

Abstract #: 263

Lower Social Support is Associated with Higher Social Difficulties Amongst Patients with End Stage Kidney Disease (ESKD)

Aim

Adequate social support has reportedly been associated with reduced distress, anxiety and depression. However, little information is available about the potential association between social support and social difficulties amongst patients with ESKD. Here we assess the association between social support and social difficulties amongst patients with ESKD.

Methods

In a cross-sectional, convenience sample of patients on maintenance dialysis in several outpatient dialysis units in Toronto, we used the MOS Social Support Survey to assess social support. The outcome variable was the 16-item Social Difficulty Inventory (SDI). Social difficulty was defined as a score of ≥ 10 on the SDI. The association between clinically relevant social difficulties and tertiles of overall social support was assessed using Pearson's Chi-Square and multivariable-adjusted logistic regression.

Results

272 patients were recruited, 66% (179) were male and 47% (127) were Caucasians. 40% (108) of participants were diabetic with a mean (SD) age was 55 (13). A weak negative correlation was seen between the overall social support and SDI scores (Spearman's $\rho = -0.24$, $p < 0.001$). Social difficulties were present in 34% of respondents. Of the participants with low, moderate and high social support, 51, 30 and 20% had social difficulties ($p = 0.001$). The relationship between social support, represented by tertiles of the score, and social difficulties remained significant in a multivariable logistic regression model after adjusting for sociodemographic and clinical values (OR=0.42; 95% CI=0.25-0.70; $p = 0.001$).

Conclusion

Patients with a lower level of social support demonstrated greater social difficulties and may benefit from additional assistance from healthcare providers.

Reference

Topic

Mental health problems in somatic settings and primary care

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