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

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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
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
CONTENTS

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

Eligibility

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

Inclusion

Studies included in the scoping review (n=128)

N=128

Records excluded (n=5,054)

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

<table>
<thead>
<tr>
<th>Design</th>
<th>Studies</th>
</tr>
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<tbody>
<tr>
<td>Cross-sectional</td>
<td>52%</td>
</tr>
<tr>
<td>Longitudinal or cohort</td>
<td>33%</td>
</tr>
<tr>
<td>Qualitative</td>
<td>5%</td>
</tr>
<tr>
<td>Mixed methods</td>
<td>3%</td>
</tr>
<tr>
<td>Randomized control trial</td>
<td>3%</td>
</tr>
<tr>
<td>Controlled before and after</td>
<td>2%</td>
</tr>
<tr>
<td>Case control</td>
<td>1%</td>
</tr>
</tbody>
</table>
Health-related endpoints

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>25%</td>
</tr>
<tr>
<td>Cardiovascular health</td>
<td>13%</td>
</tr>
<tr>
<td>Quality of life and wellbeing</td>
<td>13%</td>
</tr>
<tr>
<td>General health and physical function</td>
<td>9%</td>
</tr>
<tr>
<td>Biological measures</td>
<td>8%</td>
</tr>
<tr>
<td>Health and mental health</td>
<td>7%</td>
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<tr>
<td>Mortality</td>
<td>4%</td>
</tr>
<tr>
<td>Cognitive function</td>
<td>4%</td>
</tr>
<tr>
<td>Mental health</td>
<td>3%</td>
</tr>
<tr>
<td>Dementia</td>
<td>3%</td>
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</tbody>
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- 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 (Grovet 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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