

Individualized lifestyle counseling is key to heart health, especially for Black Americans

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A new article published in the peer-reviewed medical journal *JAMA Cardiology* points to the need for individualized behavioral counseling to help patients change unhealthy lifestyles to prevent cardiovascular

disease (CVD), especially for those within underserved or socioeconomically disadvantaged populations.

The article's lead author, Carl "Chip" Lavie, MD said, "While CVD is the leading cause of death in the U.S. across most races and ethnicities, doctors shouldn't take a one-size-fits-all approach to lifestyle counseling." Dr. Lavie is the Medical Director of Ochsner Health Cardiac Rehabilitation and Prevention.

In "Improving Behavioral Counseling for Primary Cardiovascular Disease Prevention," Dr. Lavie and co-authors Barry A. Franklin, Ph.D. and Keith C. Ferdinand, MD, recognize that the likelihood of patients engaging in a particular lifestyle behavior is governed by myriad socioeconomic, attitudinal, and cultural factors. They further point to evidence that interventions designed to favorably modify the dietary habits or physical activity practices on one population cohort may be less effective in another.

They put forward a number of evidence-based methods for individualized counseling that clinicians can use to identify patients' unhealthy lifestyle practices and encourage a behavioral transformation.

The authors call out disparities in [health care delivery](#) at many levels and note that Black adults have shortened life expectancy, driven predominately by the highest CVD mortality rate. Along with counseling, the authors contend that structural changes in [health care](#) and tailored community-based interventions are reasonable approaches to halt or reverse significant disparities in morbidity and mortality within certain population subsets.

More information: Carl J. Lavie et al, Improving Behavioral Counseling for Primary Cardiovascular Disease Prevention, *JAMA Cardiology* (2022). [DOI: 10.1001/jamacardio.2022.2259](https://doi.org/10.1001/jamacardio.2022.2259)

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