

Lifestyle Medicine in the Community: Promoting Health Equity through Preventive Medicine

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Abstract

Lifestyle medicine is a new strategic approach that is reshaping the preventative care landscape and having a significant impact on chronic disease prevention (LM). Lifestyle medicine is defined as "a branch of evidence-based medicine in which comprehensive lifestyle changes (including nutrition, physical activity, stress management, social support, and environmental exposures) are used to prevent, treat, and reverse chronic disease progression by addressing the underlying causes." According to evidence-based research, LM guidelines may help people who are at risk of developing diseases live longer and with fewer difficulties. Patients' glycemic control, lipid profile, blood pressure, and anthropometric profile were all improved after a long-term community-based combined exercise programme, for example. Individuals' exposure to lifestyle risk has also been reduced by community lifestyle interventions such as promoting optimal nutritional intake and providing smoking cessation counselling. These community-based initiatives show that LM is a good fit for improving health, owing to the fact that its practises are incorporated into the clinical model of care and decrease disease progression, eventually leading to a community-based preventative strategy.

Keywords: Lifestyle Medicine, Health Equity, Community health

Introduction

Because the term "community" can be defined in a variety of ways, there is no one-size-fits-all definition. "The use of the term community has remained to some extent coupled with the hope and wish of restoring once again the tighter, warmer, more harmonious type of relationships between people vaguely attributed to earlier times" since the late nineteenth century. Some have looked at the community as a geographical area or space, while others have concentrated on groups of people living in a single location or looked at the community as a place where everyday life takes place. In a broader sense, the community is a place where people live, work, play, and connect in a variety of ways, as well as a place where they use a variety of resources [1]. The definitions show how communities differ in terms of belonging, geographical space, and interaction in a variety of ways. What is noticeably absent is their distinctiveness in terms of cultural characteristics or traditions.

The use of evidence-based lifestyle therapeutic intervention as a primary modality, offered by clinicians, includes a whole-food, plant-predominant eating pattern, regular physical activity, restful sleep, stress management, avoidance of dangerous substances, and positive social interaction. Preventive medicine aims to improve people's health and well-being while also preventing disease, disability, and death. Lifestyle medicine (LM) entails the use of evidence-based therapeutic measures to prevent, cure, and, in many cases, reverse chronic disease, such as a largely whole food, plant-based diet, regular physical activity, enough sleep, stress management, and avoidance of dangerous substance use [2]. LM began as a component of physicians' internal medical practise and is now used as a supplement to traditional treatment. Physicians use the training as a tactic to encourage patients to take a more active role in their own care. Health risk assessment, health behaviour change counselling, and clinical implementation of lifestyle modification are all part of physician LM coaching. Other doctors and specialists (e.g., nurses, allied health workers, holistic practitioners, community health workers, and nutritionists) have incorporated LM ideas into their practise. Indeed, this is innovative thinking, as health seekers can get lifestyle counselling and participate in healthy activities outside of a doctor's office [3]. Community-focused health initiatives, like as health and wellness or health promotion, have long embraced related LM services. A wide range of health services, including primary and mental health care (e.g., emotional wellbeing/stress management), dietary counselling, and exercise and physical activity promotion, are accessible in these settings, offering assistance for health seekers. Stakeholders invest in community health organisations and promotional activities on an organisational level, making them free of charge and allowing community members and health seekers to take care of their health.

Conclusion

The majority of CDs are avoidable and are primarily the result of poor habits. Adopting a healthy lifestyle can dramatically reduce the risk of developing a chronic illness. However, it is not as simple as it appears. Most individuals desire to live a healthy lifestyle, but they don't know where to begin or how to stick to one. It doesn't help that primary care providers, particularly family physicians, provide little guidance on how to put long-term strategies in place to live a healthy lifestyle. Lack of knowledge is a problem, thus accepting the importance of leading a healthy lifestyle in terms of health is crucial. Furthermore, providing LM-related services in community health makes sense because it provides health seekers with more than just one-on-one lifestyle counselling.

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