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REVIEW ARTICLE

Lifestyle medicine: The importance of considering all the causes of disease*

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KEYWORDS

Lifestyle medicine; Preventive medicine; Chronic disease; Emotional well-being; Mental health; Humor and laughter; Quality of life Abstract The enormous potential effects of health behavior change on mortality, morbidity, and health care costs provide ample motivation for the concept of lifestyle medicine. Lifestyle medicine involves the therapeutic use of lifestyle interventions on health and quality of life, and considers not only risk factors and markers, but also a range of antecedent factors from all levels of causality. Treatment would ultimately employ a combination of clinical (patient-centered) and public-health interventions. Examples of target patient behaviors include, but are not limited to, eliminating tobacco use, moderating alcohol consumption, increasing physical activity, improving diet, sleep, and emotional and mental well-being. The effective implementation of lifestyle medicine should be a priority within the necessary changes in current healthcare systems and public health policies.

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PALABRAS CLAVE

Medicina del estilo de vida; Medicina preventiva; Enfermedades crónicas; Bienestar emocional; Salud mental; Humor y risa; Calidad de vida

Medicina del estilo de vida: la importancia de considerar todas las causas de la enfermedad

Resumen Los enormes efectos potenciales de determinadas intervenciones en el estilo de vida sobre la mortalidad, morbilidad y costes sanitarios son motivación más que suficiente para el interés actual en la medicina del estilo de vida. La medicina del estilo de vida se ocupa de las intervenciones sobre el estilo de vida que afectan a la salud y a la calidad de vida, y tiene en cuenta todas las causas anteriores a la enfermedad y al riesgo de enfermar, desde todos los niveles de causalidad. En consecuencia, en su manejo terapéutico se incluye una combinación de intervenciones preventivas de salud con actuaciones clínicas personalizadas para cada paciente. Ejemplos de dichas intervenciones incluyen, sin limitarse a, el abandono tabáquico; una dieta equilibrada; el control de peso corporal; el aumento de la actividad física; el consumo moderado de alcohol; el sueño y descanso adecuados; y el incremento del bienestar emocional y mental, entre otros. La aplicación efectiva de la medicina del estilo de vida debería

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considerarse prioritaria dentro de los cambios necesarios en los actuales sistemas sanitarios y en las políticas públicas de salud.

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Introduction

In the developed world, lifestyle is one of the major determining factors concerning the health condition of a population. A high percentage of medical consultations in primary and specialist healthcare are due to lifestyle-related illnesses (which are, therefore, preventable). Likewise, the great majority of practice guidelines recommend lifestyle changes as the first line of treatment. Consequently, lifestyle is not only a public health issue, but also very clinically relevant in current therapeutic management of illnesses especially chronic pathologies. The advent of ''lifestyle medicine'' seeks to resolve the current shortcomings and provide continuity between preventative medicine and current patient-centred clinical practice.¹

The burden of chronic disease: mental health

Coronary disease, stroke, hypertension, high cholesterol, obesity, diabetes, chronic obstructive pulmonary disease (COPD), many types of neoplasms, osteoporosis, back and muscle pain, migraines, constipation, allergic pathologies, sexually transmitted diseases (STD), infertility, erectile dysfunction and many mental disorders, among other diseases, are health conditions directly related to lifestyle. Out of these, mental illnesses enormously contribute to the total disease burden, due to the combination of high prevalence, early onset, persistence and dysfunction. The World Health Organization (WHO) attributes 31% of collective years lived with a disability and 1.4% of collective years lost² to neuropsychiatric disorders. However, the latter figure is most likely underestimated, as it does not include suicides. Schizophrenia and related psychoses, bipolar affective disorder, major depression and panic disorder are those that contribute most to the global disease burden. By the year 2030, it unipolar depression is predicted to be the primary cause of the total disease burden.3

What is a lifestyle?

The author and futurist Alvin Toffler⁴ used the concept ''lifestyle'' for the first time in 1979 when he predicted the explosion of different lifestyles in a post-industrial society. The way we eat, exercise, rest, play, behave with others, think, plan, drive a vehicle, sleep, work, do other things-in general, the way we live-are all included under the term ''lifestyle.'' It includes patterns for social relations, leisure and clothing and it also reflects the typical individual's attitude, values or self-image. A specific lifestyle indicates the conscious or unconscious choice between one type of behaviour or another and can affect the basic

biological mechanisms that lead to disease: changes in genetic expression, inflammation, oxidative stress and metabolic dysfunction.

What is lifestyle medicine?

Lifestyle medicine is a clinical discipline based on facts ("evidence") that deals with lifestyle interventions that affect health and quality of life. It could also be defined as the "application of medical, environmental, motivational and behavioural principles to clinical and therapeutic management of health problems related to lifestyle".5 In addition to prevention of illness (risk reduction), lifestyle medicine also focuses on its therapeutic management (if such a condition is already present), often in a more costeffective way⁶ than conventional treatments based on drugs and surgery. The enormous potential effects of such lifestyle interventions on mortality, morbidity and healthcare costs are more than sufficient incentives for interest in lifestyle medicine.7 Examples of such interventions include, but are not limited to, all of the following: cessation of tobacco use, balanced diet, weight control, increased physical activity, moderate alcohol consumption; adequate sleep and rest, and increased mental and emotional well-being.

Lifestyle medicine was originally developed in the United States. There, as well as in Spain, various medical associations and ongoing projects exist related to lifestyle medicine. Furthermore, the American Journal of Lifestyle Medicine (http://ajl.sagepub.com/), the first publication specialising in this issue, has been available since January 2007. While it is a new discipline, lifestyle medicine does not purport to be an alternative to conventional medicine, but rather a complementary strategy to deal with the clinical challenges that modern lifestyle changes represent. Nonetheless, lifestyle medicine is not lucrative and is not typically funded by public health systems or private insurers. For that reason, its use in current clinical practice is very limited and is not usually part of medical training programs.

The causes of illness

In the present day, the therapeutic approach to disease, and particularly to chronic pathologies, usually focuses on risk factors and biological markers. However, these factors and markers have numerous "causes" that precede the disease (Fig. 1). In lifestyle medicine, all preceding risks and causes of disease are considered, on all levels of causality. Consequently, its therapeutic management includes a combination of preventative health interventions (public and individual) and clinical activities personalised for each patient. For example, the prevalence of high blood pressure

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