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The centre for 'food, mood, exercise and education [CFME]' as evidence based clinical and community preventive healthcare modelin India: Potential amidst the challenges

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"Chronic Diseases (CD)", are the major causes of mortality and morbidity across the world. The alarming increase in expenditure to avail the treatments in the present healthcare system has become the cause and opportunity to turn preventive strategy as an intervention. Astonishingly, researches in the past decade, established evidence based (EB) interventions with lifestyle modification and behavioral changes (e.g., DPP trials) which significantly inhibited the contributive and causative factors for the incidence of the deadly CD, thereby alleviating the symptoms, conditions and eventually reduce the associated morbidity. Despite many preventive strategies emphasized (Clinical /or Community-population based) which involved several stakeholders (State and national government, local community, service providers), to our knowledge these interventions are failed to deliver under one roof, which perhaps a biggest hurdle to translate EB research at both clinical and community (CC) level. The CFME, developed to translate research to bedside by employing the CC based preventive strategy with measurable outcome under one roof. High risk individuals identified through clinical and biochemical parameters are given intensive lifestyle intervention focusing on food, mood, exercise and education at a right proportion based on the individual's diseases status, socio-demographic and cultural factors. However, to make this intervention more practical, feasible and sustainable, the delivery of these services are made available in the form of healthy supermarket, and kitchen guided by food philosophy principles [food], gym, physiotherapy, Yoga [exercise], psychology, meditation and beauty and spa [mood] services. Selfmanagement education support utilizing variety of tools, aids and models along with GuiRes*i-wellness online program. The model is less unlikely to succeed, if there is an unavailability, accessibility, affordability of healthier options, lack of specialized healthcare professionals (e.g. diabetes Nutritionists), and lack of awareness and support for EB approach from stakeholders. Hence, the model integrated R&D and NGO (social enterprises) to initiate these activities. It is time to act now to deliver an innovative model to mitigate the costs and burden of chronic illness rather than wait-and-See approach else the cost of waitingfinancial and social will be overwhelming.

Biography

Radhika Ganesan is a passionate research and clinical nutritionist for over a decade holding PhD in Nutritional Psychology and also a Registered Dietitian. She has been involved in innumerable nutritional epidemiological research initiatives and has authored many national and international research publications. The training she went through at reputable organizations including Centre for Food Technology and Research Institute (Mysore) and Harvard School of Public Health (United States of America) with culminating experience in analyzing the trends in disease manifestation brought forth lifestyle based intervention to prevent and manage chronic diseases. The reputed Centre for Food, Mood and Exercise (CFME) currently based in Mylapore, Chennai functions under her headship and is also the President of the Association of Health, Food, Nutrition and Dietetics, an initiative to integrate and promote nutritional research based activities, by uniting and empowering nutrition professionals in India.

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