International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

Lifestyle Medicine Interventions in Primary Care Settings: A Protocol for a Scoping Review of Reviews

INPLASY2026110034
doi: 10.37766/inplasy2026.11.0034
Received: 9 November 2026
Published: 9 November 2026

Thomsen, V; Curry, M; Mekari, S; Bélanger, M.

Corresponding author:
Vanessa Thomsen

vanessa.thomsen@usherbrooke.ca

Author Affiliation:
Centre de formation médicale du Nouveau-Brunswick (CFMNB), Faculté de médecine et des sciences de la santé, Université de Sherbroo.

ADMINISTRATIVE INFORMATION

Support - CIHR.

Review stage at the time of initial registration - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2026110034

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 9 November 2026 and was last updated on 9 November 2026.

INTRODUCTION

Review question / Objective What is the current scope, nature, and level of review-level evidence regarding Lifestyle Medicine interventions in Primary Care settings? The objective of this scoping review of reviews is to summarize the existing review-level information published on Lifestyle Medicine interventions in Primary Care settings to describe the current scope and level of evidence and to guide future reviews.

Background Lifestyle related risk factors, including poor nutrition, physical inactivity, inadequate sleep, chronic stress, and substance use, are major contributors to chronic disease burden worldwide. Lifestyle Medicine promotes evidence-based behavioral interventions to prevent, manage, and potentially reverse chronic diseases. Given its focus on long-term health promotion and chronic disease management, Primary Care is considered a key setting for the delivery of Lifestyle Medicine interventions. Primary Care providers are often the first point of contact within the healthcare system and are well positioned to support patients in adopting and maintaining healthy lifestyle behaviors.

Rationale Numerous review articles have examined Lifestyle Medicine interventions and related lifestyle-based approaches in Primary Care settings. However, the evidence remains dispersed across different intervention types, populations, and health outcomes. In addition, while many reviews focus on intervention effectiveness, less attention has been paid to implementation factors such as delivery models, barriers, facilitators, and integration into routine practice. Conducting a scoping review of reviews will provide a comprehensive overview of the existing synthesized evidence, identify knowledge gaps, and inform future research, policy, and practice related to the implementation of Lifestyle Medicine in Primary Care settings.

Thomsen et al. INPLASY protocol 2026110034. doi:10.37766/inplasy2026.11.0034 Downloaded from https://inplasy.com/inplasy-2026-11-0034/

METHODS

Strategy of data synthesis A comprehensive search strategy was developed a priori with a health sciences librarian to identify review-level literature examining Lifestyle Medicine interventions in Primary Care settings. The search will be conducted across the following databases: Academic Search Complete, Allied and Complementary Medicine Database (AMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Psychology and Behavioral Sciences Collection, Scopus, Emcare and HealthStar. Search results will be screened according to predefined eligibility criteria, and data from included reviews will be extracted and synthesized descriptively. The complete search strategies for all databases will be provided in the final review publication.

Eligibility criteria To be included, reviews will be required to meet the following a priori eligibility criteria: (1) English-based, English-translated or French-based literature; (2) published peer-reviewed review articles, including systematic reviews, scoping reviews, narrative reviews, umbrella reviews and meta-analyses; opinion reviews will be excluded; (3) reviews examining the implementation, delivery, integration, or evaluation of Lifestyle Medicine interventions; (4) interventions addressing one or more Lifestyle Medicine pillars, including nutrition, physical activity, sleep, stress management, substance use reduction, and social connection; and (5) studies conducted in Primary Care settings, including family medicine, general practice, community health centers, and other first-contact healthcare services.

Source of evidence screening and selection Unique records will be compared against the eligibility criteria using Covidence, an online systematic review management platform. In the first round, study titles and abstracts will be reviewed independently by two reviewers. Discrepancies between reviewers will be resolved through discussion and consensus, with a third reviewer consulted if necessary. All citations that meet the eligibility criteria during title and abstract screening will proceed to a second round of full-text article screening. Full-text articles will be reviewed independently by two reviewers, with disagreements resolved through discussion or adjudication by a third reviewer.

Data management Data will be extracted from included reviews using a standardized and predefined data-charting form developed for this review and pilot tested by the review team. Data extraction will be conducted independently by two reviewers, with discrepancies resolved through discussion including another reviewer. Extracted data will include review metadata (e.g., author, year, review type), characteristics of the Lifestyle Medicine intervention(s), characteristics of participants, characteristics of Primary Care setting, implementation approaches, and reported patient, provider, and health system outcomes. Details regarding the final data extraction variables will be reported in the completed review.

Reporting results / Analysis of the evidence Results will be synthesized using descriptive statistics and narrative synthesis. Characteristics of included reviews will be summarized in tables, including publication year, review type, population, primary care setting, lifestyle medicine intervention(s), outcomes assessed, and key findings. Findings will be summarized to describe the scope and nature of the evidence on lifestyle medicine interventions in primary care. Where appropriate, results will be organized into categories that emerge from the included reviews.

Presentation of the results Results will be presented in tables, figures, and narrative summaries. Included reviews will be described according to their characteristics, interventions, populations, and outcomes. A PRISMA flow diagram will be used to illustrate the distribution of the evidence and the study selection process.

Language restriction Yes: reviews will be required to be from English-based, English-translated or French-based literature.

Country(ies) involved Canada.

Keywords Lifestyle Medicine; Primary Care; Scoping Review.

Dissemination plans Findings from this scoping review will be disseminated through publication in a journal, presentations, and sharing with relevant stakeholders involved in primary care and lifestyle medicine.

Contributions of each author

Author 1 - Vanessa Thomsen - Conceptualization, Methodology, Writing – original draft, Project administration.
Email: vanessa.thomsen@usherbrooke.ca
Author 2 - Marissa Curry - Methodology, Writing – review & editing.
Email: marissa.amelie.curry@usherbrooke.ca

Thomsen et al. INPLASY protocol 2026110034. doi:10.37766/inplasy2026.11.0034 Downloaded from https://inplasy.com/inplasy-2026-11-0034/

Author 3 - Saïd Mekari - Supervision, Writing – review & editing
Email: said.mekary@usherbrooke.ca
Author 4 - Mathieu Bélanger - Funding acquisition, Supervision, Writing – review & editing, Conceptualization, Methodology, Validation.
Email: mathieu.f.belanger@usherbrooke.ca

Thomsen et al. INPLASY protocol 2026110034. doi:10.37766/inplasy2026.11.0034 Downloaded from https://inplasy.com/inplasy-2026-11-0034/