

Social Isolation and Loneliness in the Elderly

Definition: Reduced social contact, being alone,

Although social isolation is most common in the elderly, younger adults are also affected. Isolation and feelings of loneliness are associated with reduced quality of life.[1]

Loneliness refers to how individuals evaluate their level and quality of social contact.

Social isolation can be more accurately measured (eg, by the number of social contacts the person has).

Well-being may not be positively correlated with social contact and a great deal depends on the nature of the contacts made.

For some people, solitude is a way of life which temperamentally suits them and they may not feel lonely even if they have no visitors.

General practitioners and community nurses are in a unique position to identify loneliness, as they are in contact with the three groups most at risk - ie very old people, bereaved people, and people with disabilities.

Epidemiology

The extent of loneliness amongst older people has been stable in the last 60 years. Only 7% of older people report severe loneliness and there is no evidence to suggest that older people are lonelier now than in the past.[2]

Loneliness is common in carers, especially resident carers. Other groups at risk of loneliness include older married women, older people who live with married children, those living in sheltered housing or residential care and older people who emigrated from other countries (especially those who do not speak the language well).

Loneliness seems to be less prevalent in those rural areas where a sense of community still remains than it is in more densely populated urban areas.

Lack of money limits the opportunities for overcoming loneliness: those on lower incomes are more prone to feelings of loneliness than those who are better off.

Presentation

Consider loneliness in any isolated person, especially the housebound. Possible signs of loneliness include:

Verbal outpouring

Prolonged holding of your hand or arm

Body language: defeated demeanour, tightly crossed arms and legs Drab clothing

Differential diagnosis

Lonely people who are reluctant to go out may be troubled by depression, anxiety, agoraphobia, deafness or urinary incontinence.

Complications

Social isolation has been shown to have a detrimental effect on health and well-being.[4]

Both isolation and loneliness impair quality of life and well-being. However only social isolation (and not loneliness) has been shown to be associated with increased mortality.[5]

Depression is associated with loneliness and social isolation.[6]

Potential suicide risk.

Lonely and isolated elderly people are at risk of nutritional problems.

Management

A review found that educational and social activity group interventions that target specific groups of people can alleviate social isolation and loneliness among older people.

Regular local programmes for promotion of Physical and Mental Wellbeing:

The effectiveness of home visiting and befriending schemes was unclear.[3]

Wherever possible, lonely people should be offered opportunities to reach out to others so that they retain active involvement in the pattern of their own lives, rather than sitting passively waiting for the doorbell to ring. Lonely people may need encouragement and guidance on how to be creative and how to have a positive approach to meeting others: Being nice to people, and taking trouble to find out their hopes and fears.

Local groups (eg, mother and toddler groups) may provide a social network for isolated mothers. Establishing what facilities already exist (eg, the local pub, a day centre or a lunch club). It doesn't matter initially whether they get anything out of a social interaction, as they may meet someone of like mind, so enabling these artificial crutches to be thrown away.

As well as receiving visitors and telephone calls and going on outings, lonely elderly people may be helped by choosing to become pet owners.

Alternative therapies (eg, massage and aromatherapy) can relieve loneliness.

Befriending schemes can be very helpful to those who are housebound. They can be contacted through the local Age UK group, local churches (in some areas the Methodist church has 'live at home' schemes), or community care schemes linked to the area office of the social services department.

One way that housebound people can feel useful is through offering **telephone support** to others who are isolated, such as carers or other older housebound people. Another useful activity is **letter writing**, perhaps for a worthy cause (such as Amnesty International) or corresponding with a pen pal.

Technology forums such as the internet may provide relief from boredom and loneliness. Getting a telephone: not only gives the reassurance of being able to request help in an emergency, but also allows the opportunity to chat to friends and family. Some local authorities offer financial help with installation costs.

Community activities for all ages

Older people do not necessarily want to spend their time exclusively with other older people. There are many activities in which they can join with people of other ages:

Adult education classes (eg, painting, creative writing). A good but often expensive way to meet like-minded people. The acquisition of new skills improves confidence, and social interaction becomes more pleasurable.

Joining a book club.

Involvement in community action (eg, membership of Good Neighbour schemes, which visit housebound people), local history groups, sporting activities (eg, bowling).

Membership of local churches and other religious venues.

Participation in locally organised outings, either to the countryside or to the theatre or cinema.

Details of local community activities can be obtained from the National Council for Voluntary Organisations, from the local library or the social services area office.

Activities with other older people

The University of the Third Age offers locally run courses (not necessarily academic). No qualifications are needed, no diplomas are awarded and many of the teachers are retired people.

Smaller gatherings of three or four people who share an interest (eg, gardening, sport, Bible study) who are invited into the home of a younger person for coffee or afternoon tea. One national group arranges local activities for the elderly (see the link for Contact the Elderly, in Further Reading & References below).

Luncheon clubs are run both by voluntary organisations (such as church groups, Age UK) and by the social services department of local authorities; they offer social activity as well as a hot meal.

Reminiscence and local history groups can be very stimulating if they are well and sensitively run. The social services area office or Age UK can usually supply details. Holidays for older people are organised by Saga Holidays.

Specialist groups

Certain specialist groups may be of assistance at times of loss, either through bereavement, retirement, or illness:

Cruse: offers counselling and support after bereavement. Local groups, established around the country, offer a drop-in centre, a telephone advisory line, literature, and individual visits by trained counsellors.

Support groups for people with a particular illness can be helpful - eg, Parkinson's UK, MS Society, Arthritis Care, the Stroke Association and the Alzheimer's Disease Society.

Housing provision and loneliness

Suitable housing can play a significant part in alleviating loneliness.

There is a range of provisions which can help: central alarm systems, contact with a warden, well-designed resident-friendly buildings, and care and repair schemes.

Further reading & references

Older people with social care needs and multiple long-term conditions; NICE Guidelines (November 2015)

Age UK

Contact the Elderly

Cruse Bereavement Care

Samaritans

SAGA Holidays

NAVCA (National Association for Voluntary and Community Action) University of the Third Age

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2. Victor C et al; Loneliness, Social Isolation and Living Alone in Later Life, December 2006
3. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions; Database of Abstracts of Reviews of Effects (DARE) 2006, Centre for Reviews and Dissemination, University of York
4. Dickens AP, Richards SH, Greaves CJ, et al; Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*. 2011 Aug 15;11:647. doi: 10.1186/1471-2458-11-647.
5. Steptoe A, Shankar A, Demakakos P, et al; Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci U S A*. 2013 Apr 9;110(15):5797-801. doi: 10.1073/pnas.1219686110. Epub 2013 Mar 25.
6. Golden J, Conroy RM, Bruce I, et al; Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. *Int J Geriatr Psychiatry*. 2009 Jul;24(7):694-700. doi: 10.1002/gps.2181.

Meri Sehat (My Health):

an initiative to promote Mental and Physical Wellbeing in our elderly > 50yr population through regular daily sessions including Yoga, Exercises, Zumba, Pilates, Tai-Chi, Circuit training, Health Talks and Session on Poetry and Life Experiences and Positive Thinking. Attendances have reached over 100 in some sessions.

It is free to the attendees and is provided for in a sports centre in English and Punjabi and hence is able to reach to those elders who would not use facilities at other sites.

Aimed at the elderly and lonely members of our community who become stuck at home, without exercise, ruminating in negative thoughts, getting more unfit and depressed, and becoming more and more reliant on medications and increasing reliance on the health service with their medical and psychological conditions.

The project aims to promote the empowerment of older people into taking responsibility for their own health through education and positive lifestyle changes to achieve a healthier happier and more informed individual in a culturally acceptable setting.

It is run on 4 mornings a week and the majority of sessions are run either with a Panjabi speaker or with a Panjabi interpreter - this will maximise the involvement and understanding of the group members. Each is a 10.00-12.00hr session because many of the participants have grandchildren to drop off at school

The programme includes Yoga and Meditation (chair/mat based,) Health Education, Positive Thinking workshops (coping with stress, empowerment to take responsibility for own health), Gold Zumba (chair/mat based) and social elements.

Zumba Gold/Pilates /Circuit Training/Dancing Exercises: sensitive to the ability of the Attendees – benefits are numerous, including physical, mental and social aspects, which give our members the opportunity participate at their own level.

Yoga - a safe and effective way to increase physical activity, concentrating on strength, flexibility and balance. Yoga also helps with high blood pressure, heart disease, poor mobility, especially low back pain, depression and stress and is beneficial for people with arthritis, promoting flexibility and strength.

Meditation - promotes physical, medical and emotional benefits imparting stress relief and a feeling of peace and contentment. Physically it helps in prevention and alleviation of illnesses.

Positive Thinking – workshops and speakers will cover topics such as coping with stress and empowerment to take responsibility for one's own health.

Social – health is a state of well-being in which the physical, social, environmental, emotional, spiritual and intellectual aspects are taken into consideration, the social element at Meri Sehat offers all participants, care and support.

The Health talks are once a week and delivered by local GP's or hospital consultants or experts in their field and have covered topics including Diabetes, Hypertension, Heart Disease (Heart UK), Cholesterol, Health Diet, Asthma (Asthma UK), Dementia, Local support and Benefits (through Age Concern), Cancer Screening (including Breast, Bowel, Prostate and Cervical screening), Immunisations and Vaccinations (including Influenza, Shingles and Pneumococcal), Eye disorders and Glaucoma (Consultant Ophthalmologist), Podiatry, Physiotherapy and osteopathy (for Knees, Hips, Back and Neck pains).