



SHARE User Conference

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Social participation and depressive symptoms

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Background

- ▶ X-sectional: Association between social participation and depression
- ▶ Longitudinal: Higher participation in social activities may lead to reduced depressive symptoms
- ▶ Great threat of non-observed bias (residual bias)
 - ▷ Both social participation and depression may depend on personality traits.

Background

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- ▶ To investigate the association between changes in social participation and changes in depressive symptoms using fixed effects modelling.

The SHARE survey

- ▶ Longitudinal sample aged 50+: wave 1 (2004/05), wave 2 (2006/07) and wave 4 (2010/11)

- ▶ Social participation (waves 1+2)

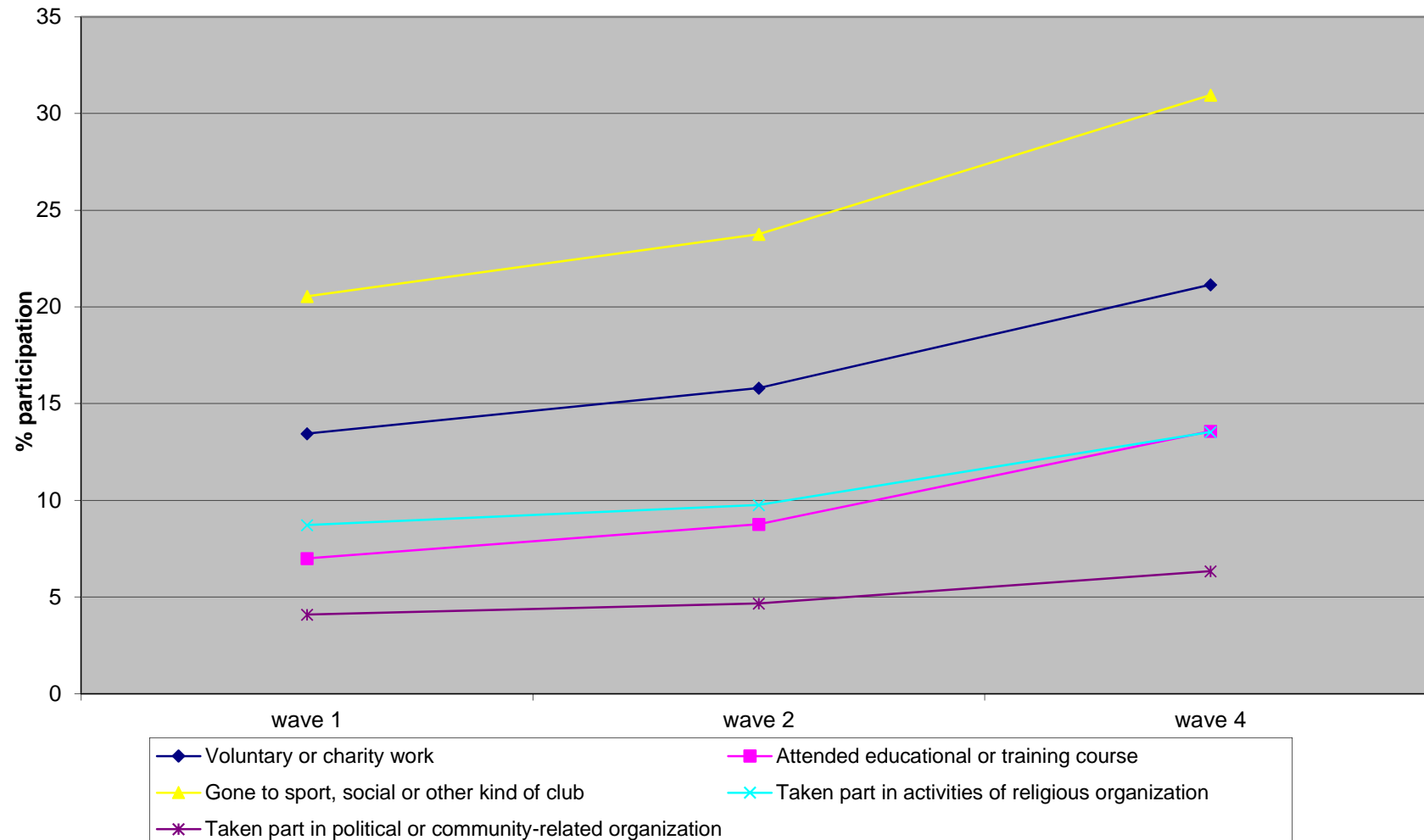
Participation during last month in...(yes/no)

- ▷ Voluntary or charity work;
- ▷ Educational or training course;
- ▷ Sport, social or other kind of club activities;
- ▷ Religious organisations;
- ▷ Political or community organisations



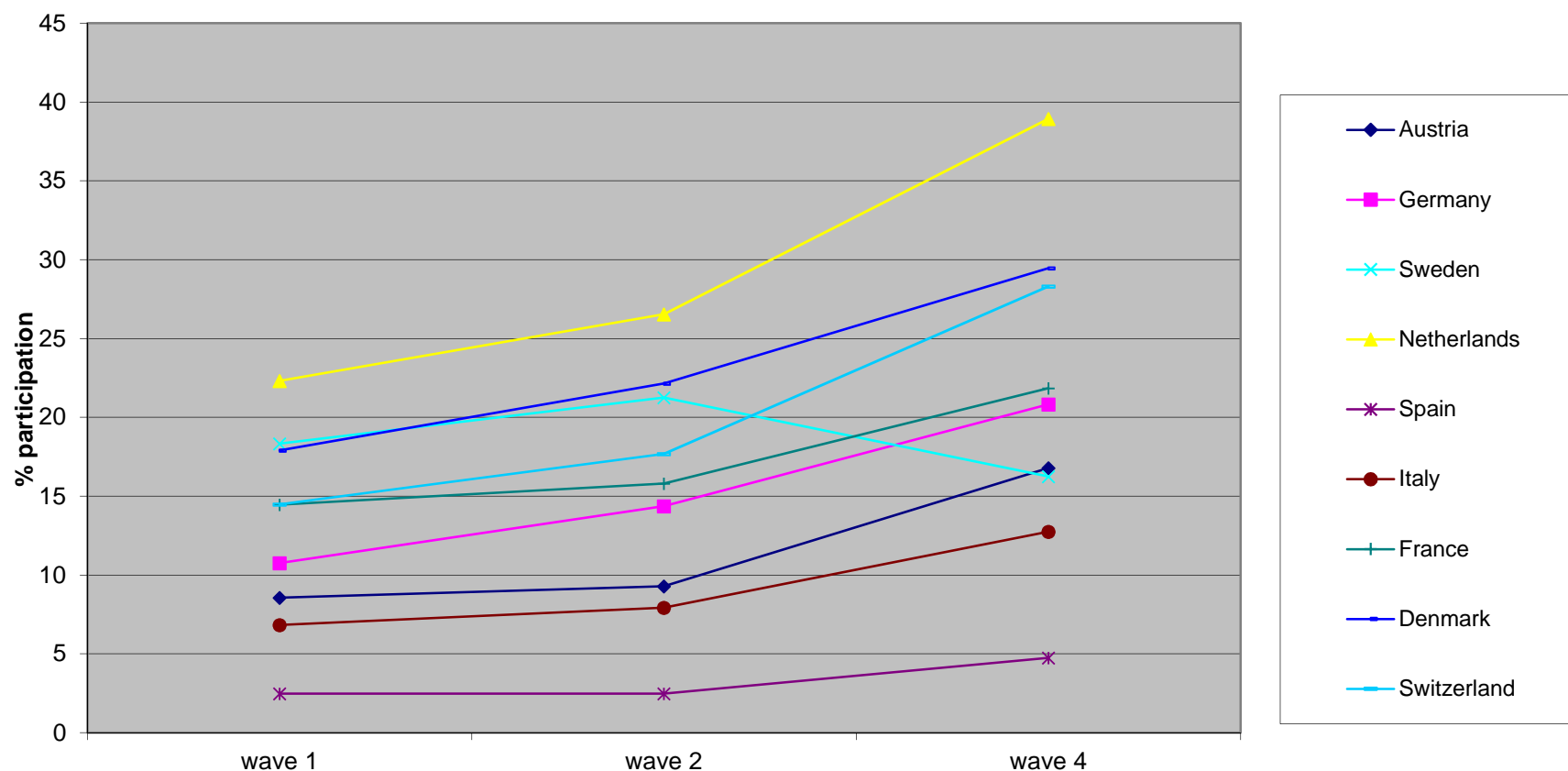
- ▶ Depressive symptoms (waves 1+2+4)
 - ▷ EURO-D depression scale, 12 items (score ≥ 4)

Sports/club activities most popular

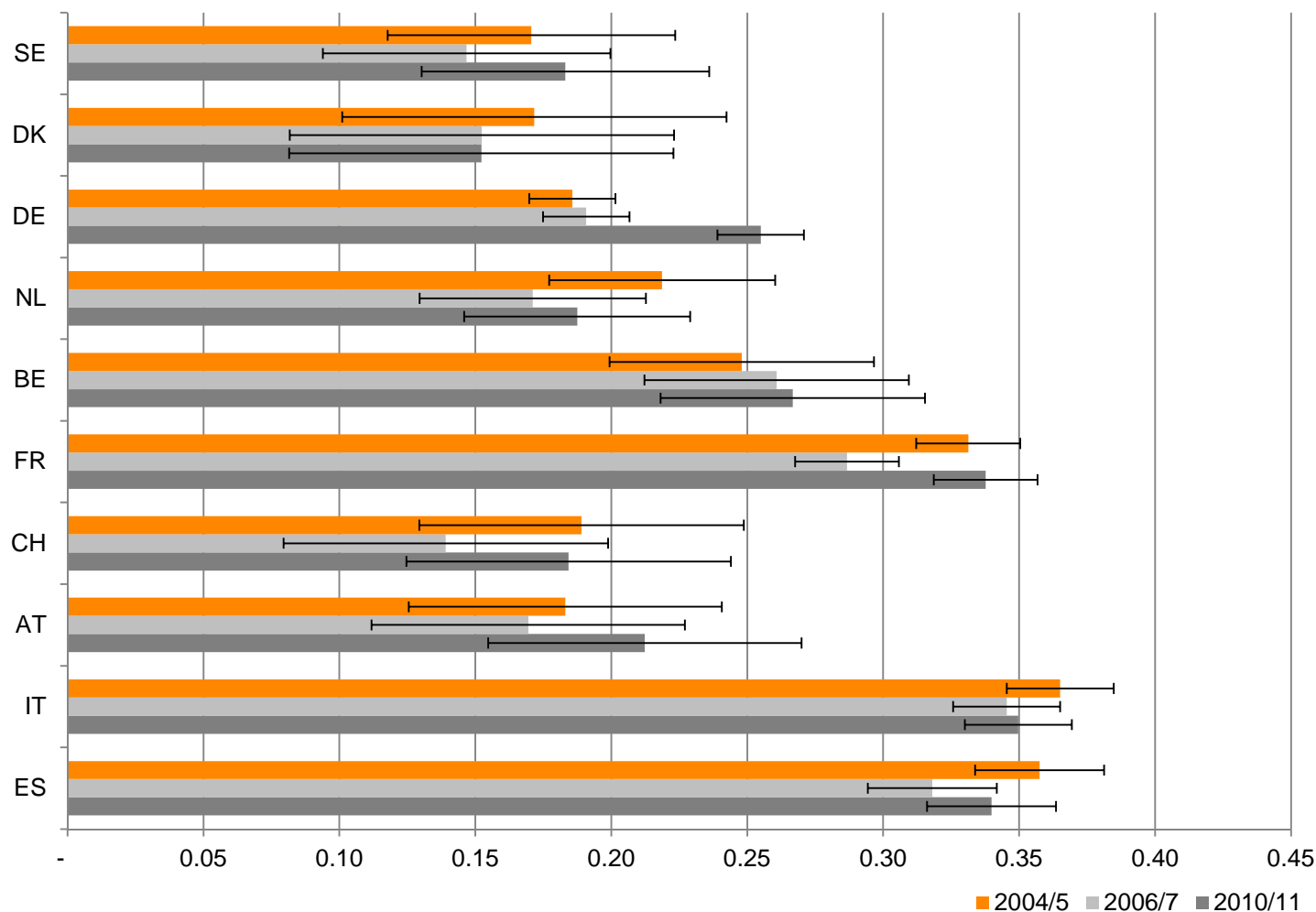


Social participation by country

Voluntary or charity work

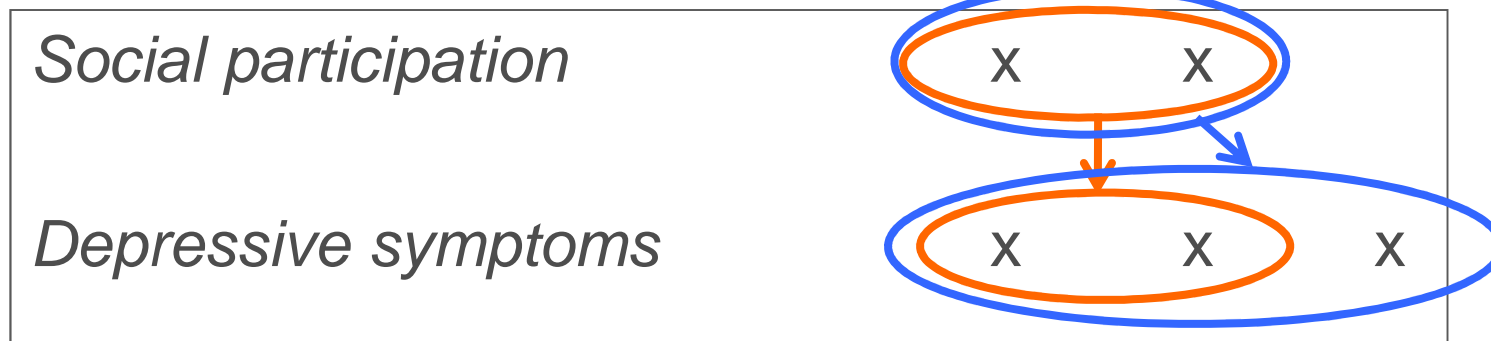


Depression prevalence by country



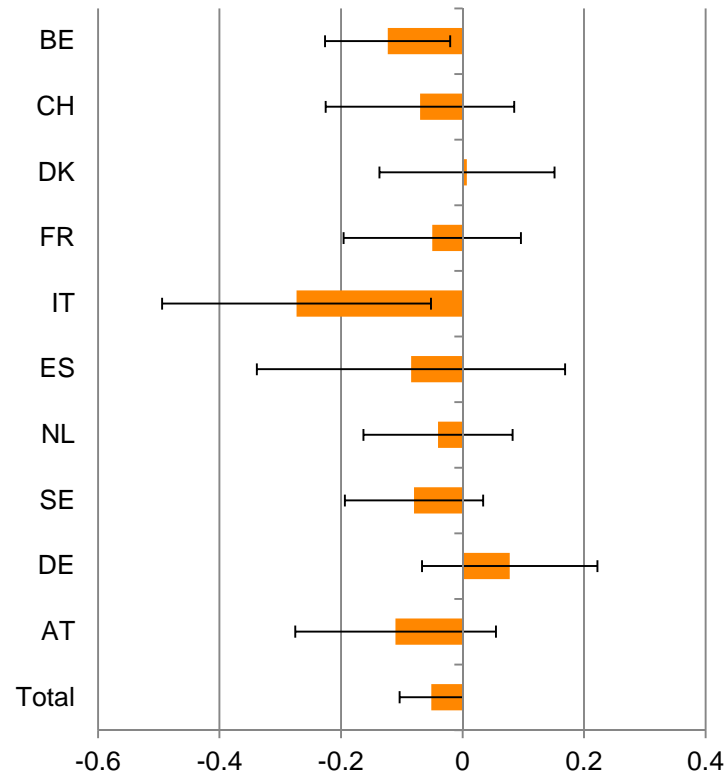
FE modelling

- ▶ Fixed effects modelling: Individual-specific effect is fixed for each individual – every person serves as its own control
- ▶ Short-term and medium-term effects:

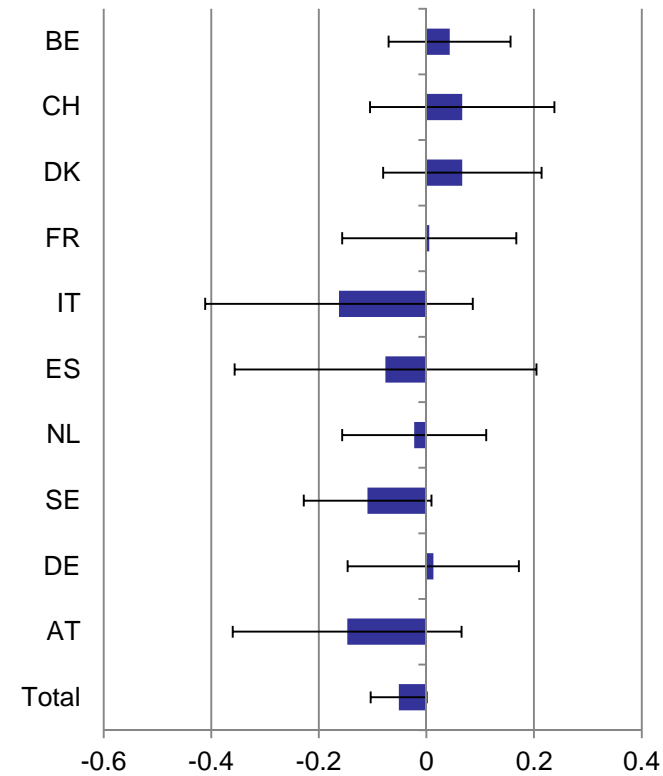


- ▶ Do effects vary across countries?

Social participation and depressive symptoms



Short-term effects



Medium-term effects

No effects of individual activities

	Model 1 (n=15,222)			Model 2 (n=10,086)	
	Coeff.	SE		Coeff.	SE
Voluntary	-0.070	0.065		0.273	0.139
Educational	0.009	0.073		0.148	0.151
Sport/social club	-0.092	0.057		0.010	0.124
Religious	-0.112	0.084		0.066	0.172
Political	-0.028	0.099		-0.158	0.255

Model 1: social participation (mutually adjusted) and age

Model 2: + household size, marital status, employment status, financial difficulties, household assets, self-rated health, long-term illness, limitations (GALI, ADL, IADL), diagnosed heart attack, high blood pressure or hypertension, stroke, diabetes or high blood sugar and chronic lung disease

▶ **Strenghts:**

- ▶ Assessment of changes over time within individuals, independent of between-individual variations → Great reduction of threat of non-observed bias (residual bias)

▶ **Limitations:**

- ▶ If predictor variables have little within-individual variation, FE estimates will be imprecise and have large SE's.

Conclusion

- ▶ Initiating participation in social activities is related to reduced depressive symptoms over time. However, no specific activity could be identified to account for this effect. Also, no clear geographical pattern in the associations could be discerned.
- ▶ In previous studies, non-observed bias could have played a role in driving the association between social participation and depressive symptoms. More research using an FE approach is needed to confirm our findings.

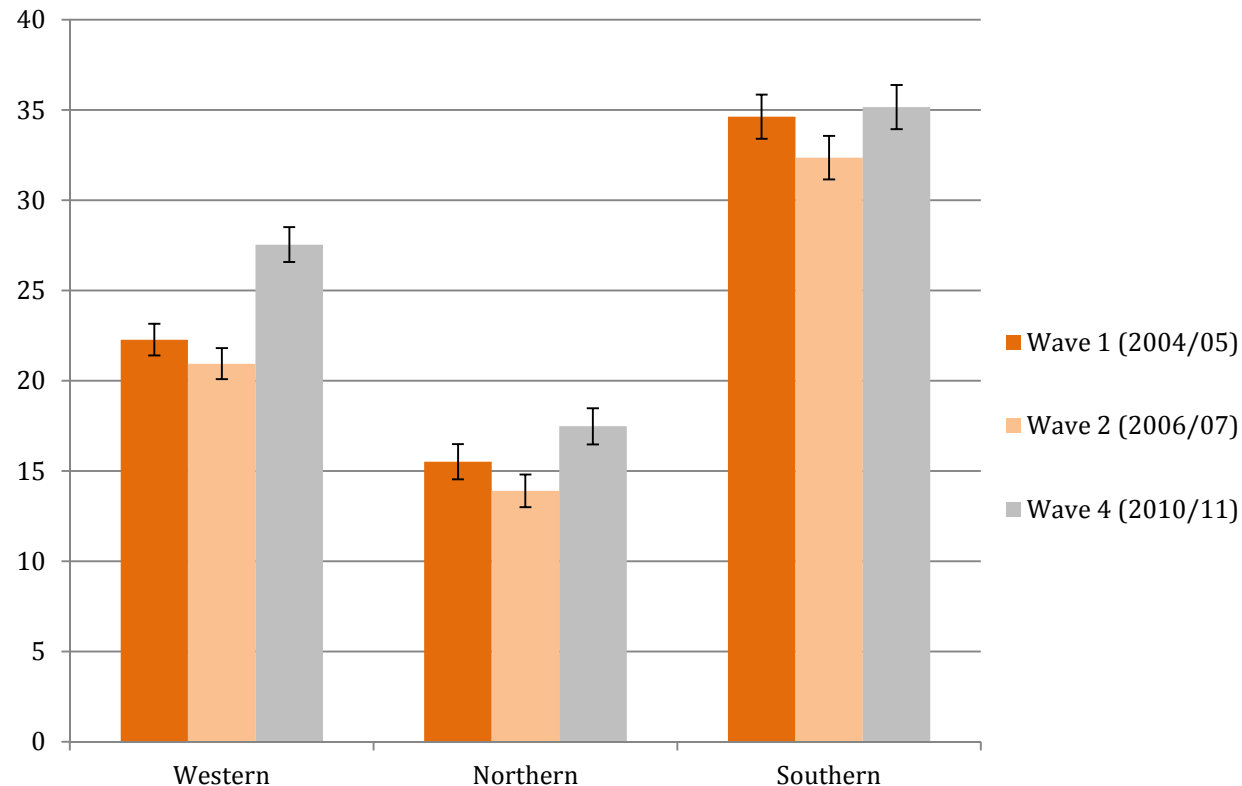


Thank you!

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Results: Changes in depression



Weighted prevalence estimates (%) of ≥ 4 depressive symptoms among participants aged 50 years and older in Western, Northern and Southern Europe in the longitudinal sample for wave 1, wave 2 and wave 4 (N=9,015).