

Lifestyle-Related Health Disorders

Some of the most serious illnesses of our time can be countered effectively by addressing lifestyle-induced causes. With behavioural-change campaigns relatively inexpensive to run, scientifically-supported behavioural-change efforts have already proven cost-effective, even with very conservatively-estimated success rates.

Non-communicable diseases such as obesity, diabetes, cardiovascular diseases, cancer, etc., are on the rise in most parts of the world. They are accompanied by a range of associated health and social problems. Millions of lives could no doubt be saved – and living conditions be radically improved – if people became better informed of the causes of their hardship, and were able to implement minor beneficial adjustments to their lifestyle.

Lifestyle matters. For instance, a number of studies have pointed to the paramount importance of physical activity for combating diabetes (Haskell and Blair, 2009). So far, however, most health-care systems have proven largely ill-equipped to take such factors into account. An important part of the problem is the failure to come up with measures capable of enacting effective preventive action.

Education and learning have a key role to play in this context. Cutler and Lleras-Muney (2010) demonstrate that education is positively associated with healthier behaviour with regard to smoking, diet and obesity. Indeed, there is evidence of growing awareness of the externalities of unhealthy behaviour in the case of smoking and sedentary **lifestyles** (Manning et al., 1991; Hafstad and Aaro, 1997). Research demonstrates, however, that most efforts thus far to trigger proactive changes in behaviour have largely been ineffective, or failed to exert a lasting impact. An example is the common use of “fear” as an attempt to underpin message (Caplin, 2003).

Various studies have produced weak, or no evidence, of specific adjustments in behaviour of programmes aimed to increase physical activity. In particular, even when such changes occur over a short time period, there is a strong tendency for them to be temporary only. In fact, various studies have demonstrated that the mere provision of information on what to do and what not to do is insufficient for triggering any significant and lasting adjustment, even when such change is highly desirable (Keller and Carroll, 1994; Finckenauer, 1999).

Some past work has examined the nature of links between emerging cardiac biomarkers, cognitive function, and social support measures. The importance of a comprehensive

lifestyle intervention, introducing a low-fat, whole-foods, plant-based diet, exercise, stress management, and group support activities, has been documented (Chainani-Wu et al., 2011). It has been concluded that lifestyle changes associated with social support can be enacted so as to allow for significant reductions in traditional and emerging coronary heart disease biomarkers, improve quality of life, and achieve better cognitive function among those with, or at high risk, of CHD.