MEDICAL SCIENCES

FEATURES OF SOCIAL SUPPORT FOR PATIENTS WITH DEPRESSIVE DISORDERS, TAKING INTO ACCOUNT AGE AND GENDER FACTOR

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ABSTRACT

The features of social support for patients with depressive disorders were studied taking into account age and gender factor. Clinical and psychological examination of 107 men and 138 women with depressive disorders revealed a low level of social support from family, friends and significant others. The highest level of social support for patients was found from friends, slightly lower – from family, and the lowest – from significant others. The indicators of social support in all spheres decrease with age; they are maximum at the age under 30 years, and the minimum at the age 45 years and older. Women enjoy greater social support from family, friends, and significant others than men, but these differences were statistically significant only in the younger age group (under 30 years). An inverse correlation was found between psychopathological symptoms and the level of social support of family, friends and significant others. The correlation is weak or moderate (correlation coefficients up to 0.551), which indicates complex patterns of social support for patients with depressive disorders.

Keywords: depressive disorders, social support, family, friends, significant others.

Introduction. The problem of depression is one of the main problems of psychiatric science and practice. According to modern studies, depressive disorders are associated with suicidal behavior, comorbid pathological, reduced of quality of life in patients with depressions [1, p. 655; 2, p. 333; 3, p. k5354]. Depressive disorders are characterized by polymorphism of symptoms, difficulty of diagnosis and resistance to therapy [5, e673–e681; 6, 11-15].

Depression is a disease that is accompanied by severe socio-psychological maladaptation, significant deterioration of psychosocial functioning and reduced quality of life of patients [7, p. 239–249; 8, 1339–1350]. Significant manifestations of psychosocial maladaptation in the macrosocial, mesosocial and microsocial spheres have been reported in patients with depressive disorders [9, p. 82-92]. The most common manifestations of psychosocial maladaptation in depression are difficulties in planning and decision-making, which are manifested in both acute and subacute phases, and during remission [10, p. 280]. In depressive disorders there are pronounced disorders of microsocial functioning not only of patients themselves, but also their immediate environment, in particular, the deformation of homeostasis of the family system [11, p. 980-985]. Depressive disorders are also accompanied by a significant deterioration in the quality of life of patients, and during the active depressive phase there is a tendency for patients to be more pessimistic about their functioning and quality of life in all key areas compared to their assessment by a specialist [12, p. 24-30].

At the same time, despite the high prevalence and significant efforts to study the features of various forms of depression, this disease remains underestimated and poorly managed; an important role in the final result of treatment is played by psychosocial adaptation of patients, which affects the quality and duration of remission [13, p. 127]. Psychosocial rehabilitation and readaptation and restoration of full psychosocial functioning of patients is also an important factor in reducing the therapeutic resistance of affective disorders [14, p. 711-715]. Based on this, the study of the features of psychosocial support of patients with depressive disorders at the present stage are of great theoretical and practical importance; the results of such research can be used in the development of prognostic models of depression and the improvement of measures for the diagnosis, treatment, rehabilitation and prevention of depressive disorders.

The aim of the study is to investigate the features of social support for patients with depressive disorders, taking into account age and gender factor.

With the observance of the principles of biomedical ethics, we have clinically examined 107 men and 138 women who applied for medical care at Vinnitsa Regional Psycho-Neurological Hospital from 2015 to 2019. The nosological structure of the contingent was as follows ICD-10 codes: F 31.3, F 31.4, F 32.0, F 32.1, F 32.2, F 33.0, F 33.1, F 33.2). The average age of the men was 34.2±11.1 years, and 33.2±11.4 years for women (p=0.422), the average duration of depression was 5.7±5.8 years for men, and 4.5±5.4 years for women (p=0.064). 3 subgroups were allocated in group of men and women depending on the age of patients at the time of the study: up to 30 years (M1 and W1 groups, respectively), from 30 to 44 years (M2 and W2 groups, respectively), 45 years and older (M3 and W3 groups, respectively). The study was carried out using Multidimensional Scale of Perceived Socal Support (MSPSS) (G. Zimet, 2016) [15, p. 111-113]. Statistical analysis of differences between groups was carried out using non-parametric Mann-Whitney test, correlation analysis was carried out using the Spearman rank R-test.

Results. In general, patients with depression are characterized by a low level of social support in all areas (table 1). This can be associated both with manifestations of depression that impede the patient's social functioning (decreased activity, lethargy, psychological

isolation, passivity, pessimism, etc.), and with objective difficulties experienced by the patient's microsocial environment (the need for constant monitoring, treatment costs, rehabilitation, disability and inability to perform household work, etc.).

Table 1

Indicators of social support for patients with depressive disorders, taking into account age and gender factor

Subscale	Indicators level, M±m/Me (Q_{25}-Q_{75}) (points)		P
	M1	W1	
Family	1,66±1,07 / 1,50 (1,00–3,00)	1,98±0,91 / 2,00 (1,00–3,00)	0,130
Friends	1,68±0,99 / 2,00 (1,00–2,00)	2,27±1,13 / 2,00 (1,00–3,00)	0,017
Significant Others	1,29±0,87 / 1,00 (1,00–2,00)	2,16±1,17 / 2,00 (1,00–3,00)	0,000
Total	4,63±2,24 / 4,00 (3,00–6,00)	6,41±2,14 / 6,00 (5,00–8,00)	0,001
Subscale	M2	W2	p
Family	1,41±0,83 / 1,00 (1,00–2,00)	1,55±1,03 / 2,00 (1,00–2,00)	0,550
Friends	1,50±0,98 / 1,00 (1,00–2,00)	1,89±1,20 / 2,00 (1,00–3,00)	0,094
Significant Others	1,50±1,21 / 1,50 (0,00–2,00)	1,32±0,96/1,00 (1,00–2,00)	0,553
Total	4,41±2,24 / 4,00 (3,00–6,00)	4,75±2,17 / 5,00 (3,00–6,00)	0,433
Subscale	M3	W3	p
Family	0,96±0,77 / 1,00(0,00–1,00)	1,38±1,18/1,00(0,00–2,00)	0,211
Friends	1,04±0,64 / 1,00(1,00–1,00)	1,32±0,91/1,00(1,00–2,00)	0,273
Significant Others	0,78±0,85 / 1,00(0,00–1,00)	1,15±0,82 / 1,00(0,00–2,00)	0,085
Total	2,78±1,20 / 3,00(2,00–4,00)	3,85±2,03 / 4,00(3,00–4,00)	0,020

Level of statistical significance (p)						
Subscale	M1 vs M2	M1 vs M3	M2 vs M3	W1 vs W2	W1 vs W3	W2 vs W3
Family	0,316	0,011	0,027	0,017	0,008	0,392
Friends	0,293	0,010	0,094	0,096	0,000	0,039
Significant Others	0,504	0,024	0,017	0,000	0,000	0,484
Total	0,579	0,001	0,004	0,000	0,000	0,074

Therefore, the lowest level of social support from significant others is natural: it ranges from 0.78 to 2.16 points depending on gender and age. Significant others are least psychologically attached to the patient, less likely than family and friends to accept the negative aspects of depression, and less willing to support and help him. A significantly higher level of support was found from family: it fluctuates in the range of 0.96 – 1.98 points, and the highest – from friends: in the range of 1.04 - 2.27 points. A higher level of support from friends compared to family, in our opinion, may be associated with different social roles of family and friends in relation to the patient. Family members are forced to constantly stay in close direct contact with the patient, it is they who feel the entire burden of his illness, and they must most of all sacrifice their interests and values for the patient. This leads to the accumulation of fatigue, irritation, and in some cases – to the formation of a negative attitude towards the patient. At the same time, relatives cannot abandon the patient, and are forced to adapt to the reality of living together with him. Friends have much less contact with the patient, they can freely vary the time they devote to him, and when it becomes difficult for them to communicate with him, they can limit communication for a while. The patient's friends are people who initially have a generally positive attitude towards him. The patient's circle of friends consists of people who are ready to accept him as he is; those friends for whom the patient's illness became a significant obstacle to communication and support, simply left him. This cannot be done by relatives, among whom there are people who have a negative attitude towards the patient, but cannot leave him because of social obligations and traditions. Therefore, in general, the level of support from friends is higher than from family.

Gender characteristics consist in a higher level of social support for the patient from family, friends and significant others in women in all age groups. The only exception is the higher level of support from significant others in men in the middle age group (30-44 years). However, the differences are statistically significant only in the younger age group (under 30), while the level of family support for men and women did not differ significantly. In the older age group, women had a significantly higher overall indicator of support, and its components (support from family, friends, and significant others) did not differ significantly.

The general trend was a decrease in social support in all areas with age. The highest indicators of social support were found in the younger age group, and the lowest in the older one. At the same time, age differences in indicators in men are more pronounced than in women.

In our opinion, one of the important factors that affects the lower level of social support (and social adaptation in general) is a higher level of depression and other psychopathological symptoms in men, identified in our studies [16, p. 1476-1479]. To quantify the relationship between social support and the severity of psychopathological (primarily depressive and anxious), we used correlation analysis (Spearman's nonparametric method of rank correlations). The results of the correlation analysis are shown in Table 2.

Table 2

Correlations between psychopathological symptoms and social support

Indicators	Subcales							
	Family		Friends		Significant Others		Total	
	r_S	p	r_S	p	r_S	p	r_S	p
A. Beck Depression Inventory								
Total score	-0,281	0,000	-0,452	0,000	-0,379	0,000	-0,520	0,000
C. Spilberger Reactive and Personal Anxiety Scales								
Reactive Anxiety	-0,276	0,000	-0,405	0,000	-0,355	0,000	-0,478	0,000
Personal Anxiety	-0,101	0,116	-0,182	0,004	-0,153	0,017	-0,193	0,002
Symptom Check List-90-Revised								
Somatization	-0,124	0,052	-0,200	0,002	-0,230	0,000	-0,269	0,000
Obsessive and compulsive symptoms	-0,121	0,059	-0,151	0,018	-0,208	0,001	-0,232	0,000
Interpersonal sensitivity	-0,129	0,043	-0,187	0,003	-0,217	0,001	-0,260	0,000
Depression	-0,315	0,000	-0,470	0,000	-0,377	0,000	-0,541	0,000
Anxiety	-0,127	0,048	-0,198	0,002	-0,226	0,000	-0,267	0,000
Hostility	-0,351	0,000	-0,468	0,000	-0,378	0,000	-0,551	0,000
Phobic anxiety	-0,105	0,101	-0,173	0,007	-0,214	0,001	-0,241	0,000
Paranoid symptoms	-0,192	0,003	-0,252	0,000	-0,312	0,000	-0,353	0,000
Psychoticism	-0,026	0,685	-0,091	0,154	-0,164	0,010	-0,132	0,039

In general, social support showed inverse correlations with all the main psychopathological symptoms (with an increase in the severity of psychopathological symptoms, social support decreased, and vice versa).

A moderate correlation was found with the level of depression (correlation coefficient in the range of 0.3 – 0.7). The closest inverse relationship with depression was found for the support of friends (r_S=-0.452), the least close – with the support of the family (r_S=-0.281), which confirms our assumption that the family continues to support the patient regardless of the level of depression.

Similarly, the closest inverse relationship between social support and the level of anxiety was found for friends, and the least close for family. At the same time, the maximum correlations were found for reactive anxiety (r_S=-0.276 for family), (r_S=-0.405 for friends), (r_S=-0.355 for significant others), and no significant correlations were found for personal anxiety to support the family.

The level of correlations of social support with various psychopathological symptoms was quite different, while most indicators were characterized by a weak correlation coefficient (less than 0.3), less often - a moderate one (from 0.3 to 0.7). Indicators of somatization, obsessive and compulsive symptoms, and phobic anxiety were significantly correlated with social support for friends (r_S=-0.200, r_S=-0.151 and r_S=-0.173, respectively) and significant others (r_S=-0.230, r_S=-0.208 and r_S=-0.214 respectively). Interpersonal sensitivity, depression, anxiety, hostility, and paranoid symptomatology were significantly correlated with social support in all areas. At the same time, the strongest correlations were characteristic of hostility (correlation coefficient from -0.351 to -0.468), and the weakest ones – for interpersonal sensitivity (correlation coefficient from -0.129 to -0.217) and anxiety (correlation coefficient from -0.127 to -0.226).

Conclusions and proposals. Thus, depressive disorders are associated with a low level of social support from the patient's microsocial environment. At the same time, the greatest is the social support from friends, somewhat less is the social support from family, and the least is the social support from significant others. The level of social support decreases with age. Women are characterized by a higher level of social support from family, friends, and significant others than men, but these differences are statistically significant only in the younger age group (under 30 years).

The level of social support correlates inversely with the severity of psychopathological symptoms. At the same time, the level of correlation is predominantly weak or moderate, which indicates the complex nature of the formation of social support for patients with depressive disorders.

It is necessary to develop research on social adaptation and social support of patients with depressive disorders in order to develop new methods for predicting of depression, treating and rehabilitating patients with depressive disorders.

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