



■ Editorial

Primary Care Physicians' Important Role: Lifestyle Modification for Chronic Disease Management

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See original paper on 239, 290, 301

1. Modifiable Lifestyle Risk Factors for Chronic Disease Management

Chronic diseases such as obesity, diabetes mellitus, hypertension, and cardiovascular diseases are the leading causes of death globally.¹⁾ The top 10 causes of death, accounting for 57% of total deaths, include ischemic heart disease, stroke, and diabetes mellitus.²⁾ In this context, adopting healthy lifestyle modifications, such as promoting physical activities and healthy dietary habits, is critical for chronic disease management and prevention.³⁾ As highlighted in a recent review of current issue, the modern trend toward sedentary behaviors—defined as sitting for more than 7 hours per day—driven by increased technology use and desk-bound occupations, has emerged as a significant risk factor for the rising incidence of non-communicable diseases, particularly among young adults.⁴⁾ Chronic sedentary behaviors were associated with an increased risk of developing cardiovascular disease and higher cardiovascular disease mortality rates. These findings underscore the urgent need for primary care to proactively address sedentary lifestyles and promote physical activity.

The negative impact of irregular dietary habits further complicates chronic disease management along with sedentarism and physical inactivity. In this current issue, research titled “Association of types of meal skipping with cardiometabolic risk factors in Korean adults: the 7th Korea National Health and Nutrition Examination Survey (2016–2018)” demonstrat-

ed that meal skipping, particularly breakfast, was associated with higher cardiovascular risk factors, including elevated cholesterol, blood pressure, and fasting glucose levels.⁵⁾ The study suggested people who regularly consumed breakfast had a more diverse nutrient intake and a lower proportion of energy from fat compared to those who skipped breakfast. Consuming more calories in a single meal leads to postprandial hyperglycemia and insulin resistance. In addition, breakfast skippers were more likely to be obese and to have metabolic syndrome, both of which contribute to the incidence of chronic diseases.⁶⁾

2. The Role of Primary Care Physicians

Primary care is a cornerstone for effective management of chronic disease, ensuring access to necessary medical services, promoting preventive care, and facilitating early management of chronic disease.⁷⁾ A recent study in Korea reported that a higher number of primary care physicians was associated with lower all-cause and cardiovascular disease mortality rates.⁸⁾ Primary care physicians are uniquely positioned to address chronic diseases, serving as the first point of contact for patients and offering long-term care continuity. The role of primary care physicians extends beyond disease treatment to actively engaging in lifestyle interventions. For example, healthy lifestyle counseling, such as patient education on the benefits of regular meal patterns and physical activity and anti-sedentary behaviors, could be integrated into routine care.⁹⁾

However, significant systemic barriers hinder integrated care focused on healthy lifestyle habits in primary care, de-

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spite individual physicians' efforts. Time constraints during consultations often limit the depth of lifestyle assessment and counseling. Additionally, insufficient reimbursement for patient education and lifestyle counseling hampers the implementation of comprehensive routine care for lifestyle modifications.¹⁰⁾ Therefore, the role of primary care in addressing patients' overall health including lifestyle factors should be emphasized to improve chronic disease management and prevention. Primary care physicians must be at the forefront of the fight against chronic disease, offering proactive management not only of symptoms and disease treatment but also caring for the root cause of these chronic conditions.

CONFLICT OF INTEREST

Su-Min Jeong has been an associate editor of the *Korean Journal of Family Medicine* but had no role in the decision to publish this review. Except for that, no other potential conflict of interest relevant to this article was reported.

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