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EVOLIUCINĖ MEDICINA: ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA BESIKEIČIANČIOJE APLINKOJE

EVOLUTIONARY MEDICINE: PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH CONSEQUENCES IN A CHANGING ENVIRONMENT

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AWARENESS, KNOWLEDGE AND APPLICATION OF LIFESTYLE MEDICINE IN LITHUANIA: A CROSS-SECTIONAL COMPARISON OF HEALTH CARE PROFESSIONALS AND THE GENERAL PUBLIC

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Background and Aim: Non-communicable diseases (NCDs) drive most global deaths, and Lithuania carries one of Europe's heaviest burdens of preventable mortality. Lifestyle medicine (LM) is an evidence-based discipline using lifestyle interventions to prevent, treat and sometimes reverse NCDs, but is often mistaken for disease prevention. Since 2023 LM specialists have been part of Lithuanian primary care teams, but uptake also depends on the awareness and readiness of patients and health care professionals (HP). This study assessed LM awareness, knowledge and associated factors among HP and the general public.

Materials and Methods: A cross-sectional anonymous questionnaire with a structured LM knowledge test (0-23) was completed by 305 HP (240 physicians, 65 allied) and 386 general-population adults. Comparisons used Mann-Whitney U and Kruskal-Wallis tests, tertile associations used chi-squared, Cramer's V and Mantel-Haenszel trend tests (SPSS; alpha 0.05).

Results: Only 34.5% of the public had heard of LM and 52.3% chose a wrong definition, yet 72.5% wanted LM-based care. Lower public knowledge was associated with male sex, rural residence, poorer quality of life, higher BMI and multiple chronic diseases, whereas lifestyle behaviours did not differ by knowledge, indicating a knowledge-behaviour gap. Among HPs, 79.3% had heard of LM but only 60% defined it correctly. Physicians scored above the public (median 14.5 vs 12; $p<0.0001$), therapeutic subspecialties above surgical (15 vs 13.5; $p=0.002$), allied professionals did not exceed the public. Fewer than half felt competent to apply LM, limited consultation time was the dominant barrier (64.6%), training demand was highest for lifestyle and stress-management counselling.

Conclusions: Demand for LM is high, but recognition is poor and, even where knowledge is greater, it does not translate into confidence or practice. Awareness alone is insufficient; integration needs practical counselling skills, sufficient consultation time and system support in primary care.

Keywords: chronic non-communicable diseases, health care professionals, knowledge-behaviour gap, lifestyle medicine, primary health care