The legacy effects of learning and teaching more about lifestyle medicine

This year's American Diabetes Association (ADA) conference programme featured a veritable feast of lifestyle medicine presentations by global experts. We were treated to a diverse range of lifestyle sessions covering nutrition, sleep, physical activity, smoking cessation and self-empowerment and education. The nutritional content included The Randle Debate, which compared and contrasted the impact of dietary carbohydrate, fat and calorie intake on metabolic disease, and several symposia that explored the use of lifestyle, pharmacotherapy or metabolic surgery to achieve diabetes remission, as well as sharing the science behind why some people are non-responders and don't achieve remission despite significant weight loss. Short and long-term weight-loss strategies in both diabetes and obesity were hotly debated, with grudging acceptance from the proponents of each that most lifestyle changes can achieve benefits if people stick with them. Tempting topics as diverse as "The guts of obesity" (microbiome and faecal transplantation), "The impact of environmental temperature on metabolic regulation", "Food insecurity, famine, fasting and fat intake" and "Mind the clock – timing of feeding in control of metabolic health" made for a busy few days. The meeting was virtual this year, making it possible to transition instantly from session to session and pack more listening and learning into each day than when attending live. This was, however, at the expense of chatting to friends and networking with colleagues (except via our keyboards), while the exercise of walking around a congress centre was replaced by days sitting or standing in front of our screens.

An inspirational session, "Culinary medicine and its role in the prevention and treatment of obesity, diabetes and metabolic syndrome" shared the success of programmes set up in medical schools around the US to teach students cooking and nutrition skills. Although initially surprised by the need to teach basics, such as knife skills or cooking, to medical students, talking to students here made it clear that such skills are no longer passed down the generations, often due to their parents not having acquired or retained these skills. Using the open-access curriculum developed and prepared by the presenters at the conference, these courses are now being introduced in UK medical schools and have been hailed as a significant step forward in exposing future doctors to the importance of nutrition in a holistic approach to wellness and disease management. Inspired by this, colleagues and I who are studying for the International Board of Lifestyle Medicine certification approached our local graduate medical school and are excited to have been offered the opportunity to develop an interactive lifestyle medicine symposium as part of the curriculum later this year, with a long-term goal of getting lifestyle medicine embedded permanently in the curriculum in a format that will inspire people to engage. We believe that exposure to a rigorous, evidence-based discussion on nutrition and lifestyle medicine early in their career will encourage healthcare professionals to learn more and be more open to discussing the benefits of lifestyle change along with drugs in future practice.

If this discussion of lifestyle medicine has left you lusting to learn more, look out for the third part of our ADA conference report in the next issue, looking at the impact of sleep and circadian rhythm. At the virtual National PCDS Conference on 5–6 November, Jason Gill will share his expertise on sleep's impact on metabolism, and the interaction between high-intensity interval training and diabetes in his lifestyle medicine session, while Pam Dyson will update us on what's new in nutrition. The conference, as with all of our regional conferences this year, is free to attend and registration is open – it starts in just 62 days, so don't delay. With all

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"Exposure to a rigorous, evidence-based discussion on nutrition and lifestyle medicine early in their career will, we hope, encourage healthcare professionals to learn more and be more open to discussing the benefits of lifestyle change along with drugs in future practice."

the sessions available to watch at a time to suit you, attending has never been easier. Join us in real time and you can interact with our speakers and get your questions answered exactly as if attending a face-to-face event. If your team has undertaken innovative projects this year, COVID-related or otherwise, please share your work to inspire colleagues – follow the link to discover how to submit your poster. You are also not too late to sign up for PCDS Northern Ireland (17 Sept), PCDS Wales (6 Oct), PCDS Scotland (20 Oct) and PCDS All-Ireland (21 Nov).

In this issue

In "ADA from home", Nicola Milne, a Community Diabetes Specialist Nurse and regular contributor to the Journal, shares useful take-home messages on drugs, diabetes self-management education, difficult-to-reach groups and female sexual dysfunction, following her virtual participation in this year's ADA Scientific Sessions.

In her highly practical "How to diagnose and manage heart failure", Jane Diggle has distilled everything we need to know to improve care of people with this disabling and deadly condition in our practice. To support our "How to undertake a remote diabetes review", published in the previous issue of the Journal, Jane has collated a factsheet of "Resources for people with diabetes" so that we have to hand all the links we need to share during and after remote consultations. In her comment piece, Michelle Stafford describes how her team delivered effective specialist foot care services during the pandemic and our role in ensuring amputation rates don't rise going forward.

Diabetic retinopathy screening has been suspended throughout lockdown. In preparation for services restarting, Dr Min and colleagues share a factsheet on retinopathy, reminding us of risk factors, pathophysiology and staging, as well as practical guidance on how we can help prevent and manage people with retinopathy and maculopathy, and the importance of attending for screening.

Diabetes is more common in people living with HIV (PLWH) and there is confusion and uncertainty about how to diagnose and manage diabetes safely in this group, so we invited Ali Chakera and Harriet Daultrey to answer our questions about use of HbA_{1c} versus other methods of diagnosis in this group and to guide us on how interactions with antiretroviral therapies (ART) should influence prescribing. Hopefully, this will also increase our willingness to explore who is living with HIV, so that we can liaise with their clinicians to keep them safe.

In *Diabetes Distilled* this issue, Kevin Fernando and I share studies looking at mortality and cardiovascular disease rates in pre-diabetes; our responsibility to use language sensitively when talking to people with obesity; and dapagliflozin and proteinuria in those without type 2 diabetes; plus an early review of vitamin D and COVID-19. We'll help you to stay up to date in our *Diabetes Distilled* sessions at the regional and national PCDS conferences over the next 3 months, and look forward to-face-to face debate and discussion in 2021.

If you have developed a backlog of diabetes reviews while focusing on delivering COVID services, look out for our guidance on "How to prioritise diabetes care as a result of COVID-19" in the next issue and Question Time webinars in October exploring the practicalities of prioritising and the implications for prescribing.

In the meantime, as services slowly return to a new normality and workload continues to increase, let's all remember the negative impact that stress, lack of sleep and overwork can have on our immune systems, and support our colleagues and take care of ourselves as much as we can. I invite you to learn more about what lifestyle medicine can do to help. Stay safe. ■