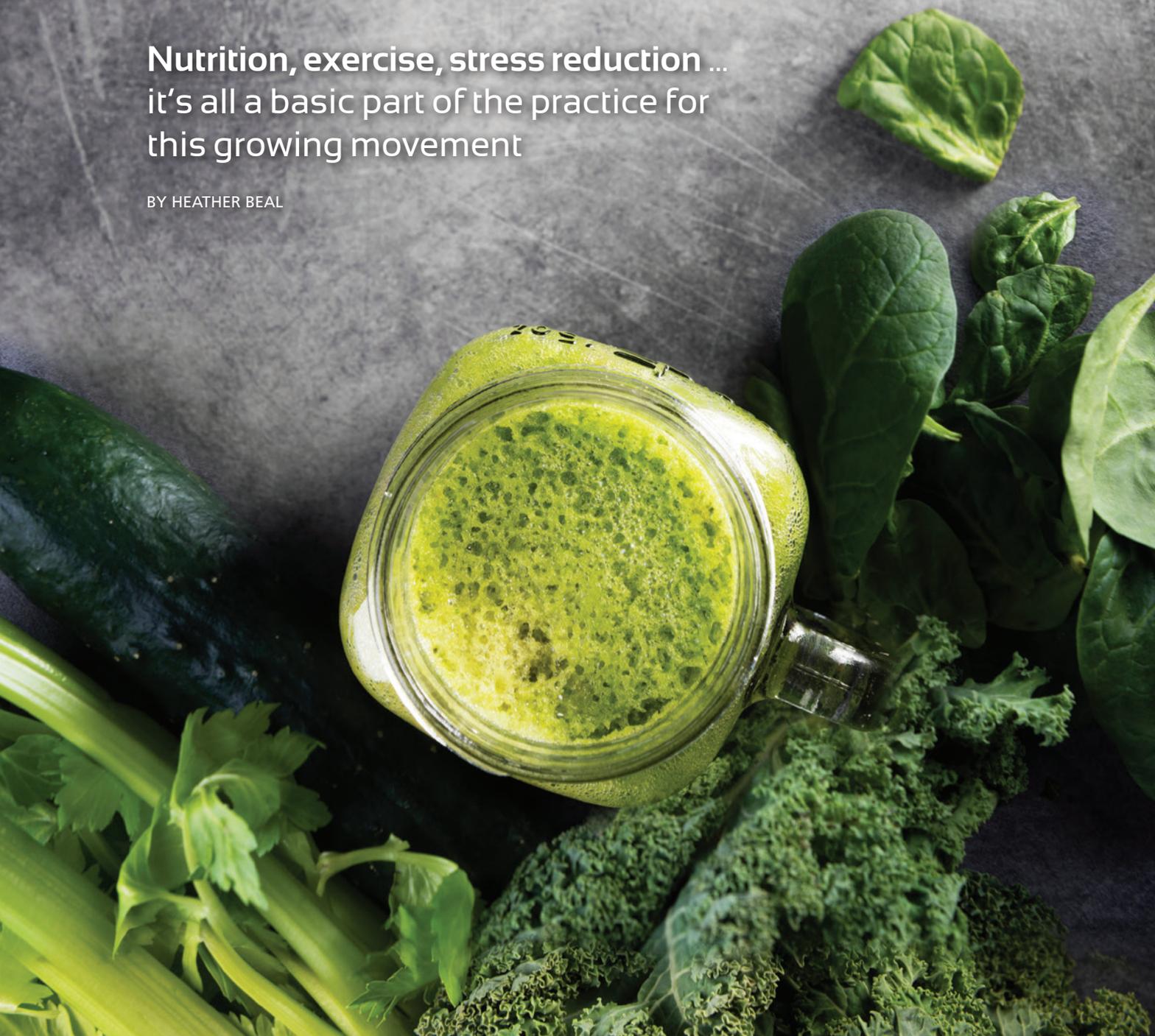


Lifestyle medicine

Nutrition, exercise, stress reduction ...
it's all a basic part of the practice for
this growing movement

BY HEATHER BEAL



Health care costs in the United States continue to rise, but overall health is not going along with that increase:

- A 2017 study by Rand Corporation found that 60 percent of American adults now live with at least one chronic condition, with 42 percent experiencing these as comorbidities.
- In 2015, the National Institutes of Health Funding for Behavioral Interventions to Prevent Chronic Diseases reported that treating people with chronic conditions already accounted for 84 percent of annual health care expenditures in the United States.
- In January 2018, The Centers for Medicare & Medicaid Services reported that health care spending now accounts for nearly 18 percent of our nation's gross national product (GNP).

Research, some new, some decades old, indicates that many common conditions can be prevented, ameliorated or even “cured” with changes in lifestyle. Exercise, nutrition, stress-reduction, social connections, avoidance or limits on drug and alcohol use—and quitting smoking—all make a difference for some patients in everything from helping prevent adult-onset diabetes to reducing or eliminating joint pain to ending insomnia.

The idea is to address lifestyle, not just disease. But the definitions of “lifestyle medicine” are as varied as the health care professionals who practice it.

What is lifestyle medicine?

The sheer number and variety of professional and academic medical organizations involved in developing a lifestyle medicine specialty help to explain why physicians who have already integrated its strategies into patient care view it through different prisms.

For example, the American Board of Lifestyle Medicine (ABLM) has “four pillars of lifestyle medicine”—nourishment, movement, resilience and social connectedness—and the American College of Lifestyle Medicine (ACLM) has “6 Ways to Take Control of Your Health,” both of which overlap with the “seven modifiable personal lifestyle factors” of functional medicine, the principles of integrative medicine and core tenets of health and wellness programs developed by medical institutions, such as the Mayo Clinic’s “12 Habits of Highly Healthy People.”

The American College of Preventive Medicine (ACPM), which played a leadership role in establishing the Lifestyle Medicine Standards, states that it “believes lifestyle medicine is a core competency of preventive medicine.” Physicians boarded in preventive medicine generally echo this belief—with some reservations—viewing lifestyle medicine as a subset of what they have been taught and the care they are currently providing.

“My route to preventive and occupational medicine was through sports medicine” says Ralph Bovard, MD, MPH, FACSM,

director for HealthPartners Occupational Medicine Residency Program, “So, my focus has always been on healthy lifestyles—coming from an exercise-physiology background. What we do under the aegis of occupational and preventive medicine is provide guidance for healthy life choices.”

Bovard is concerned that creating a new subspecialty could “splinter the preventive medicine mission,” but he also feels “lifestyle medicine is an important part of the conversation because most physicians in preventive medicine advocate for primary versus secondary or tertiary prevention.”

“I encourage people to exercise five hours a week,” Bovard says. “I advocate strongly for the silent sports, such as cross-country skiing, swimming, cycling, rowing, running, hiking, kayaking and canoeing. These activities all involve the rhythmic and symmetric use of large muscle groups and challenge the cardiovascular system. They are also relatively low-impact activities that help preserve joint function.”

Natalie Gentile, MD, a family practice physician at Mayo Clinic, is one of the first four doctors in Minnesota to be board-certified in lifestyle medicine. Gentile says she believes doctors practicing family medicine have a “unique opportunity to intervene with evidence-based lifestyle changes at all stages of chronic disease in the context of their social influences” because they care for people from cradle to grave.

“I try to talk to most of my patients about lifestyle medicine in some way,” she says. “If it’s a visit about their chronic disease care, it’s an opportunity to look at ways that their habits affect compliance, disease markers and quality of life. If it’s an acute care visit, there is an opportunity to plug for healthier lifestyle habits—even in the constraints of a shorter visit.”

She says these discussions are best done in the form of motivational interviewing, “meeting the patient where they are at the time and assessing their readiness for change.” She typically refers patients to nutritionist colleagues and, if appropriate, behavioral health colleagues. “It is imperative to have these ancillary staff as part of our medical team to ensure that patients have the best setup for success,” Gentile says.

Zeke McKinney, MD, MHI, MPH, assistant residency director for HealthPartners Occupational and Environmental Medicine, says he also addresses lifestyle issues because much of occupational medicine focuses on prevention.

“Lifestyle medicine uses a quintet approach to practicing medicine that covers exercise, sleep, nutrition, social connectedness and mental health/well-being,” McKinney says. “I address all of these with my practice. For example, sleep apnea is a big issue for the pre-employment exams I do to certify people to drive commercial motor vehicles. I don’t want someone falling asleep behind the wheel. So, I look for signs that show somebody is at

risk for sleep apnea—such as obesity and neck circumference. Hypertension and snoring are also associated with it. I ask: ‘has someone said that you snore loudly or stop breathing when you are sleeping?’ If I identify enough risk factors, I may refer a person to see a pulmonologist to have a sleep study done.”

Although the strategies of lifestyle medicine are similar to those of functional medicine, Thomas Sult, MD, who founded 3rd Opinion in New London, makes a clear distinction

The definitions of “lifestyle medicine” are as varied as the health care professionals who practice it.

between the two.

“Lifestyle medicine is generally population-based medicine,” Sult says. “I practice personalized medicine. I use the ideas of lifestyle medicine but apply them specifically and uniquely to each individual. For example, if a patient tells me ‘I have rheumatoid arthritis,’ my questions are: ‘Why? What’s different and unique about you? How do your lifestyle and environment differ such that you ended up getting RA?’

Sult uses the Functional Medicine Matrix. Across the bottom of this matrix are the modifiable personal lifestyle factors: sleep and relaxation, exercise and movement, nutrition, stress, relationships. “I look at these factors first because they form the foundation,” he says. “If someone is only sleeping three hours a night, they aren’t going to get better. Then I build on that by identifying antecedents, triggers and mediators and determining how all of these factors are related.”

Gregory Plotnikoff, MD, MTS, FACP, also begins by seeking to understand how patients’ lifestyles and other factors may be affecting their health. Plotnikoff founded Minnesota Personalized Medicine, an integrative care clinic in Minneapolis.

“We specialize in treating people with complex, chronic and undiagnosed illness,” he says. “We begin by addressing the Five Fundamentals—breathing, eating, sleeping, moving, connecting/loving—and the Five Forms of Stress—environmental, physical, emotional/spiritual, pharmaceutical, dietary. So, my definition of lifestyle medicine is a clinical practice that recognizes, values and addresses these fundamentals before prescribing pharmaceuticals.”

Plotnikoff points out, however, that it takes more than identifying how lifestyle behaviors influence patients’ health to work with them effectively.

“It’s important to understand their beliefs, meanings and interpretations,” he says. “If you aren’t aware of these, you can be

blindsided by them—or a patient may just not do something. So, I’m most interested in what is behind a behavior. I’ll ask: ‘Tell me what you enjoy most about smoking.’ If you learn that every time someone gets in a fight with their rambunctious teenager, a smoke is really good, you know it’s going to be very hard for that person to quit smoking if those battles continue.”

Since he and many of his professional colleagues already address lifestyle factors and make evidence-based recommendations, Plotnikoff wonders why a lifestyle medicine specialty is needed. “Shouldn’t this already be part of primary care?”

He is not alone.

“Why not just call it good medicine?” asks Kambiz Farbakhsh, MD, MBA, founder and medical director of the Lifetime Proactive Care Clinic in St. Louis Park. The 3P Model he employs—“proactive, preventive and personalized care”—focuses on nutrition, exercise and the mind. “If you call it lifestyle medicine,” he says, “that implies other physicians aren’t considering these factors.”

“Historically, patients have been left to navigate the barriers to health behavior changes alone,” says Paul Anderson, MD, at HealthPartners West Clinic. “The lifestyle medicine provider not only helps people decide ‘what’ is needed, but takes the time to help patients figure out ‘how’ to change and regularly checking in with them on progress. Lifestyle change is the central component of lifestyle medicine, whereas many specialists and primary care providers need to spend their time focused on acute and chronic problems that arise from managing disease conditions.”

The ABLM’s response to these questions is unequivocal, stating that the rationale for creating a lifestyle medicine certificate is to:

- Educate interested physicians, health and allied health professionals about lifestyle medicine.
- Differentiate between evidence-based and non-evidence-based lifestyle practitioners.
- Attract funding for evidence-based lifestyle medicine by requiring that any fund receivers be formally certified.
- Establish a common, global standard and language for lifestyle medicine protocols.

In early March, the ACLM and ABLM announced that 204 physicians and 43 PhD/Masters-level health clinicians had won the first certification in lifestyle medicine.

Need for education

The research related to the core competencies of lifestyle medicine is growing so rapidly that many physicians find it challenging to sift through the data and studies, synthesize what they’ve learned and properly respond to the questions patients bring to clinic visits.

“This is the 21st century,” Farbakhsh says. “People bring in all kinds of test results all the time. Most doctors have not been trained to interpret and apply results from some of the new tests. It’s like being in beautiful Paris and you can’t speak the language. Should your reaction be: ‘Why did you bring me to Paris? I’m comfortable in the United States because I speak English.’ The

place isn't bad. It just means you have to learn to speak the language."

He says he greets new information patients present with full transparency.

"If I know a test is reputable, I will tell patients I trust it," he says. "If I don't recognize it, I say: 'I will check this out and get back to you.' If after doing research I feel a test is bogus or it is good, I will give the patient my opinion. As a doctor, it is my job to determine which data are important, what tests are necessary."

Both Plotnikoff and Sult have found certain genetic test information to be useful for customizing their professional recommendations.

"Behind the upfront information are about 650,000 data points that can be very helpful for looking at everything from neurotransmitter pathways to metabolic and detoxification pathways," Plotnikoff says. "In the past, people thought genes were destiny. Now they realize genes by themselves account for very little of our health. What really matters are genes and environment. This is the new incarnation of lifestyle medicine—recognizing that key elements in our lifestyle can positively or adversely affect gene expression."

Sult says he usually recommends genetic tests after ruling out lifestyle factors. "For example, if someone has high homocysteine, I may recommend increasing the green leafy vegetables in their diet," he says, "If that doesn't work, they may need more folic acid. If that doesn't work, there may be a genetic uniqueness in this individual and we'd do some SNP (single nucleotide polymorphisms) testing."

Studying the impact of lifestyle factors on health has led some physicians to question some standard medical metrics. For example, Bovard and McKinney are collaborating on a research project that, in part, compares body composition to body mass index (BMI) as indicators of obesity.

"Half of on-duty deaths for firefighters are related to cardiac disease," McKinney says. "So, we are developing a cardio-respiratory risk surveillance score using information such as body fat percentage, maximum oxygen consumption and other factors."



PHOTOS PROVIDED BY MAYO CLINIC

HISTORY OF lifestyle medicine specialty

Increased concern about lifestyle factors impacting health and the growing body of scientific evidence demonstrating the positive impact lifestyle interventions can have in combating chronic illness led to the establishment of the Institute of Lifestyle Medicine (ILM) in 2007, a nonprofit founded by Dr. Edward Phillips at Harvard University to focus on "reducing lifestyle-related death and disease . . . through clinician-directed interventions."

In July 2009, national experts in nutrition, exercise, and lifestyle medicine and top-level representatives from the following organizations convened to discuss how to codify the lifestyle medicine strategies physicians across different disciplines were recommending and garner consensus competencies:

- American Medical Association (AMA)
- American Osteopathic Association (AOA)
- American Academy of Family Physicians (AAFP)
- American College of Physicians (ACP)
- American College of Preventive Medicine
- American Academy of Pediatrics (AAP)

Leaders from the ILM and the American College of Lifestyle Medicine (ACLM) also participated. The ACLM was founded in 2004 as the professional medical association of health professionals "interested in learning more about lifestyle medicine and advancing its mission."

In its tenets, the ACLM states that it is "the therapeutic use of evidence-based lifestyle interventions to treat and prevent lifestyle-related diseases in a clinical setting" and that "Lifestyle Medicine empowers individuals with the knowledge and life skills to make effective behavior changes that address the underlying causes of disease."

In November 2015, the American Board of Lifestyle Medicine (ABLM) was founded as the independent certifying body in charge of credentialing physicians in Lifestyle Medicine. The ABLM exclusively proffers the certification of "Lifestyle Medicine Physician" to medical doctors and osteopaths who are previously boarded in another ABMS-recognized specialty.

The ACLM grants certification as a "Lifestyle Medicine Professional" to chiropractors, doctors of nursing, psychologists, occupational therapists and others with a PhD or master's degree in a health or allied health discipline.

“One problem with using BMI as a form of measurement is that it produces 20 percent false positives and 20 percent false negatives,” Bovard says. “Most firefighters appear to be more physically fit than their BMI would suggest. We feel that VO2 max and body composition are more important

metrics for assessing a person’s health. If we can develop a tool that helps us better predict cardio-respiratory risk factors it could provide a way to incentivize people. If you can say ‘If you drop 10 pounds then you can move to a different quartile,’ they

can envision the effect that their lifestyle choices can make.”

The principles, strategies, scientific evidence and practice of lifestyle medicine are topics rarely included in medical school curricula, but this is changing. In September 2013, the University of South Caro-



FIND OUT MORE ABOUT lifestyle medicine

There are a variety of ways physicians and allied health professionals can gain the knowledge they need to promote healthy lifestyles. Classes, seminars/webinars, and the complete curriculum needed to prepare for American Board of Lifestyle Medicine (ABLM) or American College of Lifestyle Medicine (ACLM) Lifestyle Medicine certification exams are available online and “live.”

The first place physicians interested in becoming board-certified in Lifestyle Medicine should check for CME content and providers approved by the ABLM is on its web site at <https://ablm.co/cme-providers>.

Conferences and courses provided by the ACPM/ACPM and the Institute of Lifestyle Medicine are among those in the ABLM’s approved list. More information can be found at:

- <https://www.lifestylemedicine.org/Lifestyle-Medicine-Core-Competencies-Program>
- <https://www.lifestylemedicine.org/Lifestyle-Medicine-Conference>
- <http://www.instituteoflifestylemedicine.org/education-2/continuing-medical-education>

Online training

The American College of Preventive Medicine (ACPM) and ACLM partnered to develop and offer the Lifestyle Medicine Core Competencies Program online via the ACLM’s website.

According to the ACLM, this new evidence-based program “provides a comprehensive foundation for physicians and allied health professionals who are interested in learning the basic principles of lifestyle medicine.”

It specifically addresses knowledge and skill gaps cited by physicians as major barriers to counseling patients about lifestyle interventions.

Each ACLM Lifestyle Medicine module is accredited for Continuing Medical Education (CME) credit. The full course, which comprises nine modules, is designated for 30 AMA Category I Credits TM.

Certain medical specialties, such as preventive medicine and family medicine, offer MOC Part II CMEs. Other medical specialty boards are currently reviewing the ACLM’s program for “maintenance of certification” (MOC) credit.

The ABLM has also approved this program so its modules count toward completing the 30 hours of online CME study that is a prerequisite for becoming board-certified in Lifestyle Medicine.

Certification

In the United States, certification for lifestyle medicine physicians is issued by the ABLM. To certify as a lifestyle medicine physician, you must:

Be board-certified by a medical specialty board that is recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

Be credentialed as a physician in your country of residence.

Complete 30 online and 10 live CMEs, plus submit a case study outlining personal experience with lifestyle medicine

lina's School of Medicine (Greenville) and the Institute of Lifestyle Medicine at Harvard Medical School held a brainstorming session that ultimately led to creation of the Lifestyle Medicine Education Collaboration (LMed).

LMed provides leadership, guidance and resources to medical school administrators, faculty and students who are interested in incorporating lifestyle medicine into the medical education curriculum. It also addresses the importance of self-care for health professionals.

Scientific evidence and funding

Linking the principles and practices of lifestyle medicine to scientific evidence is expected to increase the likelihood of reimbursement from insurers for practitioners who are board-certified in this specialty.

Currently, tight time limits for clinic visits and low reimbursement rates for counseling patients about lifestyle changes make it difficult for physicians to integrate this into their clinical work unless they practice in a specialized area of medicine, such as executive or tertiary care.

"Generally, everything I've discussed about lifestyle medicine is not reimbursed by Medicaid or health insurers," McKinney says. "That's because medicine is in a transition from volume-based care, where doctors who do more exams and procedures earn more, to value-based care, which focuses on providing the right care for the right patient."

Plotnikoff, Sult and Farbaksh work with hybrid reimbursement models in which patients pay out-of-pocket for services not covered by health insurers. Minnesota Personalized Medicine tells patients in advance that it does not participate in any insurance program, but, at the end of each appointment, patients receive a "super bill" that they can submit to their health insurer for consideration of partial reimbursement.

A common language and standards

The fact that existing medical specialties have developed five-, six-, seven- and even 12-part models to address lifestyle factors highlights the need for a common language and standards.

The ABLM's "resilience" pillar illustrates this point well. It refers to a range of strategies aimed at helping people effectively manage and recover from life's challenges. While the ACLM's category of "stress management" may seem to fit into this category, some physicians view these as related, but separate issues.

"Resiliency is our mind-body area," says Donald Hensrud, MD, MPH, director of the Mayo Clinic Healthy Living Program. "We consciously didn't use the phrase 'stress management' because there are many different modalities that can be used to improve resiliency. These range from getting good sleep to meditating or doing yoga or tai chi."

Others agree that mindfulness is important for developing and strengthening resiliency, but they focus first on how it can be used to reduce stress.

"Although we say that we focus on nutrition, exercise and the mind, the mind comes first," Farbaksh says. "During the annual physical examination, I show patients different forms of meditation and breathing techniques. Why? Because with the mind you can balance your hormones, reduce stress and direct how you want your body to heal. It is a well-known fact that stress destroys your body's ability to heal itself."

Plotnikoff also incorporates mindfulness into his clinical practice. "I believe the best answers are found rather than given. So, I begin with awareness exercises and guided self-assessments. "The first question I ask people is: 'What would make this a really good visit for you today?' I want to know what their agenda is. Then I may ask: 'What would you most like me to know about you as a person?' This is all about building relationships and customizing care for people. In some sense, knowing these things tells me something about the lifestyle someone leads."

Sult, who is writing an online course about optimal wellness and a spiritual connection, says: "A significant number of my visits are less about the biochemistry and more about the psycho, social, spiritual aspects of health and well-being."

All physicians interviewed agreed on the importance of social connectedness for achieving optimal health and wellness.

Bovard says he addresses this topic by encouraging patients to exercise with other people. In 2015, he collaborated with Paul Anderson, MD, MPH, and others to study the relationship between social support and the health behaviors and status of endurance of 5,000 Nordic skiers participating in The American Birkebeiner Nordic ski race. "The study results demonstrated that the social aspect of sporting commitment and goal-setting plays a huge role in motivating individuals to remain physically active."

Conclusion

Last year, the decade-long, concerted effort to define, codify and legitimize lifestyle medicine reached a major milestone when the first board certification exam for this medical specialty was held.

While physicians continue to debate and discuss the need for a separate lifestyle medicine specialty, they generally agree the work done to create it has been valuable because it is helping to shift the focus of the U.S. health care system from treating diseases toward preventing them.

This shift not only holds the potential to improve health outcomes and enhance quality of life, but also is expected to reduce the crushing burden that health care costs are putting on the U.S. economy.

"This lifestyle medicine movement is important because if we are going to solve this we need as many people as we can to get on board," Hensrud says. "We need more evidence, more systems, more effective programs and more reimbursement to support lifestyle medicine." MM

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