

Lifestyle Medicine: From Adjunct to Core Internal Medicine Practice

İ Feray Akbaş

University of Health Sciences Türkiye, İstanbul Training and Research Hospital, Clinic of Internal Medicine, İstanbul, Türkiye

According to the World Health Organization, non-communicable diseases (NCDs) accounted for 75% of all non-pandemic global mortalities in 2021. Cardiovascular diseases remained the leading cause of death worldwide, followed by neoplasms, chronic respiratory diseases and diabetes mellitus, including diabetic nephropathy. The global burden and mortality of these chronic conditions are significantly exacerbated by modifiable behavioral and environmental risk factors, including atherogenic diets, physical inactivity, smoking, harmful alcohol consumption and ambient air pollution (1). Consequently, promoting and sustaining healthy lifestyle behaviours should be regarded as a fundamental pillar of the prevention and management of any chronic disease.

Lifestyle medicine encompasses several core domains, including adherence to a healthy dietary pattern—preferably one consistent with the Mediterranean diet—regular and adequate physical activity and exercise, effective stress management, restorative sleep, avoidance of health-risk substances (including tobacco, alcohol and illicit drugs), maintenance of a healthy living environment and the cultivation of strong social connections (2,3).

Healthy dietary patterns are essential for reducing the risk of chronic diseases, including type 2 diabetes mellitus, cardiovascular disease, stroke and certain types of cancer. Although healthy diets may vary according to cultural and social contexts as well as individual preferences, they should provide adequate nutrients in appropriate proportions and include a diverse selection of foods while emphasizing moderation. Ensuring food safety is also a fundamental component of a healthy diet. Furthermore, a sustainable healthy dietary pattern should prioritize a wide variety of minimally processed and unprocessed foods while limiting the consumption of foods high in unhealthy fats, free sugars, and sodium (4).

Regular physical activity is associated with substantial physical and psychological health benefits across the lifespan. Engaging in regular physical activity contributes not only to the prevention and management of chronic diseases but also to the reduction of symptoms associated with depression and anxiety, the enhancement of cognitive and brain health and the improvement of overall quality of life and well-being (5).

Psychiatric conditions—specifically major depression, anxiety and post-traumatic stress disorder—alongside maladaptive personality traits like hostility, pessimism and social isolation, are established correlates of

cardiovascular morbidity. While acute stress acts as a proximal trigger for thrombotic, arrhythmic or mechanical cardiac events, chronic psychological stress primarily drives long-term cardiovascular risk by accelerating atherosclerosis. Furthermore, chronic stress indices are strongly linked to individual components of metabolic syndrome—including obesity, dysglycemia, hypertension, and dyslipidemia—as well as the syndrome as a whole. Because sustained overactivation of the neuroendocrine stress response poses a critical systemic health risk, ongoing controlled clinical trials are investigating both pharmacological and behavioral stress-reduction interventions for their efficacy in chronic disease prevention and management (6).

Sleep is influenced by a combination of biological, behavioral and environmental factors. Sleep health is not solely determined by obtaining the recommended amount of sleep; it also encompasses sleep timing, regularity, satisfaction and efficiency. Sleep disturbances are associated with increased risks of chronic diseases, impaired mental health and reduced quality of life. Therefore, healthy sleep practices should be prioritized as an essential component of disease prevention, health promotion and overall well-being (7).

Avoiding health-risk substances, including tobacco, alcohol and illicit drugs, is a critical component of chronic disease prevention, as these exposures contribute significantly to the development of cardiovascular disease, cancer, respiratory disease and other long-term health conditions (8).

The 2015 World Health Assembly resolution formally recognized air pollution as a critical risk factor driving the global burden of NCDs, specifically including ischemic heart disease, stroke, chronic obstructive pulmonary disease, asthma and various malignancies (9). Premature death and disease can be prevented to a significant extent through the creation and promotion of healthier environments. Reducing exposure to environmental risks can substantially decrease the burden of chronic diseases (10).

Social connection is a fundamental aspect of human development, health and survival. The influence of social relationships on physical health operates through multiple pathways. A substantial body of evidence demonstrates that individuals who maintain strong, high-quality social relationships have a lower risk of all-cause mortality and



Address for Correspondence: Prof. Feray Akbaş, MD, University of Health Sciences Türkiye, İstanbul Training and Research Hospital, Clinic of Internal Medicine, İstanbul, Türkiye

E-mail: atlibatur@yahoo.com **ORCID ID:** orcid.org/0000-0001-5091-9160

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a reduced likelihood of developing a wide range of chronic diseases (11).

As demonstrated by the available evidence, lifestyle medicine should be recognized as a core component of internal medicine practice rather than an adjunct to conventional care. Integrating evidence-based lifestyle interventions into routine clinical practice can help prevent and manage chronic diseases, improve patient outcomes and quality of life and contribute to more sustainable healthcare systems.

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