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**WHOLISTIC NEWS REVIEWS:  
Traditional, Complementary, Alternative, and Psycho-Social Modalities of  
Treatment**

**Larry Lachman, PsyD**

***Physicians' Views of Faith, Prayer and Miracles-A 2004 Survey***

On December 18th and 19th, 2004, a national survey was taken of 1,100 physicians by HCD Research and the Louis Finkelstein Institute for Religious and Social Studies of The Jewish Theological Seminary on physician's views of faith, prayer and miracles. It showed that 55% of doctors surveyed reported witnessing treatment results that they considered miraculous and that 51% of doctors prayed for all of their patients as a group and 59% of physicians had prayed for individual patients. In addition, 67% of doctors said they encouraged their patients to pray - five percent did so for God to answer the patients' prayers, 32% for the psychological benefit of their patients and 63% for both reasons. Also, the survey showed that 58% of the physicians who responded attended worship services at least once a month with 46% believing that prayer is important in their own lives and 37% believing the miracle stories contained in the bible were literally true while 50% believing they were metaphorically true. In concluding, Dr. Alan Mittleman, Director of the Finkelstein Institute writes that, ".The picture that emerges is one where doctors, although presumably more highly educated than their average patient, are not necessarily more secular or radically different in religious outlook than the public."

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***Anorexic Teens Benefit from Family Therapy***

Katharine L. Loeb, PhD, director of the Eating and Weight Disorders Program, and assistant professor of psychiatry, at the Mount Sinai School of Medicine, in New York, reported that in a study of the effects of family therapy on 20 anorexic patients who were treated as outpatients at the Eating Disorders Research unit of the New York State Psychiatric Institute at Columbia University for approximately 20 sessions over a six-to-twelve month period, 70% attained a good outcome (defined as achieving more than 85% normal body weight plus resumption or onset of menses). Seventy-five percent of the patients completed the full course of treatment and had successfully attained improvements from 16.8 to 19.0 in total body mass index.

*Meeting of the American Academy of Child and Adolescent Psychiatry, October 20th, 2004*

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### ***Antidepressants May Lower Effect of Breast Cancer Drug***

Dr. David Flockhart, professor of medicine and director of the Division of Pharmacology at Indiana University reports that in studying women diagnosed with breast cancer who were taking tamoxifen and who were also prescribed an SSRI antidepressant to treat the common side effects of depression and hot flashes, they found that the antidepressants could hinder the effectiveness of tamoxifen by influencing the amounts of active tamoxifen byproducts in the blood stream and hence, potentially altering tamoxifen's anti-cancer effects. Dr. Flockhart writes that, ".This is important because previous studies have shown that when tamoxifen is broken down, the resulting molecules are extremely powerful at blocking estrogen receptors and thereby exert a cancer-inhibitive effect. Using our pharmacogenetic tool kit, we are very close to being able to identify which women should be given which drug to treat her depression or hot flashes. "

*Journal of the National Cancer Institute* 2005; 97: 30-39

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### ***Graduate Students At Risk for Mental Illness***

Reporter Carolyn Kleiner Butler writes that a recent university sponsored survey of graduate students attending the University of California at Berkeley showed that 54% of respondents said they had experienced depression with one in ten seriously considering suicide. Kleiner quotes Mort Silverman, a senior advisor at the National Suicide Prevention Technical Resource Center in Newton, Massachusetts, who stated that the frequent incidence of mental illness in graduate students stems from the fact that many disorders in the DSM-IV-TR have their initial onset at ages 18-30 and that genetic predisposition may combine with psychosocial stressors of intense competition, financial concerns, relative isolation as well as poor overall health due to inadequate insurance, to bring about a psychological disorder. Because of this, graduate schools, law schools and especially medical schools--which have experienced significant suicides among students-- now include presentations on recognizing the signs and how to cope with depression, relationship conflicts, and stress, as well as the importance of nutrition, and exercise. Many graduate schools have begun offering 24/7 psychotherapy services as well as massage and meditation classes. In concluding, Kleiner quotes psychiatrist Dr. Bernard Arons, executive director and CEO of the National Development and Research Institutes Inc., a behavioral health research organization in New York, in stating, ".It's important for (graduate students) to know themselves, to know what their own tolerance level is, and to try to see if they can conduct life with some attention to their own physical and mental needs--allowing for periods of exercise and rest and good nutrition," as well as watching for early warning signs of changes in sleep, eating, loss of concentration and social withdrawal.

*U.S. News & World Report*, April 11, 2005

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### ***Depression Can Lower Benefits of Coronary Artery Bypass Surgery***

Dr. Susmita Mallik, who headed up a research team from Emory University and Yale University's Schools of Medicine, reports that in studying 963 patients who underwent coronary artery bypass graft surgery-including a six month follow up after the procedure-they found that depression does in fact influence how a patient functions physically after undergoing the surgery. Specifically, Dr. Mallik and team found that depression at the time of surgery can prevent functional benefits expected from the procedure up to six months after surgery and that patients who scored the highest on depression scores in the study were younger, more often female and had worse physical functioning and higher comorbidity than patients with lower scores of depression. A high depression score was more likely to predict worse physical functioning after CABG than traditional measures of disease severity such as previous heart attack, heart failure on admission, and a history of diabetes. Dr. Mallik partly concludes by writing, "These findings demonstrate that depressive symptoms are at least as important as traditional measures of cardiac function in predicting health status outcomes of patients undergoing CABG. Our study indicates that depressive symptoms represent a critical factor predicting outcome after CABG and emphasizes the substantial importance of detection and treatment of depression in patients after CABG in order to improve their health status and quality of life."

*Circulation* 2005, 111, 2, January 24th, 2005

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### ***A Look At Physicians' Confidence in Accuracy of Diagnoses***

Dr. Charles P. Friedman, professor of Medicine at the University of Pittsburgh School of Medicine reports that after developing detailed written synopses from 36 detailed diagnostically challenging cases from patient records at the University of Illinois in Chicago, the University of Michigan and the University of North Carolina, they recruited 216 volunteer subjects from those three institutions (72 fourth year medical students, 72 second and third year internal medicine residents and 72 general internists with faculty appointments who had at least two years of post-residency experience), and had them work up nine clinical cases and found that when asked to provide a diagnoses and a measure of their confidence in their diagnoses, that among residents and faculty physicians, correctness and confidence of diagnosis were not aligned in about 1/3 of the cases (the physician making a correct diagnosis but with lack of confidence being more common) and that residents and more experienced internists were overconfident, believing that they are correct when in fact they were not, in 12-15% of the cases overall. Hence, physicians in this study often did not have correct perceptions of the accuracy of their diagnoses when they made them and that in many cases, physicians were overconfident (wrong when they believe they are right) or underconfident (right when they are wrong). Dr. Friedman goes on to report that physician confidence levels play a major role in the doctor's use of outside resources such as colleague consultations, medical books, journals, or computer-based decision support systems (DSSs). Dr. Friedman partly concludes, "Overconfidence is the zone of greatest concern when one thinks about how to improve practice using information technology. While this was a study performed in the laboratory and not in the clinic, the apparent prevalence of overconfidence represents a major challenge to designers of decision support systems – if the advice of these systems is to be sought and attended to when it is really needed."

*Journal of General Internal Medicine*, April 2005

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### ***Home Visits by Healthcare Workers Reduce Asthma Triggers***

Dr. James W. Krieger and colleagues from the University of Washington in Seattle report that after studying 274 low-income households with asthmatic children aged four to 12, who were randomly assigned to either a high-intensity intervention group (110 households receiving seven in-home visits from community health care workers over a one-year period) or a low-intensity intervention group (136 households receiving a single in-home visit with more limited resources), those children in the high-intensity intervention group achieved significant improvements in caregiver rated quality of life as well as reductions in asthmatic symptoms. Dr. Krieger partly concludes by writing, ".Those receiving the low-intensity intervention showed smaller improvements that reached statistical significance for quality-of-life and symptoms. The intervention effect was equivalent across caregivers of all race/ethnic groups and educational attainments and among children of all ages and asthma severities. This study supports the value of intervention aimed at reducing exposure to multiple indoor asthma triggers.

*American Journal of Public Health* 2005;95:652-659

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