

Healthy Doctors Preach What They Practice

BY HEIDI SPLETE
Senior Writer

Teach medical students to have a healthy lifestyle, and they are more likely to counsel patients to do the same, according to Erica Frank, M.D., M.P.H., of Emory University, and her colleagues.

The "Healthy Doc-Healthy Patient" project, a study involving 17 medical schools, tracked the history of medical students' attitudes about health and their subsequent counseling behaviors.

Previous studies have shown that doctors tend to preach what they practice; physicians who have healthy personal habits themselves are more likely to encourage their patients to adopt healthy habits as well, Dr. Frank said in an interview.

Dr. Frank, who serves as the education coordinator of Emory University's preventive medicine residency program, and her colleagues initially collected data on 4,501 women physicians in the United States as part of the Women Physicians' Health Study. The study included data from surveys of practicing women physicians aged 30-70 years, and showed a significant association between self-reported healthy habits and self-reported counseling and screening practices (*Arch. Family Med.* 2000;9:359-67).

In general, primary care physicians and ob.gyns. were more likely to report patient counseling compared with physicians in other specialties. Furthermore, physicians in group practices and those in government offices were more likely to report screening or counseling patients compared with those in hospitals or solo practices.

After adjusting for other personal and professional variables, physicians who reported healthy personal habits were sig-

nificantly more likely to report counseling patients on issues such as smoking cessation, hormone therapy use, skin cancer self-examination, breast cancer self-examination, and annual influenza vaccination.

"We have seen in every behavior we've studied that if you practice a healthy behavior yourself, you are more likely to encourage it in others," Dr. Frank said.

Promoting and encouraging those healthy habits before the physicians-to-be enter practice appear to make a difference. This theory was shown in a 4-year national natural history study in 16 medical schools, and in a 4-year curricular and extracurricular intervention project conducted with the medical school class of 2003 at Emory University. The intervention itself included specific courses on the importance of preventive medicine for the students and for their future patients. Lectures included such topics as skin cancer prevention, tobacco and alcohol use, exercise, nutrition, and behavioral science.

"We learned a lot at Emory, including how not to make your medical students mad at you," Dr. Frank said. An intervention program for students must be sensitive to the needs and desires of the student population, she noted. During follow-up focus groups, the students complained that the questionnaires about their healthy habits—or lack thereof—were too long and repetitive. The surveys took about 30 minutes to complete and were given three times during the 4 years of school.

Extracurricular and optional interventions during the students' years in medical school included healthy-cooking classes, weekly yoga classes, e-mails summarizing prevention-related studies, and personal health prescriptions based on lifestyle reviews with the primary investigator.

Overall, the students were supportive of

interventions in which faculty members were involved, such as dinners and activities like hikes or runs. However, students also complained that they were being nagged, despite the investigators' best efforts to convey that their emphasis on student health was to produce better physicians, and not to criticize the students' personal behaviors.

Promoting good health among medical students is "an efficient and powerful way to improve the health of whole populations," Dr. Frank said. Based on the Emory student surveys, those who engaged in healthy behaviors were more likely to counsel patients about preventive medicine. Data from the 16-school natural history study currently under review also show the degree to which the school encourages students to be healthy increases the likelihood that students would counsel patients about healthy behavior, she said.

Physicians can enhance their credibility to motivate patients to live healthier lives by spending as little as 30 seconds sharing their own health habits, Dr. Frank noted. She conducted a study a few years ago in which patients were shown two videos of

a physician talking about healthy behaviors. In one video, the physician mentioned her own health practices, with a bike helmet and apple visible on her desk. In the other video, the physician gave the same talk, but without the helmet and apple, and without the disclosure of personal health habits (*Arch. Fam. Med.* 2000;9:287-90). Overall, patients who viewed the physician-disclosure video rated that physician as significantly more believable and motivating than did viewers who rated the physician in the nondisclosure video.

But many doctors still balk at talking to patients about such subjects as diet, smoking, and exercise.

"I think part of the issue is that many doctors don't want the additional responsibility of being role models," she said, adding "I think that's naive, because we've got it even if we don't want it."

Dr. Frank continues to study the effect of healthier medical students in an evidence-based way, and she has consulted on the development of programs to promote healthy behavior among medical students at schools in the United States and other countries. ■

Fitness Curbs Women's Mortality Risk From Metabolic Syndrome

BY BRUCE JANCIN
Denver Bureau

DALLAS — Physical fitness cancels out the excess mortality risk associated with the metabolic syndrome in asymptomatic women, Martha Gulati, M.D., said at the annual scientific sessions of the American Heart Association.

This finding from the large observational St. James Women Take Heart Project suggests that as part of a primary cardiovascular prevention strategy, physicians ought to routinely assess cardiorespiratory fitness in asymptomatic women who meet criteria for the metabolic syndrome (MS). By stratifying risk in this manner, the unfit can be targeted for more aggressive interventions, explained Dr. Gulati of Northwestern University, Chicago.

She reported on 5,721 asymptomatic women age 35-86 years who participated in the St. James Project, a prospective observational study whose primary purpose was to assess the value of exercise stress testing in asymptomatic women. The mean age of

participants was 52 years. Thirty percent met National Cholesterol Education Program (NCEP) criteria for the MS.

The MS has been shown to confer at least a twofold increased risk of all-cause and cardiovascular mortality. That's why the condition received prominent attention in the NCEP Adult Treatment Panel III guidelines. The impetus for Dr. Gulati's study was a recognition that the impact of physical fitness upon this mortality risk hadn't previously been studied in women.

In 1992, participants underwent a symptom-limited Bruce protocol exercise stress test, then were followed prospectively through 2000. During a mean 8.4 years of follow-up, 180 women died, with one-third of the deaths being due to cardiac causes.

An unadjusted analysis showed that women with the MS were at least 1.5 times more likely to die from any cause, compared with those without it, and at least twice as likely to die from cardiac causes. Upon adjustment of the data for cardiorespiratory fitness, the MS was no longer an independent risk factor for mortality. ■

FDA Forms Influenza Task Force

The Food and Drug Administration has formed a Task Force on Pandemic Influenza charged with helping to speed the development and production of vaccines, antivirals, and diagnostics.

This work will provide the basis for developing a comprehensive FDA action plan to combat pandemic influenza including the management of an avian flu outbreak among birds and ensuring the safety of the human food and animal feed supply.

"This is a commissioner's initiative that will bring together a cross-functional, intra-agency team," acting FDA Commissioner Andrew C. von Eschenbach, M.D., said in a memo to FDA staff members.

"The new task force will be charged with spearheading FDA's participation in

the President's National Strategy for Pandemic Influenza and the Department of Health and Human Services' Pandemic Influenza Plan," he said.

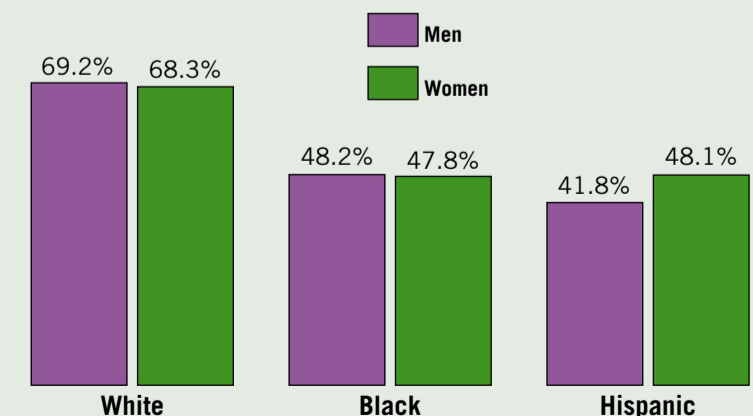
The task force will incorporate the FDA Pandemic Influenza Rapid Response Team, a group formed in October to ensure an adequate supply of antivirals in case of a flu pandemic.

The task force, which held its first meeting last month, will be cochaired by Boris D. Lushniak, M.D., FDA's assistant commissioner for counterterrorism policy, and Jeffrey Shuren, M.D., FDA's assistant commissioner for policy. Other members are being drawn from the five FDA centers, the National Center for Toxicological Research, and various other FDA offices.

—Mary Ellen Schneider

DATA WATCH

Percentage of People Aged 65 Years and Older Who Had Received a Flu Vaccine in the Preceding Year



Note: Based on a 2003 national study of 5,538 adults.
Source: Centers for Disease Control and Prevention