

Addressing the Epidemic of Senior Isolation: A Narrative Review

Abordando la epidemia de aislamiento entre personas mayores: una revisión de narrativas

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Abstract

Loneliness, a feeling of being alone or abandoned, is often associated with old age. The elderly can feel lonely for various reasons. It is not just the number of relationships, but also the quality of these social ties, that influence loneliness. Being close with companions and family members is essential for the elderly. Additional factors, such as being female, having a low socioeconomic status, or being institutionalized can raise loneliness among the elderly. Loneliness can have a noteworthy influence on the well-being of the elderly, leading to depression and even death. There are several existing interventions to tackle loneliness, but their significance is minimal. This article aims to raise awareness of the epidemic called senior isolation.

Keywords: Aged, isolation, old age, well-being

La soledad, la sensación de estar solo o abandonado suele asociarse a la vejez. Las personas mayores pueden sentirse solas por varias razones, no sólo el número de relaciones determina la vivencia de soledad, sino la calidad de estos vínculos. Estar cerca de compañeros y familiares es esencial para las personas mayores. Otros factores, como ser mujer, tener un estatus socioeconómico bajo o estar institucionalizado, pueden aumentar el nivel de soledad entre las y los ancianos, lo que influye notablemente sobre su bienestar, pudiendo provocar depresión e, incluso, la muerte. Existen intervenciones para abordar y manejar la soledad, pero, la importancia que les es otorgada es mínima, este artículo pretende concientizar sobre la epidemia de aislamiento entre personas mayores.

Palabras clave: Envejecimiento, aislamiento, vejez, bienestar



Introduction

The rate at which the population is aging is quicker now than it has ever been in the past.¹ This is largely due to the recent improvements in medicine and technology that have led to a global upsurge in population.² It is anticipated that the percentage of people aged 60 and above will rise from 12% to 22% between 2015 and 2050.¹ This age group often encounters a range of physical, psychological, and social changes that can endanger their well-being and happiness.³

Just like individuals of other age groups, the elderly also have a fundamental need for social interaction and connection with others. However, in contemporary society, we observe a decline in social networks as people age, often resulting in feelings of isolation and loneliness among the elderly.⁴ Loneliness is a trend for the aged, mainly due to living alone or lessened contact with the family. This course lands the elderly in a situation where they cannot actively engage in community activities, raising the chance of depression and other psychological problems.³

The physical, emotional, and social changes encountered during old age necessitate the person to adapt by making further adjustments.⁵ Age-specific problems such as regression in cognitive and physical well-being, occupying less productive roles, changes in social status, a fall in interpersonal support, and health decline may foster loneliness in old age.⁶ Increasing evidence infers that loneliness affects life quality, perception, quality of sleep, and increased mortality rates due to stress and depression.⁷

Loneliness is, therefore, a new geriatric giant booming within the field of aging.⁵ This review aims to collate the evidence on elderly loneliness, the numerous associated factors, and the existing interventions to manage loneliness for the elderly.

Loneliness Defined

Loneliness is a unique psychological construct consisting of distressing emotions acquired from the absence or perceived absence of expected significant interpersonal relations.⁸ This unpleasant

experience arises when a person's social network is lacking quantitatively or qualitatively.⁹

Loneliness can be a debilitating mental state marked by social isolation, emptiness, worthlessness, lack of power, and personal threat.¹⁰ It can include the inability to establish purpose in life, negative opinion related to imperfect human associations, a feeling of disconnectedness or withdrawal.¹¹

Researchers have distinguished loneliness from related concepts such as living alone, solitude, and social isolation.^{12,13} Social isolation is an objective state of having minimal social contact with other individuals. In contrast, loneliness reflects a subjective state of lack of desired affection and closeness to a significant or intimate other (emotional loneliness) or close associates and family (relational loneliness). Moreover, loneliness and living alone are related but not overlapping categories. For instance, research with older adults demonstrates that living alone does not necessarily indicate loneliness. Aloneness without loneliness could be called solitude. Solitude provides quality time for self, and many who live in solitude report frequent social contact and active social involvement in community organizations.¹⁴

Loneliness is a common human sentiment, but the circumstances are unique to every person. It has no common cause; therefore, the management of this mind-destroying state varies considerably. A child with adjustment concerns at school requires distinct tactics to fix his/her difficulties than elderly who has lost his/her spouse in the recent past. Loneliness increases the chances for biological dysfunctions, emotional anguish, and behavioral difficulties. It is a common difficulty in the elderly with a distinct pathology that needs a proper diagnosis and treatment. Hence loneliness can be referred to as 'pathological loneliness'.¹¹

Pathological loneliness is a trait of codependency. It can take hold when a loved one departs, and not let go.¹⁵ Like the epidemiological triad, loneliness consists of an external agent, a susceptible host, and an environment. Because of this, literature refers to it as a disease,¹¹ which accordingly needs curative intervention.¹⁶

Risk factors for elderly loneliness

The determinants that can engender loneliness in old age are gender, absence of social connections, health issues, socioeconomic status (SES), and institutionalization.

Aging causes numerous changes that make life solitary. Elderly loneliness is mainly because of the narrowing of social circles, leading to diminished social conversation and interaction.¹⁷⁻¹⁹ Spouse, family members,^{19,20} or peers³ may pass away. Retirement ends interaction with co-workers,^{21,22} making the elderly isolated. Changes in mobility in the aged deter them from visiting friends and family, creating loneliness.^{21,22} Age-related changes such as visual impairment and hearing impairment make it challenging for the elderly to interact and leave them isolated.²³ Lang et al.²⁴ reported that in old age, the proportion of emotionally close people to rely on slumps, thus leaving the elderly alone. Pagan²⁵ has revealed that loneliness levels decline with age for men with critical disabilities, whereas it is the opposite with. In contrast, several investigations^{26,27} showed a U-shaped connection between age and loneliness. The youngest and oldest adults reported greater levels of loneliness than the middle-aged adults.

Women endure higher loneliness in comparison to men.^{19,28,29} The women had 48% greater odds of becoming lonely because they more often lost their partners than their male counterparts.³⁰ In the US, we see 50% of the women aged 65 and above widowed. This percentage is roughly three times higher than the men.³¹ Also, Pinquart and Sorensen³² report greater levels of loneliness in females residing alone, enduring chronic sicknesses, disability, and functional constraints. Increasing weaknesses in old age advanced loneliness rates in both the genders.^{25,33} Females occupied with caring for their disabled spouse,³⁴ and those who had no children were also at an enormous risk for loneliness.³⁵ Women predominantly living as homemakers had few chances to increase their social associations, while many men were employed and built a robust social interface.³¹ Men often had people to relate to and spend time with post-retirement, unlike many women. One study stated that males have lower

scores of happiness³⁶. The research identified that men find it harder to acknowledge their loneliness than females, because of the enigmas of stigmatization.³⁷

Social ties are fundamental to human beings.³⁸ Reduction in social networks and lack of social contact creates social isolation.³⁹ In contrast, emotional isolation is the anticipated lack of closeness caused by shortfalls in the human interactions. The literature intimates that the quality of contact is more critical for the elderly than the number of interactions.³¹ The aged restrict their social connection chiefly due to limited financial resources, impairment of movement, and the death of contemporaries.³⁹ We see a definite correlation of social isolation with heart dysfunctions,⁴⁰ cognitive degeneration,⁴¹ elevated blood pressure, C-reactive proteins, and fibrinogen levels.⁴² Being alone, separated, divorced, widowed, or residing in a rural environment encouraged the elderly to have diminished social relations and more imperfect social interfaces.¹⁷ With loneliness, the number and composition of one's relationships, the regularity of social connection are both impacted.^{43,44} The nuclearization of modern families, too, has left the aged alone.⁴⁵

Low SES, earnings, and education are likely to produce loneliness in the elderly.^{5,46,47} A connection exists between higher SES and a more diverse social network, with added friendship bonds and extra support present.³¹ Higher-income and savings boost the older adult's potential to return assistance rendered by others, and facilitate the individuals to employ others in ventures that prevent isolation. In contrast to pay, level of education will more likely predict how one seeks out social connections and activities.²¹

The chance of loneliness rises in the institutionalized elderly.⁴⁸ The aged are institutionalized primarily because of the trending nuclear households,⁴⁹ migration of the children, deteriorating health, and limited financial resources.⁵⁰ These circumstances can force the aged to shift their habitation to a nursing home. Here they can experience loneliness and depression,^{51,52} as they lack the comfort of family, home and companions.^{48,53}

Impact of elderly loneliness

Research has linked loneliness to higher chances for diverse physical and mental infirmities. A study by Steptoe and partners³⁹ observed those lonely and isolated seniors described having weak physical and psychological wellbeing. They also discovered an association between loneliness and a more considerable danger of death in the aged. Loneliness was also identified as a risk factor for more unsatisfactory cognitive performance, quicker mental deterioration, and early onset of dementia in the elderly.^{54,55} Loneliness has its repercussions on mood, and we see a close link with depression in the elderly.^{51,52,55} Investigations have revealed a tie between loneliness and the incidence of long-term sicknesses in the elderly.^{39,46} Research also confers a connection between elderly loneliness and a rise in systolic blood pressure.⁵⁶

Hawkley and Capitano⁵⁵ have defined a connection between loneliness and unfavorable health consequences, including reduced sleep quality, weak cardiovascular function, and weakened immunity. Valtorta et al.⁵⁸ has connected loneliness with an increase in the chance of stroke or the development of coronary heart disorders. A study led by Cole *et al.*⁵⁹ ascertained that the leucocytes of isolated adults displayed an enlarged expression of genes associated with inflammation and a lowered expression of the genes related to antiviral responses. Also, serotonin levels are lower in a state of sadness or loneliness.⁶⁰

Interventions for elderly loneliness

An extensive array of psychosocial interventions, including various study designs, have been developed to address loneliness in the aged.⁶¹ These interventions have aimed to promote social skills, increase social assistance, and enhance chances for social communication. However, there is very scarce data on their effectiveness.^{62,63}

Group interventions that involved support ventures for the aged, like discussion sessions, art therapy, writing, and exercise sessions were successful in subduing elderly loneliness.^{64,65} Counseling and interpersonal psychotherapy, too, have been

demonstrated to lessen elderly loneliness.^{66,67} Association with family and companions using computers and the internet efficiently alleviated loneliness in the institutionalized elderly.^{68,69} Maintaining friendships through the phone also had an impact in reducing loneliness.^{70,71}

Various interventions have been confirmed to diminish elderly loneliness, but no single proven intervention is suitable to tackle loneliness in the aged. In their systematic review, Masi et al.⁶¹ combined interventions for children, adults, and older people. They inferred that those interventions directed at addressing negative feelings had a more significant influence than interventions merely providing social support, social skills, or chances for social communication.⁶¹

Conclusion

The experience of elderly loneliness explored in this paper is undoubtedly a severe threat to the elderly. There is no doubt that loneliness poses a challenge to elderly wellbeing. However, the details of the measures to mitigate loneliness efficiently in the elderly are lacking. It is crucial to understand the concept of loneliness, the risk factors, its impact, and the strategies to combat loneliness in gerontological research. Such knowledge can help us recognize the risk factors in the aged at an earlier stage and therefore prevent the related complications. Systematic studies on loneliness and its course in the aged could be crucial in defining and monitoring depression in the elderly. Finally, this review demonstrates that loneliness is a severe pandemic in the elderly, and in-depth knowledge and careful strategies are needed to effectively respond.

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