

## **Developing a Lifestyle Medicine Practice Specialty**

### **Defining Lifestyle Medicine**

Lifestyle Medicine (LM) involves the use of lifestyle interventions in the treatment and management of disease. Such interventions include diet (nutrition), exercise, stress management, smoking cessation, dependence on God, and a variety of other non-drug modalities. LM is becoming the preferred modality for not only the prevention but also the treatment of most chronic diseases, including type-2 diabetes, coronary heart disease, hypertension, obesity, insulin resistance syndrome, osteoporosis and many types of cancer.

### **Clinical Nature of Lifestyle Medicine Requires Medical Licensure**

Although the practice of LM incorporates many public health approaches, it remains primarily a clinical discipline. The optimal treatment and management of chronic disease incorporates lifestyle interventions that are typically most effectively administered on an outpatient basis. Brief, intensive group interventions in a residential setting are often more effective and may be necessary for severe or intractable cases. While LM interventions typically do not emphasize prescription medications, they frequently require re-titration and/or reduction of medications prescribed prior to the lifestyle intervention. It is often necessary to reduce insulin dosing in patients with diabetes who receive lifestyle interventions and reduce dosing of anti-hypertensive medications for patients with hypertension. Others may also require a change of medications. For example, a person with type-2 diabetes may be able to discontinue insulin but need metformin, a thiazolidinedione (TZD), or a sulfonylurea. In some cases lifestyle interventions are more effective when augmented with appropriate medications, as with tobacco use where cessation is 2-3 times more successful when bupropion is prescribed with lifestyle modifications. Other examples could be given but these suffice to demonstrate that LM clinicians must be qualified and licensed to diagnose and prescribe medications as needed, as well as being trained in the use of lifestyle interventions.

### **Specialized Lifestyle Medicine Training is Needed**

The need for trained LM clinicians to properly supervise and clinically manage the administration of lifestyle interventions provided by ancillary staff is similar to the need in other specialty areas such as Physical Medicine. Just as expert clinicians are needed to properly develop and supervise treatment plans during rehabilitation, so too are LM physicians needed to properly develop and supervise treatment plans during lifestyle interventions. As all physicians need a basic understanding of rehabilitation with the various forms of physical therapy, yet refer patients to physicians specializing in this discipline, so too do all physicians need a basic understanding of lifestyle intervention and the various forms of therapy, yet will refer patients to physicians specializing in LM. A specialized knowledge and training is required of LM clinicians including health promotion, dietetic counseling and exercise physiology, to name a few. As with Physical Medicine physicians who generally do not personally administer therapy, neither do LM physicians generally personally administer lifestyle therapy. Nonetheless, in both cases a licensed physician is needed to supervise and manage treatment, performing the essential functions of diagnosing and prescribing that must accompany any successful medical treatment.

### **Lifestyle Medicine Clinical Specialists in the Field**

Lifestyle interventions are utilized in some form by every physician at some time or other. Surely every physician has instructed a patient to "drink plenty of fluids and get plenty of rest." It is now the standard of care to advise surgery patients to stop smoking before and immediately after surgery. Studies show that physicians properly trained in smoking cessation techniques are more effective in achieving cessation

than untrained physicians, and that intensive group sessions are more effective in achieving lifestyle modifications than less intensive individual patient sessions. Not surprisingly, this has led to a natural process of clinical specialization in lifestyle medicine.

A growing cadre of physicians with training in a variety of specialties have become specialists in the practice of LM. These physicians include General Internists, Endocrinologists, Family Practice physicians, Surgeons, Ophthalmologists, Cardiologists and Preventive Medicine physicians. In short, practically every area of specialty practice is represented among those who have chosen to specialize in LM. The fact there is practical benefit to such specialization is evident from the fact that most physicians who presently work in this field have no other practice, regardless of their formal specialty training. There are numerous clinicians who utilize some of the techniques and interventions characteristic of LM, but the "specialists" are those who provide this type of care full time.

### **Lack of Needed Specialized Training**

And yet, every one of these physicians has had to learn the skills and techniques shared by all but not formally taught or codified into a medical specialty. This is precisely the situation that has repeatedly led to the formation of new areas of specialty practice, such as Emergency Medicine or Medical Genetics. While there are nuances in the practice of LM, just as in any specialty area, there is a large body of knowledge and skills one must master in order to specialize in the practice of LM, including both clinical skills and knowledge of public health principles. This includes sufficient medical knowledge to assess patients and know when to refer for more intensive medical management or treatment as opposed to pressing forward with lifestyle interventions in the face of apparently acute symptoms. It also includes a familiarity with evidence-based medicine and the outcomes from a growing number of clinical trials. It includes a knowledge of the effects of dietary change, of fitness assessment and exercise therapy, and a holistic approach to patient care that includes the social, mental and spiritual dimensions. And it must include a broad familiarity with and ability to supervise a multi-disciplinary team approach to patient care.

### **Proposed Formation of a New Lifestyle Medicine Specialty**

This knowledge and training has not yet been organized and codified, nor provided in a systematic manner to physicians. We therefore recommend formation of a professional organization to develop a new specialty area of medical practice called Lifestyle Medicine, the American College of Lifestyle Medicine (ACLM). This organization will define LM and develop practice guidelines, and organize the appropriate professional bodies to accredit and self-regulate the practice of LM. It is anticipated that ACLM will accomplish this by organizing an accrediting board, the American Board of Lifestyle Medicine (ABLM) that will develop certification guidelines and specialty training requirements.

### **Launching Point**

Loma Linda University is a logical place to launch such a LM organization since Loma Linda physicians have been practicing lifestyle medicine for over a century. Some of the oldest and best-established treatment centers are owned and operated by Loma Linda graduates. In collaboration with the Lifestyle Center of America, the Loma Linda University School of Medicine has established elective rotations in LM for medical students, and the Preventive Medicine Residency Program has established a 1-year Fellowship in LM for post-residency fellows. Pioneering research conducted by the Loma Linda University School of Public Health helped pave the way for the growing wave of interest in lifestyle medicine, and their Program in Preventive Care has been operating for many years as the only doctoral-level program we know of specifically training lifestyle intervention specialists. The Loma Linda Annual Post-graduate Convention and Healthy People Conference bring large numbers of physicians and professionals acquainted with lifestyle medicine together for a medical convocation.

## Organizing the American College of Lifestyle Medicine (ACLM)

A growing body of scientific evidence has demonstrated that lifestyle intervention is an essential component in the treatment of chronic disease that can be as effective as medication, but without the unwanted side effects (1-7). The field of lifestyle medicine has been growing by leaps and bounds over the last two decades. In the 1999 landmark textbook entitled "Lifestyle Medicine," editor James Rippe, MD, expressed the hope it would "open an entire new branch of medicine..."

The American College of Lifestyle Medicine seeks to make that hope a reality. ACLM was formed as a California 501(c)(3) non-profit corporation. The founding Board and Officers were elected and the first General Meeting of Lifestyle Medicine clinicians and supporters will be held March 9, 2004. As a professional society for lifestyle medicine physicians, ACLM provides formal recognition of this important field of medical practice and research. In the coming months and years ACLM and a growing number of lifestyle medicine physicians will organize the American Board of Lifestyle Medicine to provide certification for Lifestyle Medicine physicians and their specialty training.

ACLM's first General Meeting of Members is scheduled for 5:00 pm on March 9, 2004, during the Loma Linda University Annual Post Graduate Convention (APC 2004) on the beautiful Southern California Loma Linda campus. Plan to join other ACLM members and LM practitioners at the meeting to participate in this exciting and history-making event. Your support and involvement is needed.

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