SHARE

NEW PERSPECTIVES

An Emerging Medical Education Competency: Lifestyle Medicine

Camille Clarke, MD; Ingrid Edshteyn, DO; and Colin Zhu, DO

Dr. Clarke is clinical fellow of medicine at Harvard Medical School and senior internal medicine resident at Cambridge Health Alliance; Dr. Edshteyn is a preventive medicine resident at Yale-Griffin Hospital and Columbia School of Public Health; and Dr. Zhu is a senior family medicine resident at Manchester Memorial Hospital.

The majority of chronic diseases are preventable as they are significantly influenced by lifestyle choices.[1] The Centers for Disease Control states that these diseases, which include heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common, costly, and preventable of all health problems.[2]

In the past decade a growing body of research has provided evidence supporting the role of healthy lifestyle behaviors in the prevention of chronic disease. While understood to reduce risk and thereby prevent chronic disease, lifestyle change as a therapeutic intervention has been inadequately accepted and applied in clinical practice. Studies, however, show that lifestyle intervention can and should be utilized for secondary and tertiary prevention.

Lifestyle medicine is defined as "the systematic practice of assisting individuals and families to adopt and sustain behaviors that can improve health and quality of life."[3] This is a core competency of preventive medicine and provides value by using lifestyle interventions, including nutrition, exercise, and stress management, as the primary and preferred modalities for both the prevention and treatment of chronic diseases. The first national curriculum on lifestyle medicine is in the final stages of development. By targeting primary care providers, this curriculum is designed to change the paradigm for therapeutic interventions in clinical medicine through a focus on lifestyle modalities.

These changes are consequential and urgently needed, as practice guidelines for chronic disease prevention and management recommend that treatment begin with evidence-based lifestyle medicine.[3] However, physicians cite inadequate confidence and lack of knowledge and skill as the barriers to counseling patients about lifestyle interventions.[4] Medical curricula are also lacking in this area, as students report inadequate preparation on counseling patients on the vital role of lifestyle behaviors in managing chronic diseases.[4]

The past three years have seen a rise in student-led lifestyle medicine interest groups (LMIGs). A recent study explored the motivation, goals, and challenges for the student leaders of LMIGs at Harvard, Loma Linda, Stanford, and Western universities. While most participants recognized the importance of training in lifestyle medicine within medical education, the majority stated that their medical schools inadequately equipped students to provide lifestyle recommendations for patients. Personal interest was cited as a central motivation for starting the LMIGs along with lack of content in both medical curriculum and other interest groups. Many LMIG student leaders identified the lack of educational and supportive resources as barriers in starting and maintaining the LMIGs. Despite the overwhelming responsibilities of clinical training, lifestyle medicine has been passionately embraced by this dedicated group of young clinicians from California to Massachusetts, and their accomplishments have been most impressive.

At Harvard Medical School, the Lifestyle Medicine Interest Group has been closely tied with the Institute of Lifestyle Medicine since 2009. They have sponsored a lunchtime lecture series to "empower the next generation of physicians to tackle lifestyle-related illness in an effort to reduce morbidity and mortality" from preventable disease.

The Loma Linda University School of Medicine Preventive and Lifestyle Medicine Interest Group developed as a result of the school's long-standing commitment to the promotion of healthy lifestyle choices for the prevention and treatment of disease. Located in North America's only "Blue Zone"—where it currently leads the United States in life expectancy—Loma Linda University School of Medicine continues to challenge its students to promote lifestyle medicine both locally and internationally.

The students at Stanford University School of Medicine have been instrumental in developing an "Introduction to Lifestyle Medicine" course that offers medical students "exposure to topics that are rarely mentioned during medical education but integral to a patient's health." Truly innovative, they take an interdisciplinary approach by inviting Stanford undergraduates as well as business, engineering, and law students to participate.

Students at Western University College of Osteopathic Medicine of the Pacific-Northwest have taken an inventive and proactive approach to clinical lifestyle medicine by combining counseling with diabetes education classes and the nutrition in medicine lecture series.

The mission of the LMIG at David Geffen School of Medicine at the University of California, Los Angeles, is to "serve as a source of innovative evidence-guided health knowledge for medical students to

continued on page 2

continued from page 1

use for the promotion of improved patient health through lifestyle choices." They have created events such as Annual Lifestyle Medicine Week and implemented exercise breaks between medical school lectures in "instant recess," in addition to hosting lifestyle medicine career panels.

Given the rising interest in lifestyle medicine among trainees across the nation, the American College of Lifestyle Medicine Professionals in Training was formed in 2013 to address the need for lifestyle medicine in medical education. They have developed an executive board, created a scholarship for students to attend the annual lifestyle medicine conference, and partnered with students and faculty members nationally to create student chapters for lifestyle medicine within medical schools.

In 1902, Thomas Edison said, "The doctor of the future will give no medicine, but will instruct his patient in the care of the human frame, in diet and in the cause and prevention of disease." Although Mr. Edison was perceptive for his time, it has taken more than 100 years for non-medicinal approaches to health to gain ground in the overall picture of "conventional" medicine. A strong call is audible for change in the training and delivery of medicine, and medical students nationwide have begun building the bridges between treating chronic illness and focusing on upstream determinants of health.

References

1. Schroeder SA. We can do better—improving the health of the American people. N Engl J Med 2007; 357(12):1221-8.
2. Centers for Disease Control and Prevention. Death and mortality. NCHS FastStats website. http://www.cdc.gov/nchs/fastats/deaths.htm.
3. Lianov L, Johnson M. Physician competencies for prescribing lifestyle medicine. JAMA 2010; 304(2):202-3.
4. He´bert E, Caughy M, Shuval K. Primary care providers' perceptions of physical activity counseling in a clinical setting: a systematic review. Br J Sports Med 2012; 46:625-31.

SGIM