

In support of



**Lifestyle**

**Prescriptions**



# Introduction

**Lifestyle Prescriptions** were developed by the Health Promotion Board to assist healthcare professionals, in particular, primary care physicians, in providing concise lifestyle advice to patients without restricting the physician's individual clinical judgement.

When healthcare professionals present patients with various options for managing their lifestyles, patients feel more confident in participating in the care process because they trust their doctors and the treatment they are receiving.

The recommendations are based on the best available evidence at the time of development, drawing references from the MOH's Clinical Practice Guidelines and Care Protocols for diabetes, hypertension and lipid disorders. They seek to highlight lifestyle recommendations specific to the medical condition, in addition to those for individuals with no chronic conditions.



Lifestyle prescriptions are presented under the lifestyle domains of: **nutrition and healthy eating, physical activity, weight management, mental well-being** and **smoking**. To facilitate recall, we have approached lifestyle prescriptions from the perspective of:



### Quantity

How much should I eat or do?



### Quality

What types of food and activity should I eat or do?



### Timing

When should I eat or carry out the activity?

We have also included a model to guide how doctors might fit lifestyle prescriptions into their busy practice to better support their patients.

Scan the QR code or use this [link](#) to give us your feedback and suggestions.



# Abbreviations

PA	Physical Activity
Carbs	Carbohydrates
Vegs	Vegetables
BP	Blood Pressure
T2DM	Type 2 Diabetes Mellitus
CVD	Cardiovascular Disease
CAD	Coronary Artery Disease

CHD	Coronary Heart Disease
TG	Triglycerides
LP	Lifestyle Prescription
NC	Nurse Counsellor
PCC	Primary Care Coordinator
PCN	Primary Care Networks
HCS	Healthier Choice Symbol



## Quick Glance

The following table provides a summary of lifestyle prescriptions (LPs). Use hyperlinks to navigate to the respective page(s) for more details. The list of LPs for each category is presented such that the prior recommendations apply to that category too.

For example, the LPs for 'Type 2 Diabetic at Risk of Hypoglycaemia' patients include prior prescriptions for 'No Chronic Conditions', 'Pre-Diabetic' and 'Diabetic' patients.



Patient Category	Nutrition & Healthy Eating			Physical Activity			Weight Management	Mental Well-Being
	Quality	Quantity	Timing	Quality	Quantity	Timing		
<a href="#">No Chronic Conditions</a>	Use My Healthy Plate <ul style="list-style-type: none"> <li>Substitute ≥20% of refined carbs with wholegrains</li> <li>Choose lean protein, fresh produce, and healthier oils and fats</li> </ul>	<ul style="list-style-type: none"> <li>Reduce salt and sugar intake</li> <li>Increase soluble fibre intake</li> </ul>	For older adults, include protein as part of every meal	<ul style="list-style-type: none"> <li>Aim for 150-300 mins of mod-intensity aerobic exercise per week (able to speak in short sentences but not sing)</li> <li>Include strength training exercises at least 2 days per week</li> <li>Limit sedentary time</li> </ul>			<p><b>BMI ≥ 23:</b></p> <ul style="list-style-type: none"> <li>Reduce weight by 5 to 10% over 6 to 12 months</li> </ul> <p>Following <a href="#">BMI Control Care Protocol</a>:</p> <p><b>Green segment</b></p> <ul style="list-style-type: none"> <li>Encourage self-directed activities</li> </ul> <p><b>Orange segment</b></p> <ul style="list-style-type: none"> <li>Well-controlled chronic diseases: Consider referral to structured community programmes</li> <li>Poorly-controlled chronic diseases*: Refer to PCN for support on controlling chronic condition</li> </ul> <p><b>Red segment</b></p> <ul style="list-style-type: none"> <li>Consider referral to tertiary weight management programmes</li> </ul>	<ul style="list-style-type: none"> <li>Manage stress</li> <li>Aim for 7 hours of sleep each day</li> <li>Practise mindfulness</li> <li>Consult healthcare team if they experience anxiety or depression</li> <li>(For Hypertension) Manage psychosocial triggers</li> </ul>
<a href="#">Pre-diabetes</a>	<ul style="list-style-type: none"> <li>Substitute ≥50% of refined carbs with wholegrains</li> <li>Pair wholegrains with protein and vegs</li> </ul>					Include post-meal activity		
<a href="#">Type 2 Diabetes Mellitus</a>		Reduce carb portion	Consider meal timing and spacing	<ul style="list-style-type: none"> <li>Perform exercise pre-participation assessment</li> <li>Avoid certain exercises for certain complications</li> </ul>				
<a href="#">Type 2 Diabetes Mellitus at Risk of Hypoglycaemia</a>	Exercise caution if drinking alcohol	Keep carb portion constant	Eat regular meals	<ul style="list-style-type: none"> <li>Gradually increase PA levels</li> <li>Stop exercising if blood glucose is low and follow 15/15 rule</li> </ul>		Check blood glucose levels before and after exercising		
<a href="#">High-Normal Blood Pressure</a>	Use lower-sodium alternatives							
<a href="#">Hypertension</a>	Include DASH diet components	Limit sodium intake to 2000mg per day (about 1 tsp of salt)		<ul style="list-style-type: none"> <li>Perform exercise pre-participation assessment</li> <li>Take caution when lifting heavy weights</li> <li>Gradually increase PA levels</li> </ul>				
<a href="#">Intermediate Risk of 10-Year Coronary Artery Disease</a>	Choose healthier fats	Limit saturated and trans fat as well as cholesterol intake		Gradually increase PA levels				
<a href="#">High-Very High Risk of 10-Year Coronary Artery Disease</a>	Consult healthcare team for condition-specific dietary requirements			Perform exercise pre-participation assessment				

For patients who smoke, advise them to quit smoking.

These BMI values are based on Asian cut-offs.  
 \*Individuals who have either not reached their individualised treatment targets or have established complications of their chronic condition(s).

# No Chronic Conditions



**Aim:** Promote health and reduce risk of chronic diseases

## Nutrition & Healthy Eating

Use **My Healthy Plate** as a guide to eat a variety of foods in the right amounts:



- Aim to **substitute  $\geq 20\%$  of refined carbs** with wholegrains.
- Eat a **variety** of animal- (e.g. lean meat/poultry, fish, egg, dairy) and plant-based (e.g. tofu, nuts, bean, legumes) protein as part of a balanced diet.
- (For older adults) Include protein as **part of every meal**.
- **Choose fresh produce**, including fruit and vegs, over processed foods.
- **Include soluble fibre** (e.g. oats, barley, lentils).
- **Choose healthier oils and fats.**
- **Reduce salt and sugar intake.**

## Physical Activity & Weight Management

- **Aim for 150-300 minutes of moderate-intensity aerobic** exercise spread out over 5-7 days per week.



Able to speak in short sentences but not sing

- **Do strength training** exercises at least 2 days per week.
- **Limit amount of time spent being sedentary**, particularly recreational screen time, by engaging in PA of any type.
- [\(Green segment, BMI < 37.5\)](#) Encourage self-directed activities.
- [\(Red segment, BMI  \$\geq 37.5\$ \)](#) Consider referral to tertiary weight management programmes.

## Mental Well-Being

- **Manage stress** by making time for relaxation and seeking help from supportive people.



Practise deep breathing and guided imagery



- Aim for **7 hours of sleep each day**.
- **Slow down** and be in the present moment.



# Pre-diabetes

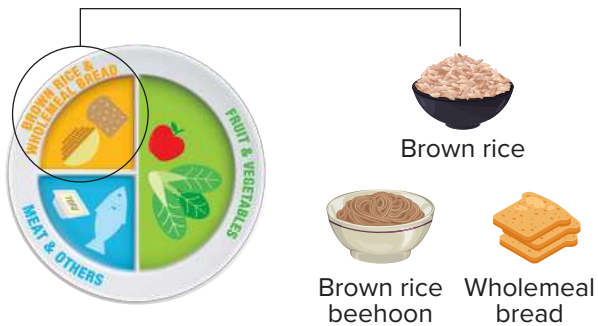


## Aim: Prevent progression to Type 2 Diabetes Mellitus

Recommendations for [‘No Chronic Conditions’](#) apply.

### Nutrition & Healthy Eating

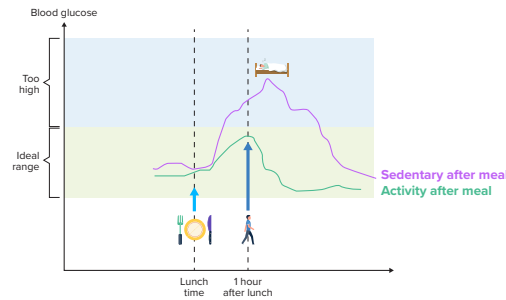
Use **My Healthy Plate** as a guide to eat a variety of foods in the right amounts:



- Aim to **substitute  $\geq 50\%$  of refined carbs** with wholegrains.
- **Pair wholegrains** with lean protein and non-starchy vegs.
- **Limit sugar intake** to no more than 5 tsp of sugar per day (e.g. a cup of kopi or teh has 4-5 tsp sugar, a bowl of chendol has 6.5 tsp sugar).

### Physical Activity & Weight Management

- **Include light activity** (e.g. walking) 1 hour after meal.



- **Aim for 150-300 minutes of moderate-intensity aerobic** exercise spread out over 5-7 days per week (able to speak in short sentences but not sing).
- **Do strength training** exercises at least 2 days per week.
- **Limit amount of time spent being sedentary**, particularly recreational screen time, by engaging in PA of any type.
- [\(Green segment, BMI < 37.5\)](#) Encourage self-directed activities.
- [\(Red segment, BMI  \$\geq 37.5\$ \)](#) Consider referral to tertiary weight management programmes.

### Mental Well-Being

- **Manage stress** by making time for relaxation and seeking help from supportive people.



Practise deep breathing and guided imagery



- Aim for **7 hours of sleep each day**.
- **Slow down** and be in the present moment.

# Type 2

# Diabetes Mellitus

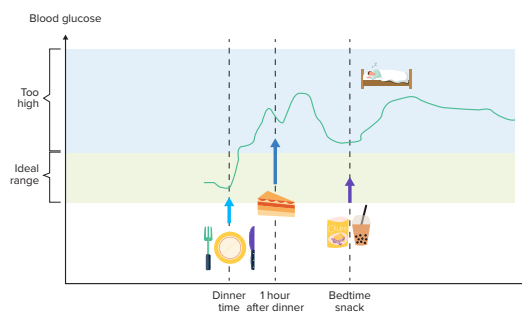


## Aim: Optimise blood glucose levels to prevent complications

| Recommendations for [‘Pre-diabetes’](#) apply.

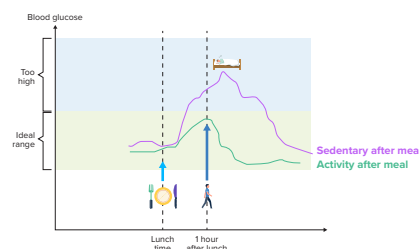
### Nutrition & Healthy Eating

- **Have a smaller portion** of carbs.
- **Space out meals** at 3-5 hours apart to allow blood glucose to return to baseline.
- **Avoid eating carb-based** foods close to a meal or bedtime to avoid ‘stacking’ of blood glucose.



### Physical Activity & Weight Management

- **Perform exercise pre-participation assessment** before starting any exercise more vigorous than walking.
- **Include light activity** (e.g. walking) 1 hour after meal.



- **(Diabetic retinopathy)** Avoid heavy lifting and straining activities.
- **(Peripheral neuropathy)** Use appropriate footwear. Observe daily foot care.
- **(Foot ulcers/disability)** Modify activities according to ability.
- [\(Orange segment, BMI 18.5 to <32.5\)](#) Consider referral to structured community programmes, or [\(Red segment, BMI ≥32.5\)](#) to tertiary weight management programmes.
- [\(Poorly-controlled\)](#) Refer to PCN for support on controlling chronic condition.

### Mental Well-Being

- **Manage stress** by making time for relaxation and seeking help from supportive people.
- Aim for **7 hours of sleep each day**.
- **Slow down** and be in the present moment.
- **Consult healthcare team** if they find it hard to cope with their illness and life challenges.

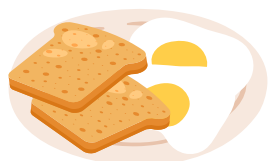


## Aim: Avoid seriously low blood glucose levels

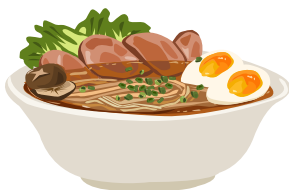
Recommendations for [‘T2DM’](#) apply.

### Nutrition & Healthy Eating

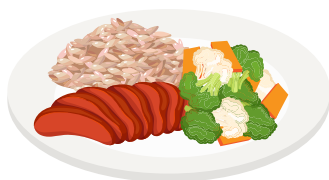
- **Eat about the same amount** of carbs at each meal to maintain steady blood glucose levels throughout the day. Do not skip carb-containing meals.



Breakfast



Lunch



Dinner

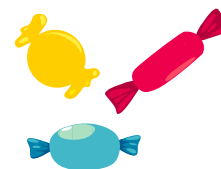
- For those who choose to drink, self-monitor and **manage delayed hypoglycaemia** after drinking alcohol.

### Physical Activity & Weight Management

- **Gradually increase** PA levels from what they are already doing, for both duration and intensity.
- **Check blood glucose levels** before and after exercising. Follow 15/15 rule if blood glucose is low. Have 15g of fast acting sugars, and check blood glucose 15 mins later.



Half glass of sweetened drink



3 soft candies (sugar-containing)

- **Stop exercising** if they experience symptoms of hypoglycaemia.
- [\(Orange segment, BMI 18.5 to <32.5\)](#) Consider referral to structured community programmes, or [\(Red segment, BMI  \$\geq 32.5\$ \)](#) to tertiary weight management programmes.
- [\(Poorly-controlled\)](#) Refer to PCN for support on controlling chronic condition.

### Mental Well-Being

- **Consult healthcare team** if they find it hard to cope with their illness and life challenges.



# Hypertension



## Aim: Prevent progression to hypertension

I Recommendations for ['No Chronic Conditions'](#) apply.

### Nutrition & Healthy Eating

- **Substitute regular salt and seasonings** with lower-sodium alternatives. Use herbs and spices to flavour dishes.



Lower in Sodium

- **(Patients with chronic hyperkalemia)** Consult healthcare team before including potassium salt in their diet.

**Use My Healthy Plate** as a guide to eat a variety of foods in the right amounts:



- **Choose fresh produce** including fruit and vegs.
- **Choose healthier oils and fats.**

### Physical Activity & Weight Management

- **Aim for 150-300 minutes of moderate-intensity aerobic** exercise spread out over 5-7 days per week.



Able to speak in short sentences but not sing

- **Do strength training** exercises at least 2 days per week.
- **Limit amount of time spent being sedentary**, particularly recreational screen time, by engaging in PA of any type.
- [\(Green segment, BMI < 37.5\)](#) Encourage self-directed activities.
- [\(Red segment, BMI ≥ 37.5\)](#) Consider referral to tertiary weight management programmes.

### Mental Well-Being

- **Manage stress** by making time for relaxation and seeking help from supportive people.



Practise deep breathing and guided imagery



- Aim for **7 hours of sleep each day.**
- **Slow down** and be in the present moment.

## Aim: Control blood pressure to prevent complications

| Recommendations for [‘High-Normal BP’](#) apply.

### Nutrition & Healthy Eating

**Incorporate** components of the Dietary Approach to Stop Hypertension (**DASH**) diet:

- **Limit sodium intake** to 2000mg per day (about 1 tsp of salt).



- **Choose fresh produce** including fruit and vegs.




- **Limit saturated fat intake.**



- Aim to **substitute ≥20% of refined carbs** with wholegrains.

### Physical Activity & Weight Management

- **Perform exercise pre-participation assessment** before starting any exercise more vigorous than walking. 
- **Aim for 150-300 minutes of moderate-intensity aerobic** exercise spread out over 5-7 days per week (able to speak in short sentences but not sing).
- **Do strength training** exercises at least 2 days per week. Exercise caution when lifting very heavy weights.
- **Limit amount of time spent being sedentary**, by engaging in PA of any type.
- **Gradually increase** PA levels, focusing on both duration and intensity.
- [\(Orange segment, BMI 18.5 to <32.5\)](#) Consider referral to structured community programmes, or [\(Red segment, BMI ≥ 32.5\)](#) to tertiary weight management programmes.
- [\(Poorly-controlled\)](#) Refer to PCN for support on controlling chronic condition.

### Mental Well-Being

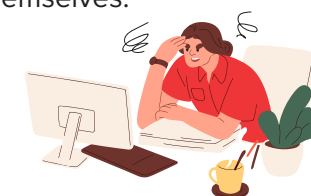
- **Manage stress** by making time for relaxation and seeking help from supportive people.



- Aim for **7 hours of sleep each day.**

- **Slow down** and be in the present moment.

- **Recognise psychosocial triggers** that may cause temporary spikes in BP by monitoring their mood and taking care of themselves.



- Seek **professional help** if needed.





# Lipid Disorders



**Aim:** Achieve lipid targets to prevent coronary artery disease

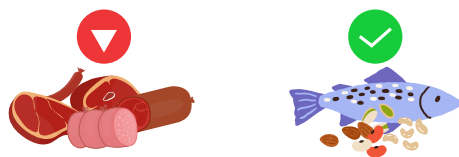
| Recommendations for [‘No Chronic Conditions’](#) apply.

## Nutrition & Healthy Eating

- **Use My Healthy Plate** as a guide to eat a variety of foods in the right amounts.



- **Limit intake of:**
  - **Saturated fat** from fatty meat and full-fat dairy products. Replace oils high in saturated fat with mono and polyunsaturated fat (e.g. canola, olive, sunflower oil).
  - **Cholesterol** to less than 300mg per day.
  - **Trans fat** by choosing ‘Trans Fat Free’ products.



- **Increase fibre intake** with vegs, fruit, wholegrains and soluble fibre (e.g. oats, barley, legumes).

## Physical Activity & Weight Management

- **Aim for 150-300 minutes of moderate-intensity aerobic** exercise spread out over 5-7 days per week (able to speak in short sentences but not sing).
- **Do strength training** exercises at least 2 days per week.
- **Limit amount of time spent being sedentary**, particularly recreational screentime, by engaging in PA of any type.
- **Gradually increase** PA levels, focusing on both duration and intensity.



- [\(Green segment, BMI < 37.5\)](#) Encourage self-directed activities.
- [\(Red segment, BMI ≥ 37.5\)](#) Consider referral to tertiary weight management programmes.

## Mental Well-Being

- **Manage stress** by making time for relaxation and seeking help from supportive people.



- Aim for **7 hours of sleep each day**.
- **Slow down** and be in the present moment.



- Refrain from **negative stress coping mechanisms** such as excessive unhealthy snacking, drinking alcohol and smoking.



\*Based on [Cardiovascular Disease Risk Calculator](#)

**Aim:** Achieve lipid targets to prevent coronary artery disease

| Recommendations for ['Intermediate Risk'](#) apply.

## Nutrition & Healthy Eating

- **Consult healthcare team** for dietary requirements specific to their medical condition(s), such as chronic kidney disease.



## Physical Activity & Weight Management

- **Perform exercise pre-participation assessment** before starting any exercise more vigorous than walking.



- [\(Orange segment, BMI 18.5 to <32.5\)](#) Consider referral to structured community programmes, or [\(Red segment, BMI  \$\geq 32.5\$ \)](#) to tertiary weight management programmes.
- [\(Poorly-controlled\)](#) Refer to PCN for support on controlling chronic condition.

## Mental Well-Being

- **Consult healthcare team** if they feel overwhelmed by the burden of serious illnesses.



\*Based on [Cardiovascular Disease Risk Calculator](#)

# 4As Model

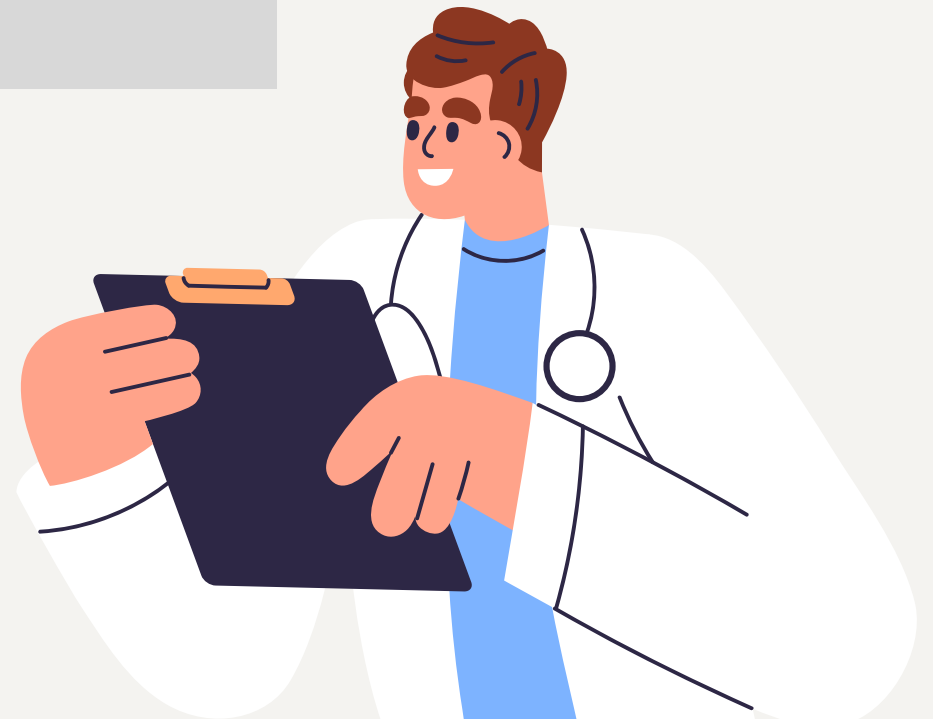


## 4As Model

Adapted from the 5As model by the US Department of Health and Human Services, the 4As Model offers a patient-centered approach to how healthcare professionals might engage patients.

Healthcare professionals can adapt the model to suit the situation.

For example, if you are already familiar with your patient's needs, you could skip 'Ask' and go straight to 'Assess' to understand their progress before proceeding with 'Advise' and 'Assist'.



## 4As Model: A Patient-Centered Approach to Prescribing Lifestyle Advice



**Understand the patient's needs and preferences. Ask:**

- What is important for you?
- What have you tried to change?
- How would you like to move forward from here?



**Identify and recommend** three lifestyle actions for the patient to consider.



**Assess the patient's readiness** to carry out lifestyle actions and address barriers if needed.



**Work with the patient to create an action plan:**

- Agree on a 'To-Do List'.
- Cap at three lifestyle prescriptions.
- Refer the patient to a NC/PCC if needed.
- Review and adjust the action plan during the patient's next visit.

## Example: Applying 4As to Diabetes

