British Society of lifestyle medicine

What is Lifestyle Medicine?

The NHS applied tool that can be used for Health Equity

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Welcome

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Certified Lifestyle Medicine Physician
Fellow and Vice President of British Society of Lifestyle Medicine
Founder and Clinical Director of Lifestyle Medicine Accelerator

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WHAT IS LIFESTYLE MEDICINE?

Evidence-based Medical Discipline *(RCGP 2024)*

Deals with **root cause** of illness to **prevent, treat** and **reverse** chronic disease

Supports people to make **behaviour change** in the **6 pillars** of LM

Acknowledges the **wider determinants** of health

3 Principles of Lifestyle Medicine

1. Acknowledge the Need for Action on Socioeconomic Determinants of Health
2. Knowledge of "The Six Pillars of Lifestyle Medicine"
3. Proven techniques to support people to sustain lifestyle changes

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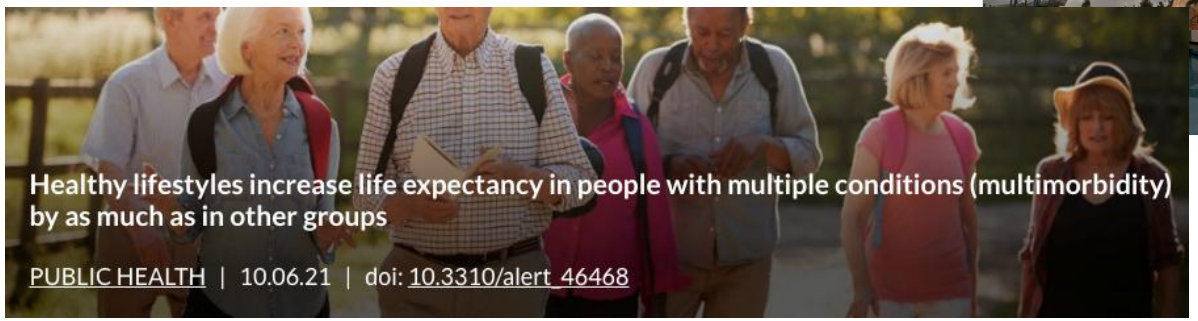
History and Evidence

Sentinel Lifestyle Medicine Pioneers

- Hippocrates
- Thomas Edison

BLUE ZONES®

NIHR | National Institute for Health and Care Research



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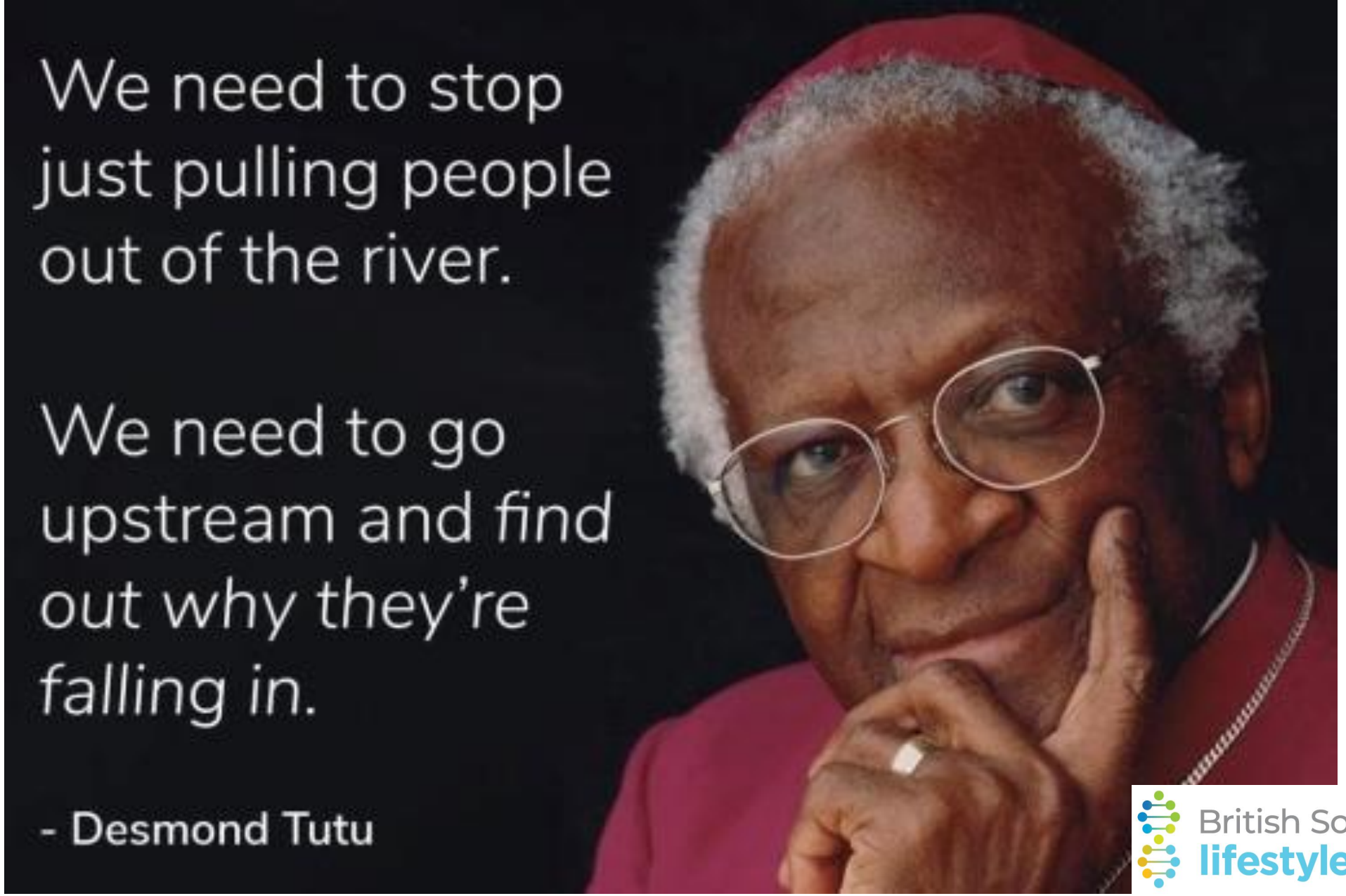

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Risk Factors Are Modifiable

98% of us live with a key behavioural risk factor:

- Smoking
- Heavy drinking
- Poor diet
- Overweight/obese
- Low physical activity

More than **60%** of us live with 3 or more risk factors

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Source: SHeS 2012

Why Lifestyle Medicine?

WHO data, September 2023

- Non-communicable diseases (NCDs) are responsible for 74% of all deaths globally
  - 80% of premature NCD deaths are at least partly attributable to 3 factors: smoking, poor diet and lack of physical activity
  - **Strongly linked with socio-economic inequalities**

As well as premature mortality, NCDs contribute to worsening health-related quality of life, disability and loss of independence

- 63 years of ‘healthspan’ in UK
- Up to 19 years on average of ill-health.

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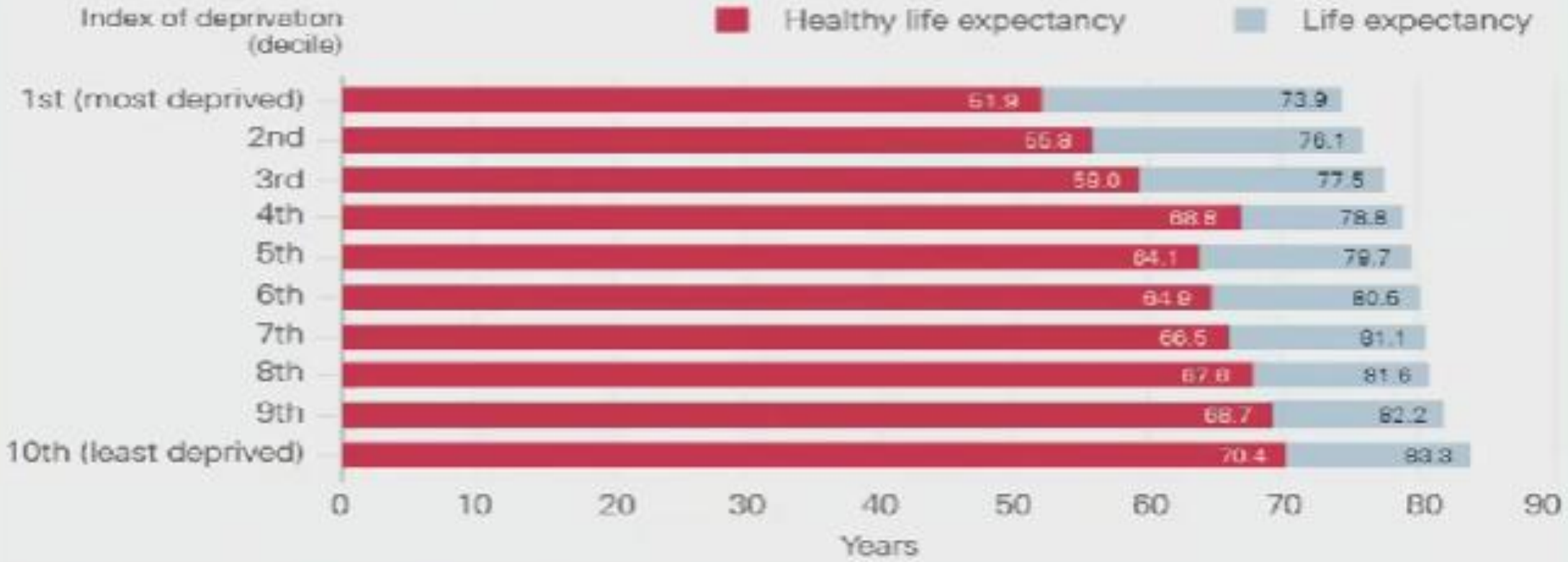
World Health Organisation | The Global Health Observatory

Total male life expectancy and healthy life expectancy at birth by decile of Index of Multiple Deprivation, 2014–2016



Note: Life-expectancy estimates shown are calculated on a period basis.

The Health Foundation
© 2018

Source: Health Foundation analysis using Office for National Statistics data; *Health State Life Expectancies, UK: 2014 to 2016.*

Social Deter lth

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE women to DIE in PREGNANCY or childbirth in the UK.
Ref: https://bit.ly/3ihDwcN

SOUTH ASIAN & BLACK PEOPLE ARE **2-4x** MORE LIKELY TO DEVELOP Type 2 diabetes than white people.
Ref: https://bit.ly/3ulDy88

IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE from CHD than the general population.
Ref: https://bit.ly/3iifo9V

IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO **3x** more likely to DEVELOP PROSTATE CANCER than white men of the same age.
Ref: https://bit.ly/39KWqEs

ACROSS THE COUNTRY, FEWER THAN **5%** OF BLOOD DONORS are from BLACK AND MINORITY ETHNIC communities.
Ref: https://bit.ly/3ulg17r

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x** the mortality risk from COVID-19 than people from a WHITE BRITISH BACKGROUND.
Ref: https://bit.ly/3EZS2Od

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x** more likely to be subjected to COMMUNITY TREATMENT ORDERS than White people.
Ref: https://bit.ly/3zK5IjL

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE **10 YEARS** LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.
Ref: https://bit.ly/3urjmIt

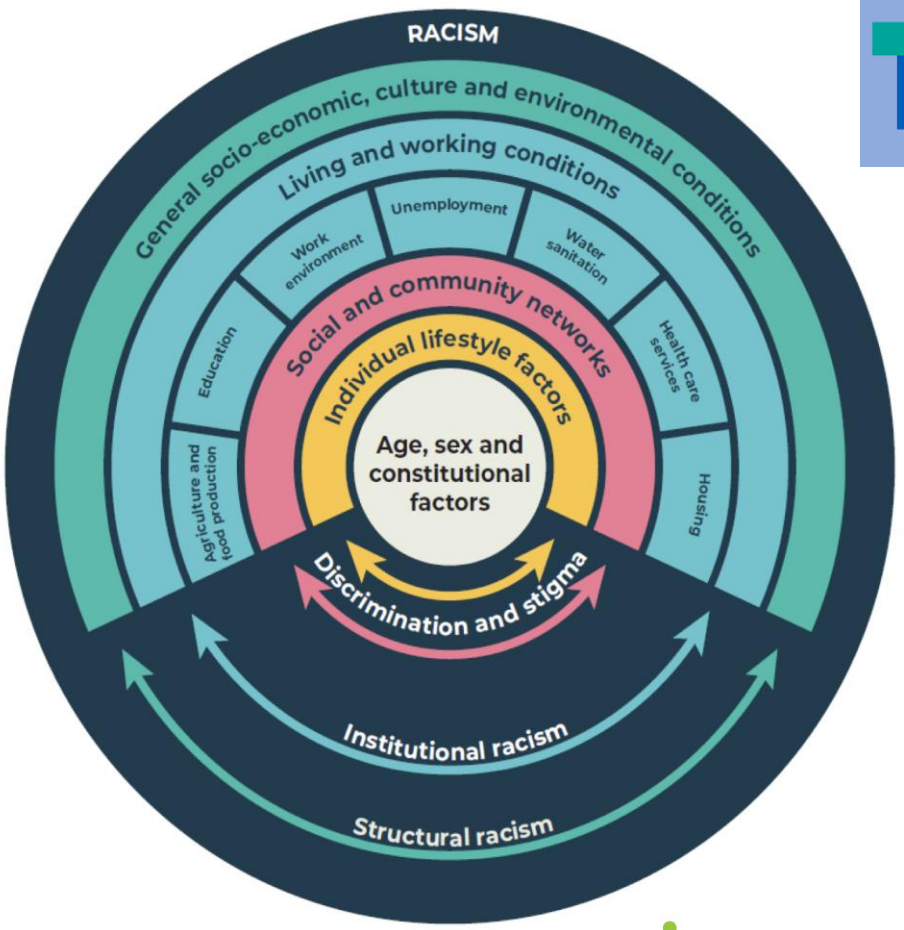
24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019, were caused by CARDIO VASCULAR DISEASE in Black and minority ethnic groups.
Ref: https://bit.ly/3CYz22P

CONSENT RATES FOR ORGAN DONATION ARE AT **42%** for Black and minority ethnic communities and 71% FOR WHITE ELIGIBLE DONORS.
Ref: https://bit.ly/3ogH3fm

For more information and sources for above statistics please visit:
www.nhsrho.org

October 2021

NHS RACE & HEALTH OBSERVATORY



Transformation Partners in Health and Care

Figure 1 Conceptualising racism integrated with the social determinants of health. Adapted from Dahlgren and Whitehead, 1993

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REDUCING HEALTHCARE INEQUALITIES

NHS

The

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

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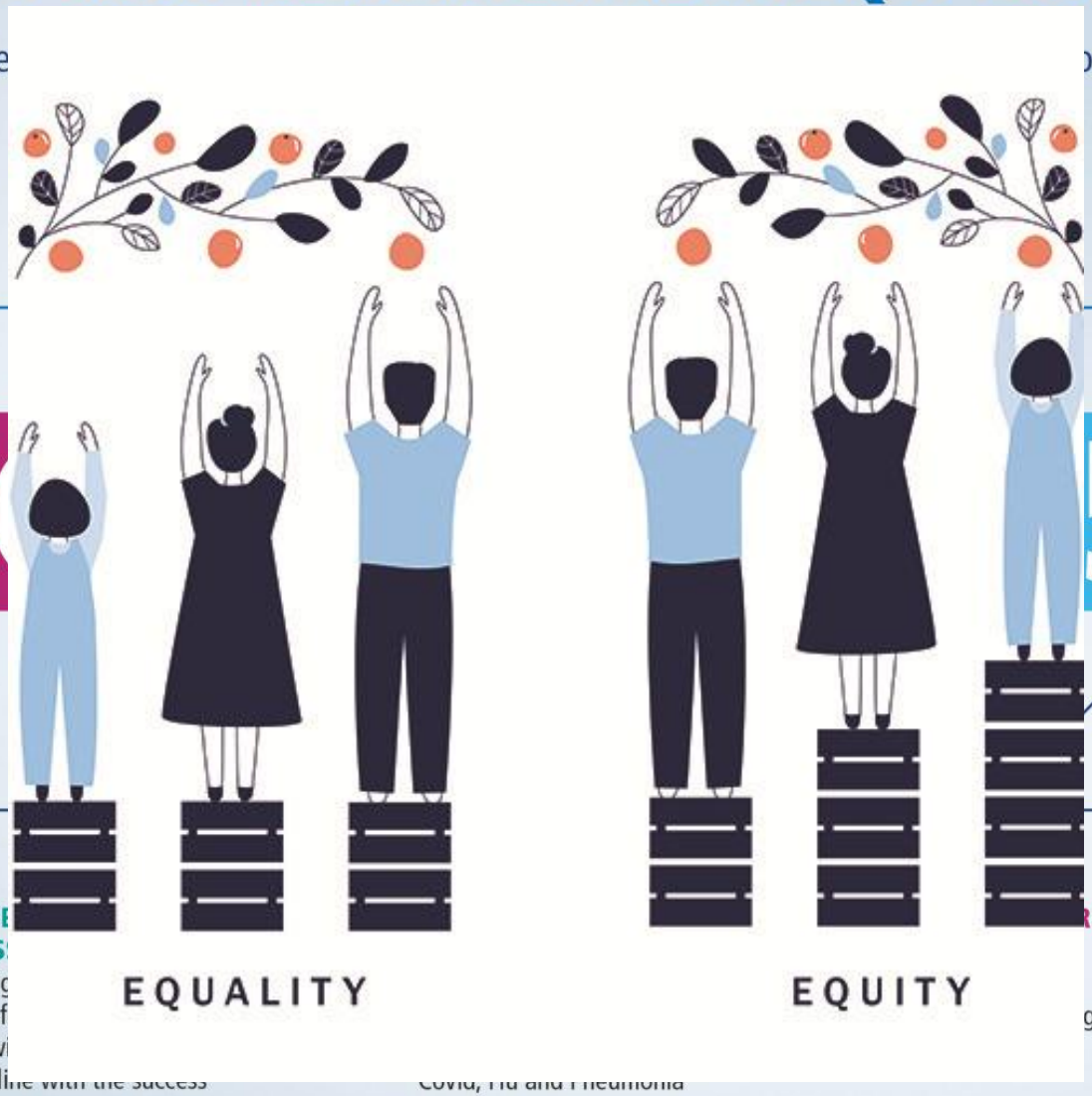

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PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

1
MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2
SEVERE ILLNES
ensuring
checks f
living wi
SMI in li
seen in Learning Disabilities)

Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

ge 1

5
HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

“Lifestyle Advice” can increase inequalities in unhealthy behaviours

*“People with little control over their lives do not feel able to make healthy choices. Which may be part of the reason that **health advice**, if effective at all, can act to increase inequalities in unhealthy behaviours.”*

Michael Marmot, The Health Gap

Failure to recognize the effects of inequalities risks “Lifestyle Drift” and “Citizen Shift” in UK health policy, inaction locally and blame in a consultation

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Williams, O. and Fullagar, S. (2018). Lifestyle drift and the phenomenon of ‘citizen shift’ in contemporary UK health policy. Sociology of Health and Illness. doi:10.1111/1467-9566.12783

Environment
Political factors
Socio-economic factors
Cultural factors

Stress
Unemployment
Relationships
Inequalities
Racism

Poor mental health
Social isolation
Unhealthy diet
Physical inactivity
Smoking/alcohol
Poor sleep

BMI
Blood pressure
Lipids
Blood Sugar
C-reactive Protein

Heart disease
Stroke
Type-2 Diabetes
Cancer





UPSTREAM SOCIOECONOMIC DETERMINANTS

LIFESTYLE/BEHAVIOURAL DETERMINANTS

DOWNSTREAM RISK MARKERS

CHRONIC DISEASES

Governments, local councils, town planners, employers, citizens, community groups

Public Health, Population Health & Lifestyle Medicine

Medications and Surgery



Myth busting

- **Lifestyle medicine is just for the wealthy, ‘educated well’**
  - *‘LM considers the broader factors impacting on individuals' health and well-being, including poverty and health inequality’* BSLM 2024

- **Lifestyle Medicine is a form of complementary, alternative and non-evidence based medicine**
  - *‘LM is a globally recognised medical discipline with a strong evidence base and widespread practice’* RCGP 2024

- **Lifestyle medicine is just about eating better and moving more**
  - Improving emotional well-being through stress reduction, finding purpose in life and increasing social connection are similarly important

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Population
300,000
Temp Accommodation
7293 families
Council of
SANCTUARY AWARD
Welcoming People Seeking Sanctuary
67%
Core20PLUS
Ethnicity
48.5% non-white
*18.3% nationally
50%
Language
Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
Publication date: March 2022
Homelessness
Housing crisis
11 year
Gap Life Expectancy
>180
Asylum seekers

The Co-design journey

Nothing *about me* without me

North Lewisham
PRIMARY CARE NETWORK

Lifestyle Medicine Service

HEALTH & WELLBEING COACHES

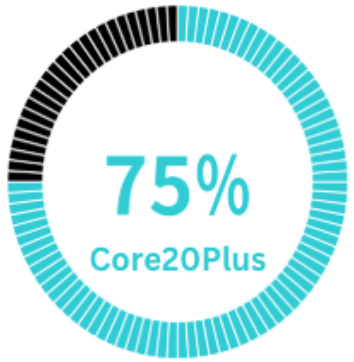
1-1 and GROUP SESSIONS

OPEN TO ALL

MDT and REFERRALS with WIDER TEAM

12 WEEK PROGRAM WITH FOLLOW UP

Self *Reported* Outcomes



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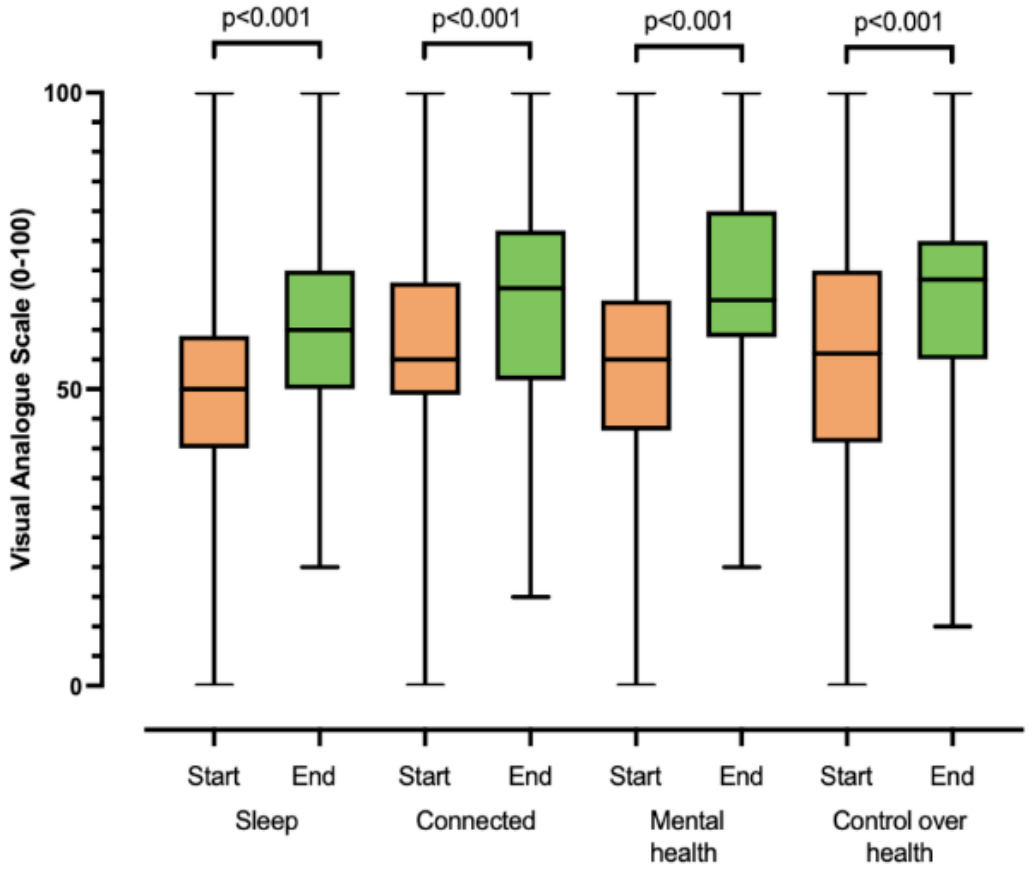
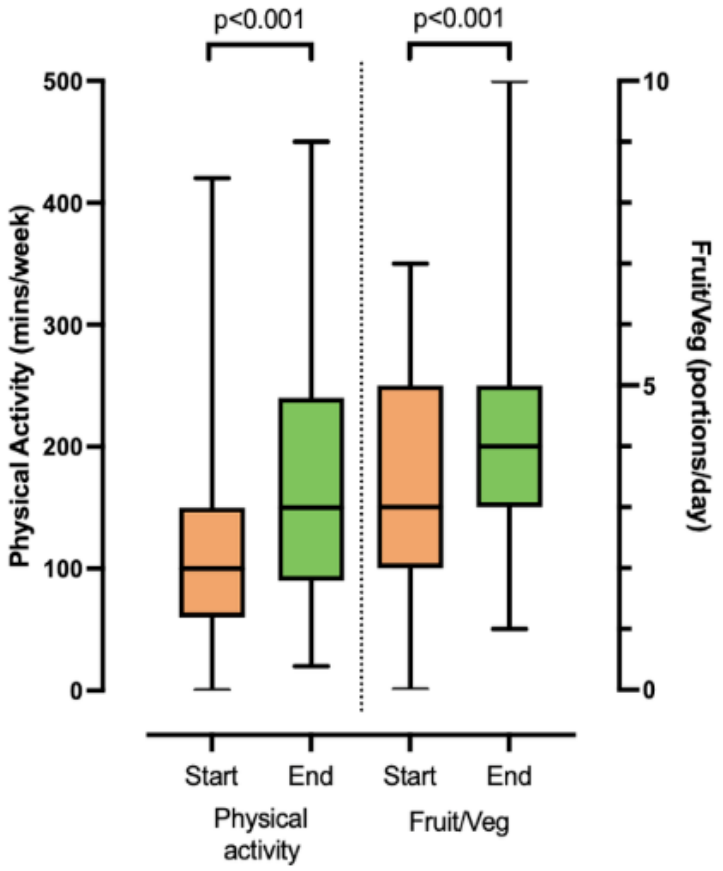


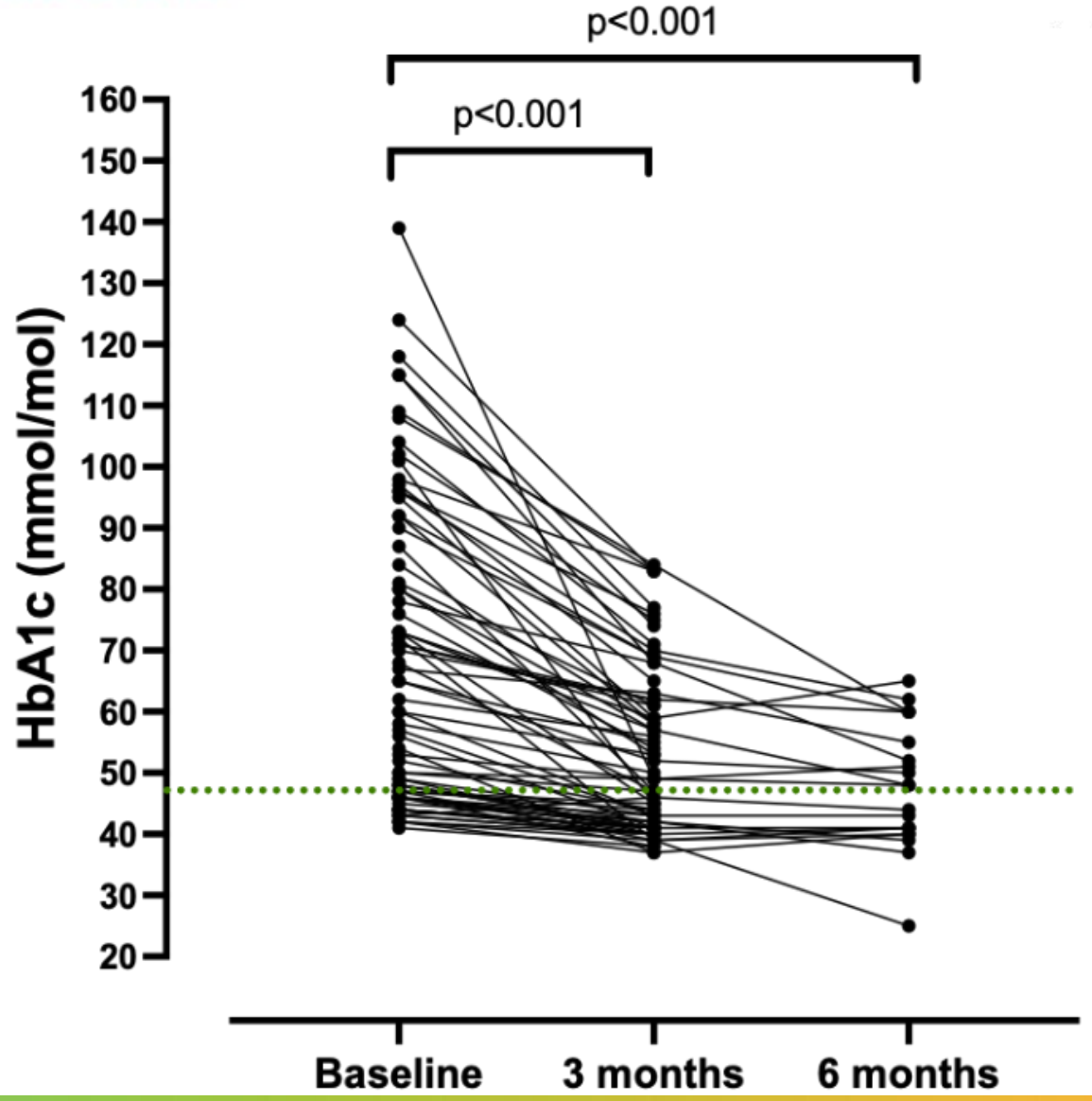


Patient *HbA1c* Results

Pre-diabetes (n=21): Average reduction of **4mmol/mol**, sustained at FU

Diabetes (n=68) Average reduction in HbA1c of **22mmol/mol** by end of service **35mmol/mol** at 6 month FU

32% no longer living with DM & **62%** no longer pre-diabetic



Patient case

Rohan is a 72-year-old asylum seeker: with HbA1c 95 mmol/mol

- No English
- Hearing difficulties
- Unstable housing

Attended with his wife (HbA1c 44 mmol/mol)

Outcome

HbA1c **95** → **59** mmol/mol

Wife's HbA1c **44** → **40** mmol/mol

Shared household dietary changes, Improved confidence, Connected to support services

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What *patients* thought

I feel more confident about what I can control, and can make changes to my well-being

The fact that it was tailored to my personal situation and needs

very accessible and personalised, it really worked for me...I've made positive changes

I learnt so much...that was accessible and that I could apply into my own life, thank you

the group workshops were great

I appreciated that there is a service to pick up people who'd otherwise be forgotten

Based on original service data and Diabetes data, the service was spread and scaled to all 7 PCNs in the Borough as part of the Integrated Neighbourhood Team offering – focusing on patients with 3+ CVD MLTCs

Aplos Health
primary care network

Borough wide

NHS
The Lewisham Care Partnership

Sevenfields
Primary Care Network

Ravensbourne PCN

North Lewisham
Primary Care Network

modality
A Commitment to Care

NHS
Lewisham Alliance

First data pull from INT cohorts

	Baseline	Follow-up	p value§
Patients	n=56	n=54	
Social connection (VAS)	8 (6–9)	8 (7–9)	<0.001
Mental wellbeing (VAS)	7 (5–9)	8 (7–9)	<0.001
Control of own health (VAS)	6 (5–8)	7 (6–9)	<0.001
Quantity & quality of sleep (VAS)	6 (4–7)	7 (6–8.25)	<0.001
Number of plants/day	3 (1–4)	5 (3–8)	<0.001
Minutes exercise/week	150 (30–150)	150 (68–170)	<0.001
EQ5D5L Index	0.77 (0.67–0.88)	0.78 (0.69–1.0)	0.002
Eq5d5l Overall Health (VAS)	65 (50–75)	78 (62–90)	<0.001
Systolic BP*	150 (143–155)	141 (133–145)	0.004
Weight (Kg)	84 (67–98)	82 (66–97)	0.007
BMI (kg/m2)	31.7 (28.7–38.1)	31.26 (28.4–37.1)	<0.001
Waist circumference (cm)	101 (95–124)	99 (94–122)	0.009
HbA1c (mmol/L)	65.5 (46.3–78.8)	55 (42.5–67.5)	0.002

§ Wilcoxon test for paired samples; *n=11

Conclusions

LM powerful tool for health equity

Low cost
£3 per patient
Estimated cost per patient through service

Scalable interventions

Increased personalised care

Maximising workforce

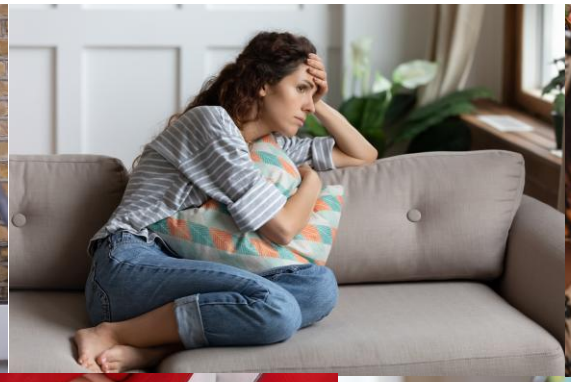
Engaging underserved communities and Core20Plus

Increased patient empowerment

Reduced polypharmacy

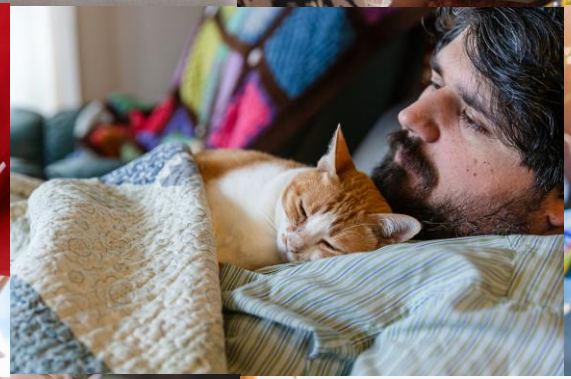
Summary

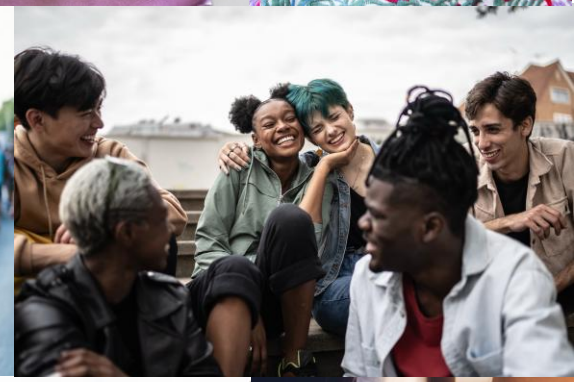
Lifestyle Medicine is about getting the basics right, for the many...









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find out more about us by looking at...

www.bslm.org.uk

Who are we?

Learn with us

BSLM Learning Academy

What is Lifestyle Medicine?

Our LIFESTYLE MEDICINE Core Accreditation

Join BSLM

Join us at our Annual Conference

What are the Member Benefits?

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FREE Lifestyle Medicine Course

Career Development

Ongoing Lifestyle Medicine Education

Networking

Access to Evidence Repository

Member Promotions

Event Access

Develop Your Skillset

Support the future of healthcare

Grow your profile & offer your insight

Preparing a presentation, publication or a business case on Lifestyle Medicine and looking for trusted references?

The evidence for lifestyle medicine is growing, and it can be difficult to find all the relevant resources that could support the work you're doing or hoping to motivate for. This resource, exclusive to members, gives you direct access to repository of the references currently available in our community. Use key-words to guide your search such as References, Disease Process, Pillars, Principle Skill and Keywords. This will be a growing repository and we are happy to receive additional references from members from **office@bslm.org.uk.**