 2 specialists. This is important during analyzing the scoring of their performance.

Second, pediatricians are primarily concerned with the nutritional diseases in children and that represent one of their major careers. The applied questionnaire as shown in Table 1 is really devoid of questions specifically concerned with the pediatric nutrition. The questionnaire, therefore, seems unable to precisely assess and score the nutritional knowledge of pediatricians participated in the study.

Third, the authors demonstrated the disappointed figures of the overall mean mark for correctly answering the questions in the questionnaire (52.1%) and poor self-description of nutritional knowledge (81%) among the studied PHC physicians. I wonder whether the figures were evenly distributed among various specialists or some variations did exist.

Fourth, the inverse correlation between nutritional knowledge and age and years of practice as shown in Table 3 is interesting. It probably reflects the over-reliance and satisfaction of studied PHC physicians with their old medical knowledge, suspended clinical activities, and the lack of ambition to update their medical knowledge, an attitude that necessitates amelioration. In addition, it was demonstrated that PHC physicians rely on several information sources in

their professional updating. They pay less attention to informal ways of learning than their hospital colleagues do. For instance, 2 out of 3 doctors thought they could cope with the increasing flow of medical information. Courses, meetings, and congresses were considered the most important continuing medical education (CME) activities. Primary health care physicians spent less than 3 hours per week on medical reading compared with more than 4.5 hours among hospital doctors; 59% of PHC physicians had access to the Internet compared with 76% among hospital doctors.<sup>2</sup> The changing pattern of professional updating may reflect a more general individualistic trend in society. The consistent finding of a correlation between reading and attending courses, subjective coping, and job satisfaction gives good reasons for recommending a high level of CME activities among doctors.<sup>3</sup>

Fifth, the involvement of PHC physicians in nutritional issues is very low. Many barriers influence the attitudes, knowledge, and behavior of PHC physicians in nutritional issues. In one study, it was found that, in daily practice, nutrition plays a minor role in the work of the GPs, 28% of GPs gave daily nutrition information to about 10% of their patients and 48% to about 5% of their patients. Moreover, it was found that GPs do perceive strong barriers of being involved in nutrition issues during their practice. The most important barriers expressed were not being trained in nutrition, lack of time to address nutrition issues, and the perception that patients lack motivation to change lifestyle and/or dietary patterns.<sup>4</sup>

Sixth, the gap in the general medical knowledge, in particular nutrition, of PHC physicians needs to be filled. Active participation in CME programs<sup>5,6</sup> and reforming the teaching and training curricula of medical students<sup>7</sup> were noticed to be effective in filling that gap. In addition, regular evaluation of PHC physicians should follow the ongoing advances in medical knowledge.

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*Reply from the Author*

No reply received from the Author.

*References*

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**Erratum**

In Saudi Medical Journal 2009; 30 (7) cover page: the title of the first highlight should have appeared as follows: Swine influenza H1N1. *Is your laboratory prepared?*