

Practical Ways to Address the Growing Epidemic of Loneliness & Social Isolation in Older Adults

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About Me

No disclosures

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Objectives

1. Understand the difference between loneliness and social isolation and how to define and measure it
2. Appreciate the health consequences of unaddressed social isolation and loneliness
3. Learn how countries are seeking to address it, and practical ways you can address it with your patients



Introduction

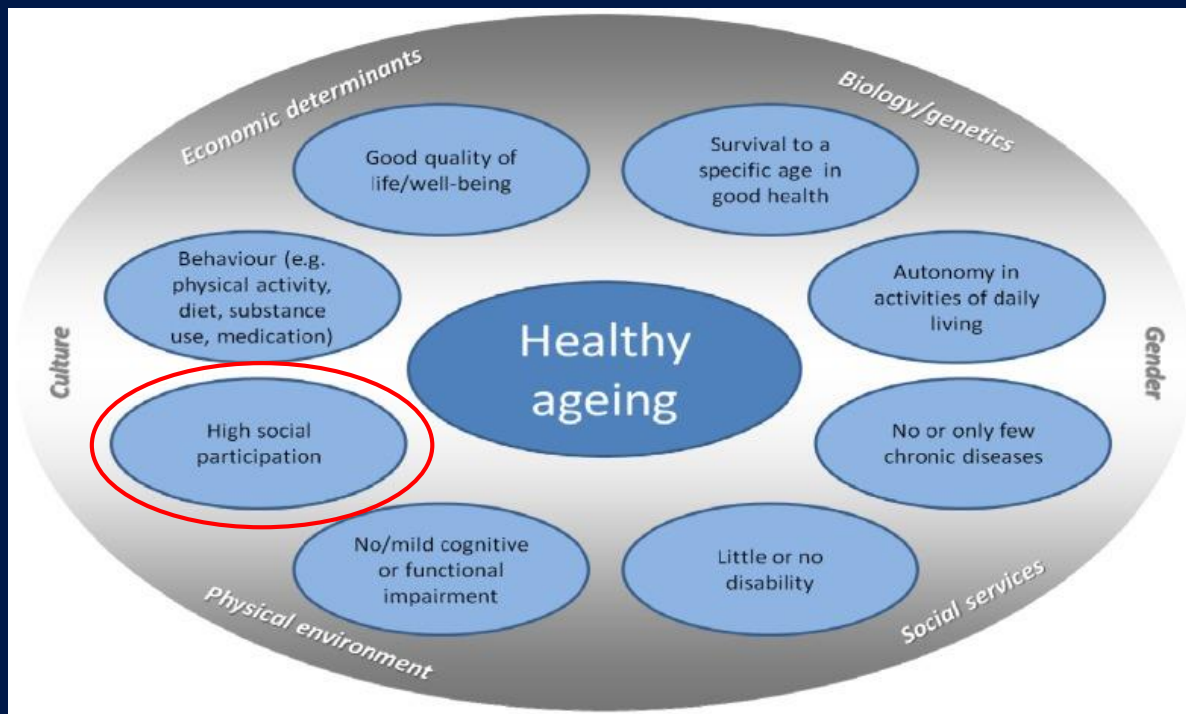
- Social determinants of health: conditions in which individuals live and work which influence health
 - Social relationships—both quantity and quality—affect mental health, health behavior, physical health, and mortality risk



Introduction

- The World Health Organization (WHO):
 - Considers social well-being to be one of the key elements of a healthy lifestyle
 - Their Global Strategy for Ageing and Health¹ emphasizes the value of older adults as individuals and for society
- “Successful ageing”²: high physical, psychological, and social functioning in old age without major diseases, where active social functioning involves interpersonal relations and productive activity





Introduction

- Social connection: describes structural, functional, and quality aspects of human relationships and interactions³
 - **Social isolation:** objective lack or limited extent of social contact with others⁴
 - **Loneliness:** an undesirable internal experience related to unfulfilled social needs⁴
- Persons who are socially isolated may not be lonely and persons with many social connections may feel lonely

CITATION



SOCIAL ISOLATION

Refers to a **quantitatively diminished** social network (Yang and Victor, 2012).



physically separated and/or excluded



Restricted social network of individuals based on counting

Social Isolation can increase the risk of loneliness.

But more social contact does not automatically reduce loneliness.

The quality of social relations is also important, as well as how people feel about those connections.

LONELINESS

A subjective experience arising from **qualitative and quantitative deficits** in a person's social relationships (Canham, 2015)



THREE TYPES OF LONELINESS



SOCIAL

Absence of social connection, the perception of social isolation and dissatisfaction with the quality of relationships.
Adams et al. 2016



EMOTIONAL

Absence or loss of meaningful relationships that meet a deeply felt need to be recognised and 'belong' to someone or to a group such as at work, or in a family.
Dong et al. 2011



EXISTENTIAL

An aspect of the human condition which expresses the separateness of the person from others.
Moustakas, 1961, Cherry et al. 1993, Hauge et al. 2010



Why?

- The factors influencing loneliness and social isolation are diverse
 - Geography^{5,6,7}
 - Increased mobility of family members
 - Rural or low income urban areas
 - Transportation accessibility
 - Immigration
 - Relationships^{8,9}
 - Participation in social roles (e.g., the workplace, community organizations)
 - Widowhood
 - Death of friends
 - Physical health^{10,11,12}
 - Multimorbidity
 - Mobility limitation
 - Frailty



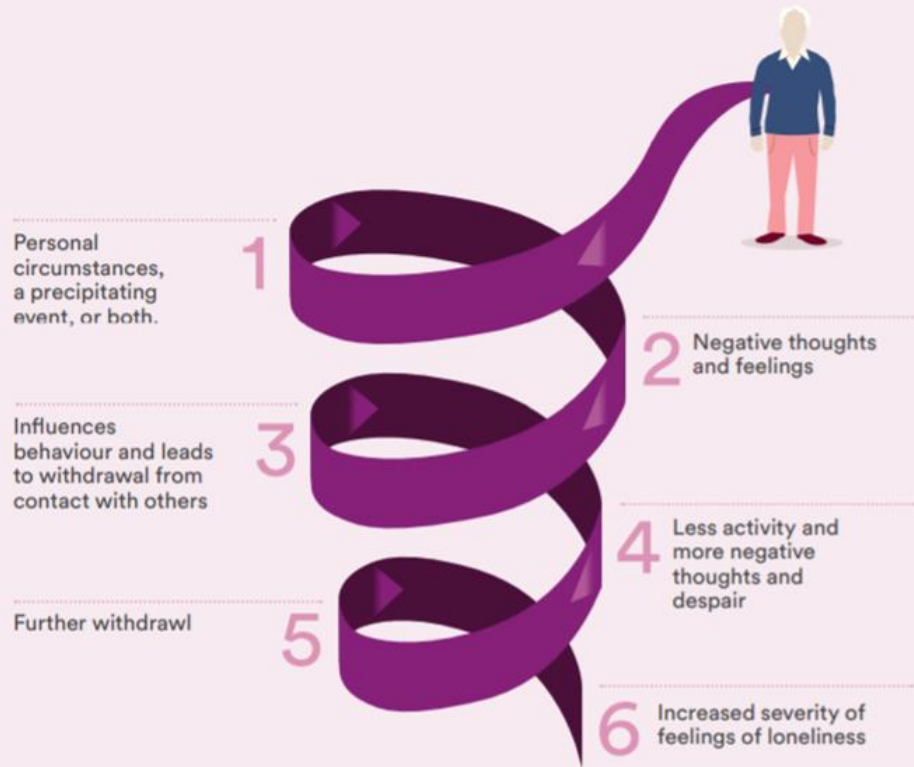
Why?

- Loneliness is also influenced by individual psychological factors¹³
 - Depressive symptoms correlate with loneliness (negative affect, cognitive distortions)
 - Negative self-perception influences willingness to engage in social activity
 - AgeUK describes this as a “downward spiral” where loss of confidence leads to withdrawal and further negative thoughts and intensified loneliness
- Positive personal characteristics such as flexible coping, gratitude and positive emotions are associated with reduced loneliness¹⁴



Figure 2

Downward spiral of loneliness



Measurement

- There are many scales and instruments used to define both social isolation and loneliness
 - Short scales that have been validated and may be easy to implement in a clinical setting include:
 - 1. Hughes 3 Item Loneliness Scale
 - 2. Lubben Social Network Scale



Measurement

3 Item Loneliness Scale

Questions	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3



Lubben 6-item Social Network Scale

Question	None	One	Two	Three-Four	Five-Eight	Nine+
<i>Family: considering people to whom you are related to by birth, marriage, adoption, etc</i>						
How many relatives do you see or hear from at least once a month?	<input type="radio"/>	1	2	3	4	5
How many relatives do you feel at ease with that you can talk about private matters?	<input type="radio"/>	1	2	3	4	5
How many relatives do you feel close to such that you could call on them for help?	<input type="radio"/>	1	2	3	4	5
<i>Friendship: considering all of your friends including those who live in your neighbourhood</i>						
How many of your friends do you see or hear from at least once a month?	<input type="radio"/>	1	2	3	4	5
How many friends do you feel at ease with that you can talk about private matters?	<input type="radio"/>	1	2	3	4	5
How many friends do you feel close to such that you could call on them for help?	<input type="radio"/>	1	2	3	4	5



Negative Consequences

- There are some nuances to assessment of social isolation versus loneliness, as measurements and definitions used in literature are inconsistent
- Social isolation and loneliness are related and share risk factors as well as associations with morbidity and mortality¹⁵
- Associations are identified with
 - Negative lifestyle behaviours¹⁶
 - Health conditions¹⁷
 - Psychiatric disorders¹⁸
 - Mortality¹⁹



Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review

Perspectives on Psychological Science
2015, Vol. 10(2) 227–237
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Abstract

Actual and perceived social isolation are both associated with increased risk for early mortality. In this meta-analytic review, our objective is to establish the overall and relative magnitude of social isolation and loneliness and to examine possible moderators. We conducted a literature search of studies (January 1980 to February 2014) using MEDLINE, CINAHL, PsycINFO, Social Work Abstracts, and Google Scholar. The included studies provided quantitative data on mortality as affected by loneliness, social isolation, or living alone. Across studies in which several possible confounds were statistically controlled for, the weighted average effect sizes were as follows: social isolation odds ratio (OR) = 1.29, loneliness OR = 1.26, and living alone OR = 1.32, corresponding to an average of 29%, 26%, and 32% increased likelihood of mortality, respectively. We found no differences between measures of objective and subjective social isolation. Results remain consistent across gender, length of follow-up, and world region, but initial health status has an influence on the findings. Results also differ across participant age, with social deficits being more predictive of death in samples with an average age younger than 65 years. Overall, the influence of both objective and subjective social isolation on risk for mortality is comparable with well-established risk factors for mortality.



Canadian Data

- Estimated by 2030 that over 9.5 million Canadians will be over 65 and make up almost 25% of the population²⁰
- Data is predominantly from population surveys, with single item questions or operational definitions of social isolation and loneliness
 - Commonly cited: CLSA, GSS, CCHS
- Estimates in the Canadian population vary
 - 24% of older Canadians wish they could participate in more social activities²¹
 - 20% of older Canadians have low or moderate levels of social support²²
 - Approximately 15% of Canadians can be considered socially isolated²³
 - 20-25% of older Canadians report feeling alone at least some of the time²⁴



Canadian Data & COVID 19

- Pandemic protective measures (e.g., physical distancing, isolation, quarantine) disrupted social ties, and increased difficulty in accessing services
- Older adults were at a higher risk of being negatively impacted by isolation and loneliness
 - Higher proportion live alone
 - Fewer new communication technologies
 - Reduction in community services



The Double Pandemic Of Social Isolation And COVID-19: Cross-Sector Policy Must Address Both

[Julianne Holt-Lu](#)

JUNE 22, 2020

Coronavirus will also cause a loneliness epidemic

We need to take both social distancing and the “social recession” it will cause seriously.

By Ezra Klein | @ezraklein | Mar 12, 2020, 8:20am EDT



For seniors, it's a double pandemic — COVID-19 and crushing isolation

2021 at 1:01 p.m. ET

3

Weather the storm



LIFESTYLE

Many seniors struggle with loneliness. The pandemic has only made it worse

By [Pia Araneta](#) • Global News

Posted February 20, 2021 8:00 am · Updated February 19, 2021 8:09 pm

News

Alone and Apart: Seniors coping with loneliness during the pandemic



International Examples

United Kingdom

- Jo Cox Loneliness Commission
 - MP Jo Cox formed an independent, cross-party Commission of MPs and charities to highlight the significance of loneliness in the UK
 - Commission published its final report on 15 December 2017: “Combating loneliness one conversation at a time: a call to action”
- January 2018 the UK appointed their first Minister for Loneliness, committing to creating a loneliness fund and commissioning an England-wide strategy for loneliness
 - Loneliness awareness week (annually in June)



International Examples

United Kingdom

- AgeUK: Age UK network comprises around 125 local Age UKs reaching most of England
- Charitable organization founded in April 2009
- Services are far-reaching and over 63.6 million euros spent annually (\$91 million CAD)
 - Campaign and research
 - Information and advice
 - Health and care services
 - Wellbeing programmes and services



International Examples

United Kingdom

- Resources:
 - Multiple publications on loneliness and isolation
 - Loneliness maps: heat maps generated across 32,844 neighbourhoods in England
 - National official measures, risk factors, national current surveys
 - Programs and services
 - Pilot interventions
 - Programming: weekly friendship call (“Call in Time”) and other befriending services, free helpline , groups and clubs, volunteering opportunities, educational opportunities



International Examples

- Japan also appointed a Minister of Loneliness in 2021 intended to oversee government policies to deal with loneliness and isolation
 - Held an emergency forum in February to gather local input from organizations that assist efforts to combat loneliness
 - Allocated emergency funds of approximately six billion yen (65 million CAD) to nonprofits
- Some other countries have dedicated funding, task forces or federal programs to target loneliness and social isolation in older people
 - New Zealand, Australia, Ireland, Sweden, United States



What Can We Do?

- There is not robust evidence on the success of interventions
 - A broad integrative review identified the following main categories²⁵
 - 1. Social facilitation interventions
 - 2. Psychological therapies
 - 3. Health and social care provision
 - 4. Animal interventions
 - 5. Befriending interventions
 - 6. Leisure/skill development interventions



Table 4. Comparison of interventions to address social isolation and loneliness

INTERVENTION	EXAMPLES	RELEVANT RESULTS
Social facilitation	Group: social clubs, day programs Individual: video conference with family, interactive video games, chat rooms	<ul style="list-style-type: none">• Most successful group interventions include an educational or psychosocial focus^{14,35-38,40}• Technology studied primarily on the individual level in both the community and institutions^{14,37,39-42,46}
Psychological therapies	Humour therapy, mindfulness-based stress reduction, cognitive enhancement programs, reminiscence group therapy	<ul style="list-style-type: none">• Led by health care professionals• Difficult to determine the effect of the group itself vs therapy^{43,44,46}
Animal based	Live animal visits, robotic dogs	<ul style="list-style-type: none">• Both likely effective^{39,40,43}• Primarily studied in long-term care and residential care
Physical activity	Exercise, exercise plus leisure, nutrition	<ul style="list-style-type: none">• Successful interventions are more likely to have a health care provider involved in implementation and to be delivered more than once weekly³⁸
Health and social care	Identification and referrals for at-risk individuals, outreach, geriatric rehabilitation	<ul style="list-style-type: none">• Involve trained individuals or health care professionals^{37,43,45,46}
Befriending	One-on-one volunteer visits, telephone support	<ul style="list-style-type: none">• Often for homebound individuals• Led by volunteers• Less effective but might be only option for some^{35,36}
Leisure and skill development	Gardening, arts, cooking, sports, computer training, music	<ul style="list-style-type: none">• Computer and Internet training likely effective^{14,40,41,43,46}• Leisure activities are more effective with exercise or social support³⁸

Adapted from Gardiner et al.⁴³



What Can We Do?

- We can think about next steps at different levels
 - Micro level: the individual
 - Ask about loneliness and social isolation!
 - Consider using scales or scores as with other diagnoses (e.g., Geriatric Depression Scale)
 - Goal → identify those who experience social isolation and/or loneliness



What Can We Do?

- We can think about next steps at different levels
 - Micro level: the individual
 - There are many potentially modifiable factors at the individual level
 - Hearing
 - Occupational therapy
 - Technology
 - Individualized psychology-based interventions
 - Have a list of resources locally for patients



What Can We Do?

- The UK Campaign to End Loneliness suggested a “patient-centered approach to addressing social isolation and loneliness”
 - Explore
 - Scoping solutions and goals
 - Have the individual set their own goals
 - Action
 - Construct a plan that is goal oriented



Table 5. Resources for social isolation and loneliness

SOURCE	RESOURCE	WEB ADDRESS OR TELEPHONE NUMBER
211	Telephone helpline and website: gateway to community, social, nonclinical health and related government services. Available in more than 100 languages	www.211.ca or call 211
Government of Canada Programs and Services for Seniors	A full listing of income supports, (CPP, Guaranteed Income Supplement, Old Age Security, Disability Tax Credit, accessible parking permit, GST or HST credits). Information on health, home safety, and funding for projects for older adults	www.canada.ca/en/employment-social-development/campaigns/seniors.html or 1 800 O Canada (800 622-6232)
UK Campaign to End Loneliness	Resources, information, and research on loneliness	www.campaigntoendloneliness.org
RISE	National campaign to increase awareness of social isolation. Information and resources	www.rise-cisa.ca
Regional Geriatric Program of Toronto's Senior Friendly 7 Social Engagement Toolkit	Supports clinical best practices, self-management tools for older adults	www.rgptoronto.ca/wp-content/uploads/2018/11/SF7-Toolkit-V1-2018-Social-Engagement.pdf

CPP—Canada Pension Plan, GST—goods and services tax, HST—harmonized sales tax, RISE—Reach Isolated Seniors Everywhere.



What Can We Do?

- We can think about next steps at different levels
 - Meso level: communities and organizations
 - Age-friendly communities where accessibility is emphasized (public washrooms, ramps, well lit, public transportation)
 - Individual communities and regions all have unique organizations and service delivery
 - Build from programs that have experienced success
 - E.g., Hamilton Seniors Isolation Project (HSIP)
www.socialisolation.ca



What Can We Do?

- We can think about next steps at different levels
 - Macro level: political systems, socioeconomics, policy
 - Advocate for national indicators and measures that are consistent to be able to track loneliness and social isolation at the population level
 - A national strategy could help reduce redundancy in program and service delivery and provide more coordinated approach



Thanks!

Questions and discussion



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