Are friends and family the best ‘medicine?’

By RICK COUSINS Correspondent

There’s a saying that laughter is the best medicine, but recent work suggests that friends and family may be. What is the take-away for folks who may have few of either? Is there anything they can do to set themselves up for a better outcome?

Our guide this week to the interaction of friends and health is Catherine Cooper Hay, a Ph.D. student at the University of Texas Medical Branch who works in their rehabilitation department. Her study, published in the Archives of Physical Medicine and Rehabilitation, showed that patients with strong social support from family and friends spend less time in an inpatient rehabilitation facility.

“A positive outlook or attitude, which we often label as ‘positive affect’ in our research, is tied to better outcomes and overall health,” she said. “We did not examine that in our most recent study, but it is reasonable to assume that optimism is one of the benefits of social interactions and may be partly responsible for the effects we observed. Thus, it wouldn’t be a stretch to encourage those without existing support to be more proactive in initiating social interactions.”

Perhaps family and friends can provide a reason to work at getting well or at least help prevent the lingering depression that can stem from chronic, debilitating illnesses. And being seriously sick can also lead to boredom and general disinterest in life.

“As a clinician, I’ve also observed that patients with explicit goals to work toward during rehabilitation tend to be more motivated and engaged in the process,” Hay said. “For some, those goals are directly tied to the clear roles in their existing social relationships. Those without active support may need to spend some time identifying and articulating key priorities.
Would virtual friends like those found on Facebook also help? No one knows so far if such electronic connections are also effective in steering folks back to wellness.

“The impacts of social media activity on health outcomes has yet to be studied, particularly in older adults,” Hay said.

Our current disconnected culture has made social support more rare than it once was. Research suggests that one-third of Medicare patients lack close friends and family connections.

Hay’s study used hospital readmissions as an indicator for negative outcomes like not staying out of the hospital. Such re-admissions cost the government and the hospitals in addition to the problems they create for the patient.

“The onus is now on providers, patients and caregivers to work together on improving and maintaining one’s health and functioning to remain in the community and avoid unnecessary hospitalizations,” Hay said. “The ability to perform everyday tasks is a strong predictor of institutionalization, including acute hospitalization. Improving that is the fundamental goal of post-acute rehabilitation and can thus, play a critical role in preventing rehospitalizations.”

If we take stroke patients as an example of those who typically have long recoveries, often with more than one hospital visit, what advice does Hay have for them?

“My recommendations, more from my clinical experiences than directly from our study’s findings, would be to find out from the treatment team what the person is working on and use the visits to further those activities,” she said. “Some possible activities that may be helpful for stroke patients include walking, talking, reading, playing games and purposely using his or her weaker arm for essential activities. Patients typically spend at least three hours a day in therapy sessions, but a lot of their day is unstructured so they could benefit from additional enjoyable interactions and activities.”

Other study authors include UTMB’s James Graham, Yu-Li Lin, Amol Karmarkar and Kenneth Ottenbacher. The study was supported by the National Institutes of Health and the National Institute on Disability, Independent Living and Rehabilitation Research.

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