



The increased need for lifestyle interventions in dealing with non-communicable diseases in South Africa

To the Editor: With over 54 000 reported deaths associated with COVID-19 in South Africa (SA), the strong link between non-communicable diseases (NCDs) and bad outcomes is well established.^[1] NCDs are a pandemic in their own right. An inordinate amount of financial and human resources are being spent on this latter pandemic, yet in spite of advances in pharmaceuticals, technology and healthcare facilities, the incidence is rising unabated.^[2]

One aspect that receives far too little attention is prevention – dealing with the underlying causes. It is well recognised that NCDs are basically diseases of lifestyle behaviours.^[3] Trying to manage these diseases by medical management alone is a bit like the proverbial vigorous mopping of the floor of the flooding room without turning off the running tap.

To address this fundamental issue, the American College of Lifestyle Medicine was formed in 2004, and the American Board of Lifestyle Medicine started board examinations in 2017. The Lifestyle Medicine Global Alliance (established in 2015) oversaw the formation of numerous national entities such as the British Society of Lifestyle Medicine and the Australasian Society of Lifestyle Medicine. There are now some 20 national organisations around the world, the latest of these being the South African Lifestyle Medicine Association (SALMA). A number of well-recognised universities internationally are beginning to offer courses in lifestyle medicine (LM).^[4-7]

LM is defined as the ‘evidence-based practice of helping individuals and families adopt and sustain healthy behaviours that affect health and quality of life’ (American College of Lifestyle Medicine). These interventions include a predominantly whole-food, plant-based diet, regular physical activity, adequate sleep, stress management, avoidance of risky substance use, and use of other non-drug modalities that promote health and prevent disease. LM can effectively prevent, treat or even reverse many chronic diseases such as hypertension, heart diseases, diabetes, obesity, depression/anxiety and musculoskeletal conditions.

LM is not complementary or alternative medicine – it is mainstream and evidence based.^[8] Most national guidelines for chronic diseases acknowledge the foundational role of lifestyle interventions.^[9] But despite valid research findings supporting the benefits of LM, most healthcare providers remain unfamiliar with and/or sceptical about the usefulness of LM in the treatment and prevention of chronic diseases. Doctors and other health practitioners who utilise LM in their practice report benefits both for their patients and themselves. Additionally, studies have repeatedly confirmed that patient satisfaction with LM is very high.^[10]

How do we at SALMA see our contribution to the field of medical practice in SA? Here are our objectives:

- Make LM training resources available for students in medicine and allied professions.
- Provide a forum for the sharing of experience and practical interventions in LM.
- Promote evidence-based LM as foundational to healthcare v. disease care, among both qualified practitioners and students.

- Advocate for the inclusion of LM in the medical curriculum in SA.
- Offer scientific support for consensus on specific lifestyle interventions in national guidelines in the management of chronic diseases.

Many doctors have become disillusioned with conventional ‘disease care’, which merely slows down or delays progression of chronic diseases.^[11] LM offers the rewards of helping patients to achieve restoration of health and vitality in many if not most cases, through evidence-based principles.^[12] We invite correspondence and membership in this dynamic new field of medicine.

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