



<b>Title</b>	<b>The Cost Effectiveness of Lifestyle Advice</b>
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## Aim

To review national and international research that might elucidate a new scheme with a physician's fee for lifestyle counseling, referred to in Norway as "green prescription".

## Conclusions and results

The report is based on a short literature summary, mostly of reviews.

- It is possible to influence physician behavior through economic incentives (eg, "green prescription"), educational visits to doctors' offices, audit and feedback, and other initiatives. The effects are usually moderate or even absent, but seem to be stronger when several strategies are combined.
- It is possible to change patients' lifestyle (diet, physical activity, smoking habits, drinking habits, etc) with general practitioner counseling to patients who visit for reasons other than those associated with lifestyle. The effects seem to be better when combining oral information with other initiatives, eg, written material and patient followup. The effects are often weak and decrease over time.
- Lifestyle changes through a change in diet and physical activity can be cost effective in the sense that quality and length of life are improved at an acceptable cost to society. The studies are based partly on optimistic projections about behavior change, and it is doubtful whether the initiatives will be cost effective.
- It is possible to reduce the use of medications with lifestyle interventions, but carrying out the interventions might cost more than the savings gained from a lower use of medications.
- Only a few studies explored the effects on life expectancy. There is little evidence that a change in physical activity and diet would yield more than a few additional months of life, on average.
- Patient co-payments tend to reduce the use of pre-

ventive services. This effect seems to be strongest in low socioeconomic groups.

## Methods

Three literature searches were conducted; one concerning the effect of different strategies for changing physician behavior, one concerning the effect of strategies for changing patients' food/diet and physical activity, and one concerning cost effectiveness and medication savings. The searches were conducted in DARE, HTA and Cochrane, except the search regarding cost effectiveness, where only the OHE-HEED database was used.