

Social support and depression in sarcoma patients, in different phases of disease

Celeste Bastos¹, Célia Santos¹, Jorge Freitas², Lígia Lima¹¹CINTESIS - Escola Superior de Enfermagem do Porto (cbastos@esenf.pt)²Associação de Enfermagem Oncológica Portuguesa*We thank nurses: Emília Magalhães², Maria José Guedes² and Rui Santos², for their collaboration in data collection.*

Introduction

Sarcomas are rare malignant tumours affecting patients, both physically and emotionally. Emotional distress among cancer and sarcoma patients is common (Bultz et al., 2011; Paredes, Pereira, Simões & Canavarro, 2012), and evidence from recent research recommends screening for distress at various time points from a cancer diagnosis (Pirl et al., 2014).

A large number of patients experience depressive symptoms after receiving a cancer diagnosis and during its treatment (Segall, DuHamel, & Paul, 2010). Among other factors, previous research identified social support as a variable associated with psychological adjustment of cancer patients (Boinon et al, 2014), namely with emotional health.

Social support is frequently defined as a multidimensional construct, and according to Matos and Ferreira (1999) it includes the following dimensions: informative support (provision of information and advice), emotional support (reassurance and ventilation of emotions) and instrumental support (tangible help as tasks performance).

Objective

To examine the levels of depression and its association with social support, in different phases of disease:

- During first consultation - beginning of treatment (Ph1)
- Four months after (Ph2)
- Nine months after (Ph3)

Method

Participants

Patients with sarcoma (N=24) were recruited from two Portuguese oncological units. The majority of patients were young adults (M=41; SD=16,8).

		<i>n</i>	%
Gender	Female	10	38,3%
	Male	14	41,7%
Marital status	Married	12	50%
	Not married	12	50%
Children	With children	12	50%
	Without children	12	50%
Cohabitation	Family	23	95,8%
	Alone	1	4,2%
Tumour Type	Soft tissue	15	62,5%
	Bone	9	37,5%

Material

- Sociodemographic and Clinical Questionnaire;
- Portuguese version of The Social Support Scale (Matos & Ferreira, 1999) - 16 items assess the intensity of social support received patients on a 5-points Likert scale. Three subscales for each of the three dimensions of social support: **informative** (six items, $\alpha = 0,74$), **emotional** (five items, $\alpha = 0,72$), **instrumental** (five items, $\alpha = 0,63$). Higher scores in each subscale and in the global score suggest higher perceived support.
- Portuguese version of The Hospital Anxiety and Depression Scale (Pais-Ribeiro et al., 2007). This 14-item scale is used to evaluate anxiety and depression. It consists of two subscales, which are scored separately: anxiety (seven items, $\alpha = 0,84$) and depression (seven items, $\alpha = 0,84$). Each item is formulated on a 4-points Likert scale. Higher scores in each subscale suggest higher severity of symptoms of anxiety or depression. For this study, we only used the depression subscale.

Results

Some patients reported mild levels of depression during the course of treatment.

		Ph1 n (%)	Ph2 n (%)	Ph3 n (%)
Depression	Normal	18 (75)	18 (75)	18 (75)
	Mild	6 (25)	3 (12,5)	5 (20,8)
	Moderate	0	2 (8,3)	0
	Severe	0	0	0

Participants reported a high level of social support (total score). In the subscale related to instrumental support, significant differences were found between the three phases ($X^2 = 6,10$; $p = 0,04$).

		Ph1 M (SD)	Ph2 M (SD)	Ph3 M (SD)	Friedman Test
Social Support	Informative	4,15 (0,44)	4,28 (0,54)	4,15 (0,53)	$X^2=0,13$; ns
	Emotional	3,97 (0,62)	4,40 (0,67)	4,15 (0,53)	$X^2=2,35$; ns
	Instrumental	3,83 (0,93)	4,30 (0,82)	3,98 (0,90)	$X^2=6,10$; $p=0,04$
	Global score	4,33 (0,51)	4,46 (0,70)	4,29 (0,75)	$X^2=0,28$; ns

Significant negative associations were found between social support and depression symptoms in Ph2, more specifically in the informative support dimension ($R_s=0,60$; $p < 0,01$) and in the emotional support dimension ($R_s=0,46$; $p < 0,01$).

<i>R Spearman</i>			Depression		
			Ph1	Ph2	Ph3
Social Support	Informative	Ph1	ns		
		Ph2		-0,60**	
		Ph3			ns
	Emotional	Ph1	ns		
		Ph2		-0,46**	
		Ph3			ns
	Instrumental	Ph1	ns		
		Ph2		ns	
		Ph3			ns

** $p < 0,01$

Conclusion

In the different phases of the disease, a minority of sarcoma patients becomes clinically depressed and a significant number of patients experience some depressive symptoms. Overall, social support is associated with lower levels of depression.

Oncology nurses have an opportunity to address significant distress in a timely manner and can identify patients who need assessment and support, during treatment trajectory, in order to program interventions.

The implementation of programs aimed to promote psychosocial adaptation should enhance social support, especially in its informative and emotional dimensions.

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