



Alone or Lonely?

Social isolation and loneliness in older adults

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Disclosures

- I receive no financial or industry support and have no financial conflicts of interest
- Board member, Meals on Wheels People

Objectives

- Compare and contrast social isolation and loneliness
- Build frameworks for social and pathophysiological drivers and consequences of loneliness
- List options available to help address loneliness



The Loneliness Epidemic

Described by US Surgeon General Dr Vivek Murthy in 2018





Robert

Lives alone on his ranch in Manzanita, OR
Companion lives in McMinnville, drives to visit her
twice a week

Kids live out of state, talks to them rarely

Goes days without seeing or talking to anyone “except
my animals”

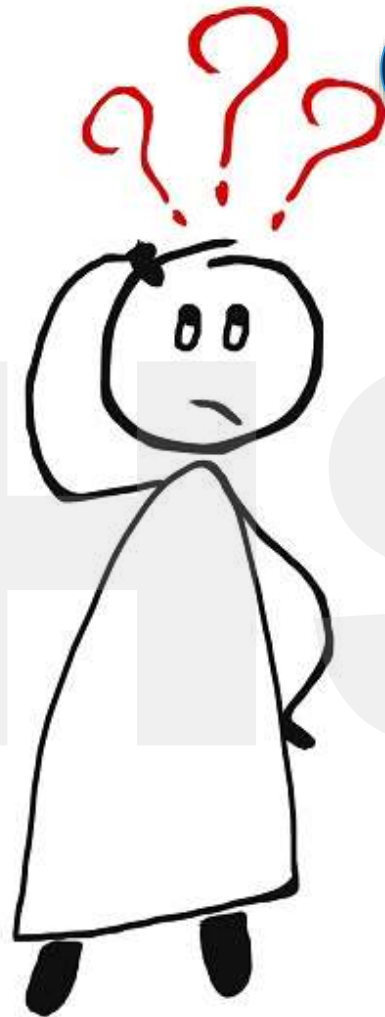
Lives alone in a manufactured home in Tigard, OR
with adult kids that live in the surrounding suburbs
Husband died 2 years ago but her longtime neighbors
have been visiting and bringing food & gossip to her
home regularly

Kids and grandkids visit every few weeks, family is
planning for a trip to the coast
Still working in her garden every day

Charlotte



Who should we
be more
concerned
about?



With gentle pressing, she slowly described feeling
“disconnected” from her family & friends
Neighbors often gather at her house to visit but Charlotte
doesn’t really consider them close friends
Feels like she lost her confidant when her husband died
Doesn’t want to burden her kids or grandkids





A Venn diagram with two overlapping circles. The left circle is labeled 'Social Isolation' and the right circle is labeled 'Loneliness'. The background of the slide shows a wooden chair in a field of tall, dry grass under a clear sky.

Social
Isolation

Loneliness

Objective state of few social
connections, contacts
and/or relationships

Subjective feeling of being
alone, regardless of
number of social contacts

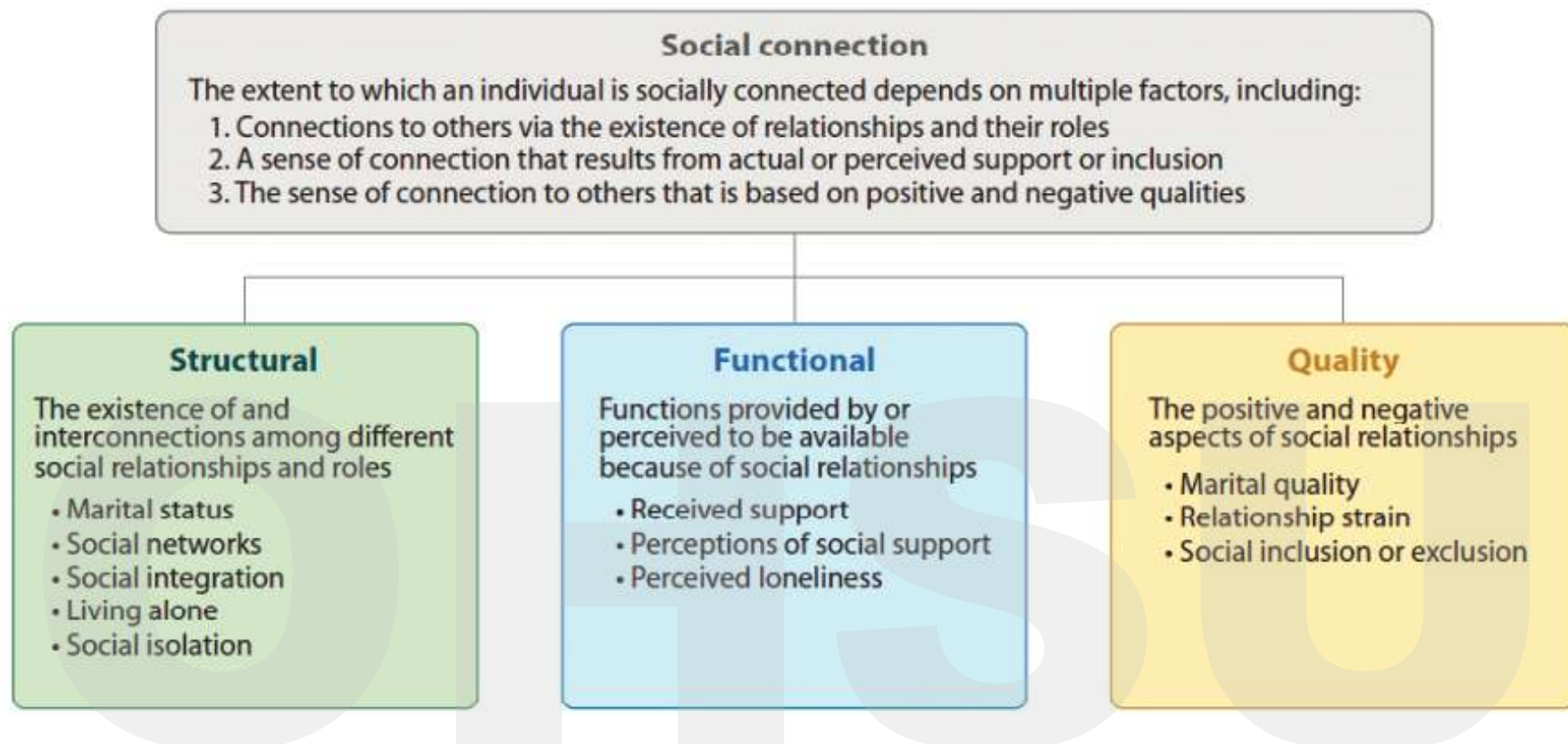


FIGURE S-1 Social connection as a multifactorial construct including structural, functional, and quality components.

SOURCE: Holt-Lunstad, 2018a. Reproduced with permission from the *Annual Review of Psychology*, Volume 69 © 2018 by Annual Reviews, <http://www.annualreviews.org> (accessed March 13, 2020).

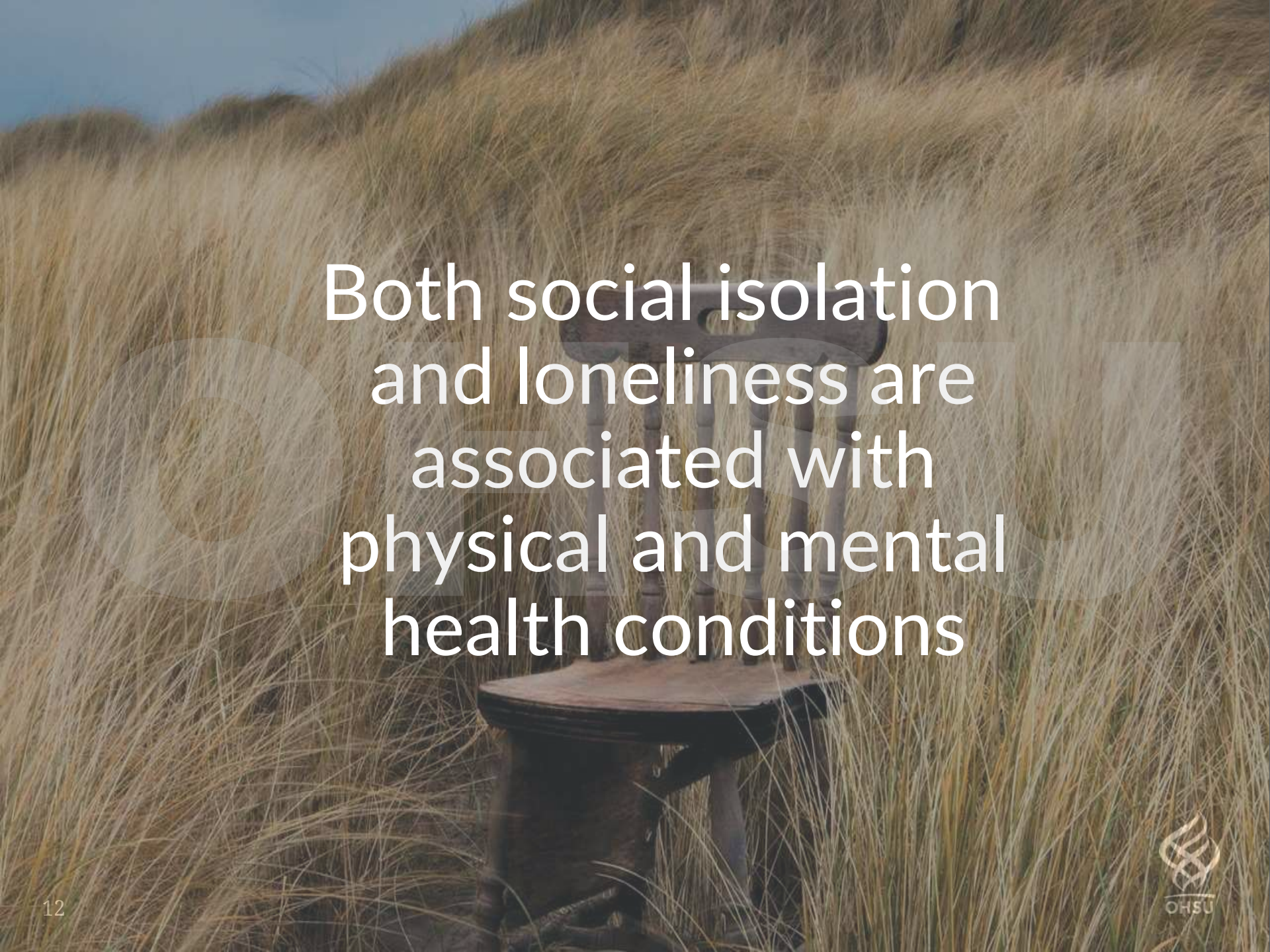
Isolation and Loneliness

- 43% of older Americans report feeling lonely¹
- 24% of older adults are socially isolated¹
- 1 in 3 report lacking companionship²
- 28% of older Americans live alone³


1. National Academies of Sciences, Engineering and Medicine. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. 2020. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>

2. National Poll on Healthy Aging, 2019

3. 2017 Profile of Older Americans, Administration for Community Living

A photograph of a wooden chair, possibly a rocking chair, sitting in a field of tall, dry, golden-brown grass. The chair is dark brown and appears to be made of wood. The grass is very tall and dense, reaching up to the top of the frame. The background shows a clear blue sky. The overall mood is quiet and somewhat lonely.

Both social isolation
and loneliness are
associated with
physical and mental
health conditions



50% increased risk
for dementia

Higher rates of clinically
significant depression,
anxiety and suicide

29% increased risk for
heart disease, 32%
increased risk for stroke

59% increased
risk for
functional
decline & falls

29% increased risk of dying
25% increased risk of dying
from cancer

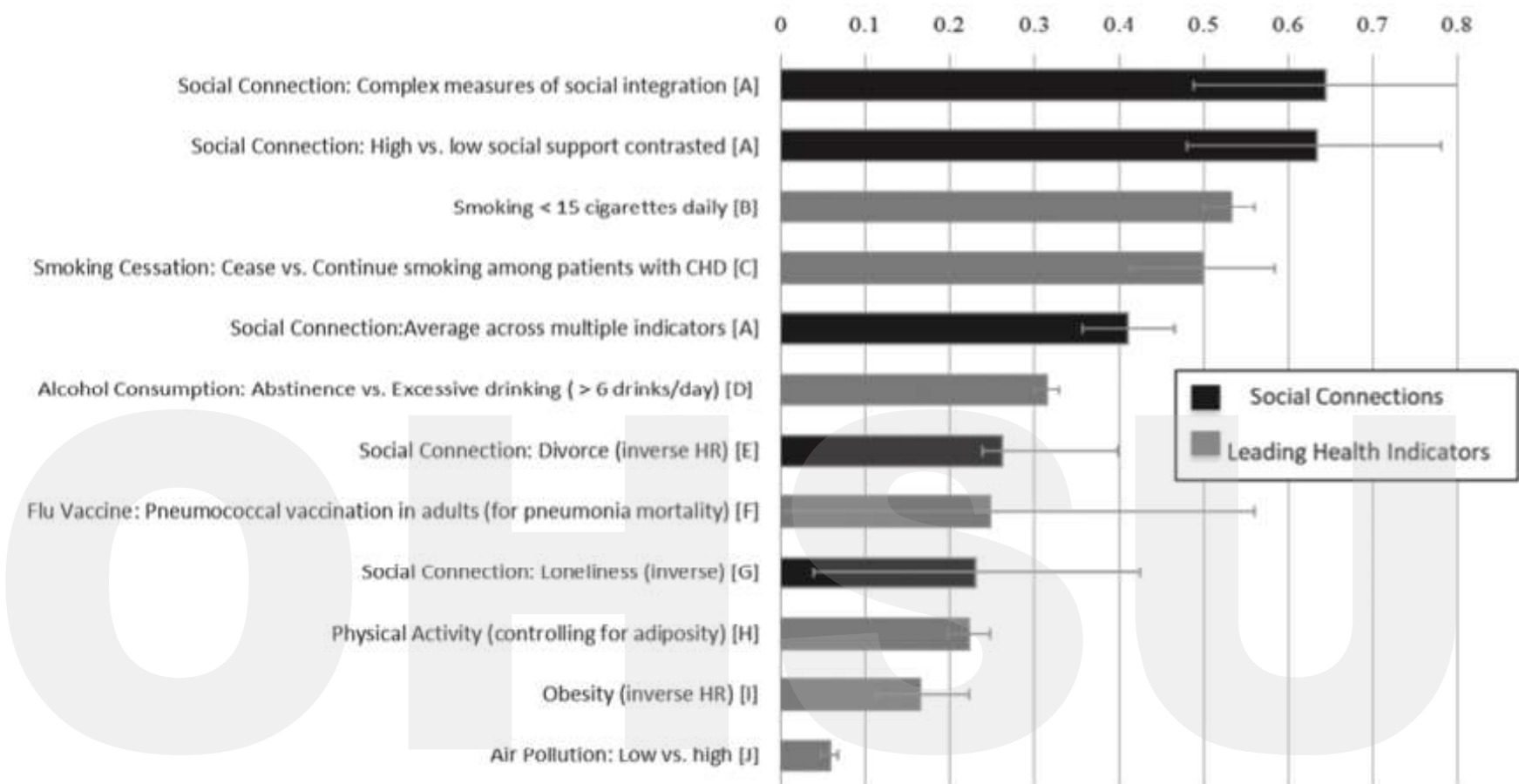


FIGURE 2-2 Odds of decreased mortality for indicators of social connection relative to leading health indicators.

NOTES: Odds (InOR) or Hazards (InHR). Effect size of zero indicates no effect. The effect sizes were estimated from meta-analyses: A = Holt-Lunstad et al., 2010; B = Shavelle et al., 2008; C = Critchley and Capewell, 2003; D = Holman et al., 1996; E = Shor et al., 2012; F = Fine et al., 1994; G = Holt-Lunstad et al., 2015; H = Katzmarzyk et al., 2003; I = Flegal et al., 2013; J = Schwartz, 1994.

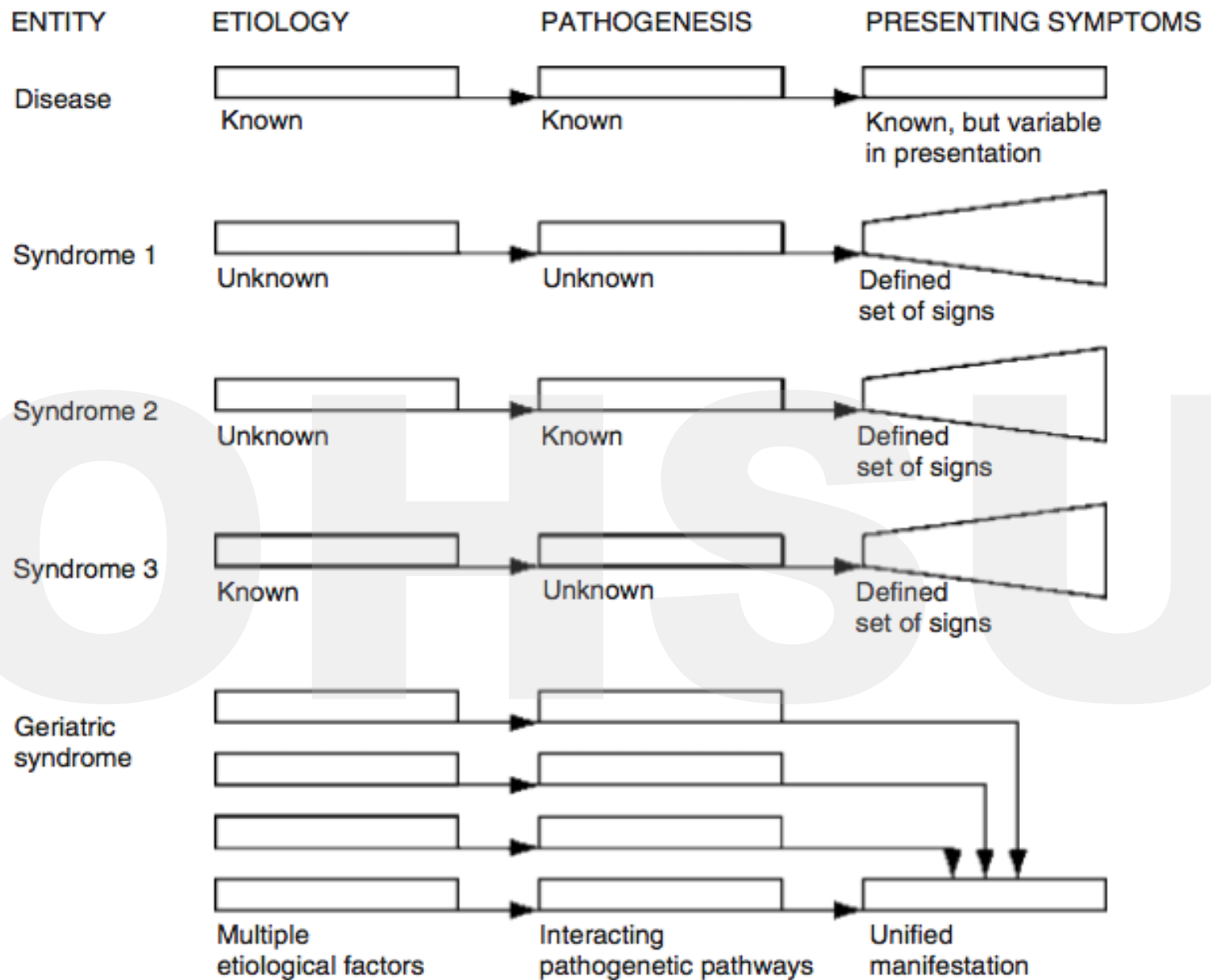
Understanding isolation and loneliness

Building a diagnostic framework



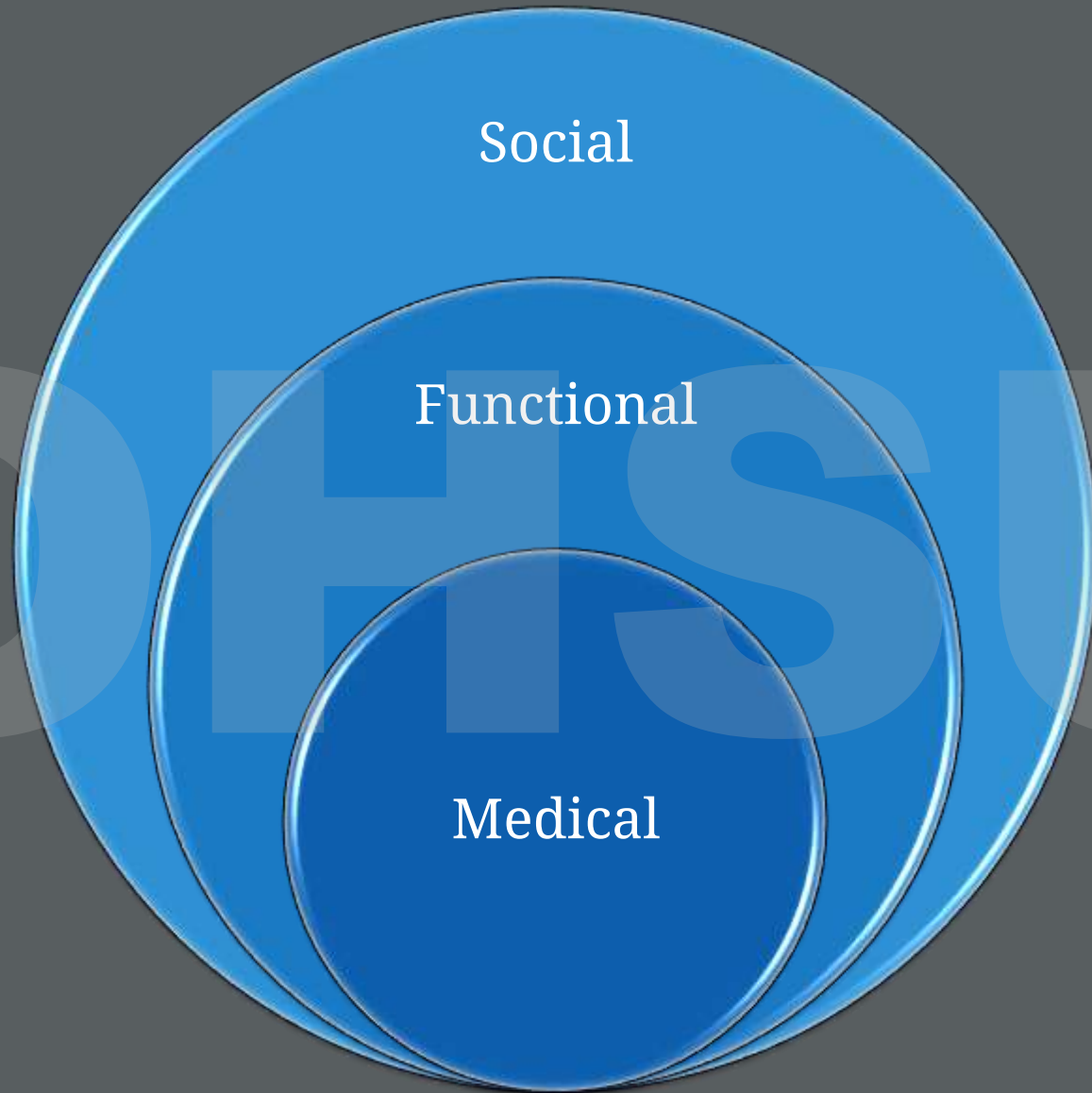
Isolation & Loneliness are Geriatric Syndromes

- Multi-factorial conditions of older adults resulting from the interaction between patient specific factors and situation specific stressors
 - Characterized by multiple underlying contributors (medical and psychosocial) and organ systems
- Carry risks of functional impairment, frailty and death



Isolation and
loneliness always
evolve from more
than one driver





Medical Considerations

- Sensory impairments – vision, hearing
- Cognitive & behavioral conditions – dementias, strokes, brain injuries, mental health conditions
- Communication impairments – aphasia
- Incontinence
- Uncontrolled symptoms, medication side effects



Functional Considerations

- Retirement from driving, reliance on others for transportation
- Need for hands on ADL care, frailty
- Physical inability to navigate – spaces that can't accommodate an assistive device



Social / Environmental Considerations

- Physical distance from family & friends
- Death of a spouse / partner
- Outliving contemporaries
- Retirement / loss of employment
- Lack of volunteer, employment opportunities
- Decline of civic engagement – unions, social clubs, worship service attendance
- Caregiver role
- Societal stigma, systematized ageism





STOP
AGEISM

One of the last socially
acceptable biases

Understanding isolation and loneliness

Assessment



Assessing isolation & loneliness

- THE KEY IS TO ASK!

- 3-item UCLA Loneliness Scale

UCLA loneliness scale

- ☐ 1. How often do you feel that you lack companionship?
- ☐ 2. How often do you feel left out?
- ☐ 3. How often do you feel isolated from others?*

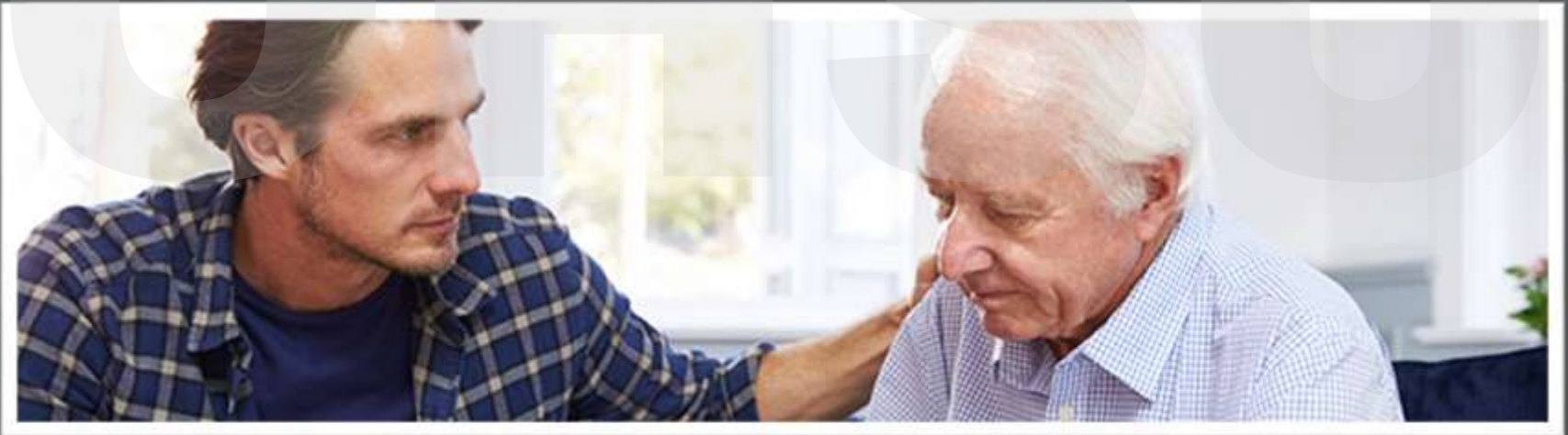
- AARP online version – www.connect2affect.org

Assessing isolation & loneliness

- The power of small talk
 - Start visits with social history / "what's new"
- Include isolation & loneliness in routine ROS
 - Make it routine to ask how often people leave their homes, spend time with others, feel lonely
 - On par with asking about other geriatric syndromes

Assessing isolation & loneliness

- The power of small talk
 - Start visits with social history / "what's new"



syndromes

Addressing isolation and loneliness





Engage

- Take an extra moment to talk and share
- Say hello, share a compliment

Connect

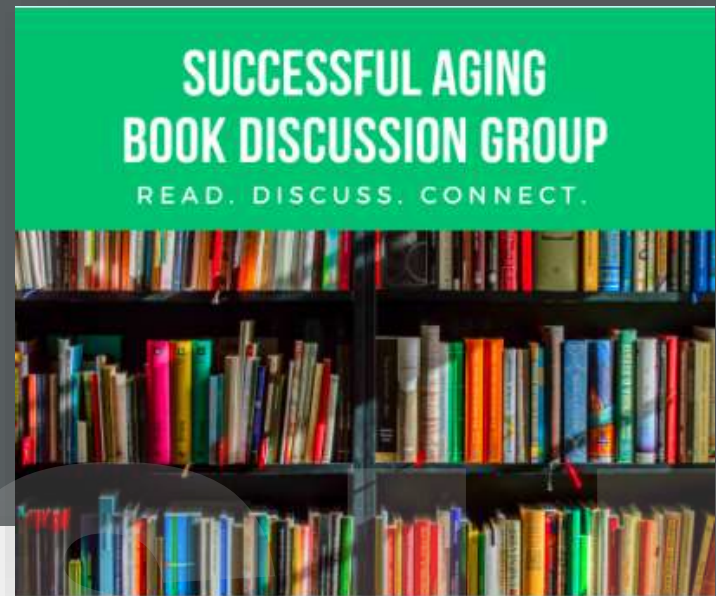
- **Address underlying drivers**
- Explore ways to connect to community, leverage community programs

Focus on underlying drivers

- Hearing assist devices, vision enhancing devices
 - Occupational, Speech Therapy – clear goal to help reduce barriers to meaningful social contact
 - Scheduled toileting to better manage urinary leaking
-
- Focus on What Matters

Connecting to community

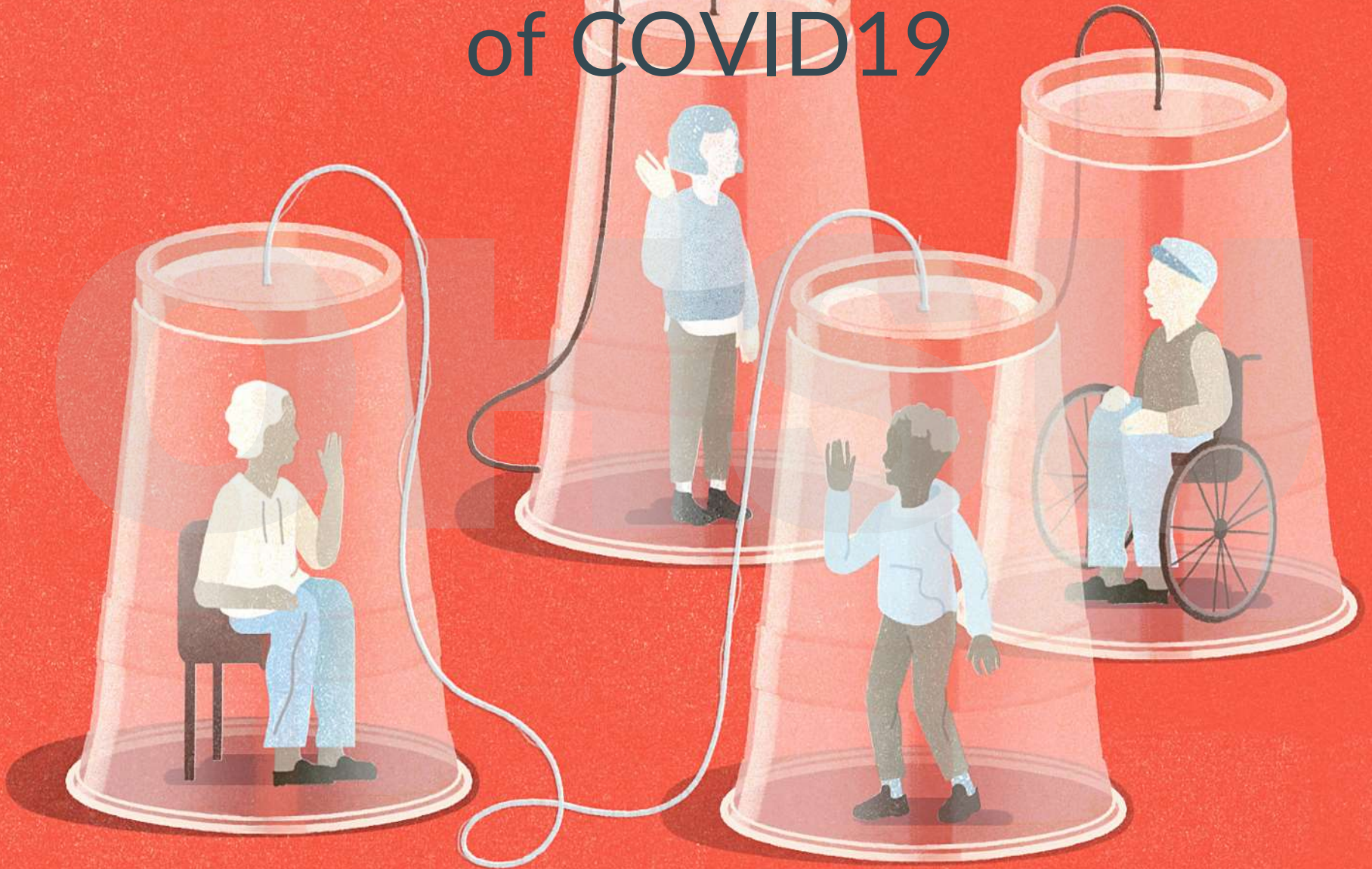
- Area Agencies on Aging / Aging & Disability Resource Connection – county based agencies
 - Peer support & visitor programs, etc
- Senior Loneliness Line – 503 200 1633
- Senior & community centers, libraries
- Patient & family groups
 - Alzheimer's association
 - Parkinson's Resources of Oregon



Special
thanks to Dr
Suvi Neukam,
OHSU
Geriatrics
Fellow



Loneliness in the time of COVID19



Remember that a simple
hello and a chat can
make a difference

