Loneliness and Social Isolation Among Older Adults

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Loneliness

"Subjective" assessment that social relationships are lacking

Social isolation

"Objective" measure of connections to family, friends, or the community
Loneliness and social isolation are not unique to older ages
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...but there are unique considerations at this life stage
Losses related to loneliness and social isolation

- Death of spouse
- Death or other loss of relatives, friends
- Change in living arrangements (less likely to be living with others)
- Institutionalization
- Deteriorating physical health
- Impairment of mobility
- Impairment of vision and/or hearing
- Reduced social activity
How does loneliness and social isolation impact the health of older adults?

- Higher mortality (Perissinotto et al. 2012, Steptoe et al. 2013)
- Loss of independence (Pomeroy et al 2023; Cudjoe et al 2022)
  - Greater functional impairment, frailty, and homebound
  - More likely to require nursing home assistance
- Poorer quality of life (Powell at al. 2022; Kotwal et al 2021)
  - Pain, depression, fatigue, poor sleep
  - Higher burden of medications with adverse side effects
  - Cognitive impairment

The last years of life and serious illness

- Individuals and family members care about social needs
  - “Have someone who will listen” - 99%
  - “Share time with close friends” - 85-91%
  - “Presence of family” - 81-95%
  - “Be able to help others” - 88%

- Yet, individuals with serious illness or approaching the end of life have twice the prevalence of loneliness and/or social isolation
  - Dementia and advanced lung disease (such as chronic obstructive pulmonary disease and emphysema) are particularly isolating conditions
1. **Start a conversation**

“A lot of people have been feeling lonely recently, is that something you have experienced?”

“Do you need help connecting with others?”

What can all of us do?

1. Start a conversation

2. Create space to discuss
   a. Empathy and recognition of emotional needs
   b. Ask if the person wants help
   c. Invite brainstorming of potential solutions

What can all of us do?

1. Start a conversation

2. Create space to discuss

3. Awareness of solutions
   a. Factors to discuss with your clinical team: Vision & Hearing, Functional Needs, Pain, Incontinence
   b. Programs in your community

Community Programs

- Peer support
- Telephone support: Institute on Aging Friendship Line
- Any group-based program - exercise, classes, gardening, etc.
- Intergenerational opportunities
- Dignity therapy or legacy sharing
- Working with a therapist or psychologist
- Commit to Connect, AARP Connect2Affect, Area Agencies on Aging
What can all of us do?

1. Start a conversation
2. Create space to discuss
3. Awareness of solutions
4. Advocate for policy changes