

Lifestyle choices – preventative health – DASH Diet

The DASH diet (Dietary Approaches to Stop Hypertension) is an evidence-based diet plan, proven to help lower blood pressure. DASH is a diet rich in fruits, vegetables, grains and low-fat dairy products. Studies have shown it lowers cholesterol levels by seven percent, and blood homocysteine levels (a heart disease risk factor) by seven to nine percent. The subjects also lost weight. The results have been reported to be as effective as some pharmaceutical medicines. ("The DASH Diet: A Better Way to Lower Blood Pressure and Stroke Risk," 2002).

The DASH study, along with studies extolling the benefits of exercise, sleep, diet and smoking cessation, show that many of our chronic health problems can be eliminated through lifestyle changes.

How do we convert lifestyle changes into healthcare cost benefits? First, the individual must take steps to initiate a lifestyle change.

The DASH diet, in clinical trials, proved to reduce systolic blood pressure in hypertensive individuals by 11.4 mm Hg and diastolic BP by 5.5 mm Hg. In spite of the numerous benefits the DASH diet offers, especially to hypertension patients, it is implemented rarely. Physicians are not adequately trained to do diet counseling, and dietary counseling is not allowed in the reimbursement structure. It is easier to write a prescription than to educate a patient about better health. (Kuznar, 2007)

This is particularly disappointing. Clinical trials are expensive. Few motives exist to produce evidence-based research regarding food. It cannot be patented and prescribed. Market forces are against its existence. Only government or public interest

funding will support this research. When information like this is published, existing practices cause it to be ignored in favor of prescription drugs.

Will health plans lower their rates if you pursue a lifestyle change, such as the DASH diet? Maybe. HIPAA, the act most recognize for its privacy provisions, also deals with health care portability rules. HIPAA allows wellness plans as long as it rewards for participation rather than results. ("FAQ's About Portability Of Health Coverage And HIPAA,")

Obviously, I believe more in a system of rewards than a system of punishment. Without knowing all of the consequences, at this time I do not believe *group* premiums should be based upon negative factors such as health histories when we have not fully explored a system based upon health incentives. If we provide individuals with methods to lower their premiums, and at the same time, improve health, we should get better results. I prefer insurance companies gather positive information about us, rather than negative.

An excellent plan for those thinking about starting the Dash diet plan is:
<http://web.ebscohost.com/ehost/detail?vid=1&hid=113&sid=3e3f5eb9-e309-48c5-8b8e-d78eddf4d887%40sessionmgr110&bdata=JnNpdGU9ZW9vc3QtbG12ZQ%3d%3d#db=a9h&AN=7233786#db=a9h&AN=7233786>. ("DASH-ing to health," 2002)

References

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- FAQ's About Portability Of Health Coverage And HIPAA. *What is the Health Insurance Portability and Accountability Act of 1996 (HIPAA)?* Retrieved February 1, 2010, from United States Department of Labor, http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html
- Kuznar, W. (2007). Few Hypertensive Patients Follow DASH. *Internal Medicine World Report*, 22(8), 10-10.