



Research paper

Social relationships, loneliness, and mental health among older men and women in Ireland: A prospective community-based study



Ziggi Ivan Santini^{a,*}, Katherine Leigh Fiori^b, Joanne Feeney^{c,d}, Stefanos Tyrovolas^a, Josep Maria Haro^a, Ai Koyanagi^a

^a Parc Sanitari Sant Joan de Déu, Universitat de Barcelona, Fundació Sant Joan de Déu, CIBERSAM, Sant Boi de Llobregat, Barcelona, Spain

^b Gordon F. Derner Institute of Advanced Psychological Studies, Adelphi University, Garden City, NY, USA

^c Centre for Public Health, Queen's University Belfast, United Kingdom

^d The Irish Longitudinal Study on Ageing, Department of Medical Gerontology, Trinity College, Dublin, Ireland

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ABSTRACT

Background: Data is lacking on the association of interpersonal stressors and social isolation with mental disorders and the mediating role of loneliness. Thus, we examined this association prospectively using community-based data.

Methods: Data on 6105 adults aged ≥ 50 years from the Irish Longitudinal Study on Ageing (TILDA) was analyzed. Mental health outcomes were assessed 2 years after baseline. Depressive and anxiety symptoms were evaluated with validated scales. Multivariable linear regression and mediation analyses were conducted.

Results: Higher levels of spousal support, less strain from spouse and better social network integration were protective against depressive symptoms in men. Social support from friends and children was protective against depressive symptoms in both genders. Higher levels of social strain from children were positively associated with depressive symptoms in women. Loneliness was a significant mediator in the majority of these associations.

Conclusion: Interventions aimed at increasing relationship quality and strengthening existing social network structures, with a specific focus on reducing feelings of loneliness, may be beneficial in the prevention of depressive symptoms among older adults.

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1. Introduction

Mood and anxiety disorders are among the most common mental disorders among the elderly (Byers et al., 2010). Depression is especially detrimental in late-life, due to increased risk of suicide, impairment of physical, cognitive and social functioning, and greater self-neglect, all of which may in turn lead to increased mortality (Fiske et al., 2009). Further, a recent meta-analysis covering the brain scans of 9000 people from 15 research samples worldwide conclusively linked earlier onset of depression to hippocampal shrinkage – ultimately leading to loss of emotional and behavioral function (Schmaal et al., 2015). Some studies have reported that anxiety among older adults is even more common than late-life depression (Beekman et al., 2000; Regier et al., 1988; Singleton et al., 2003), and the course of anxiety disorders is generally considered to be less favorable than that of depressive

disorders due to high comorbidity with other medical and psychiatric conditions (Blay and Marinho, 2012; Wolitzky-Taylor et al., 2010).

Although mental disorders are debilitating in and of themselves, they also have serious consequences for physical health, functioning, and multi-morbidity (Prince et al., 2007). The economic consequences of mental disorders are also substantial. The cost of mood disorders in Europe for the year 2010 has been estimated to be € PPP (Purchasing Power Parity) 113.4 billion, whereas the amount estimated for anxiety disorders was € PPP 74.4 billion (Gustavsson et al., 2011). In Ireland, the prevalence of major depressive disorder and generalized anxiety disorder among adults 45 years old and above have been reported to be 10% and 5%, respectively (Barry et al., 2009). Thus, a considerable number of the older Irish population may be affected by the symptoms of depression and anxiety, as well as their associated adverse health outcomes.

Structural and functional properties of social relationships have important implications for physical and emotional well-being

* Corresponding author.

E-mail address: z.santini@pssjd.org (Z.I. Santini).

across the life-course, but particularly at older ages when many individuals increasingly rely on network members for support in the context of physical and cognitive decline (Sorensen and Pinquart, 2000). Social networks are the structural components of a person's social relationships, such as the amount and type of social relations, frequency of contact, and social participation (Smith and Christakis, 2008). Studies investigating social contexts and their association with mental health and well-being among older adults have consistently found that greater social network integration is protective against various mental disorders (Chan et al., 2011; Chao, 2011; Cruwys et al., 2013; Fiori, Antonucci, and Cortina, 2006; Garcia-Pena et al., 2013; Kuchibhatla et al., 2012; Sicotte et al., 2008; Tsai et al., 2005). Older adults' vulnerabilities to psychiatric morbidity may be due at least in part to the deaths of network members and declining social roles (Dykstra and de Jong Gierveld, 2004; Dykstra et al., 2005).

The functional properties of people's social relationships, such as relationship quality, also play important roles in health and well-being (Schuster et al., 1990; Uchino, 2006). Relationship quality involves social support and social strain, which can come from various sources. Social support can be informational support (e.g., giving advice), instrumental support (e.g., providing help with practical matters), or emotional support (e.g. referring to the degree to which a person feels that his or her partner/child/friend/relative can be trusted, relied on, or is perceived to be supportive). In contrast, social strain relates to the extent that a person feels criticized or let down by network partners. Studies investigating relationship quality have generally found that both social support and social strain have implications for various mental health outcomes (Bertera, 2005; Fiori et al., 2006; Ha, 2010; Li and Liang, 2007; Teo, Choi, and Valenstein, 2013; Walen and Lachman, 2000; Windsor et al., 2014). Whereas network size typically decreases with advancing age, the number of close contacts remains relatively stable (English and Carstensen, 2014; Lang and Carstensen, 1994). According to socioemotional selectivity theory (Carstensen, 1992), individuals, as they age, place a stronger emphasis on meaningful emotional exchanges and tend to focus on interactions with close network members more so than peripheral ties. This means that although networks may become smaller in size as people age, they also may become closer and more beneficial to emotional well-being.

It is also important to consider the source from which social support/strain is provided. According to the theory of the functional specificity of relationships (Weiss, 1974), different relationships perform various functions for individuals. Different functions include attachment (e.g., from spouse), wider social integration (e.g., from friends), reliable alliance, guidance, reassurance, of worth (e.g., from work colleagues), and opportunity for nurturance (e.g., from children). Further, since different relationships serve different functions, they also influence different psychological outcomes. Previous studies have confirmed that different sources of social support or strain show varied associations to various aspects of mental health (Chen and Feeley, 2014; Merz and Huxhold, 2010), with the exception of social support from distant relatives and 'other' family members, which has not been found to be significantly associated to psychological well-being (Dean et al., 1990).

Although poor social relationships and objective measures of social isolation have clearly been linked to poor mental health, the importance of perceived social isolation (i.e., loneliness) as a determinant of mental disorder has gained much more attention only in recent years. Loneliness pertains to the feeling of missing intimate interpersonal relationships, and refers to an individual's subjective evaluation of his or her social isolation (de Jong Gierveld and Havens, 2004). Loneliness has been associated with higher risks for a number of mental health outcomes, such as

depression (Cacioppo et al., 2006, 2010), fragmented sleep (Cacioppo et al., 2002), cognitive impairment (Shankar et al., 2013), and dementia (Kuiper et al., 2015). Importantly, it has been argued that although health can be directly influenced by our social networks (e.g., through control and promotion of health behaviors) (Nicklett et al., 2013), indirect pathways such as perceptions of social network integration may be equally important (Uchino et al., 2012). For example, associations between social isolation and depression appear to be underpinned by feelings of loneliness, suggesting that subjective appraisals of one's social network or support may be equally or more important than actual network availability or support provided (Berkman et al., 2000; Meltzer et al., 2013). Indeed, loneliness has been found to mediate relationships between relationship quality and health (Segrin and Domschke, 2011; Segrin and Passalacqua, 2010), life satisfaction (Fiori and Consedine, 2013), well-being (Chen and Feeley, 2014), mental health outcomes such as depressive symptoms (Fiori and Consedine, 2013; Stroebe et al., 1996), and cognitive decline (Ellwardt et al., 2013).

In terms of both social support and social network integration, previous studies have found important gender differences when assessing their role in relation to mental health. Such studies have generally found that more social support reduces the risk for experiencing mental disorder mostly in women (Fiori and Denckla, 2012; Kendler et al., 2005; Santini et al., 2015b), although spousal support specifically has been found to play a more essential role for men (Dykstra and de Jong Gierveld, 2004). Also, some literature suggests that social isolation is more detrimental to the mental health of men, at least in terms of depression (Santini et al., 2015b). Finally, women appear to be more vulnerable to feelings of loneliness, some of which can be attributed to a greater likelihood of widowhood than among their male counterparts (Aartsen and Jylhä, 2011; Pinquart and Sörensen, 2001).

Reducing or preventing the negative mental health outcomes that result from poor social relationships and social isolation is essential. Further, there is a need to assess gender-specific associations between social relationships and mental health in order to design effective public health interventions. Few studies have examined the role of both positive and negative aspects of specific relationships and social network integration in predicting the mental health outcomes of depressive and anxiety symptoms in the older adult population. Furthermore, the bulk of published studies on relationship quality and social networks do not take into account the role of loneliness, which has increasingly been shown to be a potential mediator. The present study assessed both positive and negative aspects of relationship quality with a variety of network members (spouse, children, other family members, and friends), as well as social integration and loneliness, in order to more comprehensively address how these factors may be related to mental health. Using a large-scale, Irish nationally-representative sample and a prospective design, we examined gender differences in the associations between relationship quality and social network integration with depressive and anxiety symptoms among older adults, while also assessing the mediating role of loneliness.

Based on previous literature, we hypothesized the following: 1) Better relationship quality from all sources (apart from 'other' family members) would be negatively associated with depressive and anxiety symptoms, with more pronounced effects for men in terms of relationship quality with spouse; 2) Greater social network integration would be negatively associated with depressive and anxiety symptoms, especially among men; and 3) Feelings of loneliness would mediate the associations of relationship quality and social network integration with the mental health outcomes, and these mediated effects would be stronger for women than for men.

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