

PERCEIVED SOCIAL SUPPORT IS ASSOCIATED WITH PSYCHOLOGICAL DISTRESS IN ELDERLY PATIENTS WITH PARKINSON'S DISEASE

Radka Sulfiarska^{1,2,3}, Ivelta Nagyova^{2,3}, Martina Krokavcova^{1,2,4}, Jaroslav Rosenberger^{2,5}, Matej Skorvanek^{1,2}, Zuzana Gdovinova¹, Johan W Groothoff⁶, Jitse P van Dijk^{2,6}



¹Department of Neurology, Medical Faculty, P.J. Safarik University, Kosice, Slovak Republic
²Graduate School Kosice Institute for Society and Health, Medical Faculty, P.J. Safarik University, Kosice, Slovak Republic
³Institute of Public Health – Department of Social Medicine, Medical Faculty, P.J. Safarik University, Kosice, Slovak Republic
⁴Department of Psychiatry, Medical Faculty, P.J. Safarik University, Kosice, Slovak Republic
⁵Internal Clinic, Medical Faculty, P.J. Safarik University, Kosice, Slovak Republic
⁶Department of Social Medicine, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

Background

Depression and anxiety in Parkinson's disease (PD) are under-recognized co-morbidities with a significant impact on patient's quality of life [1-3]. We aimed to explore how different levels of perceived social support were associated with anxiety and depression. Furthermore, we focused on these associations in two age groups – younger (<65 years of age) and older (≥65 years of age) PD patients as they meet different psychological and social needs.

Methods

Sample:

- 190 PD patients divided into two age groups
- younger group (<65)**
- 52.6% female
- mean age 56.9±5.9
- mean disease duration 6.4±5.8
- older group (≥65)**
- 50.4% female
- mean age 73.4±4.5
- mean disease duration 6.6±5.6

MEASURES:

- Age, Education
- The Multidimensional Scale of Perceived Social Support (MSPSS) (α=0.94)
- The Hospital Anxiety and Depression Scale (HADS) (α=0.77)
- Disease severity measured by Unified Parkinson Disease Rating Scale (UPDRS)

STATISTICS:

- Linear regression was used to identify the predictors of anxiety and depression separately for each group
- Independent variables: age, gender, disease duration, UPDRS and MSPSS subscales

Results

Demographic variables (gender, education), disease duration and disease severity explained 14% of the variance of anxiety in younger PD patients (<65 years). Perceived social support did not contribute to the explanation of anxiety. The same model explained 8% of the variance of depression in this age group.

In the group of older PD patients (≥65 years), the explained variance of anxiety by this model was only 6%, whereas the total explained variance of depression was 20%. Perceived social support from friends appeared to be the most significant and inverse predictor related to depression (β=0.46, p< 0.001).

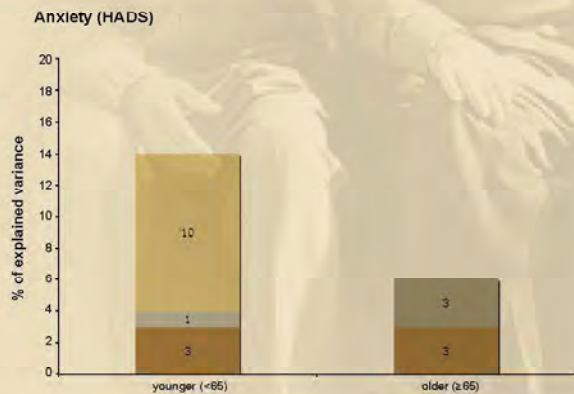


Fig 1. % of variance in anxiety (HADS) explained by sociodemographics, disease duration, disease severity (UPDRS) and perceived social support (MSPSS)

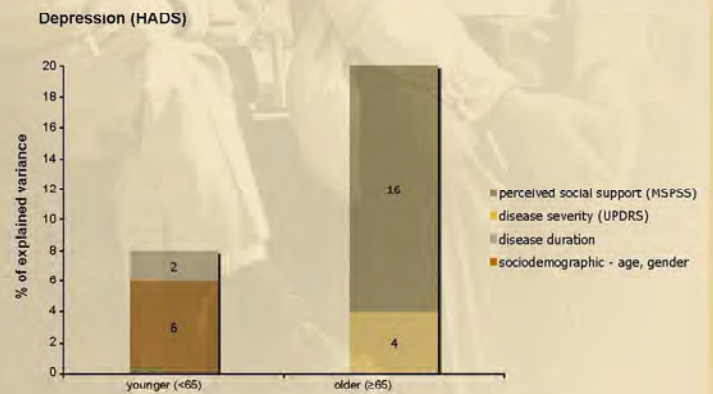


Fig 2. % of variance in depression (HADS) explained by sociodemographics, disease duration, disease severity (UPDRS) and perceived social support (MSPSS)

Conclusions

PD patients experience the positive influence of perceived social support differently according to age. In the younger age group, disease severity plays the primary role regarding anxiety, while in the older age group social support is inversely associated with depression. Social support from friends seems to be more important than social support from family and may play protective role in the development of depression in older PD patients.

Practice implications

Friend's resources in elderly PD patients are important for the psychological well-being. If these are lacking, supplying effective prevention and intervention programmes from health care and local governments might be on help. Group therapy and community meeting programmes like friendship clubs could be appropriate for expressing and sharing problems of PD elderly patients lacking social support.

Corresponding address

Radka Sulfiarska MSc
 Kosice Institute for Society and Health
 Medical Faculty – Safarik University
 Tl. SNP 1
 040 11 Kosice
 Slovakia
 radka.sulfiarska@ksh.sk

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Perceived social support is more important in reducing depression in older PD patients than in younger ones

Radka Sufliarska

R Sufliarska^{1,2,3*}, M Krokavcova^{1,2,4}, I Nagyova^{2,3}, J Rosenberger^{2,5}, Z Gdovinova¹, JW Groothoff⁶, JP van Dijk^{2,6}

¹Department of Neurology, Faculty of Medicine, PJ Safarik University, Kosice, Slovak Republic

²Kosice Institute for Society and Health, PJ Safarik University, Kosice, Slovak Republic

³Institute of Public Health, Department of Social Medicine, Faculty of Medicine, PJ Safarik University, Slovak Republic

⁴First Department of Psychiatry, Faculty of Medicine, PJ Safarik University, Kosice, Slovak Republic

⁵First Internal Clinic, Faculty of Medicine, PJ Safarik University, Kosice, Slovak Republic

⁶Department of Social Medicine, University Medical centre Groningen, University of Groningen, The Netherlands

*Contact details: radka.sufliarska@upjs.sk

Background

Depression and anxiety in Parkinson's disease (PD) are under-recognized co morbidities with a major impact on patient's quality of life-affecting up to 45% of patients. The aim of this study was to explore how different levels of perceived social support are associated with anxiety and depression in PD patients stratified by age after controlling for gender, education, disease duration and disease severity.

Methods

The sample consisted of 190 patients (50.5% female; mean age 68 ± 9 years; mean disease duration 7 ± 6 years). Patients completed questionnaires focusing on socio-demographic and clinical data. Disease severity was measured with the Unified Parkinson Disease Rating Scale (UPDRS), social support with the Perceived Social Support Scale (PSSS) and anxiety and depression with the Hospital Anxiety and Depression Scale (HADS). Data were analysed using multiple linear regression.

Results

Demographic variables (gender, education), disease duration and disease severity explained 13% of the total variance of anxiety in younger PD patients (<65 years), but perceived social support did not contribute to the explanation of anxiety. On the other hand, the above-mentioned model explained 7% of the total variance of depression in this age group. In the group of older PD patients (≥65 years), the total explained variance of anxiety after entering the demographic variables, disease duration, disease severity and perceived social support was only 6%, whereas the total explained variance of depression was 20% ($\beta = 0.46$, $P < 0.001$).

Conclusions

PD patients experience the positive influence of perceived social support differently according to age. In the younger age group, disease severity plays the primary role regarding anxiety, while in the older age group social support is significantly and inversely associated with depression. Social support from friends may play a protective role in the development of depression in older PD patients.

Associations between general self efficacy, barriers to care and self reported mental illness—a population-based study

Lena Andersson

L Andersson^{1,2*}, C Staland-Nyman¹, G Hensing¹, G Krantz¹

¹The Sahlgrenska Academy at University of Gothenburg, Department of Public Health and Community Medicine, Social Medicine, Sweden

²Nordic School of Public Health, Gothenburg, Sweden

*Contact details: Lena.Andersson@socmed.gu.se

Background

Mental illness is an increasing health problem globally. However, many individuals do not seek health care although evidence-based care is available. Research has shown that self efficacy is associated with various health outcomes and it is of importance to investigate if it also is associated mental illness. Early detection promotes recovery and decreases suicide risk.

Aim

The aim of this study is to investigate whether low levels of self efficacy is associated with a higher degree of mental illness and whether level of self-efficacy influence health seeking behaviour.

Methods

This cross-sectional study is based on data from the Health Assets study, from 2008 in West Sweden. The study population is a randomly selected population sample of 4027 individuals, aged 18–65 years. Data collection was done by a postal questionnaire and the response rate was 50.4%. Bi- and multivariate analyses were employed to investigate associations and results were stratified on sex, age, civil status, education and social support.

Results

A total number of 1361 (36%) out of 3811 individuals answered 'Yes' on the question 'Have you ever felt so mentally ill that you had (felt a need) to seek care'. 33% of the women answering yes were found in the lowest quartile of the general self efficacy scale, 20% in the highest quartile. Corresponding figures for men were 30% and 23% respectively. The most common reason stated for not seeking health care was a belief that the mental illness would disappear by itself. Others reasons mentioned were beliefs that health care would not help, not knowing were to go or feelings of shame for suffering from mental illness.

Conclusions

Mental illness is a serious health problem and access to care needs to be improved. Health promotion should also include individual traits/characteristics such as self efficacy.

Utilization and quality of prescribing antidepressants in Croatia, 2004–08

Danijela Stimac

D Stimac*

Department of Public Health, Zagreb Institute of Public Health, Zagreb, Croatia/University of Zagreb, School of Medicine, Zagreb, Croatia

*Contact details: danijela.stimac@stampar.hr

Background

The purpose was to investigate the outpatient utilization of antidepressants in Croatia, during the 2004–08 period using the ATC/DDDs methodology and to investigate the relationship between the utilization of particular drug groups and the number of suicides.

Methods

Data on outpatient drug utilization were obtained from Croatian Institute of Health Insurance to calculate the number of DDD, and DDD per 1000 inhabitants per day (DDD/TID). Drug Utilization 90% (DU90%) method was used on the drug prescribing quality assessment. Data on suicides were collected from the suicide database kept at Croatian Institute of Public Health.

Results

Total utilization of antidepressants (group N06A), was between 13.6 DDDs/TID and 22.4 DDDs/TID in Croatia during the 2004–08 period. Selective serotonin reuptake inhibitors (N06AB) (from 11.5 DDDs/TID in 2004 to 17.8 DDDs/TID in 2008) accounted for 80% of drugs used for the treatment of depression during the 2004–08 period. A markedly increasing utilization, more than three times was recorded for other antidepressants (N06AX). Utilization of Non-selective monoamine reuptake inhibitors (N06AA) decreased from 3.7 DDDs/TID to 1.8 DDDs/TID. Comparison of DU90% segment between 2004 and 2008 revealed maprotiline and amitriptyline to be absent, whereas citalipram, escitalopram and mirtazapine were added in 2008. In observed time, utilization of sertraline increase 82%, and utilization of maprotiline and amitriptyline decrease 68%. During the period of observation, total rate of suicides in Croatia decreased by 22%.