

SOCIAL ISOLATION, LONELINESS AND HEALTH IN OLD AGE: A SCOPING REVIEW

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Health Research*

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- ❖ Background and objectives
- ❖ Methods
- ❖ Results
- ❖ Discussion and next stages

Background

- ❖ An increasing number of older people are living alone and are at risk of being isolated
- ❖ Growing evidence that isolation and loneliness lead to mental health problems...
- ❖ ... but also to increased risk of physical ill health

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Loneliness in old age 'deadlier than obesity'



Hannah Devlin Science Editor in Chicago
Published at 12:01AM, February 17 2014

The most lonely individuals were twice as likely to die as those who were most sociable
Last: Getty Images

Loneliness in old age is twice as bad for your health as obesity, scientists have warned.

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Extreme loneliness worse for health than obesity and can lead to an early grave, scientists say



Between 20 and 40 per cent of older adults feel lonely

STEVE CONNOR | CHICAGO | Sunday 16 February 2014

theguardian

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reflections on later life

Loneliness is a killer? Tell us something we don't know

Researchers have informed us that lonely old people are at more risk of dying – so why do we do so little about it?

Michele Hasson
The Guardian, Monday 17 February 2014 17:15 GMT
Jump to comments (33)



Governments don't care about lonely old people (posted by model). Photograph: Alamy

Loneliness can be twice as deadly as obesity for old people. Chicago researchers have found. Here they go again, the Department of the

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Loneliness and feeling unloved TWICE as likely to kill you as being fat... as scientists warn against elderly retiring to sunnier climes

- US researchers urge people to stay socially active in their old age
- Tracked health of 2,000 men and women aged 50-plus for six years
- Feeling cut off from others can push blood pressure up into danger zone
- Can also disrupt sleep, leaving people feeling lethargic the next day
- Lonely people are also more likely to rely on sleeping tablets

Objectives

- ❖ To describe the evidence on social isolation and loneliness, their impact on physical and mental health
- ❖ To focus on definitions, measurements, potential mechanisms and differential effects across population groups
- ❖ To highlight gaps in the evidence base and potential future research areas

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Methods

- ❖ Scoping review (Arksey & O'Malley, 2005; Brien et al., 2010)
- ❖ Nine databases were searched in August and September 2013
- ❖ Focused on academic peer-reviewed papers, published between 2000 and 2013
- ❖ Inclusion criteria:
 - + Population group: people aged 50+
 - + Issue: social isolation, loneliness
 - + Outcome: health, mental health, wellbeing

Identification

Records identified through nine databases (n=11,392) and selected websites (n=344)

Screening

Records after duplicates were removed, screened by abstract and title (n=5,342)

Records excluded (n=5,054)

Eligibility

Full-text articles assessed for eligibility (n=288)

Full-text excluded (n=156)

- Country (n=15)
- Focus of the paper (n=67)
- Format of the paper (n=31)
- Outcome studied (n=14)
- Population group (n=25)
- Full text not available (n=8)

Inclusion N=128

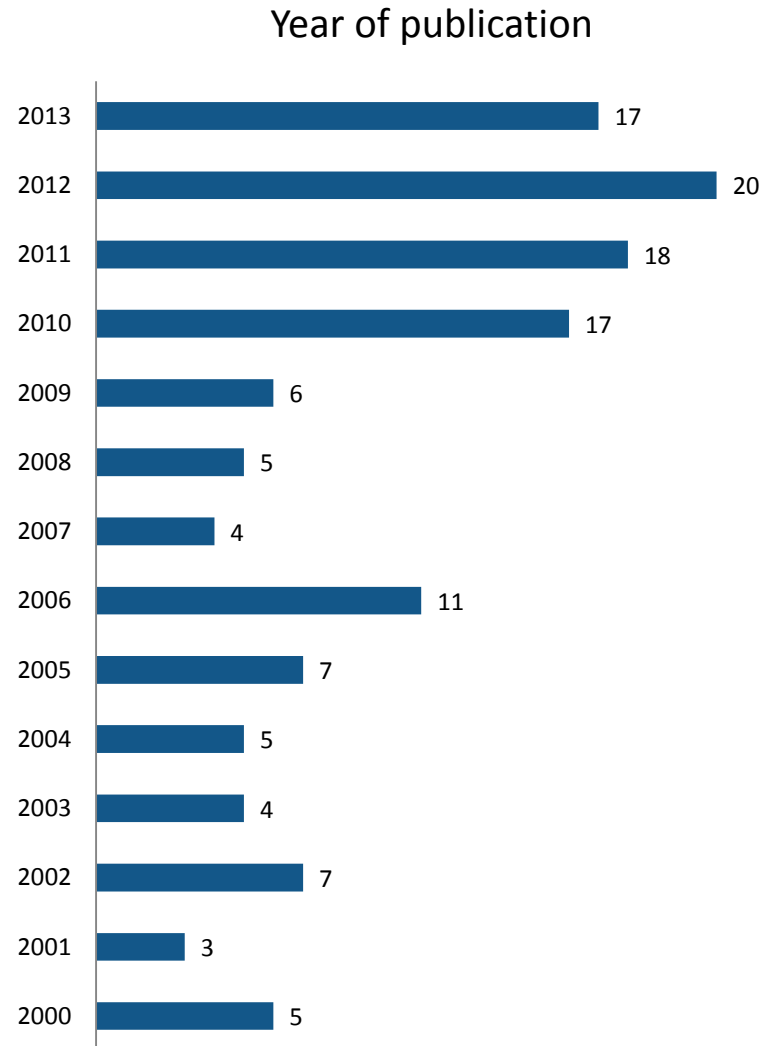
Studies included in the scoping review (n=128)

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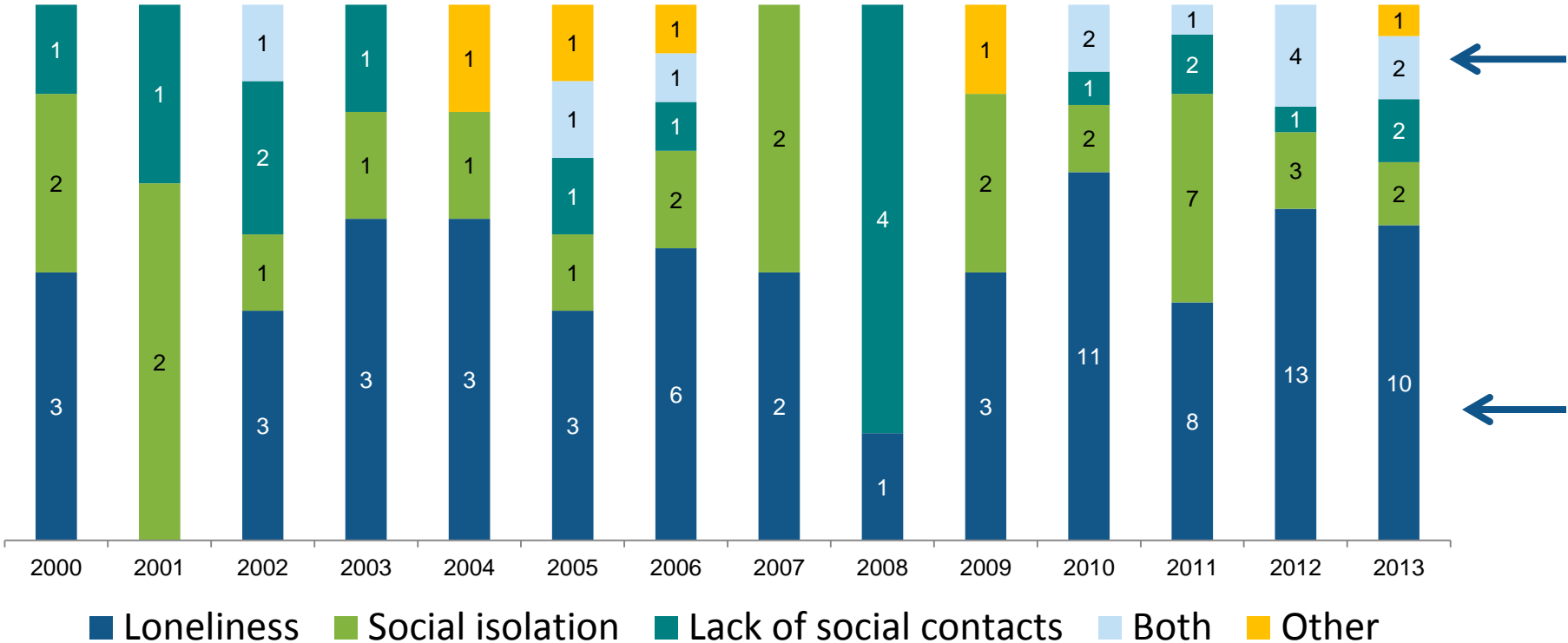
- ❖ Background and objectives
- ❖ Methods
- ❖ Results
 - ❖ Context and focus
 - ❖ Definitions and measurements
 - ❖ Research design
 - ❖ Findings for depression and cardiovascular health
 - ❖ Gaps in the evidence base
- ❖ Discussion and next stages

Context

- ❖ Large and rapidly growing body of literature
- ❖ Mostly produced in the US
- ❖ Multidisciplinary concepts but dominated by medicine (18%), psychology (16%) and epidemiology (11%)



Focus



- ❖ Loneliness is most researched
- ❖ Growing interest in the recent years about the differential impact of social isolation and loneliness

Definitions and measurements

- ❖ Just over half of the studies included a formal /clear definition of isolation or loneliness, mostly in the area of loneliness
- ❖ Varied definitions, with different dimensions included. For studies of loneliness which included a definition, the majority contrasted loneliness and isolation
- ❖ Implications for the measures of isolation and loneliness:
 - + Loneliness: measures range from a single-item question to more complex scales specifically designed to measure loneliness in old age
 - + Isolation: measures range from an *ad hoc* index composed of marital status, household composition, number of and contact with friends and relatives; to existing scales measuring social networks or social support

Research design

❖ 90% of the studies included were community-based (and 10% were facility-based)

| Design | Studies | |
|-----------------------------|---------|-------------------------|
| Cross-sectional | 52% | Quantitative research |
| Longitudinal or cohort | 33% | |
| Qualitative | 5% | Qualitative research |
| Mixed methods | 3% | |
| Randomized control trial | 3% | Interventional research |
| Controlled before and after | 2% | |
| Case control | 1% | |

Health-related endpoints

| Outcome | Percentage of studies |
|--------------------------------------|-----------------------|
| Depression | 25% |
| Cardiovascular health | 13% |
| Quality of life and wellbeing | 13% |
| General health and physical function | 9% |
| Biological measures | 8% |
| Health and mental health | 7% |
| Mortality | 4% |
| Cognitive function | 4% |
| Mental health | 3% |
| Dementia | 3% |

- ❖ Growing interest since 2010 in the impact of isolation/loneliness on biological measures (such as blood pressure or cortisol levels)
- ❖ All but two included studies found a detrimental effect on health/mental health/wellbeing outcomes

Depression

- ❖ 75% of the studies focused on loneliness
- ❖ Only 25% of these papers used longitudinal data

- ❖ Loneliness is a key risk factor for depression in old age, controlling for a number of other risk factors (Cacioppo, Hawkley and Thisted, 2012)
- ❖ Gender differences are consistently reported (Park et al., 2013)

Cardiovascular health

- ❖ 74% of the studies focused on social isolation
- ❖ 47% of these papers used longitudinal data
- ❖ Social isolation is a predictor of coronary artery disease (Brummett et al. 2001), chronic heart failure (Friedmann et al. 2006), congestive heart failure (Murberg 2004) and hospitalisation due to heart failure (Cene et al. 2012)
 - + Greater social isolation is an independent risk factor for heart failure (HR = 1.21, 95% CI 1.08-1.35) and this association is strongly mediated by vital exhaustion
- ❖ Differences across population groups are not well-researched to date
 - + Social isolation is an important risk factor for accelerated progression of coronary atherosclerosis in older women (Wang et al. 2004)

Gaps (1)

❖ Mechanisms

- + Reciprocal effects: loneliness both affected and was affected by depressive symptoms and functional limitations over time (Luo et al., 2012)
- + Trigger events such as retirement and bereavement (Ha and Ingersoll-Dayton 2011)

❖ Population sub-groups or at-risk groups

- + At-risk groups identified include cancer survivors (Jaremka et al., 2013), older informal carers (Jaremka et al., 2013), substance users (Smith, 2009) and HIV-Positive older adults (Groves et al., 2010)
- + The differential impact of isolation/loneliness on health by population groups has mostly been explored by gender, and to a lesser extent by ethnic groups (e.g. Tomaka et al., 2006; Stephens et al., 2011)

Gaps (2)

❖ Interventions

- + Nine studies, covering befriending initiatives and professionally-led support for isolated carers
- + Friendship enrichment program for older women (Martina et al., 2006)
- + Successful in attracting lonely older women but moderately successful in stimulating improvements in psychological wellbeing
- + Any intervention needs to be multidimensional focusing not only on friends network but also on other personal and situational factors contributing to loneliness.

❖ Service use

- + Very limited amount of research on service use (2% of all studies)
- + Interesting findings: social isolation predicts re-hospitalization (Mistry et al., 2001)

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Discussion and next stages

- ❖ Scoping reviews allow us to take stock of the available evidence...
 - + Significantly expanded since 2000
 - + Majority of the available evidence comes from the USA and has focused on loneliness
 - + The most researched outcomes are depression and cardiovascular health
 - + Mostly quantitative evidence
 - + Diversity of definitions and measurements, which limits the possibility of comparing studies
- ➔ Very solid and consistent picture: both loneliness and isolation have a detrimental effect on health in old age

Discussion and next stages

- ❖ ... but also to identify gaps in the evidence base and how it might be developed
 - + Focus on individual-level analyses, when ecological factors are also crucial to understand the scope and magnitude of the impact of loneliness and isolation on health
 - + Need for more intervention research – Can modifying the feeling of loneliness have an impact on health?
- ➔ Integrating research on the drivers of loneliness and isolation with research on their impacts on health and quality of life

Findings summary:

<http://sscr.nihr.ac.uk/PDF/Findings/RF59.pdf>

Thank you for your attention

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