

Loneliness in older adults

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1 Loneliness is an emotional state of perceived social isolation
Loneliness is not a classified disease or mental disorder and is separable from other dysphoric states such as anxiety and depression.¹ Loneliness affects 3 major dimensions: affect (feelings of desperation, boredom and self-deprecation), cognition (negative attitudes toward self and others, and a sense of hopelessness and futility) and behaviour (self-absorbed, socially ineffective and passive).²

2 Loneliness is common among older adults and linked to declines in health

Many (> 40%) older adults, particularly women, experience loneliness.^{3,4} Compelling evidence shows that loneliness may accelerate physiologic aging.¹ It is associated with elevated blood pressure and atherosclerosis, and increased risk of coronary heart disease, stroke and cardiovascular mortality.¹ Loneliness is also associated with functional impairment, depression and dementia.^{1,3}

3 Loneliness is as harmful as other well-established risk factors for mortality

A 2015 meta-analysis of 70 studies involving nearly 3.5 million individuals found that loneliness increased all-cause mortality by 26%.⁵ In older adults, loneliness is associated with a 45% increased risk of death.³ The effect of loneliness is comparable to other known risk factors for mortality, including obesity and smoking.⁵

4 Loneliness is an important contributor to use of health care

Loneliness significantly predicts utilization of health care independent of health and function, suggesting that older adults who are lonely seek social contact through health care visits.⁴ More than 75% of general practitioners in the United Kingdom reported seeing between 1 and 5 patients a day who visited because of loneliness.⁶

5 Social prescribing is an emerging intervention for loneliness

The Three-Item Loneliness Scale is a valid measurement tool that can be used to assess loneliness (Box 1). As loneliness cannot be effectively treated with medications or acute care, health care practitioners may consider social prescribing to connect lonely older adults with sources of support in the community.⁶ Community organizations facilitate most social prescribing schemes, which include volunteering, group learning and befriending activities. The Social Prescribing Network (www.socialprescribingnetwork.com) is a useful resource.

Box 1: The Three-Item Loneliness Scale⁷

Three response categories: “hardly ever” (score = 1), “some of the time” (score = 2) and “often” (score = 3)

- How often do you feel that you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?

The score is the sum of all items (range 3–9).

Respondents with scores 6–9 are considered “lonely.”

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