

RELIGION-ASSOCIATED VARIATIONS IN PHYSICIANS' RESPONSES TO BASIC MENTAL HEALTH CONCERNS

Farr A Curlin, MD

Trent Center for Bioethics, Humanities & History of
Medicine, Department of Medicine, and Duke Divinity
School

Duke University

Outline



1. Depression



2. Anxiety



3. Medically Unexplained Symptoms



4. Alcoholism

Depression



Vignette: A 52-year-old man presents to his primary care physician for the third time in five months. He complains of difficulty sleeping, loss of appetite, irritability, and feeling 'down' but not suicidal. He reports problems (or no problems) with his marriage and work. He exercises regularly. He says he is a Christian (or Jewish) and regularly (or rarely) attends church (or synagogue). Physical exam is unremarkable except for sad affect, and routine labs are normal. He is open to 'anything' the doctor thinks will help.

Depression



Vignette: A 52-year-old man presents to his primary care physician for the third time in five months. He complains of **difficulty sleeping, loss of appetite**, irritability, and **feeling 'down'** but not suicidal. He reports problems (or no problems) with his marriage and work. He exercises regularly. He says he is a Christian (or Jewish) and regularly (or rarely) attends church (or synagogue). Physical exam is unremarkable except for sad affect, and routine labs are normal. He is open to 'anything' the doctor thinks will help.

(Need 5 of 9 SIGECAPS criteria for Major Depression)

Depression



Primary Care Physicians

Given this limited information, how likely would you be to do each of the following for this patient? (Assume all strategies are available and financially feasible for the patient.)

- Prescribe an antidepressant medication
- See the patient regularly for counseling yourself
- Refer to a psychiatrist
- Refer to a psychologist or other licensed counselor
- Encourage the patient to get more involved in meaningful relationships and activities
- Encourage the patient to get more involved in his religious community

Depression

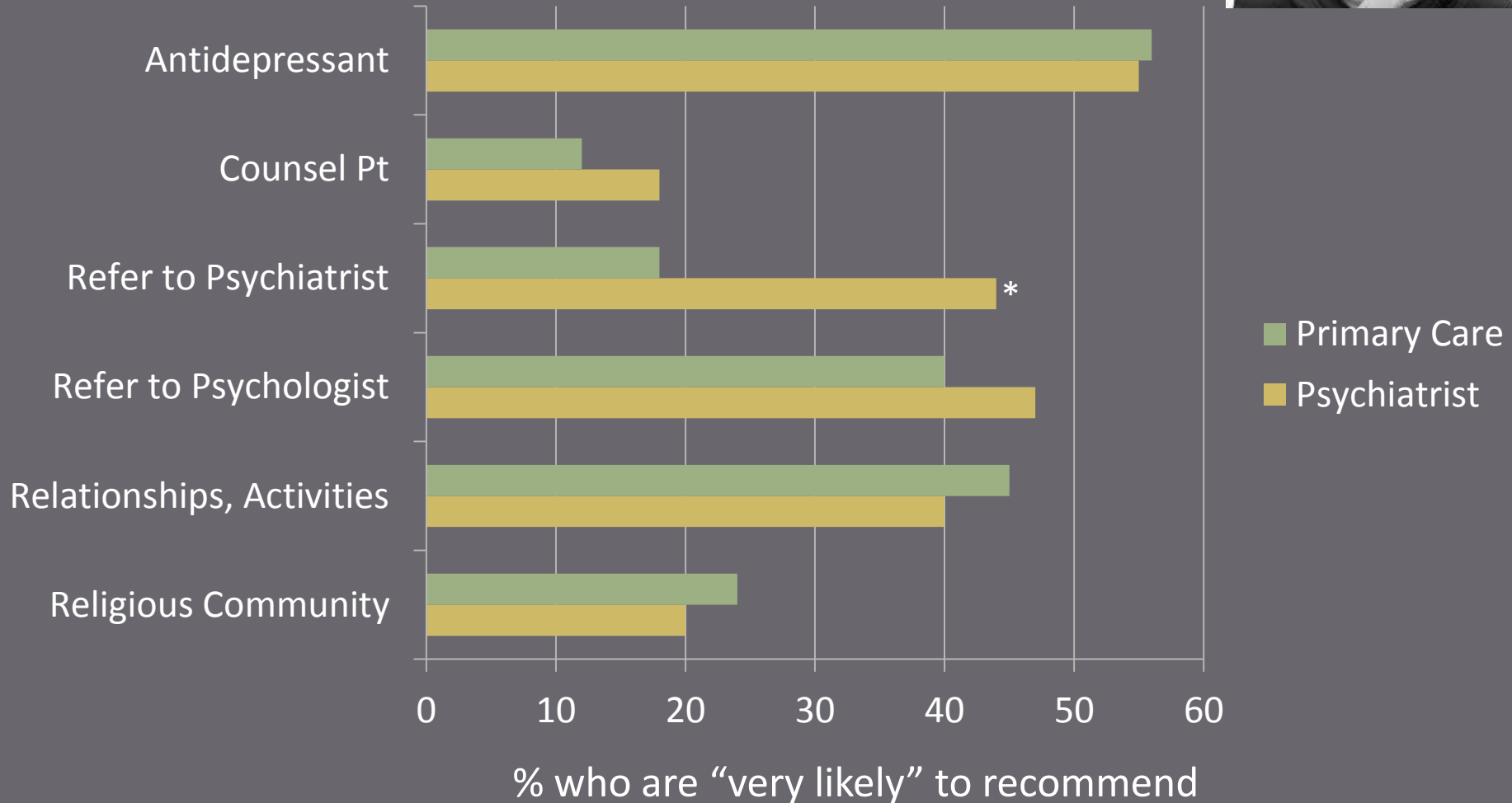


Psychiatrists

If the primary care physician asked your opinion, how likely would you be to recommend that the primary care physician do each of the following for this patient?

- Prescribe an antidepressant medication
- See the patient regularly for counseling yourself
- Refer to a psychiatrist
- Refer to a psychologist or other licensed counselor
- Encourage the patient to get more involved in meaningful relationships and activities
- Encourage the patient to get more involved in his religious community

Depression



* Significant Difference

Depression



Primary Care Physicians*



Infrequent Attenders
(1/month or less)

Frequent Attenders
(2/month or more)

*Sample size was too small to do this analysis for psychiatrists.

Depression

Antidepressants



- ▣ no main effects of physician religiosity or patient religiosity (measured as frequency of attending religious services)

Depression

Psychiatry Referrals



Physician religiosity had main effect: (OR 0.7, 95%CI 0.6-0.97)

“very likely” to refer
to a psychiatrist .

PCP frequently attends services 12%

PCP infrequently attends services 18%

Depression

Involvement in meaningful
relationships and activities



Physician religiosity had main effect: (OR 1.2, 95%CI 1.04-1.4)

“very likely” to advise
more involvement in
meaningful relation-
ships and activities

PCP frequently attends services 50%

PCP infrequently attends services 41%

Depression

Involvement in religious community



Physician religiosity had main effect: (OR 1.6, 95%CI 1.3-1.9)

“very likely” to advise
more involvement in

religious community PCP frequently

attends services 33%

PCP infrequently attends services 17%



Anxiety



The last judgment. Albi Cathedral, circa 1480. Artist unknown.



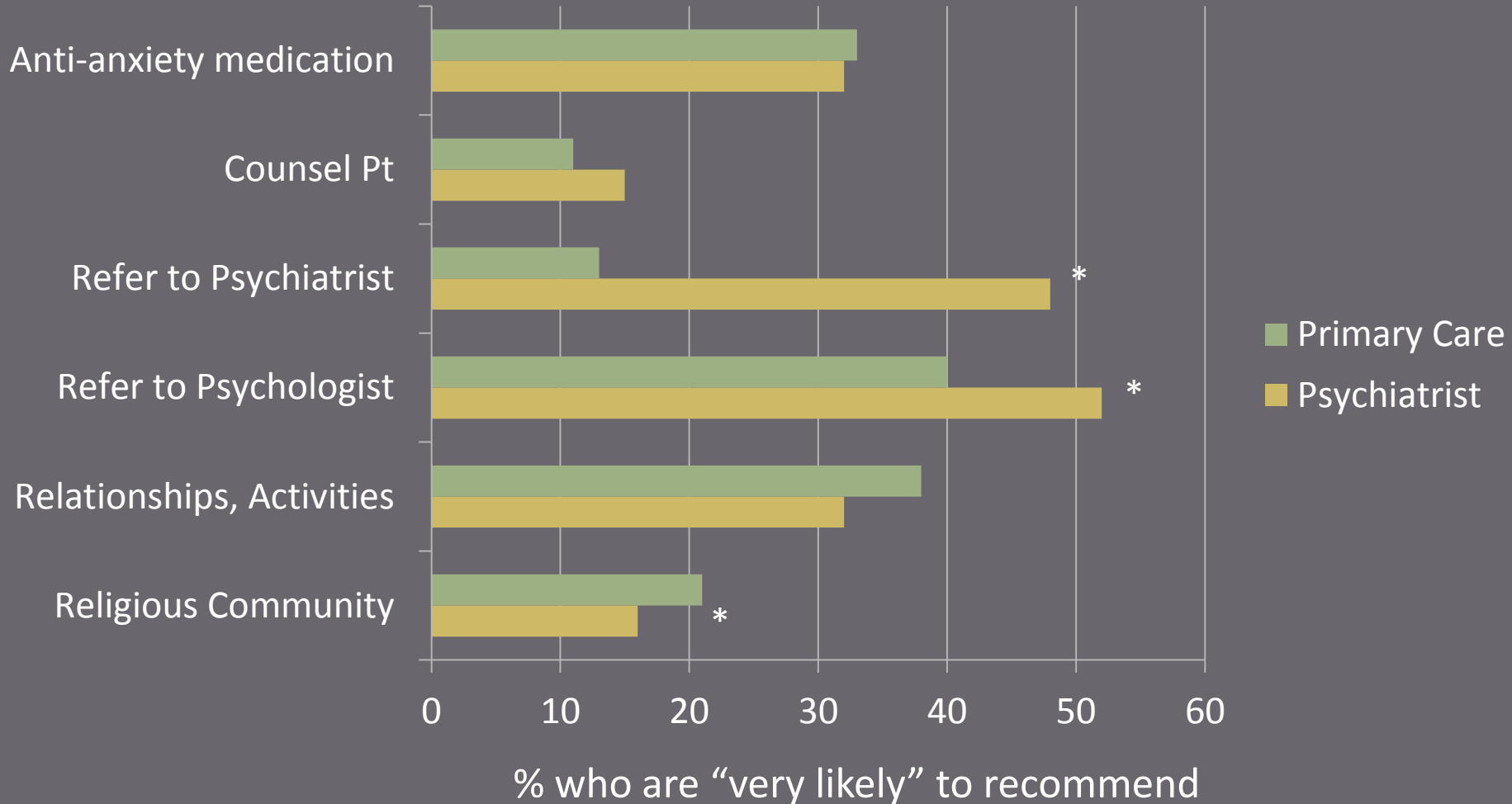
Anxiety

Vignette:

“A 23-year-old woman presents for the third time in five months. She complains of difficulty with ruminative thoughts, restlessness, tension, and worry. She reports problems (no problems) with her school and work. She exercises regularly. She says she is Christian (Jewish) and regularly (rarely) attends synagogue. Physical exam is unremarkable except for an anxious affect, and routine labs are normal. She is open to ‘anything you think will help.’”



Anxiety



*statistically significant difference



Anxiety

Involvement in religious community

Physician religiosity had main effect: (OR 1.6, 95%CI 1.3-1.9)

“very likely” to advise
more involvement in
religious community PCP frequently

attends services	33%
PCP infrequently attends services	13%
Psychiatrist frequently attends svc.	24%
Psychiatrist infrequently attends svc.	13%



Anxiety

Null findings: No tendency for...

- religious patients to be guided toward religious resources
- Religious physicians to avoid referring to psychiatrist, psychologist/licensed counselor

Medically Unexplained Symptoms

Diagnoses:

- ▣ Fibromyalgia
- ▣ Chronic fatigue syndrome
- ▣ Atypical chest pain
- ▣ Irritable bowel syndrome
- ▣ Low back pain

Etiology

- ▣ Organic?
- ▣ Psychological?
- ▣ Both?



Medically Unexplained Symptoms

Gateway for religion:

Where do you turn when you're out of medical options?

- Seek more medicine?
- Seek mental health support?
- Seek religious support/guidance?



Medically Unexplained Symptoms

Vignette

“A 41-year old woman presents for her seventh clinic visit complaining of generalized muscle pains, fatigue, and headaches. She has had the symptoms for several years. Prior physicians have diagnosed her with fibromyalgia and chronic fatigue syndrome. Physical exam is unremarkable except for tenderness over multiple areas of her body. Diagnostic workups have not found any physiological abnormalities. Regular exercise, NSAIDs, and muscle relaxants have not provided relief. She denies depression but reports problems (no problems). She says she is Muslim and is very religiously observant (not very religiously observant). She is open to ‘anything you think will help.’”



Medically Unexplained Symptoms



Medically Unexplained Symptoms

Involvement in Relationships & activities

Physician religiosity had main effect: (OR 1.1, 95%CI 1.0-1.3)

“very likely” to advise

more involvement in

relationships & activities PCP

frequently attends services 41%

PCP infrequently attends services 33%*

*Significant difference in saturated model of PCPs only:
(OR 1.2, 95%CI 1.01-1.4)



Medically Unexplained Symptoms

Involvement in Relationships & activities

No main effect of physician religiosity or patient religiosity (measured as frequency of attending religious services)



Medically Unexplained Symptoms

Involvement in Religious community

Patient religiosity had a main effect (for PCPs):
(OR 1.2, 95%CI 1.01-1.4)

		“very likely” to advise more involvement in <u>relationships & activities</u> Pt is very
religiously observant	24%	
Pt is not very religiously observant	17%	



Medically Unexplained Symptoms

Involvement in Religious community

For Primary Care Physicians, religiosity had a main effect:
(OR 1.3, 95%CI 1.1-1.6)

“very likely” to advise
more involvement in
relationships & activities PCP

frequently attends services

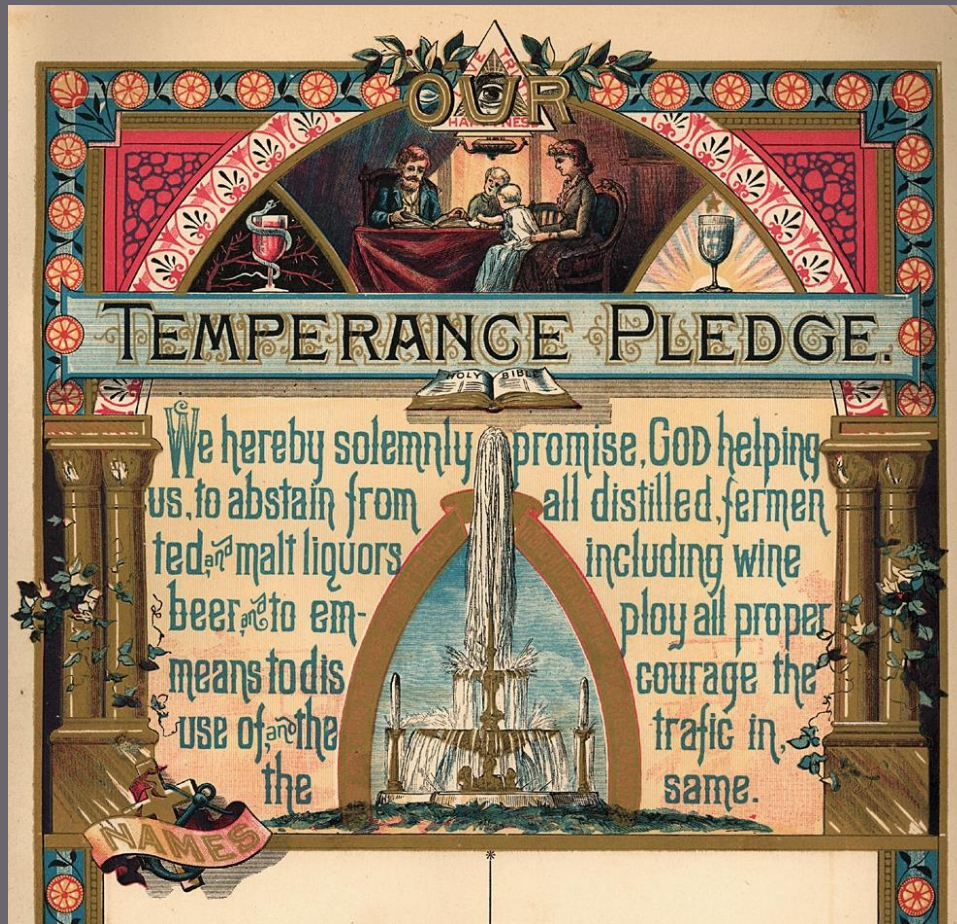
27%

PCP infrequently attends services

17%



Religion & Substance Use



Alcoholism



Vignette

“A 47-year-old man is admitted to the hospital with acute alcohol poisoning. After a medical detox, the patient says he has been drinking heavily for years and wants to get help. He has never been hospitalized or gone through rehabilitation before. He identifies himself as a Christian but says he has not been to church in months (has never been a church-goer).”

Alcoholism



Please indicate how effective you think each of the following alcoholism treatment plans would be for this patient:

- Participation in a local chapter of Alcoholics Anonymous
- Pharmacological therapy by a physician who specializes in the treatment of addiction
- Completion of a residential rehabilitation program

Response options:

- Very effective, Somewhat, not very, not at all effective

Alcoholism



To the best of your knowledge, are there any explicitly faith-based alcoholism treatment programs (not including AA) in your area to which you could potentially refer this patient?

(Assuming there were) How likely would you be to refer this patient to one of those programs?

Alcoholism



An emphasis on spirituality is critical to the success of 12-step programs.

- Agree
- Disagree

Alcoholism



- ▣ 64% of PCPs thought AA would be “very effective”
 - (no variation by religion)

- ▣ 57% of Psychiatrists thought AA would be “very effective”
 - 76% of Non-Evangelical Protestants (referent)
 - 44% of Jewish psychiatrists (OR 0.3)
 - 57% of Catholic psychiatrists (OR 0.4)

Alcoholism



- ▣ 22% of PCPs thought pharmacologic treatment by an addiction specialist would be “very effective”
 - 16% of Non-Evangelical Protestants (referent)
 - 23% of Catholics (OR 1.9)
 - 44% of Muslims (OR 4.6)
 - 32% of Other Religion (OR 2.7)

- ▣ 31% of Psychiatrists thought pharmacologic treatment by an addiction specialist would be “very effective”
 - Sample size insufficient for analysis by affiliation

Alcoholism



- ▣ 29% of PCPs knew of a faith-based program nearby.
 - 31% of Non-Evangelical Protestants (referent)
 - 50% of Evangelical Protestants (OR 2.3)

- ▣ 40% of Psychiatrists knew of a faith-based program nearby.
 - 39% of Non-Evangelical Protestants (referent)
 - 70% of Evangelical Protestants (OR 4.1)

Alcoholism



- ▣ 40% of PCPs were very likely to refer to a faith-based program.
 - 40% of Non-Evangelical Protestants (referent)
 - 76% of Evangelical Protestants (OR 5.1)
 - 16% of Jewish PCPs (OR 0.4)
 - 20% of non-affiliated PCPs (OR 0.4)

- ▣ 29%* of Psychiatrists were very likely to refer to a faith-based program.
 - 35% of Non-Evangelical Protestants (referent)
 - 16% of non-affiliated psychiatrists (OR 0.3)

* No significant difference between PCPs and Psychiatrists

Alcoholism



Primary Care

Religion is not very important

“very likely” to refer to a faith-based program

28% (referent)

Religion is very/most important

55% (OR 1.8)

Psychiatry

Religion is not very important

19% (referent)

Religion is very/most important

48% (OR 1.9)

Alcoholism



Primary Care

“very likely” to refer to a faith-based program

MD doesn't know of program nearby 32% (referent)

MD knows of program nearby 55% (OR 2.1)

Psychiatry

MD doesn't know of program nearby 21% (referent)

MD knows of program nearby 41% (OR 2.9)

Alcoholism



“an emphasis on spirituality is critical to the success of 12-step programs”

- ▣ 85% of PCPs agree
 - 90% of Non-Evangelical Protestants (referent)
 - 73% of Jewish physicians (OR 0.4)
 - 57% of Non-Affiliated physicians (OR 0.1)

- ▣ 81% of Psychiatrists agree
 - Sample size too small for analysis by affiliation

Alcoholism



An emphasis on spirituality is critical for success of 12-step programs (agree)_____

Primary Care

Religion is not very important

78% (referent)

Religion is very/most important

95% (OR 2.3)

Psychiatry

Religion is not very important

75% (referent)

Religion is very/most important

94% (OR 2.3)

Summary

Religious physicians were:

- Less likely to refer to a psychiatrist

- More likely to:
 - Encourage involvement in meaningful relationships & activities
 - encourage involvement in religious community
 - Refer to faith-based programs
 - Emphasize the spiritual component of AA

Scenario

Dep

Dep, MUS

Dep, Anx, MUS

Alc

Alc

Discussion

- ▣ No evidence for matching:
- ▣ Patient's religion rarely mattered
- ▣ Physician's religion more often mattered

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