

# The Role of Loneliness and Social Support in Social **Functioning in Postmenopausal Women with Major Depressive Disorder: Preliminary Analysis**

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#### Introduction

- · Loneliness detrimentally impacts long term mental and physical health trajectories (Matthews et al. 2016).
- The relationship between loneliness and menopause symptoms in postmenopausal women with major depressive disorder
- People with depression report higher perceived loneliness despite no significant difference in the frequency of social contact when compared to non-depressed individuals (Evans et al. 2019).
- The medical and biological effects of loneliness may be heightened in people with depression due to sleep quality (Cacioppo & Hawkley, 2009).

#### Questions

(1) Is the discrepancy between perceived loneliness and frequency of social contact related to impaired social functioning

outcomes in depressed people?

(2) How do menopause symptoms like diminished energy, sleep quality, and life satisfaction associate with loneliness and social support?

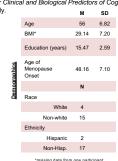
(3) Does sleep quality, a putative biological mechanism of loneliness, correspond with loneliness and social support?

# Methods

#### Sample

19 (all female, postmenopausal) participants were recruited for Clinical and Biological Predictors of Cognitive Outcomes in Postmenopausal Women with Major Depression research study.





## Procedures

- Participants met DSM-5 criteria for MDD and screened for additional psychiatric disorders.
- · Clinical rating scales, Hamilton Depression Rating Score (HDRS) and Young Mania Rating Scale (YMRS).
- · Information on recreational drug use and alcohol consumption was collected.
- Menopause was determined using STRAW+10 criteria.

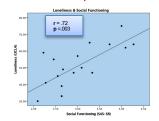
#### Instruments

Participants completed the following self-report assessments:

- UCLA Loneliness Scale
- o Interpersonal Support Evaluation List (ISEL) Social Adjustment Scale – Self-Report (SAS-SR)
- World Health Organization Disability Assessment Schedule (WHODAS)
- The Menopause-Specific Quality of Life (MENQOL)
- o Pittsburgh Sleep Quality Index (PSQI)

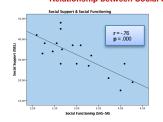
#### Relationship between Loneliness and Social Functioning

Results



- · Higher scores on SAS-SR indicate higher impairment (lower levels of social adjustment)
- · In addition to Social Functioning, the SAS-SR domain, Familial Functioning, is positively correlated with loneliness (r =.64, p =.005)
- WHODAS domain Difficulty Participating in Society was positively correlated with loneliness (r =.59, p =.010)

### Relationship between Social Support and Social Functioning



- · Higher ISEL scores reflect greater social support
- · In addition to Social Functioning, the SAS-SR domain. Familial Functioning is negatively correlated with social support (r =.59, p =.01)
- · WHODAS domain Difficulty Participating in Society was negatively correlated with social support (r =.59, p =.011)

#### Menopause Quality of Life, Loneliness, and Social Support

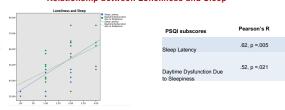
Pearson' R	P-value
.59	.009
.76	.001
.63	.005
	Pearson' R .59 .76

<u>Social Support</u>		
Menopause Symptoms	Pearson' R	P-value
Dissatisfaction with Personal Life	73	.001
Difficulty Sleeping	86	.000
Decreased Stamina	62	.006
Feeling a Lack of Energy	65	.005

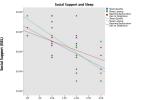
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# Results

#### Relationship between Loneliness and Sleep



#### Relationship between Social Support and Sleep





#### Discussion

# Social Functioning

- Loneliness has a strong positive correlation with social impairment.
- Social support has a strong negative correlation with social impairment.

- · Loneliness is positively correlated with dissatisfaction with personal life, difficulty sleeping, and decreased
- · Social support is negatively correlated with dissatisfaction with personal life, difficulty sleeping, decreased stamina, and feeling a lack of energy.

#### Sleep Quality

- Loneliness has a moderate positive correlation with sleep latency and daytime dysfunction due to
- Social support has a strong negative correlation with sleep latency and a moderate negative correlation with sleep quality, sleep latency, and daytime dysfunction due to sleepiness.

#### Limitations

- This analysis should be considered as preliminary due to the small sample size.
- Ongoing data collection and subsequent increases in sample size will permit a more rigorous analysis of the
- data and strengthen our understanding of the relationships between the variables.
- Findings are based on data collected prior to COVID-19. All data collected following COVID-19 should be
- thoroughly analyzed for threats to external validity/generalizability.

  Although forgoing controlling for demographic characteristics may be viewed as a constraint, the current small sample size has little diversity; another limitation that will resolve upon future data collection.

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