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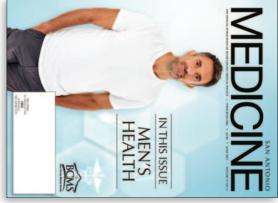
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MEN'S HEALTH



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EDITORIAL CORRESPONDENCE:

Email: editor@bcms.org Bexar County Medical Society 4334 N Loop 1604 W, Ste. 200 San Antonio, TX 78249

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nevitable Antidote for the Chronic Disease Pandemic! ifestyle Medicine, a Paradigm Shift:

By Bhoja R. Katipally. MD, MPH, FAAFP, DipABLM

Background: Advanced Medicine and Chronic Disease Burden – A Paradox

Science and technology, advanced exponentially over the past few decades, brought some of the most sophisticated pharmaceuticals, medical devices and interventions that were beyond imagination until recently. Completion of the human genome project opened doors to a

whole new frontier, *precision medicine*, where both diagnosis and management are guided and driven by genomics. Thanks to the COVID-19 pandemic, it pushed our limits to reengineer the doctor-patient interaction and workflow for the better. Innovative pharmaceuticals, procedures and vaccines virtually made us invincible from an array of major life-threatening emergencies, infections, trauma, acute issues and their complications, and to virtually even the pandemics.

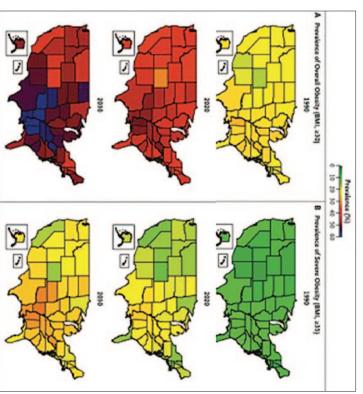
In the light of such advancement, it's easy to delude ourselves and celebrate as if modern medicine and the latest cutting-edge technology have a "pill for every ill" and a "procedure for every problem." Unfortunately, the current rapid unsustainable explosion in global and national chronic disease burden (CDB) only dispels that assumption, questioning if we truly made any progress in understanding and treating the human ailments and simply lost our focus and were blindsided by unseen forces that are driving our society and lifestyles in the wrong direction. This very disconnect resulted in our expensive high-tech modern medicine working at its best for a wide range of life-threatening conditions but failing to make even a small dent in addressing the chronic lifestyle disease crisis, which is a true pandemic today.

Problem: Unsustainable Chronic Disease Burden and Cost of Care

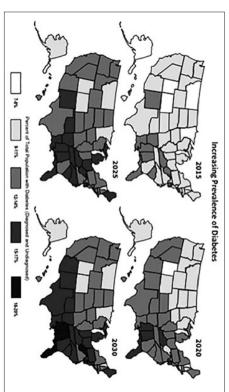
An arsenal of antimicrobials and vaccines gave us the victory over infectious causes that took millions of lives in the past century, but shifted the pendulum towards *chronic non-communicable, lifestyle-related, metabolic diseases.* Rapidly evolving technology not only gave us a safer and comfortable lifestyle but also industrialized the processes and disrupted our basic human habits and ways of living, including our nutrition, need for regular movement or physical activity, sleep and stress management.

According to the CDC's 2020 leading causes of death report, 70 to 80% of the Top 10 leading causes of death are lifestyle related and easily preventable^{1,2}. COVID-19, that took over a

million lives in the United States, was on the top of the list only next to heart disease and cancer. Institute for Health Metrics and Evaluation (IHME) described the recent global situation as *SYNDEMIC*, a combination of chronic diseases, social inequalities and the COVID-19 pandemic, as those chronic pre-existing conditions and social disparities set the perfect stage for the COVID-19 pandemic³.



Estimated Prevalence of Overall Obesity and Severe Obesity in Each State, from 1990 through 2030.



Prevalence of total diabetes as a percent of total population for each state for 2015, 2020, 2025, and 2030 based on the Diabetes 2030 Model (age adjusted to standard population).

contributing root causes for them. The CDC described obesity as "a have obesity rates less than 35%^{4,5,6} obese worldwide by 2025. By 2030, one in two Americans are expected are expected to be overweight and over a billion individuals will be doubled. If the current global trends continue, about 2.7 billion adults in the U.S. increased by 50% while the severe obesity (BMI \ge 35) rates system \$147 billion a year. In the U.S., one in five children and one in the U.S. is far beyond the global average and it costs the U.S. healthcare common, serious and costly disease" because prevalence of obesity in ercise, poor sleep, stress and social determinants of health are the actual death in the U.S., obesity, diabetes, poor nutrition, lack of physical exhave more than 50% of population obese while none of the states will to be obese, nearly one in four would be severely obese, 29 states will wide. From 1999-2000 through 2017-2018, obesity (BMI ≥ 30) rates three adults are battling with obesity compared to one in eight world-While heart disease and cancer are the top two leading causes of

\$200-\$500 billion per disease every year. According to the \$622 billion by 2030. Thus, the annual cost of CDB in our up by 38% and the total cost will increase by 53% to more than by 54% by 2030, annual deaths attributable to diabetes will go of their condition8. Diabetes incidence is estimated to increase population) while nearly a quarter of them were not unaware and over 37 million people have diabetes (11.3% of the U.S. recent data shows that about 88 million adults have prediabetes penditures were spent on people with chronic and mental CDC, 90% of the nation's \$4.1 trillion annual healthcare excountry is mounting to \$3-4 trillion combined with about rose from 7.8% in 2004 to 13.1% in 20167. And, CDC's most According to the 2016 CDC report, median prevalence of diabetes

pitalization, diabetes-related amputations, COVID-19 infecthe State of Texas. Men with diabetes have higher rates of hos-San Antonio and the Bexar County area compared to that of prevalence of obesity and diabetes and their complications in tions and complications, and mortality in general in the San the San Antonio area. Prevalence of diabetes is much higher in According to San Antonio Metro Health, men have a higher

health conditions in 2021 alone9

source, where else do we find the solution to go from Solution: Lifestyle Medicine - If lifestyle is the Illness to Wellness?

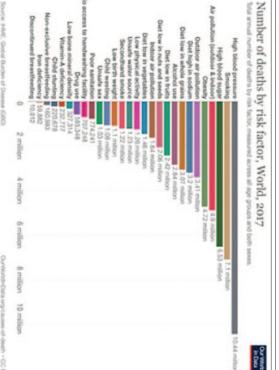
for these diseases11 of Death (LCOD) to the actual risk facts, i.e., the root causes ity linked to it, we must shift our focus from the Leading Causes current chronic disease burden and the morbidity and mortalwarrant our attention, suggesting if we truly want to tackle our The Global Disease Burden (GDB)-2017 Study findings

and stress management are the lifestyle factors that play a vital Poor nutrition, lack of regular physical activity, poor sleep

> role as the root causes for most of the leading chronic diseases today. They endothelia damage, atherosclerosis, prediabetes, diabetes, etc., that in turn tion, gut dysbiosis and insulin resistance just to name a few, that lead to logical diseases including Alzheimer's diseases, etc. fatty liver disease (MAFLD/NAFLD), mental health problems, neurodiseases including metabolic associated fatty liver disease/non-alcoholic breast, prostate and colon cancers, autoimmune diseases, gastrointestinal lar diseases but are proven to be directly linked to cancers, especially lifestyle choices are not limited to metabolic syndrome and cardiovascubecome the host of an array of complications. Consequences of poor trigger a cascade of metabolic dysfunctions, namely systemic inflamma-

and is overwhelming our healthcare system today. start of the nation's obesity and diabetes epidemic—the crisis that peaked tribution that took place about 50 years ago left its footprint. The historic both the average daily per capita food (calories) consumption and the trend shows the point where a distinct surge and parallels were seen in Industrialization of dairy, farming, food production, packing and dis-

Number of deaths by cause, World, 2017



Number of deaths by Cause and by Risk factor- World Stats, 2017

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About 80% of heart diseases and 60 to 70% of all leading causes of death are not just preventable or manageable through simple lifestyle changes but can potentially be reversed. Unfortunately, lifestyle recommendation has become a "wish" or a "lip service" as both patients and healthcare providers either don't believe in its potential, or feel it's more complicated to change our lifestyles rather than getting pills or procedures, or simply lack appropriate resources. It's a true challenge, at least in the current practice model, which is designed and driven by other metrics, until we shift our focus from the reactive medicine to a proactive one that addresses the root causes deliberately and effectively.





ACLM's Six Pillars of Lifestyle Medicine

Lifestyle Medicine, one of the fastest growing specialties both in the U.S. and internationally, was founded to meet that very need and serve as the missing link in our current healthcare system. The American College of Lifestyle Medicine (ACLM) defines Lifestyle Medicine as: "Lifestyle medicine is an evidence-based approach to preventing, treating and even reversing diseases by replacing unhealthy behaviors with positive ones—such as eating healthfully, being physically active, managing stress, avoiding risky substance abuse, adequate sleep and having a strong support system." Those lifestyle interventions are the six pillars of Lifestyle Medicine¹².

Decades of research and multiple metanalyses showed the compelling evidence that simple lifestyle interventions not only prevent or manage a majority of the chronic diseases well but potentially reverse many of them including obesity, diabetes, cardiovascular diseases, autoimmune disease as well as many types of cancers. Family history and genetics were thought to be complete non-modifiable, but today we know that our DNA is not our destiny as the epigenetic research showed us that lifestyle changes can directly alter the behaviors of the genes on our DNA by modulating their expression and suppression like turning our them "ON" and "OFF" in the intended direction. Dr. Ornish's GEMINAL Study on patients with Prostate Cancer demonstrated that simple lifestyle in-

terventions upregulated (turned-on) more than 450 anticancer genes and downregulated (turned-off) close to 50 cancer-promoting genes¹³.

In a systematic review and meta-analysis of 47 studies, it was noted that physical inactivity is associated with increased all-cause CVD incidence and CVD mortality¹⁴. Dr. Dean Ornish, et al., showed in their Lifestyle Heart Study more than two decades ago that intensive lifestyle changes can reverse coronary heart disease in established CAD patients¹⁵.

In its position statement, ACLM suggests that "as incidence and prevalence of T2D continue to rise, the current best evidence from multiple intervention studies supports that remission achieved with intensive lifestyle modifications should become the preferred treatment and standard of care. To achieve remission, appropriate, therapeutic dosing of lifestyle modifications is necessary" ¹⁶.

Six Pillars of Lifestyle Medicine¹⁹:

- EAT: Eat more plants and adapt to whole-food plant-predominant eating patterns. Choose low fat, high fiber, less refined plant-based foods loaded with complex carbohydrates and phytonutrients.
- MOVE: Incorporate regular physical activity into your life with two goals.
- a. 150-300 minutes of moderate level cardio exercises per week such as walking, brisk walking or jogging, or 70 minutes of vigorous exercise per week such as running or biking.
- b. Resistance/strength training at least twice weekly. Balance and stretching exercises are also recommended for more benefits.
- SLEEP: Six to eight hours of restorative sleep per night for the best physical, mental, cognitive and metabolic benefits.
- STRESS: Relaxation and better stress management through regular yoga, meditation, breathing exercises, journaling, gratitude exercises, mindfulness and a purpose-driven life go a long way.
- CONNECTIONS: Deep, nurturing, positive social connections reinforce the benefits from the rest of the pillars of lifestyle medicine.
- RISKY BEHAVIORS: Avoid tobacco, illicit substance use and highrisk health behaviors, limit alcohol and coffee, and beware of food addiction.

Call to Action: Paradigm Shift from Acute, Reactive, Sick Care Model to a Holistic, Proactive, Health Care Model

According to the recent reports, life expectancy in America had declined to its lowest in decades—the latest generation of Americans are expected to live shorter than their parents^{18,19}.

Designed around the acute care model, today's modern healthcare system is, at its best, able to handle life-threatening emergencies and trauma through pharmaceuticals and surgical procedures but failing to tackle the chronic disease crisis, which requires root cause mitigation. With all the evidence pointing at our poor lifestyle as the root of all chronic disease, now is the time for a paradigm shift and re-examination of our current healthcare delivery model to incorporate lifestyle medicine and health behavioral interventions to change the future of our nation's health.

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achieve positive health behavioral changes; and reengineer our payment and other digital tools for monitoring and personalized interventions to emphasis on bio-socio-psycho-economic factors; incorporate eHealth health; redesign our care delivery and health education model with more urged that the need for effective lifestyle changes and interventions calls The Integration of Systems Biology, eHealth, and Behavioral Change," Ommen, et al., in their paper, "From Diabetes Care to Diabetes Curemodel to incentivize lifestyle interventions. for change in the way we deliver the healthcare today²⁰. We must redefine

Medical Practices to promote lifestyle change. Our Community: Joining forces - City, Public Health and

their disease prevention, management and potential reversal. lifestyle change and offer lifestyle and behavioral interventions as part of medical practitioners must also realign their practice models around them, promote healthy behaviors, and enable access to the resources, any single entity, organization, institution or practitioner. While the public health institutions work closely with our communities to educate Chronic disease burden is a public health crisis. It can't be solved by

munity to participate in and the local medical practices and hospitals education, promotion and community outreach programs for the comto recommend to their patients. The City of San Antonio's Metropolitan Health District has health

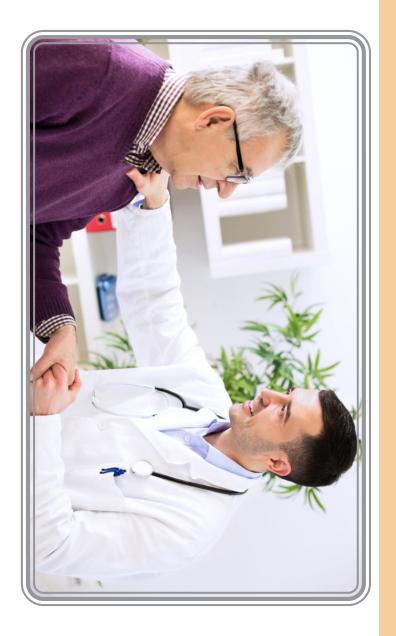
- Diabetes Prevention and Control Program: Offers no cost services and workshops to the community to help prevent and control diabetes
- Por Vida Program: Recognizes local restaurants for creating healthy community development. environments through good nutrition, sanitation, sustainability and
- FitCitySA: being, physical activity and healthy eating. San Antonio residents to opportunities for improved emotional wellhealth in San Antonio. Its mission is to increase awareness and connect The Mayor's Fitness Council's community portal for
- ¡Viva Health!: A community nutrition education resource hub on San Antonio's culture, lifestyle and needs. When you eat wellaimed to simplify and unify nutrition education with an emphasis
- New Me Health Center is one of such clinics in our community offer-SION program to prevent, manage and potentially reverse Diabetes "DEFEATING DIABETES," a six-month lifestyle IMMER-

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