

## Social isolation and loneliness in older adults

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### Key highlights:

- Social isolation and loneliness are interrelated but distinct concepts that can affect the health of older adults.
- Loneliness and social isolation are risk factors for all-cause morbidity and mortality.
- Social isolation can be defined as the **objective** physical separation from other people (living alone) while loneliness is a **subjective** feeling of distress associated with being alone or separated.
- Interventions for social isolation and loneliness include social skills training, community and support groups, befriending, and cognitive behavioral therapy.
- Interventions aimed at increasing social integration in older adults should address both behaviors and environment.

## Introduction

Social isolation and loneliness are two global determinants of health for older adults, which are still sometimes underestimated. Social isolation and loneliness can affect health promoting the onset of diseases in the elderly such as cognitive decline, depression, and heart disease. Moreover, recent studies have shown that loneliness and social isolation are risk factors for all-cause morbidity and mortality which are comparable to smoking, lack of exercise, obesity and high blood pressure.

## Definition of social isolation and loneliness

About 28 percent of older adults in the United States (13.8 million people) live alone, but many of them are not lonely or socially isolated. At the same time, some people feel lonely despite being surrounded by family and friends. Researches have found that being alone and loneliness are interrelated but distinct concepts. Social isolation can be defined as the **objective** physical separation from other people (living alone), while loneliness is the **subjective** feeling of distress associated with being alone or separated.

Social isolation is a risk factor for lack of care, loss of mobility, and disease development in older adults, and at the same time can be a consequence of

health problems and loss of independence. Loneliness automatically triggers a set of related behavioral and biological processes which are associated with premature death in people of all ages. For example, loneliness may alter the function of the immune system to promote inflammation, affecting the capacity of the body to heal from injury.

### **Risk factors**

Studies using twins and family-based approaches on potential interactions between genes and social isolation and loneliness have estimated the heritability of loneliness to be between 37 percent and 55 percent.

Genetic risk for loneliness can be predictive of developing cardiovascular, psychiatric (major depressive disorder), and metabolic traits. Among personal risk factors social isolation can be exacerbated by having a small social network of friends or family and limited meaningful, positive relationships. However, beyond the personal traits and behaviors of isolated individuals, *structural* factors (i.e., institutions, social policies, ideologies) can trigger social isolation in vulnerable individuals. The list of structural factors includes community and neighborhood distrust, poor housing or living conditions, limited availability of appropriate services, or financial barriers to meeting specific needs of people living alone.



### **Interventions**

Variable definitions and interpretations of loneliness and isolation may be a barrier to delivering standardized interventions. However, several of interventions have been developed to reduce social isolation and loneliness among older adults which range from face-to-face to digital approaches. These include social skills training, community and support groups, befriending, and cognitive behavioral therapy. Creating more age-friendly communities by improving access to transportation and information and communication technologies can also help reduce social isolation and loneliness. In addition, laws and policies that address marginalization and discrimination can foster greater social connection.

## Conclusion

Identifying people at-risk of social isolation and loneliness would be required to maximize the benefit of interventions. Moreover, interventions for those affected by social isolation would need to be different from interventions for those who feel lonely.

Lastly interventions to increase older adults' social integration should address both behavior and environment.



### For further reading:

[NIH. Research Highlights Social isolation, loneliness in older people pose health risks. April 23, 2019](#)

[WHO Reducing social isolation and loneliness among older people](#)

<https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>

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