

# Commentary on Current Literature

Richard A. Johnson, MD

## Mortality and Religion/Spirituality: A Brief Review of the Research

Larson DB, Larson SS, Koenig HG. *Ann Pharmacother.* 2002;36:1090–1098.

Longitudinal studies published during the past 30 years have found significant associations between frequent attendance at religious services and reduced risk of early mortality among community populations and in some patient populations such as those undergoing surgery. Since 1997, studies investigating the relationship between religious attendance and mortality have substantially improved methodologically. These studies control for a wide range of confounding variables such as sociodemographics and initial physical and mental health status and physical functioning and also adjust for potentially explanatory factors such as various types of social connections and health behaviors. Since some health behaviors and certain types of social support may have religious/spiritual motivations, adjusting for these explanatory factors may actually be underestimating the impact of religious attendance to the extent that the adjustments involve intervening variables rather than confounders. The findings in these mortality studies are notable. A meta-analysis summing the results of 42 study samples totaling nearly 126,000 people found active religious involvement increased the odds of living longer

by 29%. The relationship was so strong it would take 1418 new studies showing no association between religious involvement and living longer to overturn the significance of the findings. In other studies, religious distress such as feeling abandoned by God put seriously ill patients at increased risk for earlier death, and refusal of medical treatment for treatable diseases for religious reasons also led to higher mortality. Whether finding that frequent religious attendance was linked with a longer life span of 7 years in a national community sample, or that religious distress was linked with risk of earlier death among patients, mortality research shows that assessing for religious factors finds significant correlations. The beneficial and neutral aspects, as well as potential negative clinical aspects of religious beliefs and practices need to be further clarified. Given the high prevalence of religious factors in the US population, religious/spiritual factors are important to recognize and incorporate as independent clinical variables in future health research and health care.

Copyright © 1998-2003 *Annals of Pharmacotherapy.*

### COMMENTARY

**This extensive review of the literature pertaining to studies of spirituality and mortality by Larson et al provides a chronology of the development of the research methodology, comments on a few specific studies, and provides a meta-analysis of the more recent studies in this area. Many early studies, which did not rigorously control for confounding variables, found a very positive correlation between improved survival and markers of spirituality. Interestingly, more recent studies with much better control for co-variables also found positive correlations, which were even more significant in women than in men. Although there were data to indicate that group religious activity seemed to be more protective than individual activity, no attempt was made to assess whether one particular set of beliefs or activities was superior to others. Therefore, at this point in time we, as physicians, are justified in supporting a patient's spiritualism. However, refraining from any particular recommendation is academically justified.**