

Expert consensus statement defines best practices for integration of lifestyle medicine into primary care settings

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A multidisciplinary panel assembled by the American College of Lifestyle Medicine (ACLM) has published an [expert consensus](#)

[statement](#) that defines the implementation of lifestyle medicine in primary care. The intention of this statement is to support clinicians in helping patients achieve optimal health outcomes in primary care settings.

The study, published in the *American Journal of Lifestyle Medicine*, is another important advancement for the practice of [lifestyle](#) medicine, a fast-growing medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat [chronic conditions](#) including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity. No other [expert panel](#) has described the integration of lifestyle medicine into [primary care](#).

A lifestyle medicine approach to primary care—where disease risk factors and symptoms are often first detected—could meaningfully improve patient outcomes and quality of life. Evaluation and management of chronic disease accounts for about 80% of medical encounters, largely due to lifestyle choices that influence eight of the top 10 causes of mortality, the statement noted.

Lifestyle medicine aligns with many of the recommendations in the National Academies of Science, Engineering, and Medicine's 2021 report "[Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.](#)"

"This panel of experts from [diverse backgrounds](#) agreed on many key aspects of lifestyle medicine that can be incorporated into the primary care setting to achieve improved quality and outcomes, while also identifying benefits such as decreased health-related costs and enhanced patient and clinician satisfaction," said Meagan Grega, MD, DipABLM, FACLM, chair of the expert panel.

"It is my hope that this expert consensus statement publication raises

awareness of the unique aspects of integrating lifestyle medicine into primary care and helps inform clinicians as they transition to a delivery model that places lifestyle medicine at the foundation of all health care."

The expert panel of physicians, [nurse practitioners](#), physician assistants, a [clinical psychologist](#) and other [health professionals](#) who practice lifestyle medicine used a modified Delphi Survey to achieve the criteria for consensus on 65 statements, which were divided into 10 categories:

- Integration of lifestyle medicine into primary care
- Delivery models
- Provider education
- Evidence base for lifestyle medicine
- Vital signs
- Treatment
- Resource referral and reimbursement
- Patient, family and community involvement; shared decision-making
- Social determinates of health and health equity
- Barriers to lifestyle medicine

Examples of statements that achieved consensus include "Optimal lifestyle medicine services in primary care are best delivered through a multi-disciplinary team approach utilizing a qualified clinician lead and qualified supporting health professionals" and "Effective deprescribing of medications is an essential part of safe and effective lifestyle intervention treatment."

Interest in lifestyle medicine has soared in recent years amid growing awareness that the trajectory of chronic disease in the U.S. is unsustainable. Sixty percent or more of U.S. adults—and an alarmingly rising number of children—[have already been diagnosed](#) with one chronic disease, while 40% have two or more.

Since certification by the American Board of Lifestyle Medicine (ABLM) began in 2017, more than 5,000 physicians and other health professionals have earned certification in lifestyle medicine.

Medical education institutions and health systems, including the U.S. military, increasingly incorporate lifestyle medicine. There are now more than 300 residency programs incorporating ACLM's Lifestyle Medicine Residency Curriculum (LMRC) and student-led Lifestyle Medicine Interest Groups (LMIGS) are on 132 U.S. campuses.

The expert consensus statement calls for future research to explore reimbursement models that make the incorporation of lifestyle medicine more universally economically sustainable for clinicians, guidelines to better define Intensive Therapeutic Lifestyle Change intervention (ITLC), and how lifestyle medicine can best address the social determinants of health.

More information: Meagan L. Grega et al, American College of Lifestyle Medicine Expert Consensus Statement: Lifestyle Medicine for Optimal Outcomes in Primary Care, *American Journal of Lifestyle Medicine* (2023). [DOI: 10.1177/15598276231202970](https://doi.org/10.1177/15598276231202970)

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