

BRIEF REPORT

SOCIAL SUPPORT IN CHRONIC ILLNESS

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During last decades, social support has been acknowledged as a significant factor maintaining physical and psychological health in individuals of all age groups.¹ Recently, great emphasis is put on social support in several chronic illness since it is associated with better clinical outcomes and improved quality of life.^{1,2}

Social support includes the following concepts: a) perceived or subjective support which refers to the individual's perception that others are available to offer their help, b) received or enacted support which is the real help received by a person under a stressful situation and c) supportive relationships which are the social bonds where a person usually find help.^{1,2} Nowadays, the patient-powered online support networks have come to the forefront and mainly provide emotional support or meet informational needs.³

Social support is usually provided by family, friends, co-workers, spiritual advisors, health professionals, and members of one's community. Social networks either formal (social groups) or informal (friends) provide a sense of belonging and security. Important elements of support are quantity of the supportive network, frequency and reciprocity of supportive interaction and type of supportive interventions.^{4,5,6,7} However, social support may be perceived differently on the basis of the recipient's gender, racial, ethnic background, or cultural practices.⁷

It is widely accepted that diagnosis of a chronic disease is the beginning of an adjusting process associated with a reversal in future plans and several changes in daily life. High social support in chronic illness is related with lower morbidity and mortality rates, with reduced levels of stress and depression and with improved health behaviors including exercise and treatment adherence.^{6,7}

Chronic diseases represent significant correlations with social support.

For instance, among 258 patients undergoing hemodialysis (53.9% male and 34.1% >70 years old), an one point increase of provided support from significant others, family and friends was found to reduce by 77%, 71% and 56%, respectively the probability of experiencing high levels of depression.⁸ Meanwhile, the more supported hemodialysis patients felt from their significant others, family and friends, the better quality of life they also had.⁹

Similar are the results among patients with diabetic foot ulcers. More in detail, an one point increase in social support from their significant ones indicates a decrease of 1.52 points in a patient's depression.¹⁰ Taher et al.,¹¹ showed a significant correlation between self-care and social support. Specifically, patients who perceived better social support had also better self-care when compared to those with weaker social support.

With respect to cardiac patients, it is shown a negative association between anxiety and social support. The more support a cardiac islander patient felt, the less anxiety also experienced.¹² A supportive relative network among Danish cardiac patients with ischaemic disease, involving atrial fibrillation, heart failure, or valve disease is associated with lower levels of anxiety.¹³

In the elderly, social support is an indicator of good prognosis after an acute myocardial infraction¹⁴ while in patients undergoing coronary artery bypass the practical support is associated with better mental health within 6 months after surgery.¹⁵

Heart failure patients without social support are 2.7 times more likely to have a cardiovascular event, 12 months after hospitalization.¹⁶ Furthermore, the lower levels of social support among patients with an implantable cardioverter defibrillator who live alone are associated with poorer perceived health status, symptoms of depression, and low perceived control.¹⁷

Notably, age seems to play a crucial role in social support. Older individuals are more likely to rely on their

family for help whereas the young tend to include more friends and coworkers in their support networks or require larger social networks to maintain a sense of well-being.¹⁴

In terms of systemic lupus erythematosus, patients, lower level of social support had patients younger than 18, single, unemployed or damaged by disease while patients in the low social support group experienced more severe depression or anxiety.¹⁸

In all chronic illness, social support is associated with treatment adherence.¹⁹

Patients with chronic diseases who lack sufficient social support should be promptly recognized and the potential sources of social support should be identified and facilitated.

Social support is always intended by the sender to be helpful.

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