



ESPIRITUALIDADE NA ATENÇÃO PRIMÁRIA À SAÚDE

André L. Silva



12th WONCA World Rural Health Conference
IV South Brazilian Congress of Family and Community Medicine
Rural Health: an emerging need
April 03 - 05, 2014 | April 02: Pre conference | April 06: Pos conference
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CONFLITOS DE INTERESSE E HISTÓRIA ESPIRITUAL

- “Frankenstein espiritual”
- Batizado católico apostólico romano
- Mãe católica praticante e pai evangélico
- Evangélico na infância, católico até a adolescência
- Espiritismo, hinduísmo, xintoísmo
- Descoberto judeu marrano aos 20 anos
- Estudei Kabbalah por 15 anos
- Deísta, mas isso não influencia a visão científica do assunto. Deus não é objeto de estudo
- Tentativa de manter ceticismo científico
- Atualmente praticante do zen budismo



**ZEN NÃO É PSICOTERAPIA
ZEN NÃO É PSICOLOGIA
ZEN NÃO É FILOSOFIA
ZEN NÃO É RELIGIÃO
ZEN NÃO É METODO
ZEN NÃO É CRENÇA
ZEN NÃO É TEORIA
ZEN NÃO É MITO
ZEN NÃO É FÉ
ZEN NÃO É
ZEN É
ZEN**



BREVE INTRODUÇÃO

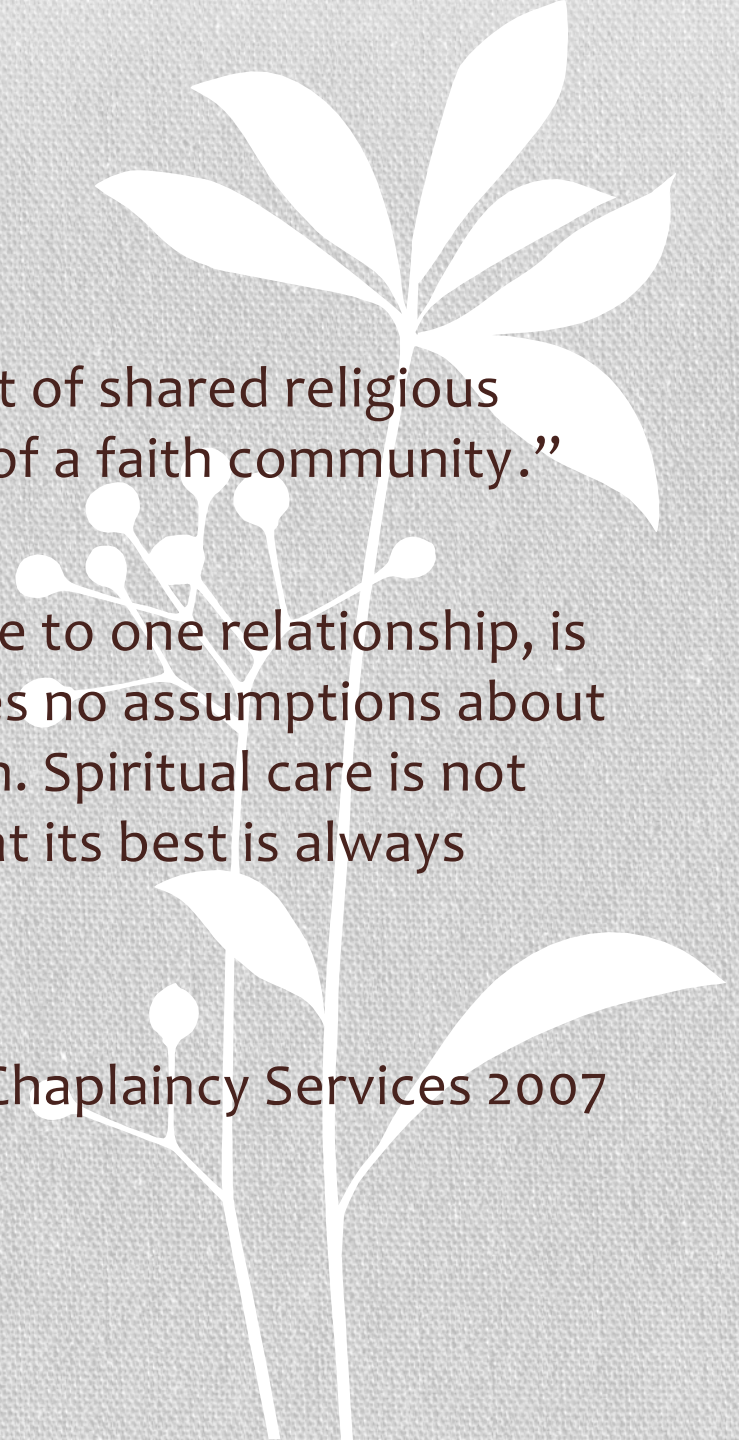
- Espiritualidade X religião...
- Discussões em andamento na psiquiatria
- E na APS?
- Elemento “perdido” na ACP?
- Bases neurobiológicas contraditórias...



BREVE INTRODUÇÃO

- “Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.”
- “Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual care is not necessarily religious. Religious care, at its best is always spiritual”

Standards for NHS Scotland Chaplaincy Services 2007



BASES NEUROBIOLÓGICAS CONTRADITÓRIAS

- Destinado à moralidade e empatia – HOME – (BARRAZA & ZAK, 2009)
- Ressonância afetiva – (MOLL et al, 2001)

- Por outro lado..
- Bases neurobiológicas da hiperreligiosidade associadas com mania, TOC, ELT e esquizofrenia – Bouman, 2011
- Eventos ruins > bons – propensão ao negativismo integrada – Vaish, Grossmann & Woodward, 2008



BUSCA “PELO OUTRO LADO”

- TRIPDATABASE, PubMed, NICE & Cochrane
- Spirituality AND:
 - Bad outcomes
 - OCD
 - Depression
 - Anxiety
 - Fanatism
- Religion Addiction
- Religion fanaticism
- Hyper religiosity



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J Gen Intern Med. 2009 Mar;24(3):402-7. doi: 10.1007/s11606-008-0897-1. Epub 2009 Jan 21.

Losing faith and using faith: older African Americans discuss spirituality, religious activities, and depression.

Wittink MN¹, Joo JH, Lewis LM, Barq FK.

Author information

Abstract

BACKGROUND AND OBJECTIVES: Older African Americans are often under diagnosed and under treated for depression. Given that older African Americans are more likely than whites to identify spirituality as important in depression care, we sought to understand how spirituality may play a role in the way they conceptualize and deal with depression in order to inform possible interventions aimed at improving the acceptability and effectiveness of depression treatment.

DESIGN: Cross-sectional qualitative interview study of older African American primary care patients.

PARTICIPANTS AND SETTING: Forty-seven older African American patients recruited from primary care practices in the Baltimore, MD area, interviewed in their homes.

MEASUREMENTS: Semi-structured interviews lasting approximately 60 minutes. Interviews were transcribed and themes related to spirituality in the context of discussing depression were identified using a grounded-theory approach.

MAIN RESULTS: Participants in this study held a faith-based explanatory model of depression with a particular emphasis on the cause of depression and what to do about it. Specifically, participants described depression as being due to a "loss of faith" and faith and spiritual/religious activities were thought to be empowering in the way they can work together with medical treatments to provide the strength for healing to occur.

CONCLUSIONS: The older African Americans in this study described an intrinsically spiritual explanatory model of depression. Addressing spirituality in the clinical encounter may lead to improved detection of depression and treatments that are more congruent with patient's beliefs and values.

PMID: 19156471 [PubMed - indexed for MEDLINE] PMCID: PMC2642557 [Free PMC Article](#)

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Five dimensions of faith and spirituality of older African American women tr; [J Relig Health. 2009]

Review A faith-based and cultural approach to promoting self-effic; [Gerontol Geriatr Educ. 2010]

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Negotiating depression treatment with older adults: primary care provide [J Ment Health. 2011]

Estimating the effects of immigration status on mental health care [J Immigr Minor Health. 2011]

Association of religion with delusions and hallucinations in the context of schizophrenia: Implications for engagement and adherence

[Robin Edward Gearing](#), [Dana Alonzo](#), [Alex Smolak](#), [Katie McHugh](#), [Sherelle Harmon](#), [Susanna Baldwin](#)

Received 13 June 2010; received in revised form 1 November 2010; accepted 3 November 2010; published online 06 December 2010.

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Results

Religion can act as both a risk and protective factor as it interacts with the schizophrenia symptoms of hallucination and delusions. Cultural influences tend to confound the association of religion and schizophrenia. Adherence to treatment has a mixed association with religiosity.

Conclusion

The relationship between religion and schizophrenia may be of benefit to both clinicians and researchers through enhancing adherence to treatment, and enhancement of the protective aspects while minimizing associated risk. The relationship of religion and schizophrenia needs further research that is more nuanced and methodologically rigorous, specifically concerning its influence on engagement and adherence to treatment.

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Keywords: [Religion](#), [Spirituality](#), [Schizophrenia](#), [Hallucinations](#), [Delusions](#), [Risk and protective factors](#), [Adherence](#)

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Intervention Review

Spiritual and religious interventions for well-being of adults in the terminal phase of disease

Bridget Candy^{1,*}, Louise Jones¹, Mira Varagunam¹, Peter Speck², Adrian Tookman¹, Michael King³

Database Title: The Cochrane Library

Editorial Group: [Cochrane Pain, Palliative and Supportive Care Group](#)

Published Online: 16 MAY 2012

Assessed as up-to-date: 4 APR 2012

DOI: 10.1002/14651858.CD007544.pub2

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Abstract

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Background

Background

As terminal disease progresses, health deteriorates and the end of life approaches, people may ask "Why this illness? Why me? Why now?" Such questions may invoke, rekindle or intensify spiritual or religious concerns. Although the processes by which these associations occur are poorly understood, there is some research evidence for associations that are mainly positive between spiritual and religious awareness and wellness, such as emotional health.

Objectives

This review aimed to describe spiritual and religious interventions for adults in the terminal phase of a disease and to evaluate their effectiveness on well-being.

Search methods

We searched 14 databases to November 2011, including the Cochrane Central Register of Controlled Trials and MEDLINE.

Authors' conclusions

We found inconclusive evidence that interventions with spiritual or religious components for adults in the terminal phase of a disease may or may not enhance well-being. Such interventions are under-evaluated. All five studies identified were undertaken in the same country, and in the multi-disciplinary palliative care interventions it is unclear if all participants received support from a chaplain or a spiritual counsellor. Moreover, it is unclear in all the studies whether the participants in the comparative groups received spiritual or religious support, or both, as part of routine care or from elsewhere. The paucity of quality research indicates a need for more rigorous studies.

then checked by another review author. We considered meta-analysis for studies with comparable characteristics.

Main results

Five RCTs (1130 participants) were included. Two studies evaluated meditation, the others evaluated multi-disciplinary palliative care interventions that involved a chaplain or spiritual counsellor as a member of the intervention team. The studies evaluating meditation found no overall significant difference between those receiving meditation or usual care on quality of life or well-being. However, when meditation was combined with massage in the medium term it buffered against a reduction in quality of life. In the palliative care intervention studies there was no significant difference in quality of life or well-being between the trial arms. Coping with the disease was not evaluated in the studies. The quality of the studies was limited by under-reporting of design features.

Authors' conclusions

We found inconclusive evidence that interventions with spiritual or religious components for adults in the terminal phase of a disease may or may not enhance well-being. Such interventions are under-evaluated. All five studies identified were undertaken in the same country, and in the multi-disciplinary palliative care interventions it is unclear if all participants received support from a chaplain or a spiritual counsellor. Moreover, it is unclear in all the studies whether the participants in the comparative groups received spiritual or religious support, or both, as part of routine care or from elsewhere. The paucity of quality research indicates a need for more rigorous studies.

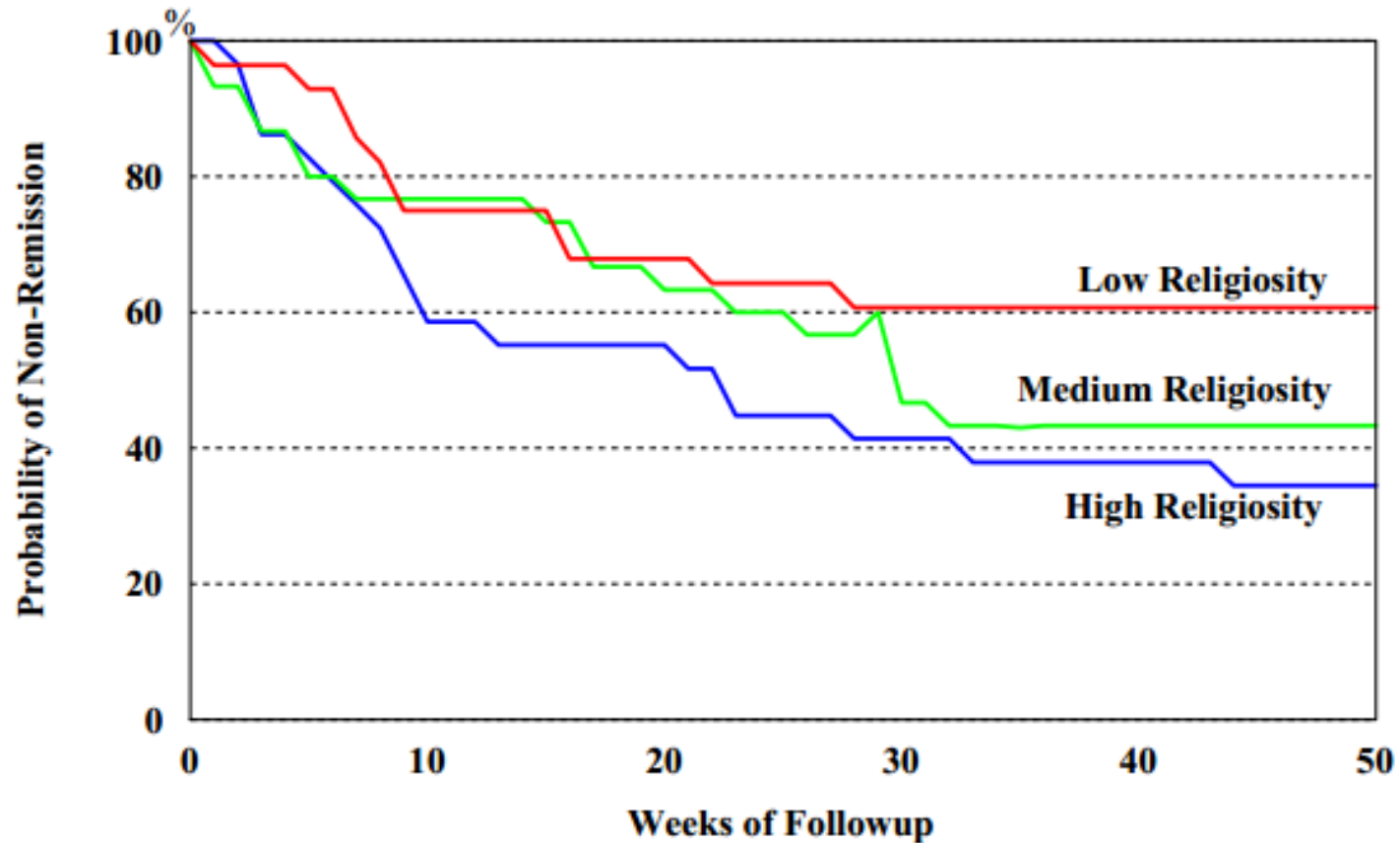
Plain language summary

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Time to Remission by Intrinsic Religiosity

(N=87 patients with major or minor depression by Diagnostic Interview Schedule)

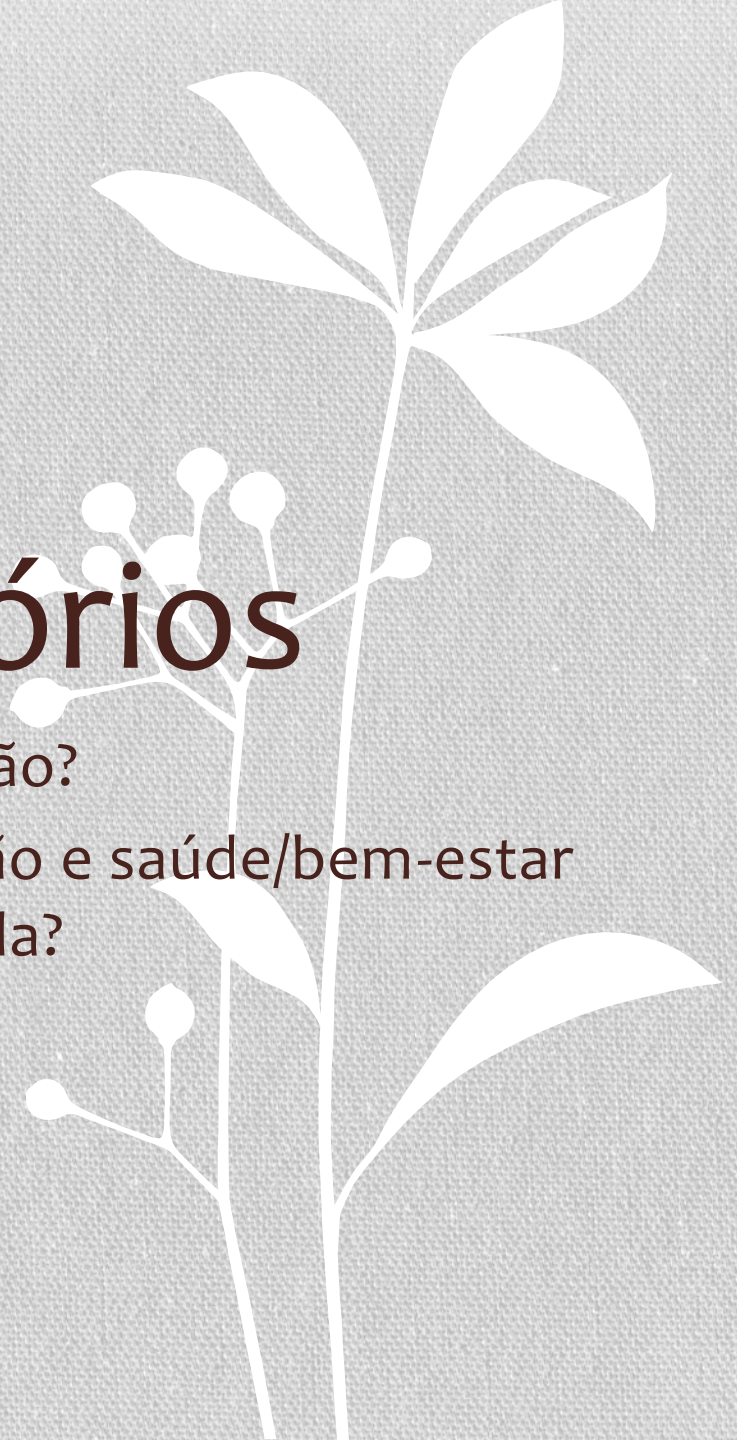


RESULTADOS...

Contraditórios

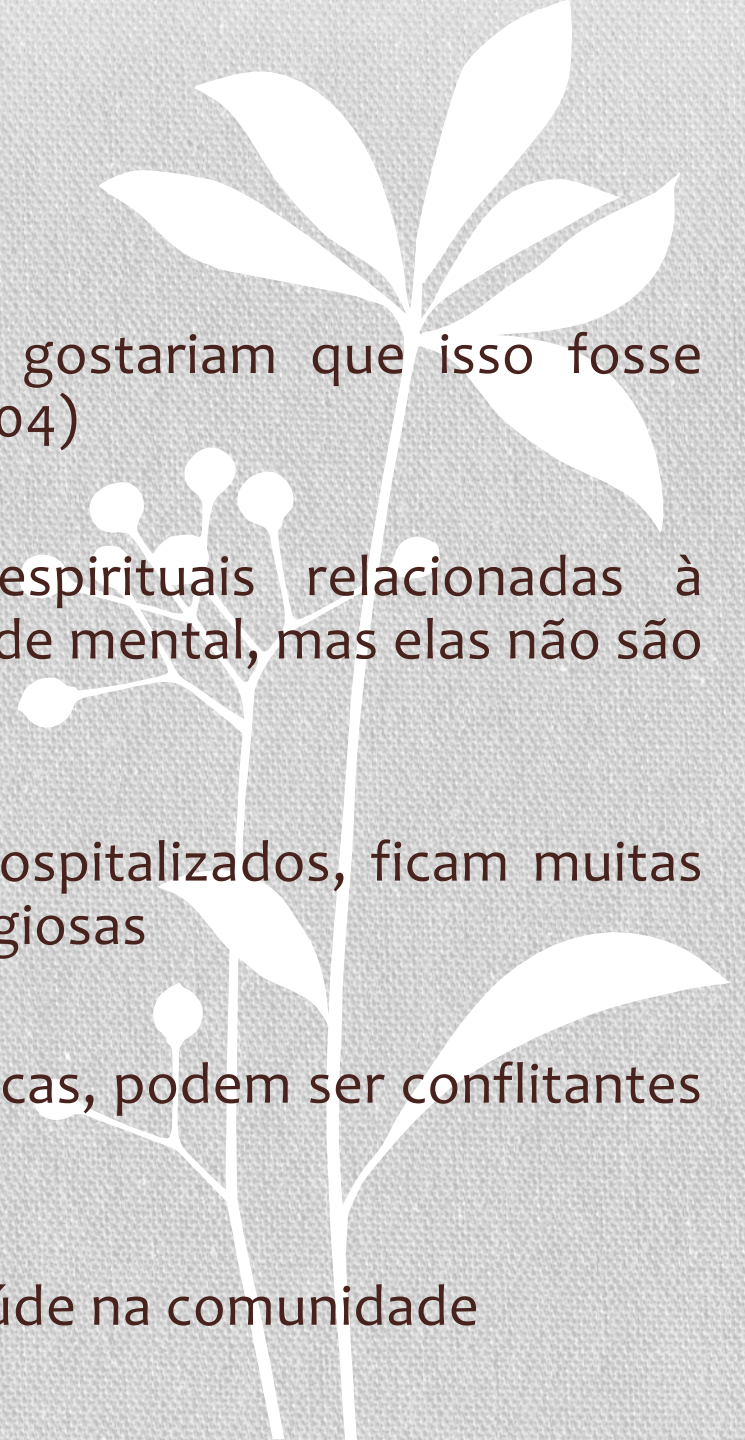
Viés de publicação?

Ou a relação espiritualidade/religião e saúde/bem-estar
está estabelecida?



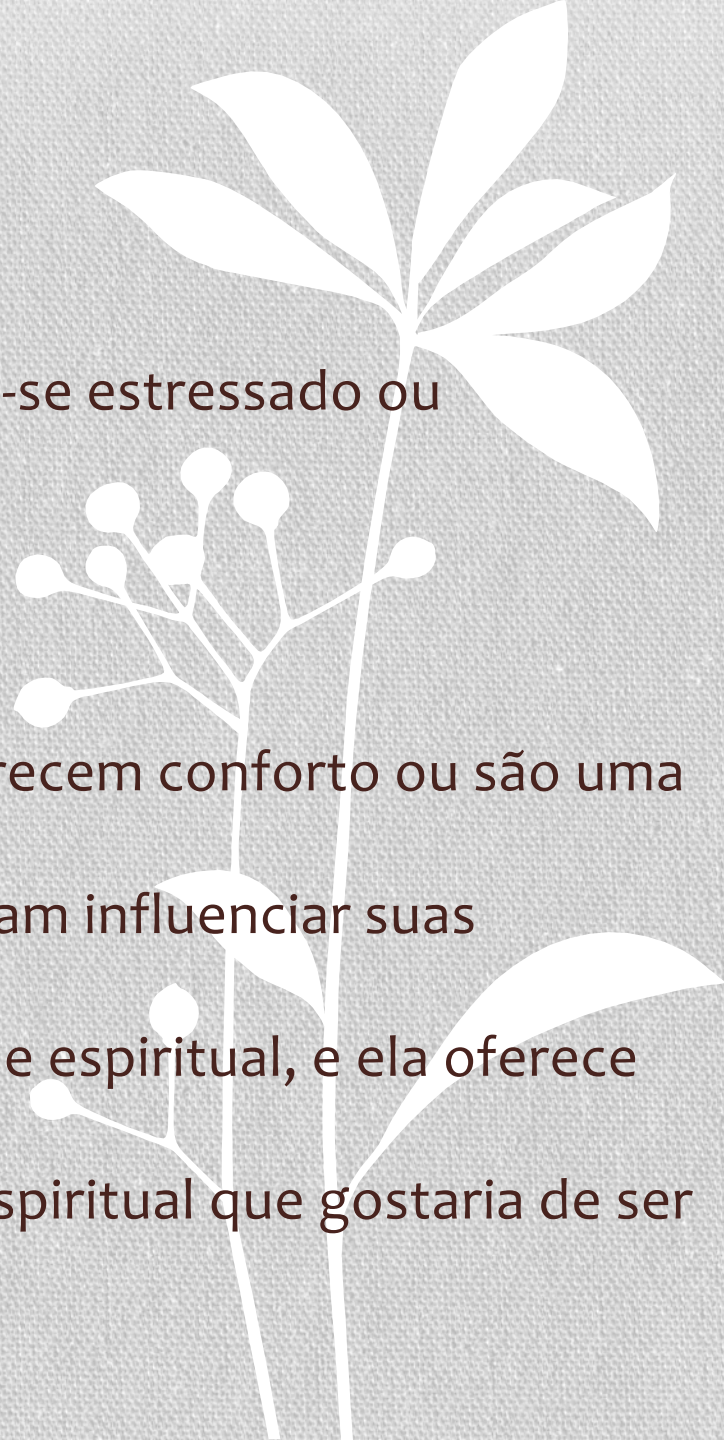
SENDO PRÁTICO...

- Muitos usuários são religiosos, talvez gostariam que isso fosse abordado na APS (83% - McCord et al, 2004)
- Muitos usuários tem necessidades espirituais relacionadas à patologia que poderia influenciar na saúde mental, mas elas não são atendidas
- Pacientes, em especial quando estão hospitalizados, ficam muitas vezes isolados de suas comunidades religiosas
- Crenças religiosas afetam decisões médicas, podem ser conflitantes com tratamentos
- A religiosidade influencia a atenção à saúde na comunidade



SENDO PRÁTICO...

- Bem-estar evocado – Benson (1998)
- “Quando se está relaxado, é difícil sentir-se estressado ou aborrecido” (Benson, 2000)
- Como abordar espiritualidade na APS?
- CSI-MEMO (Koenig, 2002)
 1. Suas crenças religiosas/espirituais oferecem conforto ou são uma fonte de estresse?
 2. Você tem crenças espirituais que possam influenciar suas decisões médicas?
 3. Você é membro de alguma comunidade espiritual, e ela oferece suporte a você?
 4. Você tem alguma outra necessidade espiritual que gostaria de ser atendida por alguém?



SENDO PRÁTICO...



- DUREL ou DRI (Koenig 1997; 2010) – val. 2012

(1) How often do you attend church or other religious meetings? (ORA)

1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)

1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

(3) In my life, I experience the presence of the Divine (*i.e.*, God) - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(4) My religious beliefs are what really lie behind my whole approach to life - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(5) I try hard to carry my religion over into all other dealings in life - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

SENDO PRÁTICO...

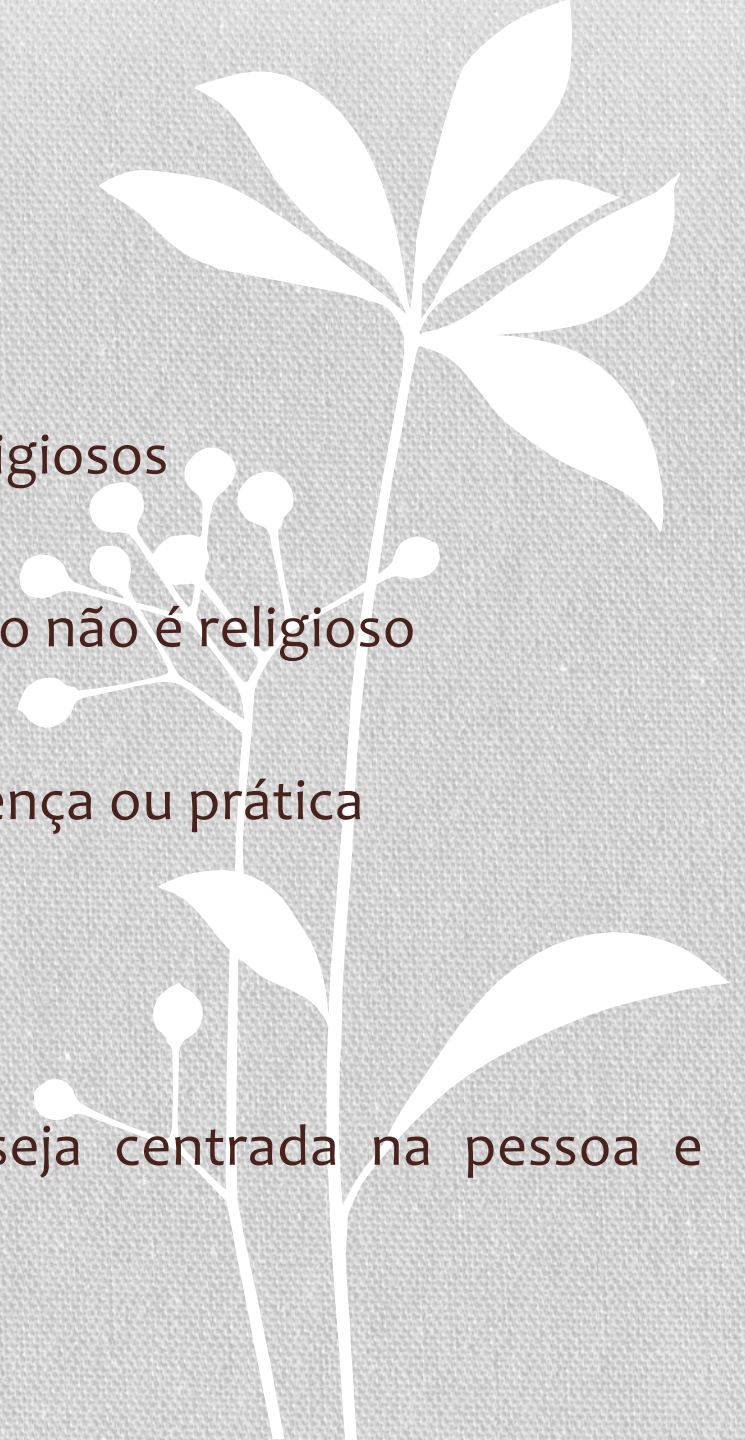
- Escala de religiosidade de Hogan (1972)

1. My faith involves all of my life
2. In my life, I experience the presence of the Divine (*i.e.*, God)
3. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs (**reverse score**)
4. Nothing is as important to me as serving God as best as I know how
5. My faith sometimes restricts my actions
6. My religious beliefs are what really lie behind my whole approach to life
7. I try hard to carry my religion over into all my other dealings in life
8. One should seek God's guidance when making every important decision
9. Although I believe in religion, I feel there are many more important things in life (**reverse score**)
10. It does not matter so much what I believe as long as I lead a moral life (**reverse score**)

LIMITAÇÕES

Evitar:

- Prescrever religião para usuários não-religiosos
- Forçar uma história espiritual se o usuário não é religioso
- Coagir o usuário a qualquer forma de crença ou prática
- Aconselhar usuários espiritualmente (?)
- Realizar qualquer atividade que não seja centrada na pessoa e direcionada à pessoa

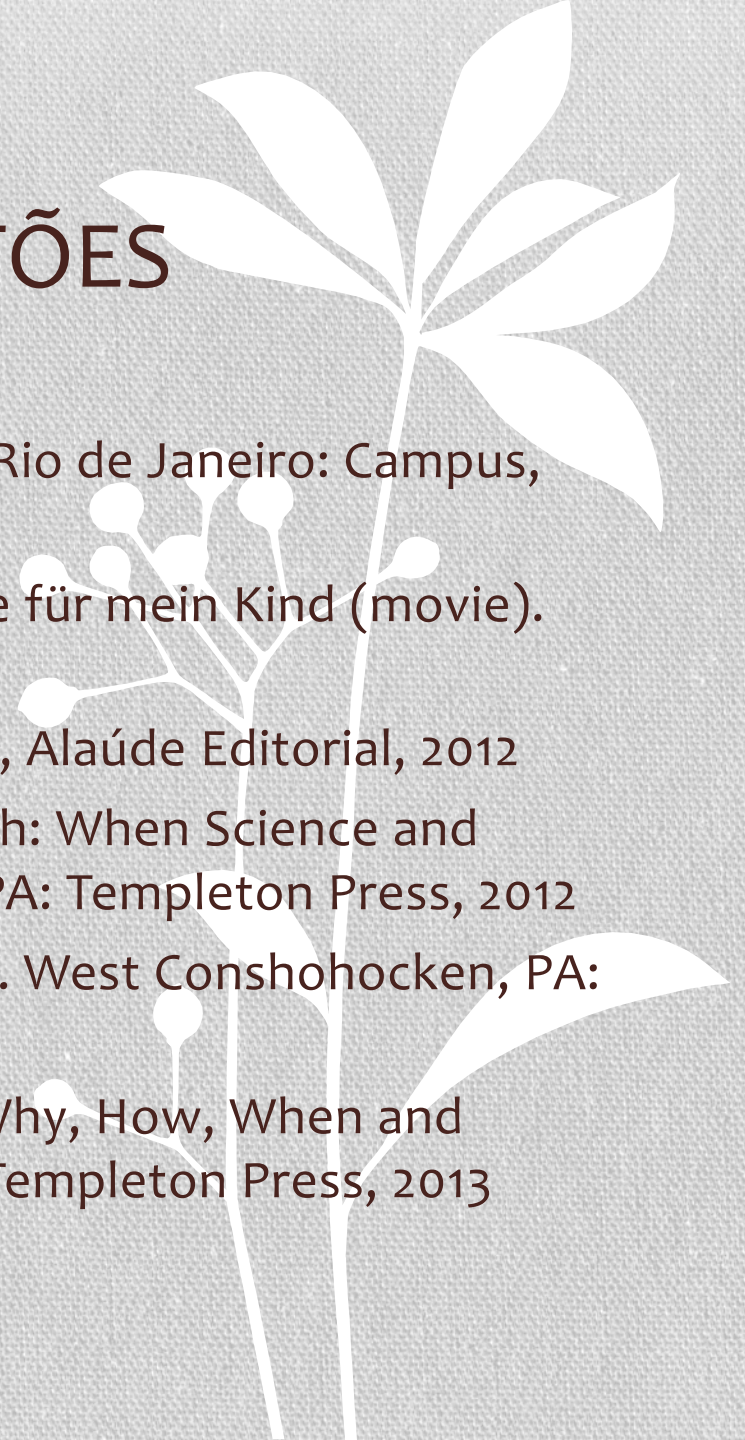




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GASSHÔ

SHALOM

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