



ARTICLE ABSTRACT

Infusing Lifestyle Medicine Into a Part Time Practice - Simplified

By: Edelita Jamis, M.D.; Roel Jamis, M.D.

Incorporating Lifestyle Medicine in a conventional out-patient practice can be challenging, even more so in part-time practice. Compared to a typical Lifestyle Medicine team practice where there is a health coach, dietician, behavioral specialist, and trained support staff, the provider in standard practice is left with nothing but himself to assimilate all these roles at a very limited amount of time. The goal of this one-year experimental study is to determine if it is possible to offer Lifestyle Medicine with particular emphasis on a whole food plant-based diet in a conventional office setup and still yield remarkable results.

Twenty-one patients were convinced during random clinic visits to try a whole food plant-based diet. All of them had at least one of the following health problems: obesity, uncontrolled diabetes, hypertension, and dyslipidemia. Each of the participants was scheduled initially for a one-on-one 40-minute visit for in-depth disease and nutrition education. They were given a printed summary about the whole food plant-based diet, including food substitutes and where they are locally available. They were also urged to read books and watch documentaries such as *Forks over Knives*, *What the Health*, etc. Each of them was followed-up every 2 weeks in the clinic. Discussions during subsequent visits were very flexible depending on the area where the patient seemed to be needing more help. It varies from cooking coaching (in terms of time management and meal planning), stress reduction, understanding nutrition labels, motivational interviewing, active listening, cognitive-behavioral therapy, and medication adjustment.

Out of the 21 patients who embraced dietary change, 10 patients adapted the diet completely. The data presented in this article will only be based on these 10 patients who are considered as participants. The changes observed in every participant vary from 3 to 10 month period since they adapted the whole food plant-based diet.

5 out of the 10 participants have diabetes and all of them achieved A1c <6.5 after no more than 5 months. Three of them came off an insulin regimen in less than 6 weeks. The largest amount of insulin discontinued was 84 units. One of the diabetic patients attained complete reversal of diabetes (A1c of 5.5 without medication), while the rest stayed on low dose Metformin.

All of the participants have hypertension. The average drop in systolic blood pressure was 15 mmHg. One-third of them had to either discontinue medications or cut the doses of antihypertensive medications in half.

All of the participants were also obese. Average weight loss and BMI reduction were 29 pounds and 6, respectively. The largest amount of weight loss was 58 pounds.

It is noteworthy to mention that in this study, one participant who experienced the most dramatically improved quality of life was a 58-year-old gentleman with a history of severe coronary artery disease with two heart bypass surgery, two cardiac stents, chronic angina, uncontrolled diabetes, stroke, depression, severe neuropathy, morbid obesity, and obstructive sleep apnea. Five days into the whole food plant-based diet, his insulin regimen (total of 84 u/day) was discontinued and his neuropathy went away even without Gabapentin. Multiple cardiac medications such as IMDUR, Ranolazine, Nitroglycerin patch, Nitroglycerin tablet, Lisinopril, and Metoprolol were stopped too. He lost 58 pounds. The patient is now regularly going to the gym for yoga and taichi, weight lifting, and cardio exercise five days a week. His calculated medication cost savings is \$28,369 per year.

The impact of Lifestyle Medicine on patients is undoubtedly beyond measure. It can be integrated into any type of clinical practice as long as the provider is engaged and passionate to support willing patients by all means. Besides, empowering patients at the right time for the right reason is what I think largely determines the longevity of the patient's positive behavioral change.