Shifting from picking up the pieces to preventive health

An interview with Dr Lori Teeple

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Dr Lori Teeple has been a family and emergency medicine physician for over 25 years. She is an award-winning teacher and has published several national papers for physician education. Currently, Dr Teeple is a part of the Bluewater Area Family Health Team, which serves approximately 3500 patients with an interdisciplinary team of health care professionals. Dr Teeple recently published *Overweight is a Disease: A Canadian Doctor's Prescription for Self-Management*,¹ a workbook designed to provide an evidence-based approach to lifestyle modification using self-reflection, healthier diet, and exercise habits. Her main academic interests are in education; she is currently on an educator sabbatical, developing small group educational modules for continuing professional development.

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UWOMJ: Please tell us a bit about yourself and your educational background.

Lori Teeple: I completed medical school and residency in family medicine in Ottawa, then worked as a family physician for 5 years. Subsequently, I worked as an emergency room physician—7 years at the London Health Sciences Centre, and 5 years at the St Thomas Elgin General Hospital. I was also a hospitalist in the Intensive/Critical Care Unit at St. Joseph's Health Centre, and in 2010 I joined the Bluewater Area Family Health Team in Zurich, Ontario, where I currently practice. At Bluewater, we are a primary care rural practice with an interdisciplinary team and with a particular focus on preventive medicine.

What made you want to focus on preventive medicine?

While I was working in the emergency department, I felt like I was just picking up the pieces when it came to treating patients whose longstanding unhealthy lifestyle contributed to major disease. I wanted to fix things before they broke, so that's where my interest and passion in disease prevention through lifestyle management started and evolved.

On a personal note, my own family had never been particularly

healthy when it came to lifestyle; the concept of preventive medicine really hit home when my own father had just been diagnosed with bowel cancer. At that point, I started to evaluate and modify my own lifestyle to improve my health. I now love to cycle and run. I learned to paddleboard this year – one is never too old to take up a new activity! I know I must exercise and be active – that is the one constant for good health. My sons and husband are all very active and all exercise regularly. That has been a sustained change for my family for many years now.

What is preventive medicine?

There is a distinction between primary prevention and secondary prevention when it comes to preventive medicine. Primary prevention helps prevent a disease. An example includes immunizations. Secondary prevention aims to detect or treat a disease as soon as possible to minimize any negative consequences. An example would be regular screening for cervical cancer.

Between the two types of prevention, primary prevention is still most important. A big part of primary prevention includes a healthy lifestyle including good diet and exercise. Many physicians can become frustrated when counselling patients about lifestyle modification when they see that an increasing number of people are sedentary or overweight, but this is actually very similar to smoking cessation efforts. Decades ago, physicians didn't expend much energy on counselling patients to quit smoking, but after seeing how smoking cessation programs and techniques have had tremendous success, many more physicians currently feel really positive about approaching the topic of smoking cessation with patients. It took 30 years of hard work with interdisciplinary approaches in smoking cessation to arrive where we are today. The same thing needs to happen with diet and exercise as prevention tools.

You've recently published a book, *Overweight is a Disease: A Canadian Doctor's Prescription for Self-Management*. How did you decide to write this book about preventive measures and weight loss?

At our clinic in Zurich, we work with numerous diabetic patients. I noticed that when they were encouraged to improve their diet and activity level, they frequently said they didn't know how to eat or live healthily, how to exercise, or where to even start. With that in mind, I wrote a book that was mainly meant to be a workbook so that they can engage in self-reflection. In particular, the goal is to reflect on where one goes wrong in one's current habits, and in what circumstances one can tweak habits and lifestyle in simple ways. The book also has little pearls or tips for how to improve one's lifestyle; not every pearl will work for everybody but

different pearls will resonate with different people.

How can physicians integrate preventive medicine into their practice?

The unfortunate reality of preventive medicine is that it is time-consuming and can be frustrating for physicians to try and get patients to change their lifestyle. It ends up being easier to, for example, prescribe statins or other drugs instead of taking the time to work with patients to gradually help them change attitudes and behaviours toward diet and exercise.

Here in Zurich, we started a program named iPrep, where we took on about 6 patients at a time. They came in for weekly visits over the course of the year, and with them we followed the guidelines laid out by the Diabetes Prevention Program,² which was a large multicenter clinical research study in the United States that examined whether moderate weight loss through diet and exercise changes could prevent the onset of type 2 diabetes compared to oral diabetes medication (metformin). The study showed that diet and lifestyle modification reduced the rates of diabetes by close to 70%, while metformin reduced the rate by about 30%.

We also have other programs in preventive health maintenance; one such program incorporates a passport-style system; each patient receives a passport where they track their own measures, such as blood pressure and body mass index and any appropriate screening test, and any age/gender appropriate interventions (such as vitamin D or calcium supplements) are outlined. In the passport we have also indicated “ideals” for health – such as the ideal amount of exercise per week—as well as resources such as diet plans to help people on their way to a healthier lifestyle.

Is Canada’s current health care system conducive to practicing preventive medicine?

Canada in general is not yet focused on primary prevention; most of the time, “prevention” only starts when comorbidities appear. This is due in part to how resources and funding are allocated, but also in part to the education of students. We tend to spend more time learning how to prescribe statins and other drugs, and learning their side effects or contraindications, than on primary prevention or lifestyle choices. Just as importantly as drug information, we need to be teaching more about prescribing exercise – the types, intensity, and duration of exercise that is best for individual patients.

Do you think preventive medicine is better achieved in a smaller community like Zurich compared to a larger city?

I don’t think the size of the community matters as much as the leadership and attitudes of that community, but the size does factor in. For example, in Zurich we benefited from the fact that we could make most people in the community aware that our preventive medicine programs exist. We also are fortunate in having a board of directors who are supportive of our focus in preventive medicine, as well staff who are very passionate. In a larger city where patients are more dispersed, it may not be so easy to get the word out about various initiatives and preventive medicine programs.

How might the new medical budget restrictions in Ontario impact preventive medicine?

We at the Bluewater Area Family Health Team operate on a salary model, so there would be a relatively small impact on our programs. However, in the end there is not much you can do about the budget cuts, so my philosophy is that it is best to provide good care to patients regardless.

That being said, I can see how a preventive medicine approach may not be sustainable in a fee-for-service model; it is very time-consuming, especially when blended with a capitation model, or having to pay multidisciplinary staff such as physician assistants and nurse practitioners for their services.

Are there any success stories you would like to share?

It is always rewarding to know that I have made an impact, but there are two prominent success stories that have stuck with me!

There was a group of senior patients in an adjacent town to Zurich who have decided to buy my book, and worked through it together while supporting each other throughout the process. I think it’s so great that they helped each other with it. I was even invited as a guest speaker for one of their events because they enjoyed the workbook process so much.

Another success story involves a woman from Manitoulin Island who is of First Nations descent. She worked through my workbook and lost 75 pounds in a year and told me, “If I can do it, anybody can do it”. This is very heartening to hear, because what she means is that she is in a very isolated community with very few resources, yet she still managed to engage in the reflective exercises in the workbook and took actions towards improving her health. So if she is able to do it with the limited resources available to her, then others in similar situations should not be discouraged.

Any parting words of wisdom for our readers?

If I had to give one pearl from my book for improving health it would be this: find an exercise you like, and find ways to make it happen. Figure out the where, when, how, with whom – and build it into your life. Start with doing it once a week and incrementally increase it to almost daily.

One final thought is that I don’t consider people to be failures if they haven’t been able to lose weight or engage with the book. They would have still taken something away from the exercises and when they try to pick up healthy lifestyle changes again in the future, they would have a better foundation and understanding of the goals of preventive medicine through lifestyle modification. Change happens incrementally, and having to go through the process more than once is better than not going through the process at all.

RESOURCES

1. Teeple L. Overweight is a Disease: A Canadian Doctor’s Prescription for Self-management. Victoria: FriesenPress Inc. 2015. 160 p
2. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002 Feb 7;346(6):393-403