



# HOW DO SOCIAL SUPPORT AND SOCIAL INTEGRATION DIFFER IN EARLY STAGE PERITONEAL VS. HEMODIALYSIS PATIENTS?



Denise Neumann, Juliane Lamprecht, Maxi Robinski, Wilfried Mau, Matthias Girndt  
Medical Faculty of the Martin Luther University Halle-Wittenberg, Halle (Saale), Germany

## Background

Social relationships and their provided support are associated with improved health-related outcomes in patients with chronic conditions [1,2]. However, social relations and levels of social support are widely understudied in dialysis patients with respect to different treatment modalities. This issue becomes crucial as hemodialysis (HD) and peritoneal dialysis (PD) patients differ substantially in the amount of self-care requirements due to the nature of the treatment. It also remains widely unclear how social aspects change during early-phase dialysis, a time when patients and their social environment are suddenly confronted with various limitations in daily life. Within the framework of the CORETH-project, we compared the course of social relationships and their provided social support between HD and PD patients.

## Methods

Dialysis patients from 55 German dialysis units were enrolled at baseline and at one-year follow-up. Two propensity score matched groups (HD = 215, PD = 158) with similar age, comorbidity, education and employment status were analysed to ensure comparability. We applied the Berlin Social Support Scales (BSSS, [3]), measuring five different dimensions of social support (Table 1). Social integration was indexed by the patients' mean number of the most important persons in daily life and the quality of these relationships (emotional closeness, frequency of contact and satisfaction with the relationships), assessed with an Ego-centered Network Generator [4].

BSSS scale	Items	Example item
Perceived Social Support	8	If everything is just too much, there are others to help me through.
Received Social Support	11	This person was there when I was in need of help.
Need for Support	4	When I'm feeling depressed, I need someone to lift my mood.
Mobilization of Support	5	When I'm in need of help I ask for it.
Protective Buffering	6	I didn't show how depressed I was.

Table 1. The dimensions of social support (BSSS)

## Results

PD patients reported to receive significantly more social support than HD patients at baseline ( $p = 0.04$ ). Over time, PD patients mobilized significantly more social support than HD patients ( $p = 0.04$ ), whereas no significant changes were found in the remaining dimensions of social support. On average, PD patients indicated to have 4.39 ( $SD = 2.89$ ) important relations at baseline. HD patients named significantly less persons ( $M = 3.76$ ,  $SD = 2.43$ ,  $p = 0.02$ ). This difference remained stable over time ( $p = 0.02$ ):

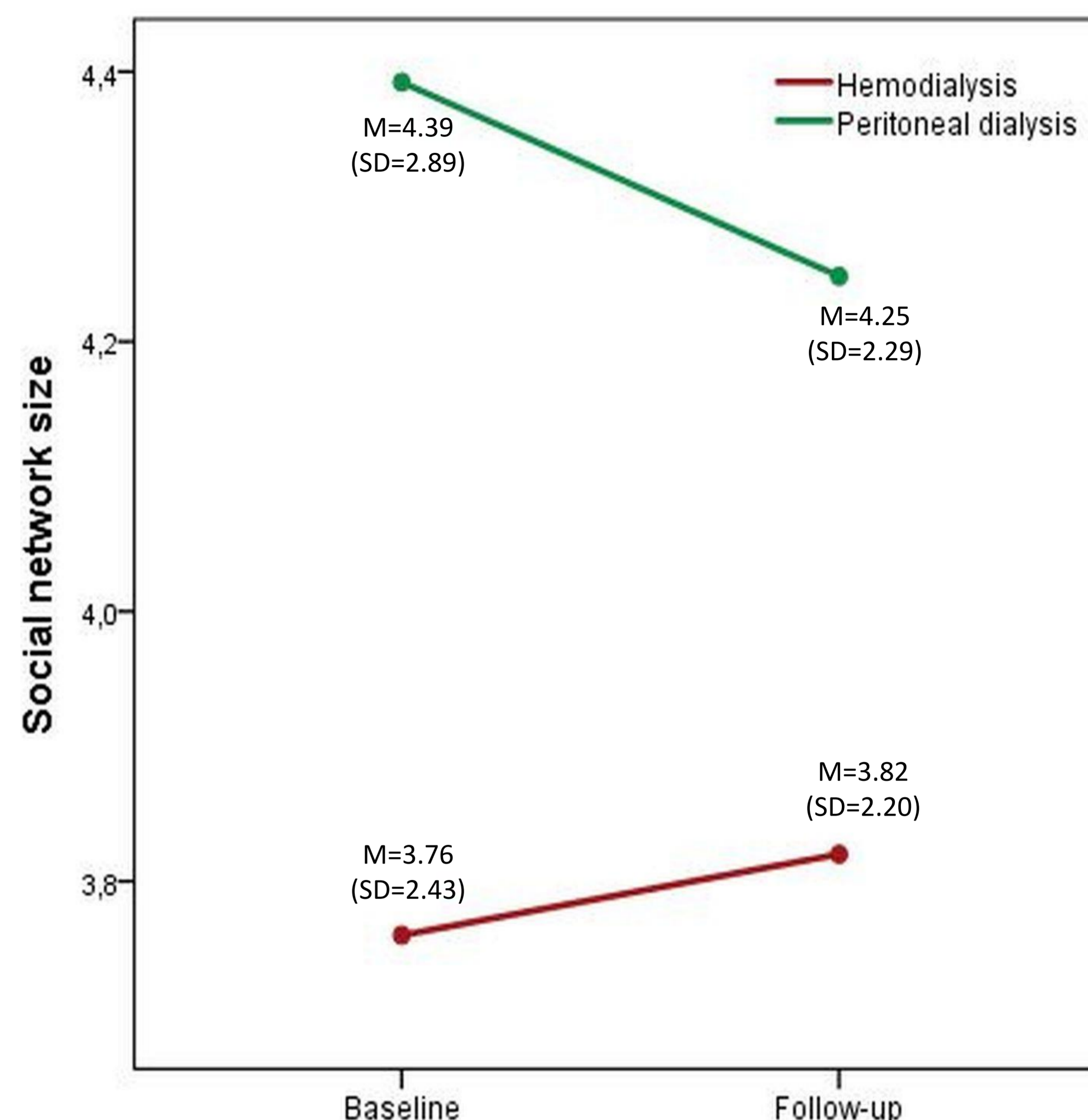


Figure 1. The course of the social network of peritoneal vs. hemodialysis patients.

HD patients still experienced less social integration than PD patients at one-year follow-up (Figure 1). The quality of the relationships was perceived as rather good, with no significant differences over time or between groups.

## Conclusions

Our results indicate that PD patients are provided with a more advantageous social compound than HD patients: they actually receive and mobilize more social support and are better socially integrated by depicting more close relationships. These findings may correspond to the greater autonomy in PD patients which is essential for self-care requirements according to the treatment modality. Since optimal social conditions are associated with enhanced health-related outcomes, dialysis patients as well as their social supporters should be targeted for different aspects of care at an early stage.

### Project management

Prof. Dr. med. M. Girndt  
Department of Internal Medicine II,  
University Hospital of the Martin  
Luther University Halle-Wittenberg,  
Halle (Saale), Germany

Prof. Dr. med. W. Mau  
Institute for Rehabilitation Medicine,  
Medical Faculty of the Martin  
Luther University Halle-Wittenberg,  
Halle (Saale), Germany

### Executive coordination

Denise Neumann, MSc  
Institute for Rehabilitation Medicine,  
Medical Faculty of the Martin Luther  
University Halle-Wittenberg,  
Halle (Saale), Germany

Phone: +49 (0) 345 557 4269  
Fax: +49 (0) 345 557 4206  
E-Mail: coreth@uk-halle.de  
Web: www.coreth.uni-halle.de

### References

- Sarason et al. Social Support: An international view. 1990.
- Burton et al. Gen Hosp Psychiatry. 1988;10(4):260-266.
- Schulz & Schwarzer. Diagnostica. 2003;49(2):73-82
- Lamprecht et al. Rehabilitation. 2016;55(5):319-325.

