Social Support in Online Peer Groups for Coeliac Disease

Electronic Supplemental Material

Simple Slopes Analyses

To test the assumption that informational support (IS) becomes less important over the course of the illness while the influence of emotional support (ES) remains constant, we conducted two moderated regression analyses with either wellbeing or dietary compliance as the proposed criterion, in which IS, ES, and duration of illness (all mean-centered prior to analyses) were added in a first step and the relevant interaction terms (IS x Duration, ES x Duration) in a second step (see Table 3; Figure 1).

Wellbeing as proposed criterion. The ES x Duration interaction was non-significant (see Table 3, upper part). Subsequent simple slope analyses (Hayes, 2018) indicated that ES was (marginally) significantly and positively related to wellbeing independently of duration of illness, i.e., among participants scoring in the 16th percentile (shorter duration of illness), $b = 0.16$, 95 % CI [-0.004, 0.32], $SE = 0.08$, $\beta = .19$, $t(363) = 1.92$, $p = .056$, and participants scoring in the 84th percentile (longer duration of illness), $b = 0.29$, 95 % CI [0.13, 0.45], $SE = 0.08$, $\beta = .35$, $t(363) = 3.62$, $p < .001$ (see Figure 1a). The IS x Duration interaction was non-significant as well (see Table 3, upper part), indicating that IS was a significantly positively related to well-being among participants with a shorter duration of illness, $b = 0.27$, 95 % CI [0.06, 0.48], $SE = 0.11$, $\beta = .26$, $t(363) = 2.51$, $p = .013$, and among participants with a longer duration of illness, $b = 0.21$, 95 % CI [0.04, 0.39], $SE = 0.02$, $\beta = .21$, $t(363) = 2.40$, $p = .017$ (see Figure 1b).

Dietary compliance as proposed criterion. Paralleling the findings on wellbeing, the ES x Duration interaction was again non-significant (see Table 3, lower part), with ES being a

significantly positively related to dietary compliance among participants with a shorter duration of illness, $b = 1.40$, 95 % CI [0.95, 1.85], $SE = 0.23$, $\beta = .53$, $t(363) = 6.11$, $p < .001$, and among participants with a longer duration of illness, $b = 1.32$, 95 % CI [0.88, 1.76], $SE = 0.23$, $\beta = .50$, $t(363) = 5.87$, $p < .001$(see Figure 1c). The IS x Duration interaction term was significant (see Table 3, lower part), indicating that IS was significantly positively related to dietary compliance among participants with a longer duration of illness, $b = 0.62$, 95 % CI [0.13, 1.12], $SE = 0.25$, $\beta = .19$, $t(363) = 2.49$, $p < .013$, but unrelated among participants with a shorter duration, $b = -0.13$, 95 % CI [-0.73, 0.47], $SE = 0.30$, $\beta = .04$, $t(363) = -0.43$, $p = .668$ (see Figure 1d).

Self-Efficacy Expectations: Measurement and Correlations

We measured nutrition-specific self-efficacy expectations adapting five items from the *Nutrition Self-Efficacy Scale* (Schwarzer & Renner, 2009) to the study context ($\alpha = .92$; $M = 4.11$, $SD = 0.95$), each stating a potential obstacle to a gluten-free diet. Participants indicated for each item how sure they were that they would be able to maintain a lifelong gluten-free diet in light of the obstacle on a five-point scale from '*not sure at all*' (1) to '*very sure*' (5).

Correlations between self-efficacy expectations and the other theoretically relevant variables are: with emotional support: $r = .63$, $p < .001$; with informational support: $r = .51$, $p = .001$; with wellbeing: $r = .46$, $p = .001$; with dietary compliance: $r = .68$, $p = .001$; with duration of illness: $r = -.08$, $p = .143$.

References

Schwarzer, R., & Renner, B. (2009). *Health-specific self-efficacy scales*. Freie Universität Berlin. http://userpage.fu-berlin.de/~health/healself.pdf