

IT'S TIME TO EMBRACE LIFESTYLE MEDICINE

BY DR. DEAN ORNISH

MEL LEFER'S CARDIOLOGIST TOLD HIM HIS heart disease was so severe he was unlikely to survive even a year. He was incapacitated by chest pain up to 30 times a day. More than 28 years ago, I treated him with a program focusing on diet, exercise, stress management and social support—and he has remained angina-free ever since. Tests showed that his heart disease was reversing. He's now 82 and leads a full life.

A convergence of forces has made so-called lifestyle medicine the most compelling trend in health care. Start with an aging population, and add an economic imperative to control spending and a political debate over how best to do it. Then throw in evidence that lifestyle changes can work as a treatment for some chronic diseases—either in combination with drugs and surgery or as an alternative—at a much lower cost and without side effects.

For almost four decades, my colleagues and I at the nonprofit Preventive Medicine Research Institute and at the University of California, San Francisco, have used science to test low-tech, low-cost lifestyle interventions. We landed on a simple prescription: **a whole-foods- and plant-based diet; stress-management techniques, including yoga and meditation; moderate exercise; and social support.** In short: **eat well, move more, stress less and love more.**

In randomized, controlled trials, we found that lifestyle changes alone can often reverse the progression of severe coronary heart disease. They may begin to reverse Type 2 diabetes and slow, stop or even reverse the progression of early-stage prostate cancer.

Tens of millions of Americans have been

prescribed drugs to lower cholesterol, blood pressure or blood sugar. When the patient asks, "How long do I have to take these drugs?" the reply is usually "Forever." But when patients make changes, they can often reduce or discontinue medication under a doctor's supervision.

These studies helped persuade Dr. Kim Williams, the incoming president of the American College of Cardiology, to go on a whole-foods- and plant-based diet instead of committing to a lifetime of cholesterol-lowering drugs. As he wrote, "Wouldn't it be a laudable goal of the American College of Cardiology to put ourselves out of business within a generation or two? Improving our lifestyles with improved diet and exercise will help us get there."

The costs—both human and financial—of drugs and surgery are well documented. Randomized, controlled trials have shown that stents and angioplasties do not prolong life or prevent heart attacks in most stable heart patients. Only a small percentage of men who were treated for early-stage prostate cancer with surgery or radiation may benefit. Type 2 diabetes and prediabetes affect almost half of Americans over age 20, yet drug treatments to lower blood sugar do not prevent the onset and complications of diabetes as well as lowering blood sugar with diet and lifestyle does. And we found in a controlled study that lifestyle changes lengthen telomeres, thereby reversing aging on a cellular level.

Right now, 86% of the \$3 trillion we spend each year on health care in the U.S. is for chronic diseases that can be treated through lower-cost interventions. That's one reason it was a goal of Obamacare to radically change the incentives for how doctors treat patients. In a fee-for-service environment, more operations and hospitalizations generate more revenue. Under the Affordable Care Act, new models of payment reward providers for better outcomes, reducing avoidable procedures by aligning incentives to encourage healthy lifestyles.

Lifestyle medicine is now reimbursable. Medicare and many private insurers are covering a lifestyle program for heart disease that my team and I developed. This is a game changer, because when reimbursement changes, so do medical practice and even medical education.

This kind of medicine is not just about how long we live but also how well. And because the mechanisms of health are so dynamic, you're likely to feel so much better, so quickly. It re-frames the reason for making these changes from fear of dying—to joy of living. ■

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LONGEVITY GURU:



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