

Schools push lifestyle medicine to boost chronic-disease prevention

FEB 2, 2018

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For all that medical students, residents and physicians learn or know about advances in pharmaceuticals, diagnostics and precision medicine that can improve patient outcomes, it is what happens in patients' lives where they live, work and play that too often gets passed over—across the medical educational continuum. That is the case even though lifestyle choices can have the biggest impact on prevention and management of chronic diseases such as hypertension and diabetes.

To address this shortcoming, the House of Delegates recently adopted a resolution that focuses on arming physicians with information on healthy lifestyles to pass along to patients. Proposed by the American College of Preventive Medicine (ACPM), the resolution calls for the AMA to support policies and mechanisms that incentivize or provide funding for inclusion of lifestyle medicine education and the social determinants of health in undergraduate, graduate and continuing medical education.

“At ACPM, we’re focused on disease prevention and health promotion—that’s core to our specialty,” the organization’s executive director, Michael Barry, told *AMA Wire*®. “We’ve always viewed lifestyle medicine as a key component of that, how we move upstream to focus on the true cause of disease, such as smoking, physical inactivity, poor nutrition, alcohol abuse, sleep and stress .”

“Those are the risks that drive 80 percent or more of chronic diseases and the cost for chronic disease treatment in medicine,” he added.

Yet lifestyle change issues get short shrift in medical education, Barry said.

“Most physicians that we end up talking to say, ‘I think I remember having a course in nutrition, but it wasn’t really an emphasis and I can’t really tell you what I learned,’” he said.

ACPM believes that greater success in preventing chronic disease will happen when lifestyle medicine education starts in medical school.

“It’s about raising awareness for lifestyle as the most important indicator in health outcomes and raising that awareness across all of medicine so it becomes a front-line approach rather than something that is considered a highly specialized area,” Barry said. “We want to see this become a baseline or core approach that all physicians take.”

From EMT training to exercise, nutrition knowledge

Barry identified University of South Carolina (USC) School of Medicine Greenville as an example of how med students are being taught lifestyle medicine. First-year medical students arrive early and within their first seven weeks complete full training as emergency medical technicians. After receiving certification, students complete EMT runs once a month for the first two years.

“It is our effort to get the [students] out into the communities that we serve to see where people come from when they’re ill or injured so they understand the social determinants of health,” Jerry Youkey, MD, told *AMA Wire*. Dr. Youkey is dean of the Greenville medical school and associate provost for health sciences.

To create a lifestyle medicine program, he worked with Jennifer Trilk, PhD, assistant professor of biomedical sciences at the South Carolina school.

“Over time, [the program] has grown into what we’re calling lifestyle medicine, incorporating exercise, nutrition, stress management and sleep into the curriculum because all of those impact the organ systems and need to be taught in all the modules,” Dr. Youkey said.

Students are also taught that how their patients’ ability to access nutritious food or find time to exercise is extremely variable depending on socioeconomic status, he said.

“Very early on, we also try to teach students that they are their first patient,” he added. “If you’re going to try and promote wellness, lifestyle medicine, among your patients and colleagues, it is going to be difficult to do if you don’t practice what you preach.”

Students also run a community garden where they grow vegetables to distribute to the community. They also receive a free membership to an exercise facility and take culinary classes where they learn how to prepare affordable, nutritious meals.

The USC School of Medicine Greenville is also a key partner in the Lifestyle Medicine Education Collaborative. The national collaborative of eight medical schools “offers leadership, guidance and resources to advance the adoption and implementation of lifestyle medicine curricula throughout medical education” and “is focused on expanding access to lifestyle medicine education in U.S. medical schools.”

Helping physicians make the best use of evidence-based interventions for patients with prediabetes and hypertension are major initiatives of the AMA. With the recent release of the American Heart Association-American College of Cardiology hypertension guideline, about half of American adults are classified as having hypertension. Yet most of those newly designated as having high blood pressure (BP) will first benefit from nonpharmacological lifestyle changes as well as support to overcome health barriers.

The AMA's Target: BP initiative recognizes practices that improve their BP control rates through an effective combination of accurate measurement, rapid action through lifestyle change and medication as indicated, and partnerships with patients, families and communities.