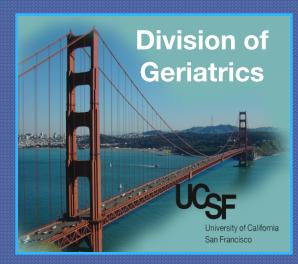
Consequences of Loneliness: Research and Recommendations

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Assistant Professor of Medicine May 30, 2014



Learning Objectives:

- Recognize the complexity of caring for older adults
- •Distinguish between "Loneliness" and "social isolation"
- •Know how to screen for loneliness
- Describe the effects of loneliness on health
- Be familiar with possible strategies for addressing loneliness

3 Cases

Woman, 94, dies of cancer

- © California, 2013:
- 94 yo woman dies after deciding to forgo cancer treatment
- She had no family, and described her friends as "professionals"—doctors, attorneys, caregivers
- One week before her death, she told a friend that she felt so alone

Is she lonely or socially isolated?





Was She Lonely?

Man, 102, dies of failure to thrive

- California 2012
- Dies in hospital because he did not have enough help at home
- He was homebound
- Had family out of state
- He had a visiting doctor, caring neighbors and maximum IHSS hours





Was He Lonely?

82 yo woman with live-in help

- California 2014
- Relatively healthy, except for arthritis
- 4 children in area
- Several grandchildren
- Live-in 24 hour help
- Frequent social engagements





Is She Lonely?

What is Loneliness?

Take 1 minute to think about what loneliness is

 Turn to someone next to you, and spend 4 minutes talking about what loneliness means to you and discuss the 3 cases

Share as group

The Context:

•Why does this matter today?

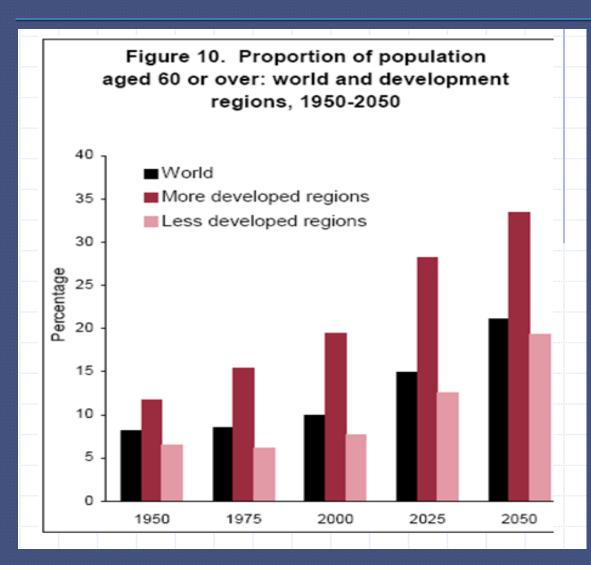


YOUNG CHILDREN AND OLDER PEOPLE AS A PERCENTAGE OF GLOBAL POPULATION 2010 2020 2030 2040 2050 Source: United Nations Department of Economic and Social Affairs, Population Division. World Population Prospects. The 2004 Revision. New York: United Nations, 2005.

The Demography of Aging

- The older population (65+) numbered 41.4 million in 2011, an increase of 18% since 2000.
- Persons >65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males)
- 21.0% of persons 65+ were members of racial or ethnic minority
- Almost half of older women (46%) age 75+ live alone.
- The 85+ population is projected to increase from 5.7 million in 2011 to 14.1 million in 2040.

Global Aging

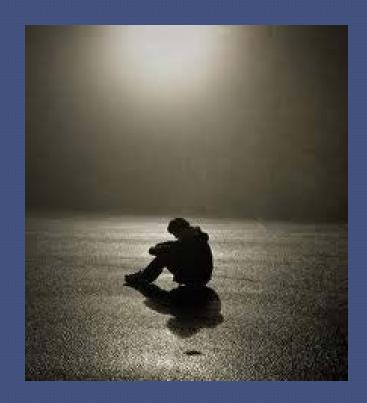


http://www.un.org/esa/population/pu blications/worldageing19502050/pdf/ 80chapterii.pdf

Aging and Loneliness

- About 28% (11.8 million) of non-institutionalized older persons live alone (8.4 million women, 3.5 million men).
- Almost half of older women (46%) age 75+ live alone.
- Prevalence of loneliness:
 - ~43% of community living adults report feeling lonely (US)

~31% sometimes lonely, 5% often, 2% always lonely (UK)



Victor C. Aging and Society 2005

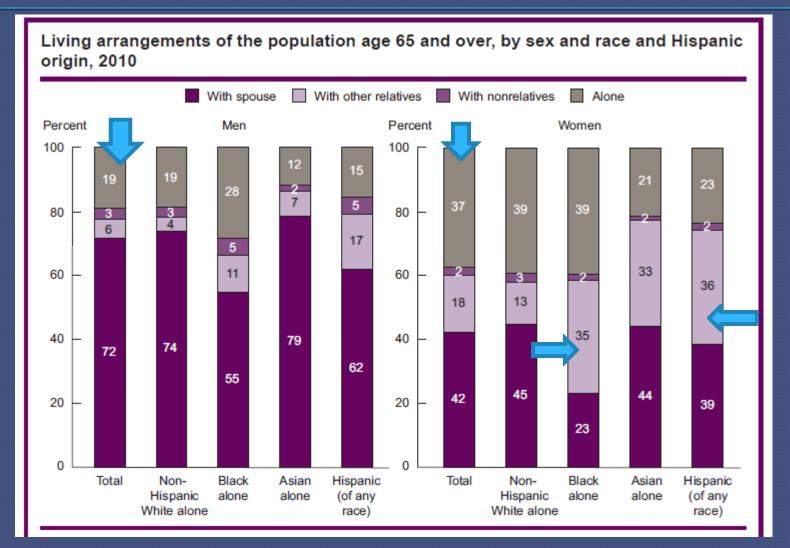
Perissinotto C. Archives of Internal Medicine 2012

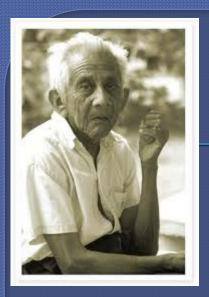
DHHS, Administration on Aging

www.aoa.gov/aoaroot/aging_statistics/Profile/2011profile.pdf

e/.../2011profile.pdf

Living Arrangements in >65 yo





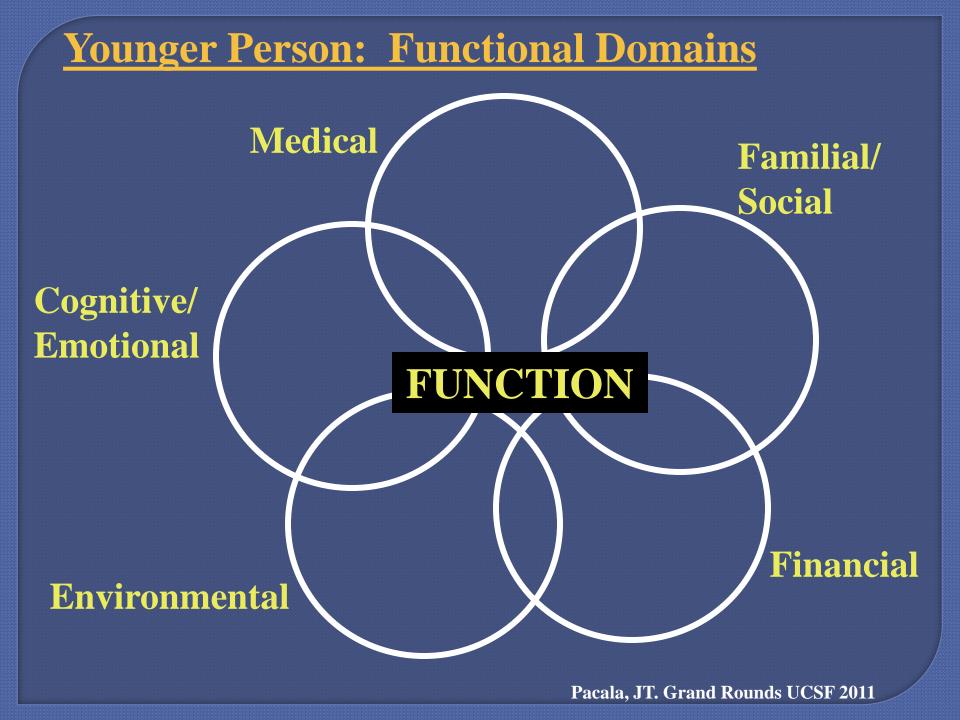
Why Focus on Older Adults?

Why are older adults different than younger adults?

Why should we care about loneliness?

Medical Care for Older Adults: Challenges of Complexity and Heterogeneity

Pacala, JT. Grand Rounds UCSF 2011



The Challenge of Complexity:

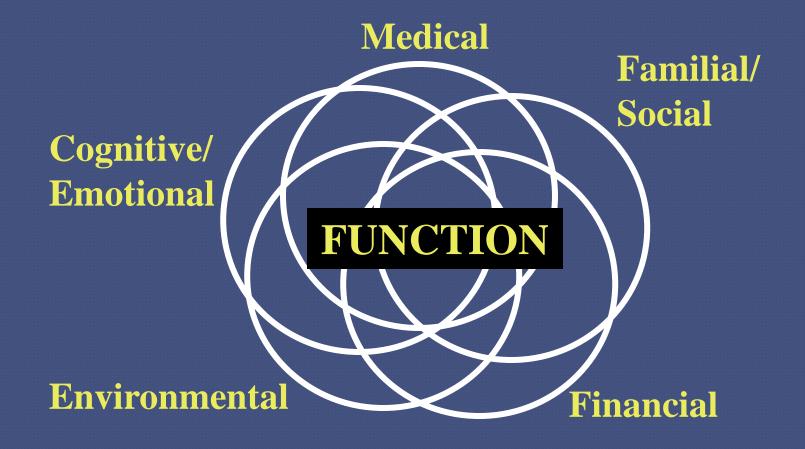
Multiple Chronic Diseases

1

Problems in Other Domains

Functional Decline

Older Person: Functional Domains



Should We Be More or Less Concerned about **Our Patients** in our communities?

A Call To Action?

- Thinking about the 3 cases presented...
- Should we be concerned about them?
- If so, WHO would you be concerned about?
 - 94 yo with cancer
 - 102 yo with failure to thrive
 - 82 yo old with family

Could these deaths have been prevented?

Are We Missing Ways to help prevent functional decline and death?



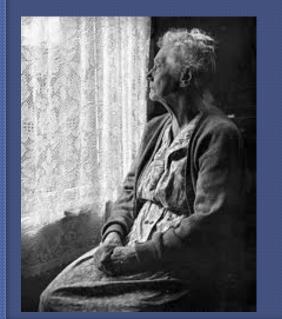
What is It?

Normal Aging vs.

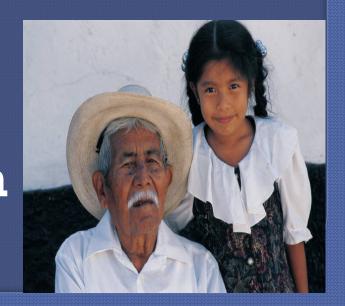


Social Isolation

VS.



Loneliness vs.
Depression



Loneliness Defined

 Loneliness is the subjective feeling of being alone

o"the distress that results from discrepancies between ideal and perceived social relationships."

Social Isolation Defined

 Social isolation refers to a complete or near-complete lack of contact with society

 Relates to a quantifiable number of relationships

Myths about loneliness

- It is a normal part of aging
- It is synonymous with depression
- It cannot occur if you live with others and have friends
- It does not exist in married couples
- •It will go away if you join a social group

Loneliness and Social Isolation

Social isolation by itself does not account for the distress that a person subjectively may feel

Should we Screen for Loneliness?



YES!!

Loneliness Screening 3-item Loneliness Scale:

Question	Hardly Ever	Some of the Time	Often
1. I feel left out	1	2	3
2. I feel isolated	1	2	3
3. I lack companionship	1	2	3

Max score 9: higher score=more lonely

http://psychcentral.com/quizzes/loneliness.htm

Effects of Loneliness on Health

Loneliness Study

- 1604 participants aged >60
- Participants in the Health and Retirement Study
- 6 year study
- Asked if they were lonely
 - classified as lonely if responded "some of the time or often to any of the 3 questions"

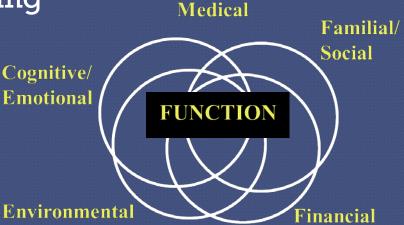
Outcomes:

- Death
- Decline in Function
 - ADLs
 - Other mobility tasks

Assessing Function...

- ADLs: Activities of Daily Living
 - Bathing
 - Dressing
 - Toileting
 - Continence
 - Transferring
 - Feeding

- Upper Extremity Tasks
- Decline in Mobility
- Difficulty in Climbing



Other Variables Examined:

Characteristic		Lonely (N = 693)	Not Lonely (N= 911)	P-value*
Demographics	Age (mean, SD)	71.3 ± 7.9	70.5 ± 7.2	0.041
C I	Age Category, %			
	60-65	29.0	30.5	0.062
	65-75	42.0	45.7	
	>75	29.0	23.8	
	Female, %	67.1	53.5	< 0.001
	Ethnicity, %			
	White	76.2	85.8	< 0.001
	Black	14.7	8.6	
	Hispanic	7.8	4.8	
	Other	1.3	0.8	
	Married or Partnered	62.5	83.9	< 0.001
SES Measures	<hs %<="" education,="" td=""><td>26.8</td><td>19.0</td><td>< 0.001</td></hs>	26.8	19.0	< 0.001
	Income, median (IQR)	28K (16K – 46K)	39K (24K – 65K)	<0.001**
	Net worth, median (IQR)	147K (46K – 375K)	245K (88K – 554K)	<0.001**
	Working for pay, %	19.1	28.4	< 0.001
Living Arrangements	Living in Urban Area, %	66.6	70.9	0.065
	Living Alone, %	26.7	10.5	< 0.001

Who Was More Lonely?

- •Women
- Non-white participants
- Slightly Older participants
- Lower socioeconomic status
- Most not depressed

Results

Table 2: Incidence of Outcomes in Lonely vs Not Lonely Subjects

Functional	Eligible	Outcome Frequency		Unadjusted	Adjusted ^a	
Measure	for	Lonely	Not Lonely	RR/HR (95% CI)	RR/HR (95% CI)	
	outcome					
ADLs	1233	24.8%	12.5%	1.98 (1.55, 2.53)	1.59 (1.23, 2.07)	
Upper Extremities	1166	41.5%	28.3%	1.47 (1.25, 1.72)	1.28 (1.08, 1.52)	
Tasks						
Mobility	1114	38.1%	29.4%	1.30 (1.10, 1.53)	1.18 (0.99, 1.41)	
Climbing	1062	40.8%	27.9%	1.46 (1.23, 1.73)	1.31(1.10, 1.57)	
Death ^b	1604	22.8%	14.2%	1.70 (1.35, 2.15)	1.45 (1.11, 1.88)	

Study Conclusions:

- Loneliness is common
- It is an independent predictor of functional decline
- It is an independent predictor of death
- We still have much to learn....

Potential Mechanisms

- Increased stress response (sympathetic tone)
- Decreased
 - inflammatory control
 - Sleep
 - motor function
 - self care
 - engagement with medical community

Other Results:



- Original Investigation | July 23, 2012
- Living Alone and Cardiovascular Risk in Outpatients at Risk of or With Atherothrombosis

Jacob A. Udell, MD, MPH; et al. Arch Intern Med. 2012;172(14):1086-1095. doi:10.1001/archinternmed.2012.2782.

Additional Results:



Reported loneliness rather than social isolation is a risk factor for 10-year mortality in older men

Evid Based Mental Health 2012 15: 87 originally published online September 4, 2012

doi: 10.1136/eb-2012-100943

CONCLUSIONS

Reporting feelings of loneliness is associated with a significantly increased risk of mortality in the next 10 years in older men, but not older women. This relationship is independent of social isolation. Reporting social isolation is not an independent risk factor for mortality in the next 10 years in older men or women. RESEARCH PAPER

Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL)

Tjalling Jan Holwerda, 1,2 Dorly J H Deeg, 3 Aartjan T F Beekman, 4 Theo G van Tilburg, 5 Max L Stek, 4 Cees Jonker, 6 Robert A Schoevers 7

- 2173 community dwelling adults
- Conclusions:
 - Feeling alone is a risk factor for dementia (OR 1.64 CI(1.05-2.56)
 - Independent of vascular risk factors and depression

Social isolation, loneliness, and all-cause mortality in older men and women

Andrew Steptoe¹, Aparna Shankar, Panayotes Demakakos, and Jane Wardle

Department of Epidemiology and Public Health, University College London, London WC1E 6BT, United Kingdom

Edited by Kenneth Wachter, University of California, Berkeley, CA, and approved February 15, 2013 (received for review November 12, 2012)

Both social isolation and loneliness are associated with increased mortality, but it is uncertain whether their effects are independent or whether loneliness represents the emotional pathway through approaches for support of older people. The purpose of our study was to investigate the associations of social isolation and loneliness with mortality in a representative national sample of older men and

- 6500 men and women
- 7.25 years of follow-up
- Mortality higher in socially isolated AND lonely
- Loneliness NOT independent of demographic factors

Bottom Line

Loneliness is as dangerous as smoking 15 cigarettes a day

Public Messaging

Media Coverage and Beyond





This study will make you feel terrible about not calling your grandparents

By Ezra Klein, Published: April 8, 2013 at 4:13 pm E-mail the writer 4



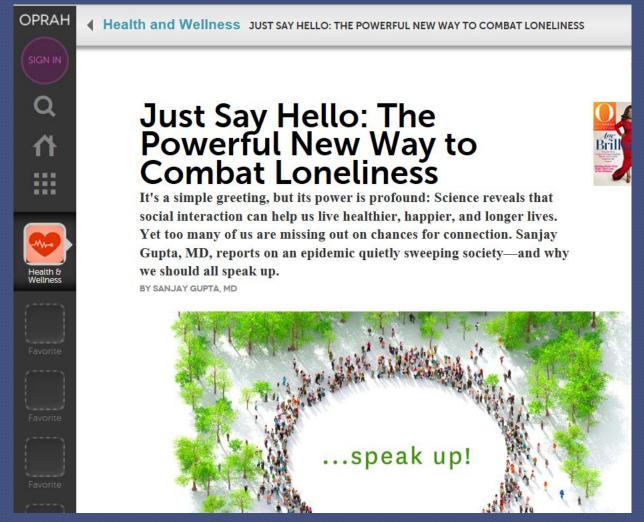
Feeling lonely won't kill you. Actually being alone might.

A new study published in the Proceedings of the National Academy of Sciences finds that after adjusting for demographic factors and underlying health, self-reported feelings of lonesomeness have no significant connection to mortality among the elderly, but actual social isolation increases the likelihood of death by a stunning 26 percent.



Or maybe it will make you notice loneliness and change the way older adults are treated....

Internet and Social Media



http://www.oprah.com/health/Just-Say-Hello-Fight-Loneliness

Potential Interventions

For Patients, Families, Health Care Providers and Researchers



1. ASK ABOUT LONELINESS

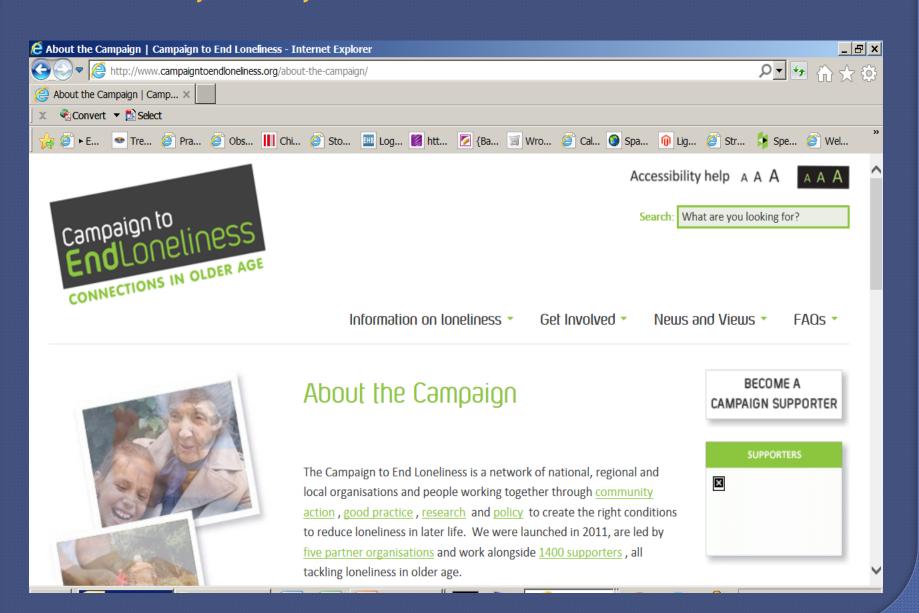
Asking about loneliness:

- Be prepared for the answer
- Sometimes you just need to listen

"If you want to avoid feeling irrelevancy, you need to maintain your friendships, maintain your family ties, stay an active part of other people's lives in whatever way you can."

-Barbara Dane, 2012 SF Chronicle Interview

Individual, Local, National and International Outreach





2. Encourage Patients to Talk to their Health Care Provider about Loneliness

"It's about reminding people that they are still a part of their community. We work to encourage caring connections because that is what binds us to life"

— Dr. Patrick Arbore, Director, Grief Related Services

Institute on Aging: Emotional Support Services

3. Utilize Existing Community Programs

Other Examples of Community Resources:

- Friendship Line
- ElderWISE (working in service to elders)
- Volunteers: connecting with specific interests
- Experience Corps, Little Brothers-Friends of the Elderly
- Caring Hands/ Senior Peer Counseling
- Village Movement -- "Aging in Place"



Potential Outcomes:

- John Muir Health, Contra Costa Health Plan (CCHP) and Caring Hands work together to focus on loneliness and health
- "Mrs. F is a 75 year old widow and participant
 - difficulty grocery shopping and getting to appointments.
 - Her limited mobility >> feelings of isolation.
 - Now has weekly friendly visitor through Caring Hands and has rides to appointments
 - Mrs. F has stated about the program, "you have saved my life on more than one occasion."

New Platforms and Research

Using Technology to Improve Social Health

Live User Experience

Home Screen

- Easy to use
- In 4 senior communities

12 sites in June



Web-based

Works with desktop, notebooks and tablet computers Requires broadband connection

Services for Independent Living

Holistic Approach to Care

- Secure and private space for care coordination & personal health mgmt
- Reminders & alerts
- Schedule with vetted service providers

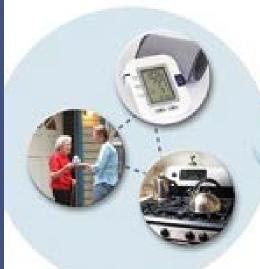
Easy-to-use, web-based platform

- *Desktop, notebook, tablet PC's
- Care plan implementation
- Video conferencing







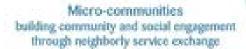


Personal Profile capturing personal and social context to personalize system behavior



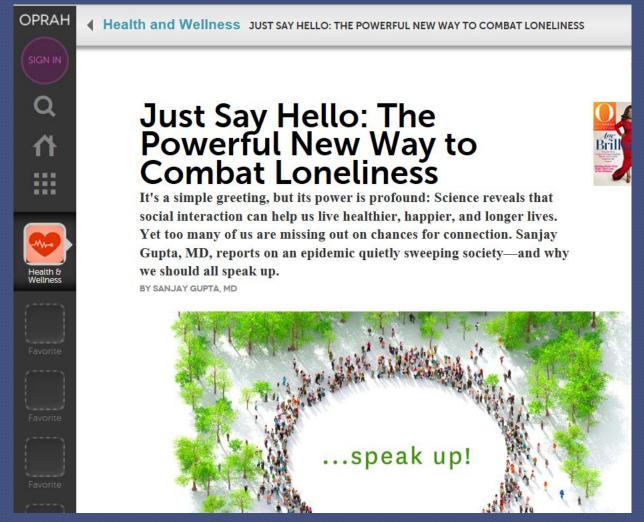
Resource Matching senior-relevant resource reviews

Connect using devices and people sensing to monitor health and wellbeing



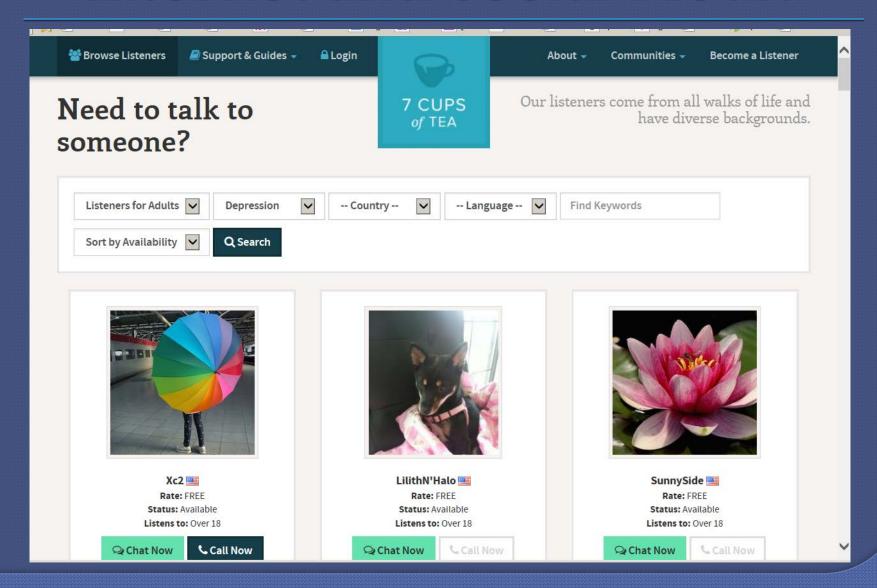


Internet and Social Media



http://www.oprah.com/health/Just-Say-Hello-Fight-Loneliness

Internet and Social Media





Our Tasks Ahead:

- Funding for research on loneliness
- Determine which interventions work
- Spread the word
- Lookout for yourselves and...those around you

3 Cases-revisited

- 93 yo with squamous cell:
 - Lonely, and perhaps isolated
 - Felt lonely when moved to Skilled Nursing
 Facility
- 102 yo with failure to thrive:
 - Not Lonely but is isolated
- 82 yo with care
 - Lonely, but not isolated

Learning Objectives:

- Recognize the complexity of caring for older adults
- •Distinguish between "Loneliness" and "social isolation"
- •Know how to screen for loneliness
- Describe the effects of loneliness on health
- Be familiar with possible strategies for addressing loneliness

In Summary:

- Loneliness is Common
- It affects Health
- It may be more distressing to patients than traditional risk factors
- It is a risk factor for death
- We can make a difference by asking about loneliness
- We can explore ways to help adults feel more connected





In memory of Jack