



Social Isolation in Older Adults

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ABSTRACT

Social isolation (the objective state of having few social relationships or infrequent social contact with others) and loneliness (a subjective sense of isolation) are serious but underappreciated public health risks affecting a significant proportion of the older adult population. Every individual needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Being alone can leave older adults more vulnerable to loneliness and social isolation, which can affect their health and well-being. Social isolation is known to be associated with higher risks for health problems such as heart disease, depression and cognitive decline. Globally, more than 25% of older people living in society face social isolation. This is a major concern given that the population aged 65 and over is expected to outnumber that of children under five in human history. Although a number of gerontological studies have identified various risk factors that may lead to social isolation, such as poor health, mental illness, geographical location, communication difficulties, place of residence, being a single male, and transportation difficulties, studies on risk factors are limited in the literature. In order to fill the gap in this field, our study examined the multidimensional risks and multilevel variables affecting the danger of social isolation in the adults aged 60 years and older in the community.

1. INTRODUCTION

Due to the aggravation of aging and the prolongation of life expectancy, the elderly adult population in the world shows a constant aging trend. It is estimated that the number of older adults will reach 115 million by 2050 [1]. Social isolation refers to a situation in which an individual lacks social contact or interaction with others. It can occur voluntarily or involuntarily, and it can be temporary or long-term. Social isolation can manifest in a variety of ways, including physical isolation (being physically separate from others) and perceived isolation (feeling lonely or disconnected even when surrounded by others) [2]. Social isolation was first proposed as a risk factor by Berkman et al. in 1979, he entered the field of geriatric health research in his research on social relationships and death, and later. It is a condition in which individuals lack social belonging,

communication and connection with others, as well as satisfactory, high-quality social relationships [3].

Social isolation, a person reaches old age, the elderly due to a lack of social network, that are detrimental to the physical and mental health and is a condition that refers to a gradual decline in social bonds [4]. According to another definition, social isolation refers to the lack of social contact with others, a measurable response to an individual's lack of social belonging, social connection and high-quality social relationships, and is a serious but underappreciated public health risk that affects a significant part of the older adult population [5].

Instead of the concept of social isolation, sometimes social connection, social networks, social support, social relationships, loneliness, etc. the terms are used. There are significant differences between these terms in what they decipher or measure, but they are often mistakenly used interchangeably. An individual may be isolated and may not feel alone, or may feel lonely even if he is

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not isolated. Social isolation and loneliness represent different phenomena. Social isolation typically refers to a lack of objective (or limited) social contact with others and is marked by a person with few social network connections, infrequent social contact, or potentially living alone. Loneliness, on the contrary, refers to the perception of social isolation or the subjective feeling of being alone. Although those who lack social contact may feel lonely, social isolation and loneliness are often not related in a meaningful way. Therefore, it is important to Decipher between the two cases [5].

Every individual needs social connections to survive and thrive. But as people get older, they often find themselves spending more time alone. Being alone can leave older adults more vulnerable to loneliness and social isolation, which can affect their health and well-being. Research shows that loneliness and social isolation are associated with higher risks for health problems such as heart disease, depression and cognitive decline. Older adults who are lonely or socially isolated tend to be less healthy, stay in the hospital longer, are readmitted to the hospital more often, and are more likely to die sooner than those with meaningful and supportive social connections [6].

Globally, more than 25% of elderly individuals living in society face social isolation. This is a significant concern given that in human history, the population aged 65 and older is expected to outnumber that of children under the age of five [7]. Social isolation is a critical indicator for evaluating an individual's social relationships, which are fundamental to human life due to our group vitality. Social isolation has been mentioned as an important social and policy concern in aging by international organizations such as the World Health Organization (WHO) . Social isolation is defined by a limited network of social relationships and can be objectively measured using scales that assess the size, frequency, or quality of social networks [8]. Social isolation among the elderly in society has become a widespread and serious health problem as a result of urbanization and mass migration. Social isolation in society has been associated with conditions such as increased risk of falls, cardiovascular disease, malnutrition, depression, dementia, elder abuse, and increased risk of death [9].

Social isolation in the elderly has become an increasing concern, and many different studies have been conducted to determine the causes of this, risk factors, and how it affects the health of the elderly. Many studies agree that loneliness and isolation can be as dangerous as smoking 15 cigarettes a day or being an alcoholic, increasing the risk of dementia

by 64 percent. Additional statistics are also October of interest:

Loneliness increases the probability of death by 26 percent.

People who are lonely report 5 percent more severe symptoms of a cold compared to those who are less lonely.

In the United States, 18 percent of adults aged 65 and older live alone, and 43 percent report feeling lonely on a regular basis.

Between 10 and 43 percent of the elderly living in the community are socially isolated.

Elderly people living alone have a 59 percent higher risk of decline in their physical and mental health.

These statistics show how difficult life becomes for the elderly when they experience loneliness or isolation. Not only do they experience significantly more health problems, but these problems often worsen feelings of loneliness or isolation [10].

2. Causes of Social Isolation in Elderly Adults

The loneliness and social isolation experienced by the elderly are often caused by low-quality social relationships or a complete lack of these relationships. However, there are many other things that can cause these problems, such as being 80 years old or older, having chronic health problems, and changing family structures. Social contacts tend to decrease as we get older due to retirement, the death of friends and family, and lack of mobility.

Other causes of social isolation of the elderly include:

- * Disability
- * Living alone
- * Limited financing
- * Impaired mobility
- * Having never been married
- * Transportation difficulties
- * Being divorced, living separately or being a widow
- * Inability to stay physically and mentally active
- * Lack of access and inequality due to living in rural areas or being part of a marginalized group
- * Poor health and well-being, including untreated hearing loss, frailty and poor mental health
- * Social barriers such as age discrimination and lack of opportunities for older adults to participate and contribute [10].

3. The Effects of Social Isolation on the Health of Older Adults

Socially isolated older adults may exercise too little, drink too much alcohol, smoke and sleep poorly, which can further increase the risk of serious health conditions. Older individuals who are lonely can suffer emotional pain, and losing a sense of community can change the way a person sees the world. A person experiencing chronic loneliness may feel threatened and insecure towards others. Emotional pain can activate the same stress responses in the body as physical pain. When this persists for a long time, it can lead to chronic inflammation (overactive or prolonged release of factors that can damage tissues) and decreased immunity (the ability to fight diseases). For this reason, older people have an increased risk of chronic diseases and may leave a person more vulnerable to certain infectious diseases. Social isolation and loneliness can also be bad for brain health. These have been associated with poorer cognitive function and a higher risk of dementia, including Alzheimer's disease. Also, too little social activity and often being alone can make it difficult to perform everyday tasks such as driving, paying bills, taking medications, and cooking [11].

A study conducted by Alcaraz (2019), a public health researcher at the American Cancer Society, analyzed data from more than 580,000 adults and found that social isolation increases the risk of premature death for each race [12]. Elderly people who are not supported by family or friends may slip into unhealthy habits. In addition, it has been found that loneliness increases stress levels, interferes with sleep, and therefore harms the body. Loneliness can also increase depression or anxiety [13]. In addition, researchers at the Florida State University School of Medicine have found that loneliness is associated with a 40% increase in a person's risk of dementia. A 2015 study by Steven Cole, a professor of medicine at the University of California, Los Angeles, provides additional clues as to why loneliness can harm overall health. They examined gene expressions in leukocytes, white blood cells that play a key role in the immune system's response to infection from social isolation and loneliness. They found that the leukocytes of lonely older adult individuals showed an increase in the expression of genes related to inflammation and a decrease in the expression of genes related to antiviral responses. Apparently, loneliness can lead to long-term "fight or flight" stress signals that negatively affect the functioning of the immune system. Simply put, people who feel lonely have less immunity and more inflammation than those who don't [14].

In addition, social isolation can activate the sympathetic nervous system, leading to behavioral changes such as physical inactivity, smoking

October, and sleep disturbance. Behaviorally, increased social isolation can lead to decreased participation in social activities, decreased physical exercise, changes in eating habits, and increased stress, depression, and anxiety, all of which can worsen the negative impact on health [15].

Researchers associate social isolation and loneliness with various physical and mental health conditions. Loneliness is associated with an increased risk of heart disease, dementia, stroke, anxiety and depression. In contrast, improved social connectivity is associated with increased longevity and better social, emotional and physical well-being [16].

4. Prevalence of Social Isolation and Risk Factors

The proportion of older adults in social isolation is 23%, 18.4% and 27.02% in the United States, Germany and the UK, respectively. Nevertheless, in some developing countries, the proportion of older adults in social isolation is higher than in developed countries; for example, the proportion of older adults in social isolation reaches 49.8% in Malaysia [17].

Therefore, it is essential to investigate the risk factors of social isolation in the elderly and formulate appropriate intervention programs. Older adults are more likely to face social isolation due to the decline of social networks, the reduced ability to form social relationships, or the loss of their role in society [18]. Wang et al., [19] found in their study that the main risk factors for social isolation among the elderly are gender (female), education level (low education level), marital status (divorce) and self-rated health status (poor), as well as depression, low social support, abnormal cognitive function and underlying diseases. A number of gerontological studies have identified various risk factors that can lead to social isolation, such as not being healthy, mental illness, geographical location, communication difficulties, place of residence, being a single man, and transportation difficulties. It has been found that the determinants of Social Isolation may differ depending on the health care opportunities and social programs offered in the individual's country of residence. The identification of risk factors to prevent and alleviate social isolation among the elderly is an important area for policy and practice [8].

Causes such as loss of mobility, vision or hearing problems, psychological or cognitive difficulties, feeling a lack of purpose, financial struggles, living alone, lack of transportation,

inability to leave the house without help are also considered as risk factors.

A major life change, such as the death of a family member or retirement, separation from friends or family lack of social support caring for a loved one who is ill, living in a rural, unsafe or hard-to-reach neighborhood, experiencing discrimination based on age, race, ethnicity, sexual orientation or gender identity, language barriers and hearing loss. People with hearing loss may have difficulty chatting with friends and family. Older people who can't hear well may become depressed or withdraw from others because they feel frustrated or embarrassed that they don't understand what is being said. Sometimes, older adults are mistakenly thought to be confused, unresponsive, or uncooperative when the truth is that they don't hear well. Difficulties in communicating with others can lead to less interaction with people, social isolation, and higher rates of loneliness [6].

In 2023 a national survey of older U.S. adults (between the ages of 50-80) approximately 37% lived in solitude, and 34% reported feeling socially isolated. Loneliness affects women more than men, and worse physical and mental health, especially those with a disability or health condition that limits daily activities with individuals and the unemployed, living alone or between the ages of 50 to 64 (65-80 years) was found to be common among those with. Older adults are also at an increased risk of social isolation and loneliness due to factors such as the loss of a partner or other loved ones, decreased mobility, worsening vision and hearing, chronic illness, inability to access transportation, or interruption of favorite activities [8].

Risk factors for loneliness and social isolation among the elderly include: family breakdown, Decrement of mobility and income, loss of loved ones and poor health conditions. Social change, including the Decrement of intergenerational life, greater geographical mobility and less cohesive communities, is thought to contribute to higher levels of loneliness in the elderly population [20].

Isolation can also have a profound impact on mental health. Human contact also helps you maintain a sense of reality. The sense of self is partially defined by how to interact with others. When there is no one to witness or react to the actions, it can feel as if something done does not matter. It is important to distinguish where reality ends and imagination begins. a study conducted in 2022 revealed that intense social isolation is associated with anxiety, depression, loss of identity, paranoia, hallucinations and suicidal thoughts [21].

5. Ways to Reduce or Prevent Social Isolation

Social isolation and loneliness are important, but often neglected, social determinants of health at any age, including the elderly. High-quality social connections are essential for our mental and physical health and well-being [22].

A wide range of face-to-face or digital interventions have been developed to reduce social isolation and loneliness among older people. These include social skills training, community and support groups, friendship and cognitive behavior therapy. Creating more elderly-friendly communities by improving access to transport, information and communication technologies can also help reduce social isolation and loneliness. In addition, laws and policies that address marginalization and discrimination can promote greater social connectivity.

Maintaining and establishing social connections can reduce feelings of social isolation and loneliness and help individuals live healthier and more fulfilling lives. Ways to reduce social isolation and loneliness include: Scheduling daily time to keep in touch with family, friends, or neighbors, participating in local events and programs, participating in online classes, and faith-based social groups, participating in group exercise classes, participating in support groups, talking to mental health professionals about social isolation and loneliness concerns [8].

Due to advances in public health and medical technologies, the average life expectancy of the population aged 60 and older has increased globally, and this population is projected to grow by 56% from 901 million to 1.4 billion by 2030 [23]. However, healthy life expectancy is still lagging behind, and the increasing prevalence of loneliness contributes to this situation [25]. Given the increasing burden of loneliness and its impact on health and well-being, it is not surprising that there is a growing academic literature, public and policy interest in loneliness and social isolation around the world. For example, the Campaign to End Loneliness started in the UK in 2010 and aimed to create connections between Decrepit people [24]. In Denmark, a campaign titled 'Danmark spiser sammen', which means 'Denmark eats together' when translated into English, was founded in 2015 as a public movement against loneliness [25]. Inspired by the Campaign to End Loneliness in the UK, the Australian Coalition to End Loneliness (ACEL) was developed in Australia in 2016 and aims to use evidence-based interventions and advocacy to raise awareness of and address loneliness and physical social isolation. There are also increasing campaigns to combat loneliness in

the Netherlands and New Zealand. In 2018, ALONE, a national organization offering support to the elderly in Ireland, launched a Christmas campaign called 'Laugh at Loneliness', which encourages families, friends and communities to come together during the winter months to combat loneliness in their communities [26].

6. Conclusion

Older adults are so marginalized and made to feel as if they are no longer productive members of society, which in itself creates loneliness. In order for society to be healthy, ways must be found to include all segments of the population, and it is necessary to eliminate myths about old age and help older individuals feel that they are important and valuable members of society again.

Addressing this public health problem is essential for promoting holistic health and well-being throughout a person's life, and interventions aimed at promoting social connections, community participation and support networks play an important role in reducing the negative health effects associated with social isolation. Addressing social isolation in aging adults requires a multi-faceted approach that encompasses community support, technology integration, and health care initiatives.

Community programs aimed at facilitating social connections among seniors, such as group activities, support groups, and volunteer opportunities, can provide a much-needed sense of camaraderie and belonging. Also, leveraging technology to connect older adults with friends, family and resources can help overcome geographical barriers and facilitate communication. Health professionals also play an important role in detecting and addressing social isolation during routine evaluations, making referrals to relevant services, and offering emotional support to those in need.

By recognizing the importance of social connections in the lives of aging adults and implementing targeted interventions, work should be done to reduce the negative effects of social isolation and promote a healthier and more fulfilling aging experience.

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Conflict of Interest

No conflict of interest is declared by the authors. In addition, no financial support was received.

Author Contributions

Study Design, Gülnihal Altun; Manuscript Preparation, Gülnihal Altun and Deniz Say Şahin; Literature Search, Gülnihal Altun and Deniz Say Şahin. All authors have read and agreed to the published version of the manuscript

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