

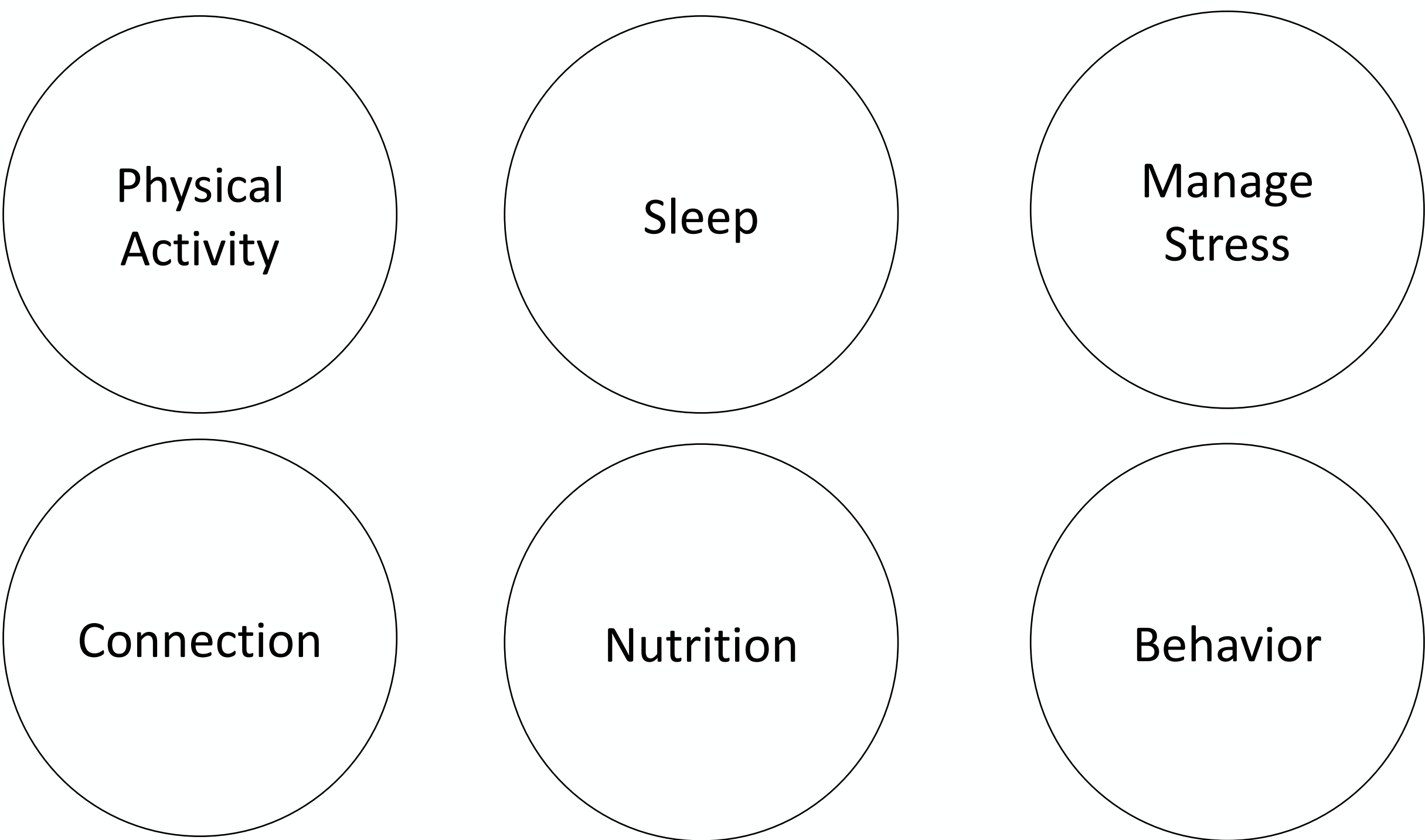
The Case for Lifestyle Medicine in PA Education: What We Know and What’s Next

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Introduction

- **Lifestyle Medicine (LM) is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions.** It focuses on addressing the root causes of chronic disease through evidence-based interventions such as nutrition, physical activity, restorative sleep, stress management, connectedness, and avoidance of risky substances ¹. Seventeen-point-six percent (17.6%) of the United States’ Gross Domestic Product (GDP) is spent on healthcare, and much of this spending is on chronic conditions ². As patients increasingly seek alternatives to medication-centric treatments, healthcare providers must be prepared to offer comprehensive lifestyle-based counseling. This underscores the importance of lifestyle medicine education for current and future health care providers.
- Physician Assistants (PAs) are in a key position to deliver lifestyle interventions; however, most PA programs do not formally include Lifestyle Medicine in their curricula. Consequently, many PA graduates lack the knowledge and skills to effectively guide patients in adopting sustainable health behaviors. To effectively educate patients and support lasting behavior change, PAs must receive formal training in LM in their PA programs.

Lifestyle Pillars



Objective

- The objective of this review study is to evaluate the extent to which lifestyle medicine is integrated into the curriculum of Physician Assistant programs in the United States and to identify effective models of LM education for PA students.

Methods

- A structured literature review was conducted using PubMed, CINAHL, Cochrane, and Google Scholar to identify peer-reviewed articles, white papers, academic gray literature, and professional organization reports published in English between 2015 and 2025. MeSH terms were used in PubMed where applicable; keyword searches were applied across all databases to capture both indexed and non-indexed literature. MeSH terms and keywords included: “*physician assistant lifestyle medicine*,” “*lifestyle medicine*,” “*physician assistant education*,” “*physician assistant curriculum*,” “*PA curriculum and lifestyle medicine*,” “*preventive medicine curricula*,” “*interprofessional lifestyle medicine training*,” “*lifestyle medicine education*,” and “*medical curriculum and lifestyle medicine*.”
- Articles were screened by both authors for relevance based on the following inclusion criteria: U.S. physician assistant (PA) programs with lifestyle medicine (LM) curricula, PA LM curricular integration models, PA LM curriculum research studies, or LM competencies for PAs. Data were synthesized to identify common themes, curricular gaps, and evidence-based benefits of LM education. Articles that did not focus on lifestyle medicine education were excluded.
- Additionally, the websites for the currently ARC-PA accredited programs were reviewed for evidence of integration of Lifestyle Medicine into their curriculum in either or both the didactic or clinical modules

Results

- This literature review revealed that although lifestyle medicine (LM) is becoming increasingly recognized as important to holistic patient care, its integration into PA curriculum is lagging ³.
- PA students are interested in implementing LM into their practice but report limited confidence due to the level of preparation provided in their PA training ⁴.
- An overview of the 317 ARC-PA accredited PA programs identified that only two programs had fully integrated LM into their posted curriculum⁵.
- Several studies demonstrated the benefit of LM educational models both within didactic components and within clinical rotations significantly improved student knowledge, self-efficacy, and clinical application of LM principles ^{6, 7}

Conclusion

- There is evidence to support the use of lifestyle medicine (LM) education in treating patients to prevent disease and increase long-term health outcomes.
- The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), mandates in *Standard B2.12* that a PA curriculum “must include patient centered, culturally sensitive instruction aimed at facilitating health behavior change”. Despite this, the review found that LM is not routinely incorporated into PA program curricula in the U.S.; however, studies indicate that expanding LM education within PA programs could enhance provider competency to help support patients in making sustainable health behavior changes.
- While evidence indicates that LM education is beneficial, barriers to implementation, such as time and faculty limitations, exist within PA program curricula.
- Future research should investigate barriers within PA programs and assess evidence-based strategies to address them.

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