

Editorials

Incorporating Lifestyle Medicine Into Practice: A Prescription for Better Health

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When I meet a new patient, I share that lifestyle medicine is the foundation of my personal and professional philosophy as a family physician. Lifestyle medicine centers on promoting a whole food, plant-based diet; physical activity; adequate rest and recovery; stress management; and social connection.¹ I often tell new patients the story of my 65-year-old patient with hypertension, prediabetes, obesity, hyperlipidemia, and sleep apnea. He used a continuous positive airway pressure device nightly and took five different medications. Over several visits, we discussed lifestyle medicine and how it could reverse many of his disease processes. He started walking 60 to 90 minutes daily and eliminated bread and other highly processed foods from his diet. Over one year, he lost more than 22.7 kg (50 lb), was able to reduce his medications, and no longer needed a continuous positive airway pressure device.

Seven of the 10 leading causes of death in the United States can be directly improved with lifestyle interventions. Smoking, inactivity, poor diet, and alcohol consumption are modifiable risk factors that can lead to chronic disease and disability, which account for 90% of the 4.1 trillion dollars in annual health care spending in the United States.² The U.S. health care system's focus on high-tech procedures and the latest pharmaceutical treatments is straining health budgets and resulting in some of the worst health outcomes among high-income countries.³ Health care spending is on an unsustainable trajectory, and we are headed for disaster unless the incentives and messaging aimed at patients change dramatically.

In 2010, the American Medical Association called for all physicians to advise patients to implement evidence-based lifestyle interventions as the first and primary mode of disease prevention.⁴ However, studies demonstrate that few physicians follow this recommendation.⁵ More importantly, many physicians report a lack of confidence and skills to incorporate lifestyle counseling into practice.⁶ Education for physicians, particularly during residency, may not only increase physicians' confidence in discussing lifestyle medicine,⁷ but also improve their own health and wellness. Patients are more likely to make lifestyle changes if recommendations are made by a physician who can share personal experience and demonstrate healthy lifestyle choices.⁸

The U.S. Preventive Services Task Force recommends selective counseling on healthy diet and physical activity for adults without cardiovascular risk factors (grade C),⁹ and routine counseling for adults with risk factors (grade B).¹⁰ Demonstrating the benefits of healthy diet and exercise to patients before cardiovascular disease develops is challenging, given the complex interplay of patients' lifestyle choices, genetics, socioeconomic conditions, and environment.

Lifestyle medicine is more effective and cost-effective than conventional medicine alone at preventing and reversing several chronic diseases.¹¹⁻¹³ Family medicine is one of the few specialties that preserve and improve health, not just treat illness once it develops. Lifestyle medicine must be central to our work, and all family physicians should have the skills and confidence to incorporate it into practice.

I prescribe medications when indicated, but I always discuss lifestyle as the foundation to any treatment plan. I incorporate brief motivational lifestyle counseling and provide tools and resources as part of almost every patient encounter. The following are examples of what family physicians can do today to incorporate lifestyle medicine into their practices.

- Use the Lifestyle Medicine Assessment screening tool (https://www.aafp.org/dam/AAFP/documents/patient_care/lifestyle-medicine/lifestyle-medicine-assessment-color-codes.pdf). This tool reports domains of connectedness, movement, nutrition, recovery, and substance use and can be used to guide counseling and intervention.
- Establish group or shared medical appointments with lifestyle education and support for patients. Group visits are effective and efficient for patients and their health care team.¹⁴
- Help patients begin exercising or advance their exercise routine by writing an exercise prescription.¹⁵
- Refer patients for nutritional counseling. Studies report that primary care physicians do not refer many of their patients who may benefit from counseling.¹⁶
- Lead by example. Educate, encourage, and incentivize lifestyle medicine principles among your medical team to improve the health and wellness of your practice members.
- Display graphics and resources about lifestyle medicine in your office or practice location. The American College of Lifestyle Medicine's community portal offers

free resources with online registration (<https://connect.lifestylemedicine.org/resources/complimentary-resources>).

- Read and apply the American Academy of Family Physicians' implementation guide, "Incorporating Lifestyle Medicine Into Everyday Family Practice" (https://www.aafp.org/dam/AAFP/documents/patient_care/lifestyle-medicine/lifestyle-medicine-guide.pdf) and other articles and resources.

- Join the American Academy of Family Physicians' lifestyle medicine member interest group (<https://www.aafp.org/membership/welcome-center/involve/connect/mig.html>) to share ideas and learn from others.

- Incorporate brief lifestyle interventions into emails, letters, and other patient correspondence. All of my emails end with "Remember: A healthy, plant-based diet; 30 minutes a day of physical activity; daily stress reduction; and eight hours of sleep each night will do more for you than any medication or treatment in the world."

Health and community resources greatly affect our patients' ability to benefit from lifestyle medicine. Family physicians must seek to understand these barriers, including food deserts, lack of safe exercise spaces, and financial demands.¹⁷ We need to advocate for changes to health and institutional policies that make the healthy choice the easy choice. For example, we could advocate for more walkable communities and encourage patients to walk or take the stairs. We can all make individual small changes in our own lives and medical practices, but we also need to encourage others to think big and long-term to truly move the needle.

Small, frequent, and consistent lifestyle recommendations and counseling interventions by family physicians have tremendous power. Expanding engagement outside of the office by advocating for the elimination of societal barriers has even more potential to improve the health of communities and our patients.

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