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Social Support Among Women Who Died of Ovarian Cancer

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Background: Social support has been shown to enhance overall health and improve outcomes among persons with certain medical conditions. We investigated social support in the last six months of life for women who died of ovarian cancer.

Methods: Subjects included women from three Managed Care Organizations who died of ovarian cancer (1995-2000). Information was collected from medical and electronic administrative records during the last six months of life on: demographics, other persons residing in subject's home, presence of escorts to outpatient oncology encounters, comorbidities, documentation of symptoms, procedures, medications, outpatient encounters and inpatient stays, and referrals to home health and hospice. Social support was defined as living within the context of others (i.e., with an independent adult, dependent child, or in nursing home) or having an escort to one or more clinic visits.

Results: Of the 421 subjects, living situation was known for 374. Of these, 235 (63%) were living with others and had at least one person accompany them to an encounter, 35 (9%) lived with others but never were accompanied to a visit, 54 (14%) lived alone but had an escort, and 26 (7%) lived alone and never were accompanied. Women who lived alone were less likely to receive the highest intensity pain medications at 3-4 months before death (26.67% versus 40.83%, $p=0.051$), were less likely to be taking a psychotropic medication (57.45% versus 70.32%, $p=0.021$), and were less likely to be referred to hospice (41.84% versus 53.13%, $p=0.054$) compared to those who lived with others. Women who never had an escort had fewer overall encounters (12.60 versus 15.77, $p=0.033$).

Conclusions: Approximately 7% of subjects appeared to lack social connections near the end of life. An additional 24% either lived with others or had documentation of an escort, but not both aspects of our definition. There appeared to be an association between social support and some elements of health care utilization. It is possible that other persons act as proponents for the patient in obtaining services. Providers should be encouraged to assess the cancer patient's social situation and identify areas where help may be needed.