VI Congreso Internacional de Educación Médica

Taller: Medicina de Estilo de Vida: una respuesta a la educación médica del futuro.

Como integrar la Medicina de Estilo de Vida en el currículo

MEDICINA DE ESTILO DE VIDA: HISTORIA

Prof. Dr. Jhony A. De La Cruz Vargas PhD, MCR, MD.
President Latin American Lifestyle Medicine Association

Lifestyle Medicine—An Emerging New Discipline

Robert F Kushner, MD[1] and Jeffrey I Mechanick, MD[2]

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Abstract

Unhealthful lifestyle behaviors are a primary source of the global burden of noncommunicable diseases (NCDs) and account for about 63 % of all global deaths. Recently, there has been an increased interest in evaluating the benefit of adhering to low-risk lifestyle behaviors and ideal cardiovascular health metrics. Although a healthful lifestyle has repeatedly been shown to improve mortality, the population prevalence of healthy living remains low. The new discipline of lifestyle medicine has recently emerged as a systematized approach for the management of chronic disease. The practice of lifestyle medicine requires skills and competency in addressing multiple health risk behaviors and improving self-management. This article focuses on the effects of a healthful lifestyle on chronic disease and defining lifestyle medicine as a unique discipline. It also reviews the role of effective provider–patient communication as an essential element for fostering behavior change—the main component of lifestyle medicine. The principles of communication and behavior change are skill based and are grounded in scientific theories and models. Communication and counseling must be contextualized to the patients' economic situation, access to care, social support, culture, and health literacy.

PERSPECTIVE

THE INTERNATIONAL JOURNAL OF CLINICAL PRACTICE

Editor's Choice

Lifestyle medicine potential for reversing a world of chronic disease epidemics: from cell to community

The leading causes of mortality and healthcare costs worldwide are chronic diseases, resulting from lifestyle and environmental factors. The economic burden of poor lifestyle choices is no longer sustainable and impossible to ignore. Most chronic diseases are preventable. To treat the causes of these diseases and to be successful in prevention, a strong focus must be placed on lifestyle medicine aspects. Lifestyle Medicine encompasses research, prevention, diagnosis and treatment of dysfunctions caused by a non-physiological lifestyle (lifestyle-related diseases, LRDs) and morbidogenic environments conducive to promoting such lifestyles. The ultimate goal and primary focus of Lifestyle Medicine is to promote healthier lives through salutary environments and healthier lifestyle choices. Treatment of LRDs includes nutritional, exercise, psychological, social, economic and environmental interventions. To successfully do this requires education, training and communication about Lifestyle Medicine at the profes-

(4). Lifestyle factors may also be more distal stressors, including economic, political or a high density population (5).

We define lifestyle-related diseases (LRDs) as diseases where the pathophysiology is significantly influenced by lifestyle factors and where a change in these aetiological factors can significantly improve prevention and treatment of the disease.

The world's population has more and more adopted an 'unnatural' environment to which it has not had a chance to adapt physiologically. This leads to numerous biological dysfunctions, probably stemming from a form of low-grade systemic inflammation, which underlies most chronic diseases and risk factors such as hyperlipidaemia and hypertension. The first sign of

Lifestyle-related Diseases are now the leading cause of death on the planet and modern medicine needs to address the

THE INTERNATIONAL JOURNAL OF CLINICAL PRACTICE

DOI 10.25176/RFMH.v17.n1.742

LIFESTYLE MEDICINE: WORKING TOGETHER TO REVERSE THE CHRONIC DISEASE EPIDEMIC IN LATIN AMERICA

Jhony A. De La Cruz-Vargas[1], Wayne Dysinger[2], Stephan Herzog[3], Fabio dos Santos[4], Henry Villegas[5], Margarete Ezinwa[6]

"Lifestyle medicine: a new medical discipline, from evidence to clinical practice"

INTRODUCTION

"Lifestyle Medicine" is revolutionizing health systems worldwide. This new field of medicine aims to reduce health costs, prevent diseases, and optimize therapeutic responses. In result, there is overall better quality of life for people. This new medical discipline includes everything related to lifestyles and the environment which has a strong evidence base, such as a healthy plant-based diets, exercise, stress management, cessation of tobacco and alcohol, adequate rest, healthy social relationships, emotional and spiritual health among others. Lifestyle Medicine modalities are used for preventing, and treating prevalent chronic diseases[1,2].

For many years, it has been known that there is a direct connection between chronic diseases and the lifestyles people choose. We now know that 80% of health expenditures are due to the management of chronic diseases.

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[5]President, Costa Rica Lifestyle Medicine Society.
[6]Executive Director, Lifestyle Medicine Global Alliance (LMGA).

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DOI 10.25176/RFMH.v18.n1.1262

MEDICINA DE ESTILO DE VIDA: ¿UNA RESPUESTA A LA PANDEMIA DE DIABETES TIPO 2?

LIFESTYLE MEDICINE: AN ANSWER TO TYPE 2 DIABETES PANDEMICS?

Lujohn G. Flórez G.[1,a,b], Jhony A. De La Cruz-Vargas[2,c,d]

Necesitamos cambiar el enfoque en lo que se refiere a la prevención y tratamiento de la DM2.

La Diabetes es una enfermedad crónica y progresiva que impacta casi todos los aspectos de la vida de quien la padece y que impone una gran carga económica a los individuos, las familias y los sistemas nacionales de salud. Resulta preocupante la manera en que la incidencia de la diabetes aumenta cada vez más a nivel mundial, especialmente en los países en desarrollo, en directa relación con la epidemia de obesidad y la occidentalización del estilo de vida, razón por la cual ha sido catalogada dentro de las enfermedades de estilo de vida. Esta pandemia de diabetes ha arrojado unas cifras dramáticas como es el hecho de que cada 6 segundos fallece una persona como consecuencia de la diabetes; es la primera causa de ceguera permanente, de amputaciones no traumáticas y de insuficiencia renal terminal en el mundo occidental, además de que su atención se lleva al menos el 12% del gasto sanitario mundial[1]. Es una de las principales causas de años vividos con discapacidad[2] y de años perdidos por muerte prematura, alcanzando el primer lugar como causal de mortalidad en México habiendo desplazado a la enfermedad coronaria[3]. También es de notar que de los 415 millones de personas que viven actualmente con diabetes en el mundo el 45% no ha sido diagnosticado[1], por lo tanto, se exponen a un riesgo muy

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[a] Especialista en Medicina Interna y Diabetes.
[b] Editor Invitado.
[2] Instituto de Investigación en Ciencias Biomédicas, Universidad Ricardo Palma, Perú.
[c] Especialista en Medicina Interna y Oncología Medica.
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European Heart Journal (2015) 36, 2097–2109
doi:10.1093/eurheartj/ehv207

SPECIAL ARTICLE

Healthy lifestyle interventions to combat noncommunicable disease—a novel nonhierarchical connectivity model for key stakeholders: a policy statement from the American Heart Association, European Society of Cardiology, European Association for Cardiovascular Prevention and Rehabilitation, and American College of Preventive Medicine

Ross Arena*, PhD, PT, (Chair, AHA Writing Group), Marco Guazzi, MD, PhD, (Co-Chair, ESC/EACPR Writing Group), Liana Lianov, MD, MPH, (Co-Chair, ACPM Writing Group), Laurie Whitsel, PhD, Kathy Berra, MSN, RN, Carl J. Lavie, MD, Leonard Kaminsky, PhD, Mark Williams, PhD, Marie-France Hivert, MD, MMSc, Nina Cherie Franklin, PhD, MS, LMT, Jonathan Myers, PhD, Donald Dengel, PhD, Donald M. Lloyd-Jones, MD, Fausto J. Pinto, MD, PhD, Francesco Cosentino, MD, PhD, Martin Halle, MD, Stephan Gielen, MD, Paul Dendale, MD, PhD, Josef Niebauer, MD, PhD, MBA, Antonio Pelliccia, MD, Pantaleo Giannuzzi, MD, Ugo Corra, MD, Massimo F. Piepoli, MD, PhD, George Guthrie, MD, MPH, and Dexter Shurney, MD

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Noncommunicable Diseases

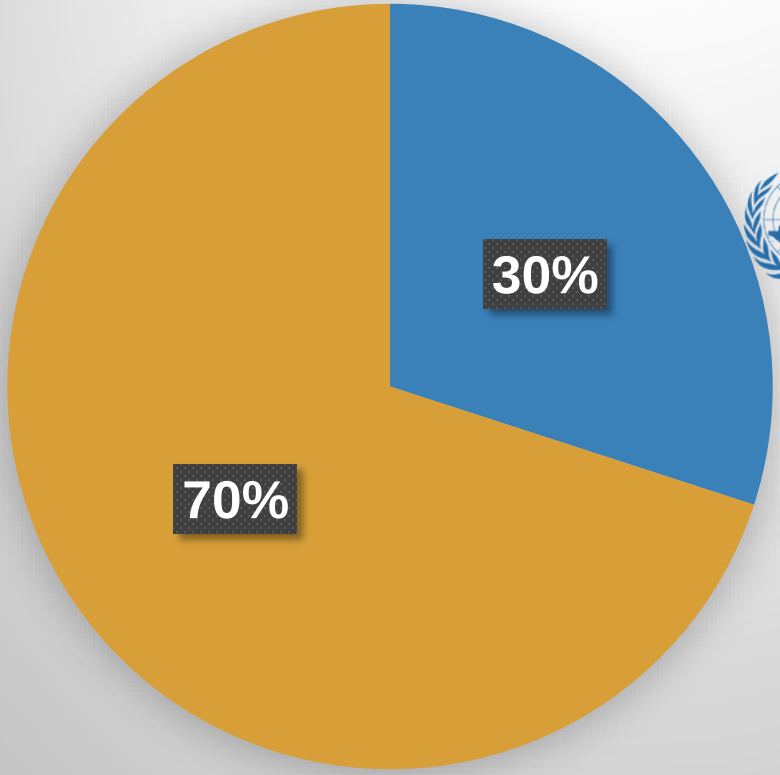
World Health Organization

Key facts

- Noncommunicable diseases (NCDs) kill **40 million people** each year, equivalent to 70% of all deaths globally.

- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in low- and middle-income countries.

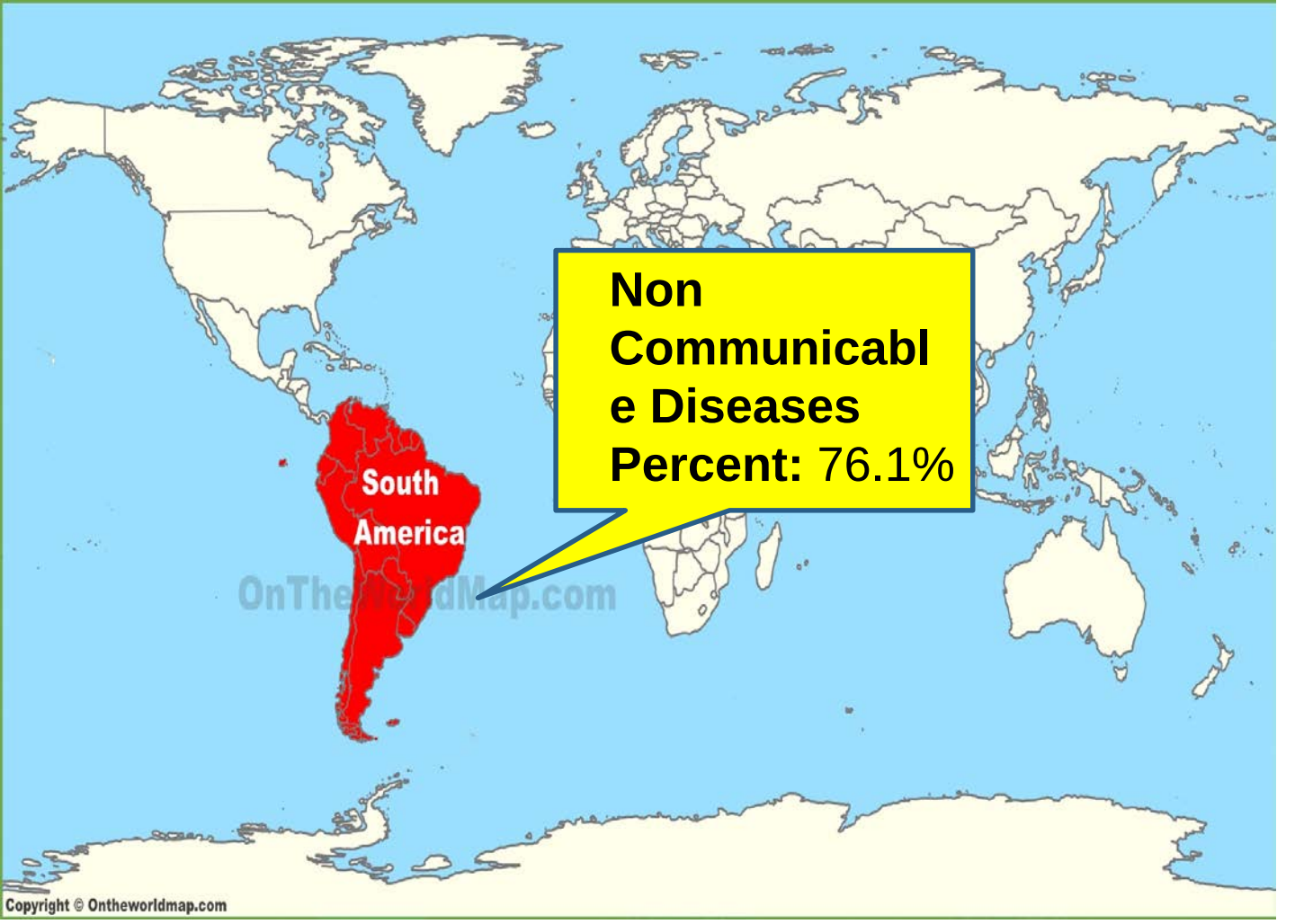
Global Deaths



World Health Organization

Others

Latin American Lifestyle Medicine Association


Non Communicable Diseases Percent: 76.1%
South America
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Why the Recession Hasn't Been Cool To Teens
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WHY YOUR DNA ISN'T YOUR DESTINY
The new science of epigenetics reveals how the choices you make can change your genes —and those of your kids
BY JOHN CLOUD
www.time.com

Chronic Disease	Prevalence Increase (03-23)	Cost (2003)	Future Cost (2023)
Overall Chronic Illness	42%	$1.3 trillion	$4.2 trillion
Cancer	62%	$319 billion	$1.1 trillion
Diabetes	53%	$132 billion	$430 billion
Hypertension	39%	$312 billion	$927 billion
Lung Disease	31%	$139 billion	$384 billion
Heart Disease	41%	$169 billion	$927 billion
Mental Disorders	54%	$217 billion	$704 billion
Stroke	29%	$36 billion	$98 billion









SOURCE: R. DeVol and A. Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease (Santa Monica, Calif.: Milken Institute, October 2007).

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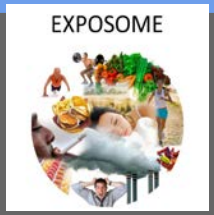

Modelo no sustentable

“Las enfermedades no transmisibles constituyen una clara amenaza no sólo para la salud humana, sino también al desarrollo y el crecimiento económico de los países”

Latin American
Lifestyle Medicine
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REVIEW CPD

Lifestyle modifications for patients with breast cancer to improve prognosis and optimize overall health

Julia Hamer HBSc, Ellen Warner MD MSc

■ Cite as: *CMAJ* 2017 February 21;189:E268-74. doi: 10.1503/cmaj.160464

CMAJ Podcasts: author interview at https://soundcloud.com/cmajpodcasts/160464-view

Although more than 90% of patients with breast cancer have early stage disease at diagnosis, about 25% will eventually die of distant metastasis.[1] Many patients with breast cancer seek information from a variety of sources about behaviours that may reduce their risk of recurrence.[2] Making positive lifestyle changes can also be psychologically beneficial to patients by empowering them, since the feeling of loss of control is one of biggest challenges of a cancer diagnosis.

In this review, we identify which lifestyle changes can be recommended to patients as an adjunct to standard breast cancer treatments, to reduce their risk of distant recurrence and death. We review the role of lifestyle factors, particularly weight management, exercise, diet, smoking, alcohol intake and vitamin supplementation, on the prognosis of patients with breast cancer. Our literature search is summarized in Box 1.

KEY POINTS

- Physical activity has the strongest effect on reducing the risk of breast cancer recurrence and death.
- All patients with breast cancer (except for those who have an abnormally low body mass index before diagnosis) should avoid gaining weight.
- Patients who are obese and those who smoke have a higher risk of cancer recurrence, but it is unclear whether their prognosis can be improved by weight loss or smoking cessation.
- Soy consumption is not harmful.

nificantly increased risk of distant metastasis (hazard ratio [HR] 2.45, 95% confidence interval [CI] 1.24–4.82) compared with

DOI 10.25176/RFMH.v17.n2.827

OBESIDAD Y CÁNCER DE MAMA: EL ENIGMA DE LA TORMENTA

OBESITY AND BREAST CANCER: THE ENIGMA OF THE STORM

Jhony A. De La Cruz –Vargas[1], Henry Gómez-Moreno[2], Brady Beltrán-Garate[3]

¿Porque el cáncer de mama se ha diseminado alrededor del mundo como un problema global de salud pública? Veamos el panorama actual del cáncer de mama en términos de morbilidad, mortalidad y carga de la enfermedad.

El cáncer de mama es de lejos el cáncer más frecuente en la mujer, con un estimado de 1.7 millones de nuevos casos diagnosticados a nivel mundial en el 20121 (27% de todos los canceres) y una mortalidad de 522 mil mujeres cada año. Actualmente se ha convertido en el cáncer más común tanto en países desarrollados como en regiones con países en desarrollo, una de cada 9 mujeres desarrollará cáncer de mama en su vida. Para Las Américas se espera un total de 408,200 nuevos casos (152,000 en Latinoamérica y el Caribe y 256,000 en Norteamérica) y más de 90,000 muertes por año. Las proyecciones indican que el número de mujeres diagnosticadas de cáncer de mama aumentará en un 46% en el 2030. La tasa de incidencia en la región oscila entre 25-45 por 100,000 habitantes[1].

En el Perú, según GLOBOCAN1, en el año 2012 la incidencia de Cáncer de Mama fue de cerca de 4,000 nuevos casos y la mortalidad para el mismo año fue de 1,208 mujeres. El Lima ocupa el primer lugar como cáncer en la mujer, pero a nivel nacional aún sigue siendo la segunda causa, después del cáncer de cuello uterino.

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Original Study

Insulin and Leptin Levels in Obese Patients With and Without Breast Cancer

Maria Del Socorro Romero-Figueroa,[1] José de Jesús Garduño-García,[1] Jesús Duarte-Mote,[1] Guadalupe Matute-González,[2] Angel Gómez-Villanueva,[1] Jhony De la Cruz-Vargas[2]

Abstract

Obesity and breast cancer (BC) are considered serious health problems worldwide. A possible link between both diseases have been postulated. Leptin could be implicated in this link. We performed a cross-sectional study in obese women, and found higher levels of leptin in BC patients. This could open a new research area in BC prevention and treatment.

Background: Leptin has been associated with progression and poor survival in BC. Moreover, it is still controversial as to whether the effect of leptin depends only on its correlation with body mass index (BMI), or could be a direct role of adipokine in the development of BC. The aim of this study was to identify if there was a difference between serum leptin levels and insulin in obese patients with and without BC. **Patients and Methods:** A cross-sectional study was made in 156 women, a group of 78 with obesity and BC and 78 with obesity without BC. When subjects agreed to participate, written informed consent was obtained from all subjects. Biochemical variables such as glucose, triglycerides, high-density and low-density lipoprotein, cholesterol, insulin, and leptin were measured and homeostasis model assessment (HOMA-IR) was calculated. **Results:** The age, number of parities, glucose, HOMA-IR, and leptin were significantly different at $P < .05$. **Conclusion:** Serum leptin levels and leptin/BMI ratio were statistically significantly increased in patients with BC.

Clinical Breast Cancer, Vol. 13, No. 6, 482-5 © 2013 Elsevier Inc. All rights reserved.
Keywords: Breast cancer, Insulin, Insulin resistance, Leptina, Obesity



Introduction

The association between breast cancer (BC) and obesity has been described by several authors.[1-3] Leptin is a protein hormone produced mainly by the white adipose tissue is a well-known mediator of obesity, has been associated with progression and poor survival in BC.[4,5] It has been demonstrated that leptin and leptin receptor (Obr) are overexpressed in BC because of the high-dose stimulation of insulin.[6] Moreover, it is still controversial if the effect of leptin depends only on its correlation with body mass index (BMI),[3] or could be a direct role of adipokine in the development of BC.

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E-mail contact: sromero61@hotmail.com

The aim of this study was to identify if a diff
leptin serum levels and insulin in obese patien
BC. We hypothesized that obese patients wit
BC have a higher concentration of leptin level

Patients and Methods

From January 2007 to December 2010, a
local Institutional Review Board, we perform
study in 156 women. A group of 78 patien
nosed (according to histopathology) with BC a
del Seguro Social in Toluca Mexico, were i
in the study. None of them had undergo
chemotherapy. As inclusion criteria, we cons
BMI > 30 and no current diagnosis of type 2

Another group of 78 obese women with BM
2 diabetes, who attended their annual physi
evidence of BC after mammography, were inc

Written informed consent was obtained fr
agreed to participate. A research physician adm
validated questionnaire. Body height and weig

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http://dx.doi.org/10.1016/j.clbc.2013.08.001





Nuestro Estudio demuestra que las Mujeres con Obesidad tienen 3 veces Mas de Riesgo de desarrollar Cáncer de Mama que las mujeres no Obesas.



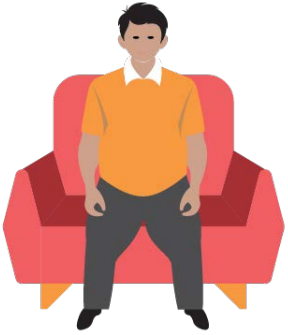



SODA

















Latin American Lifestyle Medicine Association

"Es la práctica medica basada en la evidencia, de ayudar a los individuos y sus familias a adoptar y mantener comportamientos saludables que afectan la salud y calidad de vida."

-American College of Lifestyle Medicine

Table 3: Current Definitions of Lifestyle Medicine

American College of Lifestyle Medicine, 2011	The therapeutic use of evidence-based lifestyle interventions to treat and prevent lifestyle related diseases in a clinical setting. It empowers individuals with the knowledge and life skills to make effective behavior changes that address the underlying causes of disease
Egger, Binns and Rossner, 2012	The application of environmental, behavioral, medical, and motivational principles to the management of lifestyle-related health problems (including self-care and self-management) in a clinical setting
Lianov and Johnson, 2010	Evidence-based practice of assisting individuals and families to adopt and sustain behaviors that can improve health and quality of life
Rippe, 1999, 2014	The integration of lifestyle practices into the modern practice of medicine both to lower the risk factors for chronic disease and/or, if disease already present, serve as an adjunct in its therapy. Lifestyle medicine brings together sound, scientific evidence in diverse health-related fields to assist the clinician in the process of not only treating disease, but also promoting good health
Sagner et al., 2014	A branch of evidence-based medicine in which comprehensive lifestyle changes (including nutrition, physical activity, stress management, social support, and environmental exposure) are used to prevent, treat, and reverse the progression of chronic diseases by addressing their underlying causes

Physician Competencies for Prescribing Lifestyle Medicine

Liana Lianov, MD, MPH

Mark Johnson, MD, MPH

THE LEADING CAUSES OF DEATH FOR ADULTS IN THE United States are related to lifestyle—tobacco use, poor diet, physical inactivity, and excessive alcohol consumption.[1] US residents with these risk factors have plenty of room for improvement—including those who are asymptomatic and those living with chronic disease. Health behaviors could greatly influence future health and well-being, especially among patients with chronic disease. However, only 11% of patients with diabetes follow accepted dietary recommendations for saturated fat intake,[2] and 18% of patients with heart disease continue to smoke, barely better than the general population's smoking rate.[3]

The enormous potential effects of health behavior change on mortality, morbidity, and health care costs provide ample motivation for the concept of lifestyle medicine, ie, evidence-based practice of assisting individuals and families to adopt

patients are advised to lose weight only 36% of the time during regular examinations, a proportion that improves only slightly to 52% if a patient already has obesity-related comorbidities.[7] Furthermore, only 28% of smokers reported that health care professionals had offered them assistance to quit smoking in the past year.[8] Findings such as these reveal 2 important facts: Physicians cannot ascribe the entire responsibility for inadequate lifestyle changes to their patients, and clinicians must accept some responsibility for deficiencies in the quality of health care. Acknowledging the crucial role of environmental and community factors in creating and sustaining inappropriate health behaviors does not eliminate the duty of physicians to assist patients in making health behavior changes.

Physicians also have cited inadequate confidence and lack of knowledge and skill as major barriers to counseling patients about lifestyle interventions.[9] Among the 620 respondents in a survey of family physicians, only 49% felt competent prescribing weight loss programs for obese patients.[10] Even though changing unhealthy behaviors is foundational to medical care, disease prevention, and health pro-

Additional Information: The American College of Preventive Medicine and American College of Lifestyle Medicine have endorsed these competencies.

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JAMA

What's New About the "New Public Health"?

From its origins, when public health was integral to societies' social structures, through the sanitary movement and contagion eras, when it evolved as a separate discipline, to the "new public health" era, when health promotion projects like Healthy Cities appear to be steering the discipline back to society's social structure, public health seems to have come full circle. It is this observation that has

Niyi Awofeso, PhD, MPH, MBChB

THIS ARTICLE CONSIDERS

6 major approaches to public health practice implemented between ancient times and the contemporary era, defined more by important milestones than by convention. These approaches are (1) public health as health protection, mediated though societies' social structures; (2) the shaping of a distinct public

gland's Public Health Act in 1848.[4] Chadwick's report detailed environmental conditions in Britain, together with data to correlate sanitation trends with variations in mortality rates and economic status, thus laying the foundations of modern epidemiology and surveillance.[5,6] Although Chadwick's opinion that most diseases result primarily from sordid

creases in morbidity and mortality from intestinal infections. In addition, advances in bacteriology provided a solid foundation for contemporary measures to control the outbreak of communicable diseases and laid a scientific basis for vaccination.

The preventive medicine era extended the contagion control era in several ways. First, it took









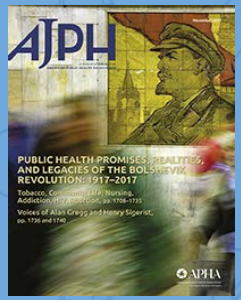
TABLE 1—Six Eras in the Evolution of Public Health

Public Health Era	Dominant Paradigm	Analytic Approaches	Action Frameworks	Legacies Incorporated Into Contemporary Public Health
1. Health Protection (antiquity–1830s)	Diseases may be prevented by enforced regulation of human behavior, mediated through societies' social structures.	Interpretation/promulgation of religious and cultural rules that are thought by the ruling elites to protect the health of the individual and the community.	Enforcement of spiritual practices, community taboos, customs, and quarantine.	Quarantine of illegal migrants; enforcement of some environmental protection laws; aspects of spirituality in prevention and coping with disease; some occupational and transport safety laws.
2. Miasma Control (1840s–1870s)	Addressing unsanitary environmental conditions may prevent diseases.	Demonstration that poor health and epidemics resulted directly from unsanitary physical and social environments.	Centralized action to improve environmental sanitation; public health legislation relating to minimum standards for drainage, sewage, and refuse disposal.	Aspects of Healthy Cities initiatives; potable water and sanitation programs; legal framework for implementing public health activities; foundations of modern epidemiology and surveillance.
3. Contagion Control (1880s–1930s)	Germ Theory: positivist approach to demonstration of infectious origins of diseases.	Demonstration of the presence of disease-causing microorganisms in infected media, their isolation, and experimental transmission.	Interruption of disease transmission through improved water filtration processes; vaccination; standardized disease outbreak control measures.	Evidence-based public health practice; ethical vaccination practices; foundations for international cooperation in health; foundations for modern chemotherapy.
4. Preventive Medicine (1940s–1960s)	Improvements in public health through focus on the prevention and cure of diseases in "high-risk groups."	Definition of, and interventions aimed at, main avenues for disease transmission. Medical dominance, with focus on treatment of communicable diseases and primary care of "special populations" (e.g., pregnant women and factory workers).	Environmental interventions directed at disease vectors such as mosquitoes; identification and use of "useful" microbes; enhanced medical care for "high-risk groups"; foundations of modern clinical pathology.	Focus on "high-risk groups" in the planning and implementation of public health programs; improved understanding of the pathogenesis of communicable and noncommunicable diseases.
5. Primary Health Care (1970s–1980s)	Health for All: effective health care geared toward the community, for the community, and by the community.	Largely preventive health care approach, underpinned by emphasis on equity, community participation, accessibility of	Emphasis on global cooperation and peace; adapting health services to countries and communities; links between health care and	Concepts underpinning multicultural health and Healthy Cities initiatives, health inequalities, and community participation in health promotion

SEIS ERAS DE LA SALUD PUBLICA

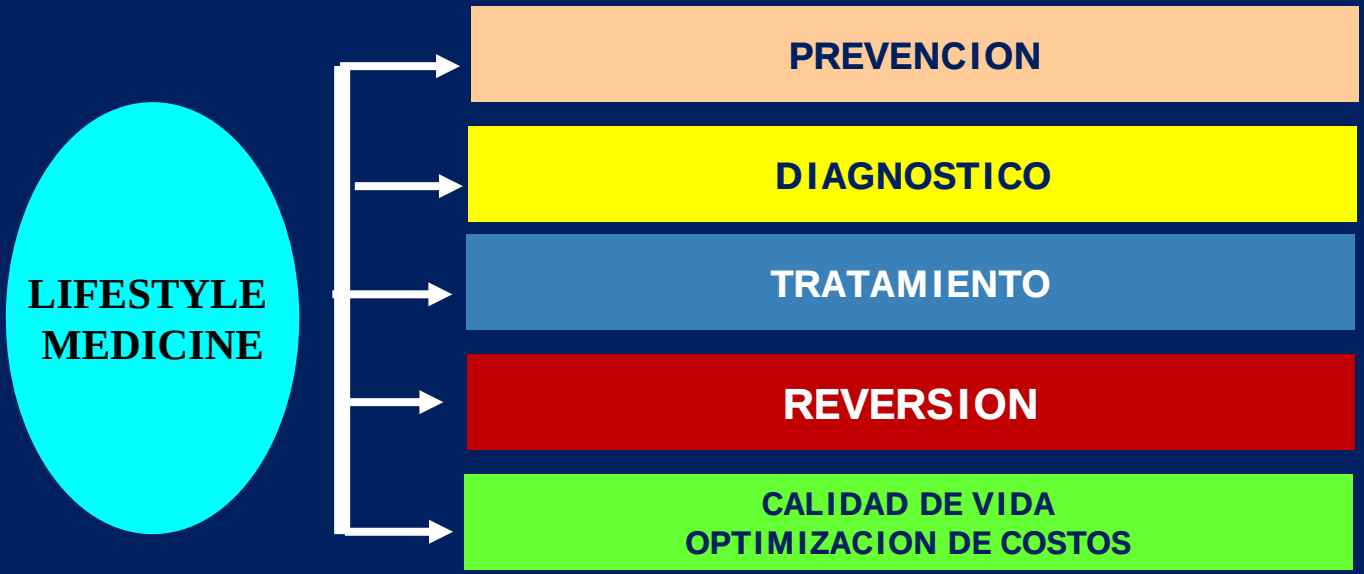
1. HEALT PROTECTION
2. MIASMA CONTROL
3. CONTAGION CONTROL
4. PREVENTIVE MEDICINE
5. PRIMARY HEALTH CARE
6. HEALT PROMOTION
7. LIFESTYLE MEDICINE

1830 1840 1880 1940 1970 1900 2000



Niyi Awofeso "What´s New About the "New Public Health" ***Am J Public Health.*** **2004;94:705–709)**

MEDICINA DE ESTILO DE VIDA



Latin American Lifestyle Medicine Association

Origins of Lifestyle Medicine

The Institute of Lifestyle Medicine

LIFESTYLE MEDICINE EDUCATION



Harvard Medical School
Department of Physical
Medicine & Rehabilitation

HEALTHY PEOPLE

THE LIFESTYLE CONFERENCE

LOMA LINDA UNIVERSITY

School of Public Health

The Modern Age of Lifestyle Medicine

1999 – First Lifestyle Medicine Text – Rippe

2004 – American College of Lifestyle Medicine

2006 – Lifestyle Medicine Training – LLU

2007 – American Journal of Lifestyle Medicine

2008 – Second Lifestyle Medicine Text – Egger

2009 – Lifestyle Medicine Consensus Conference

2014 - Latin American Lifestyle Medicine Association

American College of Lifestyle Medicine

- Began in 2004 in Loma Linda, CA, by John Kelly, MD, MPH
- Solidified from 2008 -2012 by Marc Braman, MD, MPH
- Now in a growth phase
  - Over 2000 members
  - Primarily physicians of all specialties
  - Also dieticians, NPs, PAs, OTs, pharmacists, etc.

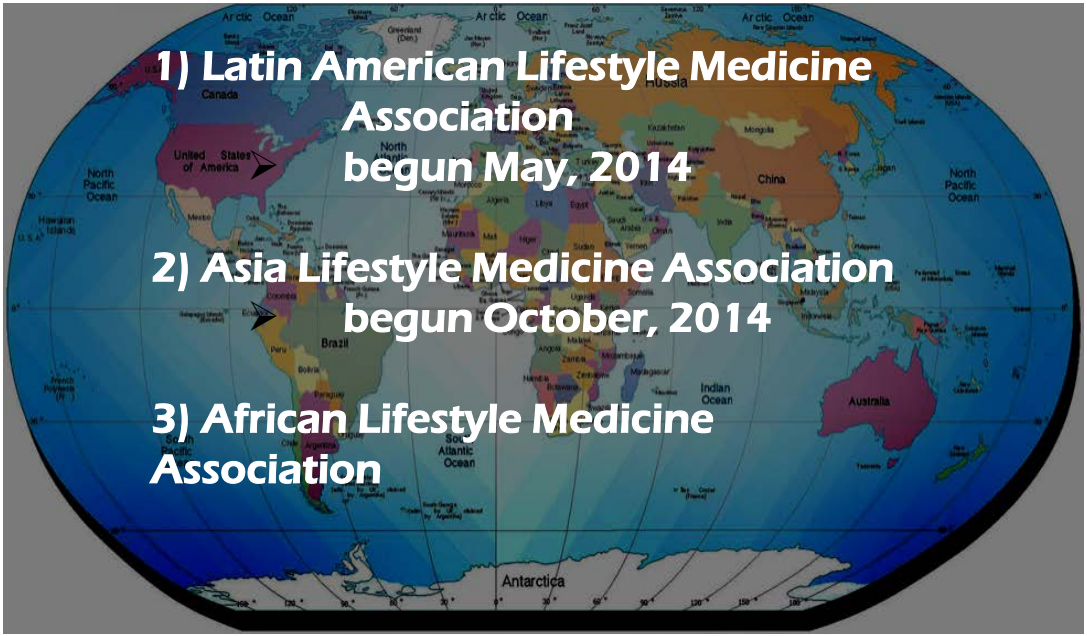




Lifestyle Medicine in Action

A monthly publication of the American College of Lifestyle Medicine

Lifestyle Medicine Goes Global



"…urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based **lifestyle medicine interventions** as the **first and primary mode** of **preventing** and, when appropriate, **treating** **chronic disease** within clinical medicine."

AMA
AMERICAN MEDICAL ASSOCIATION

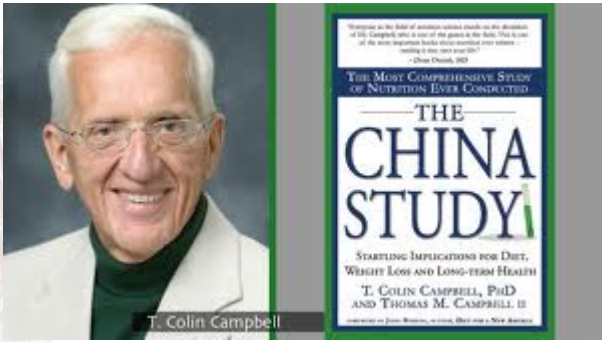
American Medical Association House of Delegates Resolution, Chicago, June, 2012

Lifestyle Medicine Pioneers



Dean Ornish, MD

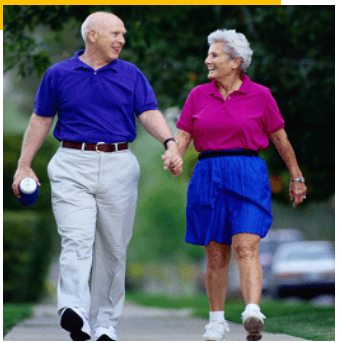
- Heart Disease
- Prostate Cancer
- Epigenetics





Lifestyle Interventions





1) Nutrition

2) Physical Activity



3) Stress Management
Rest/Sleep/Meditation



4) Social supports



* Environmental Exposures
Smoking cessation/Toxicology

Lifestyle Medicine
GLOBAL ALLIANCE

Around the Globe

Find out more about these unique Life Style Medicine Global Alliance members by clicking on each logo.

American College of Lifestyle Medicine

Asian Society of Lifestyle Medicine

Australasian Society of Lifestyle Medicine

European Lifestyle Medicine Organization

Philippine College of Lifestyle Medicine

Latin American Lifestyle Medicine Association

German Society for Lifestyle Medicine

Lifestyle Medicine Israel

Lithuanian Society of Lifestyle Medicine
Research, Prevention & Treatment of Chronic Diseases

Korean Association of Lifestyle Medicine

CALM The Canadian Academy of Lifestyle Medicine

Italian Lifestyle Medicine

Lifestyle Medicine
GLOBAL ALLIANCE

ABRASFEV

British Society of lifestyle medicine

Lifestyle Medicine Education



Harvard Medical School
Department of Physical
Medicine & Rehabilitation

Courses are proudly offered by:

Harvard Medical School
Department of Continuing Education

Spaulding Rehabilitation Hospital
Department of Physical
Medicine & Rehabilitation

Massachusetts General Hospital
Department of Physical
Medicine & Rehabilitation

The Institute of Lifestyle Medicine

THE INSTITUTE OF LIFESTYLE MEDICINE

Home | Education | Tools and Resources | Publications | News and Press | Chef Coaching

The Institute of Lifestyle Medicine: Leadership



Edward M. Phillips, MD, ILM's Founder & Director

Dr. Phillips is Assistant Professor of Physical Medicine and Rehabilitat
Harvard Medical School and Director of Outpatient Medical Services
Spaulding Rehabilitation Hospital Network in Boston, Massachusetts.

Phillips founded and directs The Institute of Lifestyle Medicine (ILM)
Department of Physical Medicine and Rehabilitation at Harvard Medic
School, www.instituteoflifestylemedicine.org.

About the ILM

The Institute of Lifestyle Medicine (ILM) was founded in 2007 at Spaulding Rehabilitation Hospital and Harvard Medical School to reduce lifestyle-related death and disease in society through clinician-directed interventions with patients. A non-profit professional education, research, and advocacy organization, the ILM is uniquely positioned to ignite clinician involvement in lifestyle medicine.

Lifestyle Medicine in Medical School

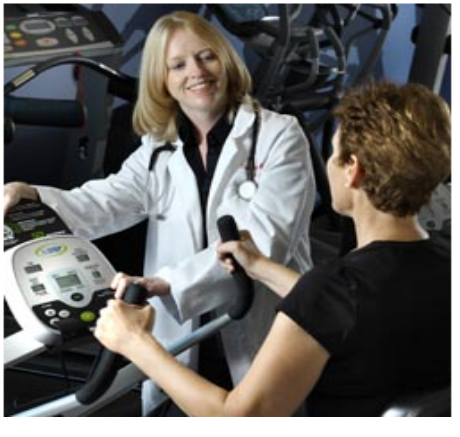
Today's standard medical school curriculum rarely includes education about exercise and physical activity. Given the current epidemic of disease related to sedentary behavior, it is imperative to train future providers to understand the relationship between physical activity and health. A collaborative of stakeholders led by the Institute of Lifestyle Medicine, Joslin Diabetes Center, supported by the Ardmore Institute of Health and The Josiah

Overview

Centers of Excellence

- Overview
- Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- The Dana & Albert "Cubby" Broccoli Center for Aortic Diseases
- Cardiomyopathy and Heart Failure Center
- Center for Inherited Heart Diseases
- Ciccarone Center for the Prevention of Heart Disease
- Comprehensive Marfan Center
- Comprehensive Cardiothoracic Transplant Center

Lifestyle Management Services



Exercising regularly, eating well and managing stress have been proven to benefit the heart and vascular system. Taken together we call it lifestyle management, which is particularly vital to your health if you're at risk for cardiovascular disease.

The lifestyle management services at the Women's Cardiovascular Health Center come with a team of cardiologists, exercise physiologists, nutritionists, and psychologists. By creating a wellness program tailored to your health and family history, along with your fitness level, we can help you achieve the best possible

JAMA®
The Journal of the American Medical Association

Original Contribution

EXPAND »

Intensive Lifestyle Changes for Reversal of Coronary Heart Disease

Dean Ornish, MD; Larry W. Scherwitz, PhD; James H. Billings, PhD, MPH; K. Lance Gould, MD; Terri A. Merritt, MS; Stephen Sparler, MA; William T. Armstrong, MD; Thomas A. Ports, MD; Richard L. Kirkeeide, PhD; Charissa Hogeboom, PhD; Richard J. Brand, PhD

[+] Author Affiliations

« Previous | Next Article »
Table of Contents

This Article

JAMA. 1998;280 (23):2001-2007. doi: 10.1001/jama.280.23.2001

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· Full Text (PDF)
· Correction (vol 281, p 1380)

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ABSTRACT

Jama . 1998;280(23):2001-2007

Intensive lifestyle changes for reversal of coronary heart disease

dean ornish md ; larry w. scherwitz , phd ; james h. billings , phd , mph;

Department of Medicine (Dr Ornish), and the Division of Cardiology (Dr Armstrong), California Pacific Medical Center, San Francisco; Division of Cardiology, Cardiac Catheterization Laboratory, Cardiovascular Research Institute (Dr Ports), and the Division of Biostatistics (Drs Brand and Hogeboom), School of Medicine, University of California,

IFMSA PERÚ
Federación Internacional de Asociaciones de Estudiantes de Medicina - Perú

IFMSA
International Federation of Medical Students' Associations

Lima, 18 de septiembre del 2017

Oficio N° 0008 IFMSA-PERÚ 17/18

PhD. Dr. Jhony A. De la Cruz Vargas
Presidente de la Asociación Latinoamericana de Medicina de Estilos de Vida.
LALMA
Presente.-

ASUNTO: **TRABAJO CONJUNTO CON IFMSA – PERÚ EN LA FIRMA DE UN ACUERDO JUNTO A LALMA.**

Nos es grato saludarlo a nombre de la Federación Internacional de Asociaciones de Estudiantes de Medicina – Perú (*IFMSA-PERU*, por sus siglas en inglés), para informarle que:

La Federación Internacional de Asociaciones de Estudiantes de Medicina (*IFMSA*, por sus siglas en inglés) es una organización no gubernamental con más de 70 años de historia, asociada a las Naciones Unidas, sin tendencia política, étnica o religiosa, que agrupa a más de un millón de estudiantes de medicina de ciento veintidós países, siendo la organización


American College of
Lifestyle Medicine
Dra. Susan Benigas
Executive Director of the American College
of Lifestyle Medicine (ACLM)
Dr. Jhony De La Cruz Vargas
President, Latinoamerican Lifestyle Medicine
Association (LALMA)



Lifestyle Medicine
GLOBAL ALLIANCE

American College of Lifestyle Medicine



LALMA APOINMENT - TUCSON 2017.

Latin American
Lifestyle Medicine
Association



UNIVERSIDAD DE MONTEMORELOS
mentalis corporalis
um
1942



1era CUMBRE de Estilo de Vida Saludable

1ER CONGRESO DE MEDICINA DE ESTILO DE VIDA SALUDABLE

1ER CONGRESO ESTUDIANTIL DE ESTILO DE VIDA SALUDABLE

TALLERES DE ESTILO DE VIDA SALUDABLE

2 AL 4 DE NOVIEMBRE

PATROCÍNIO PLATINUM

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APOIO

INTERNATIONAL BOARD OF LIFESTYLE MEDICINE

Lifestyle Medicine
GLOBAL ALLIANCE

THE INSTITUTE FOR FUNCTIONAL MEDICINE

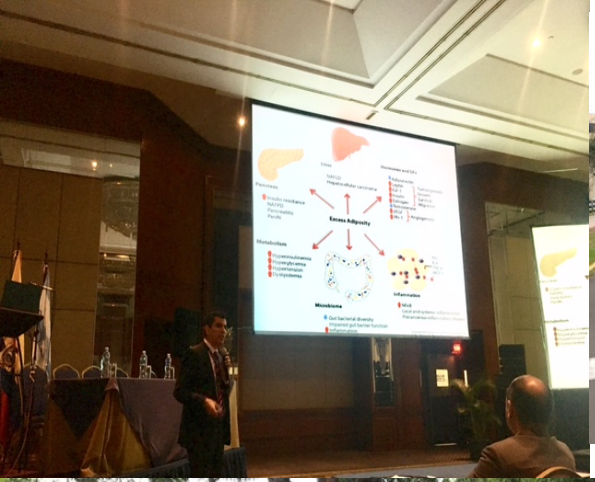
Realização
agência

IV LIFESTYLESUMMIT BRAZIL
SIMPÓSIO INTERNACIONAL DE SAÚDE FUNCIONAL E DE ESTILO DE VIDA

10 E 11 NOVEMBRO
SÃO PAULO / 2017



IV LIV LIFESTYLESUMMIT BRAZIL
SIMPÓSISIMPÓSIO INTERNACIONAL DE SAÚDE FUNCIONAL E DE ESTILO DE VIDA


Excess Adiposity
Metabolism
Microbiome
Inflammation


ChipTiming LLEGADA ChipTiming
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PARTIDA
STAFF
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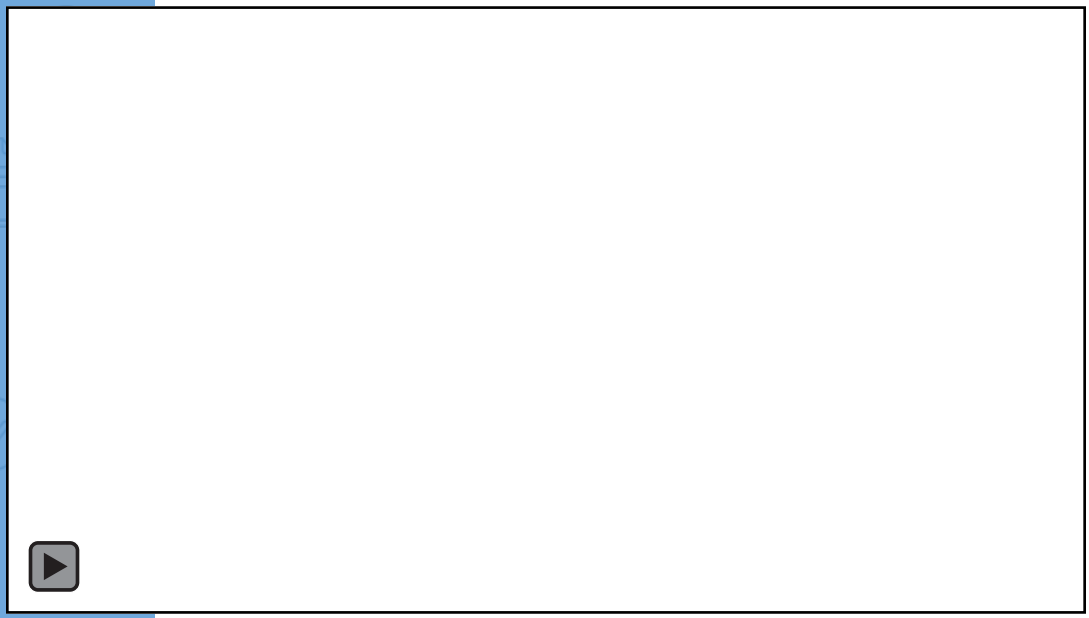
166



Latianoamerican Lifestyle Medicine Association (LALMA) meeting in Tucson - Arizona

Doctors living healthy



ICLM 2017 LIFESTYLE INTERNATIONAL CONGRESS OF MEDICINE

EVENTO

INSCRIPCIONES

DIAS	HORAS	MINUTOS	SEGUNDOS
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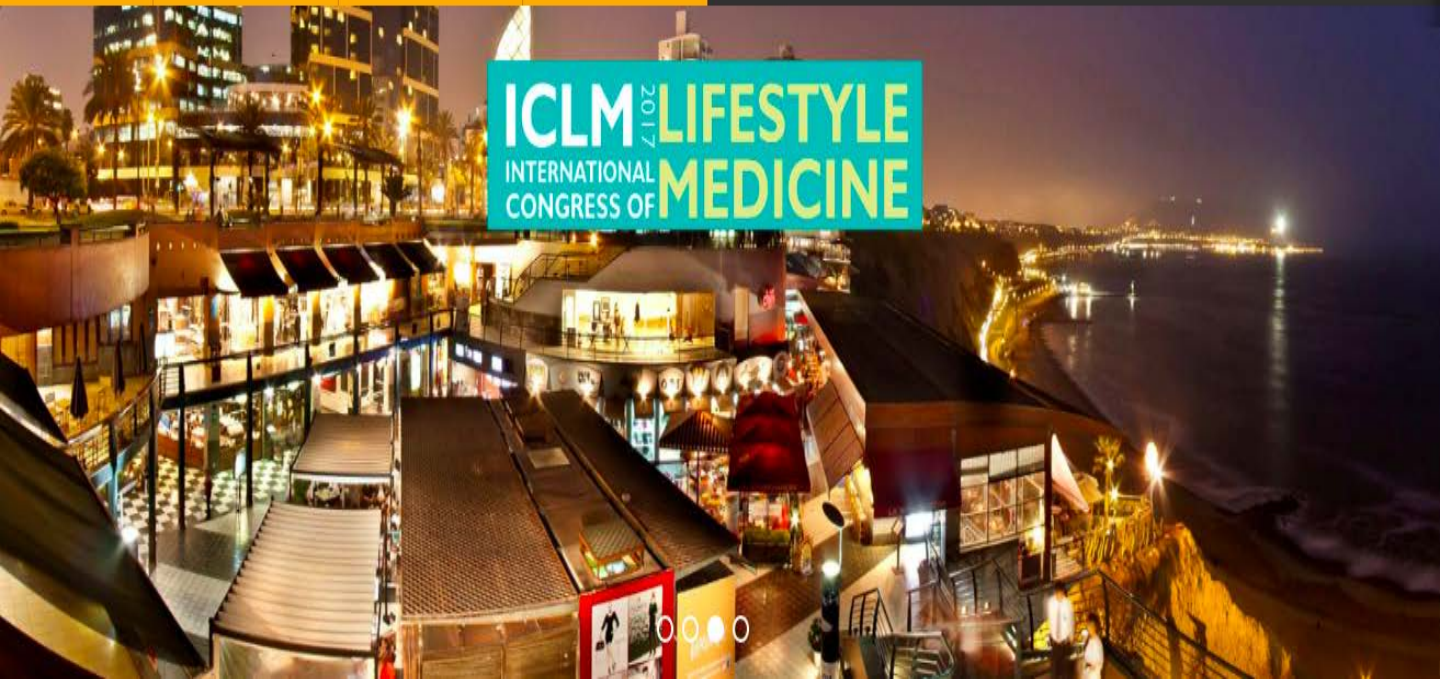
#ICLM Internacion Congress of Lifestyle Medic





ICLM 2017
INTERNATIONAL CONGRESS OF LIFESTYLE MEDICINE
30 NOV - 01 DEC 2017
LIMA-PERU
LOS DELFINES - HOTEL

"DEJA LA RUTINA, DISFRUTA SALUDABLE"

CONFERENCISTAS EXTRANJEROS
Distinguidos conferencistas de renombre a nivel nacional e internacional, invitados especiales de Estados Unidos, Europa y diversos países de latinoamérica.

MÓDULOS Y WORKSHOPS
Promoción del estilo de vida saludable, dirigido especialmente a la causa real de las enfermedades como una herramienta esencial y necesaria para la entrega de servicios de calidad para la salud.

INVESTIGACIÓN CIENTIFICA
Se premiará a la mejor presentación de carteles acerca de proyectos de investigación en medicina de estilo de vida, tanto para prevención, educación, tratamiento y recuperación de la salud.

3 CRÉDITOS ACADÉMICOS
Este evento científico regional cuenta con el respaldo y auspicio de importantes universidades y con créditos académicos válidos para recertificación médica.

Enterate en:
www.medicinadeestilodevida.org

CLÍNICA GOOD HOPE MIRAFLORES
Latin American Lifestyle Medicine Association

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30 NOV - 01 DEC 2017
LIMA-PERU
LOS DELFINES - HOTEL



+ 15 CONFERENCISTAS EXTRANJEROS

03 CRÉDITOS ACADÉMICOS
Válidos para Recertificación

Wayne Dysinger
Director, American Board of Lifestyle Medicine, USA

Zeno Charles-Marcel
Associated Director, Health Ministry General Conference, USA

Stephan Herzog
IBLM Executive Director – Executive Director NBLM

Johan Kim T. Mañez
Professor and Doctor, Manila Adventist Hospital-Filipinas

Nahum Garcia
Dean School of Medicine, Montemorelos University

Erick Shadle
Group Director Community Health, Centura Health, USA

Hildemar Dos Santos
Professor, School of Public Health – Lomo Linda University

Israel Chambi
Professor and Doctor, Heart Surgeon – California, USA

Miguel Perez
Dpto. Salud Pública - Universidad de California-Fresno

Dorival Duarte
Director, Hospital Adventista de Sao Paulo

Everton Badilha Gomes
Instituto do Coracao - HCFMUSP

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Ohio University Heritage College of Osteopathic Medicine

Hiram Arroyo
Director Centro colaborador OMS/OPS, Universidad Costa Rica

Fabio Dos Santos
Presidente, ABRASSLEV - Sao Paulo, Brasil

Jhony De La Cruz Vargas
Presidente, Latin American Lifestyle Medicine Association, CCH

Roger Albornoz
Director Escuela de Medicina, UPEU

Jaime Delgado
Director Instituto de Consumo, USMP



MÓDULOS Y WORKSHOPS

- OBESIDAD
- DIABETES
- CÁNCER
- ENFERMEDADES CARDIOVASCULARES
- EDUCACIÓN E INVESTIGACIÓN EN MEDICINA DE ESTILO DE VIDA



- MEDICINA DE ESTILO DE VIDA Y UNIVERSIDADES SALUDABLES
- LA CIENCIA DE LA NUTRICIÓN-PREVENCIÓN Y REVERSIÓN DE LAS ENFERMEDADES
- MEDICINA DE ESTILO DE VIDA Y EMPRESAS SALUDABLES
- ASPECTOS EMOCIONALES Y ESPIRITUALES, MIRANDO EL CUADRO COMPLETO
- POLITICAS PUBLICAS DE ALIMENTACIÓN Y MEDICINA DE ESTILO DE VIDA SALUDABLE

ORGANIZADORES

CLÍNICA GOOD HOPE MIRAFLORES
Latin American Lifestyle Medicine Association

AUSPICIADORES

Lifestyle Medicine · Lifestyle Medicine · Lifestyle Medicine · Lifestyle Medicine · UNIVERSIDAD DEL NORTE · FRESNO STATE · IRCS · Centura Health.

Promoviendo la INVESTIGACIÓN CIENTIFICA

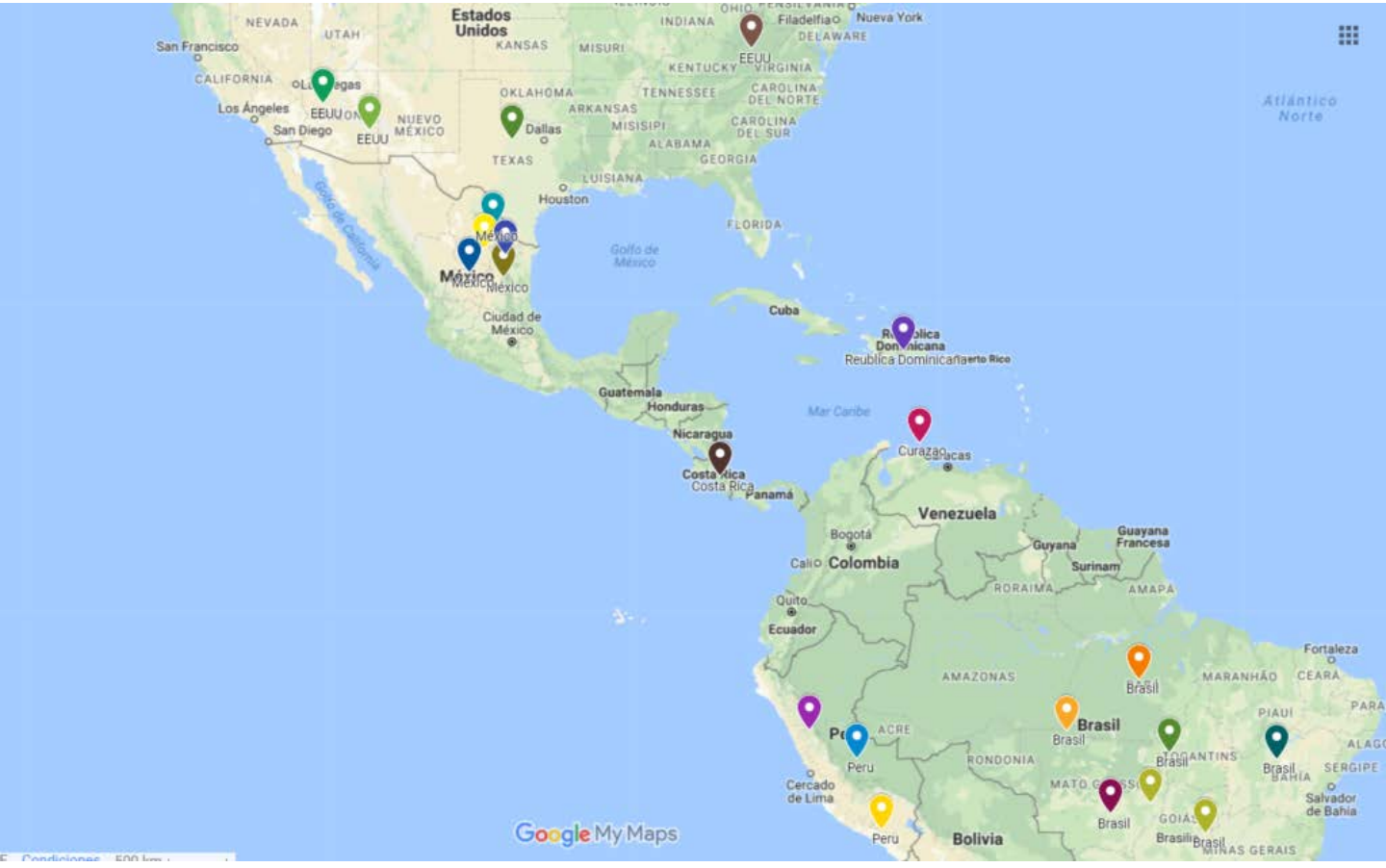
Se premiará a la mejor presentación de carteles acerca de proyectos de investigación en medicina de estilo de vida, tanto para prevención, educación, tratamiento y recuperación de la salud.

www.medicinadeestilodevida.org

Latin American
Lifestyle Medicine
Association



1. **Generar un network de profesionales que promueven medicina de estilo de vida en Latinoamérica.**
2. **Fomentar el desarrollo de actividades Educativas y de Investigación, que promuevan Medicina de Estilos de Vida.**
3. **Intercambio de experiencias y modelos de éxito en Medicina de estilo de vida.**



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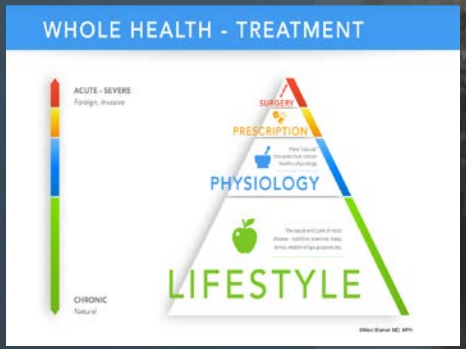
LIFESTYLE MEDICINE IS THE ANSWER



GRACIAS !!!!
Prof. Dr. Jhony A. De La Cruz Vargas











VI Congreso Internacional de Educación Médica

Taller: Medicina de Estilo de Vida: una respuesta a la educación médica del futuro.

Como integrar la Medicina de Estilo de Vida en el currículo

MEDICINA DE ESTILO DE VIDA: HISTORIA

Prof. Dr. Jhony A. De La Cruz Vargas PhD, MCR, MD.
President Latin American Lifestyle Medicine Association