

The secret to good health is no secret. So why is it so hard to achieve?

March 31 2021, by Laura Williamson



It ought to be a no-brainer, so to speak: Research has pinpointed seven

ways people can achieve ideal heart and brain health. And—bonus—if Americans did those things, they also could help prevent many other chronic illnesses.

But most people don't, at least not consistently. What's stopping them?

"Most of these steps require a great deal of self-regulation and [self-control](#)," said Dolores Albarracín, a professor of psychology at the University of Illinois at Urbana-Champaign. "It's not just getting one thing done, like going to get a vaccine, where you can do it and forget about it for a year."

Volumes of research point to at least seven behaviors, called Life's Simple 7, that can dramatically lower the burden of heart disease, stroke and dementia. Not smoking, eating a [healthy diet](#), exercising regularly, maintaining a healthy weight, and keeping blood glucose, [blood pressure](#) and [cholesterol levels](#) in a healthy range have the potential to collectively wipe out a vast majority of heart disease and stroke and prevent or delay a significant number of dementias.

Failing to take these steps increases the risk for chronic illness of all types. According to the Centers for Disease Control and Prevention, 6 in 10 adults in the United States have at least one chronic illness, while 4 in 10 have two or more. In addition to illnesses of the heart and brain, these include cancer, lung disease, kidney disease and diabetes.

"If it were simple, heart disease event rates would be down by 80% since roughly 80% of [heart](#) disease is preventable," as are 80% of strokes, said Dr. Roger Blumenthal, the Kenneth Jay Pollin Professor of Cardiology and director of the Johns Hopkins Ciccarone Center for the Prevention of Cardiovascular Disease in Baltimore. Blumenthal is co-author of a joint report by the American Heart Association and American College of Cardiology on the primary prevention of cardiovascular disease.

Part of the problem, said Blumenthal, is the pace of modern life and the number of responsibilities people already are juggling.

"It's hard for people to stay motivated in the society in which we live and to make time for things like exercise," he said. "We have to repackage all the knowledge we have and put it into actionable, shorter messages and provide resources that motivate people."

Blumenthal recommends breaking down goals into smaller actions that feel achievable. For example, if finding large blocks of time to exercise seems too hard, he advises people to weave 10-minute exercise breaks throughout their day.

Likewise, with weight loss. "Ask yourself where you can cut out 300-400 calories a day. Decrease portion sizes. Slow down your pace of eating."

People often have greater success with taking medication to lower cholesterol and blood pressure, Blumenthal said.

"It's easier for people to take a pill after they've brushed their teeth in the morning than making the sustained efforts and setting aside 20-minute sessions for brisk activities or exercising more control over dietary choices."

But even that isn't always simple.

Inadequate health insurance or lack of access to care can make it difficult for people to take medications regularly, said Dr. Tracy Madsen, an assistant professor of emergency medicine at Brown University in Providence, Rhode Island. These inequities are most prevalent among those from marginalized racial and ethnic groups who often bear the biggest burden of [disease](#).

"Across the United States, Black and Hispanic communities are dealing with a disproportionate burden of economic instability," she said, which has been heightened by the pandemic. "People who lose their jobs and then their insurance have no way to pay for needed medications."

They also may face other inequities, such as a lack of easy access to recreational space or convenient, affordable places to buy healthy foods.

Another big reason people struggle is many steps toward better health involve cutting out, or cutting back, pleasurable activities, Albarracin said.

"You're not asking people to simply incorporate a new habit, you're also asking them to fight something that has been quite rewarding in the past," she said. "We eat yummy foods because they are yummy."

Albarracin led a study published in *Health Psychology Review* that analyzed 150 research reports about healthy behavior change. It found people were more likely to succeed in making changes if they stuck to one of two similar actions—focusing on things they needed to do or things they needed to stop doing—but not both.

"The way our psychological makeup works is we tend to be in action mode or inaction mode," she said. "Exercising more and eating more vegetables are both actions moving in the same direction, versus exercising more and eating less fat, which is one positive thing and one negative thing."

It's also easier for people to make changes in two associated activities, she said. For example, people who smoke may do so when they are drinking alcohol. In that case, it's easier to quit doing both than just one, because one triggers the other.

Changing behavior can require reframing thinking and goals, Albarracin said.

"There are ways to use questions to stop yourself. If you're at a restaurant and the server brings a tray of desserts and asks you which one you want, ask yourself instead if you should be eating dessert at all. Introduce the idea of 'no' being an answer."

Another skill is to make lists of things to stop doing instead of things to do, she said. "We need to start learning how to reframe our goals. We are used to thinking in terms of being rewarded for what we do, not what we don't do."

In the end, making structural changes can be more effective than solely relying on willpower. For example, "if I have to walk to work, that's going to introduce more exercise into my life and will be much more successful than betting on willpower," Albarracin said. "Sometimes you have to outsmart yourself by removing some of your choices."

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Citation: The secret to good health is no secret. So why is it so hard to achieve? (2021, March 31) retrieved 3 May 2024 from <https://medicalxpress.com/news/2021-03-secret-good-health-hard.html>

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