



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

### **Release from American Psychosomatic Meeting, Vancouver, BC**

Contact: Public Relations Liason: Peter B. Esker, Director, Office of University Affairs

Tel: (301) 295-1219

Email: pesker@usuhs.mil

Embargoed until: March 4, 2005

#### **INTERRUPTING REGULAR EXERCISE WORKOUTS CAN CAUSE NEGATIVE MOOD**

**Vancouver, BC, Canada** - Need a reason to continue your regular aerobic exercise workouts? An interruption in scheduled exercise workouts can cause fatigue and negative mood.

That is the finding of a study on the psychological impact of exercise withdrawal conducted by Ali A. Berlin, M.S., Graduate Fellow in the Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD. Results of the study were presented for the first time at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia.

The research was designed to assess the psychological consequences of exercise deprivation in regular exercisers. Berlin also set out to test the hypothesis that certain physical symptoms of depression, such as fatigue, would appear prior to the emergence of cognitive and mood symptoms, such as sadness.

“This study suggests that depressive symptoms develop when people who normally engage in regular exercise abstain from their physical activities,” Berlin said. “The symptoms progress from physical to mood changes, and the appearance of physical symptoms can be used to predict the development of subsequent depressive mood symptoms.”

The investigation involved 40 regular exercisers, half stopped their exercise workouts and half continued their exercise workouts. All participants completed questionnaires on their mood during the 14-day period of the experiment. These questionnaires assessed different dimensions of mood such as vigor, depression, anxiety, and fatigue.

Results showed that those individuals who stopped their exercise workouts developed symptoms of depression. During the first week of exercise withdrawal, feelings of fatigue were present. Subsequently, these feelings of fatigue predicted the development of feelings of sadness during the second week of exercise withdrawal. These findings may be relevant in situations where regularly exercising individuals are confined to be inactive, such as injuries, recovery from medical procedures, but also job-related circumstances such as prolonged travel and even space travel.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: Dean Forbes  
206-667-2986; dforbes@fhcrc.org  
Embargoed until day of presentation

**FRED HUTCHINSON STUDY SHOWS MODERATE STRESS CAN AID IN RECOVERY FROM STEM CELL TRANSPLANT**

**Vancouver, BC, Canada** - Psychological distress can influence immune recovery after hematopoietic cell transplantation (HCT) for cancer, according to findings by researchers at Fred Hutchinson Cancer Research Center in Seattle, WA. But distress is not necessarily harmful. Too little distress can be as damaging as too much distress for patients in the early stages of recovery. Instead, moderate levels of distress best enable the body to recoup its immune function in the early weeks following high dose HCT.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E

The findings were presented at the American Psychosomatic Society Annual Meeting. This is the first study to associate psychological distress with the reconstitution of white blood cells following transplants of patients' own stem cells to treat blood cancers.

Bonnie McGregor, PhD, of the center's Public Health Sciences Division and colleagues examined the effects of distress on the white blood cell counts of 71 adult stem cell transplant patients who received their own cells following high doses of chemotherapy or radiation to destroy their diseased cells. Pre-transplant distress was measured two to 14 days before hospital admission using the Cancer and Treatment Distress scale and the anxiety and depression subscales of the Symptom Checklist-90-R.

White blood cell counts were measured on days 5 through 21 following transplant, by which time most patients have initial immune recovery. The level of white blood cell development is an indicator of immune system repair following the transplant.

The results showed an inverted U-shaped relationship in which moderate levels of distress resulted in the most rapid progress for reconstituting the immune system. "Although greater depression predicted slower immune recovery, either too high or too low levels of distress predicted slower recovery," said McGregor. "Stress moderates immune recovery during stem cell transplantation and appropriate levels of stress may be more protective than either too much or too little."

Co-author Karen Syrjala, PhD, head of biobehavioral sciences at Fred Hutchinson, said, "it is a highly unsettling experience going into cancer treatment. The normal response is to have some distress. An appropriate amount of worry and concern helps you prepare, both emotionally and physiologically." "Too little stress means you are not reacting to what you should be," said Syrjala. "The middle ground is where most of us want to be and do our best work." She said behavioral medicine experts are moving away from the idea of "white knuckle positive thinking that supported the notion that you can only have positive thoughts and that negative thoughts will somehow kill you. We know that is not true. What seems to be most hazardous is being out of touch with or suppressing what you feel."

The authors say that the current study further underscores the importance of careful psychological evaluation of, and treatment for, transplant patients. Treating depression, elevated stress or lack of distress might help the immune systems of these patients recovery more quickly.



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact : Catherine Attale

Phone number : 0033156093371

E-mail : catherine.attale@club-internet.fr

Embargoed until : 03/03/2005

**A GOOD QUALITY OF PHYSICIAN-PATIENT RELATIONSHIP IS  
ASSOCIATED WITH A BETTER GLYCEMIC BALANCE IN DIABETIC  
PATIENTS**

**Vancouver, BC, Canada** - In a chronic disease like diabetes, the points of view of the diabetologist and his/her patient as regard the management of the disease, and the expectations of both partners can vary to a large extent and lead to misunderstandings harmful to the course of diabetes and to patient's quality of life. An original study conducted by Catherine Attale, MD, research clinician in European Georges Pompidou Hospital in Paris, found that the degree of "therapeutic alliance" as assessed by the diabetologist, predicted the mean levels of "glycosilated hemoglobin" during the previous year, as well as the corresponding results one year later, in 99 insulin dependent diabetics.

Results of the study were presented for the first time at the American Psychosomatic Society annual meeting, held on March 2-5 in Vancouver, Canada.

"Therapeutic alliance" can be defined as the degree of agreement between a physician and his/her patient about the goals of the treatment, the tasks that have to be done, and the quality of interpersonal bond (trust, satisfaction, sympathy...). "Glycosilated hemoglobin" measured in blood samples constitutes a kind of long-term memory of the presence of glucose in the blood: the higher this measure, the poorer the glycemic balance during the previous three months in a diabetic patient.

These results stress the importance of a harmonious and open physician-patient relationship, in addition to the effectiveness of a pharmacological treatment, for achieving a satisfactory therapeutic efficiency in a chronic disease like diabetes.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Dick Jennings, PhD

**Phone:** 1-412 246 6220

**Email:** JenningsJR@upmc.edu

**Embargoed until:** 03/09/05

**FEELING GOOD AVOIDS BRAIN OVERLOAD**

**Vancouver, BC, Canada** - Feelings of excitement, interest, and enthusiasm relate to keeping things in memory with less brain work. Whether or not you felt distressed, irritable, or afraid didn't make any difference in brain work. Researchers at the meeting of the American Psychosomatic Society reported correlations between ratings of positive and negative affect and how active parts of the brain demanded blood flow during a simply memorization task.

During memorization, which involved keeping track of just a few changing items, brain blood flow was measured with positron emission tomography. Two parts of the brain, prefrontal and posterior parietal cortex, increased their blood flow during this task. One part, which is located lower in the brain and which is frequently associated with emotion and with memory—the amygdala/hippocampus, decreased its blood flow during the task. Current feelings before and after a mental challenge and feelings over the last month were also measured in approximately 100 participants in the research study (aged 50 to 70). Regardless of when feelings were assessed, greater positive feelings were associated with less increase in blood flow during the memory task for the prefrontal and parietal areas, and greater decrease in the amygdala/hippocampal area.

Ability to keep track of the memory items did not depend upon the participant's feelings, but the changes of blood flow in the posterior parietal area were related to memory performance. Positive feelings over the last month and after just completing a challenging task were completely unrelated to how well participants did on the memory task. There was a tendency for those with positive feelings just prior to a challenging task to do slightly worse than they, presumably, expected.

The researchers at the University of Pittsburgh that did the study had a number of cautions to express. The lead investigator, J. Richard Jennings, noted that this was a new finding that they had not expected. It is always best to repeat a finding in a new group of participants before fully accepting it. A physician co-investigator, Matthew Muldoon, noted that the participants were studied because half of them had hypertension. The results might only apply to this middle to older aged group of people. Christopher Ryan, an expert in mental tests, noted that only one form of memory had been tested; while Carolyn Meltzer, a neuroradiologist, cautioned that we do not fully know whether blood flow increases to a region of the brain mean that the area is really doing the work of memory. All noted that correlations don't tell us whether positive feeling caused brain blood flow changes, changes caused feelings, or whether some other factor was creating the association.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Edith Chen, PhD

**Phone:** (604) 822-2549

**Email:** echen@psych.ubc.ca

**Embargoed until:** 03/09/05

**STRESS AND BIOLOGY DURING CHILDHOOD SYMPOSIUM**

**Vancouver, BC, Canada** - A symposium at the American Psychosomatic Society annual meeting in Vancouver, B.C. involved a panel of speakers discussing how different types of stress affect biological systems in children and adolescents.

**N**  
**E**  
**W**  
**S**  
Dr. Craig Ewart from Syracuse University found that adolescents' ability to self-regulate their goals and emotions is associated with cardiovascular outcomes. For example, adolescents who have a poorer ability to formulate plans and exercise self-control during difficult situations have higher blood pressure in their daily lives, and show greater cardiovascular responses to social challenges in the laboratory.

**R**  
**E**  
**L**  
**E**  
Dr. Edith Chen from the University of British Columbia found that children who come from home environments that contain high levels of family stress, and children who come from low socioeconomic backgrounds have immune cells that exhibit a less robust response when their cells are exposed to foreign substances known as pathogens. These findings highlight the importance of understanding a child's larger social environment when investigating effects of stress on immune responses in children.

**A**  
**S**  
**E**  
Dr. Rosalind Wright from Harvard Medical School found that infants whose caregivers had higher levels of stress had immune profiles that could put these infants at greater risk for asthma later in life. These findings suggest the importance of caregivers' stress levels for understanding risk for childhood chronic illnesses.

**A**  
**S**  
**E**  
Overall this symposium highlighted the importance of understanding how different types of stressors affect disease-related biological processes that occur early in life.



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

## **Release from American Psychosomatic Meeting, Vancouver, BC**

Contact: Elliot Friedman, Ph.D.

Phone: 608-265-4068

Email: [friedman1@wisc.edu](mailto:friedman1@wisc.edu)

Embargoed until: March 4, 2005

### **NEW STUDY: PURPOSE IN LIFE, STRONG FRIENDSHIPS MAY HELP PREVENT DISEASES SUCH AS ALZHEIMER'S, ARTHRITIS IN AGING WOMEN**

**Vancouver, British Columbia** – Older women who are socially engaged and continue to pursue their life's goals may be less likely to develop age-related disorders such as Alzheimer's disease and arthritis, due to lower levels of disease-causing chemicals in their blood, according to a new study released today.

The study is the first to demonstrate links between two inflammatory factors, called interleukin 6 (IL-6) and soluble IL-6 receptors (sIL-6R), which are associated with age-related diseases, and psychological well-being. Study investigator Elliot Friedman, Ph.D., a Robert Wood Johnson Health & Society Scholar at the University of Wisconsin, Madison, presented the findings today at the American Psychosomatic Society Annual Meeting in Vancouver, British Columbia. The National Institute of Mental Health, the National Institute on Aging, and The Robert Wood Johnson Foundation supported the study.

"We've known for some time that psychological stress or depression in older adults can raise IL-6 levels in the blood. This study clearly shows that positive well-being also makes a difference in older women at risk for developing arthritis or Alzheimer's because of their age," Friedman said. "Quite simply, women who are actively and positively engaged in their lives— in terms of what they do day to day and the people with whom they interact – have lower levels of these potentially harmful chemicals in their blood."

Study participants included 135 women ages 61 to 91; average participant age was 74. Each woman completed a questionnaire to assess her psychological well-being – encompassing factors such as autonomy, personal growth, positive relations with others, purpose in life, and self-acceptance – as well as overall happiness, health history, and health-related behavior. The women then underwent physical examinations, including blood work.

Psychological well-being was the strongest indicator of inflammatory factors after age and physical health. IL-6 levels were lower in women who scored higher on the positive relationships scale, while sIL-6R levels were lower on women scoring higher on purpose in life. Neither inflammatory factor was associated stress or depression.

"Although it's too early to say exactly how doctors should act on these findings, our study speaks to the need for doctors to be sensitive to how their patients are doing psychologically," said Friedman. "The presence of positive psychological influences, such as strong social relationships and meaningful engagement in life, and not just the absence of stress or depression, is important for biological health."

The researchers are currently examining follow-up data on these women to track who succumbs to what diseases. They are also conducting a similar study that includes the same psychological and biomarker variables, but on a much larger and more diverse sample of both men and women.

These findings join an emerging body of literature that points to the possible protective role of positive social relations and engagement in life in helping people stay healthy as they age.

N  
E  
W  
S  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Joan DeClaire, Center for Health Studies

**Phone:** 206-287-2653

**Embargoed until:** 03/04/05

## **DEPRESSION CARE ALONE DOES NOT IMPROVE DIABETES SELF-MANAGEMENT, STUDY FINDS**

**Vancouver, BC, Canada** — Although depression is linked to poor diabetes self-care and outcomes, a new study finds that enhanced depression treatment does not help depressed people with diabetes make the life-style changes they need to improve their health.

"The implication is that depression care alone is insufficient for helping patients make behavior changes—such as increased physical activity and better nutrition—that are needed to improve their diabetes," says Elizabeth H. B. Lin, MD, MPH, the Group Health family-medicine physician and scientific investigator who led this research.

To conduct the study, Lin and colleagues randomly assigned 329 primary-care patients with diabetes and co-existing depression to receive either enhanced depression care or usual care for depression. In the enhanced depression-care group, a nurse care-manager collaborated with primary care physicians and a psychiatrist to provide antidepressants, problem-solving therapy, or a combination of both.

After six months, the researchers found that patients in the enhanced depression-care group had less depression and took their antidepressants regularly. However, they did not achieve better blood-sugar levels, and they did not improve self-care behaviors related to nutrition, exercise, checking their blood sugar, or taking medications for diabetes, cholesterol, and high blood pressure.

"These findings suggest that, to achieve better health outcomes, we need to integrate behavior-change strategies into depression and diabetes management," Lin concludes.

**N  
E  
W  
S  
R  
E  
L  
E  
A  
S  
E**

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Harald Gündel, MD

**Phone:** 08 941 404316

**Email:** h.guendel@LRZ.TU-MUENCHEN.DE

**Embargoed until:** 03/06/05

**HYPOACTIVITY OF VENTROMEDIAL PREFRONTAL CORTEX IN PATIENTS WITH SOMATOFORM PAIN DISORDER - A CONTROLLED FMRI STUDY**

**Vancouver, BC, Canada** - There is evidence that prefrontal brain areas predominantly exert inhibitory influences on pain perception in humans. A subregion (medial frontal cortex) is necessary for so-called emotional and/or cognitive reflective awareness, which is known to be reduced in patients with somatization disorder. We therefore hypothesized that during pain stimulation patients suffering from chronic somatoform pain (i.e., pain with a predominantly "psychogenic" origin) would show a reduced prefrontal brain activation compared to control subjects.

Thirteen right handed women (mean age 47.4 yrs.) fulfilling DSM-IV criteria for somatoform pain disorder were consecutively recruited from an interdisciplinary pain clinic as well as 13 age-matched healthy control subjects (mean age 47.3 yrs.). Functional neuroimaging was performed in a 1.5 Tesla magnetic resonance scanner (fMRI) scanner. Thermal noxious stimuli were repetitively administered to the subjects left forearm.

The group analysis of fMRI data revealed one region significantly hypoactivated in subjects with somatoform pain disorder compared to healthy controls: the right ventromedial orbitofrontal cortex. In contrast, thermal noxious heat stimulation resulted in significant increased activation in left parahippocampal gyrus ("pain memory"), secondary somatosensory (sensory pain perception) and left anterior insular cortex (interoception) .

Our finding of a hypoactivation of the right ventromedial prefrontal cortex in somatoform pain disorder may indeed indicate a diminished top-down mode of inhibition of pain perception in patients with so-called "psychogenic" pain (i.e., somatoform pain disorder). Thus we could show that even "psychogenic" pain has an underlying biological substrate.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Jennifer Daubenmier, Ph.D.  
**Phone Number:** 415-332-2525 ext. 287  
**Email:** Jennifer.daubenmier@pmri.org  
**Embargoed until:** 03/03/05

**YOGA AND MEDITATION IN ADDITION TO A LOW-FAT DIET AND EXERCISE MAY HELP REDUCE WEIGHT AND CARDIAC RISK**

**Vancouver, British Columbia, Canada** – Could yoga and meditation add to the benefits of a low-fat diet and exercise as a way to lose weight and reduce the risk of heart disease? Researchers at the Preventive Medicine Research Institute in Sausalito, CA, found that yoga and meditation may improve the effectiveness of the tried and true approaches of a low-fat diet and moderate exercise.

“People who regularly practiced yoga and meditation, ate a low-fat diet and exercised lost more weight than those who ate a low-fat diet, exercised, but did less yoga and meditation,” says the study’s lead author, Dr. Jennifer Daubenmier, who will present these results at the American Psychosomatic Society Annual Meeting on March 4 in Vancouver, British Columbia.

The daily practice of yoga and meditation was one component of a community-based comprehensive lifestyle change program, The Dr. Dean Ornish Program for Reversing Heart Disease. The program also included a plant-based diet, which was low in fat and simple carbohydrates and high in complex carbohydrates, as well as moderate exercise and group support. More than 1,200 men and women in several parts of the country who had coronary heart disease or were at risk participated in the study.

After only 12 weeks, significant improvements were found in both biomedical markers and psychosocial risk factors for cardiovascular disease. These improvements included a 12-pound reduction in weight, increased exercise capacity, reduced diastolic and systolic blood pressure, substantial decreases in total and LDL cholesterol, and diminished symptoms of depression and hostility.

It is well known that diet and exercise are important factors in losing weight, but one of the surprises of the study was that yoga and meditation may contribute to even more weight loss and reduced risk of coronary heart disease, Daubenmier said. How could meditating and doing yoga lead to weight loss? Daubenmier’s prior research suggests that yoga practice may increase responsiveness to bodily cues, such as not eating when full. That study is soon to be published in the American Psychological Association’s *Psychology of Women Quarterly*.

In addition, other research has shown that the stress-induced hormone, cortisol, is related to greater abdominal fat. Managing stress through yoga and meditation may reduce the secretion of cortisol, thereby decreasing excess fat around the stomach. The question still remains whether practicing yoga and meditation can reduce weight, or whether such practice is simply associated with other factors affecting weight loss. More research is needed to understand how these stress reduction practices might influence weight loss.

This program is currently offered by Highmark, of Pittsburgh, PA at 14 hospital sites in Pennsylvania and West Virginia. For more information, please call 1-800-879-2217.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Jane Leserman, PhD

**Phone:** 919/966-4755

**Email:** JLes@med.unc.edu

**Embargoed until:** 03/05/05

**TRAUMA, DEPRESSION, COPING AND BEHAVIORAL TREATMENT AFFECT HIV DISEASE COURSE**

**Vancouver, BC, Canada** - Despite the availability of highly active antiretroviral therapies (HAART) for HIV, there is still great variation in HIV disease progression. Before the era of HAART, studies demonstrated a relationship of stress and depression with HIV disease change. Questions still remain. Do stress, depression, optimism and coping affect HIV disease progression in persons using HAART? Do trauma, stress and coping affect adherence to HIV medications, and ultimately HIV disease course? And will treating depression and poor coping with cognitive behavioral therapies affect the course of HIV? This symposium will address these questions.

In the first presentation, Dr. Ironson examines whether persons who are optimists had slower HIV disease progression. She studied a diverse group of 177 HIV infected persons every six-months for 2 years. At study entry, all persons had CD4 counts between 150 and 500 and all were free of any clinical symptoms associated with AIDS. Ironson found that optimists had greater decreases in HIV viral load (amount of HIV in the blood), and greater increases in CD4 (immune cells that help fight infections). In other words, optimists had a better HIV disease course. Optimists did better because they were less depressed, were less likely to cope by avoiding problems and were more active in solving their problems. In studying the same persons, Dr. O'Leirigh found that persons who were depressed had the greatest decline in CD4 cells and the greatest increase in viral load. Depression had this negative effect partially because those who were depressed were more likely to use cocaine. These results underscore the importance of identifying depression in people with HIV and providing effective treatments for depression and related drug use issues.

Despite simplified medication regimens, adherence to HIV therapies continues to be problematic; non-adherence leads to drug resistance and disease progression. Dr. Leserman studied the issue of adherence to HIV therapies among 474 patients taking at least one antiretroviral medication. The sample included men and women from 8 rural HIV clinics in 5 southern states. Dr. Leserman and colleagues found that patients with more lifetime trauma, more recent stressful events, and more dysfunctional coping (e.g., substance abuse, self-blame) were more likely to report that they skipped a dose of their HIV medication within the past 3 months. Trauma was also related to higher viral load in the subsequent year, over and above the effects of non-adherence. Thus, trauma, recent stress, and poor coping may affect adherence to medications and ultimately impact on HIV disease course.

Finally, Dr. Pereira reports a study of cognitive behavioral stress management (CBSM) for HIV positive women with human papillomavirus. Women with poorly controlled HIV viral load are at risk for cervical dysplasia which is caused by Human Papillomavirus (HPV). Cervical dysplasia is the precursor to cervical cancer. Dr. Pereira and colleagues examined the effects on cervical dysplasia of a 10-wk CBSM intervention (N=12) versus a 1-day CBSM workshop (N=16); all women had human papillomavirus. They found that women in the cognitive behavioral stress management group were more likely to be free of or have decline in cervical dysplasia at 9-month follow-up compared to controls. These preliminary results suggest that stress management interventions may decrease progression of cervical dysplasia among women at risk for cervical cancer due to HIV and human papillomavirus infection.

These studies suggest that stress, depression, optimism and coping may affect HIV disease progression and adherence to HIV medications in the era of new more highly effective HIV medications. Furthermore, there is evidence that treating depression and poor coping with cognitive behavioral therapy may affect the course of HIV in selected patients.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC

**Contact:** Joseph Poole, MS

Tel: 706.799.7665

Email: jpoolemd@students.mcg.edu

**Embargoed until:** March 2, 2005

## STUDY SHOWS LINK BETWEEN OBESITY AND GENE-RELATED STRESS RESPONSE

**Vancouver, British Columbia** - Looking for an extra incentive to stick to that new diet? It turns out that fitting into that smaller pant size may improve the way your body responds to stress.

That is the finding of a team of researchers at the Medical College of Georgia investigating the role of genetic and environmental factors on cardiovascular reaction to stress. Results of this study were presented for the first time at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia.

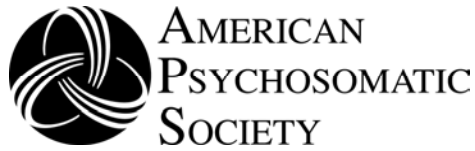
Scientists have identified several versions of a gene that impacts the function of adrenaline, a hormone which helps determine how the body responds to stress. This project investigated the effects of a 'bad' version of an adrenaline receptor gene. Researchers found that in overweight subjects the 'bad' version of this gene appeared to reduce adrenaline's effectiveness during stressful situations.

The study involved 450 male and female young adults, with approximately equal numbers of African Americans and European Americans. All subjects participated in a video game challenge and a forehead cold stressor, two commonly used laboratory tasks designed to imitate 'real life' stressful situations. Blood pressure and heart rate measurements were conducted at rest and during the stressful periods.

Joseph Poole, lead author of the study, said, "Subjects who were *both* carriers of the detrimental genetic variant *and* overweight had an increased response to stress, suggesting that the impact of a 'bad' gene depends on a person's weight."

"The traditional way of thinking is that risk factors act more or less independently. We designed this study to examine the relationship between an individual's response to stress and interacting risk factors, such as genetics, obesity, gender and socioeconomic status. This finding may help explain why two individuals having the same version of an adrenaline receptor gene can respond so differently to stressful situations."

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: John M. Ruiz, Ph.D.

Tel: (509) 335-8034

Email: ruizjx@wsu.edu

Embargoed until: March 5, 2005

**CONTINUING TO FEEL BLUE AFTER BYPASS SURGERY ADDS TO RISK OF MORTALITY**

**Vancouver, BC, Canada** – Although feelings of depression are common among patients awaiting coronary artery bypass surgery, the procedure usually relieves both physical and emotional suffering. Now researchers are reporting that patients who continue to experience feelings of depression in the months after bypass surgery may be at an increased risk of mortality.

**N  
E**

**W  
S**

That is the finding of a study examining the role of psychological factors in recovery among coronary artery bypass surgery patients. The study of 307 men and women conducted by Dr. John M. Ruiz of Washington State University and colleagues at the University of Pittsburgh and Carnegie Mellon University were presented at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia.

**R  
E  
L  
E**

According to Dr. Ruiz, researchers have known for some time that feelings of depression after bypass surgery are important warning signs of future problems, including additional heart attacks and death. “These new findings suggest that the risk is particularly important among patients who were feeling depressed before surgery and whose mood fails to improve in the months after surgery.”

**A  
S  
E**

Patients completed measures of depression prior to surgery, and at 6 and 18 months after surgery. Researchers then monitored the health of patients for more than 10 years. Results indicate that patients who continued to report feelings of depression 18 months after surgery were more likely to die during the follow-up period than patients whose mood had improved.

These findings suggest the need to monitor feelings of depression both before and after surgery and intervene if these symptoms fail to improve.



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: Joshua Smyth, Ph.D.

Email: [jmsmyth@syr.edu](mailto:jmsmyth@syr.edu)

Tel: 315.443.3723

Embargoed until: 03/04/05

**STUDY SHOWS ON-LINE VIDEO GAME PLAY COMES WITH COSTS – AND BENEFITS**

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**

**Vancouver, BC** – On-line video games with thousands of simultaneous players, such as EverQuest, are hugely popular and a tremendous financial success. Yet playing these games is a double-edged sword – they seem to interfere in some aspects of “real-life,” such as academic performance and social life, but also foster strong feelings of “virtual” support and friendships. That is the finding of a randomized trial of video game play, conducted by Dr. Joshua Smyth at Syracuse University.

Video game play has increased dramatically in the last two decades, and now is a multi-billion dollar industry each year. Computer networking – linking players from across the world together in a single game – dramatically changes the nature of video games, from a solitary activity into a large, thriving social experience. One type of social gaming is massively multiplayer online roleplaying gaming that involves thousands of players in persistent virtual worlds.

In this study, 100 college student volunteers were randomly assigned to play one of 4 types of video games, including traditional arcade style games (such as those in the local mall), single player console games (PlayStation), single player computer games, or a fantasy-themed persistent on-line multiplayer game. Notably, this study was able to contrast the effects of playing the on-line socially interconnected games with more traditional single player or arcade-style games.

“The most striking result of this study is that playing on-line multiplayer games has a much greater effect on people than playing traditional single player video games,” says Smyth. “Students played these games about three times as much, averaging over 14 hours a week, than other game types.”

“Playing persistent on-line multiplayer games has some negative consequences, with students reporting worse health and sleep, and interference with their real-life socializing and academic work,” continues Smyth. In sharp contrast to these costs, participants also experienced some benefits from such game play. Smyth notes “Participants assigned to play persistent on-line video games enjoyed their play more than other game types, and created new friendships in this on-line environment.”



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: [info@psychosomatic.org](mailto:info@psychosomatic.org) • [www.psychosomatic.org](http://www.psychosomatic.org)

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *John F. Todaro, Ph.D.*

Phone: *401-793-8008*

Email: *John\_Todaro@brown.edu*

Embargoed until: *March 4, 2005*

**THE METABOLIC SYNDROME IS RELATED TO NEGATIVE EMOTIONS**

**Vancouver, BC, Canada:** The American Psychosomatic Society, at its forthcoming conference in Vancouver, Canada, will highlight a symposium entitled “The Metabolic Syndrome: Clinical Definitions, Epidemiology, and Future Directions.” This symposium will feature scientists from the United States and Canada researching the metabolic syndrome and its relationship to common negative emotions, such as depression and hostility.

The metabolic syndrome is a cluster of metabolic risk factors, including insulin resistance, abdominal obesity, dyslipidemia, and high blood pressure. Twenty-four percent of the U.S. population meets the clinical definition for the metabolic syndrome. In adults over 50 years of age, the prevalence of the metabolic syndrome is approximately 44%. Individuals with the metabolic syndrome are at high risk for the development of coronary heart disease and diabetes.

This symposium will begin with introductory remarks by the symposium chairman Dr. John Todaro from the Centers for Behavioral and Preventive Medicine at Brown Medical School.

The first presenter, Dr. Jeanne McCaffery from the Centers for Behavioral and Preventive Medicine at Brown Medical School, will discuss current clinical definitions for the metabolic syndrome and present results of a study examining the statistical structure of metabolic syndrome.

The second presenter, Dr. Wolfgang Linden from the Department of Psychology at the University of British Columbia, will present research findings examining whether hostility facilitates the development of high blood pressure in overweight individuals.

The third presenter and chairman of the symposium, Dr. John Todaro, will present data from the Normative Aging Study, a longitudinal study examining the biomedical and psychosocial changes involved in the normal aging process in men. This presentation will discuss the relationship between hostility, depression, and the development of the metabolic syndrome in older males.

The fourth presenter, Dr. Edward Suarez from the Department of Psychiatry and Behavioral Sciences at Duke University, will present the results of a study investigating the role of inflammation as a potential mechanism linking hostility to the development of the metabolic syndrome.

Finally, Dr. Raymond Niaura, a senior scientist and expert on the metabolic syndrome from Brown Medical School, will conclude the symposium with a discussion of the aforementioned studies and directions for future research.

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: [info@psychosomatic.org](mailto:info@psychosomatic.org) • [www.psychosomatic.org](http://www.psychosomatic.org)

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *A. Janet Tomiyama*  
*310-562-7878 / [tomiya@psych.ucla.edu](mailto:tomiya@psych.ucla.edu)*  
Embargoed until: *March 5, 2005*

**UCLA STUDY SHOWS DIETING MAY BE A CHRONIC STRESSOR, AND A  
CAUSE OF WEIGHT GAIN**

**Vancouver, BC, Canada** - Dieting may actually cause stress, and perhaps even weight gain, UCLA psychologists report today at the American Psychosomatic Society Annual Meeting in Vancouver, BC, Canada.

One hundred and sixteen undergraduate UCLA women filled out questionnaires assessing dieting and chronic stress. Results showed that knowing whether a person was dieting at one point was a reliable predictor of whether the person would perceive chronic stress nine weeks later. The implication is that dieting may be a chronic stressor.

“This finding is really alarming because chronic stress has been linked with many negative health outcomes including high blood pressure, depression, and even, ironically, weight gain,” said A. Janet Tomiyama, M.A., the study’s lead author. “Your diet may be putting you at risk for the exact thing you are trying to avoid.”

Tomiyama warns that the results are preliminary. “This is just a first step in finding out whether dieting causes chronic stress. We are not advocating that everyone rush out and eat whatever they want to. What we want to do is see whether the consequences of dieting are as positive as many people seem to think.”

The UCLA team’s next goal is to see whether dieters show biological signs of chronic stress in addition to perceived stress. Their ultimate goal is to determine whether chronic stress might be one of the reasons why diets don’t seem to work in the long-term.

“We’ve known for a long time that diets don’t work, and we’ve also known that chronic stress causes weight gain,” Tomiyama said. “This is the first time that anyone put those two pieces of information together.”

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**CONTACT: CRAIG LEMOULT**

*Tel: 212-305-0820*

*Email: cel2113@columbia.edu*

**EMBARGOED UNTIL MARCH 5, 2005**

**STUDY SHOWS DEPRESSED HEART DISEASE PATIENTS FAIL TO TAKE PRESCRIBED LIFE-SAVING MEDICATION**

***Columbia University Medical Center Study Shows Link Between Depression and Worsening Heart Disease***

**Vancouver, BC, Canada** - Depression is known to be “hard on the heart” – now researchers are a step closer to understanding why. A new Columbia University Medical Center study examining potential links between depression and heart disease found that heart disease patients who showed symptoms of depression were substantially less adherent to taking a prescribed medicine than patients without depression. Patients who continued to show signs of depression three months after a heart attack or angina only took prescribed medications 67 percent of the time, compared to almost 90 percent in non-depressed patients.

The research, which was presented for the first time at the 63<sup>rd</sup> American Psychosomatic Society Annual Meeting is part of the Coronary Psychosocial Patient Evaluation Study (COPES), a multi-site, multi-project consortium that is funded by the National Heart, Lung, and Blood Institute. According to Karina W. Davidson, Ph.D., assistant professor of medicine at Columbia University Medical Center and principal investigator of the study, it was known that depression in heart disease patients increases the risk of death after a heart attack, but the explanation for the link had remained unclear until now.

“Taking your medication as prescribed is crucial for improving your chances of good recovery after a heart attack but many doctors struggle with getting patients to take their medication on schedule,” said Dr. Davidson. “Our study was designed to test if depression may be a significant factor in reducing adherence, thus potentially explaining why depression carries such a negative prognosis for the heart disease patients.”

The study showed that patients who were not depressed in hospital were highly adherent – they took the correct dosage of aspirin on 88% of all monitored days. The researchers then divided the depressed patients into 2 subgroups: those who remained depressed 3 months after the ACS, and those whose depressive symptoms had remitted by then. Only patients with *persistent* levels of depression significantly differed in their level of adherence from non-depressed patients: they took the correct dosage only 2/3 or 67% of the time, as compared to 86% in patients whose depressive symptoms spontaneously remitted after 3 months.

“This is a huge difference that could have an impact on patient survival”, concludes Dr. Davidson. “Moreover, it is of great significance to cardiologists and their patients, since medication adherence is a relatively simple, potentially modifiable behavior.”

The study objectively measured adherence to aspirin, a standard medication in heart disease patients, by using an electronic Medication Event Monitoring System (MEMS) - an electronic device stored in the cap of a pill bottle that records the date and time whenever the cap is opened. The study included 53 patients from the coronary care and cardiac care step-down units of three university hospitals who had survived an Acute Coronary Syndrome (ACS), which includes either a heart attack or documented unstable angina.

Dr. Davidson’s research will continue to examine the link between depression and heart disease by examining whether effectively treating depression in these patients will result in better medication adherence and subsequently a decrease in mortality.

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**



**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Kenneth E. Freedland, Ph.D.

**Phone:** 314-286-1311 **Email:** freedlak@wustl.edu

**Embargoed until:** March 3, 2005

**MEDICAL RESEARCHERS HAVING MORE TROUBLE “DOING THE MATH”**

**Vancouver, BC, Canada** – News reports about the latest advances in medical research usually gloss over the complicated details of the studies because they are hard for the general public to understand. It turns out that a growing number of medical and social scientists are also having trouble understanding the complex statistics that play an important role in this kind of research.

According to Kenneth Freedland, Ph.D., Professor of Psychiatry at Washington University School of Medicine in St. Louis, there has been a revolution over the past decade in the statistical methods that are used in medical research. “These advances have given researchers some very powerful new analytical tools. The problem is that they are much more complicated than the older, simpler techniques that most of us learned in school, so we’re having a hard time keeping up with them.”

Researchers in psychosomatic medicine study the interactions of mind, brain, body and social context in health and disease. “This is an especially challenging problem in psychosomatic research because most of our studies are conducted by multidisciplinary teams of investigators. It’s not unusual – and not always easy – for physicians, epidemiologists, psychologists, nurses, and other professionals to team up to study such questions as how emotional stress contributes to heart disease, how to treat depression in patients with cancer, or how to prevent obesity in children. Some of the sophisticated, new statistical methods are making faster inroads in some professions than others.”

To address this challenge, some of the leading statisticians in the field gathered today at the Annual Meeting of the American Psychosomatic Society, held March 2-5, 2005 in Vancouver, British Columbia. The panelists included Drs. Michael Babyak (Duke University), Carlos F. Mendes de Leon (Rush University Medical Center), Helen Kraemer (Stanford University), and Maria Llabre (University of Miami). Dr. Freedland chaired the session.

The audience included seasoned investigators with years of experience in psychosomatic research, as well as trainees and young investigators who are just starting out on their research careers. The panelists highlighted some of the most important developments and held a “town hall” discussion to address the research community’s questions and concerns. The discussion was led by Dr. David Sheps (University of Florida), the editor-in-chief of *Psychosomatic Medicine*, one of the leading journals for psychosomatic research.

“The statistical revolution is here, whether we’re ready or not. It is shaping the future of psychosomatic research. We have to go beyond ignoring or denying it, and even beyond simply struggling to cope with it. We have to start learning how to make the best use of it. The pace of scientific progress in psychosomatic medicine depends on it.”

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: William Harms

*Tel: 773-702-8356*

*Email: w-harms@uchicago.edu*

*Embargoed until: March 3, 2005*

**REASONS WHY LONELINESS DISRUPTS SLEEP**

**Vancouver, BC, Canada** - Researchers have established that elderly individuals, like young adults, frequently report poor sleep if they also report being lonely.

But what causes this to happen? New research at the University of Chicago shows that underlying reasons for poor sleep among lonely, older people include feelings of depression and stress. The research established that the greater the degree of reported depressive or stressed feelings, the poorer the sleep quality. Feelings of stress turned out to be responsible for the poor sleep quality reported by lonely individuals.

Ineffective sleep results in lonely individuals experiencing problems functioning during work and other daily activities, the study found. Problems with daily functioning arose from two sources: stressed feelings and loneliness. These effects were additive, indicating that loneliness is an independent risk factor for sleep-related daily dysfunction.

The study is reported in "Sleep Quality as a Function of Psychosocial Risk Factors in a Population-based Sample of Older Adults: Loneliness as a Proximal and Distal Predictor," a poster presentation by Louise Hawkley of the University of Chicago at the Annual Conference of the American Psychosomatic Society, held March 2-5, 2005, in Vancouver, British Columbia.

Hawkley, a Senior Research Scientist with the University's Chicago Center for Cognitive and Social Neuroscience, and John Cacioppo, the Tiffany & Margaret Blake Distinguished Service Professor in Psychology, at the University, conducted the study on a sample of 229 ethnically diverse people between the ages of 50 through 68.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: Lydia Temoshok, PhD

Email: temoshok@umbi.umd.edu

Tel: 410-706-2621

Embargoed until: 03/03/05

## **RESEARCH CONNECTS A “TYPE C” COPING STYLE TO IMMUNE SYSTEM MOLECULES IMPLICATED IN HIV PROGRESSION**

**Vancouver, BC, Canada** - Connections between a “Type C” style of coping with stress and beta-chemokines, key molecules which latch onto and block one of the main HIV co-receptors or doorways by which the dominant HIV strain enters cells, are being investigated in 200 HIV patients followed over 5 years in an outpatient clinic in inner-city Baltimore. The research is funded through a highly competitive National Institutes of Health grant awarded to Lydia Temoshok, Ph.D., Professor of Medicine at the University of Maryland School of Medicine, and Director of the Behavioral Medicine Program, Institute of Human Virology, Baltimore.

In collaboration with colleagues in Rome, Dr. Temoshok published a study in 2002 showing that HIV patients exhibiting a strong Type C style of coping with stress (emotionally inexpressive, less able to recognize their own needs and feelings, and thus less able to deal effectively with stressful situations) had faster HIV disease progression 6 and 12 months later.

Preliminary data to be presented at the March 2005 American Psychosomatic Society meeting by Dr. Temoshok and her colleagues show a strong and significant relationship between Type C coping and *lower* production of the two most important beta-chemokines which are associated with a more favorable clinical status in HIV.

If this strong relationship between Type C coping and dysregulated HIV-specific chemokine production is upheld in the longitudinal study, it suggests that interventions to change maladaptive Type C coping could constitute a safe and effective HIV treatment strategy. The development of synthetic molecules or drugs that mimic the receptor-blocking characteristics of beta-chemokines are a current focus of intense biomedical and pharmaceutical efforts. The thrust of Dr. Temoshok’s research suggests that behavioral interventions to change maladaptive Type C coping could enhance—naturally and without potential side effects-- the production of the body’s own HIV-protective chemokines.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: Dr. Matthew M. Burg

Tel: 212 342 4491

Email: mb2358@columbia.edu

Embargoed until March 3, 2005

**A NEW CLINICAL TRIAL FOR HEART PATIENTS WITH DEPRESSION**

**Vancouver, BC, Canada** - Depression after a heart attack can lead to future heart attacks and early death. The question is, how best to treat depression so as to improve survival.

A new clinical trial to begin answering this question is underway at several sites in the northeast, including Mount Sinai in New York City, and Yale in New Haven, Connecticut. A description of this trial was presented for the first time at the 63<sup>rd</sup> American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, Canada.

The trial is part of the Coronary Psychosocial Patient Evaluation Study (COPES), a multi-site, multi-project consortium that is funded by the National Heart, Lung, and Blood Institute. According to Dr. Matthew M. Burg, Principal Investigator of the Yale study site, we know that depression in heart disease patients increases the risk of death after a heart attack, but prior trials of depression treatment for heart patients did not produce any benefit after a heart attack. “These prior trials relied on tested depression treatments” says Dr. Burg, “but they produced only modest reduction in depressive symptoms and no improvement in survival”.

Among the problems in earlier studies was the reluctance of many patients in the treatment group to cooperate fully with the treatment, and the “spontaneous remission” of depression symptoms among many in the control group. The new trial is smaller in focus than earlier efforts, and is specifically designed to find what type of treatment is most acceptable to patients after a heart attack.

“Many patients have symptoms of depression after a heart attack, but they don’t identify themselves as having mood problems. Rather, they see their depressed mood as a normal reaction to what they’ve experienced. This is true for some, but not all patients after heart attack. The important question is to find out who has more real depression, and how to treat them in a way that they will accept”, says Dr. Burg.

The COPES Trial is a Phase-I, meaning that it is designed to test the acceptability of, and satisfaction with the treatment. To increase acceptability and satisfaction for heart patients, only those with symptoms of depression that persist for 3-months are enrolled. In addition, patients randomized to treatment are given a choice between a brief form of problem-solving psychotherapy and antidepressant medication. Treatment can be augmented, or “stepped-up”, but only if depression symptoms do not improve.

“By giving patients a choice, and only enrolling those whose symptoms of depression continue for months after their heart attack, we believe patients will respond better. This approach has been found to be very successful with other medical groups who have symptoms of depression, and we are hopeful that cardiac patients will show a similar response”, says Dr. Burg.

The results of this trial will inform the design of future, large-scale trials that will have the ability to test the effect of treating depression on medical outcomes after heart attack.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *Martine Habra*

*mhabra@interchange.ubc.ca; 604-822-3800(lab)*

Embargoed until: *March 5, 2005*

**DOES AGGRESSION LEAD PEOPLE TO VIEW OTHERS THROUGH  
HOSTILE-TINTED GLASSES?**

**Vancouver, BC, Canada -** During difficult times, such as job loss or a romantic breakup, we often “get by with a little help from our friends”, as suggested by the famous Beatles’ song. However, what is seen as helpful is not only based on what the help or support entails. Our personality can also influence our perception of offers of help and some well-intended offers may fail because the recipient is not really ready for them.

This is what is suggested by recent PhD thesis research conducted by Martine Habra, M.A., and Wolfgang Linden, Ph.D., Professor in the University of British Columbia, Department of Psychology. Results of this study were presented for the first time at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia.

“We know that people who report having supportive friends and family are less likely to develop health problems,” says Habra. “We also know that people who are very hostile are at increased risk for cardiovascular disease, and also report having fewer supportive relationships.” Helping hostile individuals develop more friendly and helpful relationships could reduce their risk of illness in the long-term. However, these individuals may carry negative beliefs about people that could affect how they interpret other people’s attempts at providing help, which is what this study was designed to test. In addition, it tested whether activating more supportive-type thoughts could help hostile individuals view offers of help in a more positive light.

This study involved 120 young adults, half of whom scored high and the other half low on a standardized test to determine the levels of hostility in their personality. All participants first completed a task designed to mentally activate a mindset, or group of related concepts and beliefs; however, they were assigned to different conditions. In the Hostile condition, the task activated hostile beliefs and ideas; in the Supportive condition, the task activated a supportive mindset. A group of participants also participated in a Control condition and served as a comparison group. After this first step, participants read through descriptions of stressful situations and then judged how helpful they viewed various offers of help made by friends and family.

Results showed that a hostile mindset does negatively affect people’s perception of help, but only in non-hostile individuals. “Hostile people do have a different view of the world, but not one that we expected”, says Habra. “When in a more hostile state of mind, aggressive people tend to see others as *more* helpful. However, it is likely that they are more often disappointed with significant others when friends/family fail to meet their expectations. This likely confirms their view that other people cannot be trusted and only look after their own best interest.”

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Maida Sewitch, PhD

**Phone:** 514-934-1934

**Email:** maida.sewitch@mail.mcgill.ca

**Embargoed until:** 03/03/05

## **STUDY REVEALS FREQUENT NON-GUIDELINE TREATMENT OF LATE-LIFE DEPRESSION**

**Vancouver, BC, Canada**—A new study documenting the treatment of late-life depression by Canadian health professionals will be presented today at the American Psychosomatic Society Annual Meeting in Vancouver, Canada. The study is the first to assess whether people diagnosed with late-life depression receive ‘guideline concordant pharmacotherapy’—medication recommended in guidelines issued by the Canadian Psychiatric Association.

**N  
E  
W  
S**

The research, conducted by Dr. Maida Sewitch at the McGill University Health Centre (MUHC) in Montreal and funded by the Canadian Institutes of Health Research (CIHR), followed the initial medication dispensed to 5,258 Quebec seniors, immediately following diagnosis of depression.

Almost all the seniors studied were given some form of medication (84%), but incredibly only slightly more than half (55%) were given the recommended first-line antidepressants according to the Canadian Psychiatric Association. “The rest (45%) were given other drugs, some of which are known to be unhelpful for depression, especially in the elderly,” explains Dr. Sewitch.

**R  
E**

One medication—a group of psychotropic drugs known as benzodiazepines—was dispensed to over 2,000 of the study’s late-life depression patients. “There is evidence to suggest that this group of drugs may worsen depression or result in cognitive problems and falls in the elderly,” says Dr. Sewitch.

**L  
E**

**A  
S**

The study also suggests that men—commonly diagnosed by psychiatrists in hospital settings—are more likely to receive guideline concordant medication than women—commonly diagnosed by general practitioners in out-patient settings. “These results highlight possible worrisome errors in the diagnosis and treatment of late-life depression,” says Dr. Sewitch. “Further research is required in order to unravel the complexities.”

**E**



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: [info@psychosomatic.org](mailto:info@psychosomatic.org) • [www.psychosomatic.org](http://www.psychosomatic.org)

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: John W. Burns, PhD, Associate Professor of Psychology

Tel: 847-578-8751

Email: [john.burns@rosalindfranklin.edu](mailto:john.burns@rosalindfranklin.edu)

**Embargoed until:** March 3, 2005

## **“TRY NOT TO THINK ABOUT IT” NOT ALWAYS BEST STRATEGY FOR DEALING WITH CHRONIC LOWER BACK PAIN**

**Vancouver, BC, Canada** – Chronic lower back pain sufferers try a variety of methods to alleviate pain. Those who adopt a “try not to think about it” attitude often times, ironically enough, find themselves feeling more lower back pain, not less.

Such is the finding of research conducted by John W. Burns, PhD, Associate Professor of Psychology, and Phillip J. Quartana, a fourth-year Psychology student, at Rosalind Franklin University of Medicine and Science in North Chicago, IL. The research is funded by the National Institute of Neurological Disorders and Stroke.

Results of the research, as presented at the American Psychosomatic Society Annual Meeting on March 2, 2005, indicate that attempts to mentally suppress pain may actually make patients more aware of pain thoughts and sensations, and increase their lower back-muscle tension during painful episodes.

Sixty-eight patients with chronic lower back pain participated. Their pain and physical responses were monitored under three conditions: sensory focus (focusing on their pain); distraction; and suppression. Patients who attempted to avoid pain-related thoughts by suppressing them showed larger increases in lower back-muscle tension during pain than patients focusing on pain or distracting. Of note, the negative effects of suppression appeared strongest for patients who view pain as an overwhelming catastrophe. Because increased muscle tension near the site of injury (low back) may intensify pain, findings suggest that “trying not to think about it” may lead to a vicious cycle of “suppression-tension-pain-suppression” that may ultimately worsen the suffering of chronic low back pain.

\*\*\*

*Rosalind Franklin University of Medicine and Science educates medical doctors, health professionals, and biomedical scientists in a personalized atmosphere. The University is located at 3333 Green Bay Road, North Chicago, IL 60064, and encompasses the Chicago Medical School, College of Health Professions, Dr. William M. Scholl College of Podiatric Medicine, and School of Graduate and Postdoctoral Studies. Visit at [www.rosalindfranklin.edu](http://www.rosalindfranklin.edu). For more information about the University's name change, visit [www.lifeindiscovery.com](http://www.lifeindiscovery.com)*

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Richard D. Lane, MD, PhD

**Tel:** 520-626-3272

**Email:** lane@email.arizona.edu

**Embargoed until:** March 3, 2005

**THE CLINICAL IMPORTANCE OF LEVELS OF EMOTIONAL AWARENESS**

**Vancouver, BC, Canada** - The ability to be aware of one's own emotional responses may be the foundation for emotional intelligence, the ability to understand and use emotion information to promote adaptive behavior. New research presented at the Annual Meeting of the American Psychosomatic Society in Vancouver, B.C. shows that emotional awareness is related to important health outcomes.

Dr. Jeffrey Lackner at the State University of New York at Buffalo reported that greater emotional awareness is associated with less pain and less emotional distress in patients with irritable bowel syndrome. Dr. Silla Consoli from Paris, France reported that obese individuals were less emotionally aware than their normal weight counterparts, but that among the obese individuals greater emotional awareness was associated with greater anxiety in social situations. Dr. Claudia Subic-Wrana from Cologne, Germany reported that patients who have somatic complaints for which no organic basis can be found have lower emotional awareness than healthy volunteers or patients with mental disorders such as depression, and that emotional awareness improved after 3 months of intensive multi-modal treatment.

According to Dr. Richard Lane, Professor of Psychiatry at the University of Arizona whose Levels of Emotional Awareness Scale was used in each of these studies, emotional awareness is a skill that can be developed. According to Dr. Lane, "These studies suggest that not being aware of your own emotions can be associated with physical symptoms and maladaptive behaviors such as overeating. A question for future research is how to use such awareness in the most health-promoting way possible."

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *Robert Soufer, M. D.*

*203-937-38882/ Robert.soufer@yale.edu*

Embargoed until: *Thursday, March 3, 2005*

**Vancouver, BC, Canada** - Stress is known to be bad for the heart. Researchers at Yale University are beginning to uncover what makes stress damaging, by looking at how the brain processes stressful situations.

Findings from a series of studies conducted by Dr. Robert Soufer and his colleagues at Yale University School of Medicine were presented for the first time at the 63<sup>rd</sup> American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, Canada. These studies, on the way that the brain influences and orchestrates the heart's reaction to stress, are shedding light on the "neuro-cardiac interaction".

The contribution of stress and emotional factors such as anger to myocardial infarction-heart attack-has been well described. What's needed is a better understanding of how these factors are processed by the brain so as to cause heart problems-how to explain the link between stress and anger on the one hand, and heart attack on the other.

Using state of the art positron emission tomography, or PET, along with standard echocardiography, Dr. Soufer's group was able to examine the brains and hearts of research subjects *at the same time*. The three studies presented show that mental stress is different from physical stress. In addition it showed that some of the effects of stress are due to the make-up of the individual: some people are more prone to stress and emotional effects than others. Lastly, it shed light on how men and women differ in the ways they handle stress.

Over 100 patients with stable coronary disease were studied. Patients completed questionnaires measuring anger proneness. They then completed tasks in the laboratory, including a challenging mental arithmetic task during which they were told to go faster, and their frequent errors were corrected harshly. After completing these tasks, the patients were injected with dobutamine, a drug that allows cardiologists to test the heart's ability to do physical work. Throughout, their heart and brain function were measured, along with heart rate and blood pressure.

Dr. Aseem Vashist compared periods of heart defects caused by the mental stress to periods of heart defects caused by the physical stress, finding that the mental stress provoked greater brain activity in regions that are important for information processing, memory and emotion, and the mobilization of the sympathetic nervous system; this was not seen during the physical stress.

Dr. Matthew Burg looked at brain activity during the mental stress, comparing patients who scored high on the anger questionnaires to patients who scored low on them. The patterns of brain activity he found showed that the high anger patients experienced the task as more challenging and more unpleasant, independent of how well they did. This indicates that the high anger people are likely to experience any stress as more challenging, unable to distinguish what is important from what is not.

Comparing men to women Dr. Robert Soufer found pronounced differences. Women are more likely to use both sides of their brain during stress, while also showing an overall different pattern of activity in memory, cognitive, and emotional centers. This may indicate that for women, the same stress is qualitatively different than it is for men, and the affects on the heart may also therefore differ.

Each of these studies showed large differences in emotion, memory, and information processing areas, says Dr. Soufer. A next step may be to look at how stress reduction treatments alter the brain activity during mentally stressful tasks, and whether this results in a reduced affect on the heart.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Sonia A. Cavigelli, PhD

**Phone:** 814-863-0210

**Email:** sac34@psu.edu

**Embargoed until:** 03/05/05

**CURIOUS FEMALE RATS SURVIVE TUMORS LONGER**

**Vancouver, BC, Canada** --- Curious female rats, more willing to step out and explore their environment, survive breast and pituitary tumors longer than their more cautious sisters, says a Penn State researcher.

Dr. Sonia Cavigelli, assistant professor of biobehavioral health, says that her study of 80 female rats from birth to death shows that the curious ones with tumors lived, on average, an additional six months, or 25 percent longer lives, than the cautious ones.

She notes, "It's difficult to extrapolate from rats to people. However, there have been studies that show that shy elderly people report more health symptoms than their more outgoing age-mates. Our new results with rats are consistent with those findings and support the notion that personality traits may have a significant impact on health and resilience to disease."

Cavigelli, who joined the Penn State faculty in August, detailed the results at the American Psychosomatic Society annual meeting in Vancouver, Canada, in a paper, *Exploratory Tendency During Infancy and Survival in Female Rats with Spontaneous Tumors*. She conducted the study while she was a post doctoral researcher at the University of Chicago. Her co-authors are J. R. Yee, graduate student in human development, and Dr. Martha McClintock, professor of psychology, both at the University of Chicago.

The rats used in the study spontaneously develop breast or pituitary tumors near the end of their lives. In the study, 93 percent of the rats developed these tumors. Cavigelli says, "Tumor progression is a lengthy process and, therefore, may be particularly prone to subtle effects of personality on disease resilience."

The rats were tested in infancy and as adults to see how curious or cautious they were by placing them in a "playground" filled with unfamiliar objects likely to intrigue rodents, including tunnels, bricks, stones and a small box. Some of the rats, from infancy, readily explored the environment and were designated "curious." Those that hesitated to emerge from the bowl used to introduce them into the environment were designated "cautious."

The cautious and curious rats developed equal numbers of breast and pituitary tumors over their lifespan but those identified as more curious during infancy/early childhood lived longer than the cautious ones. The difference in life span was comparable to several human years.

The same rats' stress hormones were also measured after being placed briefly in a new tunnel. The cautious females had lower stress hormone responses than the curious ones. This finding in female rats is the opposite of the result Cavigelli saw in an earlier study with male rats. The males' stress hormones were lower in the curious rodents. Cavigelli says, "These results suggest that both elevated and dampened stress hormone production may be associated with disease resilience or accelerated aging."

The study was supported by grants from the National Institute of Mental Health, the National Institute of Aging, and the National Institute of Child and Human Development.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

**Contact:** Susan Everson-Rose, MPH, PhD

**Phone:** 312-563-2241

**Email:** Susan\_A\_Everson@rush.edu

**Embargoed until:** 03/03/05

## **NEW STUDY SHOWS THAT HIGH LEVELS OF HOSTILITY ARE LINKED TO RISK FOR ATHEROSCLEROSIS IN WOMEN**

**Vancouver, BC, Canada** - Middle-aged women who report high levels of hostility have greater atherosclerosis in their arteries compared to women who are not hostile, which could increase their risk of having a stroke or a heart attack. These findings are from a new study, reported for the first time at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia.

Prior research has shown that persons who are hostile – that is, those who have a distrustful and cynical attitude toward others, are more likely to have high blood pressure and coronary heart disease, but most of this research was conducted with men or only with Caucasians. The new study included African-American and Caucasian women from the Chicago and Pittsburgh sites of the Study of Women’s Health Across the Nation or SWAN. SWAN is an ongoing study assessing the influence of menopause on risk for cardiovascular disease as well as other health outcomes in an ethnically diverse sample of women.

In this study, 553 women completed a questionnaire to measure the level of hostility in their personalities, were assessed for standard risk factors for heart disease, including blood pressure, cholesterol levels, weight, and physical activity, and had a non-invasive ultrasound of the arteries in their neck to determine the extent of atherosclerosis. Atherosclerosis is a build-up of fat and cholesterol in the arteries, which causes the arteries to narrow and can lead to strokes and heart attacks.

The most hostile women had higher overall levels of atherosclerotic thickening in their arteries, compared to the low hostile women, above and beyond the effects of the standard heart disease risk factors. The association between hostility scores and atherosclerosis was the same for African-American and Caucasian women.

**N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E**



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: Serina Neumann, Ph.D.

Tel: 412-624-8855

Email: neumannsa@msx.upmc.edu

Embargoed Until: March 3, 2005

## **VARIATION IN A SPECIFIC GENE MAY INCREASE RISK FOR DEPRESSION**

**Vancouver, BC, Canada** - Depression is a common and often a chronically debilitating health threat. The exact cause of depression is unknown, but both inherited factors and individual experiences influence risk for depression.

**N  
E  
W  
S  
R  
E  
L  
E  
A  
S  
E**

Dr. Serina Neumann, a Research Assistant Professor of Psychology at the University of Pittsburgh, and her colleagues, reported on a specific genetic mutation that may promote depression at the American Psychosomatic Society Annual Meeting held March 2-5 in Vancouver Canada.

Since risk for depression may be inherited and changes in acetylcholine function, a brain chemical, have been related to depression, it is possible that variation in genes that direct acetylcholine function may contribute to depression. Thus, the relation of depression to variation in the choline transporter gene, a gene that regulates acetylcholine availability, was studied.

The choline transporter gene directs the transport of choline, a biochemical needed to create acetylcholine, into nerve cells for proper transmission of nerve impulses. Each person inherits two versions of this gene, one from each parent. Variation in part of this gene is labeled "G" or "T". Specifically, each person inherits two versions the "G" variant (GG), two versions of the "T" variant (TT), or one of each (GT).

In a group of 400 middle-aged, community participants, people who inherited two "G" variants (GG) in the choline transporter gene reported more depressive symptoms than those who inherited a "T" variant (TT or GT).

This is the first evidence suggesting that variation in the choline transport gene may promote depression. These results coincide with Dr. Neumann's previous work; this same variant is also related to respective changes in a biological marker of acetylcholine function (Psychosomatic Medicine, in press).



AMERICAN  
PSYCHOSOMATIC  
SOCIETY

*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *Tené T. Lewis, PhD*

TEL: (312) 563-2722

Email: *tene\_lewis@rush.edu*

Embargoed until: *March 3, 2005*

**NEGATIVE LIFE EVENTS MAY BE IMPORTANT CONTRIBUTOR TO WEIGHT GAIN IN MIDDLE-AGED WOMEN**

**Vancouver, BC, Canada** - Negative life events may be an important contributor to weight gain in middle-aged women, independent of their effects on behavioral risk factors such as smoking, diet and exercise.

This is the finding of a study from researchers from Rush University Medical Center, Chicago, and the University of Pittsburgh, who presented the results from the Study of Women's Health Across the Nation (SWAN) at the American Psychosomatic Society Annual Meeting, held March 2-5 in Vancouver, British Columbia, Canada.

The authors examined the longitudinal association between negative life events and weight gain over four years in 2,017 African-American and Caucasian women aged 42-52, from the Detroit, Chicago, Pittsburgh and Boston sites of the Study of Women's Health Across the Nation (SWAN).

Lead author Tené T. Lewis, Ph.D., says "the research was designed to find out if psychological stress is associated with weight gain over time in middle-aged women. Many people believe that this is the case; however, few studies have actually examined this issue".

Lewis and colleagues found that women who reported more negative life events (such as the death of a relative, loss of a job, divorce, etc...) at the beginning of the study were also more likely to gain weight over the four-year follow-up. These findings persisted even after taking into account a number of other factors, including age, menopausal status, smoking, diet and exercise.

The effects of negative life events on weight gain were similar for women of both races and all educational levels.

"Women who are under high levels of stress may be particularly susceptible to weight gain over time", Lewis states. "We don't yet know why this is, because some of the "usual suspects", such as diet and exercise, don't appear to be playing as large a role as we expected".

The authors suggest that reducing the emotional impact of life events and improving coping techniques may prevent the weight gain associated with mid-life aging.

The SWAN study is funded by the National Institutes on Aging and Nursing Research and the NIH Office of Research on Women's Health.

Tené T. Lewis, Ph.D., Susan Everson-Rose, Ph.D., Kelly Karavolos, Ph.D., Lynda Powell, Ph.D., Deidre Wesley, M.P.H. Preventive Medicine, Rush University Medical Center, Chicago, IL, Karen Matthews, Ph.D., Psychiatry, University of Pittsburgh, Pittsburgh, PA.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E



*Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine*

6728 Old McLean Village Drive • McLean, VA 22101-3906 • (703) 556-9222 • FAX (703) 556-8729 • email: info@psychosomatic.org • www.psychosomatic.org

**RELEASE FROM AMERICAN PSYCHOSOMATIC MEETING, VANCOUVER, BC**

Contact: *Alex Harris*

*650-493-5000, x23423/ Alexander.Harris2@med.va.gov*

Embargoed until: *March 5<sup>th</sup>, 2005*

**STUDY SHOWS VOLUNTEERING LINKED TO LONGEVITY**

**Vancouver, BC, Canada** - Volunteering may not only help people feel good about themselves, it may actually help them live longer.

That is the finding of a study on the effects of volunteering on longevity in older adults conducted by Dr. Alex Harris of the Center for Health Care Evaluation, VA Palo Alto and Dr. Carl Thoresen of Stanford University. Results of the study were presented for the first time at the American Psychosomatic Society Annual Meeting, held March 2-6 in Vancouver, BC.

The study examined data from The Longitudinal Study of Aging that assessed the health and social functioning of a representative sample of 7527 American community-dwelling people age 70 years or older.

The researchers tested the hypothesis that frequent volunteering is associated with less mortality risk when the effects of demographics, health status, physical activity, and social support are controlled.

“This study suggests older people who volunteer frequently live longer than people who never volunteer. The volunteering-longevity association remained significant even after controlling for important factors, such as health status, social support, and physical activity. After controlling for these factors, frequent volunteers had a 19% reduction in mortality risk compared to non-volunteers.” Harris said.

“Volunteering may actually cause increased longevity, by enriching social networks or providing a medium for increased physical activity, but other explanations for our results exist. For example, it could be that certain personality characteristics, not measured in this study, result in both volunteering and longer life.”

“Four previous studies of older people have found evidence of this link between volunteering and longevity. Our study replicates and adds weight to these previous findings. We also looked at the personal characteristics that predict a stronger or weaker link between volunteering and longevity. This part of our study yielded the most interesting and surprising results.”

The researchers assumed that individuals with lower social support and integration might have the most to gain from the social opportunities afforded through volunteering. They found the opposite to be true. Volunteers who visited with friends or attended religious services lived 30% longer than volunteers who did not. The underlying reasons for this finding are unclear. The researchers speculated that close social relationships and religious service attendance may act as scaffolds from which the volunteering experience is more developmentally significant and beneficial.

N  
E  
W  
S  
  
R  
E  
L  
E  
A  
S  
E