



## Healthy Lifestyle

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**Annotation:** In this article, I touched on one of the open topics in medicine, like Healthy lifestyle. A healthy lifestyle implies giving up tobacco and alcohol consumption, rational nutrition, physical activity (exercise, sports, etc.), strengthening mental health and other health promotion measures. And that's why we wanted to promote this topic for our readers.

**Keywords:** Key aspects of a healthy lifestyle, lifestyle and reproductive health, healthy food products and etc.

### Introduction

#### Healthy lifestyle is:

A healthy lifestyle (HLS) is a lifestyle of a person that helps to maintain health and reduce the risk of non —communicable diseases (NCDs) by controlling behavioral risk factors.

A healthy lifestyle implies giving up tobacco and alcohol consumption, rational nutrition, physical activity (exercise, sports, etc.), strengthening mental health and other health promotion measures.

The principles of lifestyle are usually laid down at a young age, therefore, for the formation of a healthy lifestyle, it is important to form a healthy lifestyle at this age — habits formed in youth often persist into adulthood.

### MATERIALS AND METHODS

#### Key aspects of a healthy lifestyle

The World Health Organization indicates that non-communicable diseases are the cause of premature death in 70% of cases, therefore, health promotion, of which a healthy lifestyle is an important part, is an important matter, and WHO considers the deployment of people-oriented primary health care services, which, in addition to providing medical care, are primarily aimed at the formation of a healthy lifestyle and prevention of non-communicable diseases.

The most important aspects for a healthy lifestyle are:

smoking cessation;

abstaining from alcohol and other drugs;

rational nutrition;

physical activity, rejection of a sedentary lifestyle.

Unhealthy lifestyle and, at the same time, factors that increase the risk of non-communicable diseases include: poor nutrition, sedentary lifestyle (low level of physical activity), smoking,



alcohol abuse, excessive caffeine consumption, irregular sleep patterns, as well as maladaptive stress management

### **Lifestyle and health**

Studies show that a healthy lifestyle can lead to a significant increase in life expectancy. A study in Germany showed that healthy lifestyle is associated with an increase in life expectancy after 40 years by 13-17 years. A study in the United States suggests an increase in life expectancy after 50 years by 12-14 years

### **Results**

#### **Lifestyle and reproductive health**

The spread of pancreatic cancer to other organs (metastasis) can also cause symptoms. As a rule, pancreatic adenocarcinoma first spreads to nearby lymph nodes, and then to the liver or abdominal cavity, colon or lungs. In rare cases, it spreads to the bones or brain.

Pancreatic cancer can also be a secondary cancer that has spread from other parts of the body. This is rare, occurring only in about 2% of cases of pancreatic cancer. Kidney cancer is by far the most common type of cancer spreading to the pancreas, followed by colorectal cancer, followed by skin, breast and lung cancer. In such cases, surgery on the pancreas may be performed, whether in the hope of a cure or to relieve symptoms.

Obesity, consumption of tobacco and alcohol, carbonated beverages with caffeine (but not tea, coffee and cocoa) negatively affect the reproductive health of men. Alcohol consumption, smoking and exposure to second-hand tobacco smoke during pregnancy increase the risks of complications during pregnancy, including spontaneous abortions, and also causes DNA damage to both mother and infant.

#### **Tobacco withdrawal**

The consequence of smoking is a reduction in life expectancy by an average of 10 years. Tobacco consumption is associated with an increase in the risk ratio of death among male smokers in Russia by 1.6 times compared to non-smokers, while smoking is associated with 23% of deaths among men.

Among the losses from tobacco smoking, 48% of deaths are due to cardiovascular and metabolic diseases, 33% to oncological diseases, 18% to respiratory diseases, and 1% to other causes of death.

Smoking tobacco increases the risk of death:

from bronchitis and emphysema by 12 times,

from malignant neoplasms of the trachea, lung, bronchi 23 times among men and 13 times among women,

from malignant neoplasms of the lip, oral cavity, larynx — 5-11 times,

from esophageal cancer — 7 times.

Quitting tobacco leads to significant health improvements, including:

after 0.5-3 months, blood circulation improves and the functional parameters of the respiratory system increase;

after 1-9 months, cough and breathing difficulties decrease, the function of the ciliated epithelium (cilia) is restored and vulnerability to bronchopulmonary infections is reduced;



1 year after quitting smoking, the risk of coronary heart disease is reduced by 2 times;  
after 2 years of refusal, the probability of a stroke may decrease to the usual level — the same as those who have never smoked;  
after 5 years, the risks of developing cancer of the oral cavity, throat, esophagus and bladder are halved. In women who quit smoking, the threat of cervical cancer decreases to the level of those who have never smoked;  
after 10 years, the risk of death from lung cancer is halved (compared with those who continue to smoke), and the likelihood of laryngeal and pancreatic cancer also decreases;  
after 15 years, the risk of coronary heart disease returns to the same level as those who have never smoked.

In addition, there is a decrease in the risk of diabetes, increased exercise tolerance, improved well-being, increased potency in men, improved reproductive function in women. The health-improving effect of quitting smoking in youth is higher, but at any age, refusal allows you to save years of life that would be lost if you continued smoking.

Most of those who quit smoking did it on their own without medical support or drug therapy. The probability of success of each individual attempt to quit smoking, on average, is about 7.3%.

Treatment of nicotine addiction, including drug therapy and various forms of psychological and social support, increases the likelihood of quitting tobacco.

The consumption of electronic cigarettes cannot be attributed to a healthy lifestyle, since it increases the risk of myocardial infarction.

### **Refusal to drink alcohol**

According to the World Health Organization, the harmful use of alcohol is a causal factor of more than 200 health disorders associated with diseases and injuries.

Alcohol consumption is the cause of not only high mortality, but also morbidity, crime, injuries, road accidents, domestic and domestic violence.

Currently, discussions are underway about whether there is a cardioprotective effect of low doses of alcohol. Critics of the "cardioprotective effect" of small doses of alcohol indicate that it may be a consequence of the presence in non-drinking subgroups of people with poor health, as well as people who quit drinking due to alcohol problems, and some studies confirm this. Alcohol consumption increases the risks of developing cancer of the throat, mouth, breast, stomach, colon, rectum, liver, as well as injuries, cirrhosis of the liver, pancreatitis, and finally, the development of alcohol dependence.

A number of medical organizations recommend that those who do not drink alcohol do not start drinking it, and warns against interpreting the observed effects of lower mortality among "moderate drinkers" compared to teetotalers as a consequence of the beneficial effects of moderate doses of alcohol.

As a person's alcohol consumption increases over 30 ml per day, the risk of death of a person increases significantly, primarily from external causes and cardiovascular diseases. The World Health Organization defines alcohol abuse as the consumption in one event of more than 60 ml of pure ethanol (ethyl alcohol, anhydrous alcohol) for men and more than 50 ml for women at least once a month. 50-60 ml of ethanol corresponds to 125-150 ml of vodka, 417-500 ml of wine, 1.1-1.3 liters of beer.



Those who consume more than 100 ml of ethanol at a time (250 ml of vodka, 0.83 liters of wine, 2.2 liters of beer) are at very high risk.

A deadly dose of alcohol is 200-400 ml of ethanol consumed during one event (depending on certain characteristics of a person, such as gender, age, and others).

Underestimating the harm of consuming large amounts of alcohol simultaneously leads to tragedies. For example, in 2003, one of the shops in Volgograd organized a competition, the essence of which was to drink as much vodka as possible in a short time. One of the participants who drank 1.5 liters of vodka died, five participants were taken to the intensive care unit.

Especially dangerous is the use of alcohol in the form of ultra—strong surrogates - colognes, cleaning products, pseudo-medicines.

Eastern European countries are characterized by the most dangerous type of alcohol consumption, in which a significant part of consumption is strong alcohol, which leads to a high level of alcohol losses. Thus, reducing the consumption of strong alcohol for countries in which it is the main factor in the mortality of men of working age should be one of the main goals of public health policy. For example, the scale of the problem is shown by some available Russian forensic medical examination data: a significant part of the deceased had an increased alcohol content in biological fluids in Kursk — 29% of men, 9% of women, 1991[33]; in Izhevsk — 47% of men aged 20-55, the end of the 1990s[34]; in Barnaul - 53% of men, 42% of women, 1990-2004.

### **Healthy eating**

A healthy diet is the most important means of preventing the development of a number of non-communicable diseases and contributes to an increase in healthy life expectancy.

### **Fatness**

Obesity is a risk factor for the development of diseases such as diabetes, cardiovascular diseases, diseases of the liver, gallbladder, esophagus, hormonal disorders, including polycystic ovarian syndrome and hypogonadism, disorders of the musculoskeletal system, including osteoarthritis, and some oncological diseases (including endometrial cancer, breast, ovary, prostate, liver, gallbladder, kidney and colon, etc.).

In young and mature ages, overweight and obesity are associated with increased mortality from all causes. In older ages (after 70 years), underweight and obesity of the 2nd and higher degree are associated with increased mortality, while normal weight and obesity of the 1st degree are associated with the most optimal level of health ("the obesity paradox").

### **Diets**

Healthy diets are associated with a significant reduction in the risk of mortality from all causes (by 22%), cardiovascular diseases (22%), cancer (15%) and type 2 diabetes mellitus (22%) .

### **Healthy food products**

The basis of a healthy diet is a high intake of a variety of plant foods. Many substances contained in plant foods have antioxidant and anti-inflammatory properties, prevent thrombosis, regulate blood pressure, enzyme activity, normalize blood glucose levels, correct the lipid profile, affect gene expression and signaling pathways, improve the condition of the myocardium, and also affect some biomarkers associated with cardiovascular diseases.

Meta-analyses of cohort studies have shown that the consumption of certain food groups is associated with a reduction in the risk of mortality from all causes, including foods high in dietary



fiber (fiber), including vegetables, fruits (primarily fresh, not canned), nuts, legumes, whole grains, as well as fish, olive oil, moderate consumption of fermented dairy products.

Studies, including in Russia, suggest that the consumption of coffee, including decaffeinated, is associated with a decrease in mortality from all causes

## **Discussion**

### **Formation of a healthy lifestyle**

The formation of a lifestyle that promotes human health is carried out at three levels:

social: propaganda, information and educational work;

infrastructural: specific conditions in the main spheres of human activity (availability of free time, material resources), preventive institutions, environmental control;

personal: the system of human value orientations, standardization of everyday life.

The promotion of a healthy lifestyle is understood as a number of activities aimed at its popularization, among which the most important are educational and field programs, advertising in the media (radio, television, Internet).

Today, the work on the formation of a healthy lifestyle and strengthening public health is gaining a new impetus: the federal project "Strengthening Public Health" has been included in the national project "Demography", and its active implementation has begun since 2019. This federal project includes the following measures:

Further improvement of the regulatory and methodological framework in the field of public health protection: regulatory legal acts and methodological documents on the conduct of a healthy lifestyle by citizens based on the recommendations of the World Health Organization, including the creation of health centers and medical prevention centers, public health centers; laws, other regulatory legal acts and methodological documents on healthy nutrition, including the consolidation of the concept of healthy, sports and other types of nutrition, based on scientific data and recommendations of the World Health Organization, the FAO/WHO Commission on Food Standards "Codex Alimentarius"; sanitary rules (SP), sanitary rules and regulations (SanPiN), aimed at improving state regulation in the field of food quality, and stimulating the production of food products that meet quality criteria and principles of healthy nutrition.

Development of a network of public health centers in the regions. The Ministry of Health of Russia intends to transform health centers in Russian municipalities into public health centers that will take into account such factors affecting human health as ecology, nutrition, bad habits and transport.

### **Implementation of public health programs in municipalities.**

Implementation of a set of measures to improve the quality of nutrition of citizens: development of scientific recommendations on proper nutrition, increasing the availability of necessary food products for citizens, educational and informational events, conducting inspections of products for their quality and compliance with the principles of healthy nutrition.

Implementation of mass information campaigns on healthy lifestyle issues to motivate people to lead a healthy lifestyle.

Development and implementation of workplace health promotion programs (corporate health promotion programs).



## Conclusions

A healthy lifestyle is a prerequisite for the development of various aspects of human life, achieving active longevity and fulfilling social functions, for active participation in labor, social, family, household, leisure activities. A healthy lifestyle appears as a specific form of expedient human activity — an activity aimed at preserving, strengthening and improving his health.

The relevance of a healthy lifestyle is caused by an increase and change in the nature of the loads on the human body due to the complication of social life, an increase in the risks of man-made, environmental, psychological, political and military characters, provoking negative shifts in the state of health.

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