

DEGREE AND TYPE OF SOCIAL SUPPORT IS ASSOCIATED WITH HOSPITAL ADMISSIONS IN INCIDENT HEMODIALYSIS PATIENTS



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INTRODUCTION

- The level of social support provided to dialysis patients has been shown to have a role in patient outcomes.
- Feelings of burden, dissatisfaction with family time and support, social isolation and the interference of health on social activities have been linked to mortality, decreases in adherence and poor physical quality of life in the large international Dialysis Outcomes and Practice Patterns Study analysis.¹
- In this study, we evaluated whether hospital admissions are associated with the source and level of social support provided to hemodialysis patients.

METHODS

- All incident dialysis patients that started hemodialysis between 01 January 2012 to 31 October 2014 and survived at least 6 months were eligible and included in this study.
- These patients were asked the following questions on an annual basis:
When you have a big problem, can you usually rely on:
 - A member of my family
 - A friend/neighbor
 - Support from my spouse/partner
 - Health staff/community resource/church
 - No one but myself
- Each patient's age, gender, race, ethnicity, diabetic status, number of comorbid conditions as well as BMI, mean albumin, mean pre-dialysis systolic blood pressure and the level of social support question above in the first 6 months were collated.
- The number of hospital admissions in months 7-12 was utilized as the outcome variable in Poisson models with baseline variables as predictors and exposure time as the offset.

RESULTS

- Overall, 14,091 dialysis patients were studied.
- Compared to patients where support is received from the spouse / partner (reference group) there was a trend for all other patients to have more hospital admissions even after adjusting for clinical and patient demographic characteristics (although, only friend / neighbor support was statistically significant). (Figure 1)

Figure 1. Number of hospital admissions predicted by clinical, demographic and social support information.

	Estimate	p-value
Age (yrs)	-0.005	<0.001
Gender=male	-0.204	<0.001
Race=white	0.059	0.04
Ethnicity=hispanic	-0.096	0.02
Diabetic	0.168	<0.001
Number of comorbidities	0.017	<0.001
BMI (kg/m ²)	-0.004	0.001
Albumin (g/dL)	-0.743	<0.001
Pre-dialysis SBP (mmHg)	-0.002	0.01
Who helps you: A friend/neighbor	0.215	<0.001
Who helps you: A member of my family	0.050	0.08
Who helps you: Health staff/community resource/church	0.123	0.08
Who helps you: No one but myself	0.050	0.28
Who helps you: Support from my spouse/partner (reference)	0.000	

Figure 1. Poisson analysis of hospital admissions associated to the source and level of social support provided to hemodialysis patients.

CONCLUSIONS

- Patients receiving support from a spouse or partner tended to have lower hospital admission rates even after adjustments for clinical and demographic characteristics.
- This finding highlights the importance of including the spouse or partner of hemodialysis patients in early education and support activities.
- More casual support from friends or neighbors may provide the least protection relative to hospitalization.
- Further study of the types of support provided by spouses and partners could explain the potential ways by which support may reduce hospitalizations over time.

REFERENCES

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