



# 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

**43%**  
of seniors<sup>1</sup>

feel lonely  
on a regular  
basis.



There is a  
**45%**  
increased  
risk of  
mortality<sup>1</sup>

in seniors  
who report  
**feeling  
lonely.**



Similar to  
smoking  
**15**  
cigarettes  
a day<sup>2</sup>



**Loneliness** is more dangerous than  
**obesity** and as damaging to health  
as **smoking** 15 cigarettes a day.





## 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

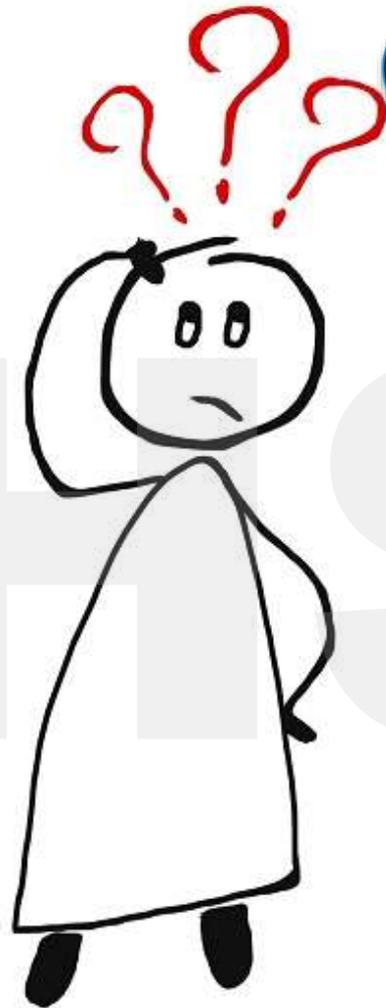
Kids and grandkids visit every few weeks, family is  
planning for a trip to the coast

Still working in her garden every day

Charlotte



Who should we  
be more  
concerned  
about?



OHSU

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

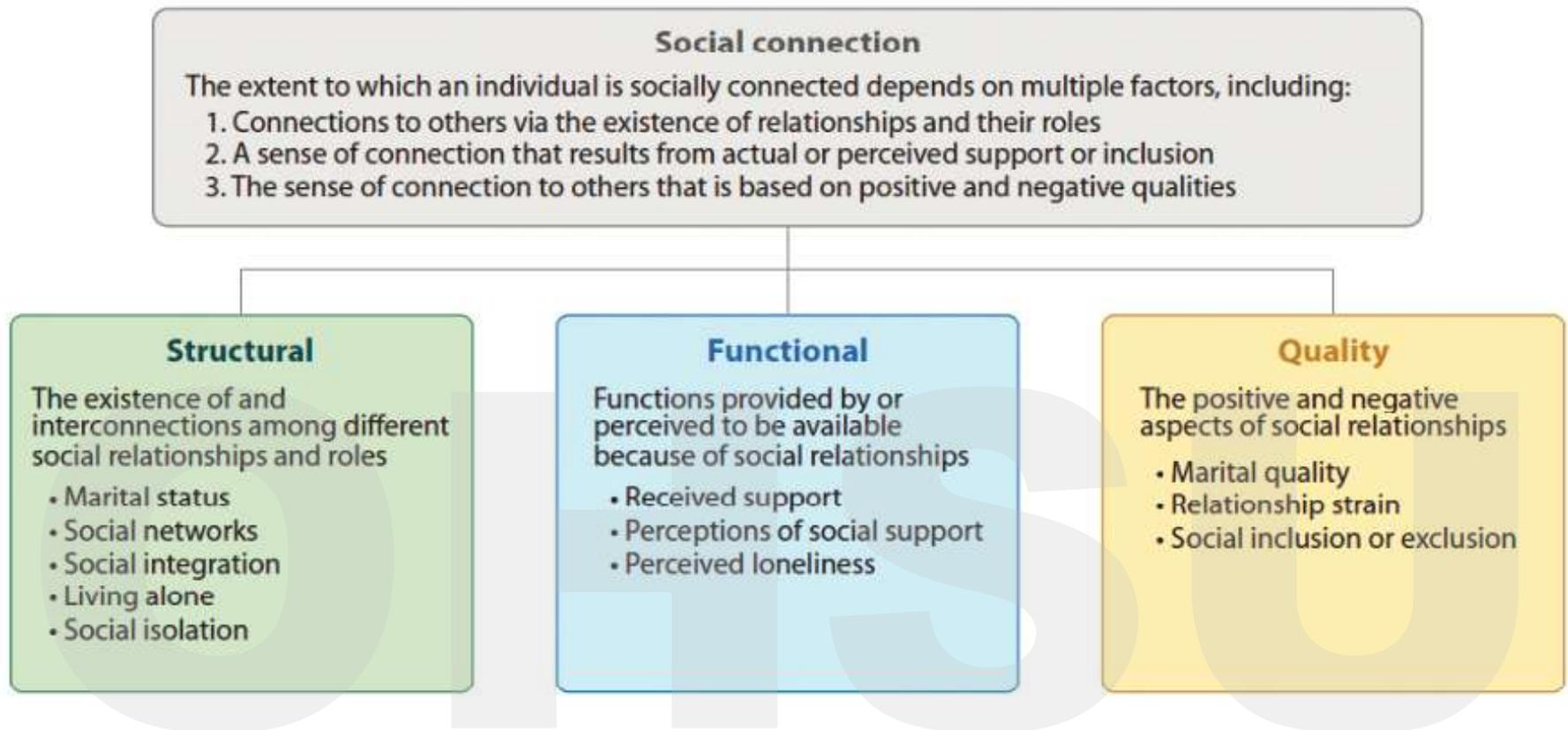


Social  
Isolation

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 lonely<sup>1</sup>
- 24% of older adults are socially isolated<sup>1</sup>
- 1 in 3 report lacking companionship<sup>2</sup>
- 28% of older Americans live alone<sup>3</sup>

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 wooden chair is positioned in the center of a field of tall, golden-brown grass. The chair is slightly out of focus, and the background is a soft, blurred expanse of grass under a clear sky. The overall mood is quiet and contemplative.

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

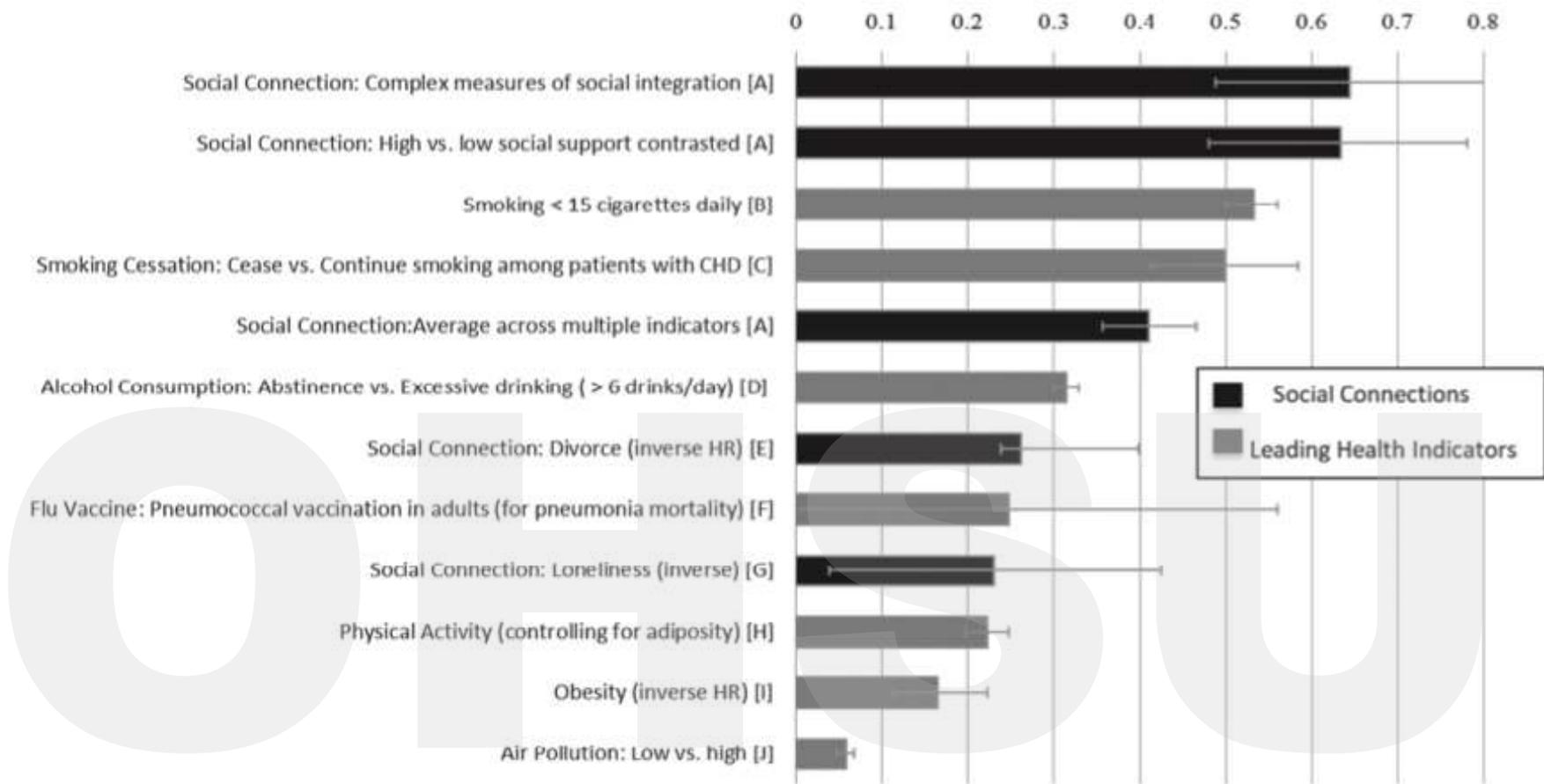
50% increased risk  
for dementia

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

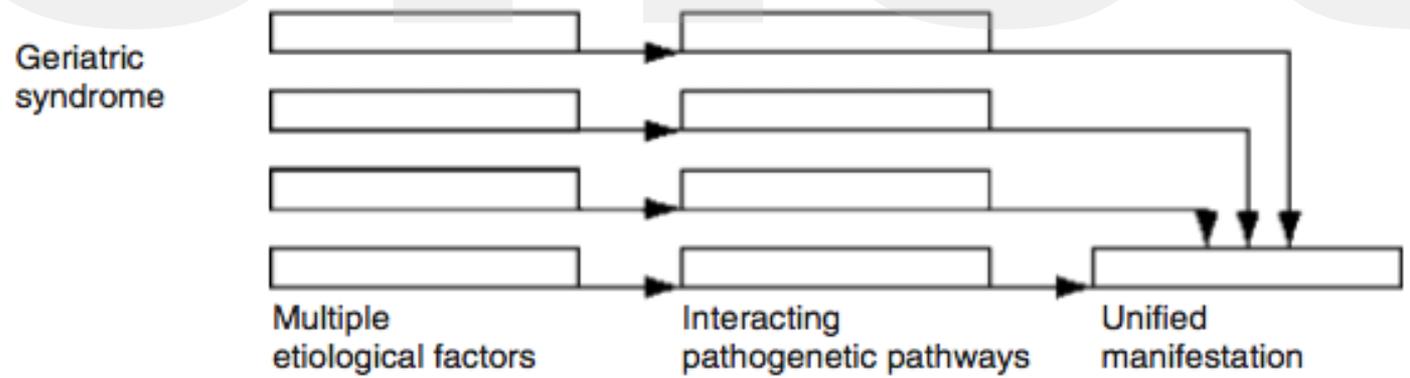
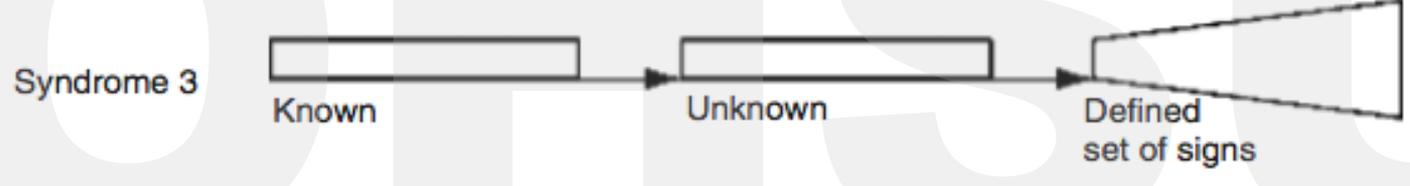
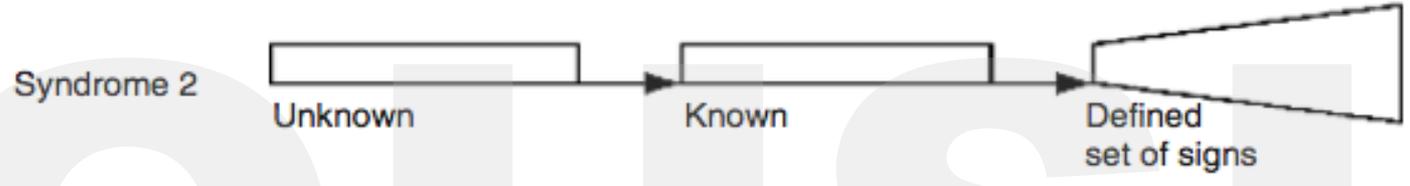
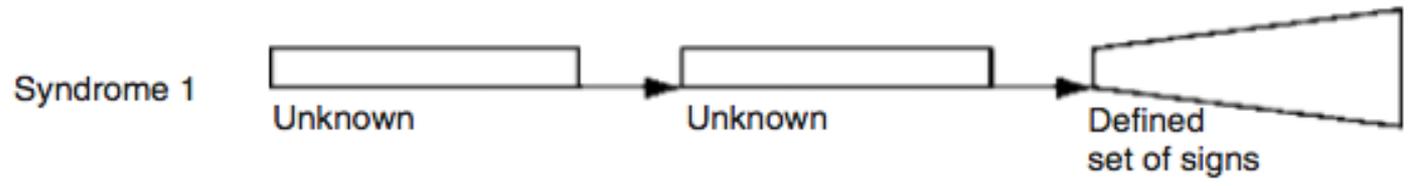
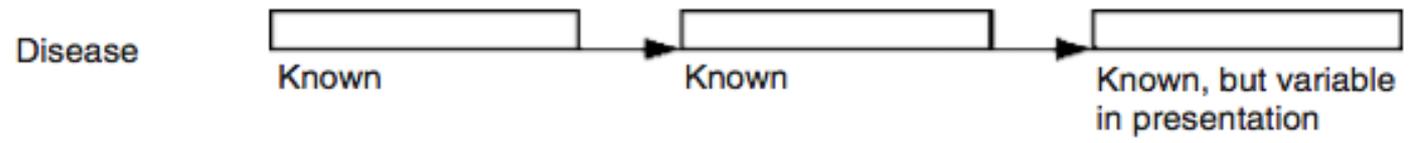
Building a diagnostic framework



# 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

ENTITY                      ETIOLOGY                      PATHOGENESIS                      PRESENTING SYMPTOMS

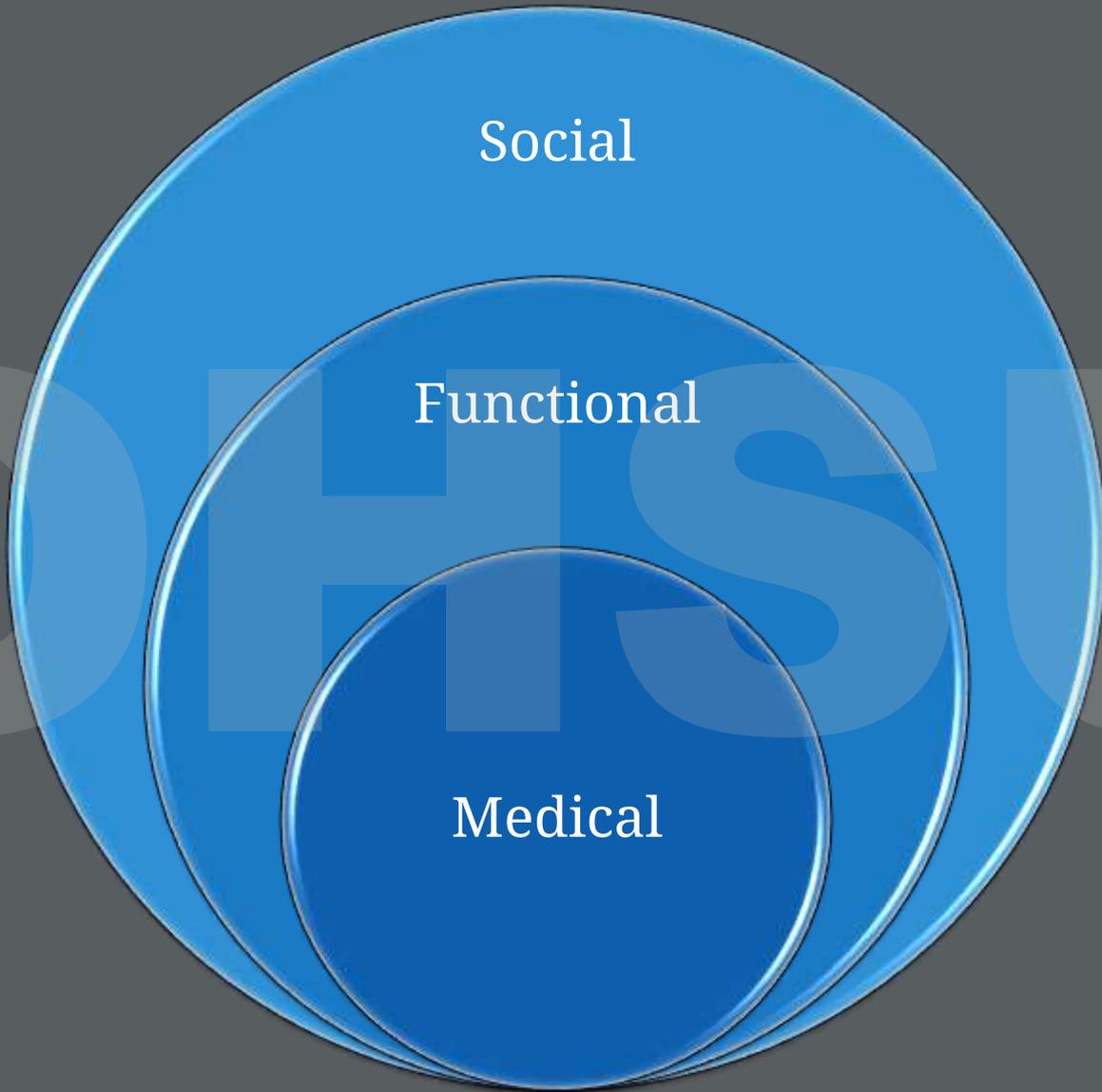


Inouye SK, Studenski S, Tinetti ME and Kuchel GA. Geriatric Syndromes: Clinical, Research and Policy Implications of a Core Geriatric Concept. J Am Geriatr Soc. 2007;55:780-791



Isolation and  
loneliness always  
evolve from more  
than one driver





Social

Functional

Medical

# 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?\*

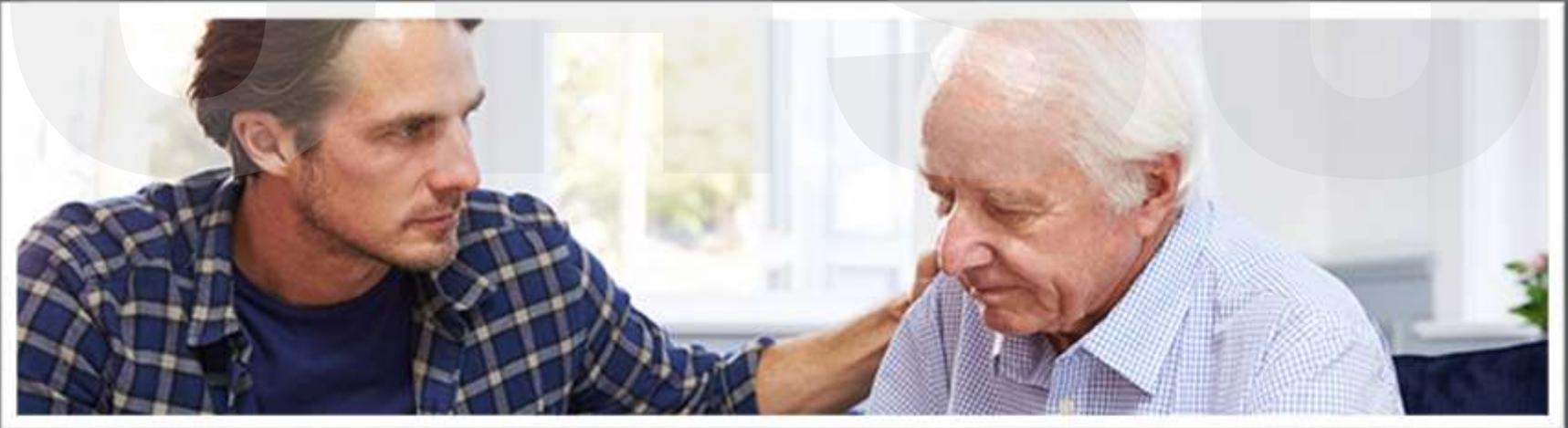
- AARP online version – [www.connect2affect.org](http://www.connect2affect.org)

# 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

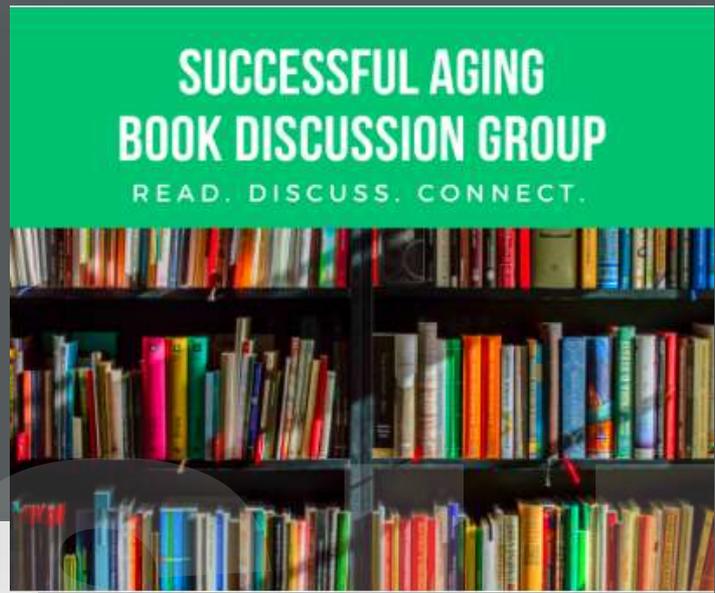
- **Address underlying drivers**
- Explore ways to connect to community, leverage community programs

# 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

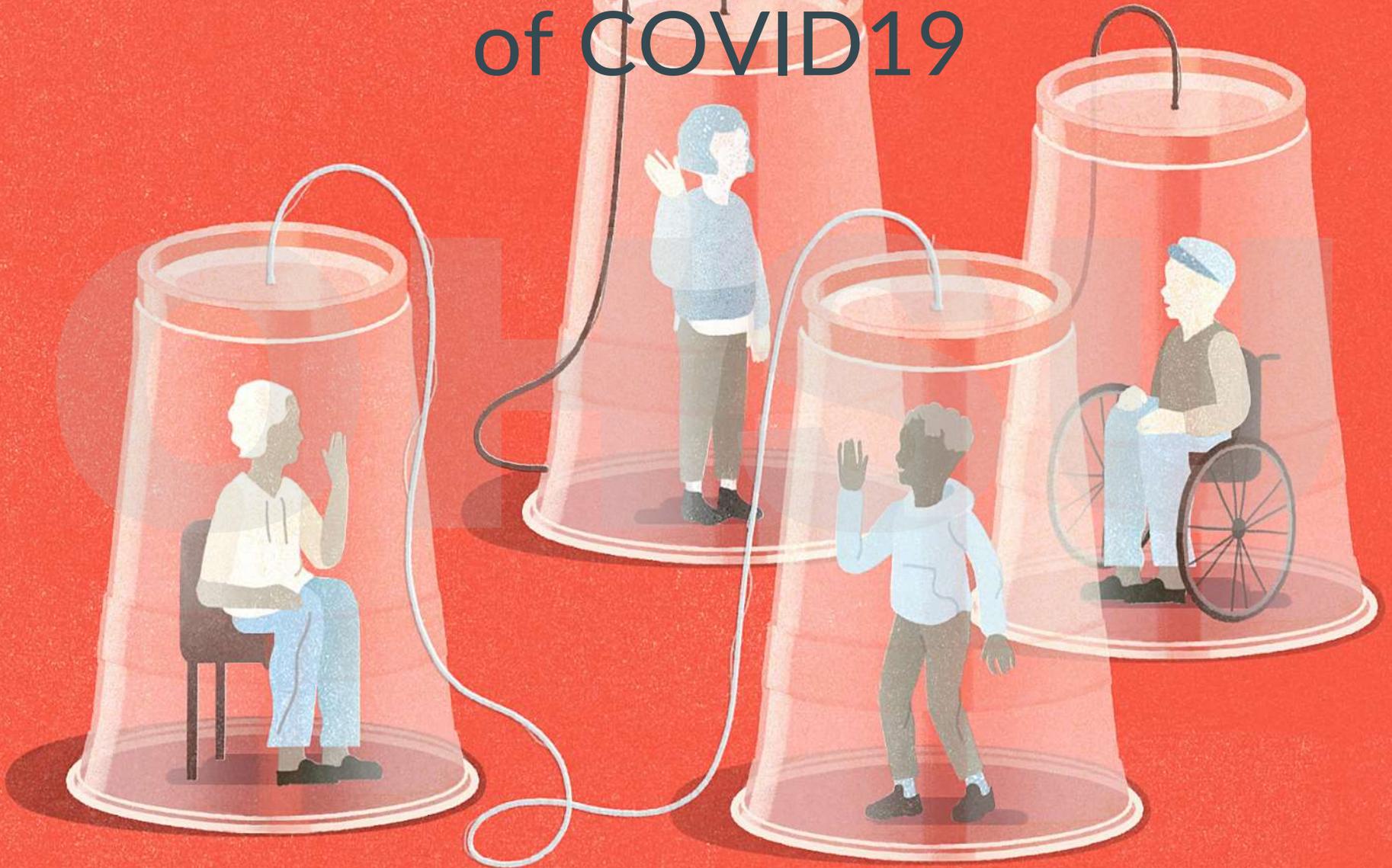
- Area Agencies on Aging / Aging & Disability Resource Connection – county based agencies
  - Peer support & visitor programs, etc
- Senior Loneliness Line – 503 200 1633
- Senior & community centers, libraries
- Patient & family groups
  - Alzheimer’s association
  - Parkinson’s Resources of Oregon



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



OHIO STATE