

BRIEFS

RELATIONSHIP BETWEEN DEPRESSION, SOCIAL SUPPORT, AND PHYSICAL ILLNESS AMONG ELDERLY BLACKS: RESEARCH NOTES

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Depression in relation to social support and physical illness in 100 elderly blacks living in the metropolitan Washington, DC area was assessed in this preliminary study.

The relationship between social support and depression has been investigated extensively in recent years.¹⁻³ The general consensus among these studies is that elderly individuals with supportive relationships experience far less depression than those with little or no support. Definitions of social support and social participation vary; however, research shows that social support is inversely related to psychologic impairment. The presence or absence of social support

has a direct effect on the elderly person's psychological well-being. Elderly individuals with supportive social networks are socially and emotionally healthier, whereas those lacking in social support systems are more likely to suffer from depression.

Depression is the most common emotional disturbance in old age. Of the 20 million people over age of 65 in the United States, approximately one million suffer from depressive disorder. Identifying depression in the elderly is complicated by specific factors associated with aging such as the use of prescribed drugs that may alter or aggravate the disease. For a variety of reasons, elderly individuals disguise depression through somatic complaints. These problems are among the issues worthy of discussion among physicians and clinicians in treatment and diagnostic settings. This paper gives an

assessment of depression in relation to social support and physical illness.

MATERIALS AND METHODS

The author conducted a preliminary study of 100 elderly blacks living in the Washington, DC metropolitan area. A standardized questionnaire was used to measure symptoms of depression and social support; it consisted of more than 150 items that assessed sociodemographic factors, social support, religious participation, and physical health. Factors for evaluating social support included questions on the number of close friends, extent of social interaction (friends and relatives), and number of hobbies.

Depression was measured by means of the Center for Epidemiological Studies Depression Scale, a 20-item scale used to access the current level of depressive symptoms with emphasis on the affective component of the depressed mood.⁴ Religious participation items posed questions on church membership, duration of membership, attendance at church services and other church activities. Physical health was assessed

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TABLE 1. SOCIAL INTERACTION AMONG ELDERLY AND THEIR RELATIVES WITHIN THE PAST FOUR WEEKS

No. of Interactions	N*	Percentage
0	23	24.4
1	13	13.4
2	7	7.3
3	10	11.0
4	5	4.9
5	6	6.1
6	6	6.1
7	1	1.2
9	1	1.2
10	5	4.9
20	3	2.4
26	1	1.2
30	14	14.6
50	1	1.2
Total	96	100.0

*Missing cases, 4
Mean, 7.19; SD, 11.43

TABLE 2. SOCIAL INTERACTION AMONG ELDERLY AND THEIR FRIENDS WITHIN THE PAST FOUR WEEKS

No. of Interactions	N*	Percentage
0	24	26.8
1	8	8.5
2	8	8.5
3	4	4.9
4	4	4.9
5	4	4.9
6	4	4.9
8	4	4.9
9	1	1.2
10	4	4.9
12	1	1.2
20	4	4.9
23	1	1.2
26	1	1.2
28	1	1.2
30	13	14.6
50	1	1.6
Total	87	100.0

*Missing cases, 13
Mean, 9.18; SD, 11.77

by questions pertaining to the number of times (in the past six months) the respondent had visited a medical doctor, the last physical checkup, the last hospitalization, and the presence of chronic diseases—heart disease, arthritis, chronic obstructive lung disease, diabetes, high blood pressure, stroke, stomach pains, shortness of breath, and problems in mobility.

RESULTS

Although the sample was small, results of the study showed a direct relationship between social support and psychological health among the elderly. Results from *t* test of means showed that elderly persons who reported having friends were less depressed than those who reported having no friends. Elderly persons with friends had a depression score of 8.72, whereas those with no friends had a depression

score of 18.0 ($P > 0.05$). Depression scores ranged from 0 to 60. Individuals with scores of 16 and above were considered clinically depressed.

The data showed a high degree of interaction between elderly persons and their friends, relatives, and church members. Of those sampled, 51.2 percent interacted more often with relatives than close friends (23.2 percent) or church members (13.4 percent). Fifty percent of those sampled had interacted with relatives within the past four weeks from 1 to 9 times; 8 percent had interacted with relatives 10 to 29 times; 15 percent had interacted with relatives 30 times; and 1 percent had interacted with relatives 50 times. Twenty-four percent had absolutely no interaction with relatives. Mean comparisons showed a positive relationship between interaction with relatives and symptoms of depression

($P < 0.05$). A similar pattern and results were found between interaction with friends and depression among elderly blacks ($P > 0.01$) and an analysis of involvement with hobbies ($P > 0.01$) (Tables 1 and 2).

Religious participation and depression were investigated. Data showed high involvement and participation in religious services and activities. Research in this area showed a positive relationship between religious participation and psychological well-being.^{5,6} Results from this study revealed a tendency for elderly black church members to be somewhat less depressed, although this relationship is not statistically significant.

The sample consisted of a high degree of physical illness, which is to be expected with increasing old age. Among the illnesses common to the group were arthritis, diabetes mellitus, and high blood pressure.

Contrary to expectation, no evidence was found to support the hypothesis that physical illness is related to the onset and persistence of depressive symptoms.

COMMENT

Occasionally, symptoms of depression among the elderly may be related to a medical problem. It is for this reason that physicians must become more sensitive to the physical and mental problems of the elderly. Specific physical illnesses are accompanied by depressive symptoms. Elderly black individuals are sometimes reluctant to admit that they are depressed. They may even express depressive symptoms through somatic complaints.¹ Depression may be the initial symptom of a serious medical problem. Various factors may contribute to depression among the elderly; lack of social support is most probably among these.

The primary purpose of this paper is to emphasize the need and importance of social support among elderly blacks and the possible relationship between depression and physical illness. Through these types of research efforts, it is anticipated that physicians, health care planners, and clinicians will be stimulated in their efforts to aid black elderly persons in their plight to maintain good physical and mental health. In addition, it is the responsibility of health care professionals to reinforce the support network of elderly persons and promote overall social and psychological well-being.

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3. FREQUENCY OF ISSUE Monthly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 12	3B. ANNUAL SUBSCRIPTION PRICE \$40.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (<i>Street, City, County, State and ZIP Code</i>) (<i>Not printers</i>) 25 Van Zant Street, East Norwalk, Connecticut 06855		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OF GENERAL BUSINESS OFFICES OF THE PUBLISHER (<i>Not printer</i>) 25 Van Zant Street, East Norwalk, Connecticut 06855		
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