**Lifestyle,**

***1. In the ongoing care of patients, ask about behaviours that, if changed, can improve health [diet (touch on salt fiber, fat/cholesterol, calcium and VitD), exercise, weight loss counseling, smoking, alcohol use, substance use, safer sex practices and STI counseling, injury prevention (seatbelts and helmets), sun exposure].***

* Canadian Task force for preventive health care recommends routine screening of the following during periodic health exams of men and women:
	+ **Good Evidence**: smoking cessation; nicotine replacement therapy; fall prevention; brushing/flossing teeth; fluoride (in toothpaste or supplemental); hearing protection; noise control/ hearing protection.
	+ **Fair Evidence**: nutritional counseling, esp fruits and leafy greens (consider dietician referral if high risk); regular moderate physical activity; avoid sun exposure; safe sex practices; decrease alcohol consumption; seat belts.

***2. Before making recommendations about lifestyle modification, explore a patient’s readiness to change, as it may alter advice.***

* Stages of change model:
	+ Pre contemplation goal is to get patient thinking about change

"What would have to happen for you to know that this is a problem?"
"What warning signs would let you know that this is a problem?"
"Have you tried to change in the past?"

* + Contemplation goal is to examine benefits and barriers to change

"Why do you want to change at this time?"
"What are the barriers today that keep you from change?"
"What might help you with that aspect?"
"What things (people, programs and behaviours) have helped in the past?"

* + Preparation = ask about successes and failures

Identify and assist in problem solving re: obstacles

Help patient identify social support

Encourage small initial steps

* + Action = lots of praise

Focus on restructuring cues and social support

Bolster self-efficacy for dealing with obstacles

Combat feelings of loss and reiterate long-term benefits

* + Maintenance

Plan for follow-up support

Reinforce internal rewards

Discuss coping with relapse

***3. Explore a person’s context (i.e. poverty) before making recommendations about lifestyle modification (i.e. healthy eating choices, exercise suggestions) so as to avoid making recommendations incompatible with the patient’s context.***

* In addition, be aware of various social programs available in your community – many communities have programs that subsidize physical activity programs for adults and youth, or provide nutritional support
* ***4. In the ongoing care of patients, periodically review their behaviours, recognizing these may change.***

***5. In the ongoing care of a patient, regularly reinforce advice about lifestyle modification, whether or not the patient has instituted a change in behaviour.***

- Nutritional counseling:

* decrease fat and increase fiber
* if at increased risk consider referral to a clinical nutritionist
* calcium 1000-1500 mg/d (three or more servings of dairy, consider supplementation)
* Vit D (400-1000 IU if low risk, >50 1000 IU)

- Exercise:

 - moderate intensity for accumulated time of at least 30 min most days of the week

- Obesity counseling:

* In Canada, 36% of adults are overweight, and 23% are in one of the obese categories
* Behaviour modification techniques, CBT, activity enhancement and dietary counseling are effective
* Reduce calorie intake by 500-1000 kcal/day
* Initiate 30 min of moderate intensity exercise 3-5 x per week
* Increase exercise to more then 60 min on most days with endurance training
* Target weight loss of 5-10% of body weight or 0.5-1 kg/wk for 6 months

Smoking Counseling (A evidence):

* effective to reduce the proportion of smokers
* offer nicotine replacement or other smoking cessation meds (BC new Smoking cessation program offers free smoking cessation meds and nicotine replacement to all residents for up to 12 consecutive weeks each year).

Alcohol counseling and screening for problem drinking:

* Q1. Do you sometimes drink beer, wine or other alcoholic beverages?
* Q2 How many times in the past year have you had?

\* At-risk drinking: Men - 5 or more drinks on one or more days in the last year, Women - 4 or more drinks on one or more days in the last year.

 - CAGE questions, counseling on problem drinking, support program referral.

 - Research has shown brief counseling results in a 40-50 % decrease in alcohol consumption, 42% drop in ER visits, 55% decrease in MVAs.

RESOURCES:

Canadian task force on preventative health care: <http://www.canadiantaskforce.ca/>

<http://www.bcguidelines.ca/submenu_preventative.html>

<http://www.cfp.ca/content/54/1/84/suppl/DC1-> preventative health check ups for adults

<http://www.health.gov.bc.ca/pharmacare/stop-smoking/#Q2>

AAFP

UCLA Centre for Human Nutrition