

Quick Reference: Evidence-Based Answers to Common Questions

1. When patients need work on *all the things*

- **Start small:** choose *one* pillar using importance × confidence.
- **BFYB defaults:** food quality (unprocessed), daily movement, sleep regularity, and breath work.
- **"WHAT ONE THING":** SMALL actions that build confidence.

2. What to prioritize first

- Match to goal (glycemia → diet; mood → sleep/exercise).
- If unsure, start with reducing processed food (sub with healthy version for satisfaction) or **sleep regularity**.

3. Limited time / 15-minute visits

- Use **Very Brief Advice (have an associated handout ie from ACLM)**
- Create *one specific goal* + team follow-up.
- Pre-visit screens + smartphrases save time.
- Refer to LM clinic/program (OHIP covered, offers virtual)
- Aroga Lifestyle Medicine clinic <https://www.aroga.com>
- Lifestyle Rx (<https://lifestylerrx.io>) - for Diabetics only

4. Motivating “I just want a pill” patients

- **Always respect autonomy** - remind them it's always their choice, but it's your job to offer ALL treatment options and not withhold any treatment that has evidence of effect.
- **Both/and framing:** “Meds help; lifestyle makes them work better.”
- **Use of Analogies** - “Your health as your GREATEST investment.”
- Offer a 2-week “experiment,” not a life overhaul.

5. Practical change management

- Shrink the change, make it obvious, easy, and social.
- Track *one metric*; celebrate small wins.

6. When patients aren't interested

- Roll with resistance: “Sounds like now isn't the time.”
- Offer harm reduction; leave resources; re-invite later.

7. Talking with parents (child obesity/DB)

- **Weight-neutral:** focus on *healthy routines*.

- **Family-wide change:** environment over willpower.
- **5-2-1-0 rule:** 5 fruits/veg, ≤ 2 h screen, ≥ 1 h activity, 0 SSBs (sugar-sweetened beverages).
- Referral to Lifestyle Medicine Paediatrician: Dr. Rikin Patel, Reset Paediatric Lifestyle Medicine clinic (virtual, OHIP covered): <https://www.resetpediatrics.com>

8. Supplements

- **Food first.** Consider:
 - Vit D (800–2000 IU/d) - be more liberal in offering a screening blood test (it's not OHIP covered but some patients may opt to pay if they think it's important)
 - B12 (strict vegans, older adults, bariatric surgery/IBD/celiac)
 - Omega-3 (low fish intake), 200–300 mg per day
 - Plant sterols - best to get from FOOD, lowers cholesterol
 - Calcium (ONLY to close gaps if dietary sources inadequate, keep to < 500 mg/day)
 - Iron - screen for iron deficiency, especially in women, with FERRITIN (not only Hb). NOTE: If normal Hb but low ferritin (< 30 $\mu\text{g/L}$), supplement to support mitochondrial function and reduce symptoms. Optimal ferritin 50–70 $\mu\text{g/L}$ ([BC guideline](#)).
 - Consider newer formulation sucrosomial iron supplement (SiderAL) - highly absorbable (as effective as iron infusions), bypass GI tract (**significantly** less GI side effects), more expensive - available in select pharmacies or online (free shipping): <https://shop.sideraliron.ca>

9. Dairy & calcium

- Dairy: keep portions SMALL (as per Canada's Food Guide), WATER is drink of choice (as per Canada's Food Guide). Optimal sources with evidence of benefit tend to be lower in fat/fermented - i.e., yogurt, kefir (ideally unsweetened plain). Avoid HIGH FAT (butter, cream, full-fat milk/yogurt).
- Ca goal ~ 1000 mg/day - choose foods with highest (50–55%) bioavailability: cooked kale, bok choy, broccoli, or modest (30–35%) fortified plant milks, fermented dairy, calcium-set tofu.
- Plant "butters" often high in saturated fat (avoid) — prefer olive, nut, or seed spreads (i.e., all-natural almond butter, peanut butter, tahini).

10. Interprofessional team

- **RD:** meal planning & nutrition counseling.
- **SW/Psych:** MI, CBT, stress & sleep.
- **NP/RN:** coaching, running groups.
- **Kin/PT:** activity prescriptions.

11. Quick wins

- Ask: "How many veg/fruit servings yesterday? Minutes of brisk movement?" (highlights to patient the importance of lifestyle vital signs)
- Prescribe: "Walk 10 min after largest meal."
- Add **sleep anchors & micro-bursts** (3 \times 1–2 min brisk stairs).

12. Group visits

- Ensure meet diagnostic criteria - all have same diagnosis in same group.

- 6-12 sessions (1-1.5 hours): brief check-in, mini-lesson or Q&A (nutritionfacts.org) + skills (recipe or movement snack sharing) + goal-setting.
- Involve allied health in leading, but you need to be physically present.
- Track outcomes (BP, A1c, cholesterol, PHQ-2, sleep score).

13. EMR documentation / QI

- Create **LM smartphrases/stamps per pillar for consistent documentation**.
- Track **one metric per pillar** (e.g., veg/day, steps, sleep hours, SSBs/week, stress minutes, alcohol-free days).
- Use EMR **flowsheets or custom fields** to record baseline and repeat at 3-6 months.
- Generate **dashboard reports** or spreadsheet exports to visualize progress trends across panels (e.g., average daily steps or veg intake over time).
- Align documentation with **QI metrics** (e.g., % patients with lifestyle counseling coded, % meeting SMART goals, % with BP <130/80 after 3 months of intervention).
- Celebrate progress in team huddles and include LM metrics in **annual QI submissions** or physician group reports.

14. Physician learning resources

- **American College of Lifestyle Medicine** – <https://lifestylemedicine.org>
- **PlanticianProject.org** – clinician guides, pediatric quick starts.
- **PlantBasedData.org** – evidence database.
- **Nutritionfacts.org** – evidence-based videos.
- **LMEd** – <https://lifestylemedicineeducation.org> – case modules and resources for teaching medical learners.
- **TheProof.com** – evidence-based podcast and masterclass series.
- **E-Cornell Plant-Based Nutrition** – <https://nutritionstudies.org/courses/plant-based-nutrition/>
- **Canadian Guidelines** – Food Guide, Diabetes, Hypertension, 24-Hour Movement.
- **Motivational Interviewing** – local/online workshops (e.g., Southwest Self Management Program).

For educational use only. Content based on ACLM and current evidence in Lifestyle Medicine.