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EDITORIAL

Lifestyle Medicine in the Prevention, Treatment, and Remission of Chronic Diseases in Sri Lanka: Where Do We Stand?

Lifestyle Medicine (LM) is a medical specialty that uses therapeutic lifestyle interventions (TLI) as a primary modality to prevent, treat and to remit chronic non-communicable diseases (NCDs) including, but not limited to, cardiovascular diseases, type 2 diabetes (T2D), and obesity, According to the American College of Lifestyle Medicine, lifestyle modifications are focused on six pillars; whole-food-plant predominant healthy diet, physical activities and exercise, restorative sleep, stress management, avoidance of risky substances, and positive social connections.

More than 80% of the medical conditions, such as obesity, T2D, dyslipidaemia, ischemic heart diseases, and stroke, are lifestyle-related diseases. Among South Asian countries, Sri Lanka has the most rapidly aging population and will experience an alarmingly high burden of NCDs in the future, unless there is a robust prevention program in place. It requires integration among all stakeholders across many disciplines, such as education, health, agriculture, industry, and transport, in order to make a sustainable program that enables the strengthening of a healthy lifestyle with a novel approach.

Lifestyle medicine interventions are evidence-based and planned as a holistic course aimed at the overall well-being of an individual. Similar to the dosage of pharmacological treatments, the strength of prescriptive lifestyle change needs to be adequate for achieving the desired effect.

Lifestyle management is accepted as the emerging first line of therapy for most chronic diseases by many professional organizations around the world. It desires long-term intervention requiring engagement and responsibility of the patient to both their general health and disease outcome, while in Allopathic (conventional) medicine, the patient plays a passive role. A medical practitioner needs to play a dual role in LM, both as the medical practitioner and the lifestyle coach. It is clear that, implementation of healthy lifestyle practices at all ages is of immense importance not only to prevent chronic diseases such as obesity, atherosclerosis, cardiovascular diseases (CVD), hypertension, neurodegenerative diseases, and cancer but also to treat and remit these diseases. Hence, promotion of healthy lifestyles among the public would reduce the incidence of NCDs, offering benefits to the individual and the entire society at large.

At present, NCDs are responsible for about 80% of the total deaths in Sri Lanka. Of the total 464 billion of healthcare expenditure, a large portion (36%) has been utilized in the management of NCDs. Expenditure on pharmaceuticals and procedures for the unhealthy population with a high burden of NCDs is among the key drivers of healthcare expenditure. Therefore, prevention and remission of NCDs by implementing adequate LI is an internationally accepted promising modality to minimize the healthcare cost.

In 2021, the new national targets and the national multisectoral action plan for 2022-2026 were developed in view of mitigating the epidemic of NCDs. The development of the Health Information Management System in 2011, along with 990 Healthy Lifestyle Centers (HLC) attached to healthcare institutions in Sri Lanka, is a commendable initiative towards healthy lifestyle promotion. The objective of HLCs was to reduce the risk of NCDs among people aged 35 years or older by early detection of risk factors and to improve access to specialized care for those with a higher risk of CVD. At HLCs, both self-referral and referrals from healthcare personnel are screened for diabetes, obesity, hypertension, high serum cholesterol, risk of cardiovascular disease, cancers (breast cancer, thyroid, oral), and respiratory disease. In addition, 10-year CVD risk assessment and appropriate health education are performed as a part of routine care. However, whether these centres are fully fledged with adequate physical resources and the human resources who are capable of managing the lifestyle of a person based on the six pillars is a concern. It is necessary to establish a process to monitor the patient closely at HLC to minimize dropouts along with these HLCs. Moreover, the lack of awareness among the public about the availability of HLCs and the mismatch between the opening hours of HLCs and the routine working hours restricts the workforce from accessing these centres demands attention from the authorities. In addition to that, there are adequate resources at HLCs to implement intensive therapeutic lifestyle changes through ITLC. behavior change is uncertain. The ITLC programs are applied on an individual or group basis with the involvement of a multi-modality team. In certain countries, this team may include a certified lifestyle physician, a certified dietician or nutritionist, a pharmacist, a health coach, a nurse, a physical therapist, etc. Looking ahead, Lifestyle Medicine has the potential to significantly reshape the Sri Lankan healthcare system by shifting the emphasis from disease management to health promotion. Strategic integration of LM into the primary healthcare system as a structured program with adequate allocation of human and material resources could reduce the prevalence of NCDs and associated healthcare costs in the future.

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