

Health Promotion NEWSLETTER

Health Ministries Department of the Euro-Africa Division

<http://health.euroafrica.org/>

EDITORIAL

No. 42, Fourth Quarter 2004

Dear colleagues and friends:

Science is progressively understanding better the relationships between the mind and the body, the influence of thoughts and feelings upon the immune system, and the relation between active church attendance and longevity. Researchers investigate the connection between prayer and the length of convalescence after surgery, and medical conventions include topics on spirituality into their programs.

This is not new to the Seventh-day Adventist Church. In fact, Ellen G. White wrote about hundred years ago that "The religion of the Bible is not detrimental to the health of the body or of the mind. The influence of the Spirit of God is the very best medicine that can be received by a sick man or woman" (Medical Ministry, p. 12).

At the same time there is reluctancy in many circles to accept spiritual components in medical practice because of different cultural and religious backgrounds with consequent prejudice against the "others".

This and the following Newsletters will focus on some of these issues without pretending to cover all aspects.

Yours, for better health

J. Haulitschek

EUD - Health Ministries Department

Highlights of "Healthy People" 2004 - Loma Linda

Sent by Dr. Ruedi Brodbeck, Medical Director, German-Swiss Conference



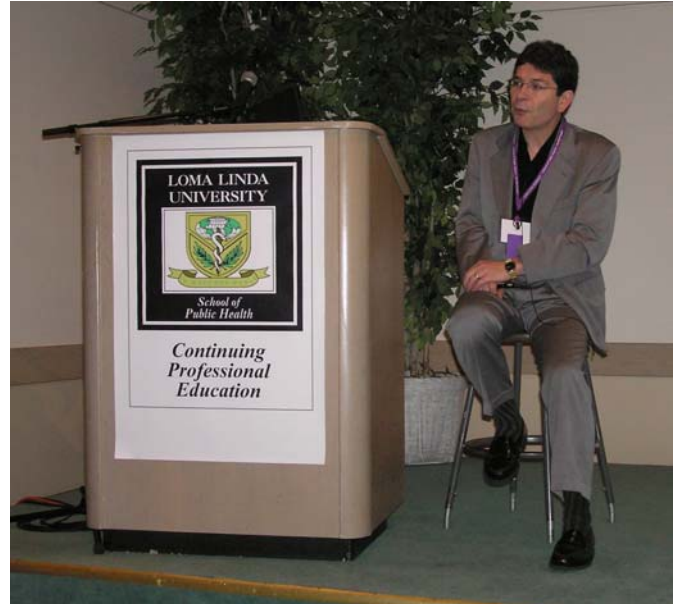
"**Spirituality, Culture & Health**", was the title of the Healthy People congress in Loma Linda from 9-12 March 2004. The congress was a joint effort of the Center for Christian Bioethics and the Center for Spiritual Life & Wholeness. I had the opportunity to attend the first two days where the focus was the influence of religiosity and spirituality upon health.

Professor Harold G. Koenig, MD, MHSc (see picture below - director and founder of the Center for the Study of Religion/Spirituality and Health at Duke University Medical Center), started with an overview of the actual stand of research in this area. It was especially interesting to notice that researchers during the past 20 years are increasingly focusing on the influence of spirituality and religiosity upon health. The number of publications and even of entire journals dedicated to this topic has strongly

increased. In the psychiatric literature between 1980-1982 the word religion was found in 101 articles while the concept of religiosity was never mentioned. During 2000-2004 the terms religion/spirituality appear 821 times in 410 articles. As Professor Koenig, who also acts as a reviser, mentioned, there are many interesting studies ready to be published.

What can be considered as certain today?

Religious involvement results in a longer life and reduced mortality. This was evidenced during the past 30 years in at least 18 prospective studies, whereas only one study did not show any relation between religious involvement/coping and *mortality*. Recent studies were carefully standardized in respect to variables that affect longevity (e.g. age, gender, ethnicity, education, body mass index, healthy lifestyle, social relations, etc.). Religious involvement is often measured by the frequency of church attendance (1x or more/week versus 1x or less/month/year). It is remarkable that mobility disabled individuals (such with a weaker health condition) often attend more regularly church than unhindered people. Therefore it can not be affirmed that the results are biased by using church attendance as a variable, which would exclude individuals with poor health.



Diverse studies, mostly epidemiological, showed an influence of religious involvement upon the *incidence of certain diseases*. Up to the year 2000 a favorable effect was shown as follows:

- Lesser heart attacks, in 7 out of 11 studies
- Lesser hypertension, in 14/23 studies
- Lower mortality of cancer, in 4/6 studies
- Better function of the immune system, in 3/3 studies
- Lesser consumption of nicotine, in 23/35 studies
- Fewer strokes, in 1/1 studies
- Lower values of cholesterol, in 3/3 studies

Religious involvement is also associated with healthier nutrition, more physical activity, more frequent use of safety belt, smoking cessation, and more frequent use of preventive medicine services. Interestingly, from the economical viewpoint, is the association with fewer and shorter hospitalizations.

Several studies demonstrated a positive influence of religion and spirituality upon the mental/spiritual health and general well-being. In a review of 29 studies, 24 (82,75%) showed fewer depressions and fewer depressive symptoms in religious involved individuals. Only 5 studies (17,25%) could not confirm such association, but no study described a negative association. It seems that the religious motivation is important. A study by Koenig et al from 1998 (Koenig HG, George LK, Peterson BL. Religiosity and remission of depression in medically ill older patients. *Am J Psychiatry*. 1998;155:536-542) showed, after standardization of 27 other variables, that intrinsic religiosity is significantly associated with a greater probability of remission, which mostly begins earlier. In the treatment of depression, a cognitive behavioral therapy that includes religious components or pastoral care seems to produce superior results than a standard cognitive behavioral therapy alone.

Religiosity also has a positive effect upon anxiety disorders and addictions and reduces the risk of suicide.

Table 1 - Religious Involvement, Spirituality, and Health Outcomes (adapted from Levin JS, *Soc Sci Med*. 1996;43:849-894 cit. in Mueller et al *Mayo Clin Proc*, December 2001, Vol 76, p.1230)

Research shows that:

- Most persons have a spiritual life
- Most patients want their spiritual needs assessed and addressed
- Most studies have found a direct relationship between religious involvement and spirituality and better health outcomes
- Supporting a patient's spirituality may enhance coping and recovery from illness

Research does not show that:

- Religious people don't get sick
- Illness is due to lack of religious faith
- Spirituality is the most important health factor
- Doctors should prescribe religious activities
- Other factors explain the association between religious involvement and spirituality and better health outcomes

How does Koenig see the importance of these results for physicians and other health professionals?

1. Religion can no longer be considered neurotic or deleterious or non-significant to health.
2. It is not justified that physicians prescribe religion or give corresponding recommendations or counsels.

Nevertheless, there seems to be a certain advantage in getting involved, because

1. Religion/spirituality influences coping with illness
2. Religion influences medical decisions
3. Religion influences health care in the community

For this reason it is important to take a spiritual history of the patient. At the same time it is necessary to respect, esteem and support his/her spiritual convictions. It must be secured that somebody takes care of the spiritual needs of the patient. It would be best to contact the faith community of the patient and to work together.

Table 2 - shows how to take a spiritual history.

Introduction is necessary (why asking these questions?):

1. Do religious/spiritual beliefs provide comfort or cause stress?
2. How might beliefs influence medical decisions?
3. Are there beliefs that might interfere/conflict with medical care?
4. Member of a religious/spiritual community & is it supportive?
5. Any other spiritual needs that someone should address?

(JAMA 288 (4): 487-493)

At the end of his dissertation, in which he showed the importance of spirituality and religion on health, Prof Koenig recommended to be prudent and to refrain from the following:

Table 3 - It is not recommended to:

1. Prescribe religion to non-religious patients
2. Force a spiritual history if patient is not religious
3. Coerce patients in any way to believe or practice
4. Spiritually counsel patients
5. Any activity that is not patient-centered
6. Argue with patients over religious matters (even when it conflicts with medical care/treatment)

Even by following above recommendations, there could arise difficult situations. In any case it is important to respect the dignity and privacy of the patient including religious liberty. An imposed religion would be an "extrinsic religion", which correlates negatively with health.

From the abundant literature I wish to mention only the website of the Dukes-University, <http://www.dukespiritualityandhealth.org> where Dr. Koenig works, and his "Handbook of Religion and Health" (OUP,2001).

The lecture of Prof. Koenig and the following question time were certainly one of the highlights of the congress.

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Does Regular Attendance of Religious Services Lead to a Longer Life?

William J. Strawbridge, Ph.D. of the Institute for Health and Aging, University of California, San Francisco, demonstrated the influence of spirituality and a healthy lifestyle based on the results of the Alameda County Study.

Right at the beginning, he emphasized the difficulty to separate/individualize the influence of spirituality (*beliefs and actions concerned with sacred aspects of life. May or may not involve organized religions*) and religiosity (*involvement in organized religious activities, particularly attendance at services and taking part in other activities at places of worship*).

Individuals can be spiritual and religious, spiritual or religious, or none of them. The association of healthy behaviors can follow similar options.

The Alameda County Study begun in 1965. The inhabitants of the San Francisco bay area corresponded at that time quite well with the demographic data of the US. The study examined several health behaviors (*1- Attending religious services weekly vs. attending yearly or never. 2- Not smoking vs smoking. 3- Exercising often vs. never exercising. 4- Being socially active vs. inactive.*) to find out if they conduced to a longer life, which was confirmed for all of them.

After the publication of this study, Richard Sloan criticized it, stating that individuals who attend regularly religious services also have healthier habits, being therefore no causal correlation between attendance of religious services and longer life. However, Strawbridge demonstrated, making new calculations, that there is still a prolongation of life even after the standardization of the healthy lifestyle habits of the churchgoers. The prolongation of life cannot be explained only by the healthier behaviors. It was surprising to find out that regular church attendance clearly helps people to develop and to maintain healthy habits. It seems therefore, that the weekly participation in religious services affects longevity in a direct and indirect way.

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Hypertension Reduction Study - Through Forgiveness Training

Dick Tibbits, D. Min., one of the vice-presidents of the largest Adventist hospital, the Florida Hospital, presented a very interesting preliminary study called "Hypertension Reduction Study Through Forgiveness Training".

In 1983 there was published a study of the University of North Carolina showing that the degree of anger was a good predictor for coronary heart disease in a study of 255 physicians during 25 years. Anger is a killer. Based on this observation, Tibbits raised the hypothesis that a high anger score could have a substantial contribution in the development of hypertension. Since the ability to forgive can be learned and conduces to a reduction of anger, this could have an effect on hypertension. He divided 35 patients with hypertension into two groups. The blood pressure was measured and registered twice in a week. While the first group participated in a "Forgiveness Seminar" during 8 weeks, the second group served as a control. On the third month he started the "Forgiveness Seminar" with the second group while the first one served as a control. All patients were able to reduce their anger during the "Forgiveness Seminar". Those with the highest anger scores benefitted greatly by a reduction in their blood pressure, whereby fortunately this effect persisted even after the seminar. Dick Tibbits is convinced that forgiveness can be learned. It comprises several levels, intrapersonal, interpersonal, and a transcendental level. The "Forgiveness Seminar" operates mainly at the intrapersonal level. Tibbits defined forgiveness in the following way:



Forgiveness is: The process of reframing one's anger from the past with the goal of recovering one's peace in the present and revitalizing one's purpose for the future.

In this way one learns to:

- Deal with the past offense
- Reduce current emotional disturbances
- Remove artificial limitations in the future

Forgiveness includes the ability to let go of the disturbing thought and replace it with something better right now. Forgiveness involves the whole person.

- Cognitive – reframing the debt while recalling one's own debts
- Affective – letting the feeling inform and not overwhelm
- Behavioral – aligning your actions with your goal rather than reacting to the other
- Spiritual – let go and let God

Who knows how many diseases are coupled with unforgiven guilt, or with irreconciliation and nurturing thoughts of vengeance, asks himself if a "Forgiveness Seminar" could not be salutary for other diseases as well. In this sense the observation of Tibbits is very promising: "We forgive when we are ready to be healed."

Dick Tibbits will be the guest-speaker at the Annual Assembly and Pastoral Convention of the German-Swiss Conference in Zürich, 12-16 March 2005 (see below).

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Are the results of the research also valid for Adventists?

If the results so far are applicable also to Adventists can be assumed but not be absolutely assured. The actual large studies done so far on Adventists (1958 Initial cancer study, 1974 Adventist Health Study-I, 2001 AHS-II) have not searched for connections between faith and health but focused their attention on the effects of the lifestyle. As James W. Walters, Ph.D., Loma Linda University presented, several Adventist investigators of the Loma Linda University developed therefore the AHRS (Adventist Health and Religion Study). The AHRS is a collateral study of the next large Health Study under the direction of Prof. G. Fraser. Under the supervision of several internationally known authorities and using a comprehensive questionnaire, the effects of faith on health of about 10'000 Adventists will be examined. For this purpose 500 participants living in the surroundings of Loma Linda shall undergo an additional clinical examination. This study uses a multidimensional approach. They will examine the effects of faith with reference to its affective, cognitive, behavioral and social aspects.

The study is based on the following hypothesis:

- 1- Greater religious involvement promotes physical and mental health (affective).
- 2- Belief in a loving (s. punitive) God promotes health (cognitive).
- 3- Conservative lifestyles lead to health (behavioral).
- 4- Altruistic behavior promotes health (social).

Preliminary pilot studies have already been done. Therefore it seems possible to start the AHRS in 2004. Because of its great significance this study is being supported by the National Institute of Aging with 3,5 million US dollars. The AHRS shall not only respond the question *if* faith affects health but also *how*. The results are being awaited with great excitement.

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FACTS

Coffee and bladder cancer

"Coffee is back in the news. A Canadian study found that men who drank 4 or more cups of coffee daily had significantly higher risk (77% increased risk) of bladder cancer and the more coffee they drank, the higher the risk. They also confirmed that smoking increased the risk for bladder cancer (3.3 times higher risk). The researchers estimate that 17% of all bladder cancers were caused from coffee and 51% from smoking cigarettes. The increased risk of bladder cancer from coffee was similar to exposure to asbestos and other industrial chemicals."

Ugnat A, Bladder Cancer Risk, Chronic Diseases in Canada 25 (2), 2004

More topics and details can be found at:

www.lifelonghealth.us/mhc_home/index.htm

2005 US Dietary Guidelines Released

The US government updates the Dietary Guidelines for Americans every 5 years. They recently released their guidelines for 2005. Here they are in a nutshell.

- Consume a variety of foods within and among the basic food groups while staying within energy needs.
- Control calorie intake to manage body weight.
- Be physically active every day.
- Increase daily intake of fruits and vegetables, whole grains, and nonfat or low-fat milk and milk products.
- Choose fats wisely for good health.
- Choose carbohydrates wisely for good health.
- Choose and prepare foods with little salt.
- If you drink alcoholic beverages, do so in moderation.
- Keep food safe to eat.

Each guideline has several pages of supportive research for each statement and additional guidelines. You can see these in their "Executive Summary" report found at the following website:

www.health.gov/dietaryguidelines/dga2005/report

REPORTS FROM THE FIELD

Health fair in Turkey

Sent by Dr. Peter Brussée, Vice-President of CIPADED

"Izmir is the modern name of the old city Smyrna mentioned in the book Revelation. This Turkish city has about 3 million inhabitants. Each year at the beginning of September there is a huge international trade fair that is visited by several thousand individuals from in and outside of the country.

This year LOH (Light of Horizon) rented a booth there in cooperation with CIPADED (the ICPA chapter for the Mediterranean countries) to do simple but relevant health screening tests. One of the purposes was to raise and advance the health aware-ness of the community. Another was to promote the association "Light on the Horizon" and to find people interested in other health programs and seminars. "Light on the Horizon" is an officially recognized health-promoting organization in Turkey, led by Brother Erkin Altinkaynak (center back row) and his team. Dr. Peter Brussée from Austria (left in the picture) had the medical direction of the fair.

To begin, each visitor filled in a double form with questions about his lifestyle habits. If interested in future health programs, he could voluntarily indicate his address and phone number. The basic examined health indicators were height and weight (to calculate the 'Body Mass Index'), waist circumference, body fat percentage, pulse, blood pressure and lung function, in order to detect possible risk factors. This was followed by discussion of the results and corresponding counseling by our Turkish team. A great majority of the participants were smokers and many overweight. At the end each participant received a 20 min. massage of neck, shoulders and back, which was very much appreciated by everybody.

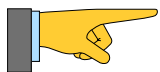
In total we examined 400 people because we had only so many disposable tubes with us for the lung test. Almost everyone left his name and address. The program was very well accepted. The excellent coordination of the team contributed certainly to the success. For most of the visitors this was the first time they had participated in such a health program. Several policemen in civil and in uniform came to the tests as well.

The health fair helped LOH to obtain the confidence of the people, which was evident by the many personal questions they asked concerning their health. This project showed that health prevention addresses the needs of the Turkish population.

This health fair was our first experiment in Turkey. For the future we consider using the health-EXPO panels of HEResources and their suggested program."



LITERATURE & MATERIALS



- In response to the many requests from the fields for more information and materials about Health-EXPO we have added a new page to our website <http://health.euroafrica.org/> You are welcome to look at it.

- "Spirituality, Health, and Wholeness: An Introductory Guide for Health Care Professionals", edited by Siroj Sorajjakool, PhD, Associate Professor of Religion; Research Associate, Center for Spiritual Life and Wholeness, Faculty of Religion, Loma Linda University, California.

Comment: "A good introduction to the theory and practice of the field of spirituality and health. I really appreciated the chapters on how to put into practice the principles of spirituality, health, and wholeness. The chapter on the basic principles of spiritual care is a real gem. The 12 principles outlined are an excellent guide for clinicians and should be adopted by everyone who wants to integrate spiritual care into their medical practice. The writing is superb, and the cases are extremely helpful in illustrating the principles. The chapter on spiritual care of the dying and bereaved is also extremely useful. The author's review of religious, spiritual, and cultural issues is one of the most succinct I have ever read. She does a marvelous job, addressing the core realities of integrating spiritual care into clinical practice. This should be required reading for all health care professionals." Dana King, MD, Associate Professor of Family Medicine, Medical University of South Carolina; Author of Faith, Spirituality, and Medicine.

Available at www.amazon.com/

CONVENTIONS AND SEMINARS

Healthy People: 8-10 March 2005
Place: Loma Linda, USA
Topic: "Lifestyle Science - Integrating Prevention and Intervention"
Information: www.llu.edu/llu/sph/cpe/events.html
www.llu.edu/llu/sph/cpe/healthy/2005hp.html

Medical Congress, Germany: 4-8 May 2005
Place: Horn-Bad Meinberg, Germany
Topic: Spirituality in Medical Practice, and others
Information: ☎ +49-711-4481950
zentrale@dvg-online.de

Annual Assembly German-Swiss Conference:
Date: 12-13 March 2005
Place: Zürich
Topic: "I am the Lord who heals you"
Speaker: Dick Tibbits, USA

AMALF
Date: 11-13 November 2005
Place: Alsace, France
Topic: "Le soignant face à l'Adolescence"
Info: www.amalf.org/

KEY DATES 2005



May 31 - World No Smoking Day



Sept 24 - Oct 01, 2005

Week of Health - Prepare a special program for the church.



December 1 - World AIDS Day
Distribute the SDA AIDS-pamphlet.
Focus on Biblical principles of prevention.

THOUGHTS OF THE MONTH

"Christ, the great Medical Missionary, is our example. He healed the sick and preached the gospel. In His service, healing and teaching were linked closely together. Today they are not to be separated." Counsels on Health, p. 395

"You are the light of the world". Mat. 5:14

Merry Christmas and a blessed new year to you and your families!



The *Health Promotion* NEWSLETTER is a quarterly report about new health promotion materials, conventions, important addresses, working strategies, etc. For best effectiveness we kindly ask you to share such information with your co-workers and also to supply to our department pertinent information to be published. Let us unite in the proclamation of God's health message!

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