

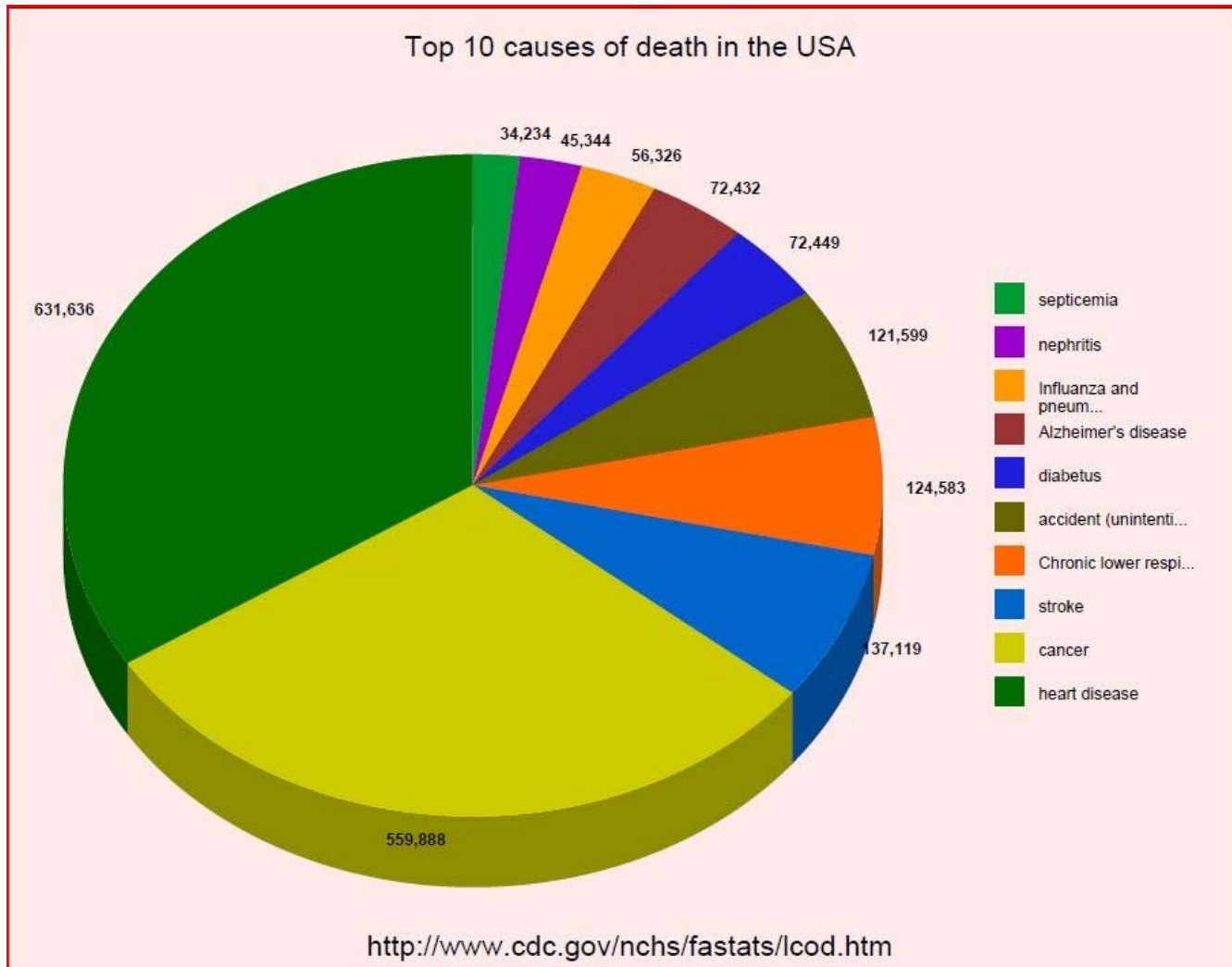
Exploring Lifestyle Medicine: Transforming Primary Care to Treat the Cause

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Presentation Agenda

- Overview of Leading Causes and Preventable Causes of Death
- Definition and Overview of Lifestyle Medicine
- Compare and Contrast Lifestyle Medicine with Conventional Medicine
- Details about Exercise is Medicine
- Details about Food is Medicine

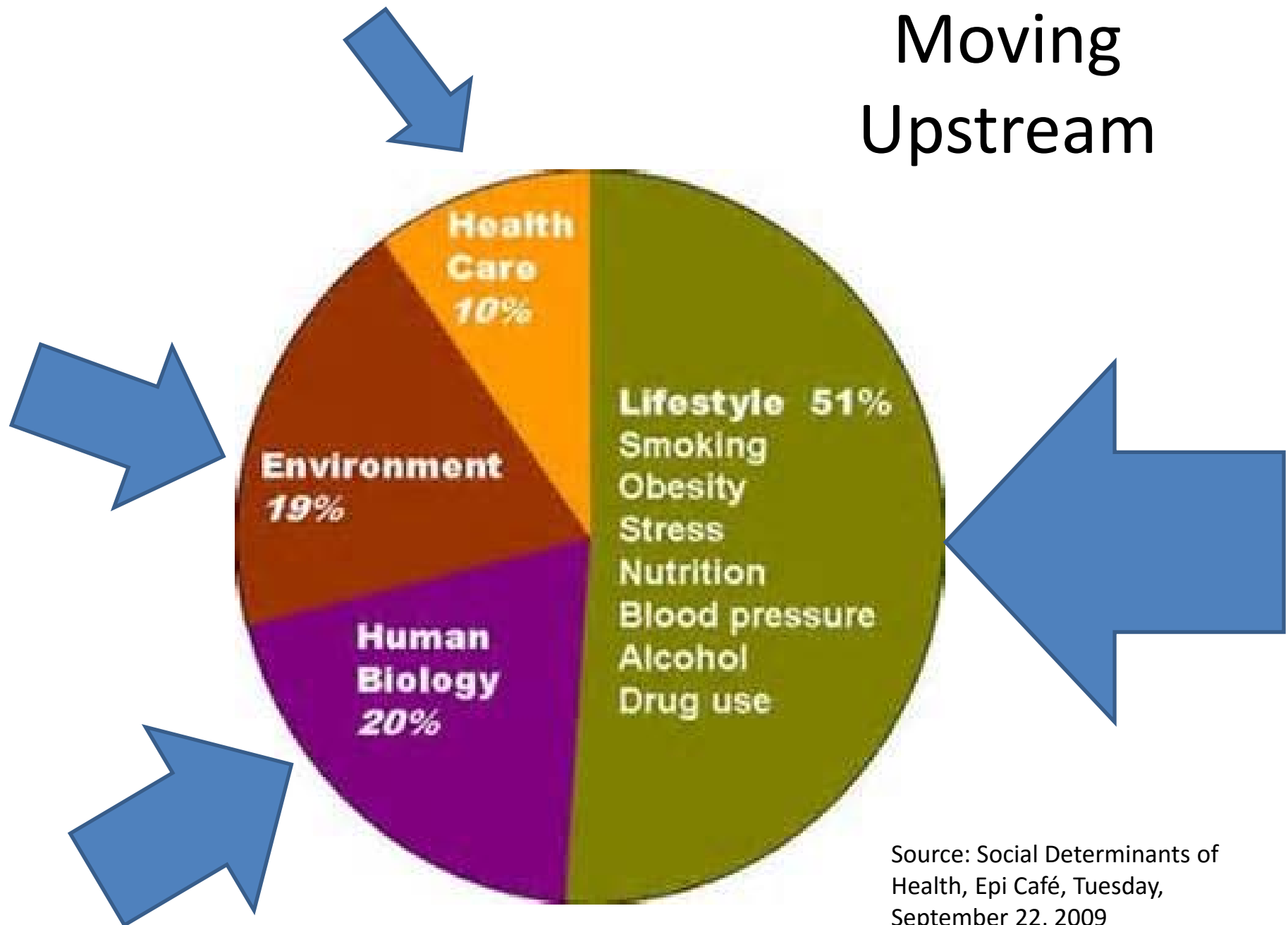
Leading Causes of Death



Understanding Causes

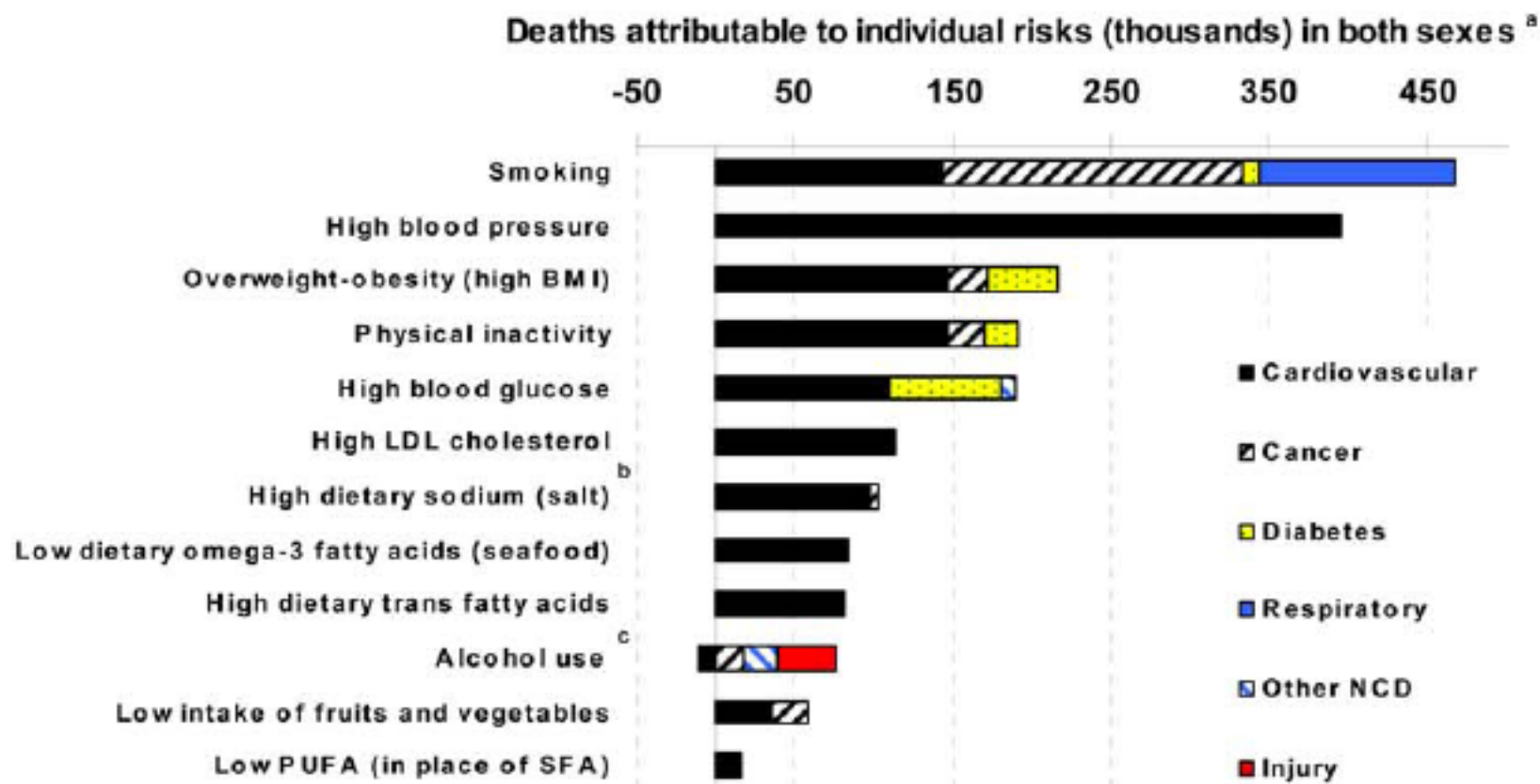


Moving Upstream



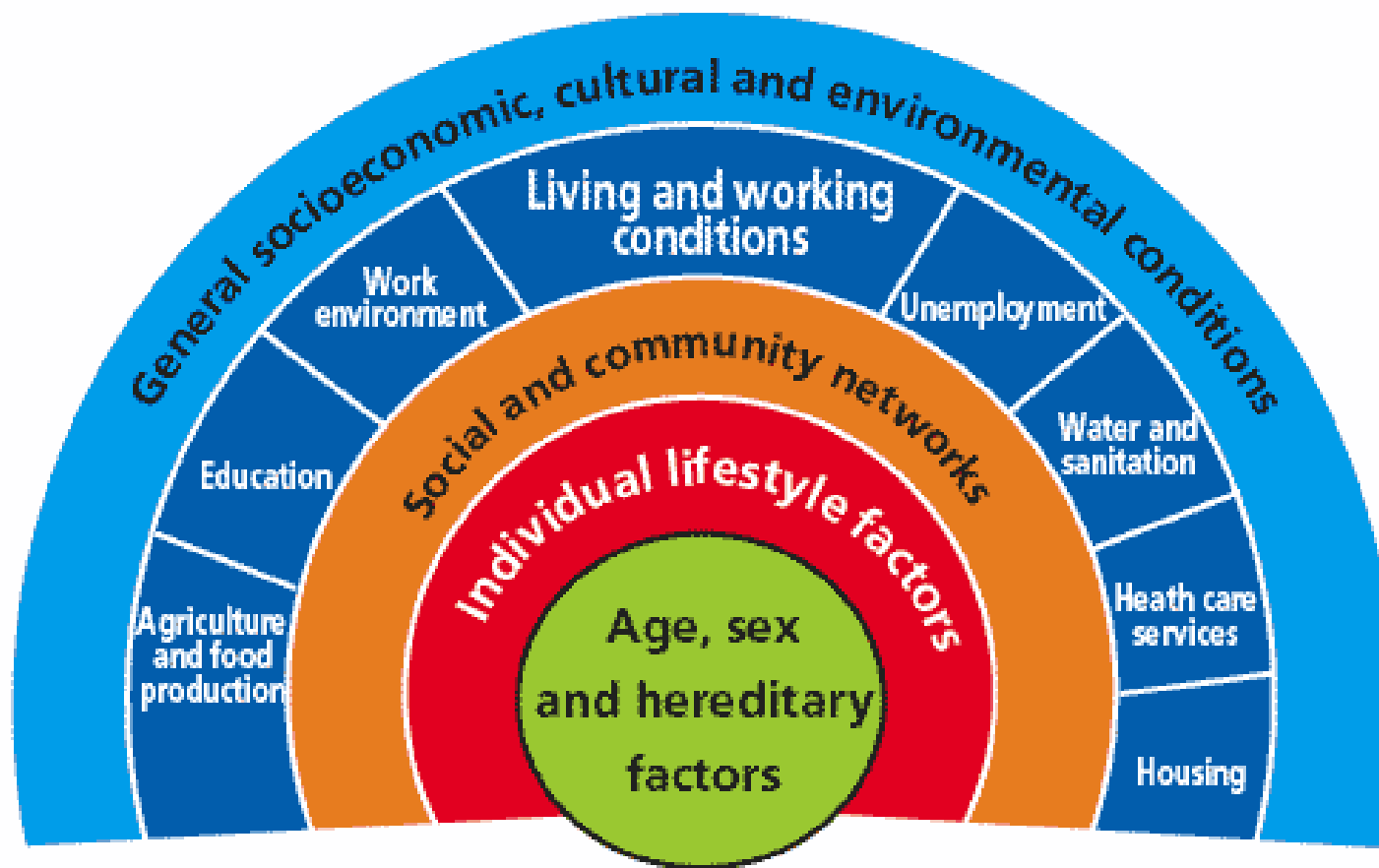
Source: Social Determinants of Health, Epi Café, Tuesday, September 22, 2009

What are the leading causes of death?



Source: Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, et al. (2009) The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors. PLoS Med 6(4): e1000058. doi:10.1371/journal.pmed.1000058

How Far Upstream Can We Go?



Source: Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: World Health Organization, 1992.

What is Lifestyle Medicine?

“The use of lifestyle interventions within conventional medicine to lower the risk for a number of lifestyle-related chronic diseases or, if such conditions are already present, to serve as an adjunct to the management plan.”

Source: American College of Preventive Medicine (2009). Lifestyle medicine evidence review.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Compare and Contrast

Conventional Medicine

Treats individual “risk” factors
Patient is often passive recipient of care
Patient is NOT required to make big changes
Responsibility falls mostly on the clinician
Medication is often the end treatment
Emphasis is on diagnosis and prescription
Little consideration of the environment
Side effects are balanced by benefits
Referral to other medical specialists
Doctor generally operates independently

Lifestyle Medicine

Treats lifestyle causes
Patient is active partner in care
Patient is required to make changes
Responsibility falls mostly on the patient
Medication may be needed but as an adjunct to lifestyle
Emphasis is on motivation and self-management
Consideration of the environment
Side effects are seen as part of the outcome
Referral to allied health professionals as well
Doctor is leader of a team of health professionals

Source: American College of Preventive Medicine (2009).
Lifestyle medicine evidence review.

Patients are our teachers



Exercise is Medicine

- Low level of physical activity exposes a patient to a greater risk of dying than does smoking, obesity, hypertension, or high cholesterol
- Regular physical activity can decrease the risk of death by 40% for older men
- Active individuals in their 80s have a lower risk of death than their inactive counterparts 20 years younger

Exercise is Medicine



Mortality and risk of recurrent breast cancer by 50%

Risk of colon cancer by 60% +, stroke by 27%, developing DM2 by 58%

Risk of developing Alzheimer's by 40%

Incidence of heart disease and high blood pressure by 40%

Exercise is Medicine

- 40% of US primary care providers do not meet the physical activity guidelines
- 36% of US medical students
- Physically inactive health care professionals are less likely to provide exercise counseling to patients
- Only 34% of US adults report having received exercise counseling at their last medical visit

What can health care professionals do?

Coaching patients to improve personal lifestyle choices regarding weight, physical activity, nutrition, smoking, stress management, and depression management.

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“My doctor told me to start my exercise program very gradually. Today I drove past a store that sells sweat pants.”

Source: American College of Preventive Medicine (2009). Lifestyle medicine evidence review.

Food is Medicine



Mediterranean Diet Pyramid



| FOOD GROUPS | GUIDANCE |
|---|------------------------------------|
| Meats and sweets | Less often |
| Poultry, eggs, cheese and yogurt | Moderate portions, daily to weekly |
| Fish and seafood | Often, at least two times a week |
| Fruits, vegetables, grains (mostly whole), olive oil, beans, nuts, legumes, seeds, herbs and spices | Base every meal on these foods |

Food is Medicine

Blood Pressure

DASH multicenter trial-dropped systolic by 11.4 and diastolic by 5.5 mm Hg

- Add sodium restriction
- Sodium restriction improves BP more for those in increasing age categories and specific ethnic groups
- Additive effect of K⁺, exercise, alcohol, smoking cessation, stress management

Food is Medicine

Lipids

Diet low in saturated and trans fat and increase monounsaturated fat

Eat foods high in fiber, particularly soluble fiber

Plant stanols/sterol

Decrease carbohydrates, particularly simple and refined sugars and alcohol

Additive effect of physical activity and BMI

Food is Medicine

Diabetes

Lifestyle measures decreased development of DM by 58% (diet + exercise = most powerful)

Pritikin Longevity Center—low fat (12-15%), high-unrefined CHO, high fiber (>40 gm) and daily aerobic activity (45-60 min) for 3 weeks

Significant reductions in BMI, all serum lipids, FBG, insulin/resistance, oxidative stress, inflammation



Improving patient care will require better patient engagement and use of behavioral science methods to influence behavior change.

- Physician discussion of healthy behaviors associated with behavior change
 - Cross sectional study revealed that patients whose doctors asked about diet were more likely to have changed fat or fiber intake (64% vs 48%)

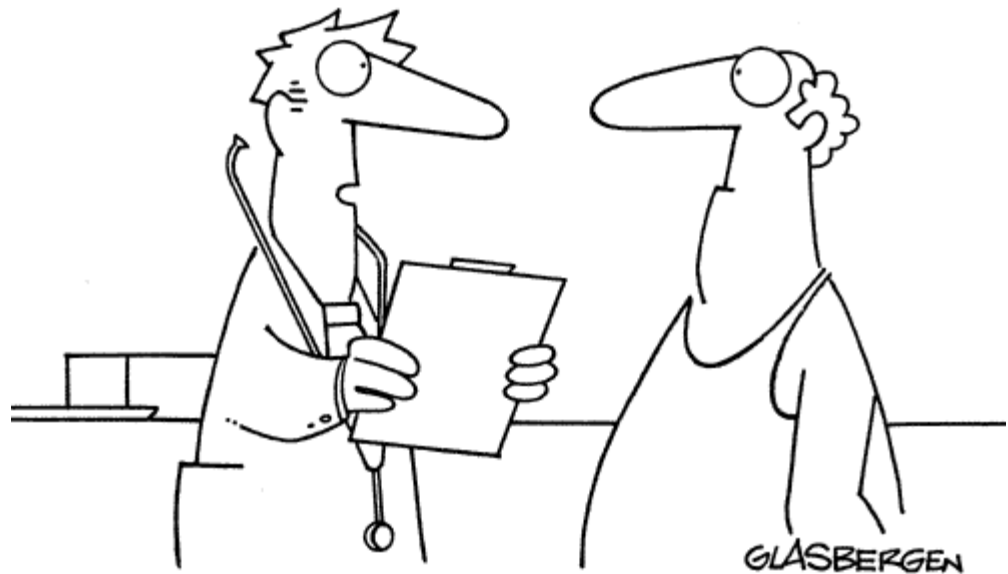
Other “Vital” Signs

- Tobacco Use
- Alcohol Use
- Positive Mental Attitude

What can health care professionals do?

Advice from a physician has consistently been shown to lead to attempts to improve lifestyle.

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"The handle on your recliner does not qualify as an exercise machine."

Source: American College of Preventive Medicine (2009). Lifestyle medicine evidence review.

Support is critical for patient success

- Most chronic condition care and treatment decisions do not involve physicians or other health care professionals
 - 90-95% of chronic condition care is guided by the individual living with the condition—self-management/self-care
- Self-management
 - Assist, support, and guide
 - Practice of activities that an individual personally initiates and performs on his/her own behalf for life, health, and wellbeing

Questions?

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Thank you for attending!