Religion, Spirituality and Health in Older Adults

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Overview

- Definitions
- Religion in the U.S.
- Stress and depression: common and increasing
- Stress affects physical health & need for healthcare services
- Use of religion to cope with stress, sickness, and disability
- Religion, depression, and quality of life
- Religion, alcohol/drug abuse, and crime/delinquency
- Religion, health behaviors, and healthier lifestyles
- Religion, physical health, and faster recovery
- Religion, and need for healthcare services
- Particularly relevant in older persons
- Clinical and community applications

Definitions

Facing the most difficult and thorny issue first

Religion

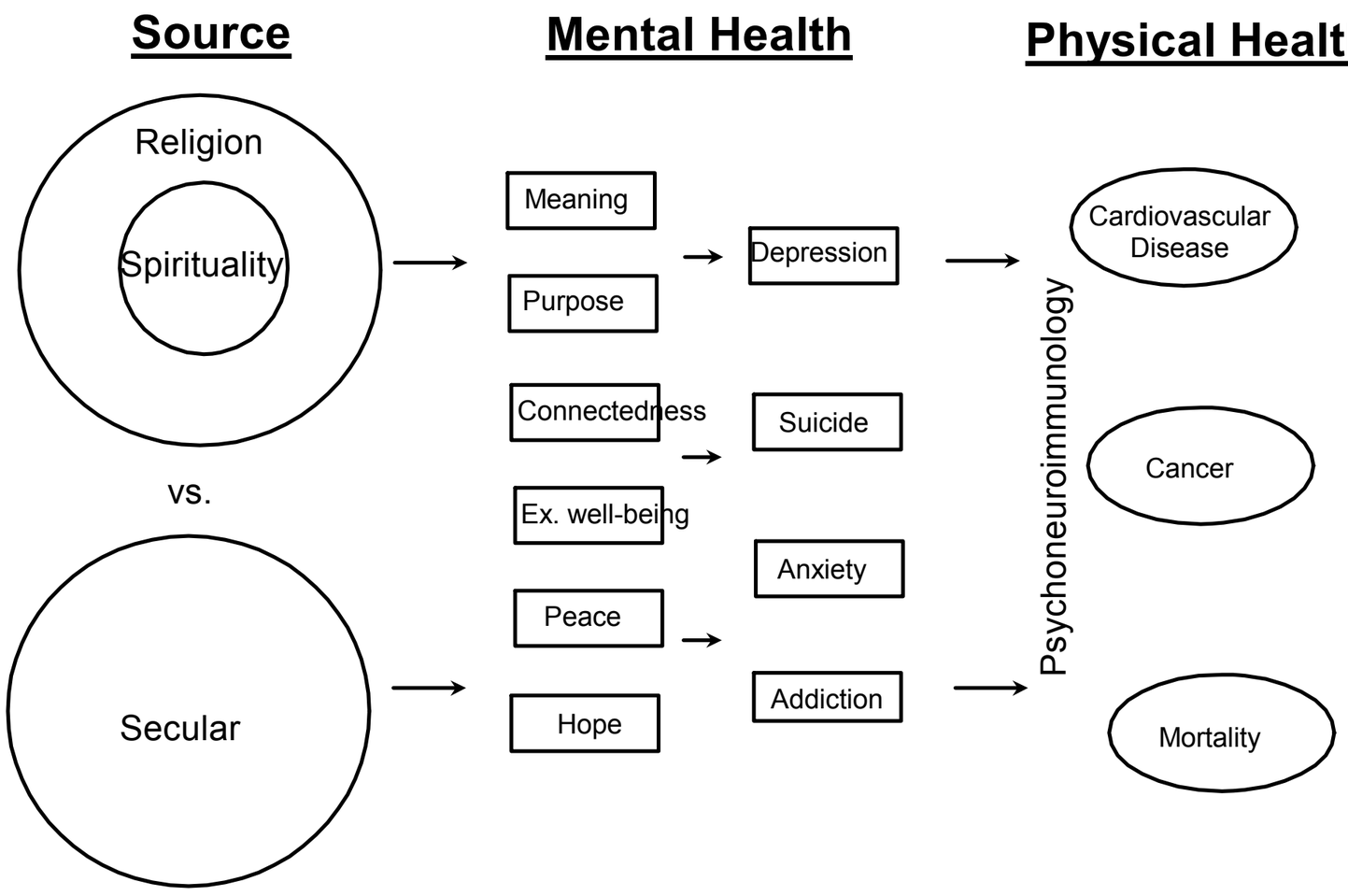
Involves beliefs, practices, and rituals related to the 'transcendent," where the *transcendent* is that which relates to the mystical, supernatural, or God in Western religious traditions, or to Divinities, ultimate truth/reality, or enlightenment in Eastern traditions. Religion may also involve beliefs about spirits, angels, or demons. Religions usually have specific beliefs about the life after death and rules about conduct that guide behaviors within a social group. Religion is often organized and practiced within a community, but it can also be practiced alone and in private, outside of an institution. Central to its definition, however, is that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the transcendent. Religion is a unique construct, whose definition is generally agreed upon. It can be measured and examined in relationship to mental and physical health outcomes.

Spirituality

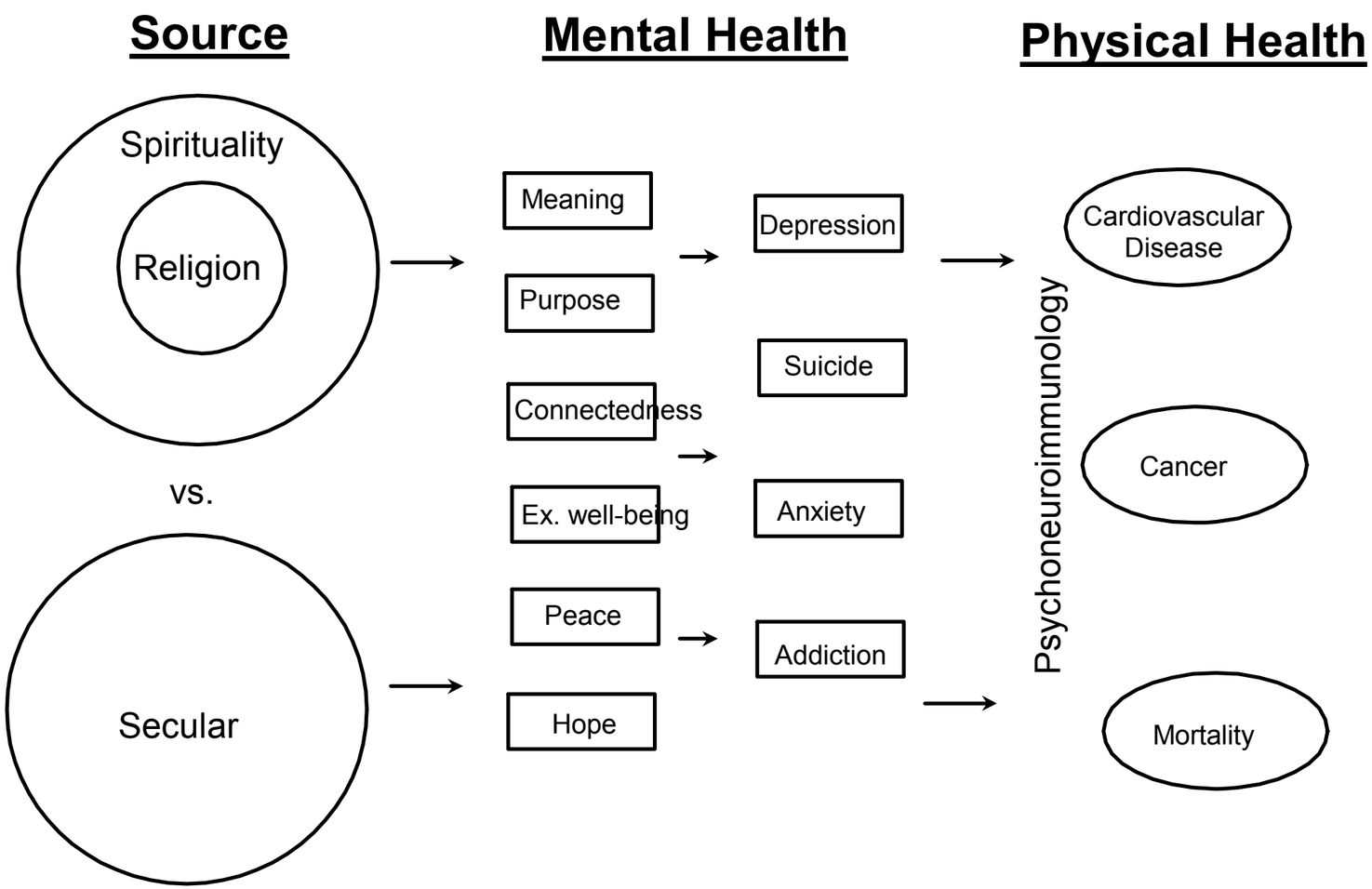
Spirituality is a concept which today is viewed as broader and more inclusive than religion. It is a term more popular today, much more so than religion. Spirituality is more difficult to define than religion. It is considered personal, something individuals define for themselves that may be free of the rules, regulations, and responsibilities associated with religion.

The term "spirituality" is most useful in clinical settings, since the goal is to be welcoming and inclusive, and for patients to define the term for themselves so that conversation may begin. But because of its vague and nebulous nature, it is difficult to measure and quantify for research purposes – especially since the definition of spirituality has been changing and expanding.

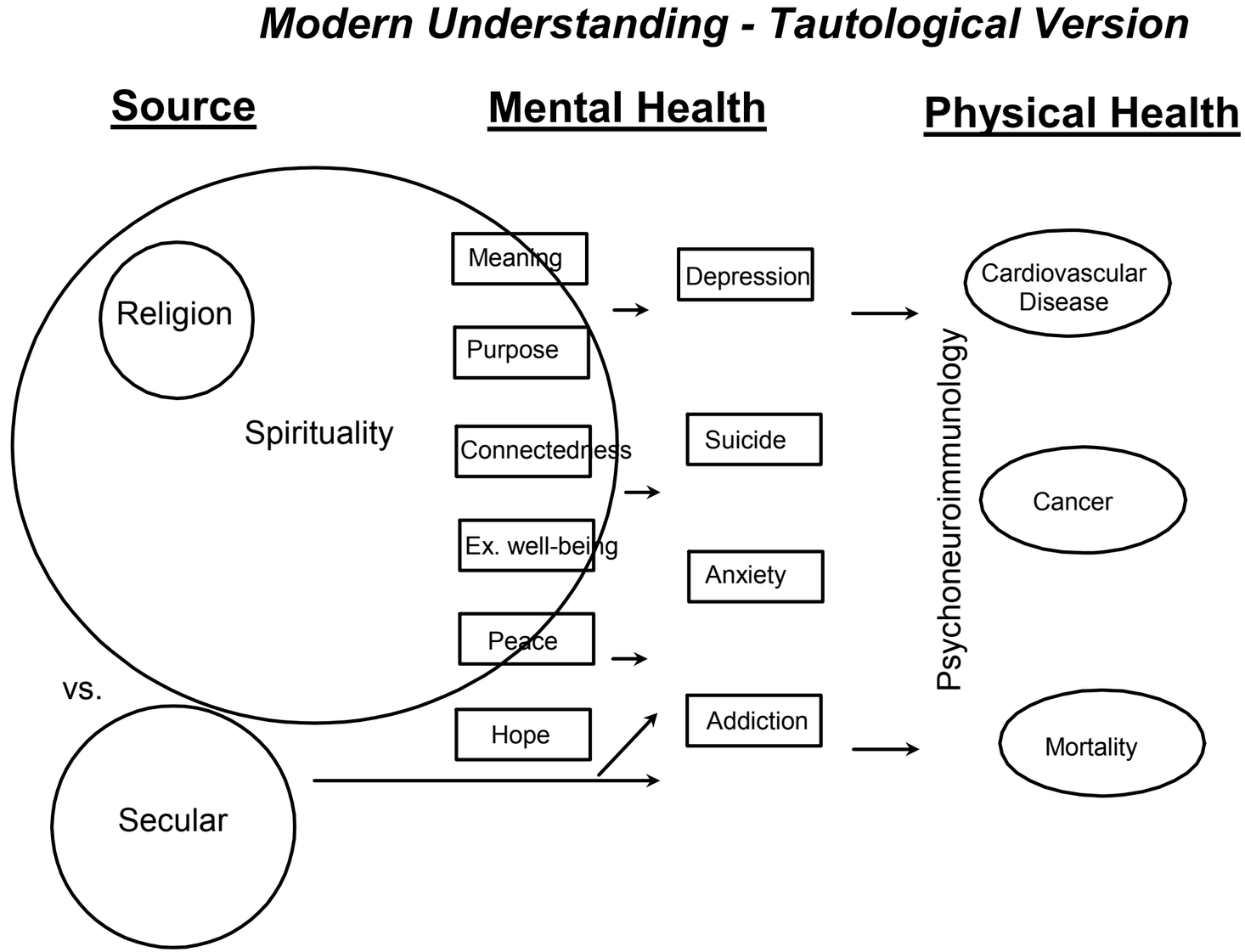
Traditional-Historical Understanding



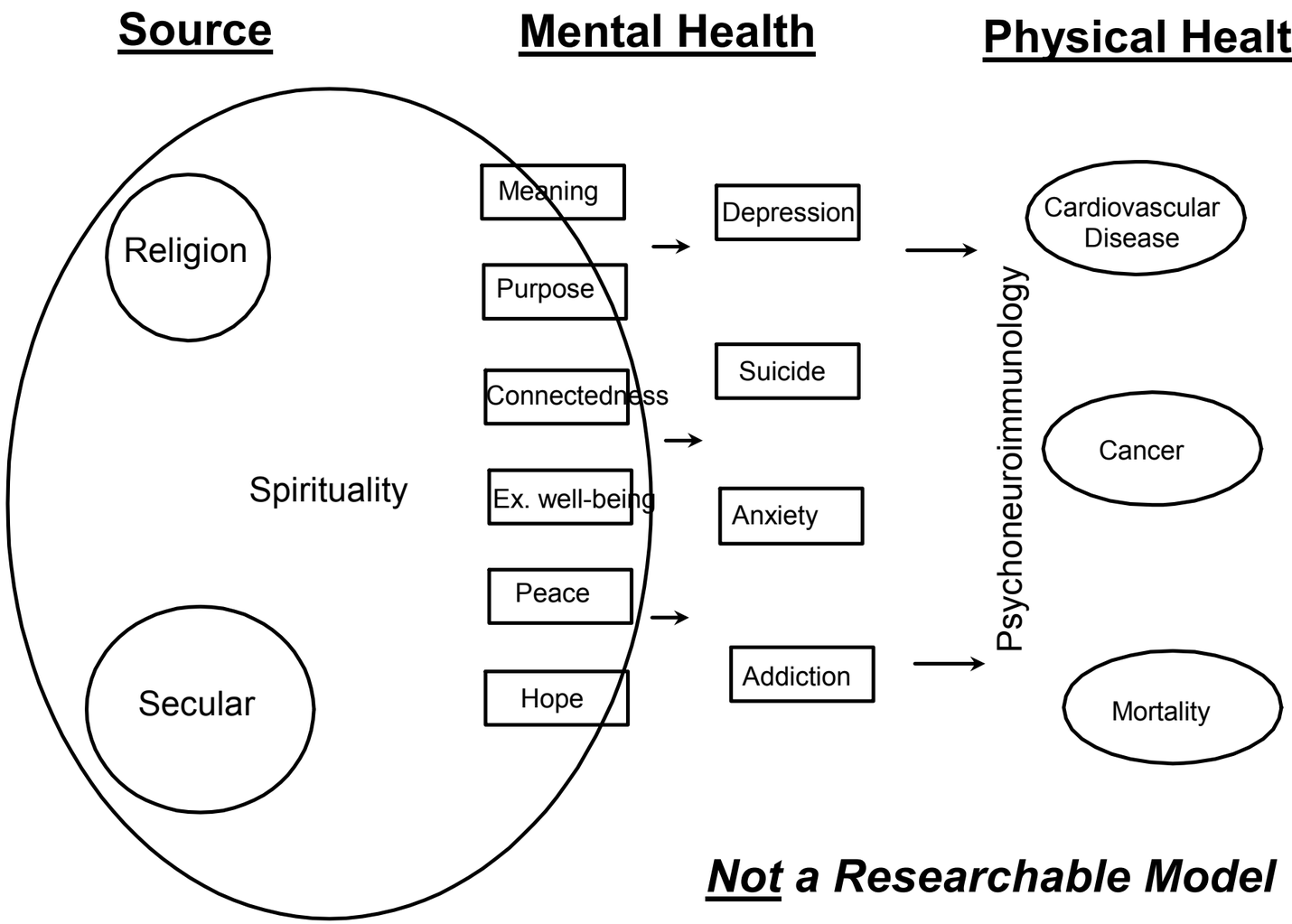
Modern Understanding



Modern Understanding - Tautological Version



Modern Understanding - Clinical Application only



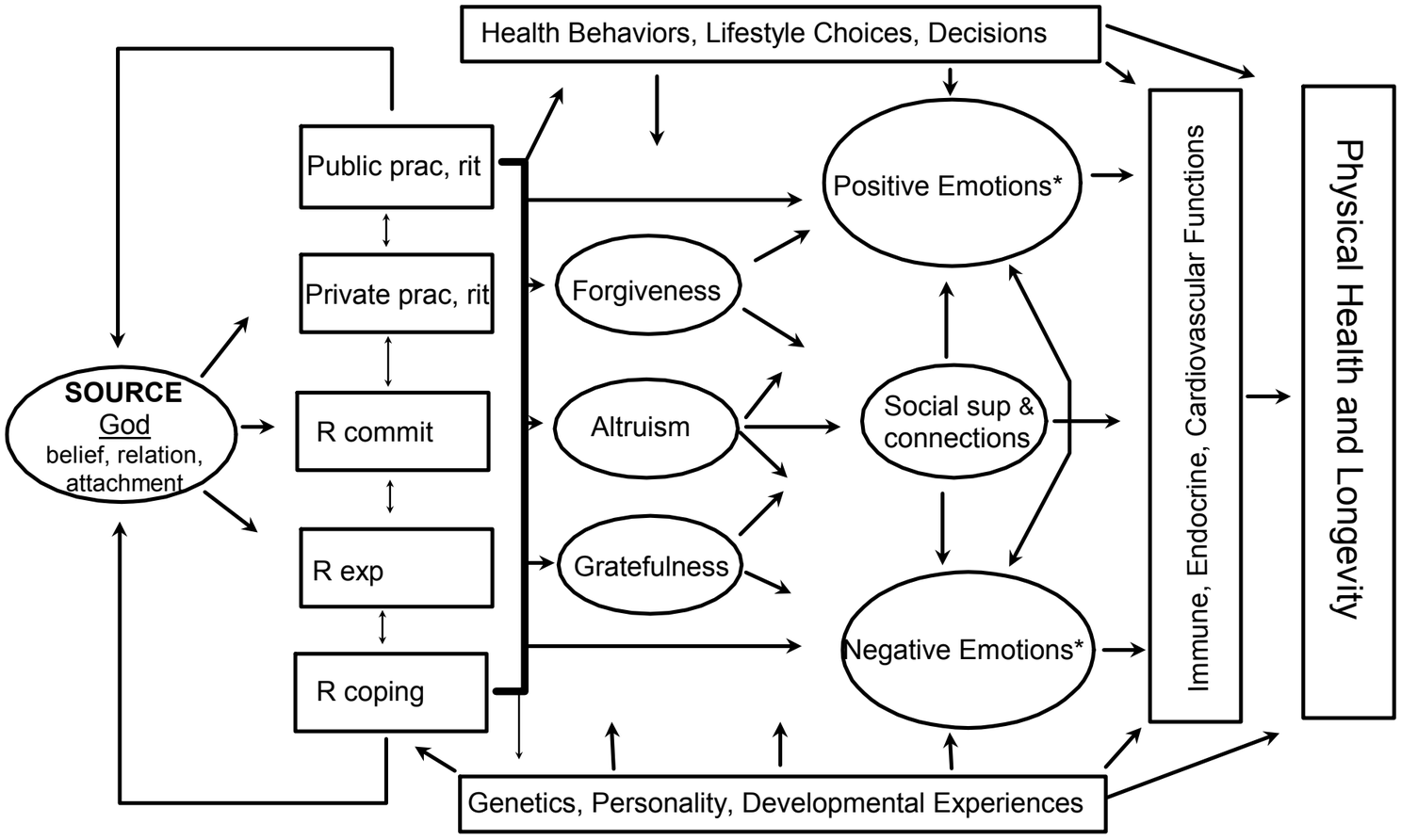
***Not* a Researchable Model**

In this talk, to keep things simple and clear, I will be addressing relationships with health in terms of "religion".

First, let us examine how "religion" might influence health. This is a theoretical model involving causal pathways and intermediary variables. The example to be provided is based in the Judeo-Christian-Islamic tradition, which views God as separate from humans and creation, and as personal.

Models like this exist for for Eastern religious traditions as well, but my lack of expertise in those traditions make it easier for me to illustrate effects using a Western religious model.

Pathway / Order of Effects



*__Positive emotions__: peace, harmony, existential well-being, happiness, hope/optimism, meaning, purpose
*__Negative emotions__: depression, anxiety, emotional distress, loneliness, low self-esteem

Let us now examine the circumstances we are facing and the role that religion may play in them, especially for older adults

Stress & Depression Common, Increasing

- Increased stress due to recent economic downturn
- Increased depression due to losses (jobs, homes)
- Increasing debt, decreasing savings
- Youth facing many choices, with fewer absolutes to guide
- Population aging, facing increasing health problems
- Few saving for retirement (fear)

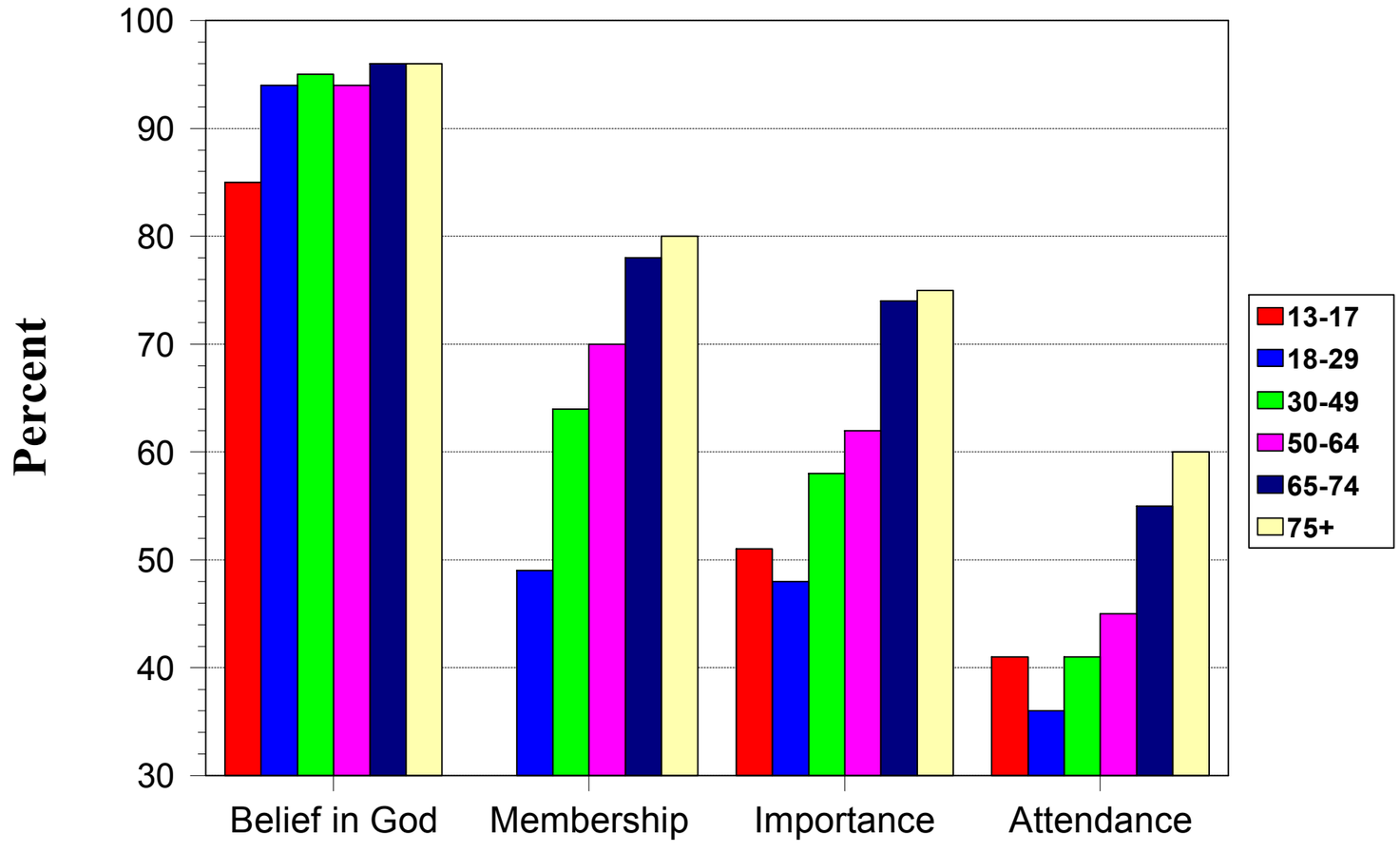
Stress & Depression Affect Physical Health, Need for Health Services

- Myocardial infarction
- Hypertension
- Stroke
- Susceptibility to infection
- Slow wound healing
- Increase aging process
- Increase length of hospital stay, need for medical services

Religion in widespread in the United States

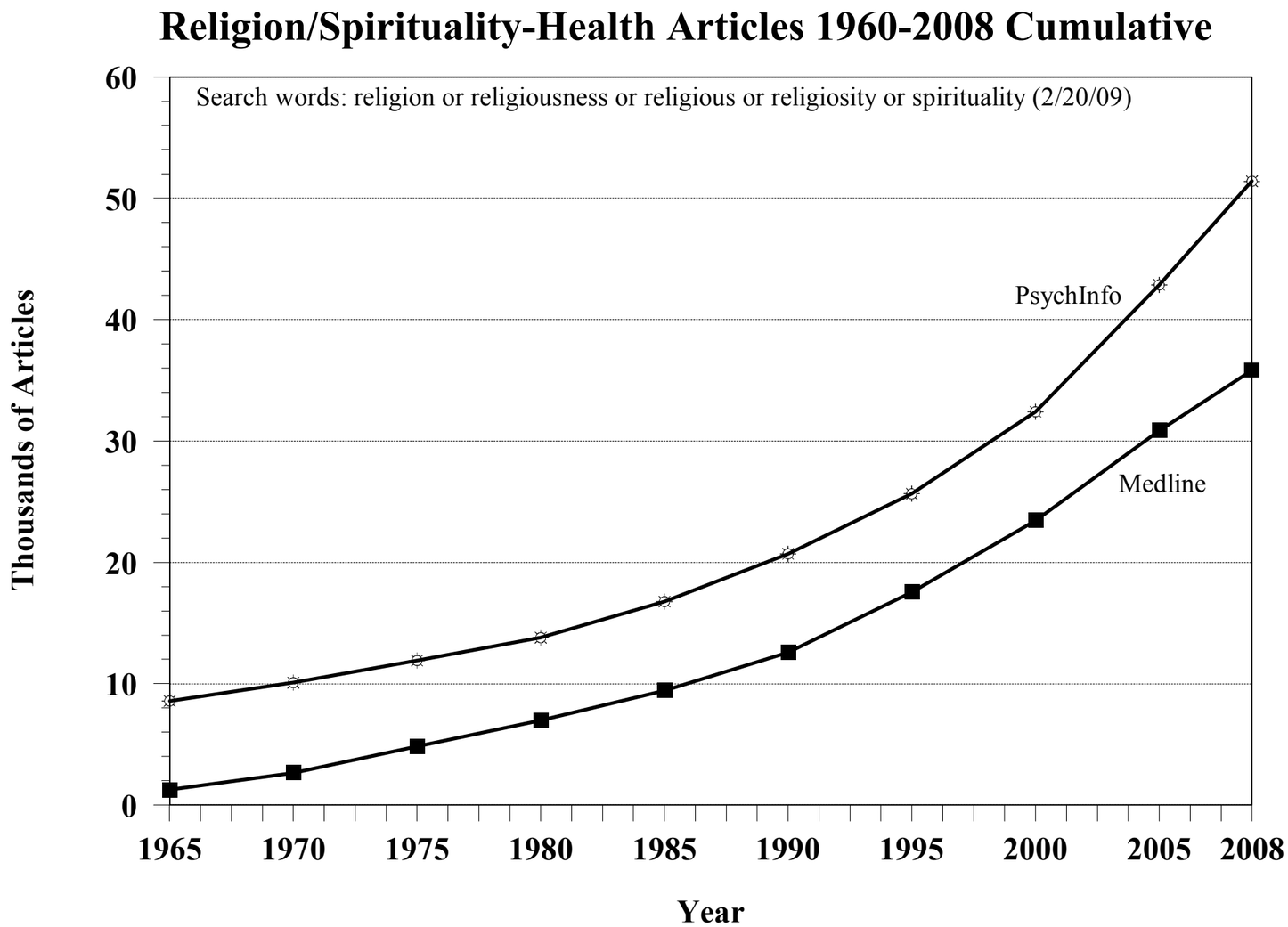
- 93% of Americans believe in God or a higher power
- 89% report affiliation with a religious organization
- 83% say religion is fairly or very important
- 62% are members of a church, synagogue or mosque
- 58% pray every day (75% at least weekly)
- 42% attend religious services weekly or almost weekly
- 55% attend religious services at least monthly

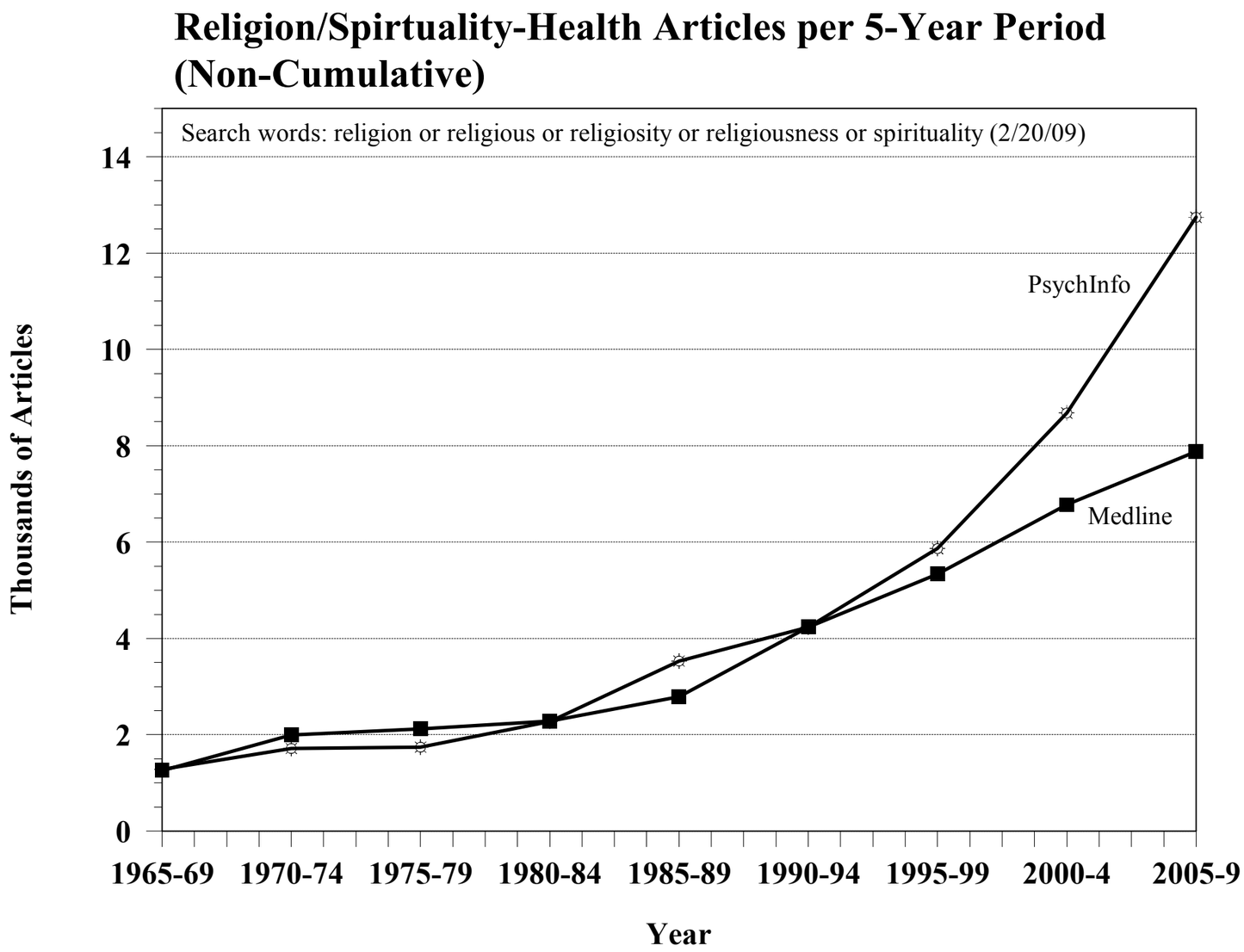
Religious involvement across the lifespan (National Study of Youth and Religion 2002-2003; Gallup Polls of the United States 2001-2002)



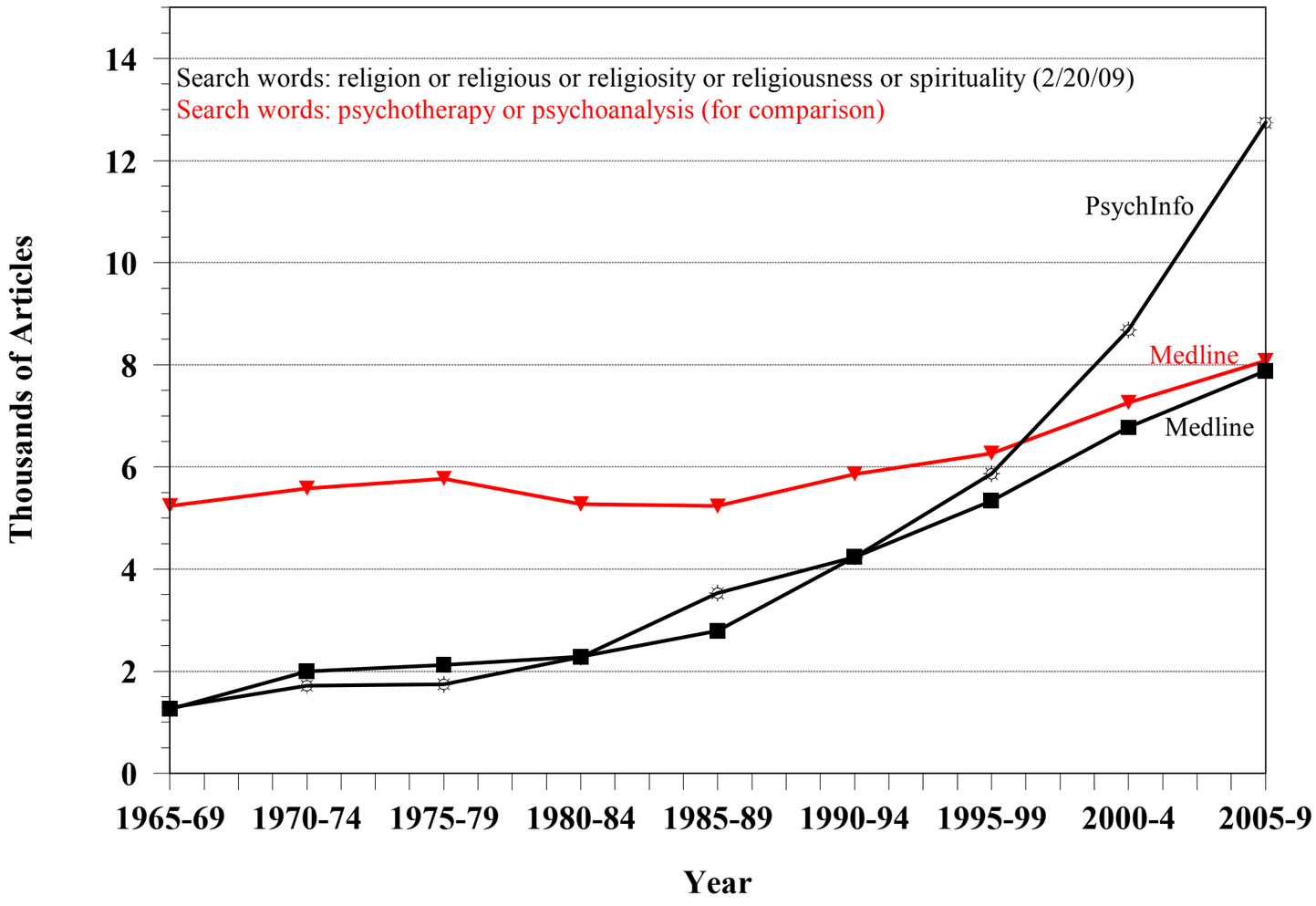
Many in U.S. Turn to Religion to Cope with Stress and Illness

- 90% turned to religion to cope with September 11th (NEJM)
- 90% of hospitalized patients rely on religion to cope
- >40% say it's most important factor that keeps them going
- Hundreds of quantitative and qualitative studies report similar findings in persons with health problems, especially in minorities, women, the poor
- Research on the effects of religion on coping and health is growing rapidly world-wide


Religion/Spirituality-Health Articles 1960-2008 Cumulative
Search words: religion or religiousness or religious or religiosity or spirituality (2/20/09)
Thousands of Articles
60
50
40
30
20
10
0
1965
1970
1975
1980
1985
1990
1995
2000
2005
2008
Year
PsychInfo
Medline


Religion/Spirtuality-Health Articles per 5-Year Period (Non-Cumulative)
Search words: religion or religious or religiosity or religiousness or spirituality (2/20/09)
PsychInfo
Medline
Thousands of Articles
0
2
4
6
8
10
12
14
1965-69
1970-74
1975-79
1980-84
1985-89
1990-94
1995-99
2000-4
2005-9
Year

Religion/Spirituality-Health Articles per 5-Year Period (Non-Cumulative)



Religious involvement can buffer stress, reduce depression, enhance quality of life

Religion is related to:

- Lower perceptions of stress
- Less depression, faster recovery from depression
  (204 of 324 studies show depression less among religious)
- Greater well-being, happiness, meaning, purpose, hope
  (278 of 359 studies show positive emotions higher in religious
- Increased quality of life
  (20 of 29 recent studies show QOL higher among religious)

Alcohol/drug abuse lower in the religious

Religion is related to:

- Less alcohol/drug use, especially among **the young**, although true for all ages groups (276 of 324 studies show significantly lower rates)

Religious live healthier lifestyles, have better habits, fewer risky behaviors

Religion is related to:

- Less cigarette smoking, especially among **the young**
  (102 of 117 studies show significantly lower rates)

- More exercise
  (4 of 6 studies show significantly more likely to exercise)

- Diet and weight
  (1 of 8 studies show religious persons weigh less) ☹

- Less extra-marital sex, safer sexual practices (fewer partners)
  (45 of 46 studies show significant relationships)

Religious persons need and use fewer health care services – due to better health and more support from family, community

- Marital stability greater - less divorce, greater satisfaction (36 of 39 studies prior to year 2000)

- Social support greater (19 of 20 studies prior to year 2000)

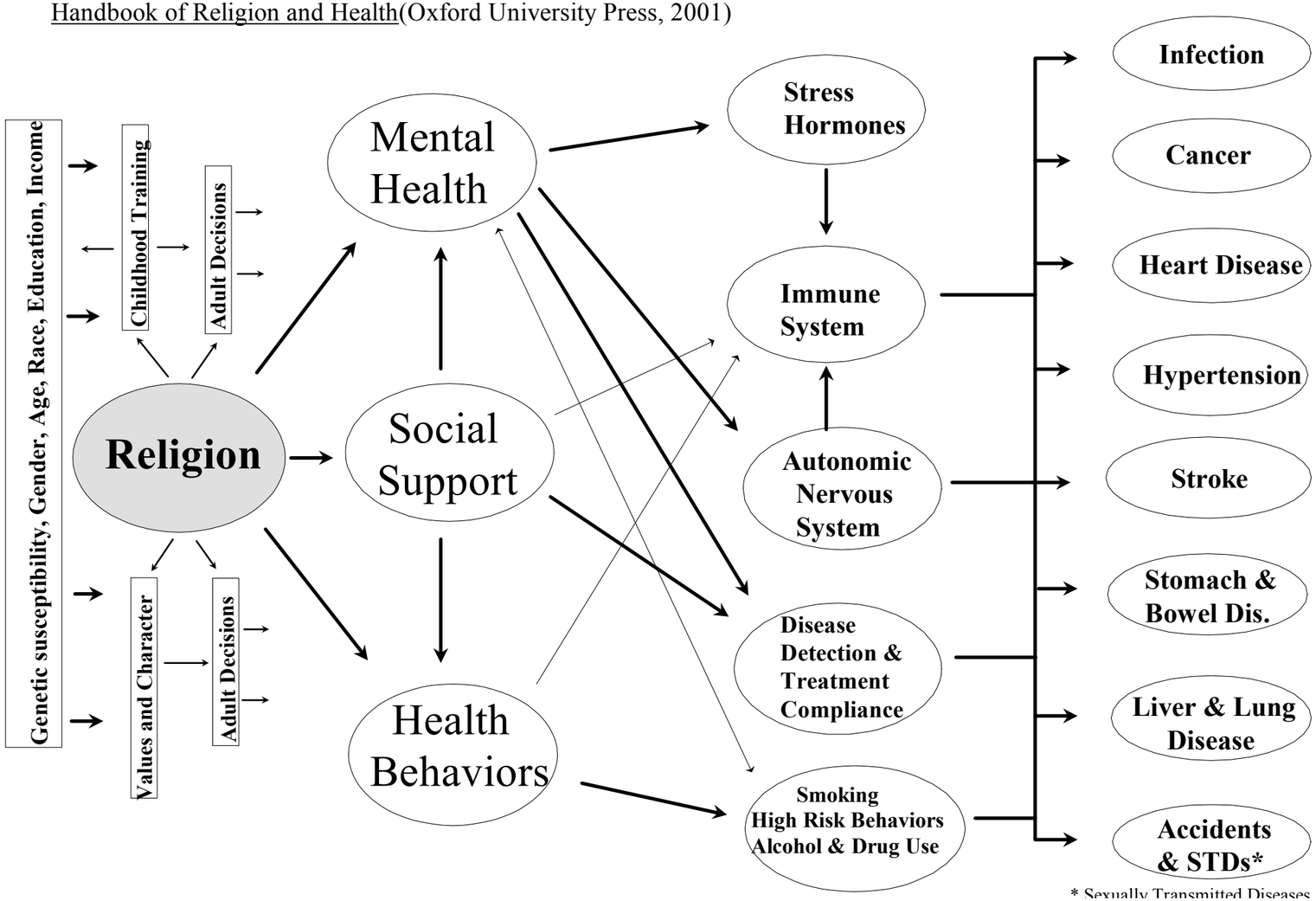
Thus:

- Shorter hospital stays, fewer hospital days per year

- Less time spent in nursing home after hospital discharge (particularly for women and African-Americans)

Model of Religion's Effects on Health

Handbook of Religion and Health(Oxford University Press, 2001)



Religion related to better physical health, recovery from illness

- Fewer heart attacks, fewer deaths from CAD
- Better recovery following cardiac surgery, fewer complications
- Lower cardiovascular reactivity to laboratory induced stress
- Lower blood pressure
- Less stroke
- Fewer metabolic problems
- Better immune functioning
- Lower stress hormone levels
- Less cancer, longer survival with cancer
- Less susceptibility to infection
- Greater longevity
- Slower cognitive decline with aging, Alzheimer's disease
- Less functional disability with increasing age

Recent Studies

- Religious attendance associated with slower progression of cognitive impairment with aging in older Mexican-Americans
  Hill et al. Journal of Gerontology 2006; 61B:P3-P9
  Reyes-Ortiz et al. Journal of Gerontology 2008; 63:480-486

- Religious behaviors associated with slower progression of Alzheimer's dis.
  Kaufman et al. Neurology 2007; 68:1509–1514

[for depression-cognition relationship see Arch Gen Psychiatry 2006; AGP 63:530-538; 2008;65(5):542-550; AGP 2008; 65(10):1156-1165)]

- Fewer surgical complications following cardiac surgery
  Contrada et al. Health Psychology 2004;23:227-38

- Greater longevity if live in a religiously affiliated neighborhood
  Jaffe et al. Annals of Epidemiology 2005;15(10):804-810

- Religious attendance associated with >90% reduction in meningococcal disease in teenagers, equal to or greater than meningococcal vaccination
  Tully et al. British Medical Journal 2006; 332(7539):445-450

Recent Studies - Physical Health Outcomes

• HIV patients who show increases in spirituality/religion after diagnosis experience higher CD4 counts/ lower viral load and slower disease progression during 4-year follow-up
Ironson et al. Journal of General Internal Medicine 2006; 21:S62-68

• Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914.
la Cour P, et al. Social Science & Medicine 2006; 62: 157-164

• Nearly 2,000 Jews over age 70 living in Israel followed for 7 years. Those who attended synagogue regularly were more likely than non-attendees to be alive 7 years later (61% more likely to be alive vs. 41% more likely to be alive for infrequent attendees. Gradient of effect.
European Journal of Ageing 2007; 4:71-82

• Experimental study shows that less pain is experienced when subjects view religious vs. secular paintings; functional MRI scans documents that pain circuits in brain are reduced (Journal of Pain 2008, forthcoming)

Over 70 recent studies with positive findings since 2004
http\\:www.dukespiritualityandhealth.org

Applications to Clinical Practice

Spirituality in Patient Care, Second Edition
Templeton Foundation Press, 2007

Reviewed in **JAMA** 2008; 299:1608-1609

Why Address Spirituality in Clinical Practice

1. Not dependent on research alone; even without research, integrating spirituality into patient care has value

2. Many patients are religious, would like it addressed in health care

3. Many patients have spiritual needs related to illness that could affect mental health, but go unmet; mental health affects physical

4. Patients, particularly when hospitalized, are often isolated from religious communities (requiring others to meet spiritual needs)

5. Religious beliefs affect medical decisions, may conflict with treatments

6. Religion influences support and care in the community

Take a Spiritual History

1. The screening spiritual history is brief (2-4 minutes), and is not the same as a spiritual assessment (chaplain)

2. The purpose of the SH is to obtain information about religious background, beliefs, and rituals that are relevant to health care

3. If patients indicate from the start that they are not religious or spiritual, then questions should be re-directed to asking about what gives life meaning & purpose and how this can be addressed in their health care

Physician Should Take
The Spiritual History

1. Physician directs the care of the patient

2. Patient needs to feel comfortable talking with physician about spiritual issues

3. Patients' medical decisions are influenced by their religious beliefs

4. Patients' compliance with treatments are influence by religious beliefs

5. Taking spiritual history enhances doctor-patient relationship & may itself affect health outcomes

6. Spiritual struggles can adversely affect health outcomes

Religious Struggle

444 hospitalized medical patients followed for 2 years

Each of 7 items below rated on a 0 to 3 scale, based on agreement.
For every 1 point increase on religious struggle
scale (range 0-21), there was a 6% increase in mortality,
independent of physical and mental health
(Arch Intern Med, 2001; 161: 1881-1885)

- Wondered whether God had abandoned me
- Felt punished by God for my lack of devotion
- Wondered what I did for God to punish me
- Questioned the God's love for me
- Wondered whether my church had abandoned me
- Decided the Devil made this happen
- Questioned the power of God

Contents of the Spiritual History

See JAMA 2002; 288 (4):487-493

1. What is patient's religious or spiritual (R/S) background (if any)
2. R/S beliefs used to cope with illness, or alternatively, that may be a source of stress or distress
3. R/S beliefs that might conflict with medical (or psychiatric) care or might influence medical decisions
4. Involvement in a R/S community and whether that community is supportive
5. Spiritual needs that may be present and need to be addressed for health reasons

Besides Taking a Spiritual History…

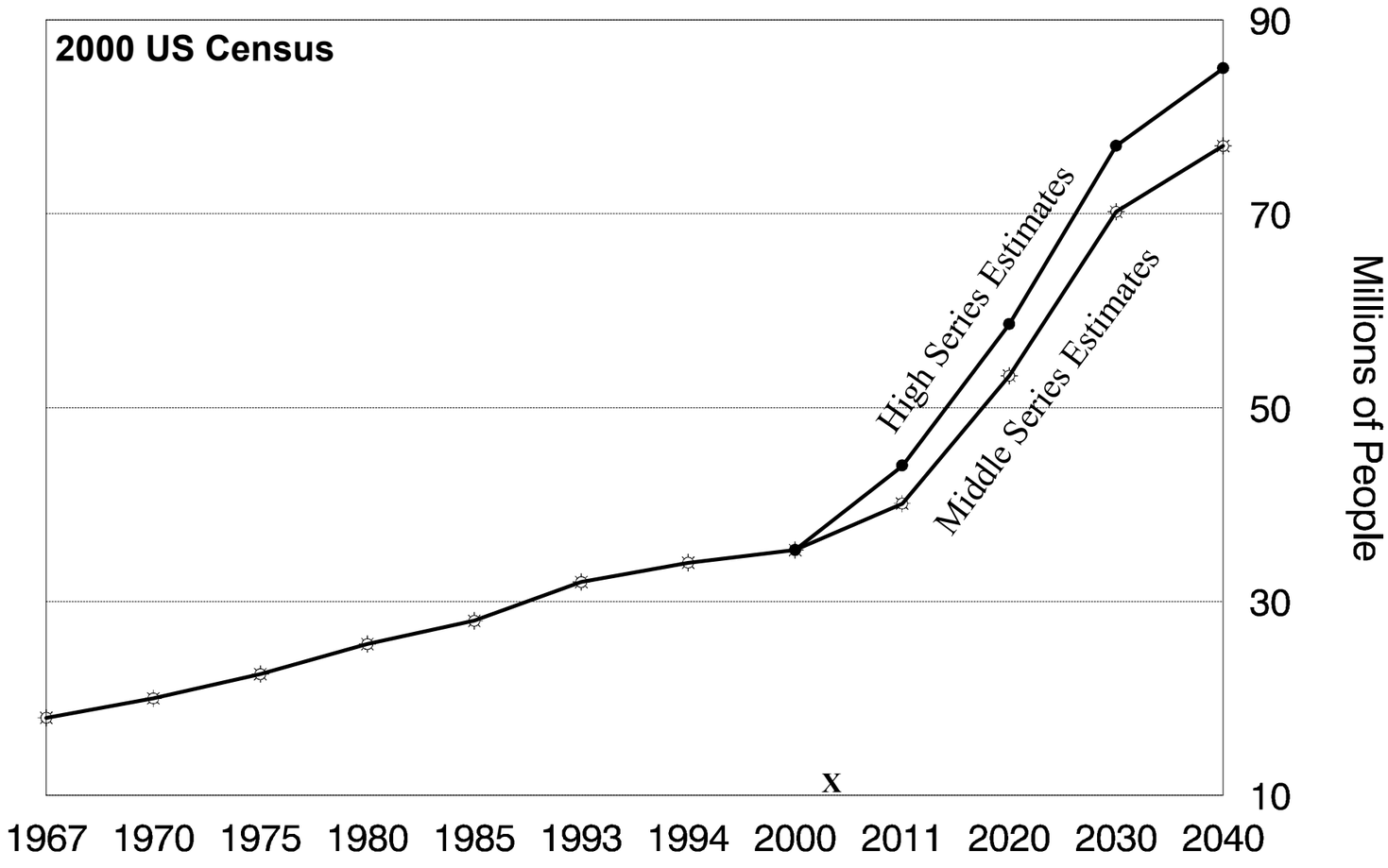
1. Support the religious/spiritual beliefs of the patient (verbally, non-verbally)
2. Ensure patient has resources to support their spirituality – refer patients with spiritual needs to CHAPLAINS
3. Accommodate environment to meet spiritual needs of patient
4. Be willing to communicate with patients about spiritual issues
5. Pray with patients if requested (?)
6. Prescribe religion to improve health (?)

Limitations and Boundaries

1. Do not prescribe religion to non-religious patients
2. Do not force a spiritual history if patient not religious
3. Do not coerce patients in any way to believe or practice
4. Do not pray with a patient before taking a spiritual history and unless the patient asks
5. Do not spiritually counsel patients (always refer to trained professional chaplains or pastoral counselors)
6. Do not do any activity that is not patient-centered and patient-directed

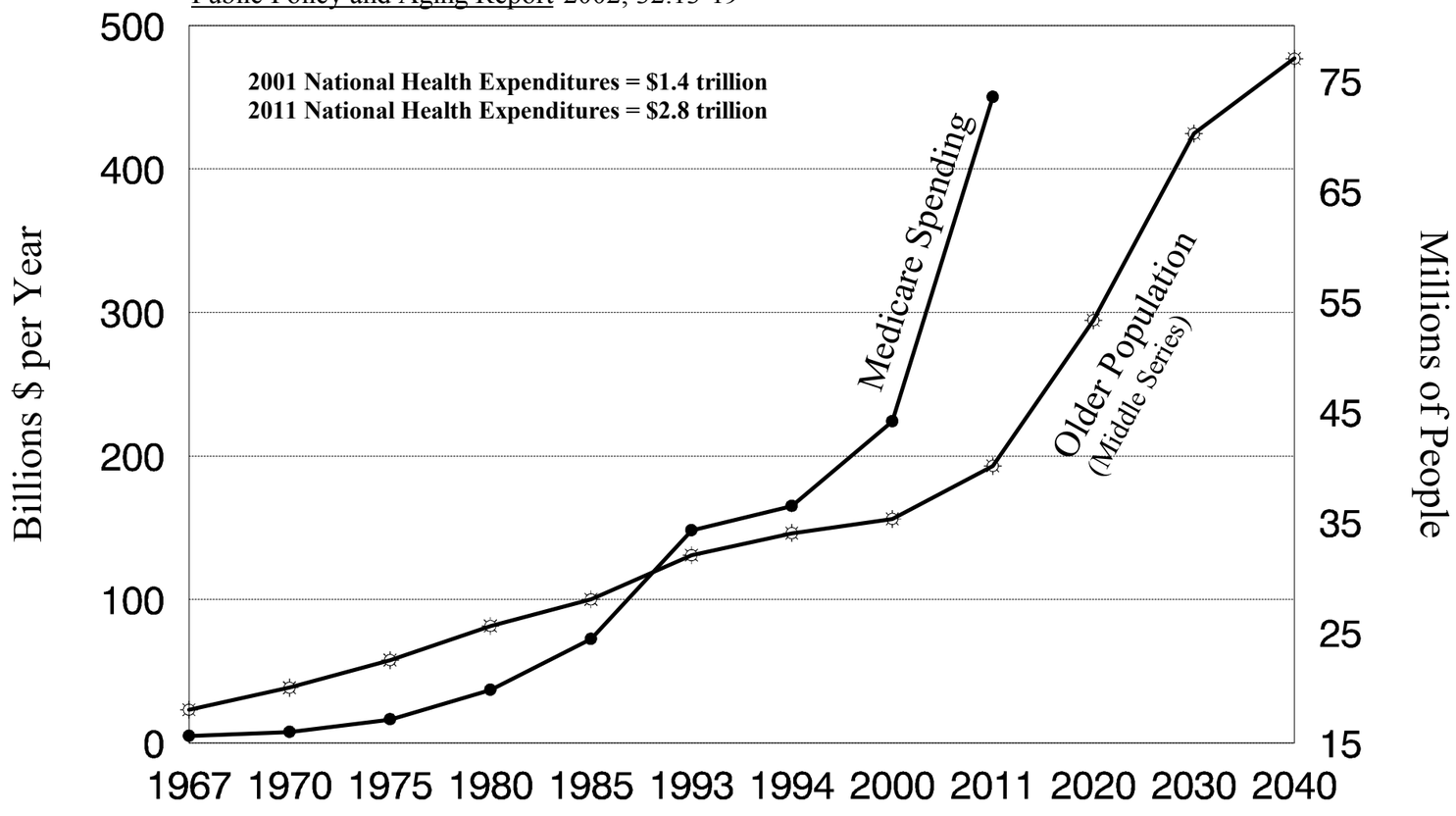
Community Applications

Projected growth of the U.S. elderly population {> 65)



The Dilemma: Spending on Future Health Care in the USA

Public Policy and Aging Report 2002; 32:13-19



Projected growth of the elderly U.S. population and Medicare spending. Medicare data from **Office of the Actuary & Bureau of Data Management & Strategy, Center for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services** (March/April 2002).

What do these aging and economic trends mean?

1. Need of health services outstripping ability to pay for health services

2. Older adults falling through the cracks in terms of medical services and long-term care

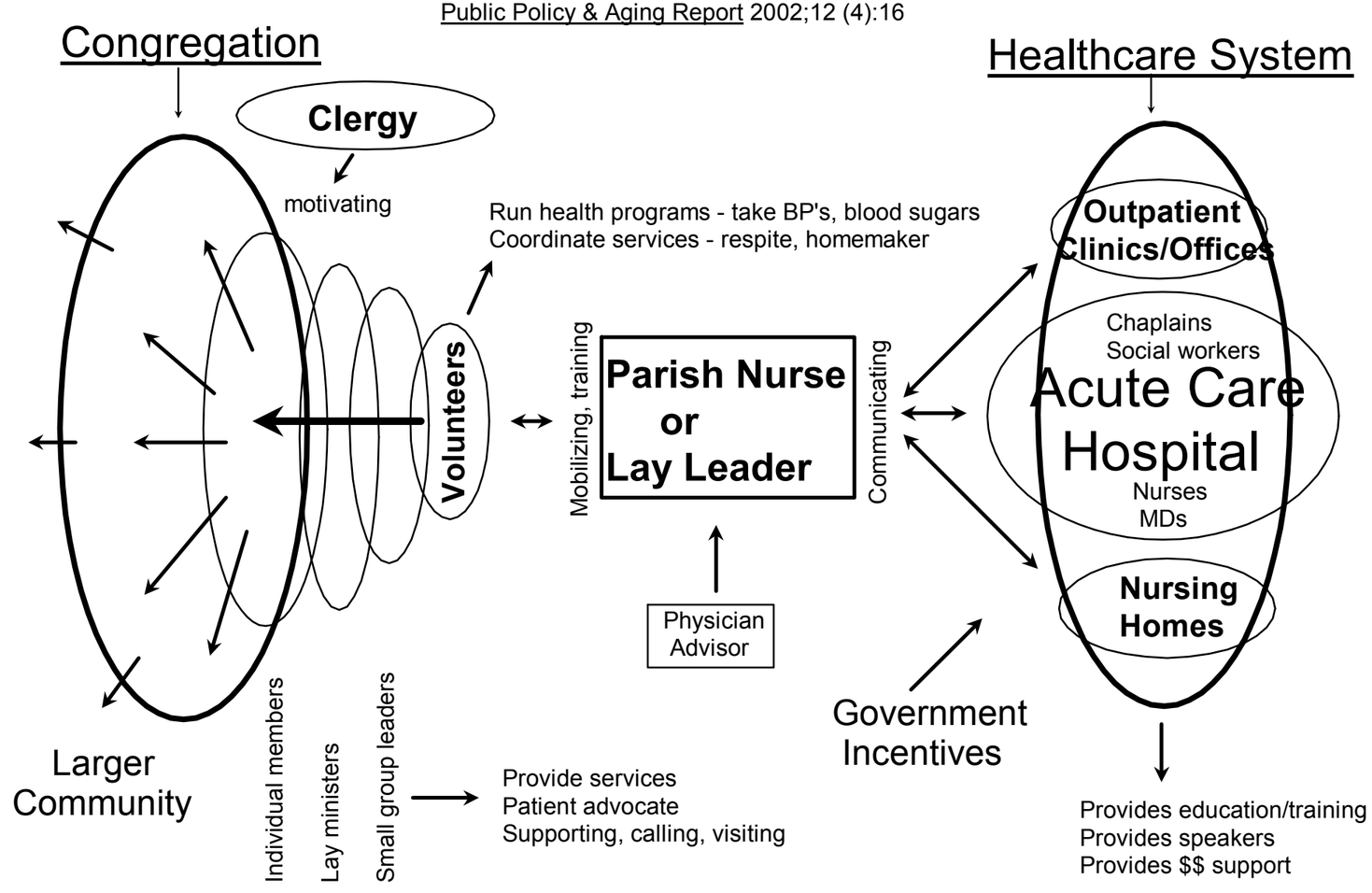
3. Older adults without family members to care for them living out their latter days on city streets and parks

4. Need to identify community resources to help alleviate the burden of care off the health care system and off of young families

Prevention and Management of Disease

Primary, Secondary, and Tertiary

Public Policy & Aging Report 2002;12 (4):16



Further Reading

Medicine, Religion and Health (2008, Templeton Press)

Handbook of Religion and Health (2001, Oxford University Press)

The Link Between Religion and Health (2002, Oxford Press)

Faith in the Future: Healthcare, Aging, and the Role of Religion (2004, Templeton Press)

Aging and God (1994, Haworth Press)

Religion, Health and Aging (1988, Greenwood Press)

Further Information
Website: Duke Center for Spirituality, Theology and Health

Summer Research Workshop

July and August 2009
Durham, North Carolina

5-day intensive research workshops focus on what we know about the relationship between religion and health, applications, how to conduct research and develop an academic career in this area (July 20-24, Aug 17-21, 2009) Leading religion-health researchers at Duke, UNC, USC, and elsewhere will give presentations:

-Previous research on religion, spirituality and health
-Strengths and weaknesses of previous research
-Applying findings to clinical practice
-Theological considerations and concerns
-Highest priority studies for future research
-Strengths and weaknesses of religion/spirituality measures
-Designing different types of research projects
-Carrying out and managing a research project
-Writing a grant to NIH or private foundations
-Where to obtain funding for research in this area
-Writing a research paper for publication; getting it published
-Presenting research to professional and public audiences; working with the media

If interested, contact Harold G. Koenig: koenig@geri.duke.edu