Prognostic significance of social network, social support and loneliness for course of major depressive disorder in adulthood and old age

R.H.S. van den Brink[1*], N. Schutter[2], D.J.C. Hanssen[3], B. M. Elzinga[4], I.M. Rabeling-Keus[5], M. L. Stek[6,7], H.C. Comijs[6,7], B.W.J.H. Penninx[6] and R.C. Oude Voshaar[1]

[1]   *University of Groningen, University Medical Center Groningen, Department of Psychiatry, Groningen, The Netherlands*

[2]   *Arkin Mental Health Care, Department of Geriatric Psychiatry, Amsterdam, The Netherlands.*

[3]   *Radboud University Nijmegen Medical Center, Department of Psychiatry, Radboud Institute for Health Sciences, Nijmegen, The Netherlands*

[4]   *Leiden University, Section Clinical Psychology, Leiden, The Netherlands*

[5]   *Radboud University Nijmegen, School of Psychology and Artificial Intelligence, Nijmegen, The Netherlands*

[6]   *Department of Psychiatry, EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, The Netherlands*

[7]   *GGZinGeest, Department of Old Age Psychiatry, Amsterdam, The Netherlands*

Objectives: To examine the unique and overlapping predictive values of social network characteristics, social support and loneliness for the course of major depressive disorder.

Methods: 1181 depressive patients (age 18-90) were studied over a two-year period. Social relational variables were assessed at baseline. Depression course was studied by remission at follow-up and change in depression severity.

Results: Multiple aspects of social network, social support and loneliness were related to depression course, independent of potential confounders – including depression severity - but when combined, their predictive values were found to overlap to a large extent. Only the social network characteristic of living in a larger household, the social support characteristic of few negative experiences with the support from a partner or close friend, and limited feelings of loneliness proved to have unique predictive value for a favourable course of depression.

Conclusions: If depressed persons experience difficulties in their social relationships this may impede their recovery. Special attention for interpersonal problems, social isolation and feelings of loneliness seems warranted in depression treatment and relapse prevention. It will be of great interest to test whether social relational interventions can contribute to better recovery and relapse prevention of depressive disorder.