

Editorial

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From the Editor: The Lifestyle Medicine Movement Continues to Grow and Thrive

We at the *American Journal of Lifestyle Medicine (AJLM)* are delighted to devote an entire issue of AJLM to the Proceedings of the National Meeting of the American College of Lifestyle Medicine, which was held from October 27 to 30, 2013, in Washington, DC.



I had the pleasure of chairing a plenary session and also moderating an Expert Panel discussion at this annual meeting. Based on what I saw and experienced, I am pleased to report that the lifestyle medicine movement is alive and well and growing exponentially!

The theme of the ACLM conference was “The Treat the Cause Movement.” It is clear from the diversity and expertise of the assembled speakers and the passion and knowledge of the audience that the field of lifestyle medicine has grown both broader and deeper over the past 5 years.

There is no longer any serious question that the practices and habits that each of us has in our daily lives profoundly affect both our short-term and long-term health and quality of life. It is also clear that for the field of lifestyle medicine to continue to grow and have the impact that it deserves, it must be tied directly to the overwhelming evidence that exists in these areas. We must articulate the

important messages of lifestyle medicine to multiple audiences including our patients, the health care medical professions, the media, and public policy makers in the most dynamic and thoughtful way possible. These, of course, were key issues that we had in mind when we founded the *American*

Rosanne Rust, MS, RD, LDN, Arthur Frank, MD, Steven Blair, PED, and Michael Parkinson, MD. I served as moderator. These panelists offered high level dialogue in some of the key issues related to lifestyle medicine such as nutrition, obesity, and exercise as well as providing a vast background in how

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Journal of Lifestyle Medicine 8 years ago and what we continue to care passionately about.

The ACLM conference kicked off with an Expert Round Table that took its name from the conference, “The Treat the Cause Movement.” A diverse and distinguished panel of experts with deep knowledge in multiple areas of lifestyle medicine participated. Included on this panel were Wayne Dysinger, MD,

lifestyle medicine fits into the current health care insurance, prevention, and clinical practice models. It is fitting that we open this entire issue of *AJLM* with the Proceedings of this Panel Discussion.¹

In addition, from the large number of distinguished speakers at the ACLM conference, we selected 7 individuals to write articles for this issue of *AJLM* based on the presentations they made at the

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conference. Each of these authors took a somewhat different approach to lifestyle medicine but all provide persuasive arguments for the central role that lifestyle practices and habits have, and will continue to have, in the health of individuals and our nation.

The first article in this grouping, by David Katz² argues that individual change must be accompanied by significant cultural change. As he articulates, positive lifestyle is the “medicine” but “spoons full of culture change will be required to make that medicine go down.”

The second article, which I authored,³ starts from the premise that lifestyle medicine practitioners must ground their practice and advice on the highest level of evidence. We live in an era of evidence-based medicine, and lifestyle medicine must adhere to the same high standards of recommending behaviors and practices that are evidence-based and research proven.

Rosanne Rust next explores controversies in nutrition⁴ including genetically modified organisms, sugar and health, the debate of “Is a calorie a calorie?” and whether or not there is anything uniquely beneficial about high-protein diets with regard to weight loss. As a practicing nutritionist and member of the Academy of Nutrition and Dietetics, Ms Rust is well qualified to discuss these issues and also to offer a practical approach for a general strategy for healthy eating.

Arthur Frank, who founded and directed the weight management program at George Washington University, reminds us that obesity is notoriously difficult to combat and that a long-term care model employing comprehensive lifestyle management, as well as selective pharmacotherapy, and in some instances, bariatric surgery, may be required to control it.⁵ He provides the astounding statistic that the average American adult consumes almost a million calories a year, 50 million calories in an adult lifetime, and about 25 000 pounds of food! The

system to regulate food consumption and appetite is tightly regulated with numerous overlapping feedback loops, and changes occur slowly over long periods of time. Thus, a treatment model must be multifaceted and also involve slow changes over a long period of time. Dr Frank also cautions us that public policy changes will be required as well as individual patient treatment changes in order to alter both the community environment and perception of obesity.

Ann Kennedy and Steve Blair remind us that lack of physical activity is a worldwide public health problem and that regular physical activity plays a critical role in disease management and quality of life.⁶ Central to their presentation is the emphasis on physical activity as a behavior and the sage advice that while behavior change may be difficult, it is certainly possible. They provide a number of practical recommendations for ways to help patients overcome barriers to making changes in physical activity. They also offer insight into ways that emerging technologies may help spread the message of increased physical activity as a health promoting measure.

Dee Edington, Jennifer Pitts, and Alyssa Schultz transport the lifestyle message into the work place and make the important distinction between “investments in health” rather than “costs of health care.”⁷ These authors argue that oftentimes positive lifestyle measures have been considered a way of controlling costs. They elucidate a compelling case that some measures should, instead, be considered “investments in health.” Additionally, they elucidate the key issue that they call “positive health” as a model for how companies should respond in the future.

The last essay in this group comes from Jay Olshansky,⁸ who starts from the premise that as our lives have grown longer, new challenges and opportunities have emerged. He provides a new approach to public

health in a rapidly aging world that he calls “the longevity dividend.” He provides a compelling rationale that this dividend offers a potentially efficient way to combat fatal and disabling diseases that have become endemic in the modern world. He argues that we must turn our attention to combating aging itself as a key health promoting strategy.

It was personally gratifying and joyful for me to see how rapidly the National Meeting of the American College of Lifestyle Medicine has grown and progressed. The increase in attendees at the conference was over 200% for the 2013 meeting. There is no reason to expect that this growth will not continue in a rapid fashion.

The field of lifestyle medicine also has benefited from a variety of external factors. Lifestyle medicine now has a comprehensive encyclopedia available to the public that has contributions from more than 350 experts in a wide variety of areas related to lifestyle medicine,⁹ as well as an academic textbook with contributions from more than 150 health care professionals.¹⁰ As well, of course, it has its own peer reviewed journal, the *American Journal of Lifestyle Medicine*. As a cardiologist, I was also struck that my interest group within the American Heart Association, which was previously called “The Council on Nutrition, Physical Activity, and Metabolism,” changed its name within the past year to the “Council on Lifestyle and Cardiometabolic Health.”¹¹

Thus, it is clear that lifestyle medicine is here to stay and that it continues to grow and thrive. Furthermore, it is also abundantly clear that the academic discipline of studying and applying how daily habits and actions affect the short-term and long-term health will be called lifestyle medicine.

As the editor of *AJLM*, I hope that this issue of *AJLM*, which we have devoted to the Proceedings of the 2013 National Meeting of the American College of

Lifestyle Medicine, will further enhance the growth of this important movement. ^{AJLM}

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