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PILOT STUDY

Gender of Physicians with Substance Use Disorders: Clinical Characteristics, Treatment Utilization, and Post-treatment Functioning

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ABSTRACT

Gender has emerged as an important variable in both the course and treatment of substance-use disorders. This study examines the role of gender in a sample of physicians ($n=73$) treated for substance-use disorders. Pilot data gathered on physicians treated during 1995 to 1997, included initial pretreatment characteristics, service utilization, and posttreatment functioning. Although there were many similarities, important differences emerged among the groups. These differences have implications for physician education and training and warrant more systematic clinical research.

Key Words: Substance use disorders; Substance abuse treatment; Addicted physicians; Gender and addiction.

INTRODUCTION

As with women in general, women in medicine appear to constitute an emerging segment of persons with substance-use disorders (McGovern et al., 1998; Nace et al., 1995; Stinson et al., 1992). Yet they remain a population largely ignored by scientific inquiry (Wilsnack and Wilsnack, 1997). Female physicians have pressures similar to other females working in historically masculine-culture professions (Lorber, 1993; Richman, 1992). These women also have the stress of being a physician: demands of clinical practice, rapid and complex decision-making responsibility, irregular hours, scrutiny of legal and regulatory third parties, and often working in relative isolation. When a substance-use problem does develop, the female physician has access and vulnerability to the same prescription medications as males do, and has inclinations toward even more isolated and secretive use (Martin and Talbott, 1987; McGovern et al., 1998).

This is a report of a pilot study examining the differential addiction and treatment experiences of female physicians. We have collected and analyzed data from both male and female physicians treated for substance-use disorders at a professionally-based program in Midwestern United States.

METHOD

Subjects

The subjects were sampled from patients treated at Rush Behavioral Health, Rush–Presbyterian–St. Luke’s Medical Center (Chicago, Illinois).



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A review of central medical records produced a sample of 195 health care professionals (with current verifiable addresses) treated during the index period of 1995 to 1997. A total of 195 followup surveys were sent to potential subjects; of these 105 (53.9%) were returned. The subjects described in this study compose a subsample of 73 physicians: 10 females (13.7%) and 63 males (86.3%).

Procedure

Physicians who consented to participate in the study completed a followup survey questionnaire. Their medical record was then reviewed, information abstracted, and linked with the followup data. Once the data were linked, all identifying information connecting the information to specific persons was destroyed.

Instruments

The followup survey questionnaire consisted of measures of: current substance use, recovery activities, and professional functioning (Carlson et al., 1994; Galanter et al., 1990); treatment utilization (McLellan et al., 1992); treatment satisfaction (Attkisson and Zwick, 1982); psychiatric symptoms and functioning (Derogatis, 1973), with additional items constructed by us to assess sexual and aggressive boundary issues (Gabbard and Nadelson, 1995).

The chart review consisted of the following components: demographic data; professional factors (employment status, specialty, type of practice); referral precipitant; drug of choice; DSM-IV admission and discharge diagnoses, and, chart rater estimate of Global Level of Functioning (GAF) (American Psychiatric Association, 1994). Treatment utilization data, such as length of stay, were also extracted from the chart.

RESULTS

The data were analyzed for group (gender) differences by using t-test and chi-square statistical techniques.

On demographic variables (see Table 1), females were more likely to be single and working in suburban areas.

**Table 1.** Demographic data on female and male physicians.

Variable	Females		Males	
	<i>n</i>	(%)	<i>n</i>	(%)
Gender	10	(13.7)	63	(86.3)
Marital Status				
Single	3	(30.0)	3	(4.7)
Married	6	(60.0)	47	(74.6)
Divorced/Separated	0	(0)	11	(17.5)
Other	1	(10.0)	2	(3.2)
Race				
White	10	(100.0)	58	(92.1)
Non-white	0	0	5	(7.9)
Geographic Region				
Rural	1	(10.0)	17	(26.9)
Suburban	4	(40.0)	16	(25.4)
Urban	5	(50.0)	30	(47.6)
	M	(s.d.)	M	(s.d.)
Age (years)	44.78	(12.95)	46.13	(9.03)

Both groups worked primarily in medicine specialties, but males were more likely to be in surgical specialties and females in psychiatry. Females were more likely to enter treatment out of subjective distress vs. males, who tended to be referred for work-related reasons.

On diagnostic variables, both groups had equivalent GAF scores upon admission and at discharge (DSM-IV: Axis V): however, women were more likely to be dependent upon alcohol and to use alcohol exclusively. Both groups used prescription opiates (e.g., hydrocodone) both alone and in combination with other substances (see Table 2). Although there was a slightly higher percentage for females vs. males, psychiatric comorbidity was essentially equivalent across gender.

Treatment utilization variables were largely equivalent, as were abstinence rates (100%) and period of abstinence (2+ years).

Posttreatment, women were more likely to use marital/family therapies ($p < 0.05$), and less likely to have been psychiatrically hospitalized ($p < 0.01$). Women also tended to use more individual psychotherapy. The female physicians rated 12-step groups equally helpful (principles, fellowship, number of meetings attended, and sponsorship activities), but family members less helpful in their recovery process ($p < 0.05$).

**Physicians with Substance Use Disorders****997****Table 2.** Major substance-use disorder groups and psychiatric comorbidity status of physicians by gender.

Variable	Females		Males	
	<i>n</i>	(%)	<i>n</i>	(%)
Substance Use Disorders				
Alcohol Use Disorders	5	(50.0)	17	(29.9)
W/psychiatric comorbidity	2	(40.0)	6	(35.3)
Opiate Use Disorders	3	(30.0)	8	(28.6)
W/psychiatric comorbidity	3	(100.0)	10	(55.5)
Sed-hyp/anxiol. Use Disorders	0	(0)	4	(6.3)
W/psychiatric comorbidity	0	(0)	3	(75.0)
Polysubstance Use Disorders	2	(30.0)	24	(38.1)
W/psychiatric comorbidity	1	(50.0)	17	(70.1)
Total Substance Disorders	10	(100.0)	63	(100.0)
W/psychiatric comorbidity	6	(60.0)	36	(57.1)

The groups were similar in posttreatment functioning on most measures, except anger ($p < 0.05$) and aggressive boundary issues ($p < 0.05$), where the male physicians reported more distress.

DISCUSSION

These pilot data suggest important gender differences do exist between physicians in treatment and recovery, and therefore should be further explored. This must include systematic method: structured diagnostic interviews, standard measures of variables from admission to discharge, and more "objective" measures (toxicology), particularly of substance-use posttreatment. Larger numbers of female physicians for study would be recommended, in order to balance sample size by gender. This would make statistical comparisons more robust. Finally, a prospectively designed and longitudinal study would be the best mechanism within which to examine gender differences.

Nonetheless, the data here are useful for hypotheses-generating purposes, and serve to outline a focus for more systematic investigation.

Access to treatment appears different for male and female physicians, both in terms of likelihood and precipitant. As was hypothesized, women may be more secretive in their substance abuse and be less likely to come to the attention of others. For this reason, they are likely to be underrepresented in treatment, and when they do seek treatment, do so out of



subjective and not occupational distress. In addition, use of alcohol (vs. prescription opiates) may contribute to a more insidious and less externally exposed illness course. Education and training programs, physician assistance, and wellness programs may do well to consider the female physician's "vulnerability" to addiction and reluctance to access treatment.

Previous research found that female physicians in substance-use treatment were more likely to be diagnosed with cooccurring psychiatric disorders (McGovern et al., 1998; Nace et al., 1995). This study did not replicate these findings.

Gender issues in substance use and psychiatric disorder comorbidity remain an important area for future study (Brady et al., 1993; Compton et al., 2000).

There has been speculation that women are less likely to connect with 12-step recovery groups (Westermeyer and Boedicker, 2000). This pilot study's data suggest that female physicians affiliate well, and in fact develop a supportive network of "sisterhood" (Angres et al., 1998). Less family or marital support is also noteworthy, and to some degree may be the reason behind the increased utilization of psychotherapeutic services.

Despite the differences emphasized in this report, the outcome of addiction treatment for both gender groups is similar and positive. Nonetheless, improvement is necessary to engage women in effective substance-use treatment.

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RESUMEN

El genero del individuo ha surgido como una variable importante tanto en el curso en el tratamiento de desordenes de usos de sustancias. Este estudio examina el papel del genero en una muestra de medicos ($n=73$) tratados por desordenes de abuso de sustancias. Datos adelantados recogidos sobre medicos tratados durante los anos 1995 a 1997 incluyeron características de pre-tratamiento, utilizacion de los servicios, y funcionamiento posterior al tratamiento. Aunque habia muchas similitudes, resaltaron muchas diferencias entro los dos grupos. Estas diferencias tienen implicaciones para la educacion y la preparacion de futuros medicos, y merece investigation clinica mas sistematica.

RÉSUMÉ

Le sexe de l'individu ressort comme une variable importante a la fois pour le cours de la maladie et le traitement des desordres associes a la consommation de drogues et autres substances. Cette etude examine le role joue par le sexe parmi un echantillon de docteurs ($n=73$) traites pour pendant la periode entre 1995 et 1997 incluent les conditions initiales (pre-traitments), l'utilisation de services de traitement et les comportements apres-traitement. Bien qu'il y ait beaucoup de similitudes, ont des implications quant a l'education et l'apprentissage et merite, donc plus de recherche clinique et une etude (d'une facon encore) plus sytemmatique.



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