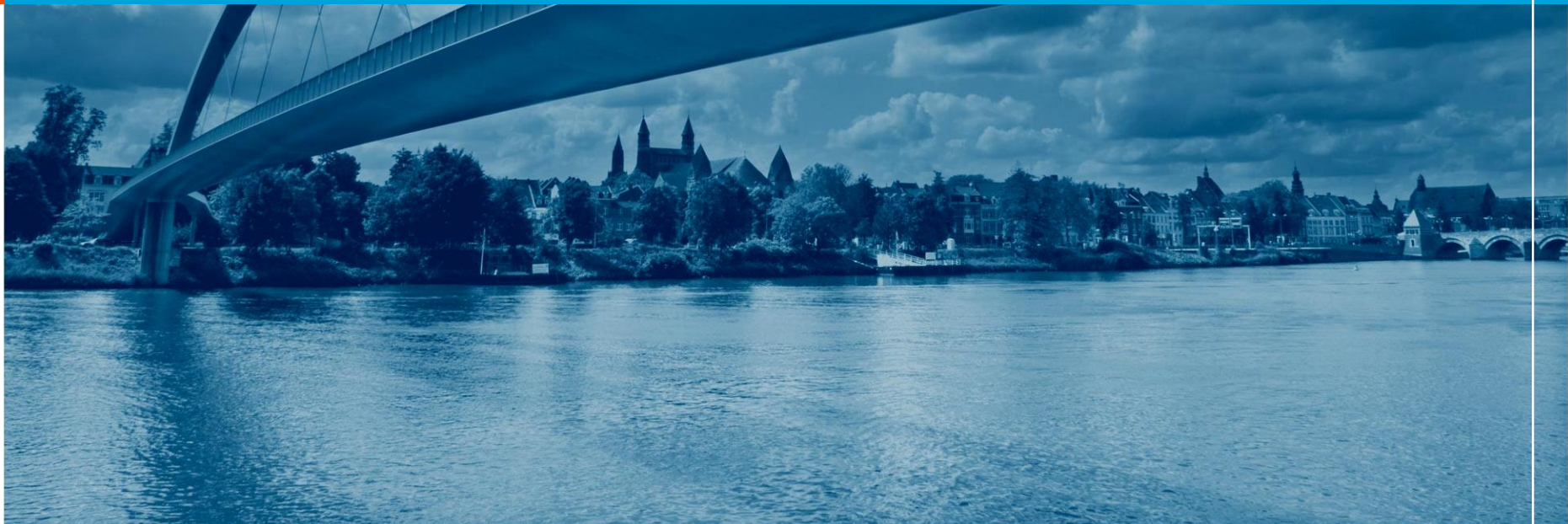


Good friends, high income, or resilience:
What matters for 'relatively successful functioning'
in depressed elderly with a chronic disease?

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Background

- Chronic disease as stressor
- Adaptation by different resources, e.g.
 - social resources*: social support, cohesion
 - material resources*: money, goods
 - individual resources*: self-efficacy, sense of mastery
- Different adaptive processes and tasks necessary

Research question

“What is the relative importance of different resources on ‘relatively successful functioning’ among depressed patients with different chronic conditions (DM/ COPD)?”

Your opinion? What matters?

- Big house?
- Money?
- Power?
- Beautiful husband/wife?
- Jewels?

This study

- Salutogenic approach
- Aimed at 'relatively successful functioning' and resources
- Explorative

Methods: Design and population

- DELTA study
- Baseline data (n=361)
- Mild to moderate depressed
- Diagnosis of diabetes type 2/COPD
- Cross-sectional design

Measures

- 'Relatively successful functioning' -> physical, mental, social health-related component
- Resources: social, material, personal
- Covariates

'Relatively succesful functioning'

- Physical functioning: Physical component scale SF-36
- Mental functioning: Mental component scale SF-36
- Social functioning: Autonomy outdoors domain of the Impact on Participation and Autonomy (IPA) questionnaire

'Relatively succesful functioning' -continued

- Sum scores were dichotomized by using the median
- '1' represents relatively succesful functioning, '0' indicates less succesful functioning

Resources

- *Social*: social support ->Social Support List of Interactions questionnaire (SSL-I-12)
- *Material*: monthly net income+ equivalence factor
- *Personal*: mastery ->Personal Mastery Scale

Covariates

- Level of education
- Age
- Sex
- Gender
- Disease (diabetes type 2 vs. COPD)

Statistical analysis

- Chi-square and t-test to test baseline characteristics
- Logistic regression to examine the relative contribution of 3 resources on functioning
- Adjusted for covariates and the other 2 resources
- Additionally: linear regression

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Baseline characteristics of the total study population by type of disease

		Disease					
		DM		COPD		total	
	% (n)	51.2	(185)	48.8	(176)	100	(361)
Gender (men)	% (n)	48.1	(89)	59.1	(104)*	53.5	(193)
Age (mean)		70,5		70,92		70,71	
Educational level**							
high	% (n)	17.3	(32)	15.9	(28)	16.6	(60)
medium	% (n)	50.8	(94)	47.2	(83)	49	(177)
low	% (n)	31.9	(59)	36.9	(65)	34.3	(124)
Social support							
low	% (n)	34.6	(64)	35.6	(62)	34.9	(126)
medium	% (n)	36.8	(68)	33.3	(59)	35.2	(127)
high	% (n)	28.6	(53)	31	(55)	29.9	(108)
Income**							
high	% (n)	23.2	(43)	24.4	(43)	23.8	(86)
medium	% (n)	21.6	(40)	18.8	(33)	20.2	(73)
low	% (n)	25.9	(48)	21.6	(38)	23.8	(86)
missings	% (n)	29.2	(54)	35.2	(62)	32.1	(116)

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Baseline characteristics of the total study population by type of disease –continued-

		Disease					
		DM		COPD		total	
Mastery							
high	% (n)	33	(61)	33	(58)	33	(119)
medium	% (n)	29.2	(54)	30	(53)	29.6	(107)
low	% (n)	37.8	(70)	36.9	(65)	37.4	(135)
Physical functioning**							
% (n)	above median	49.2	(91)	36.4	(64)	42.9	(155)
% (n)	below median	35.7	(66)	51.1	(90)	43.2	(156)
	missing	15.1	(28)	12.5	(22)	13.9	(50)
Mental functioning							
% (n)	above median	42.7	(79)	43.2	(76)	42.9	(155)
% (n)	below median	42.7	(79)	44.3	(78)	43.5	(157)
	missing	14.6	(27)	12.5	(22)	13.9	(49)
Social functioning							
% (n)	above median	50.3	(93)	54	(95)	52.1	(188)
% (n)	below median	48.6	(90)	44.9	(79)	46.8	(169)
	missing	1.1	(2)	1.1	(2)	1.1	(4)

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Table 2: Odds ratios (95% confidence interval) of “relatively successful functioning” by social support, income, and mastery. ^a

	Total population			Diabetes sub-population			COPD sub-population		
	Physical functioning	Mental functioning	Social functioning	Physical functioning	Mental functioning	Social functioning	Physical functioning	Mental functioning	Social functioning
N	311	312	357	157	158	183	154	158	174
Social support									
high	0.86 (0.48-1.53)	1.71 (0.94-3.13)	2.57** (1.45-4.55)	1.05 (0.44-2.48)	1.42 (0.59-3.37)	4.1** (1.75-9.62)	0.66 (0.29-1.53)	1.82 (0.76-4.33)	1.58 (0.68-3.62)
middle	0.61 (0.35-1.07)	2.04* (1.15-3.1)	1.34 (0.79-2.28)	0.58 (0.26-1.27)	2.00 (0.89-4.53)	1.32 (0.62-2.81)	0.72 (0.32-1.59)	1.77 (0.77-4.06)	1.35 (0.61-2.98)
low	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.
Income									
high	0.76 (0.35-1.65)	1.95 (0.85-4.45)	2.05 (0.93-4.55)	0.63 (0.22-1.77)	2.48 (0.86-7.13)	3.97* (1.35-11.6)	0.97 (0.28-2.96)	1.77 (0.45-6.99)	1.23 (0.32-4.67)
middle	0.68 (0.36-1.28)	.67 (0.34-1.3)	1.02 (0.56-1.88)	0.55 (0.22-1.37)	0.99 (0.39-2.47)	2.35 (0.97-5.67)	0.85 (0.33-2.14)	0.41 (0.15-1.11)	0.44 (0.17-1.14)
low	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.
Mastery									
high	1.84* (1.05-3.2)	3.85** (2.15-6.89)	2.62** (1.52-4.51)	1.9 (0.86-4.17)	3.4** (1.49-7.7)	2.87** (1.32-6.23)	1.52 (0.68-3.41)	5.12** (2.10-12.3)	2.28* (1.02-5.12)
middle	1.75 (0.98-3.11)	1.72 (0.95-3.11)	2.83** (1.61-4.98)	2.08 (0.90-4.8)	0.65 (0.27-1.53)	1.56 (0.72-3.36)	1.44 (0.63-3.30)	4.81** (1.90-11.9)	5.94** (2.42-15.4)
low	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.

^a adjusted for sex, age, education, disease, and other resources.

* p < 0.05 ** p < 0.01

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	Total population		
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N	157	158	183	154	158	174
Social support						
high	1.05 (0.44-2.48)	1.42 (0.59-3.37)	4.1** (1.75-9.62)	0.66 (0.29-1.53)	1.82 (0.76-4.33)	1.58 (0.68-3.62)
middle	0.58 (0.26-1.27)	2.00 (0.89-4.53)	1.32 (0.62-2.81)	0.72 (0.32-1.59)	1.77 (0.77-4.06)	1.35 (0.61-2.98)
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middle	1.75 (0.98-3.11)	1.72 (0.95-3.11)	2.83** (1.61-4.98)	2.08 (0.90-4.8)	0.65 (0.27-1.53)	1.56 (0.72-3.36)	1.44 (0.63-3.30)	4.81** (1.90-11.9)	5.94** (2.42-15.4)
low	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.	ref.

^a adjusted for sex, age, education, disease, and other resources.

* p < 0.05 ** p < 0.01

Results

- High level of mastery are associated with physical, mental, and social functioning
- Also after controlling for confounding factors
- Diabetes patients: high levels of social support and income are contributing

Discussion

- Mastery was associated with “relatively successful functioning” ->robust across outcomes and co-morbid conditions
- In line with previous findings
- Good fit with Antonovsky’s salutogenic theory

Discussion-continued

- Limitations
 - cross-sectional design
 - self-report-based
 - specific DELTA sample
 - negative affectivity
 - role of other resources

Conclusions

- Importance of control beliefs (mastery)
- Role of control beliefs should get greater emphasis
- Future longitudinal research needed

Questions?



Discussion points

- Which resources should be included in future research?
- Should different chronic conditions taken into account?