

# Assessment of elderly people in general practice.

## 3. Confiding relationships

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**SUMMARY.** Little is known about the importance of confiding relationships in elderly people. Associations between lack of confiding relationships and depression, lifestyle characteristics, medication use, and contacts with doctors were studied by interviewing a random sample of 235 elderly people aged 75 years and over registered with nine general practices in inner London. It was found that men were not significantly more likely than women to report lack of confiding relationships. Married people of both sexes were more likely to have confiding relationships than those who were single, separated, divorced or widowed. Depression was not associated with lack of a confiding relationship, but those lacking such relationships were significantly more likely to smoke, and were prescribed significantly more medicines than those with confiding relationships. Individuals without a confiding relationship were significantly less likely to admit to any alcohol consumption in the previous three months, suggesting that alcohol consumption in this age group is largely a social phenomenon. Confiding relationships do not appear to confer strong protection against depression and a question on confiding relationships should not therefore be routinely incorporated into surveillance programmes for elderly people in the community.

### Introduction

LACK of social support is thought to be associated with poor morale and mental health, with worse outcomes in many diseases, and with an increased risk of institutionalization.<sup>1-7</sup> The quality rather than the quantity of social relationships appears to be a stronger predictor of risk.<sup>8-10</sup> In particular, psychological symptoms seem to be influenced only slightly by the size of the support network<sup>11</sup> and adjustment to loss of a spouse is associated with having a single supporter rather than several.<sup>12</sup> Confiding relationships may protect against depression<sup>13</sup> since those without them seem more vulnerable to depressive illnesses, although one study suggests that lack of a confiding relationship reflects a lifelong personality trait.<sup>14</sup> Lack of confiding relationships in an elderly population of Hong Kong Chinese people was predictive of a high level of psychosomatic symptoms.<sup>15</sup>

Age is associated with a reduction in support network size<sup>1</sup> and in the support given by the network,<sup>16</sup> and confiding relationships may be lost through the death of a spouse, sibling or

other close relatives and friends. Women tend to have more confiding relationships than men<sup>17</sup> and married women tend to confide more in relatives other than their husbands,<sup>18</sup> while men rely almost exclusively on their wives as confidantes,<sup>19</sup> suggesting that elderly women may be more protected than elderly men from depression secondary to bereavement. There is evidence that depressed elderly men have a higher suicide rate than elderly women.<sup>20</sup>

The origins and optimal management of mild and moderate depression in elderly people are not fully understood,<sup>21</sup> even though 17% of the age group are affected.<sup>22</sup> The significance of confiding relationships for the mental health of elderly people is of importance to general practitioners assessing the mental condition of their patients aged 75 years and over,<sup>23</sup> for several reasons. First, lack of a confiding relationship may be a marker for depression, which is difficult to distinguish from other illnesses because somatization of psychological problems is very common among elderly people.<sup>24</sup> Secondly, if confiding relationships prove to have the same protective effect in the elderly as they do in younger people, then appropriate social support may be an important intervention to relieve the burden of depression and reduce the demands the depressed elderly are known to make on clinical services.<sup>25</sup> In this case it would be useful to ask about confiding relationships in the assessment of elderly people required under the new contract for general practitioners.

From the limited literature on the importance of confiding relationships in elderly people we hypothesized that lack of a confiding relationship would be associated with: male sex; single status; expressed loneliness; depression, in men if not in both sexes; frequent contacts with general practitioners and hospital services; use of psychotropic medicines and greater use of medication generally. The aim of this study was to investigate these hypotheses.

### Method

General practitioners in nine practices in the London boroughs of Brent and Islington agreed to allow access to their age-sex registers, from which the names and addresses were extracted of all registered patients aged 75 years and over. These patients were asked by their general practitioner to take part in a study of cognitive impairment among the elderly,<sup>26</sup> and all of those who agreed to participate (1160 patients, response rate 90%) were interviewed by trained non-medical field workers using standard schedules which included questions on marital status and household size, as well as a measure of cognitive function.

A random one in five sample of the total study population were given a fuller interview. To assess confiding relationships, all study participants were asked a standard question: 'When you need to talk about private matters, when you are in a crisis situation, when you are worried or stressed, who can you really count on or feel at ease with?' Questions were also asked about past occupations, recent contacts with doctors and hospitals, and current prescribed medication. Medication was checked by the interviewers by examining containers and talking to other household members, where available. Recent tobacco consumption was assessed and alcohol consumption was also assessed using a quantity-frequency scale from the health survey questionnaire.<sup>27</sup> Patients were asked about feelings of loneliness,

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and a depression scale was also included from the comprehensive assessment and referral evaluation (CARE), a standard interview used in the United States of America/United Kingdom cross national project on the elderly which has been validated for use in UK populations.<sup>28</sup>

Results were coded and entered on an SAS database and subsequently analysed using *Minitab*. In these analyses the responses of the patients with dementia were included, even though their answers might have been of doubtful validity in some instances. The number of demented individuals was small (11 patients with mini mental state examination scores of 18 or less) and excluding their answers made no significant difference to the results.

## Results

A total of 241 patients were given a fuller interview. However, interviews were not completed for two individuals and they were therefore excluded from the study. The demographic characteristics of this population are described in full elsewhere.<sup>22</sup> The great majority of the sample were Europeans of UK origin (191, 79.9%), with other Europeans originating from the Republic of Ireland (20, 8.4%) and Europe (17, 7.1%). There were 83 men (34.7%). Nineteen patients were registered as disabled (7.9%) and five were registered blind (2.1%). The majority were widowed (123, 51.5%), 75 (31.4%) were married, 26 (10.8%) were single, 10 (4.2%) were separated and five (2.1%) were divorced. Information on confiding relationships was not obtained from three women and one man, giving a study population of 235 patients. Characteristics of the 201 patients with confiding relationships and the 34 patients without confiding relationships are presented in Table 1.

There was no statistically significant difference in the proportions of men and women with or without confiding relationships nor was the presence or absence of confiding relationships associated with age or with social class. Marital status was associated with having a confiding relationship, with married people being most likely to have confiding relationships.

No statistically significant association was found between depression and not having a confiding relationship. This lack of association persisted after controlling for the effects of age and sex. Those without confiding relationships did not describe themselves as lonely more frequently than did those with confiding relationships.

Individuals without a confiding relationship were significantly less likely to admit to any alcohol consumption in the previous three months. However, they were significantly more likely to smoke.

No statistically significant difference was found between those with and without confiding relationships regarding the numbers of contacts with general practitioners; referral to hospital out-patient clinics; or admission to hospitals. Use of psychotropic drugs did not differ between the two groups, but those without confiding relationships were significantly more likely to be taking medication generally.

## Discussion

The prevalence of the lack of confiding relationships found in this study (14.5%) corresponds to Murphy's finding of 18% in a comparable population,<sup>14</sup> but is markedly greater than that of 5% found by Emmerson and colleagues among a more affluent population in Perth, Australia.<sup>29</sup> The results of this study do not support the view that men are significantly more likely to lack confiding relationships, but do confirm previous findings that lack of confiding relationships is associated with single status, particularly widow/erhood.<sup>30</sup> Those reporting lack of a confiding relationship were no more likely to describe themselves as lonely than those with confiding relationships, but

**Table 1.** Characteristics of the 201 patients with confiding relationships and the 34 patients without confiding relationships.

Characteristics	Percentage of respondents	
	No confiding relationship	Confiding relationship
<b>Sex</b>		
Male (n = 82)	17.1	82.9
Female (n = 153)	13.1	86.9
	NS	
<b>Marital status</b>		
Single/divorced/separated (n = 39)	25.6	74.4
Married (n = 74)	5.4	94.6
Widowed (n = 122)	16.4	83.6
	$\chi^2 = 9.211, 2 \text{ df}, P < 0.001$	
<b>Mental state<sup>a</sup></b>		
Depressed (n = 52)	17.3	82.7
Not depressed (n = 182)	13.7	86.3
	NS	
Lonely (n = 76)	19.7	80.3
Not lonely (n = 158)	12.0	88.0
	NS	
<b>Reported alcohol and tobacco use<sup>b</sup></b>		
Drinkers (n = 76)	6.6	93.4
Non-drinkers (n = 159)	18.2	81.8
	$\chi^2 = 5.649, 1 \text{ df}, P < 0.05$	
Smokers (n = 55)	23.6	76.4
Non-smokers (n = 179)	11.7	83.3
	$\chi^2 = 4.801, 1 \text{ df}, P < 0.05$	
<b>Medication<sup>c</sup></b>		
No medication (n = 74)	8.1	91.9
One or two medicines (n = 86)	22.1	77.9
Three or more medicines (n = 72)	11.1	88.9
	$\chi^2 = 7.48, 2 \text{ df}, P < 0.05$	

NS = not significant. <sup>a</sup>Data not available for one patient. <sup>b</sup>Data for smoking not available for one patient. <sup>c</sup>Data not available for three patients.

this may reflect either a denial of negative emotions or an adaptation to life alone. This age group includes women who would not have had the opportunity to marry because of the high death rate among men during the first world war, and they might not experience loneliness because they have adapted to being single.

Depression, as measured by the comprehensive assessment and referral evaluation scale, did not seem to be associated with lack of a confiding relationship, a lack of association which persisted after controlling for the effects of age and sex; this supports the findings of Henderson.<sup>31</sup> However, this contrasts with the finding of Emmerson and colleagues that depression is associated with lack of confiding relationships in elderly men.<sup>29</sup> The well-documented association between lack of a confidant and depression in younger people<sup>13</sup> may not be relevant to an older cohort which has had a very different life experience. Alternatively, our population may represent survivors, those vulnerable to depression having already died. Finally, the limited sample size may have been too small for a relatively modest association to be detected.

The association between lack of confiding relationships and use of prescribed medications may reflect the association between past depression and lack of confiding relationships, since depressed elderly people may present with multiple somatic complaints,<sup>24</sup> and depression is also related to loss of function

through deterioration in physical health.<sup>14</sup> Depression may not have been treated in some cases, which may explain the lack of association between antidepressant medication and those with no confiding relationship.<sup>22</sup>

Alcohol consumption among elderly people is relatively low<sup>32</sup> and although under-reporting of alcohol consumption may explain this, our results are comparable with those from other studies which used different methods to ascertain alcohol consumption.<sup>33</sup> The association between lack of a confiding relationship and lack of alcohol consumption in the previous three months suggests that drinking alcohol may be a social activity among this age group, and not a solitary habit reflecting isolation. Again, this is supported by other studies.<sup>34</sup> Tobacco use, however, was higher among those lacking confiding relationships, which may reflect a higher level of anxiety and other neurotic traits,<sup>35</sup> or higher death rates among the spouses of smokers.

Confiding relationships do not appear to confer strong protection against depression in the elderly, and lack of a confiding relationship cannot be used as a marker for depression. It is concluded that questions about confiding relationships are unlikely to be helpful for routine use in the annual assessment of the elderly.

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