

Letter to the Editor

To the Editor:

We thank Amanda Strombom and Stewart Rose of Vegetarians of Washington for their very thoughtful comments on the proposed adiposity-based chronic disease (ABCD) medical diagnostic term to optimize obesity care (1). The passing mention of plant-based eating patterns in our document was not intended to relegate this aspect of lifestyle medicine to a bullet point but rather exposed the disappointing shortcoming of trying to introduce and assert ABCD within the pagination constraints of a brief position paper. In fact, your comment solves the problem by providing this vehicle to now expound on the role of healthy eating, lifestyle medicine, and implementation, even if again only briefly.

The efficacy of plant-based eating patterns (and here we include the broad spectrum of strict vegan to more liberal vegetarianism without any absolute food proscriptions) in reducing cardiometabolic risk is scientifically substantiated. This parallels the assertion that the efficacy of weight loss in reducing ABCD-based complications is also scientifically substantiated. In fact, plant-based eating patterns—chock full of healthy molecules, along with increased physical activity, tobacco cessation, improved mood, good sleep hygiene, etc.—are all part of a comprehensive lifestyle prescription that promotes health and prevents disease in patients with ABCD.

But here's the rub. Despite the rational and evidence-based virtues of healthy eating, regular exercise, and proper sleep, the endpoint of having a healthy population with decreasing prevalence of chronic disease remains elusive. So what are we missing?

The American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE) has built upon emergent concepts from an earlier obesity consensus conference and reasoned that health messaging and novel implementation strategies required transformational thinking. The AACE/ACE ABCD position paper is not just a call to action but a different way to brand a comprehensive approach to obesity care. The ABCD term dissipates stigma (among patients, health care professionals, and the general public), broadens diagnostic and therapeutic scope (from adiposity mass alone to adiposity mass, distribution, and function), and sets the stage for more productive patient-centered care, with the goal to improve implementation and results.

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See *accompanying article*, p. 747.

Consuming increased plants as part of this paradigm shift can improve health, but devising behavioral models and providing cascades of alternative healthy eating patterns that adapt to the diversity of human preferences, opinions, cultures, and biologic complexities on a large scale is the real challenge. ABCD embraces these challenges within a formal structure that addresses both the causes and effects of obesity, leading to better reimbursements for elements of lifestyle medicine, economic incentives for continuity of care, practical guidelines for education, new directions in clinical research, and most importantly, a healthier life for individuals and populations.

DISCLOSURE

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1. **Mechanick JI, Hurley DL, Garvey WT.** Adiposity-based chronic disease as a new diagnostic term: American Association of Clinical Endocrinologists and the American College of Endocrinology position statement. *Endocr Pract.* 2017;23:372-378.