

Bringing Lifestyle into the Equation

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THE RECENT SURGE IN OBESITY IN THE United States has led many to ask what is happening to the health of our country. In looking at the Centers of Disease Control and Prevention data maps on obesity, it is impossible not to be alarmed by the continuous “darkening” of the nation that has occurred since 1985 when the maps were first introduced.

The concern with our nation’s rapid rise in obesity rates not only lies with its known association with type 2 diabetes, but that obesity is a sensible proxy for a poor lifestyle of overeating and inadequate physical activity. In general, modern medicine is primarily reactive and rarely gives lifestyle the attention it deserves. But when you consider that chronic disease accounts for 75 percent of the nation’s health care costs and that 70 to 80 percent of chronic disease conditions are directly attributable to lifestyle, then LIFESTYLE is a big deal whether we wish to firmly acknowledge it or not.

To meet the range of challenges facing the U.S. healthcare system, we will have to strengthen our knowledge and amplify our use of Lifestyle medicine. Preventive medicine and Lifestyle medicine share common features, and in fact the latter should be considered a key component of the former. One basic distinction is that all lifestyle efforts are directed toward avoiding the root cause of illness and disease. Whereas, today, most preventive care is directed toward early detection and screenings, which is worthwhile and beneficial, but this activity does nothing to actually prevent the disease from occurring. There are some exceptions, however, with immunizations and dental fluorination being the most conspicuous examples.

A simple question: As a physician, would you prescribe a therapy that is proven to be cost effective and significantly beneficial in preventing and treating the most common chronic illnesses?

In fact, such solutions exist today. An impressive number of studies have shown that lifestyle is the root cause of what ails us, particularly for chronic conditions. The studies also show that changing one’s lifestyle can have a dramatic effect on health improvement,

both in the prevention and treatment of disease.

In 2009, the New York Academy of Medicine and Trust for American’s Health released a report featuring “a range of evidence-based disease prevention programs that have shown results for improving health and reducing cost in communities”. Programs with the greatest impact were those that focused most intently on helping the participants make lifestyle changes.

Physicians can and ought to play a vital role in helping patients change their lifestyles.

On July 14, 2010, the *Journal of the American Medical Association* (JAMA), published an article on lifestyle competencies for physicians, developed by a blue-ribbon panel of physician experts and representatives from leading primary care and other medical associations. While acknowledging that physicians are not the only influence of patient behavior, it highlighted that physicians cannot abdicate their responsibility for effecting behavior change in their patients and for leading change within their practices.

According to Drs. Liana Lianov and Mark B. Johnson, president-elect and president, of the American College of Preventive Medicine (ACPM), this article is hailed as “...a landmark event. The principles of lifestyle medicine are foundational to health promotion, disease prevention and chronic disease management. Yet we believe this is the first time that a comprehensive group of physician stakeholders has met to determine what it is that physicians in primary care practice should know about this vital aspect of modern medicine.”

Prevailing prevention practice and lifestyle medicine must work in tandem to bring into better balance the benefits of each and to result in the best outcomes for our patients. Overall, vastly more lives could have been saved, and much more cost effectively, if more attention were spent on lifestyle issues than on most traditional chronic care solutions. **JMCM**

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