

Eat Well, Age Well: Using Food as Medicine to Promote Healthspan!



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My Journey



Integrates food & nutrition interventions into healthcare

Emphasizes the strategic use of nutritious foods

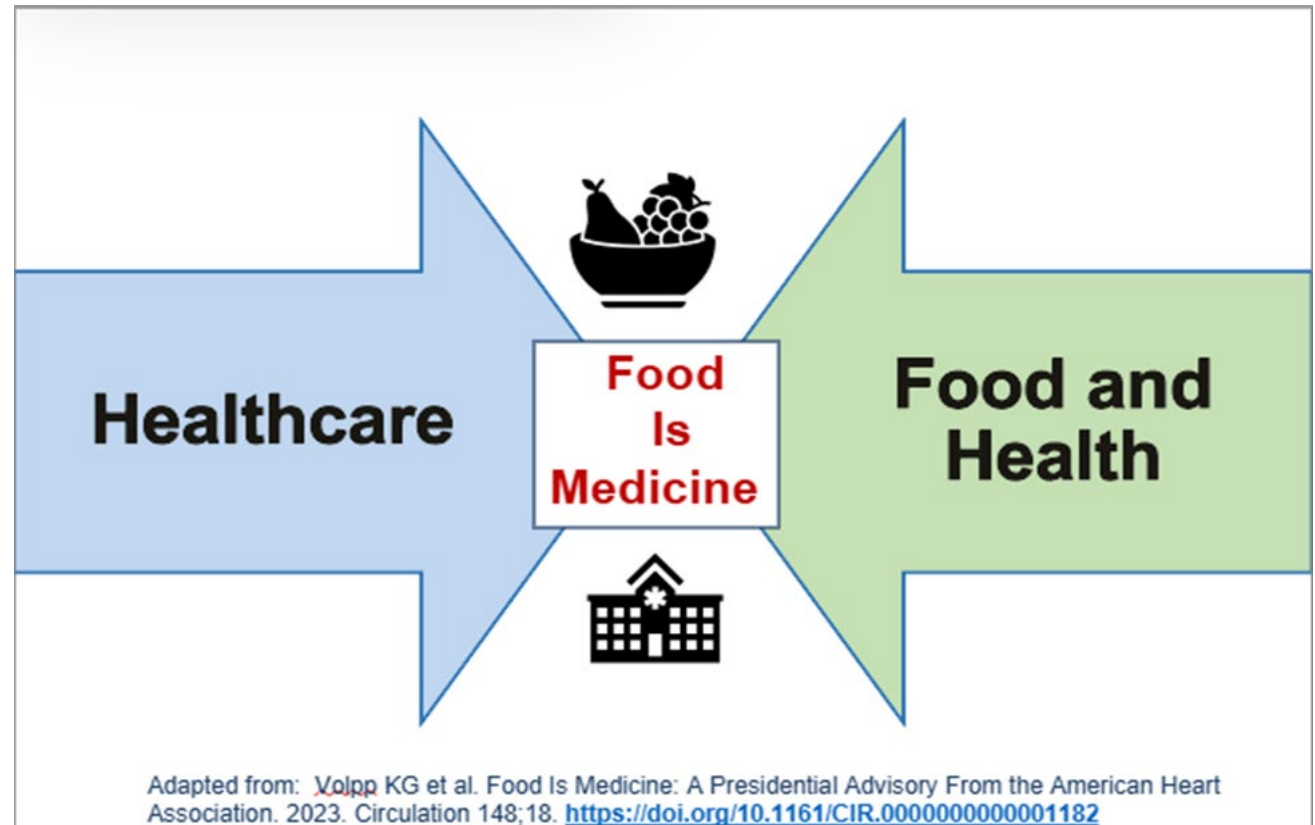
Aims to reduce disease burden through food-based interventions

Recognizes that proper nourishment is essential for well-being and resilience

Fosters a deeper understanding of the link between nutrition and health

Defining Food is Medicine

“.....the provision of healthy food to prevent, manage, or treat specific clinical conditions in a way that is integrated with the health care sector”



Adapted from Volpp KG et al. Food Is Medicine: A Presidential Advisory From the American Heart Association. 2023. Circulation 148;18. <https://doi.org/10.1161/CIR.0000000000001182>

Defining Food as Medicine

“Food as Medicine is a reaffirmation that food and nutrition play a role in sustaining health, preventing disease, and as a therapy for those with conditions or in situations responsive to changes in their diet.”

Adapted by Presenter from the Academy of Nutrition and Dietetics Foundation
(<https://www.eatrightfoundation.org/resources/food-as-medicine#definition>)



“Let Food be Thy Medicine”

Hippocrates

The Father of Medicine

460 BC – 370 BC

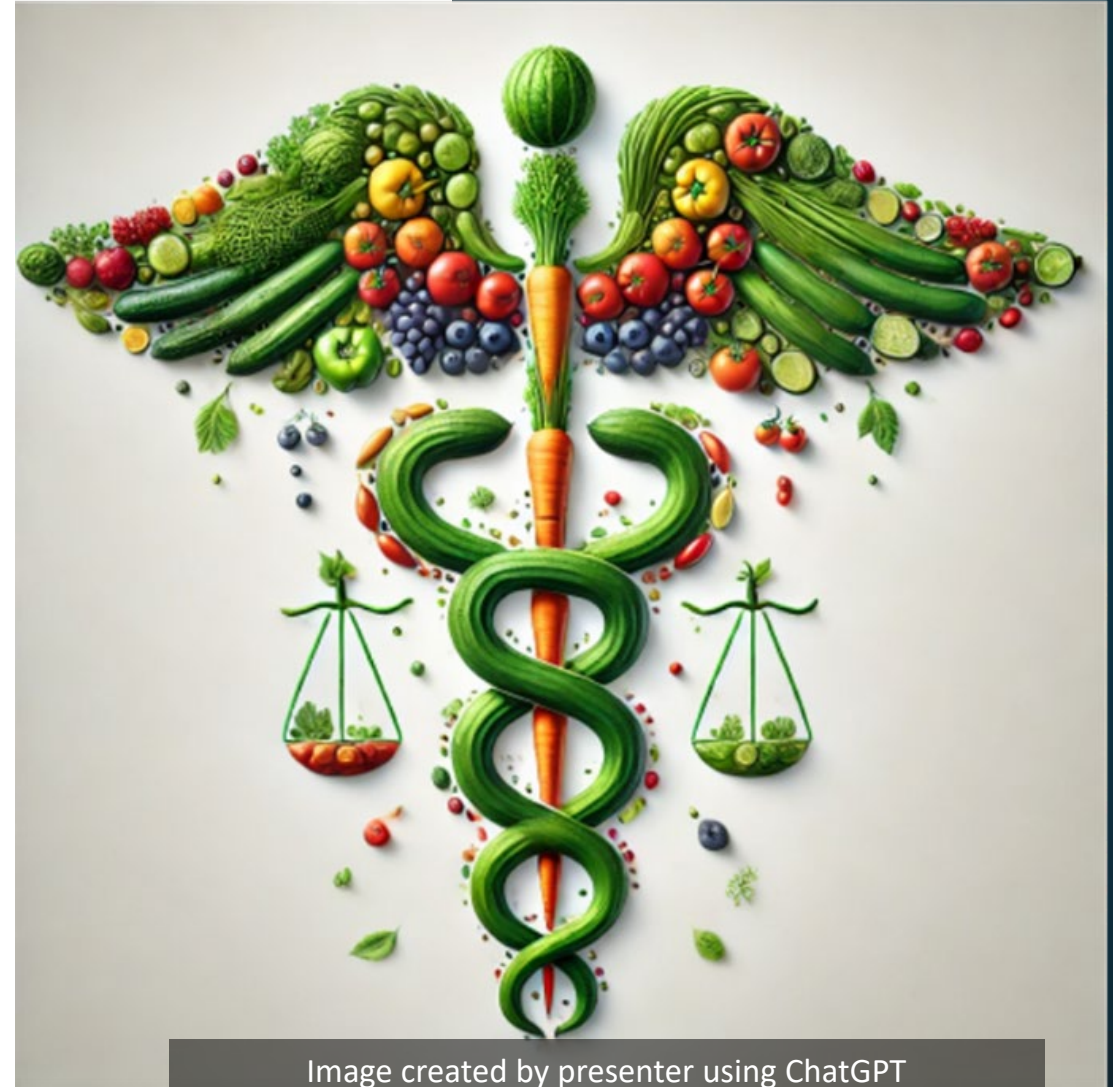
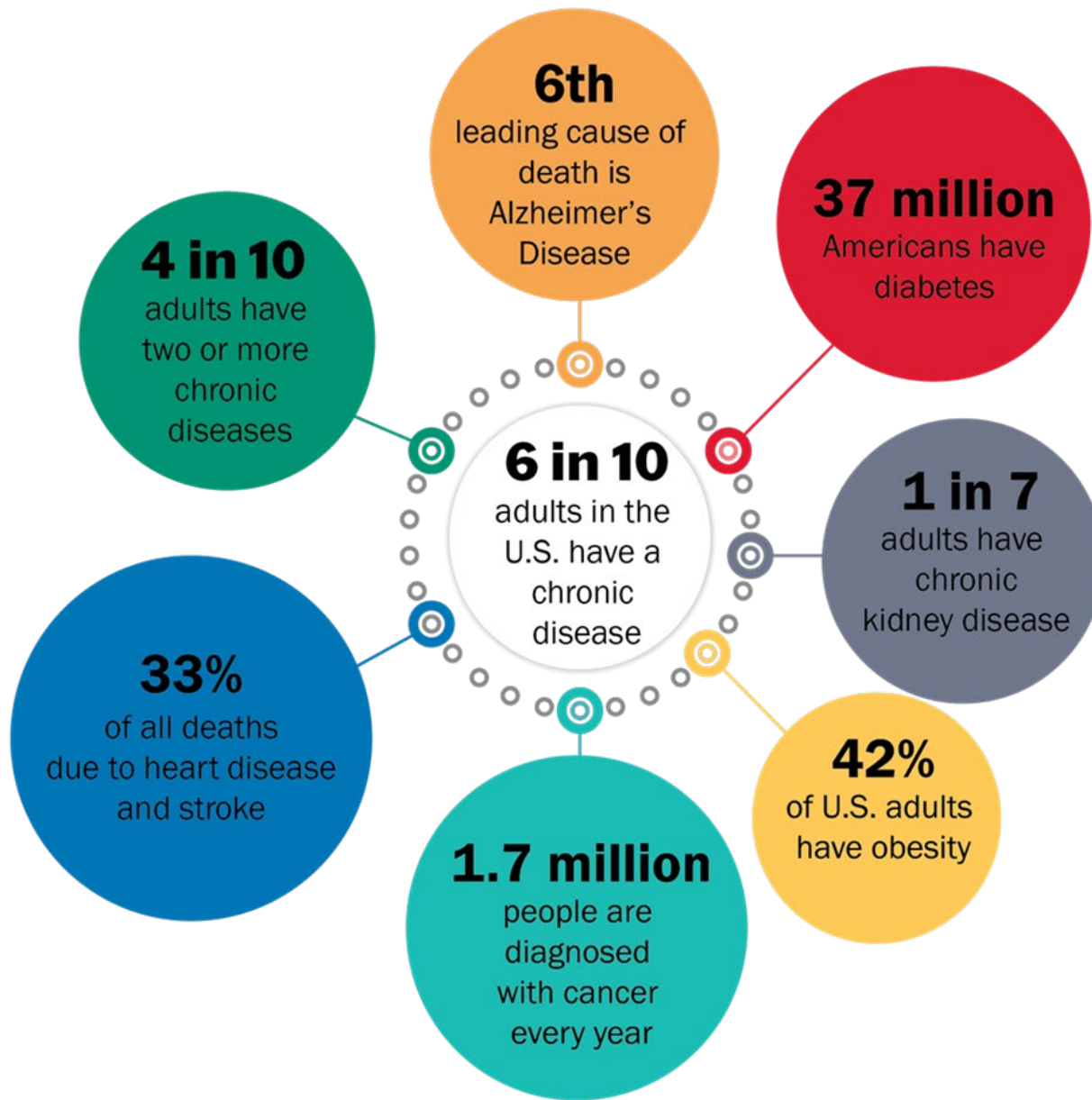


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Why Food as Medicine Matters

Chronic Disease Prevalence is at an all-time high

The Health Effects of Dietary Risks

Global Burden of Disease Study on population intake of 15 foods and nutrients for adults $\geq 25y$ across 195 countries from 1990-2017

Dietary factors accounted for 11 million deaths in 2017 from non-communicable diseases and 25 million disability-adjusted life years (DALY's)

Dietary impact more than smoking: **22% of deaths** and 15% of DALY's

High sodium: 3 million deaths

Low whole grains: 3 million deaths

Low fruits: 2 million deaths



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WHAT MAKES THE AMERICAN DIET SO DEADLY?



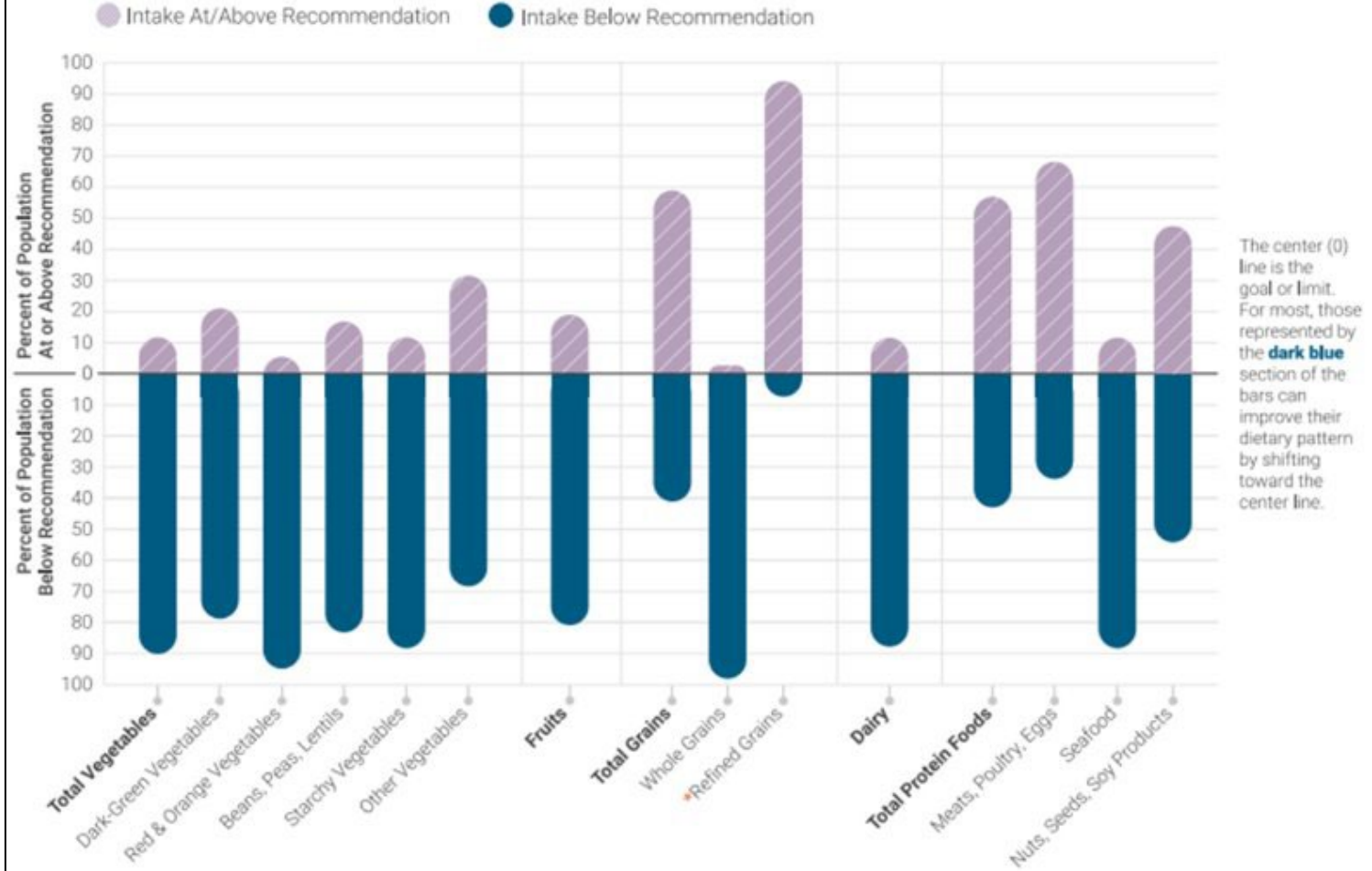
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What are Americans Eating?



Figure 1-6

Dietary Intakes Compared to Recommendations: Percent of the U.S. Population Ages 1 and Older Who Are Below and At or Above Each Dietary Goal



***NOTE:** Recommended daily intake of whole grains is to be at least half of total grain consumption, and the limit for refined grains is to be no more than half of total grain consumption.

Data Source: Analysis of What We Eat in America, NHANES 2013-2016, ages 1 and older, 2 days dietary intake data, weighted. *Recommended Intake Ranges:* Healthy U.S.-Style Dietary Patterns (see [Appendix 3](#)).

RESEARCH

OPEN ACCESS

Check for updates

Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study

Anais Rico-Campà,^{1,2} Miguel A Martínez-González,^{1,2,3,4} Ismael Alvarez-Alvarez,¹ Raquel de Deus Mendonça,^{1,3} Carmen de la Fuente-Arillaga,^{1,2,3} Clara Gómez-Donoso,¹ Maira Bes-Rastrollo^{1,2,3}

RESEARCH ARTICLE | May 22, 2024

Check for updates

Associations Between Ultra-Processed Food Consumption and Adverse Brain Health Outcomes

VIEW EDITORIAL

Varun M. Bhave, BA, Carol R. O'Leary, PhD, MPH, Zsuzsanna Arment, PhD, Naruchorn Kijpaisalratana, MD, PhD, Alana C. Jones, PhD, Catharine A. Couch, PhD, RD, Amit Patil, MS, Ana-Lucia Garcia Guarniz, MD, Aleena Bennett, MS, Michael Crowe, PhD, Marguerite R. Irwin, PhD, and W. Taylor Kimberly, MD, PhD

AUTHORS INFO & AFFILIATIONS

June 11, 2024 issue • 102 (11) • <https://doi.org/10.1212/WNL.000000000000209432>



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naturemedicine

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nature > nature medicine > articles > article

Article | [Open access](#) | Published: 06 January 2025

Burdens of type 2 diabetes and cardiovascular disease attributable to sugar-sweetened beverages in 184 countries

Research Letter | Psychiatry

September 20, 2023

Consumption of Ultraprocessed Food and Risk of Depression

Chatpol Samuthpongthorn, MD¹, Long H. Nguyen, MD, MS^{1,2}, Olivia I. Okereke, MD, SM^{3,4,5}, et al

Author Affiliations | Article Information

JAMA Netw Open. 2023;6(9):e2334770. doi:10.1001/jamanetworkopen.2023.34770

Review > Obes Rev. 2021 Mar;22(3):e13146. doi: 10.1111/obr.13146. Epub 2020 Nov 9.

Ultraprocessed food and chronic noncommunicable diseases: A systematic review and meta-analysis of 43 observational studies

Melissa M Lane¹, Jessica A Davis¹, Sally Beattie², Clara Gómez-Donoso^{3,4}, Amy Loughman¹, Adrienne O'Neil¹, Felice Jacka^{1,5,6,7}, Michael Berk^{1,8}, Richard Page^{1,2,9}, Wolfgang Marx¹, Tetyana Rocks¹

Review > Curr Oncol Rep. 2025 Feb 27. doi: 10.1007/s11912-025-01654-6. Online ahead of print.

Beneath the Surface: The Emerging Role of Ultra-Processed Foods in Obesity-Related Cancer

Ioanna A Anastasiou^{1,2}, Dimitris Kounatidis¹, Natalia G Vallianou³, Alexandros Skourtis⁴, Krystalia Dimitriou⁵, Ilektra Tzivaki³, Georgios Tsioulos⁶, Anastasia Rigatou³, Irene Karampela⁷, Maria Dalamaga⁸

Affiliations + expand

PMID: 40014232 DOI: 10.1007/s11912-025-01654-6

MIND & MOOD

Ultra-processed foods? Just say no

New research suggests that ultra-processed foods (UPFs) raise the risk of cognitive impairment and strokes.

June 17, 2024

By Andrew E. Budson, MD, Contributor; Editorial Advisory Board Member, Harvard Health Publishing

> Am J Prev Med. 2023 Jan;64(1):129-136. doi: 10.1016/j.amepre.2022.08.013. Epub 2022 Nov 7.

Premature Deaths Attributable to the Consumption of Ultraprocessed Foods in Brazil

Eduardo A F Nilson¹, Gerson Ferrari², Maria Laura C Louzada³, Renata B Levy⁴, Carlos A Monteiro⁵, Leandro F M Rezende⁶

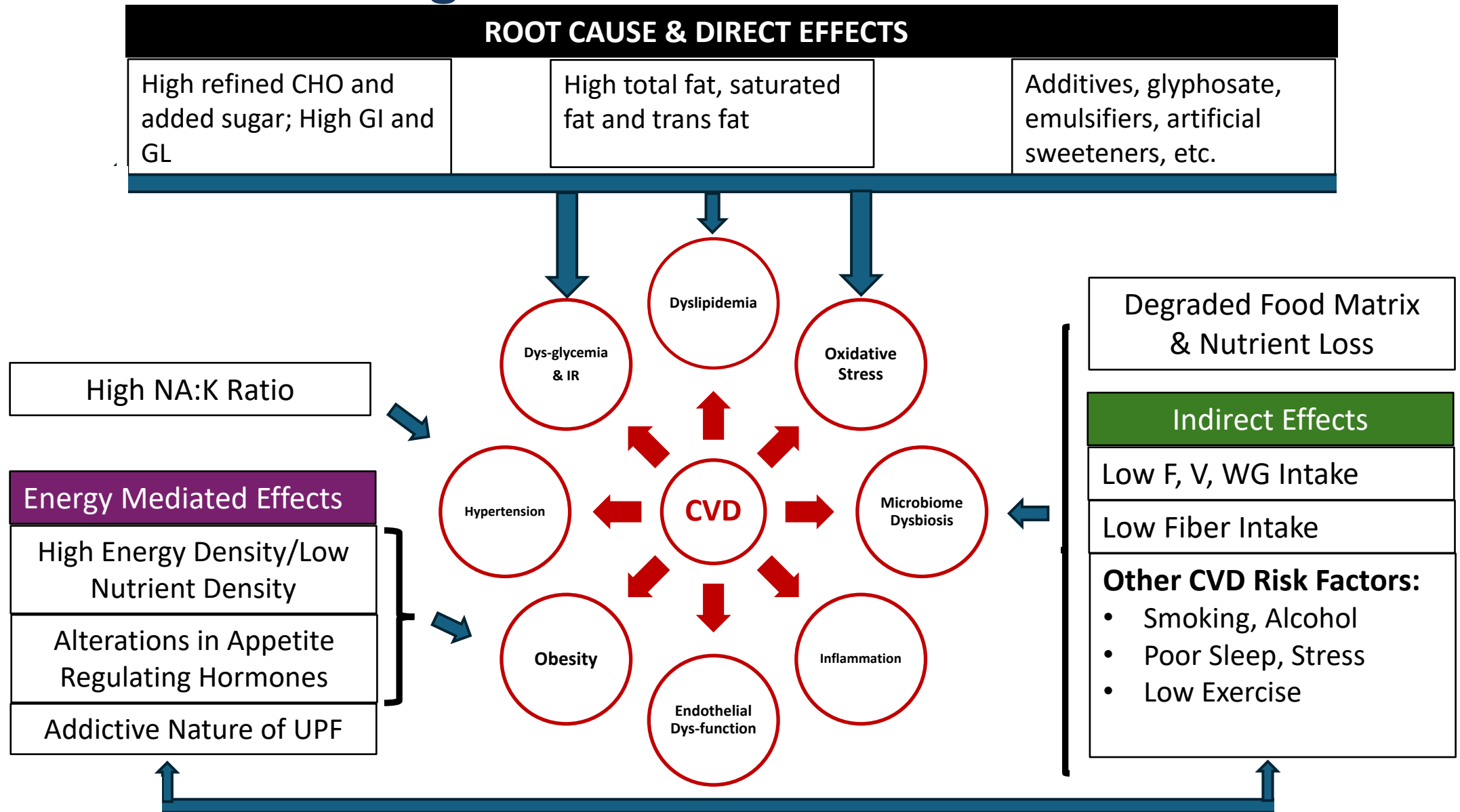
Ultraprocessed foods make up to 70% of the US food supply. How to reduce your intake

By Andrea Kane, CNN

9 minute read - Updated 8:34 AM EST, Wed February 26, 2025

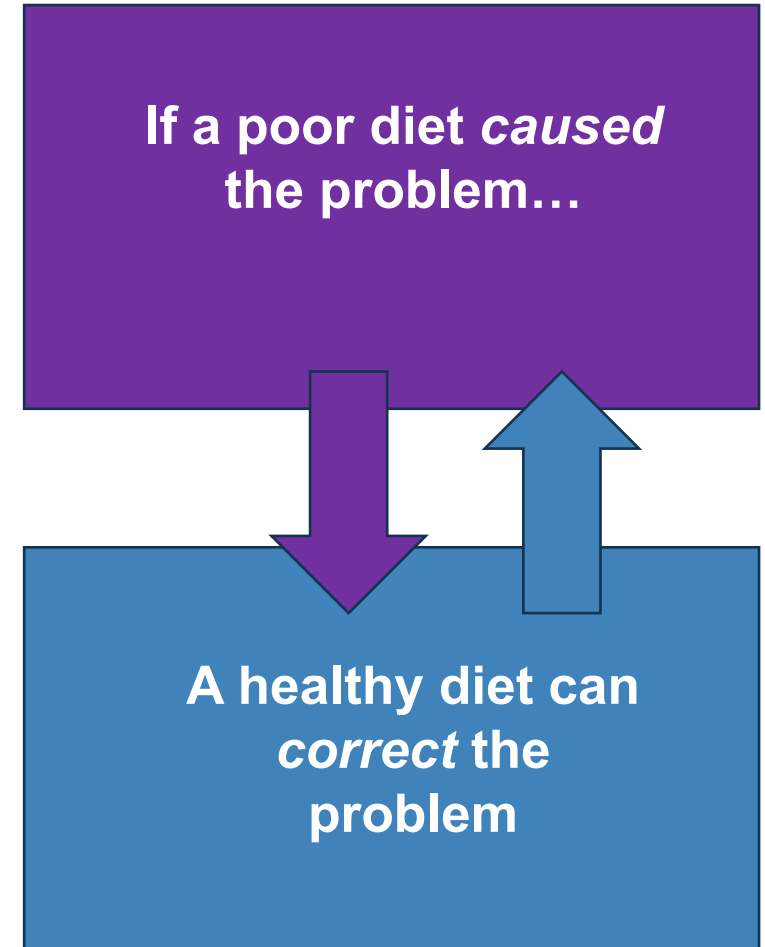
21 comments

Diets High in Ultra Processed Foods



Poor Diet is Harming Health

An estimated 75-90% of chronic disease has been shown to be preventable by lifestyle modification, such as physical inactivity alcohol, tobacco and most **particularly diet.**



Typical Western Diet

High In

- Ultra Processed Foods
 - Sodium, Sugar, Processed oils, Trans fat
- Animal Protein Including
 - Red and Processed Meats
 - Saturated Fat, Cholesterol

Low in

- Fruits, Vegetables, Whole Grains, Beans, Nuts, Seeds and Legumes
- Antioxidants and Phytonutrients
- Water
- Fiber

VS



Health Promoting Eating Pattern

High In

- Fruits, Vegetables, Whole Grains, Beans, Nuts, Seeds and Legumes
- Antioxidants and Phytonutrients
- Water
- Fiber

Low in

- Saturated Fat, Trans Fat, Highly Processed Oils
- Cholesterol, Sodium, Sugar
- Ultra Processed Foods
- Red and Processed Meats

Telomere Length

The Lancet: Healthy Lifestyle Changes Actually Change our Genes

- Dr. Dean Ornish's five-year study on the effect of comprehensive lifestyle changes on telomerase activity and telomere length in men with prostate cancer



Effect of comprehensive lifestyle changes on telomerase activity and telomere length in men with biopsy-proven low-risk prostate cancer: 5-year follow-up of a descriptive pilot study. Ornish, Dean et al. The Lancet Oncology, Volume 14, Issue 11, 1112 - 1120

Food Choice & Life Expectancy

Life table analysis of data and meta-analyses from Global Burden of Disease Study, 2019 (195 countries)

- Compared **typical western (TW)** and **optimized diet (OD)**; OD had substantially higher intake of fruits, vegetables, legumes, whole grains, and fish; some nuts; reduced red and processed meats, sugar-sweetened beverages, and refined grains
- Biggest gains from **more legumes, whole grains, and nuts; less red meat and processed meat**

Age	Change in Life Expectancy
20yr	10.7yr women 13.0yr men
60yr	8.0yr women 8.8yr men
80yr	3.4yr women 3.4yr men

Lifespan vs Healthspan



STATE OF THE ART REVIEWS

Dan Buettner, BA, and Sam Skemp, BA

Blue Zones: Lessons From the World's Longest Lived

Abstract: *What began as a National Geographic expedition, lead by Dan Buettner, to uncover the secrets of longevity, evolved into the discovery of the 5 places around the world where people consistently live over 100 years old, dubbed the Blue Zones. Dan and his team of demographers, scientist and anthropologists were able to distill the evidence-based common denominators of these Blue Zones into 9 commonalities that they call the Power 9. They have since taken these principles into communities across the United States working with policy makers, local businesses, schools and individuals to shape the environments of the Blue Zones Project Communities. What has been found is that putting the responsibility of curating a healthy environment on an individual does not work, but through policy and environmental changes the Blue Zones Project Communities have been able to increase life expectancy, reduce obesity and make the healthy choice the easy choice for millions of Americans.*

Keywords: Blue Zones; Power 9; Life Radius; Vitality Compass; Longevity; Health; Dan Buettner

The Danish Twin Study¹ established that only about 20% of how long the average person

lives is dictated by our genes, whereas the other 80% is dictated by our lifestyle. In 2004, Dan Buettner, CEO of Blue Zones LLC, was determined to uncover the specific

might explain longevity. They found that the lifestyles of all Blue Zones residents shared 9 specific characteristics. These are called the Power 9.

However, many individuals have the capacity to make it well into the early 90s and largely without chronic disease.

aspects of lifestyle and environment that led to longevity. By teaming up with National Geographic and the National Institute on Aging, Dan and his team, found the 5 demographically confirmed, geographically defined areas with the highest percentage of centenarians (Loma Linda, CA, USA; Nicoya, Costa Rica; Sardinia, Italy; Icaria, Greece; Okinawa, Japan; seen in Figure 1). These 5 areas were located using epidemiological data, statistics, birth certificates, and other research. These areas were dubbed *Blue Zones*, where people reach age 100 at 10 times greater rates than in the United States. Once these areas were established, they sent in a team of anthropologists, demographers, epidemiologists, and researchers to identify the lifestyle characteristics that

Power 9

To make it to age 100, it seems that a person must have to win the genetic lottery. However, many individuals have the capacity to make it well into the early 90s and largely without chronic disease. Blue Zones uncovered 9 evidence-based common denominators among the world's centenarians that are believed to slow this aging process.

1. *Move naturally.* The world's longest-lived people do not pump iron, run marathons, or join gyms. Instead, they live in environments that constantly nudge them into moving without thinking about it. They grow gardens and do not have mechanical conveniences for house and yard work.

DOI: 10.1177/1559827616637066. From Blue Zones, LLC, Minneapolis, Minnesota. Address correspondence to: Dan Buettner, BA, Blue Zones, LLC, 80 South 8th Street, STE 1400, Minneapolis, MN 55402; e-mail: Dan@bluezones.com.

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These articles are based on The Annual Conference of the American College of Lifestyle Medicine (ACLM) held November 1-4, 2015, in Nashville, Tennessee—Lifestyle Medicine 2015: Integrating Evidence into Practice.

Key Features of Diets in Blue Zones

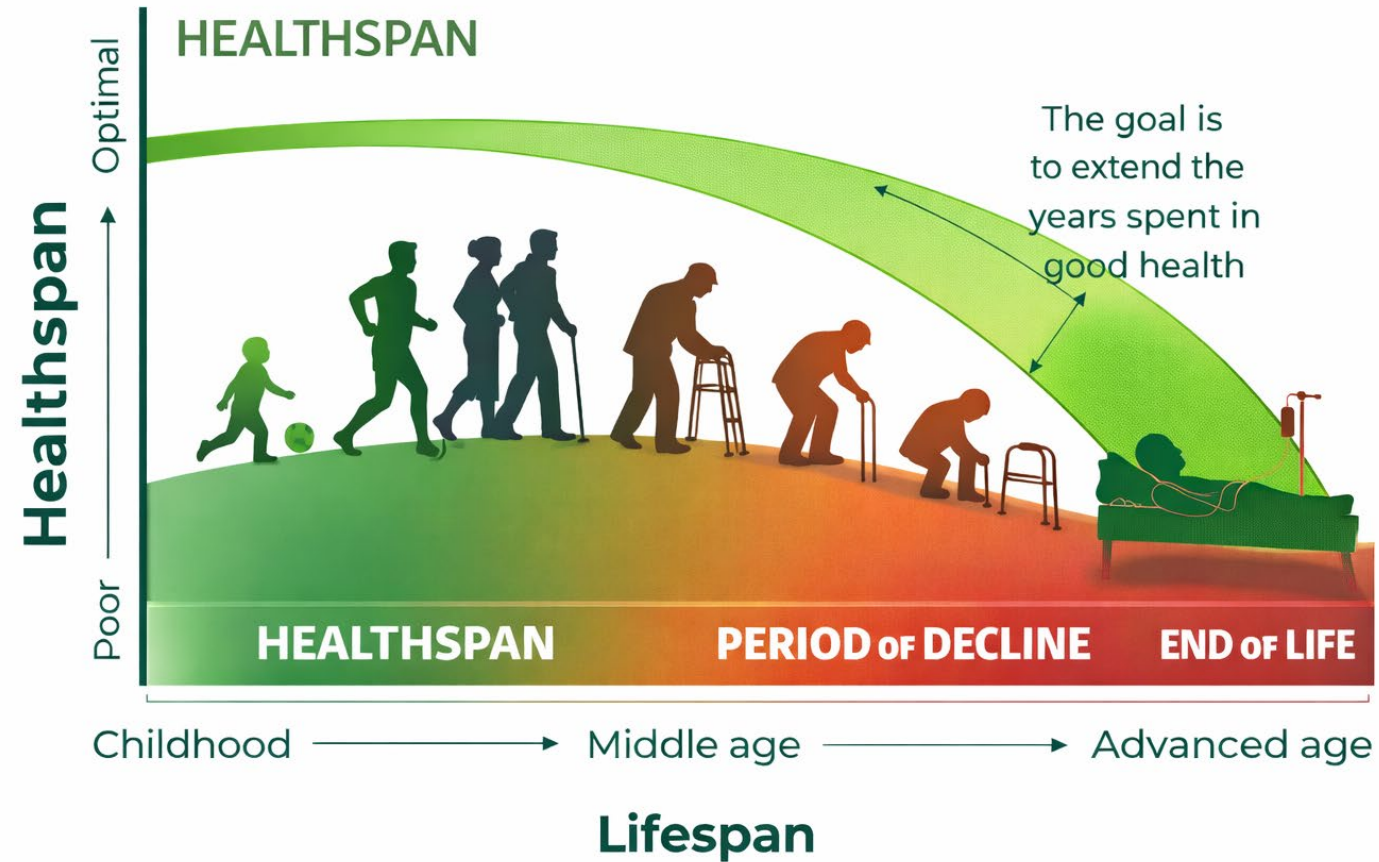
TABLE 9.1

Key Dietary Features of the Blue Zones

Blue Zone	Okinawa	Nicoya	Ikaria	Sardinia	Loma Linda
Unique Practice	Calorie restriction is a common practice with a ritual called Hara hachi bu where they stop eating when they are 80% full	Consume little to no processed foods. Plant-based proteins are considered a major contributor to their longevity history	Regular but moderate consumption of antioxidant-rich Ikarian red wine is thought to contribute to their longevity	Meat is reserved for Sundays or special occasions. Practice time-restricted eating, which decreases their overall daily caloric intake	Seventh Day Adventist community who fasts every Saturday which reduces the total calories consumed
Dietary Pattern	WFPB diet	WFPB diet	Mediterranean Diet	WFPB diet	WFPB diet – vegan or vegetarian
Beverages	Coitabi extract	Drinking water – rich in Mg and Calcium	Ikarian Red Wine, Greek Coffee Sideritis Sipylea (Medicinal Tea)	Cannonau Wine	No Alcohol
Common Foods	Alpinia Zerumbet(Ginger)	Tropical fruits Beans Squash Corn	Olives Avocados Chorta (wild greens)	Kombu Seaweed Goyas	Beans Lentils Chickpeas

* WFPB Diet = Whole food plant-based diet

Lifespan vs. Healthspan



Current National and International Nutrition Recommendations

Many Voices: One Theme

“Dietary guidelines and consensus statements from a variety of organizations have recognized the key role for nutrition, both in the prevention and treatment of chronic diseases”

J. Rippe AJLM 2018

Lifestyle Change as First Line of Defense

Clinical guidelines state that diet and physical activity changes are a critical first line treatment for many chronic conditions (e.g., diabetes, obesity, hypertension), often before any medication is prescribed.

This is reinforced by leading national and international organizations.



The National Academies of
SCIENCES • ENGINEERING • MEDICINE



Harvard T.H. Chan School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource



Scientific Report of the
2015 Dietary Guidelines Advisory Committee
Advisory Report to the Secretary of Health and Human Services
and the Secretary of Agriculture



DIABETES UK
KNOW DIABETES. FIGHT DIABETES.



Lancet Commission



Dietary Recommendations in Clinical Practice Guidelines

Advances in Nutrition 14 (2023) 500–515



Advances in Nutrition

AN INTERNATIONAL REVIEW JOURNAL

journal homepage: <https://advances.nutrition.org/>



Review

Commonalities among Dietary Recommendations from 2010 to 2021 Clinical Practice Guidelines: A Meta-Epidemiological Study from the American College of Lifestyle Medicine

Kelly C. Cara^{1,2}, David M. Goldman³, Brooke K. Kollman⁴, Stas S. Amato⁵, Martin D. Tull¹, Micaela C. Karlsen^{1,6,*}

¹ American College of Lifestyle Medicine, Chesterfield, MO, United States; ² Division of Nutrition Epidemiology and Data Science, Friedman School of Nutrition Science and Policy, Tufts University, Boston, MA, United States; ³ Game Changers Institute, Laguna Niguel, CA, United States; ⁴ The Integrative Medicine Center of Western Colorado, Grand Junction, CO, United States; ⁵ Department of General Surgery, University of Vermont Medical Center, Burlington, VT, United States; ⁶ Applied Nutrition and Global Public Health, University of New England, Biddeford, ME, United States

ABSTRACT

Clinical practice guidelines (CPGs) provide recommendations to clinicians based on current medical knowledge to guide and reduce variability in clinical care. With advances in nutrition science research, CPGs increasingly include dietary guidance; however, the degree of consistency in dietary recommendations across CPGs has not been investigated. Using a systematic review approach adapted for meta-epidemiologic research, this study compared dietary guidance from current guidelines developed by governments, major medical professional societies, and large health stakeholder associations owing to their often well-defined and standardized processes for guideline development. CPGs making recommendations for dietary patterns and food groups or components for generally healthy adults or those with prespecified chronic diseases were eligible. Literature from January 2010 to January 2022 was searched in 5 bibliographic databases and augmented by searches in point-of-care resource databases and relevant websites. Reporting followed an adapted PRISMA statement and included narrative synthesis and summary tables. Seventy-eight CPGs for major chronic conditions (autoimmune, 7; cancers, 5; cardiovascular-related, 35; digestive, 11; diabetes, 12; weight-related, 4; or multiple, 3) and general health promotion ($n = 1$) were included. Nearly, all (91%) made dietary pattern recommendations, and approximately half (49%) endorsed patterns centered on plant foods. Overall, CPGs were most closely aligned in promoting consumption of major plant food groups (vegetables = 74% of CPGs, fruit = 69%, whole grains = 58%), whereas discouraging intake of alcohol (62%) and salt or sodium (56%). CVD and diabetes CPGs were similarly aligned with additional messaging to consume legumes/pulses (60% of CVD CPGs; 75%, diabetes), nuts and seeds (67%, CVD), and low-fat dairy (60%, CVD). Diabetes guidelines discouraged sweets/added sugars (67%) and sweetened beverages (58%). This alignment across CPGs should boost clinician confidence in relaying such dietary guidance to patients in accordance with their relevant CPGs.

This trial was registered at the International Prospective Register of Systematic Reviews (<https://www.crd.york.ac.uk/prospero>; PROSPERO 2021) as CRD42021226281.

Keywords: practice guideline, best practice, point-of-care systems, diet, healthy diet, health promotion, chronic disease, systematic review, meta-epidemiological

Nearly, all (91%) made dietary pattern recommendations, and approximately half (49%) endorsed **patterns centered on plant foods**. Overall, CPGs were most closely aligned in **promoting consumption of major plant food groups** (vegetables = 74% of CPGs, fruit = 69%, whole grains = 58%).



Vegetarian Dietary Patterns For Adults: A Position Of The Academy of Nutrition and Dietetics

“...in adults, appropriately planned vegetarian and vegan dietary patterns can be nutritionally adequate and can offer long-term health benefits such as improving several health outcomes associated with cardiometabolic diseases.”

Raj S, Guest NS, Landry MJ, Mangels AR, Pawlak R, Rozga M. Vegetarian Dietary Patterns for Adults: A Position Paper of the Academy of Nutrition and Dietetics. *J Acad Nutr Diet*. 2025 Jun;125(6):831-846.e2. doi: 10.1016/j.jand.2025.02.002. Epub 2025 Feb 7. PMID: 39923894.



Original Investigation | Nutrition, Obesity, and Exercise

Association of Healthful Plant-based Diet Adherence With Risk of Mortality and Major Chronic Diseases Among Adults in the UK

Alysha S. Thompson, MSc; Anna Tresserra-Rimbau, PhD; Nena Karavasiloglou, PhD; Amy Jennings, PhD; Marie Cantwell, PhD; Claire Hill, PhD; Aurora Perez-Cornago, PhD; Nicola P. Bondonno, PhD; Neil Murphy, PhD; Sabine Rohrmann, PhD; Aedin Cassidy, PhD; Tilman Kühn, PhD

Abstract

IMPORTANCE Plant-based diets have gained popularity for both environmental and health reasons, but a comprehensive assessment of their quality in relation to risk of mortality and major chronic diseases is lacking.

OBJECTIVE To examine whether healthful vs unhealthy plant-based dietary patterns are associated with mortality and major chronic diseases among UK adults.

DESIGN, SETTING, AND PARTICIPANTS This prospective cohort study used data from adults in the UK Biobank, a large-scale population-based study. Participants were recruited between 2006 and 2010 and followed up using record linkage data until 2021; follow-up for different outcomes ranged between 10.6 and 12.2 years. Data analysis was conducted from November 2021 to October 2022.

EXPOSURES Adherence to a healthful vs unhealthy plant-based diet index (hPDI vs uPDI) derived from 24-hour dietary assessments.

MAIN OUTCOMES AND MEASURES The main outcomes were hazard ratios (HRs) and 95% CIs of mortality (overall and cause specific), cardiovascular disease (CVD [total, myocardial infarction, ischemic stroke, and hemorrhagic stroke]), cancer (total, breast, prostate, and colorectal), and fracture (total, vertebrae, and hip) across quartiles of hPDI and uPDI adherence.

RESULTS This study included 126 394 UK Biobank participants. They had a mean (SD) age of 56.1 (7.8) years; 70 618 (55.9%) were women. The majority of participants (115 371 [91.3%]) were White. Greater adherence to the hPDI was associated with lower risks of total mortality, cancer, and CVD, with HRs (95% CIs) of 0.84 (0.78-0.91), 0.93 (0.88-0.99), and 0.92 (0.86-0.99), respectively, for participants in the highest hPDI quartile compared with the lowest. The hPDI was also associated with lower risks of myocardial infarction and ischemic stroke, with HRs (95% CIs) of 0.86 (0.78-0.95) and 0.84 (0.71-0.99), respectively. By contrast, higher uPDI scores were associated with higher risks of mortality, CVD, and cancer. The associations observed did not show heterogeneity across strata of sex, smoking status, body mass index, or socioeconomic status or with polygenic risk scores (specifically with regard to CVD end points).

CONCLUSIONS AND RELEVANCE The findings of this cohort study of middle-aged UK adults suggest that a diet characterized by high-quality plant-based foods and lower intakes of animal products may be beneficial for health, irrespective of established chronic disease risk factors and genetic predisposition.

Key Points

Question Is adherence to a healthful plant-based diet associated with a lower risk of mortality and chronic disease among UK adults?

Findings In this cohort study with 126 394 UK Biobank participants, greater adherence to a healthful plant-based diet was associated with a lower risk of mortality, cancer, and particularly cardiovascular disease. Opposing associations with higher risk were observed for individuals who adhered to an unhealthy plant-based diet.

Meaning The findings of this study suggest that a healthful plant-based diet that is low in animal foods, sugary drinks, snacks and desserts, refined grains, potatoes, and fruit juices was associated with a lower risk of mortality and major chronic diseases among adults in the UK.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

The findings of this cohort study of 126,394 middle-aged adults from the UK suggest that a **healthful** plant-based diet was associated with lower risks of CVD, cancer, and total mortality.

On the contrary, an **unhealthy** plant-based dietary pattern characterized by higher intakes of sugary drinks, snacks and desserts, refined grains, potatoes, and fruit juices was associated with higher risk.



Healthy Vegetarian Diet

Complex Fiber Rich Carbohydrates

Antioxidants and Phytochemicals

MUFAs & PUFAs

Vitamins & Minerals

↑ Glucose Tolerance
↓ Insulin Resistance
↓ LDL Cholesterol & TG
↓ Blood Pressure
↓ Oxidative Stress
↑ Immune Function

↓ Diabetes
CVD & Obesity

Unhealthy Vegetarian Diet

Refined Carbohydrates

Added sugar, High Fructose Corn Syrup

Saturated and Trans Fats

Salt and Artificial Sweeteners

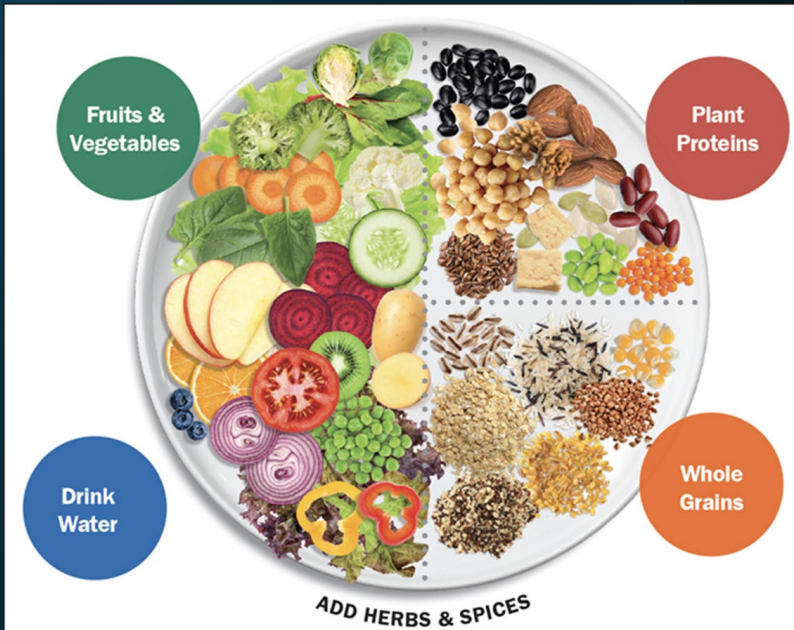
↑ Hyperglycemia
↑ Hyperinsulinemia
↑ Dyslipidemia
↑ Inflammation
↑ Hypertension
↑ Gut Dysbiosis

↑ Diabetes
CVD & Obesity



Image adapted by Presenter from Wang, et al. (2023).

Where We Are & Where We Are Heading



DIETARY SPECTRUM



THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE DIETARY POSITION STATEMENT
 ACLM recommends an eating plan based predominantly on a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts and seeds.

WHOLE FOOD PLANT-BASED EATING PLAN

WHAT AMERICA EATS



*Food items are not to scale

- Increased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers
- Poor nutrition is the leading cause of death globally.

Increase whole plant foods, fruits, vegetables, whole grains, beans, legumes, nuts, seeds, water

Decrease sweets and snacks, fast food, fried foods, refined grains, refined sugar, meat, dairy, eggs, poultry, high sodium foods



*Food items are not to scale

ADD HERBS & SPICES

- Decreased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers
- Chronic disease treatment and potential reversal

TIPS FOR IMPROVED NUTRITION AND HEALTH

- Any movement toward WFPB eating is positive
- More movement toward a WFPB eating plan increases impact
- Tailored and sustainable approaches are recommended

What We Eat in America (WWEIA) Food Category analyses for the 2015 Dietary Guidelines Advisory Committee. Estimates based on day 1 dietary recalls from WWEIA, NHANES 2009-2010.
 Tuso PJ, Ismail MH, Ha BP, Bartolotto C. Nutritional update for physicians: plant-based diets. Perm J. 2013;17(2):61-66.
 Food Planet Health. Eatforum.org. Published 2020. Accessed June 4, 2020

Plant-Based Dietary Pattern Impact on Health

- Cardiovascular Disease
- Overweight/Obesity
- Type 2 DM/ Prediabetes
- Cancer
- Kidney Disease
- Longevity



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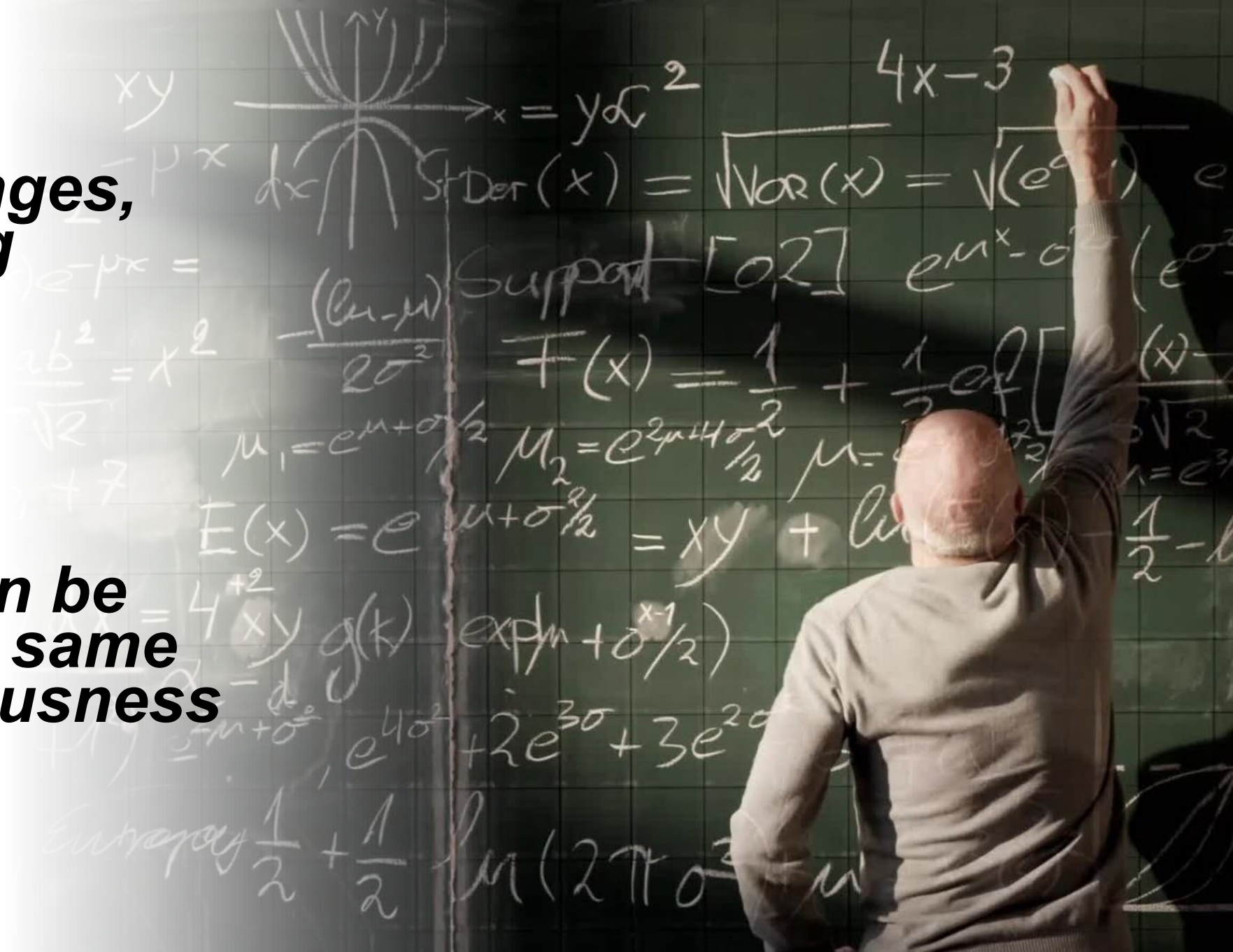
- GI Health/Microbiome
- Mental Health
- Dementia/Cognition
- Depression
- Arthritis
- Planetary Health

***“If nothing changes,
nothing is going
change.”***

Atomic Habits, James Clear

***“No problem can be
solved from the same
level of consciousness
that created it.”***

Albert Einstein



Meet Ed

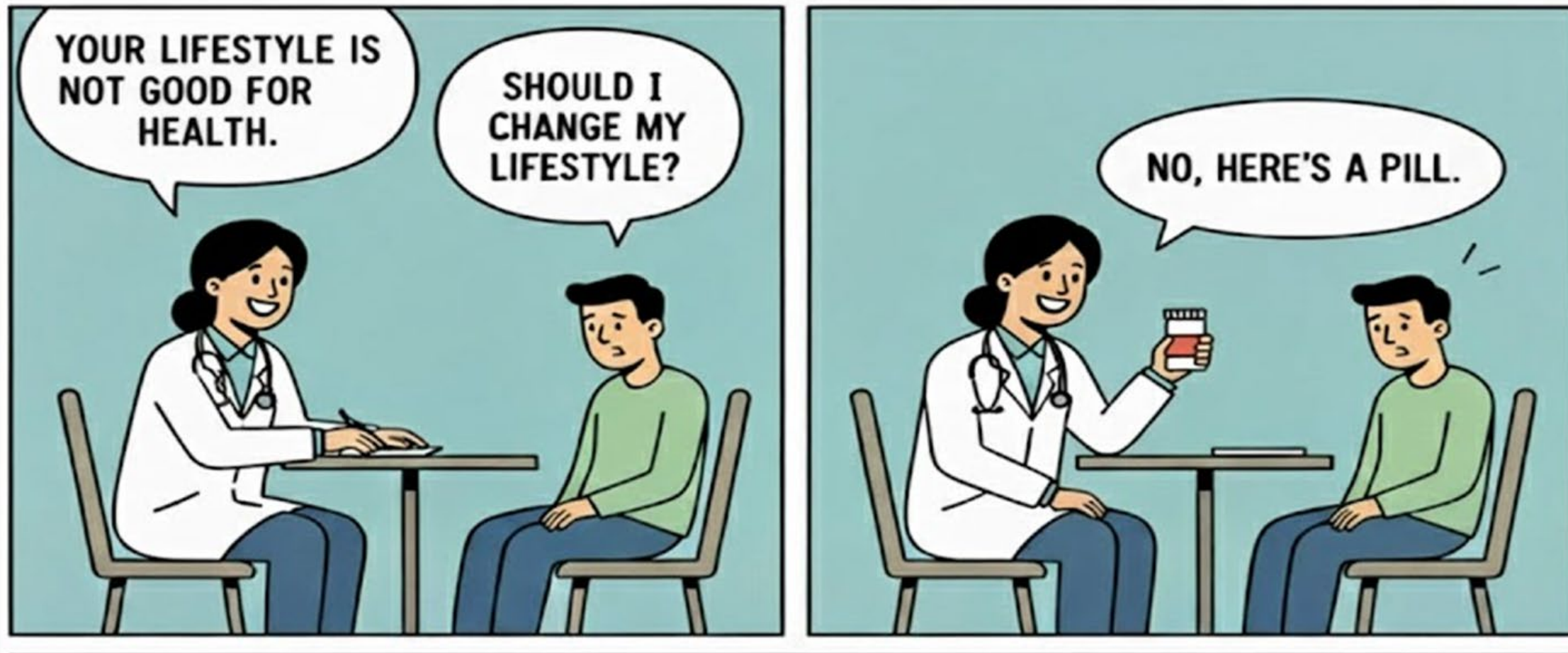
- At the age of 65 Ed was 275 lbs, he was on the strongest (multiple) RA meds his MD would prescribe, he had HTN (medicated), prediabetes (medicated), and high cholesterol (medicated)
- Ed had stiffness in his hands and fatigue from the RA needing naps throughout the day and struggled to enjoy fishing and other hobbies such as woodworking and architectural glass making
- When he was 68 Ed and his wife began meeting with a RD who recommend that they start following a WFPBD and that he begin exercising regularly
- In December of 2022, Ed sought a new cardiologist because he was interested in getting off some of his diabetic, RA, and cardiac medications



4 Years Later... Same Lake, Same Size Bass Fish

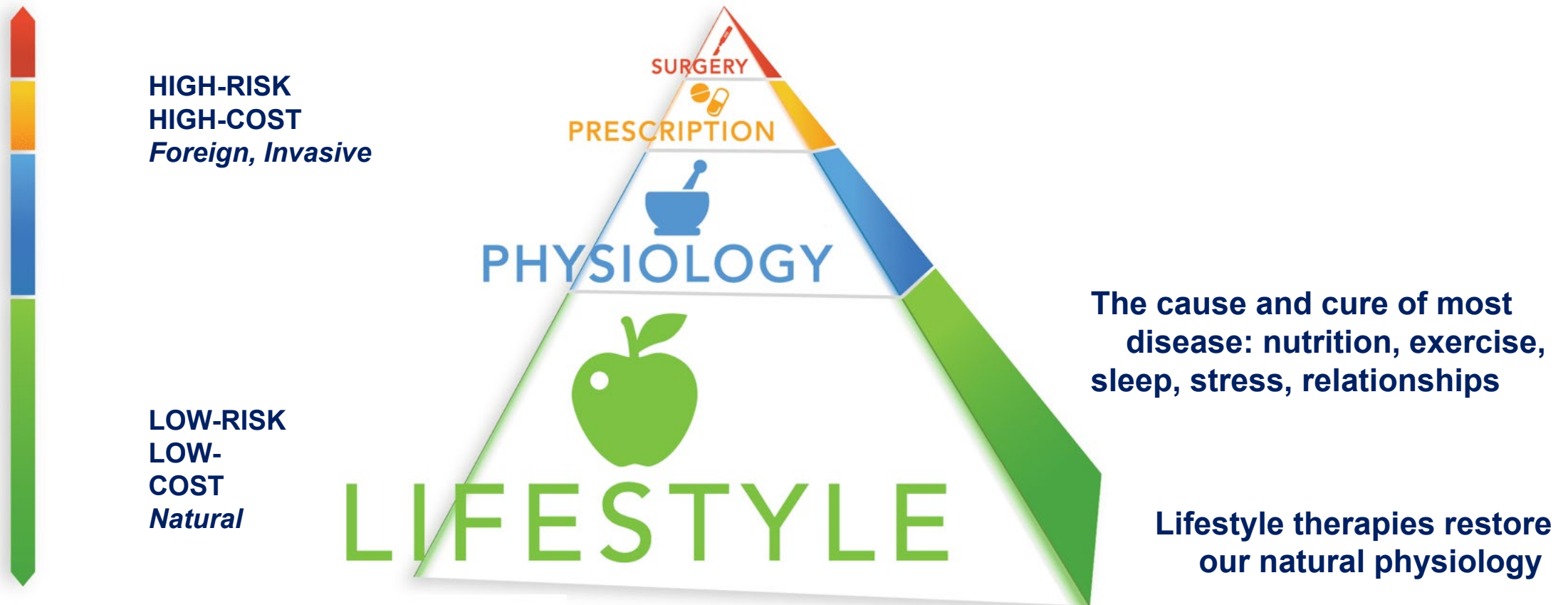
- Ed at 72 successfully lost and maintained 100+lbs weight loss
- Medication Deprescription
 - Reversed RA (unmedicated)
 - BP and cholesterol are both normal (unmedicated)
 - HGBA1C is 5.4 (unmedicated)
- Ed's wife (who is a nurse) also lost weight
- Ed is more active than he was in his 60s and he continues to increase his activity levels and strength. He still enjoys bass fishing and started playing golf again. Ed now regularly uses his woodshop in the basement to build furniture for friends and family
- Ed will tell you that his "diet" has truly become his lifestyle and not a "diet" and that **he wishes someone had told him decades ago about the impact of diet on health instead of just giving him pills for his medical problems**





Cartoon created by presenter using Gemini

The Lifestyle Treatment Triangle



Daily Habits **BUILD** health or **ERODE** health

Eating Healthy is a Lifelong Journey



Food as Medicine: Key Takeaways



- Lifestyle and Diet affects Healthspan and Longevity
- HCPs are a trusted source of Nutrition Information
- Nutrition Education (Community, Clinical and Academic Settings)
- Help Make the Healthy Choice the Easy Choice

Next Steps

- Prioritize Healthspan
- Continue learning about Food as Medicine
- Personal lifestyle inventory
- Gain tools to help ourselves, patients, clients, community transform their health through transitioning to a healthier dietary pattern
- Consider how you can make an impact



Plants & Produce *Before* Pills & Procedures

“Too often, [providers] ignore the potential benefits of good nutrition and quickly prescribe medications instead of giving patients a chance to correct their disease through healthy eating and active living.”

*“If we are to slow down the obesity epidemic and reduce the complications of chronic disease, we must consider changing our culture’s mind-set from “live to eat” to “eat to live.” The future of health care will involve an evolution toward a paradigm where the prevention and treatment of disease is centered, **not on a pill or surgical procedure, but on another serving of fruits and vegetables.**”*



Image created by presenter using ChatGPT



Image created by presenter using ChatGPT

*"Don't trade off the pleasure of
good food against the pleasure of
good health
Empower people to have both."*

Dr David Katz

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