

WORKSHOP PAPER

Workshop 2: The use of surrogate reporters in the assessment of dietary intake

P Emmett

Department of Community Based Medicine, University of Bristol, Bristol, UK

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Common indications for the use of surrogate reporters

For some sections of the population, the use of surrogate reporters of dietary intake is inevitable. These include:

- Infants.
- Children up to an age from when they can report for themselves (for example, 11–12 years of age); there is a transition stage during which children can self-report some details of diet, but other details will still need to be obtained from others, for example, types of spread, milk and cooking methods.
- People with learning or physical disabilities that prevent or limit direct communication. Older people with physical or mental health problems that prevent or limit direct communication.

Additional situations in which a surrogate reporter will be required

- People unable to communicate in the language of the country.
- When food is prepared by others in the household, so that the subject does not know the full details of the food, for example, when a partner does all the food preparation or when eating away from home.

Common surrogate reporters

Commonly relatives or other members of the household:

- Parents or grandparents of infants and children.
- Children of elderly or sick parents.

- Children or should be of parents who cannot speak the language of the country in which they are resident.
- Wives or husbands, depending on who is in charge of the food preparation.

Paid or voluntary carers or workers:

- Child minders or nursery workers.
- Care home nurses and assistants.
- Hospital staff or catering staff.
- Friends.

Problems encountered

- The surrogate may not be with the subject all the time, and thus may miss some of the intake, for example, a child having school lunch or one who is looked after by others for part of a day.
- There may be a series of surrogates covering the time period of the assessment, for example, staff changing over during a day.
- The surrogates themselves may not know the full details of the food, for example, food prepared in a hotel/restaurant/hospital kitchen.
- The surrogate may not cooperate fully, may be too busy or may not be literate enough to complete the assessment.

Some ideas for dealing with the problems

- The investigator must take time to develop a rapport with the surrogate.
- The assessment method needs to be tailored to the particular situation and designed carefully, keeping in mind the limitations of that situation.
- Technologies such as the use of digital photography may increase the feasibility and improve the accuracy of surrogate reports.

- Photographs may reduce the burden on the surrogate reporter and may act as a prompt to a full description of the meal from the surrogate.
- In a work situation, it may be possible to run staff-training sessions, especially if many assessments are to be done in one work place; fast turnover of staff in many of these settings means that adequate training may be difficult to deliver.
- The use of trained observers (sent in for this specific purpose) is possible in some settings, for example, school lunch time. These observers can survey more than one subject at a time in some circumstances, but it is unlikely that they could observe a whole day's intake for a subject, and there are huge cost implications when employing staff in this way.

Conclusion

Dietary assessment using surrogates may be necessary, particularly in vulnerable groups. The closer the surrogate is to the subject, the better it is because the surrogate's knowledge of the foods eaten and commitment is likely to be greater. Involving 'peripheral' people in the assessment is likely to be difficult and needs careful planning and extra investigator time to achieve satisfactory results.

Disclosure

P Emmett has declared no financial interests.