

A collage of health-related items including sneakers, fruit, vegetables, and exercise equipment. The background features a pair of white sneakers with teal accents, a bowl of mixed berries (strawberries, blueberries, raspberries, and orange segments), a halved dragon fruit, several carrots, cherry tomatoes, a cucumber, and a blue resistance band. The text is overlaid on this background.

A GP's Guide to Lifestyle Medicine for CVD Prevention and Management

May 2025

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Lifestyle Medicine for CVD prevention and management

- Cardiovascular disease in General Practice
- The role of lifestyle medicine
- Supporting patients with behaviour change

The Burden of cardiovascular disease...

- According to the NHS long term plan heart and circulatory disease, causes a **quarter of all deaths** in the UK and is the **largest cause of premature mortality** in deprived areas.
- CVD refers to myocardial infarction, angina, AF, peripheral arterial disease, TIA, stroke and heart failure
- In the UK there are more than 170,000 deaths related to cardiovascular disease (CVD) each year – an average of **480 deaths each day** or **one every three minutes** in the UK.
- There are more than 7.6 million people living with a heart or circulatory disease in the UK: over 4 million men and over 3.6 million women.
- In a general practice (GP) list in England, approximately **21.3% of adults** have been diagnosed with cardiovascular disease (CVD). This translates to about **one in five** patients.
- Addressing the burden of cardiovascular disease is the single biggest area where the NHS can save lives over the next 10 years.

Risk factors for CVD

- Hypertension
- High cholesterol
- Smoking/alcohol
- Diabetes
- CKD
- Obesity
- Poor diet
- Physical inactivity
- Sedentary lifestyles
- Ethnicity
- Age
- Gender
- Serious mental illness
- Family history
- Genetic predisposition
- Serious mental illness
- Loneliness
- Social isolation
- Chronic stress
- Poor sleep
- Poor health literacy
- Occupation
- Socioeconomic status

Hypertension

- Around **13.4 million people** in the UK live with high blood pressure, which equates to about 30% of the population including 15% with untreated hypertension.
- Data from the 2021 NHS England health survey found The prevalence of hypertension increased with age, from **9% of adults aged 16 to 44** to **60% of adults aged 65 and over**.
- The prevalence of untreated hypertension was highest at an earlier age for men than women. Among men, untreated hypertension was highest among those aged 45 to 64 (25%)
- The prevalence of hypertension varied by area deprivation, ranging from **23% in the least deprived** quintile of the index of multiple deprivation to **40% in the most deprived quintile**.
- Data from the Framingham heart study shows that risk associated with increasing blood pressure is continuous, with each **2 mmHg rise in systolic blood pressure associated with a 7% increased risk** of mortality from ischaemic heart disease and a **10% increased risk of mortality from stroke**

The Burden of Long term conditions...

Long-term conditions comprise the biggest burden on the NHS

- involving more than half of all GP consultations,
 - 65% of out-patient visits,
 - 70% of inpatient bed days.
- British Journal of General Practice, 2018

Their prevalence rises with age, affecting **50%** of people by the age of 50 years and **80%** by the age of 65 years

70% of all chronic diseases are linked directly to lifestyle habits.



NUTRITION



EXERCISE



SUBSTANCE
ABUSE



HEALTHY
RELATIONSHIPS



STRESS



SLEEP

What is Lifestyle Medicine

- Lifestyle Medicine is an evidence-based discipline which aims to support patients to prevent, manage and reverse certain chronic conditions, using supported behaviour change skills and techniques to create, and sustain lifestyle changes.
- Lifestyle Medicine focuses the 6 pillars of lifestyle medicine.
- It also considers broader factors impacting on an individuals' health and wellbeing including ecological health, poverty and health inequality.



Physical Activity

Physical Activity

- Physical activity is defined as ‘any bodily movement produced by skeletal muscles that results in energy expenditure above resting levels’.
- Adults should aim to be active every day: Any activity is better than none, *and more is better still!!!*
- Each week, adults should accumulate at least:

150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling);
or **75 minutes of vigorous intensity** activity (such as running)



Be active

at least
150
minutes
moderate intensity
per week
increased breathing
able to talk

OR

or a combination of both

at least
75
minutes
vigorous intensity
per week
breathing fast
difficulty talking



to keep muscles, bones and joints strong

Build strength

on at least
2
days a week



Gym



Carry heavy bags



Yoga



**Minimise
sedentary time**
Break up periods of inactivity



Bowls

Tai Chi

For older adults, to reduce the
chance of frailty and falls
Improve balance
2 days a week



Dance

Physical activity – the evidence

Several large studies have shown that engaging in regular physical activity, or those who have increased fitness, have a reduced risk of **death from all causes** by approximately **20-35%**.

Meta-Analysis (2023, British Journal of Sports Medicine):

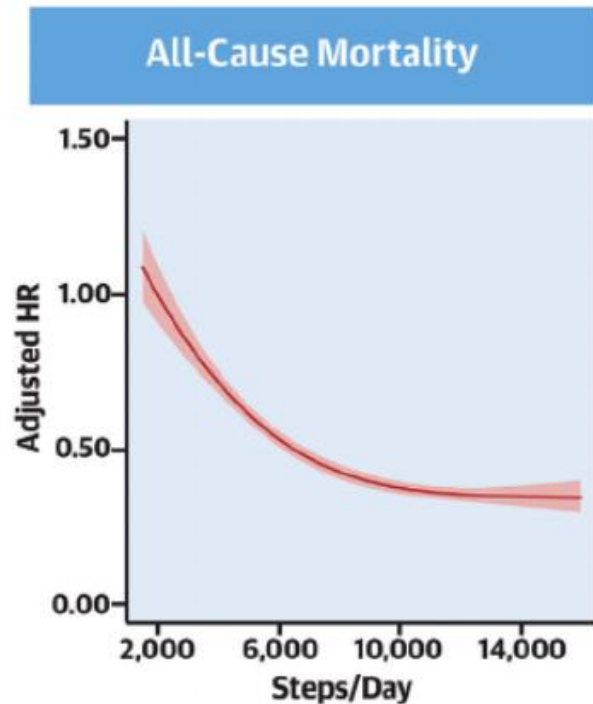
- Involving 94 cohorts and 30 million participants.
- **75 minutes/week of moderate-intensity activity** led to:
 - **23% reduction in all-cause mortality**
 - **17% reduction in cardiovascular disease risk**
 - **1 in 10 premature deaths preventable** with just half the recommended activity level.

Physical activity – the evidence

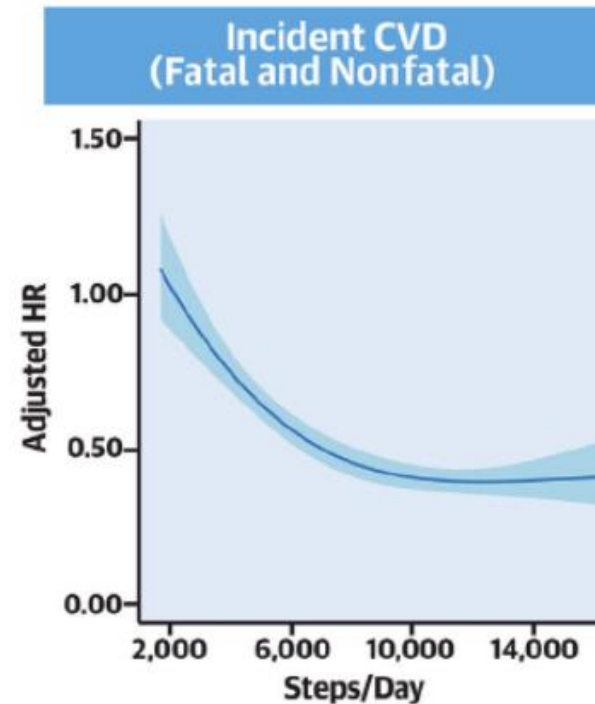
- One study of 9,777 men whose fitness was measured twice, approximately 5 years apart.
- Those who went from unfit to fit had a **44% reduced mortality risk**, when compared to those who remained unfit.
- Fitness was measured by an incremental exercise test on a treadmill. For those that increased their fitness, each extra minute they achieved on the treadmill corresponded to a 7.9% decreased risk of mortality. (Blair et al, JAMA 1998)

CENTRAL ILLUSTRATION Dose-Response Associations of Daily Step Count With Clinical Outcomes

This systemic review and meta-analysis of 12 cohorts including 111,309 individuals from the general population identified minimal and optimum step count targets for reducing adverse health outcomes.



	Steps/day	Adjusted HR (95% CI)
Minimum dose	2,517	0.92 (0.84-0.99)
Optimum dose	8,763	0.40 (0.38-0.43)
Risk reduction at 16,000 steps	16,000	0.35 (0.30-0.40)



	Steps/day	Adjusted HR (95% CI)
Minimum dose	2,735	0.89 (0.79-0.99)
Optimum dose	7,126	0.49 (0.45-0.55)
Risk reduction at 16,000 steps	16,000	0.42 (0.33-0.53)

Step count targets were independent of:



Device wear location (wrist vs hip)



Additional health benefits with higher step cadence, irrespective of total step count



Person-centred approach

- **Start with the individual** – and this person-centred approach should reflect and acknowledge each person's unique challenges, circumstances and capabilities
- **Tailoring Interventions:** focus on what a person *can* do rather than what they *cannot*. This approach boosts confidence and helps individuals build on their strengths.
- **Starting Small:** Often, success comes from starting with small, achievable goals that can grow over time.
- **Empowerment:** By taking the individual's circumstances into account, lifestyle medicine empowers people to take control of their health. This empowerment leads to better compliance

Pre-diabetes group



- Average drop of 1-2 mmol/mol
- Improved personal wellbeing score
- Improved health confidence score





Prescribing Movement

Our award-winning, step-by-step guide to physical activity conversations in clinical practice.

[Consultation Guides](#)



Active Hospitals

The ultimate toolkit to help you change the physical activity culture within your hospital.

[Active Hospitals Toolkit](#)

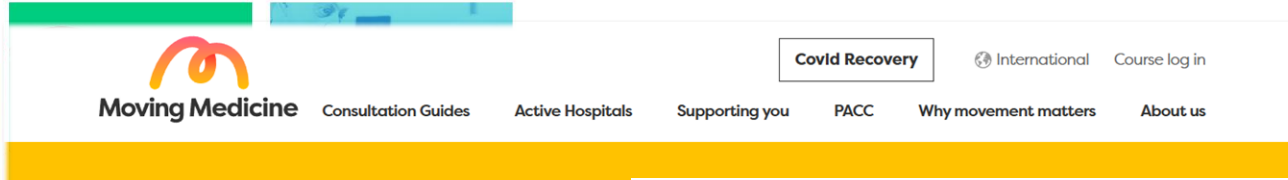
Integrating Physical Activity into Medicine

All health and care professionals should be equipped with the appropriate physical activity with patients who have health conditions.

This can involve using digital tools like:

- the [Moving Medicine](#) tool to inform conversations with patients
- the [Moving Healthcare Professionals Programme \(MHPP\)](#) res
- medical undergraduate curriculum and [Physical Activity Clin](#)
- supporting Active Hospitals

[Read more](#) | [Read more on harnessing the benefits of physical](#)



Find the right consultation

Patient Type

Adult

Child

Young Person

Condition



Amputee



COPD



Falls and Frailty



Ischaemic Heart Disease



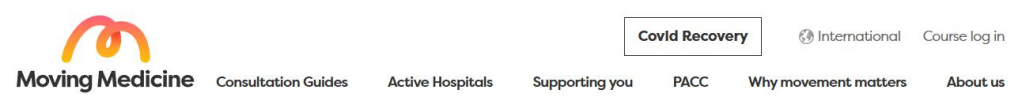
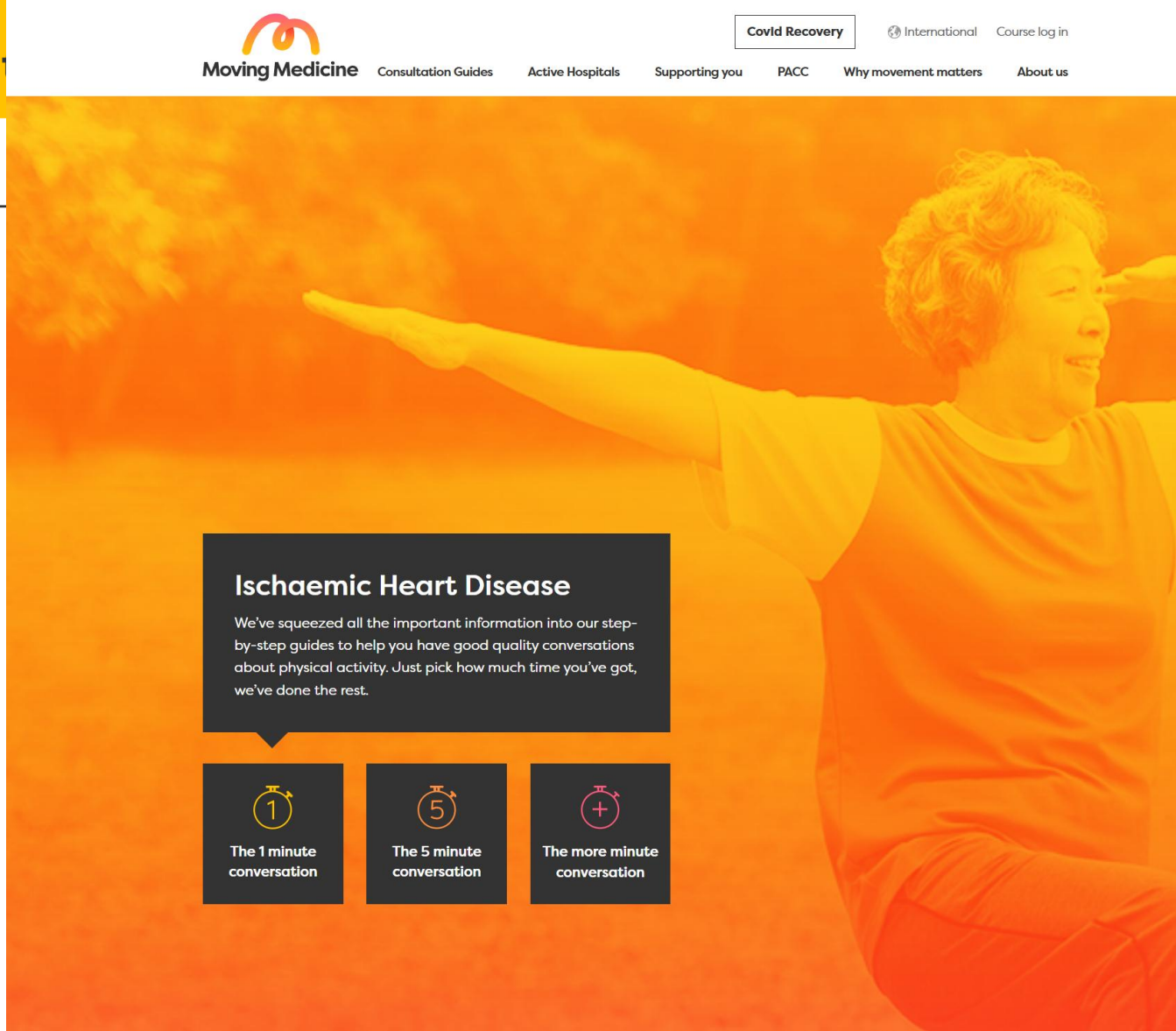
Obesity



Postnatal



Stroke



Ischaemic Heart Disease

We've squeezed all the important information into our step-by-step guides to help you have good quality conversations about physical activity. Just pick how much time you've got, we've done the rest.

1

The 1 minute conversation

5

The 5 minute conversation

+

The more minute conversation



Download the free NHS Couch to 5K app

The NHS Couch to 5K app is a running programme designed for absolute beginners. The app has helped millions of people like you start and maintain their running journey.

The app:

- sets a plan that builds week by week
- has a choice of trainers to help motivate you
- works with your music player
- connects you with the Couch to 5K community

Couch to 5K can be completed in as little as 9 weeks, or longer if you want to go at your own pace.





Nutrition

5p DAILY EXPRESS

86F HEATWAVE ON WAY...BUT HAYFEVER HELL FOR 18 MILLION

OUTRAGE AS EXTREMISTS THREATEN TO KILL CAMERON

CARROTS CAN FIGHT CANCER

Root vegetables slash the risk of killer disease



Now England will need a miracle

DAILY EXPRESS

10p

STRICTLY CRAIG WHY DANCING IS GOOD FOR YOUR BONES

MOTHER AND CHILD DIE IN BOATING TRAGEDY

FISH IS KEY TO A LONGER LIFE

Eat it twice a week to cut risk of early death



HOW STYLISH SOPHIE BECAME ONE OF THE ROYALS' GREATEST ASSETS

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WIN £15,000 OF VILLA HOLIDAYS

CORONATION STREET STAR'S SEX ASSAULTS ON TEEN BOY, COURT TOLD

VEG DIET KEY TO LIVING LONGER

It cuts risk of heart disease, say experts



WHY HIGH HEELS ARE BAD FOR YOUR HEALTH

5p DAILY EXPRESS

MURDERED TIA WRAPPED IN A BLACK BED SHEET AND PUT INSIDE A BAG

60MPH STORMS TO LASH BRITAIN

CHOCOLATE CAN HALT DEMENTIA



ARLENE PHILLIPS REVEALS DEMENTIA ONSET



JENNIFER ANISTON ENGAGED
...just a few days before ex-hubby Brad Pitt marries Angelina Jolie

5p DAILY EXPRESS

105 MPH STORMS BATTER BRITAIN ...AND THERE IS WORSE TO COME

YOGHURT IS KEY TO BEATING DIABETES

Just one pot a day slashes risk of disease



LIZ HURLEY: I didn't have one-year affair with President Clinton

DAILY EXPRESS

10p

CHELTENHAM FREE £11 BETS

FREE ESSENTIAL FESTIVAL PULLOUT

TEA AND COFFEE CUT RISK OF STROKE

Daily cuppa slashes chance by a third



HOW TO STAND OUT AT RACES, PIPPA STYLE

5p DAILY EXPRESS

MY DEEP LOVE FOR CAMILLA'S BROTHER

BARGAIN SUMMER HOLIDAYS 20% CUT IN PRICES

COFFEE HELPS BEAT DIABETES

It slashes risk of disease by over a third, say experts



Corrie's Barbara Knox facing trial for drink driving

10p DAILY EXPRESS

BAKE OFF SHOCK WHY FRANCES WAS CROWNED QUEEN OF CAKES

MADDY HUNT Now another 'abducted' girl is found

EATING FAT IS GOOD FOR YOU

After 40 years of warnings doctors now say it's healthy



David Beckham wanted fame not football says Alex Ferguson

Fats & Cardiovascular Health

- Not all fats are equal
- Unsaturated fats (from nuts, seeds, olive oil, oily fish) support heart health.
- Saturated fats (from red meat, butter, processed foods) raise LDL cholesterol and cardiovascular risk.



Diet, Fats & Cardiovascular Health

Trans fats are the most harmful – they increase LDL, lower HDL, and drive systemic inflammation.

- Foods which may contain trans fats are typically sweet, carbohydrate based foods or those with relatively short shelf lives
- Sources include partially hydrogenated oils in baked goods, fried fast food, and some margarines. Sometimes they are listed as 'mono and diglycerides of fatty acids'
- Even small intakes of trans fats significantly increase risk of heart disease, stroke, and diabetes.

WHO recommends <1% of total energy from trans fats; many countries, including Denmark, Switzerland and Austria have banned trans fats –the UK is not one of them



Keep it simple

- 'Real Food' - Cut back on ultra processed food – learn to read food labels, avoid things that have more than 5 ingredients.
- 'Mediterranean diet' –increased number of vegetables, wholegrains, and legumes
- Eat the Rainbow (use language that pts understand)
- Increase the amount of fibre consumed
- Drink plenty of water
- Intermittent fasting or food free periods to allow the gut to 'heal and rest'
- Increase consumption of oily fish
- Limit processed meats to 1-2 week

EAT THE RAINBOW	Cucumber Green beans Spinach Avocado Green peppers Cabbage Kale Lettuce Broccoli Garden Peas Kiwi	Red peppers Beetroot Red Onion Red Cabbage Radish Rhubarb Tomato Pomegranates	Carrots Orange peppers Pumpkin Butternut Squash Sweet potato Papaya	Sweetcorn Yellow Peppers Lemon Summer Squash Oranges Bananas Mangoes	Olives Aubergine Blueberries Blackberries Plums	Chickpeas Onion Garlic Ginger Nuts Lentils Mushrooms Cauliflower parsnips
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Salt

- Eating too much salt remains a leading cause of raised blood pressure, leading to thousands of heart attacks, strokes and early deaths.
- Reducing salt in foods by 1 gram/day, for example, could prevent 1,500 premature deaths each year and save the NHS over £140 million
- The government has been clear that salt intake needs to reduce. Some – but insufficient – progress has been made with the voluntary salt reduction programme.

Lifestyle Modifications to Manage Hypertension



LIFESTYLE MODIFICATION	RECOMMENDATION	APPROXIMATE SYSTOLIC BP REDUCTION (mmHg)	KEY REFERENCE(S)
Maintaining a healthy weight https://www.nhs.uk/live-well/healthy-weight/	Maintain normal body weight (BMI 18.5-24.9 kg/m ²)	5: Expect about 1mmHg reduction for every 1kg reduction in body weight	The Trials of Hypertension Prevention Collaborative Research Group. Arch Int Med 1997;157:657-67 He et al. Hypertension 2000;35:544-9
Physical activity https://www.nhs.uk/live-well/exercise/	Regular aerobic physical activity 90-150 minutes/week (e.g. brisk walking) or 75 minutes weekly of vigorous intensity aerobic activity (e.g. running) or a mixture of both	5-8	Kelley GA & Kelley KS. Hypertension 2000;35:838-43 Whelton et al. Ann Int Med 2002;136:493-503
DASH (Dietary Approaches to Stop Hypertension) eating plan https://www.nhlbi.nih.gov/health-topics/dash-eating-plan	An evidence-based eating plan rich in fruits, vegetables, and low-fat dairy products with a reduced content of salt, saturated & trans fat	11	Sacks et al. NEJM 2001;344:3-10
Salt intake http://www.bloodpressureuk.org/microsites/salt/Home	Reduce dietary sodium intake to no more than 6g daily (1 teaspoon=5g) or 2.4g sodium	5-6	Feng et al. BMJ 2013;346:f1325
Potassium intake http://www.bloodpressureuk.org/microsites/salt/Home	Increase dietary potassium intake (e.g. bananas, avocado, sweet potato, spinach, pulses, & chicken) to 3.5-5g daily	4-5	Aburto et al. BMJ 2013;346:f1378
Alcohol consumption https://www.nhs.uk/live-well/alcohol-support/	The current UK guidelines advise limiting alcohol intake to 14 units a week for women and men. This is equivalent to drinking no more than 6 pints of average-strength beer (4% ABV) or 7 medium-sized glasses of wine (175ml, 12% ABV) a week.	4	Xin et al. Hypertension 2001;38:1112-17

DASH Study

- **Randomized, controlled feeding trial, lasting 8 weeks**
- **Participants:** 459 adults (age 22–75), including a significant proportion of African Americans (~60%) and people with prehypertension or stage 1 hypertension.
- **Three diet groups:**
 - **Control diet:** Typical American diet, low in fruits/veg/dairy
 - **Fruits & vegetables diet:** Added more fruits/veg, no dairy changes
 - **DASH diet:** High in fruits, vegetables, low-fat dairy, low in saturated fat, total fat, and cholesterol
- **All participants consumed ~3,000 mg sodium/day** (standard intake level for this trial).

DASH Study

- The **DASH diet reduced systolic BP by ~5.5 mmHg** and diastolic BP by ~3 mmHg compared to the control.
- In **hypertensive participants**, reductions were more dramatic:
~11.4 mmHg systolic, ~5.5 mmHg diastolic
- The diet was **effective across age, sex, race**, and baseline BP groups.

Follow-Up: DASH-Sodium Study (2001)

- A second trial tested the impact of **reduced sodium levels** alongside the DASH diet. Result: **Combining DASH with low sodium (1,500 mg/day)** led to the **largest BP reductions** seen in non-drug interventions.

The DASH study directly influenced national dietary guidelines (including NICE, NHS, and international hypertension guidelines).

Resources to support healthy eating

Heal-D	https://heal-d.org/	Healthy Eating & Active Lifestyles for Diabetes in African and Caribbean communities
Better Health, healthier families	https://www.nhs.uk/healthier-families/	Large range of culturally diverse food swaps
Heart UK	https://www.heartuk.org.uk/healthy-diets/south-asian-diets-and-cholesterol	Healthy eating for south Asian diets
The diverse nutrition association	://efaidnbmnnnibpcajpcglclefindmkaj/https://healthieryou.reedwellbeing.com/downloads/nutrition-for-different-cultures.pdf	Nutrition for different cultures including eat well guides
Know Diabetes	https://www.knowdiabetes.org.uk/resources/translations/somali-resources/somali-healthy-eating-overview/	Somali Healthy eating overview

African & Caribbean Eatwell Guide

Use this Eatwell Guide to help you understand some cultural foods and help get a better balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturated	Sugars	Salt
1048kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day



Patties/Meat Pies



Malt beverages



Fried doughs (puff puff, dumpling, festival, pholourie)



Eat less often and in small amounts

THE DIVERSE NUTRITION ASSOCIATION

Melissa Saint Hill, Amaeze Madukah & Ashleigh Simpson

Choose a wholegrain or higher fibre versions with less added fat, salt and sugar



6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Dairy and alternatives

Choose lower fat and lower sugar options

Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Choose unsaturated oils and use in small amounts



Oil & spreads

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturated	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

The South Asian Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates



Eat more...

Beans, pulses, fish, eggs, meat and other protein

Dairy and alternatives

Oil & spreads

6-8
a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



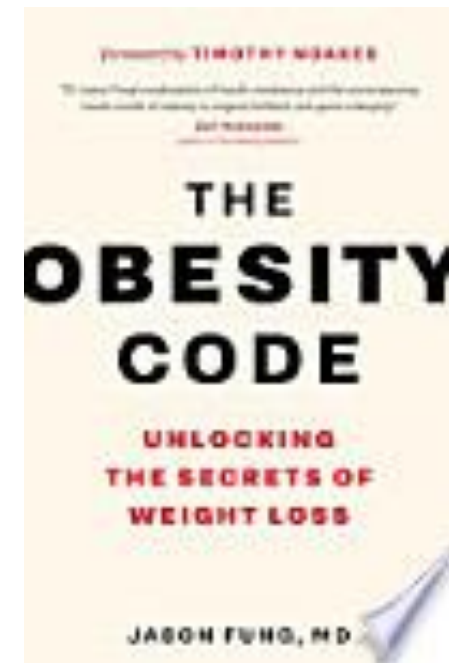
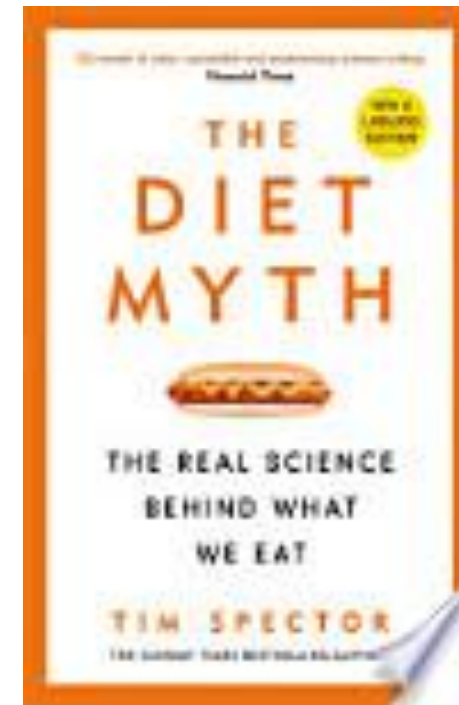
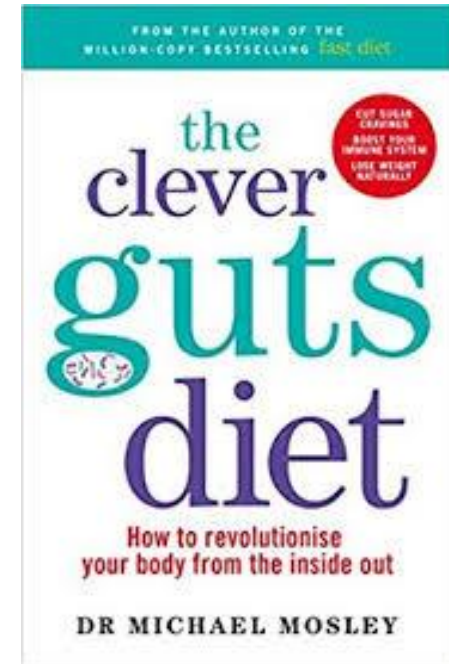
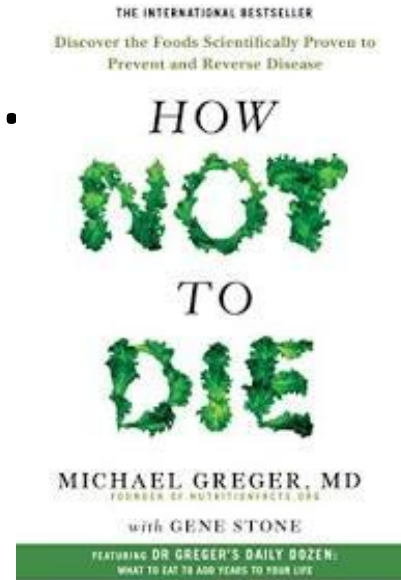
Choose unsaturated oils

For more information...

<https://www.dietdoctor.com/>



MICROBIOME MEDICS
PODCAST



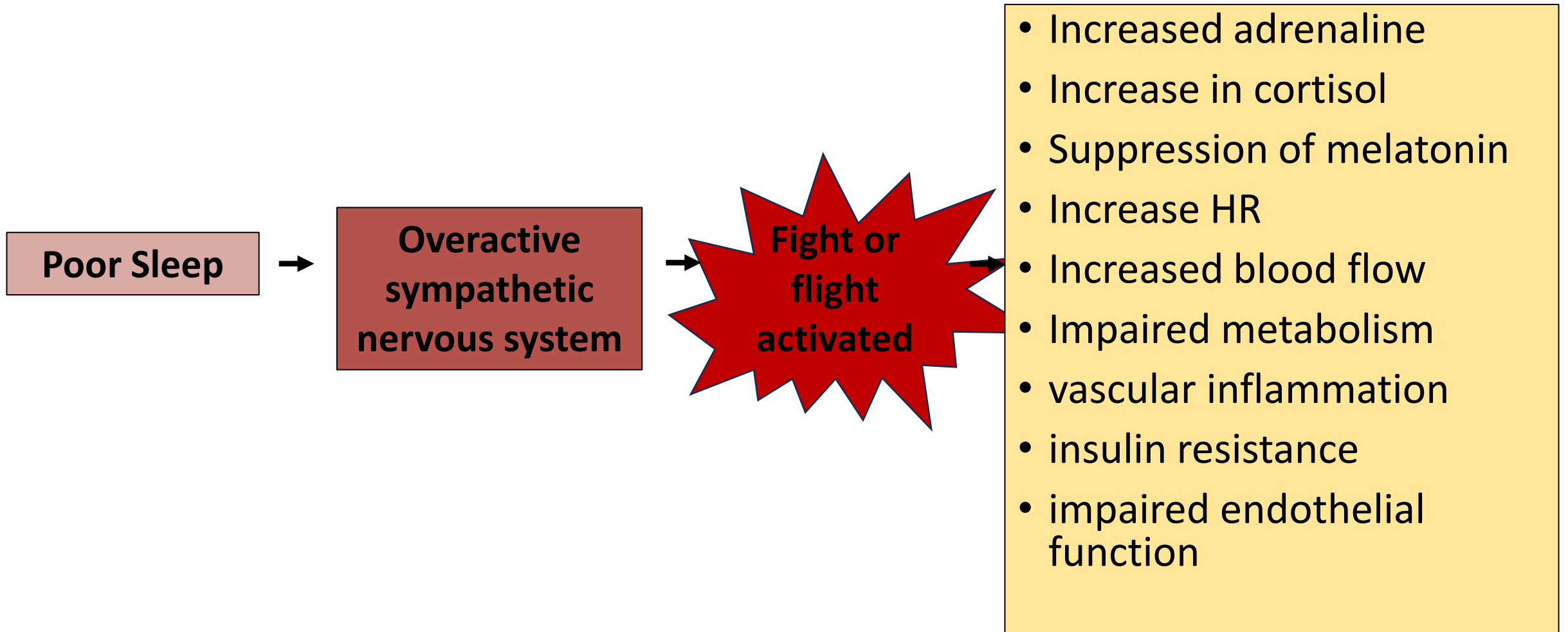
Sleep



Sleep

- Sleep disorders are increasingly common with 1 in 3 adults experiencing sleep problems at least once a week
- Routinely sleeping less than 5 hours, short or disrupted sleep is linked to elevated blood pressure and greater heart disease risk.
- Sleep deprivation activates the sympathetic nervous system and increases cortisol levels.
- Sleep disorders like OSA cause intermittent hypoxia, further raising cardiovascular strain.
- Both short (<6h) and long (>9h) sleep durations are associated with increased CVD mortality.
- Prioritising 7–8 hours of quality, consistent sleep supports heart and metabolic health.

Chronic Insomnia



Sleep tips

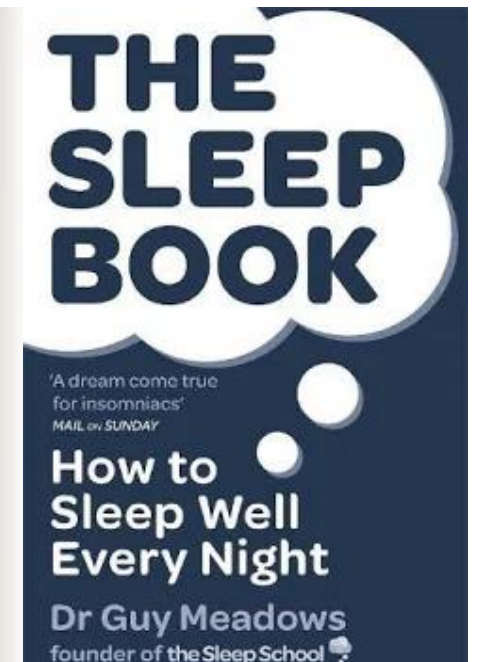
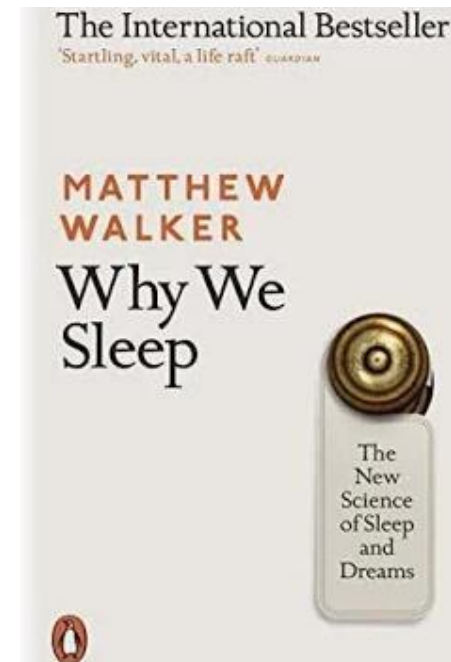
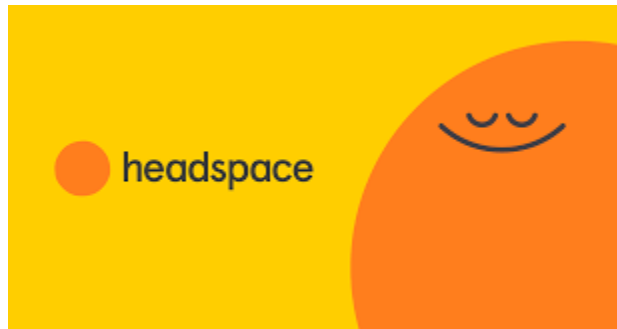
- Maintain the same wake and sleep time each day
- Ensure bedroom is dark, cool and quiet
- Avoid caffeine after 1pm and limit alcohol consumption
- Spend some time each day outside in natural light to ensure your body gets a good dose of the melatonin it needs to sleep well.
- Keep active: ensuring you are physically active can help you to enjoy better sleep
- Remove visible clock face from view
- 4-7-8 Breathing

Additional resources

thesleepcharity.org.uk

www.mentalhealth.org.uk/explore-mental-health/articles/ten-top-tips-good-sleep

teensleephub.org.uk



Mental Health and Stress reduction

- Health is defined by the World Health Organisation as “*a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity.*”
- There is no health *without mental health* (Department of Health, 2011).



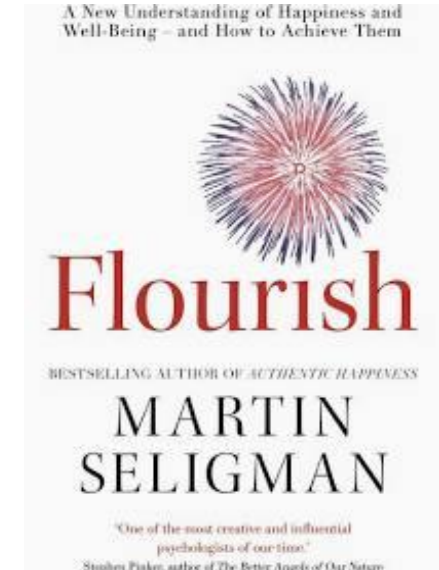
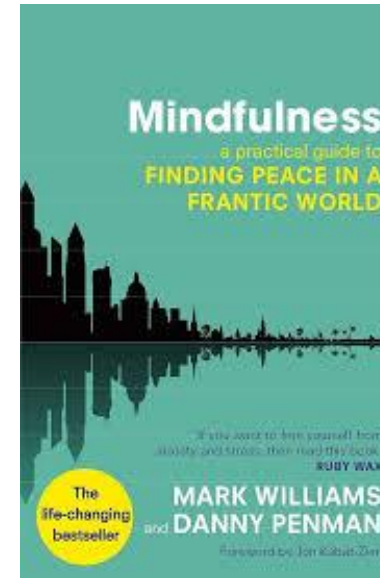
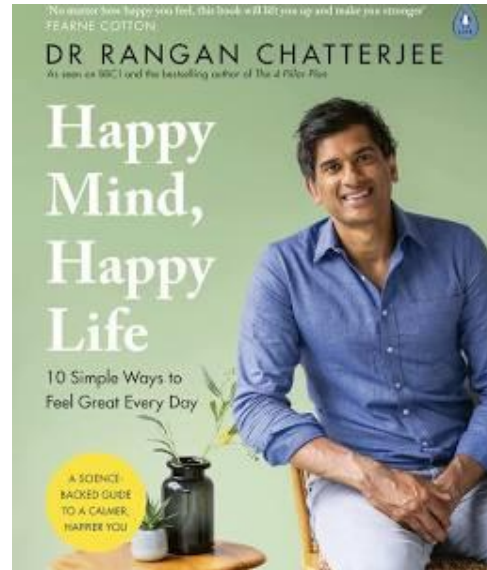
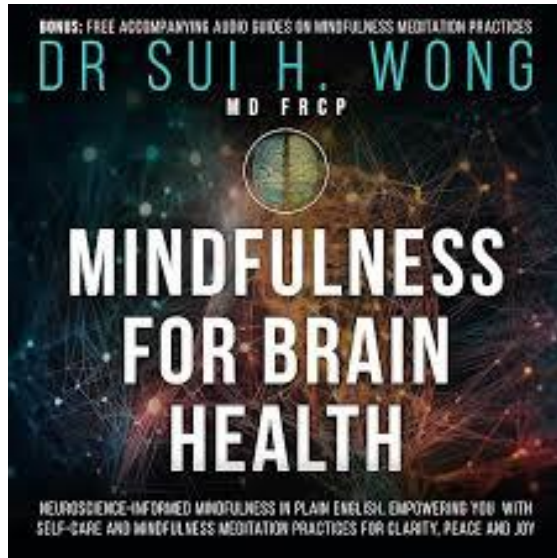
Mindfulness Interventions for Hypertension

- Mindfulness-Based Stress Reduction (MBSR) can be used to manage blood pressure by reducing stress and autonomic arousal.
- Adults with elevated blood pressure who participated in a mindfulness behaviour program for eight weeks had significantly lower blood pressure levels and greatly reduced sedentary time, when evaluated at six months follow up
- The mindfulness program was focused on attention control, meditation, self-awareness and emotion regulation to support healthy changes in diet, physical activity, alcohol consumption and stress, and they included weekly group sessions as well as individual, daily mindfulness exercises.

Mental Health and Stress reduction

- Supporting people to find purpose and meaning in life
- Encouraging people to access nature and the outdoors
- The use of proven, non-pharmaceutical, 'positive psychology' interventions such as:
 - Gratitude practices,
 - Coaching
 - Cognitive Behavioural Therapy
 - Acceptance and Commitment Therapy
 - Building healthy relationships

Resources



FREE TO DOWNLOAD



Minimising Harmful Substances

- 24% of adults in the UK regularly drink over recommended guidelines
- Excessive alcohol consumption is linked to hypertension, heart disease and stroke.
- Smoking is a major cause of cardiovascular disease (CVD) and is responsible for **one in every four deaths from CVD**
- Smokers are 2 to 4 times more likely to develop heart disease than non-smokers, and smoking doubles the risk of stroke.



Minimising Harmful Substances through LM

Approaches and techniques used in Lifestyle Medicine include:

- Motivational interviewing,
- Health coaching,
- Readiness assessments,
- Brief interventions
- Extended interventions.

Replacing harmful – and largely ineffective – ways to “feel good” and reduce stress with healthy alternatives such as:

- Physical activity,
- Connecting with nature,
- Sleeping well,
- Eating healthy food,
- Meditation,
- Listening to music
- Improved social connections.

5A's

Ask	<ul style="list-style-type: none">•Identify behaviours (e.g. smoking, diet, alcohol, inactivity).•Routinely ask patients about lifestyle in a non-judgemental way.
Advise	<ul style="list-style-type: none">•Give clear, evidence-based, personalised advice.•Explain the health benefits of change concisely and positively.
Assess	<ul style="list-style-type: none">•Explore the patient's readiness to change.•Use open questions (e.g. "How do you feel about making this change?").
Assist	<ul style="list-style-type: none">•Help the patient set SMART goals.•Offer tools, resources, and brief interventions.•Refer to support services (e.g. smoking cessation, dietician).
Arrange	<ul style="list-style-type: none">•Plan follow-up or monitoring.•Coordinate with wider team or community services.

Why Motivational Interviewing (MI) Matters in Primary Care

Empowering Conversations Can Lead to Change

- **MI is a person-centred counselling style** designed to strengthen a patient's motivation for change by exploring and resolving ambivalence.
- It aligns with NHS priorities such as **Making Every Contact Count (MECC)** and **shared decision-making**.
- Particularly useful for managing long-term conditions (e.g. diabetes, hypertension), lifestyle behaviours (e.g. smoking, alcohol, inactivity), and mental health.

Brief Motivational Interviewing

Open Questions	Encourage the patient to explore their situation:	"What would be different if you made this change?" - "What concerns you most about your current health?"
Active and reflective listening	Demonstrate empathy and understanding	You're feeling unsure, but you know something needs to change." - "It sounds like you're feeling stuck between wanting to change and not knowing where to start."
Affirmations	Recognise strengths to build confidence	"It sounds like you've really been trying to manage your stress." - "You've made progress before, which shows your strength."
Summaries	Reinforce key points and patient insights	So, you're thinking about cutting down your drinking because of how it affects your sleep and mood."
Elicit change talk	Change talk involves expressions of desire, reason, ability or need to make a change	<i>So it sounds like you would like to be more active...? So maybe part of you is keen to change... but there are also some doubts....?</i>

Patient drinks 25 units/week, flagged in a routine review.

GP: “Can we talk a bit about your alcohol use?”

Patient: “*It’s just part of my routine – a few beers each night to relax.*”

GP (Non-judgemental): “Many people use alcohol to unwind. What are the upsides for you?”

Patient: “*It helps me switch off, but I guess I do wake up groggy sometimes.*”

GP (Reflective): “So it helps short term, but it might be affecting your sleep and energy.”

Patient: “*Yes, that’s true.*”

GP (Exploring Readiness): “On a scale of 1 to 10, how ready would you say you are to make a change?”

Patient: “*Maybe a 6.*”

GP: “That’s a great start — what makes it a 6 and not a 3?” (*evokes motivation*)

- Use **simple reflections** to show you're listening.
- Try **complex reflections** to offer new perspectives and gently challenge ambivalence.
- Keep affirmations **genuine and specific** – avoid empty praise.
- Focus on **effort, resilience, and values** rather than just outcomes.

Reflective listening	Affirmation
"You're torn between your enjoyment of food and your health concerns."	"You're clearly committed to looking after your health, even when things are tough."
"You've put a lot of effort in, and it's frustrating not to see progress."	"It takes courage to even start thinking about making that change."
"You're wondering if your drinking pattern might be more of an issue than you realised."	"That's a great step forward – you've made a positive change already."
It sounds like you haven't found a type of exercise that works for you yet."	"It's clear you've learned a lot from your past attempts, and you're still trying."



Stages of Change: Making Every Conversation Count

Stage	How to Spot It	What to Say/Do
Precontemplation	"I'm not ready / I don't think it's a problem."	Raise awareness, ask permission to share info.
Contemplation	"I'm thinking about it, but not sure..."	Explore pros/cons, validate ambivalence.
Preparation	"I want to make a change—soon."	Help set small, realistic goals. Offer support/tools.
Action	"I've started making changes."	Reinforce effort, troubleshoot barriers.
Maintenance	"I've been doing this for a while now."	Encourage, celebrate, plan for slips.
(Relapse)	"I've gone back to old habits."	Normalize relapse, revisit motivation.

Summary

- Long-term conditions like heart disease and hypertension are highly prevalent, affecting millions globally.
- Lifestyle Medicine is essential in addressing root causes and promoting sustainable health through behaviour change.
- Assessing the 6 pillars of lifestyle medicine can be used as a useful tool to provide personalised care in general practice.
- It represents the future of healthcare, focusing on prevention, management, and even reversal of chronic diseases.
- It's something we can all implement in our clinics, empowering patients with practical, evidence-based solutions.

For more information.... www.Bslm.org.uk

Learning Academy

A trusted source of knowledge and education for healthcare professionals and patients using lifestyle change as medicine

BSLM Core Accreditation in Lifestyle Medicine

Core Accreditation is an immersive, self-paced programme that uses continuous assessment to provide learn qualification that will provide an in-depth knowledge of the principles and theory that underpins Lifestyle Medicine.

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We hope that you will find within our course catalogue a range of interesting and engaging materials which will provide you with a deeper understanding of Lifestyle Medicine but provide you with practical methods which will enable you to put the theories you have learned into use within your work.

The courses that we provide fall into three main categories:

- Overview
- Foundation
- Subject specific

Typically, an Overview course will be an introduction to a particular area of Lifestyle Medicine and would usually be anything between 30 minutes and 2 hours of study time.

At Foundation level we will build on the knowledge gained in an Overview course, or expand on existing expertise, to provide a more in-depth knowledge of an area, often using case studies and providing examples of working practices to reinforce learning.

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Core Accreditation

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