

LIFESTYLE – A MATTER OF CHOICES



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Les Smith has spent many years in family practice in Cape Town and has long-standing interests in post-graduate CME.

The lifestyle we follow is partly thrust upon us by general life circumstances over which we have minimal control, e.g. our genetic make-up (nature) and our upbringing (nurture), and partly by circumstances over which we have greater control, e.g. general environmental factors and opportunity for free (informed) choice. However, increasing levels of knowledge and understanding, reinforced by researched evidence-based medicine, enable us to modify potential outcomes of the former lesser controlled circumstances and particularly minimise the negative aspects and maximise the positive aspects of the latter greater controlled circumstances.

The articles presented in this issue have an inherent cascade of interaction, for they constitute part of the complex whole person who presents to the family practitioner. While often presenting in part, the holistic viewpoint is all-important and, as Dawie van Velden emphasises, the bio-psycho-social approach is fundamental to family medicine.

Cardiovascular disease remains the greatest challenge. Adrian Horak comprehensively describes the risk factors and preventive strategies, which have all been extensively researched and need active application in the consulting room in order to effect behavioural change. Maladapted stress responses due to nutritional disorders constitute a large share of the illness pie. Weidemann and Van der Merwe discuss important nutritional principles from a different perspective and the importance of lifestyle change versus medication is highlighted – beware of the pressures to prescribe! Another destructive pandemic also in our midst is the metabolic syndrome. Treatment is hugely expensive and the condition is preventable, hence John Straughan urges the promotion of healthy lifestyles from several perspectives.

Anxiety is a cause of much distress, pathology and doctor consultation and Larry Loebenstein emphasises that a combination of pharmacotherapy and psychotherapy provides the best treatment outcome. As mentioned earlier, the family environment has long-term influences, which Lesley Carew concisely underscores. Ideally the family practitioner must have a sound knowledge of cultural backgrounds and linguistic skills in order to deal with these issues. Chronic stress is immunosuppressive and much of the daily workload of family practice is echoed by the contents of Simon Whitesman's article on the immune system response to stressors. The importance of balance and self-care is highlighted – and remember that doctors are as much at risk. Take care!

Treatment of many lifestyle disorders is broad-based. Self-treatment and substance abuse often co-exist. Rodger Meyer describes an insightful, structured and definitive approach to the problem with emphasis on the need for continuing care. Exercise is confirmed as beneficial to all and its protective role in cardiovascular and emotional disorders is discussed by Ryan Kohler. Family practitioners need to be familiar with exercise and nutrition prescriptions.

Neurological ageing takes its toll in later life. Felix Potocnik appropriately confirms that cardiovascular risk factor control and general lifestyle management are equally important in delaying the onset and course of dementia.

Overall, the primary care physician has a central role in intervention using available therapeutic options and prevention strategies when dealing with the selection and consequences of the lifestyle choices patients make.