

Social isolation and loneliness

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Age UK is the new force combining AGE and HELPTHEAGED WE WILL

Age UK logo: Improving later life

ending loneliness and creating connections in older age

Research shows that loneliness has a similar impact on mortality as smoking, and it worse for us than obesity. It has significant links to hypertension, depression, and increases the risk of developing Alzheimer's disease by 50%. To tackle this problem we are working with local councils and health bodies through our [loneliness toolkit for health and wellbeing boards](#).

The toolkit was launched at the [What do we know about loneliness? Research Conference 9-10th July](#)

Our latest tweet... Great article on safe in demonstrates how volun led groups transform r communities & mp; loneliness: <http://www.ageuk.org.uk> Click here to follow Twitter

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feeling lonely? want to help? working with older people supporters

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Loneliness and Isolation Evidence Review

IPPR

Is Social Exclusion still important for Older People?

Dylan Kneale

September 2012

www.ilcuk.org.uk

Age UK logo

ILC logo

SOCIAL ISOLATION AMONG OLDER LONDONERS

Jonathan Clifton
October 2011
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Institute for Public Policy Research

Social isolation

- Objective measure
- Relates to aspects of social network and diversity, frequency of contact participation in social activities, social engagement
- Measured using one of these dimensions or by an index

Loneliness

- Subjective measure
- Relates to (dis)satisfaction with existing relationships
- Measured using standard questionnaires



Measuring isolation

Social isolation was measured as an index incorporating

--*Marital status*

-- *At least monthly contact with family, friends and children (face-to-face, telephone or email)*

-- *Participation in religious activities, clubs, political groups, etc.*

Measuring loneliness

Loneliness was measured using the Revised UCLA loneliness scale

The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

Tick one box on each line

Hardly
ever or
never

Some
of the
time

Often

How often do you feel you lack companionship?

1

2

3

How often do you feel left out?

1

2

3

How often do you feel isolated from others?

1

2

3

Social isolation and loneliness in ELSA

- At the latest wave of ELSA, 5% of participants were very isolated, while just under a quarter of participants reported very high levels of integration
- Just over 2% of participants reported the highest possible scores on loneliness, while about half of the participants reported never feeling lonely

Relationship between isolation and loneliness

- Studies typically report a weak to moderate association
- For example, in ELSA wave 5 over a quarter of participants who reported the highest possible scores on loneliness were among the least isolated

Work at UCL has focussed on

- Examining effects of isolation and loneliness on physical and cognitive function, individually as well as simultaneously
- Examining pathways through which isolation and loneliness affect health

Cognitive function



Association with cognitive function

- Previous findings on the effects of social isolation and loneliness on cognitive function are mixed
- We examined the effects of isolation and loneliness on change in cognitive function in ELSA over a 4-year period

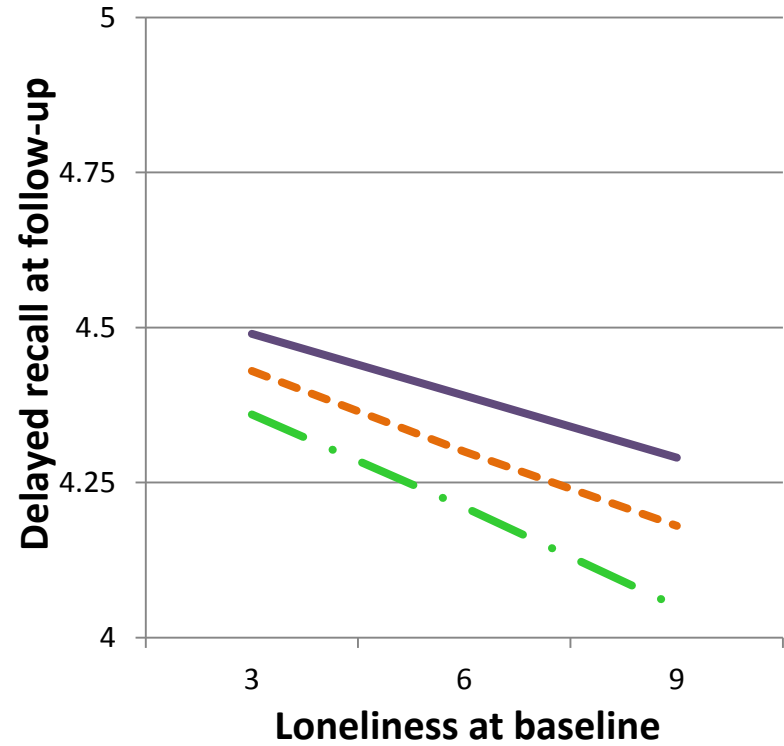
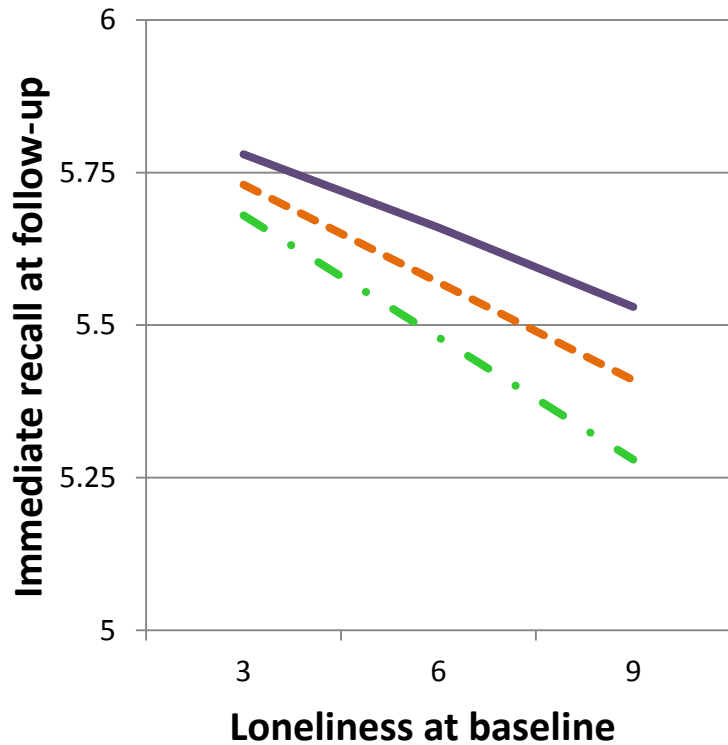
Methods

- Baseline data from wave 2 (2004/5), follow-up from wave 4 (2008/9)
- Isolation and loneliness measured at wave 2
- Cognitive function measured at baseline and follow-up
 - *Verbal fluency: animal naming*
 - *Immediate recall and delayed recall: 10-word list*

Loneliness, isolation and change in cognitive function

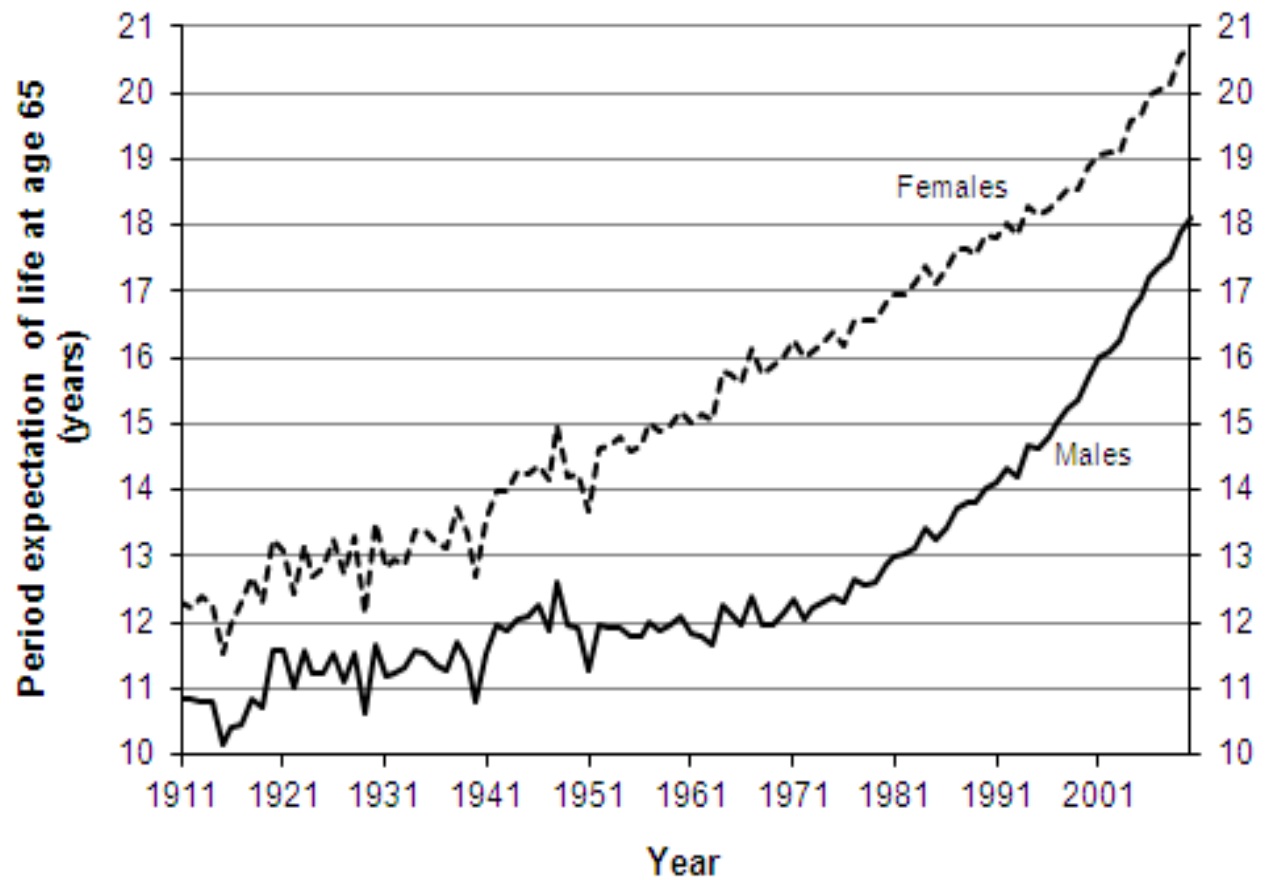
- Social isolation was associated with poor scores on all measures of cognitive function at follow-up, irrespective of baseline scores
- Loneliness was associated with poorer recall scores at follow-up, irrespective of baseline scores

Social isolation, loneliness and change in recall



— Low isolation - - - Medium isolation - · - High isolation

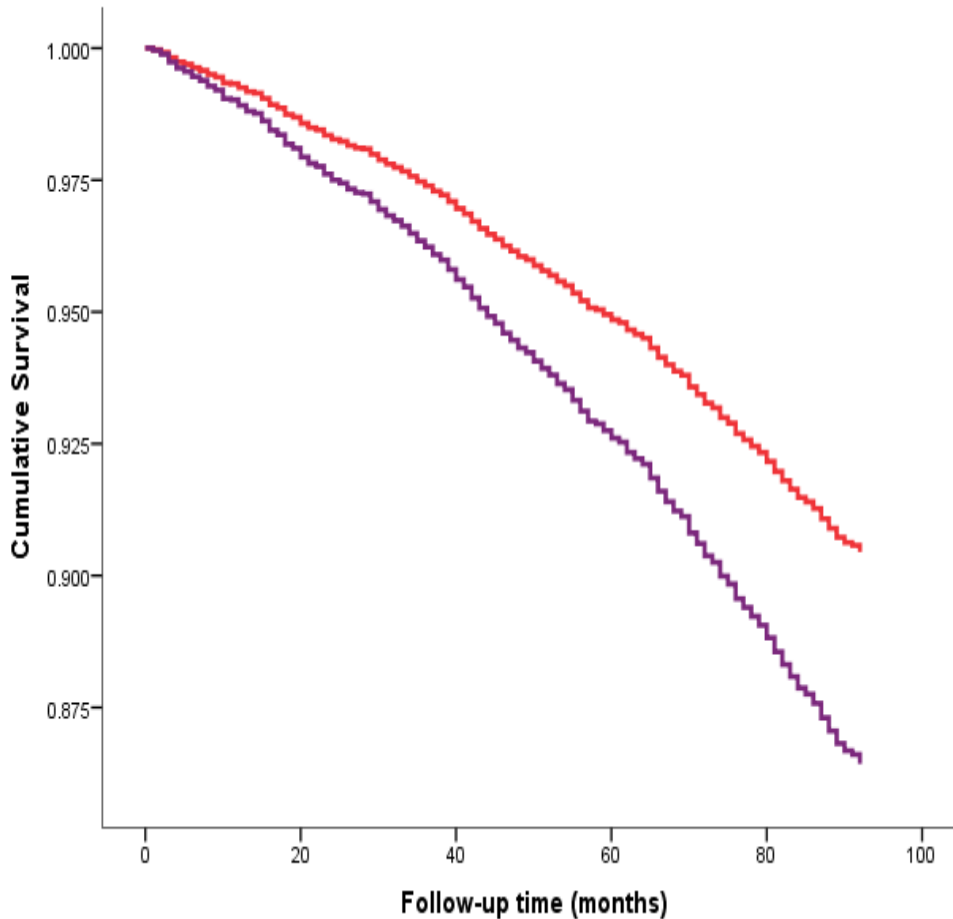
Mortality



Associations with mortality

- Previous studies show that isolation and loneliness are associated with a higher risk of mortality
- Most studies, however, fail to consider both measures simultaneously
- We examined the relationship between isolation, loneliness and mortality over a mean follow-up period of 7.25 years (\pm 2.8 months).

Social isolation and mortality



Age + gender

HR(95%CI): **1.41 (1.23 – 1.60)**

Age + gender + demographic factors

HR (95%CI): **1.32 (1.16 – 1.51)**

Age + gender + demographic factors
+ health indicators

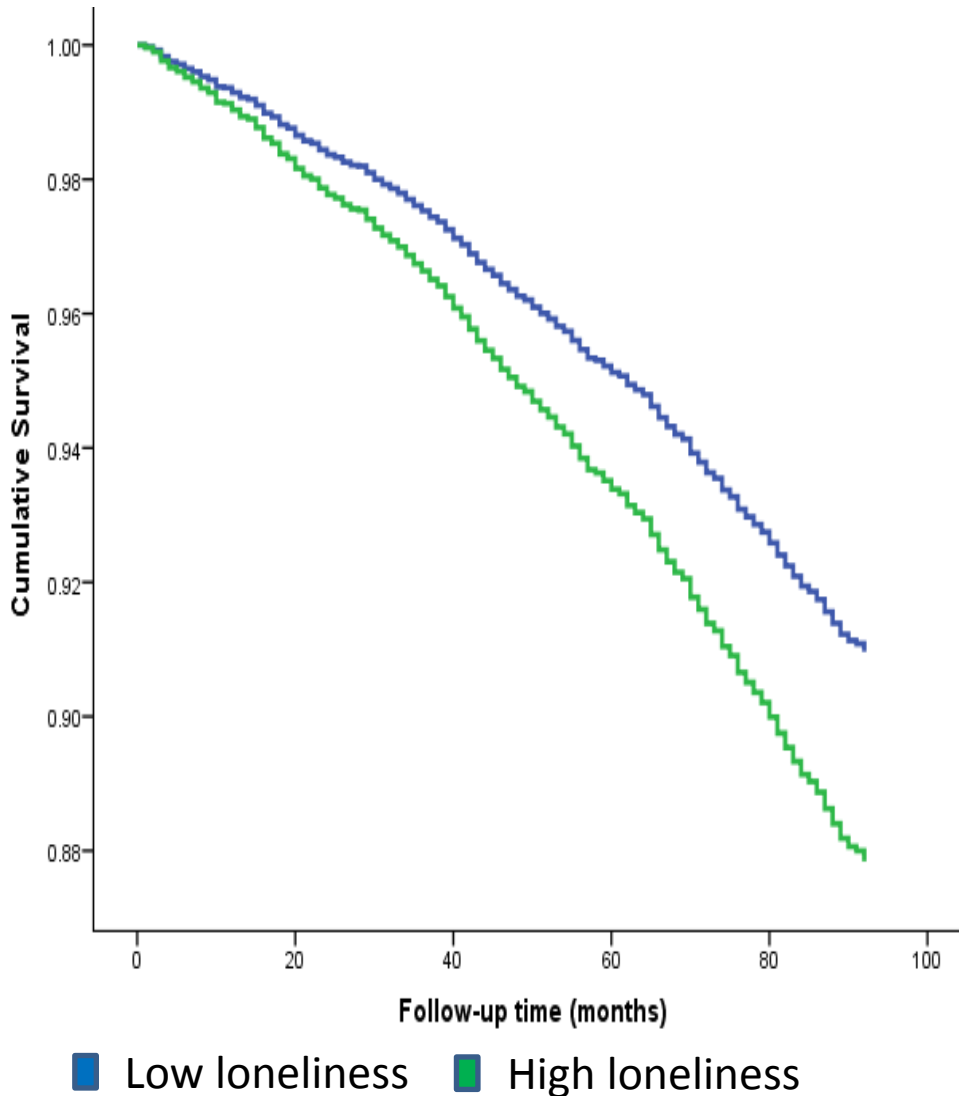
HR (95%CI): **1.23 (1.07 – 1.41)**

Age + gender + demographic factors
+ health indicators + loneliness

HR (95%CI): **1.23 (1.08 -1.41)**

■ Low isolation ■ High isolation

Loneliness and mortality



Age + gender

HR(95%CI): **1.34 (1.17 – 1.53)**

Age + gender + demographic factors

HR (95%CI): **1.23 (1.08 – 1.42)**

Age + gender + demographic factors
+ health indicators

HR (95%CI): **1.05 (0.91 – 1.21)**

Age + gender + demographic factors
+ health indicators + isolation

HR (95%CI): **1.04 (0.90 - 1.19)**

Pathways to health



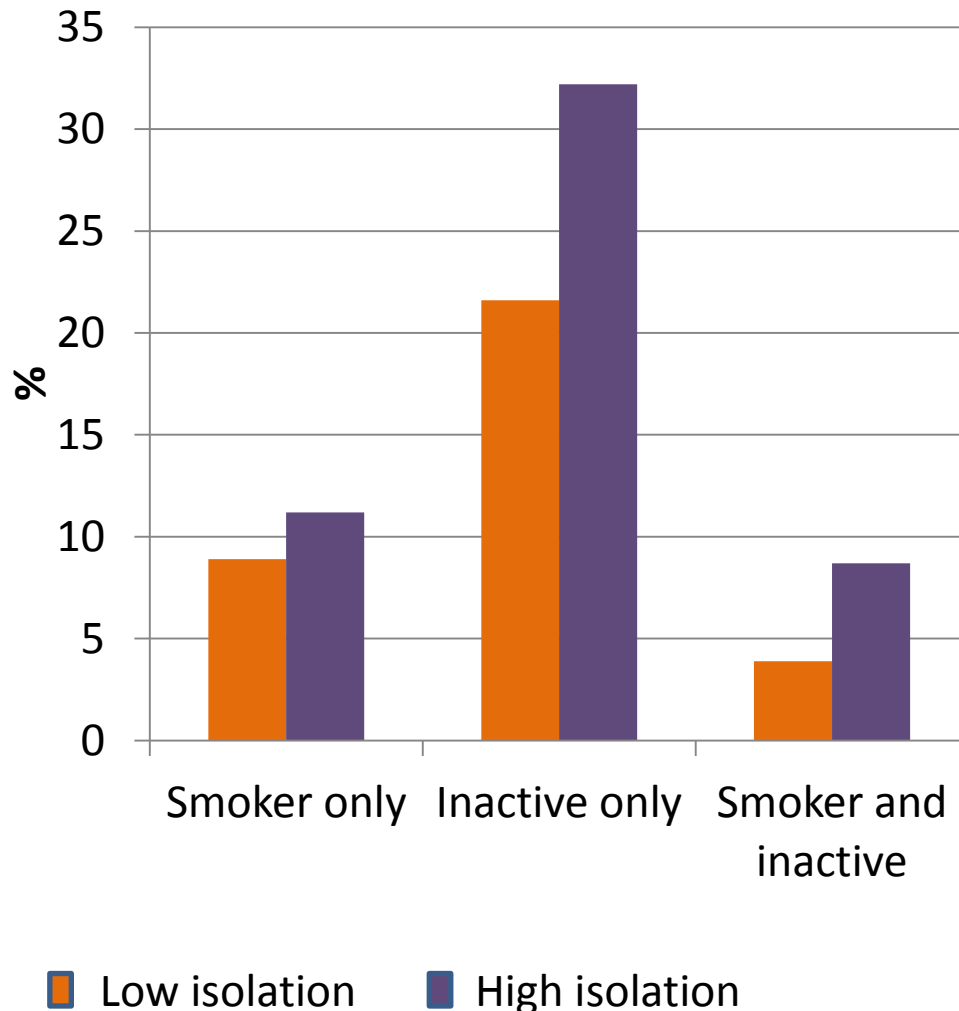
Mechanisms

- Behavioural mechanisms, through social support or cues for behavioural choices
 - *Studies show some support for the effect of isolation on health behaviours, but the evidence for loneliness is mixed.*
- Biological mechanisms, through susceptibility and reactivity to stress
 - *Some evidence for effects on blood pressure and blood cholesterol*
 - *Mixed findings on association with inflammatory markers*

Methods

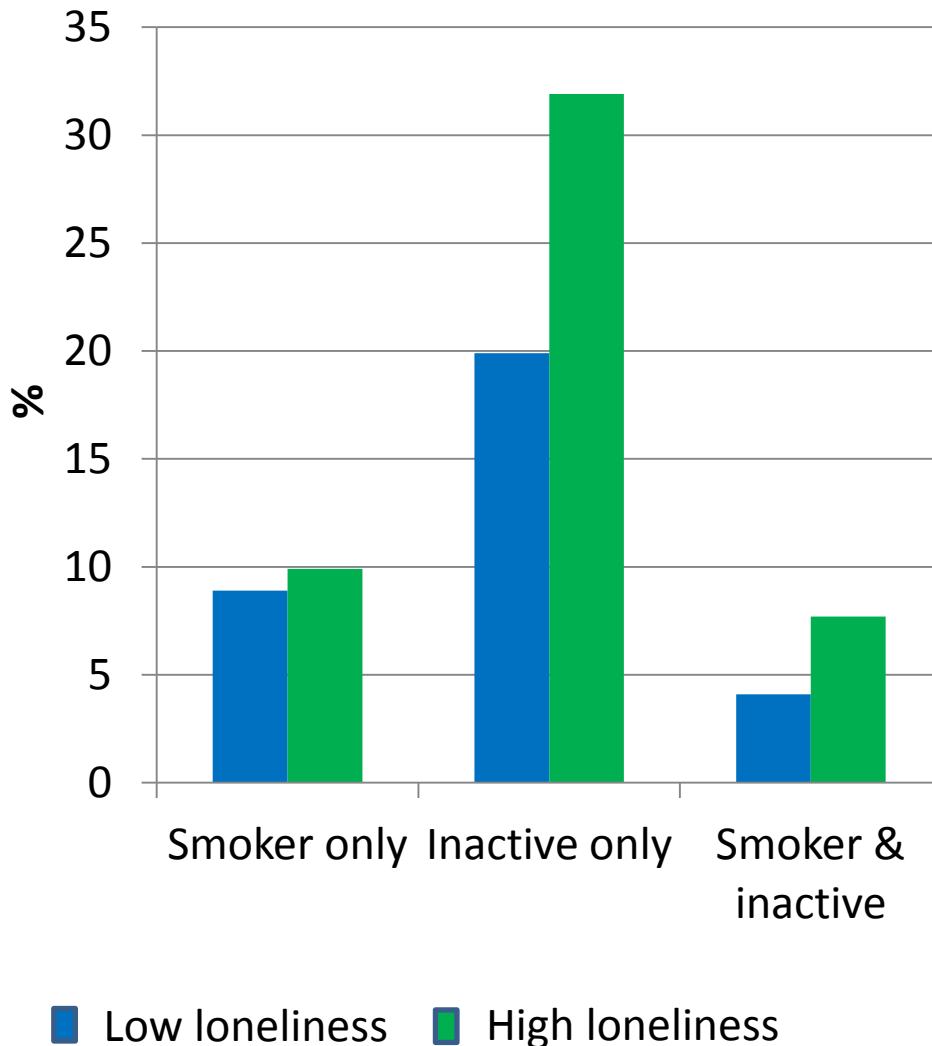
- Data from wave 2 of ELSA (2004/5)
- Health behaviours: smoking, physical activity
- Blood pressure, cholesterol
- Inflammatory markers: C-reactive protein, fibrinogen

Risky health behaviours and social isolation



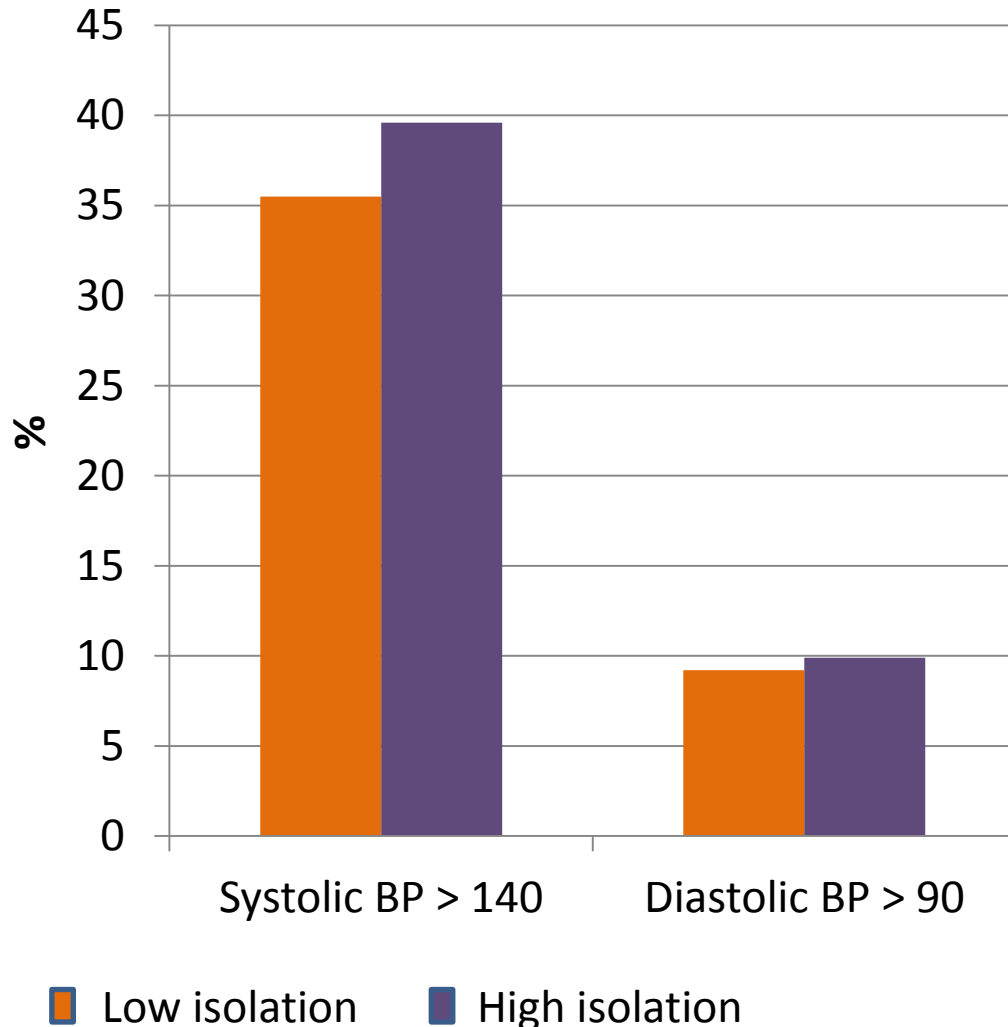
- One standard deviation increase in social isolation was associated with
 - 32% increase in the odds of being a smoker
 - 23% increase in the odds of being inactive and
 - 56% increase in odds of reporting both low levels of activity and smoking
- Analyses were adjusted for age, gender, wealth, health indicators, depression and loneliness

Risky health behaviours and loneliness



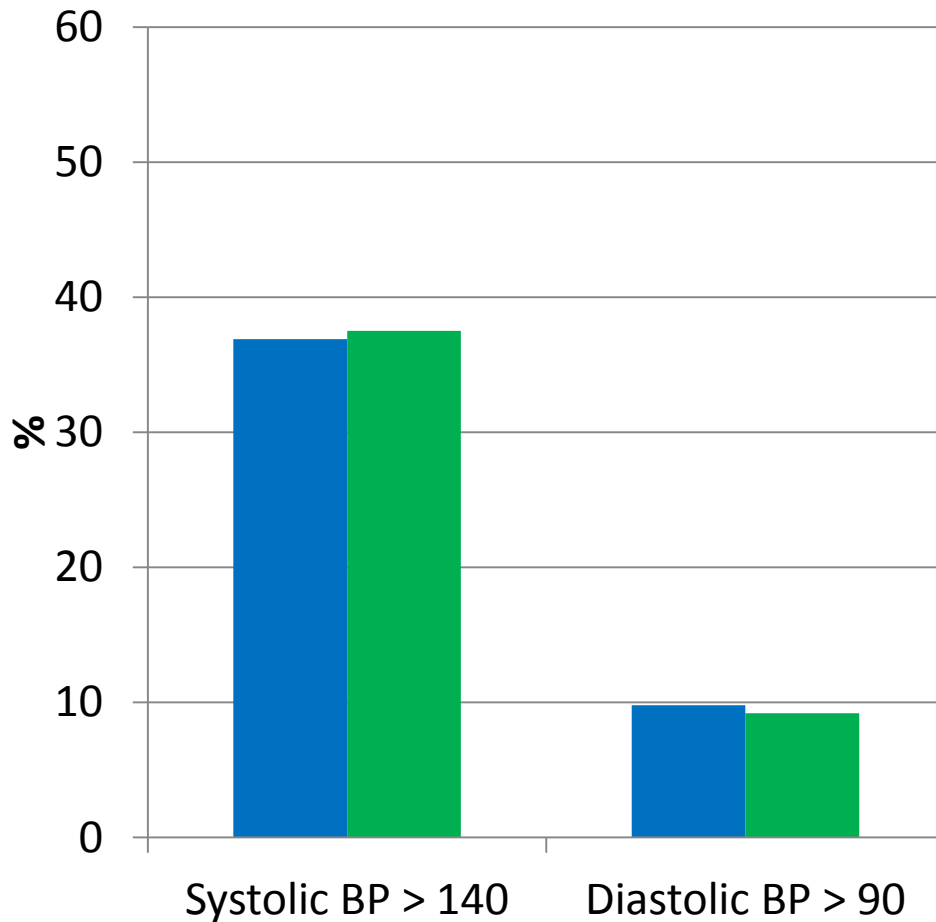
- One standard deviation increase in the loneliness score was associated with
 - 10% increase in the odds of being a smoker
 - 13% increase in the odds of being inactive and
 - 16% increase in odds of reporting both low levels of activity and smoking
- Analyses were adjusted for age, gender, wealth, health indicators, depression and isolation.

Blood pressure and social isolation



- Higher levels of social isolation were associated with increases in both systolic and diastolic blood pressure
- Effects persisted after adjustment for age, gender, wealth, health indicators, depression and loneliness

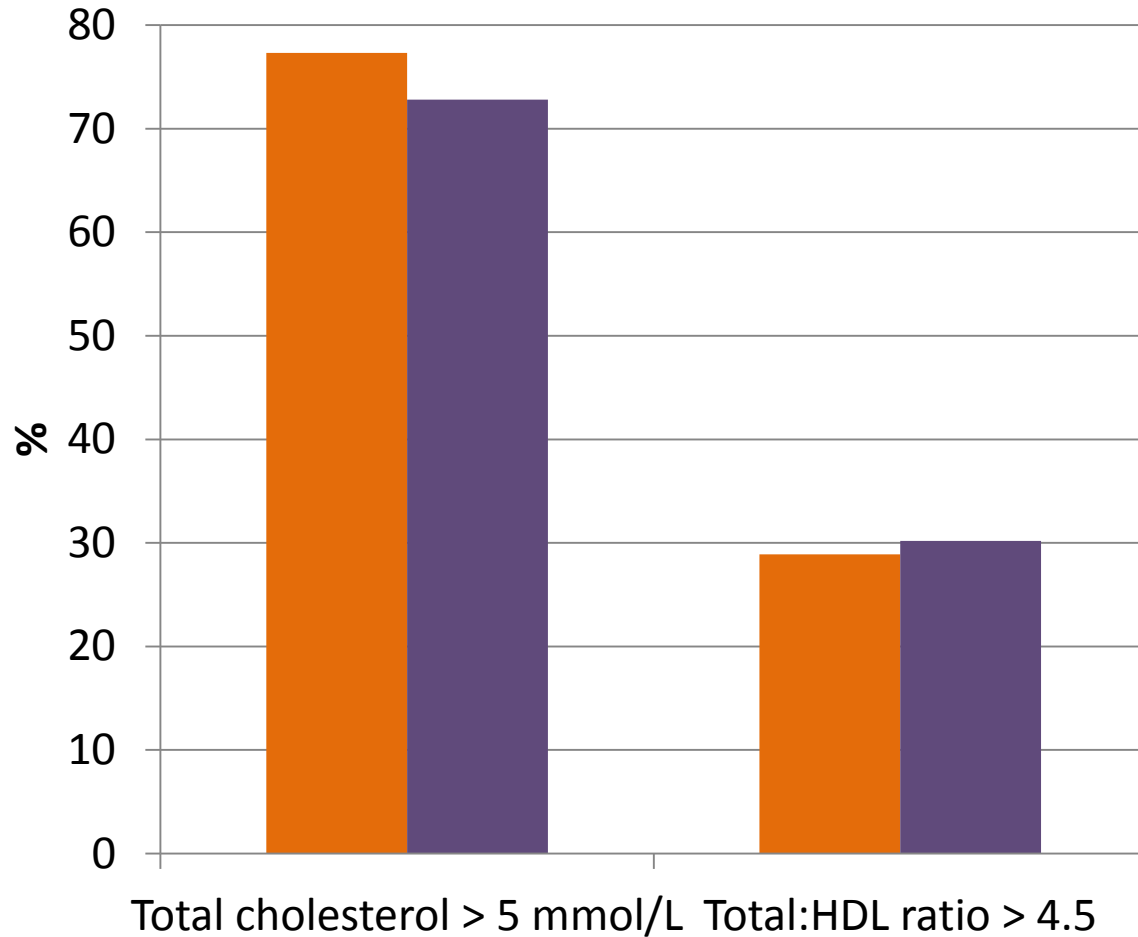
Blood pressure and loneliness



- Levels of loneliness showed no significant association with either systolic or diastolic blood pressure

■ Low loneliness ■ High loneliness

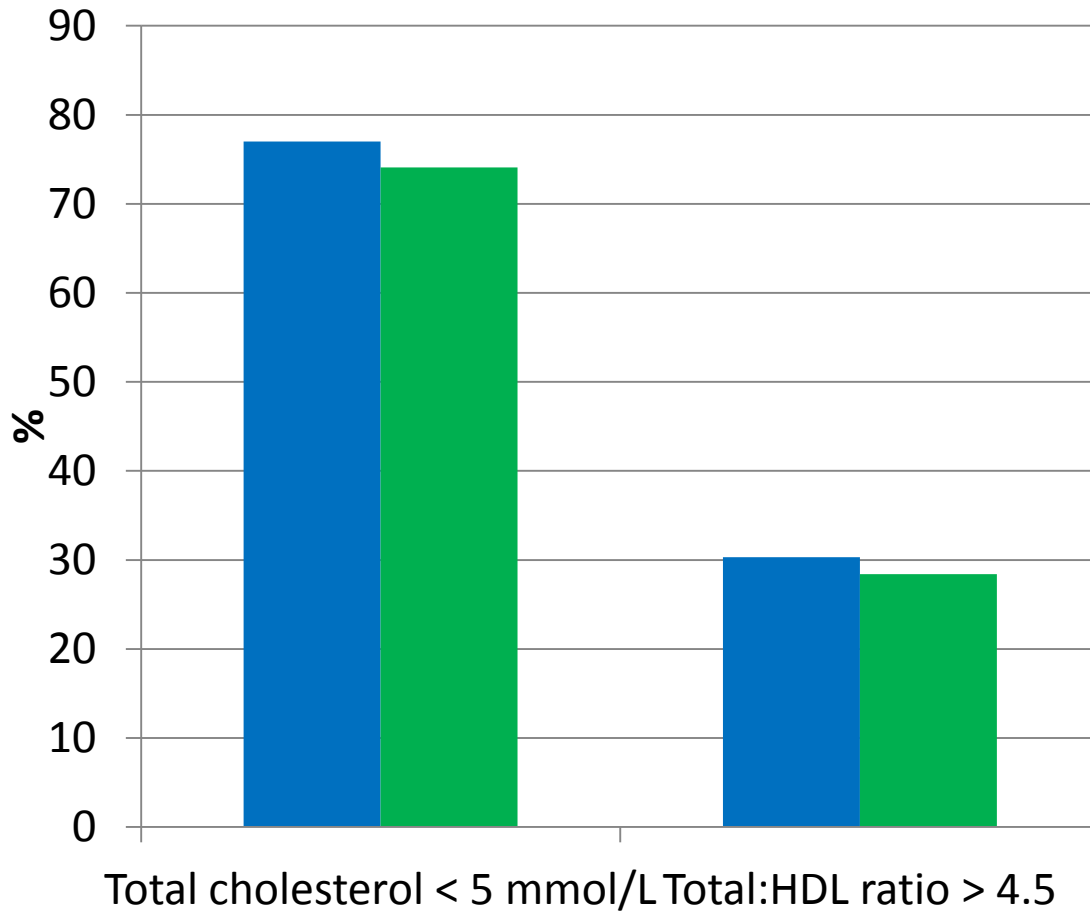
Cholesterol and isolation



- Levels of isolation showed no significant association with total cholesterol levels or the total cholesterol: HDL cholesterol ratio

■ Low isolation ■ High isolation

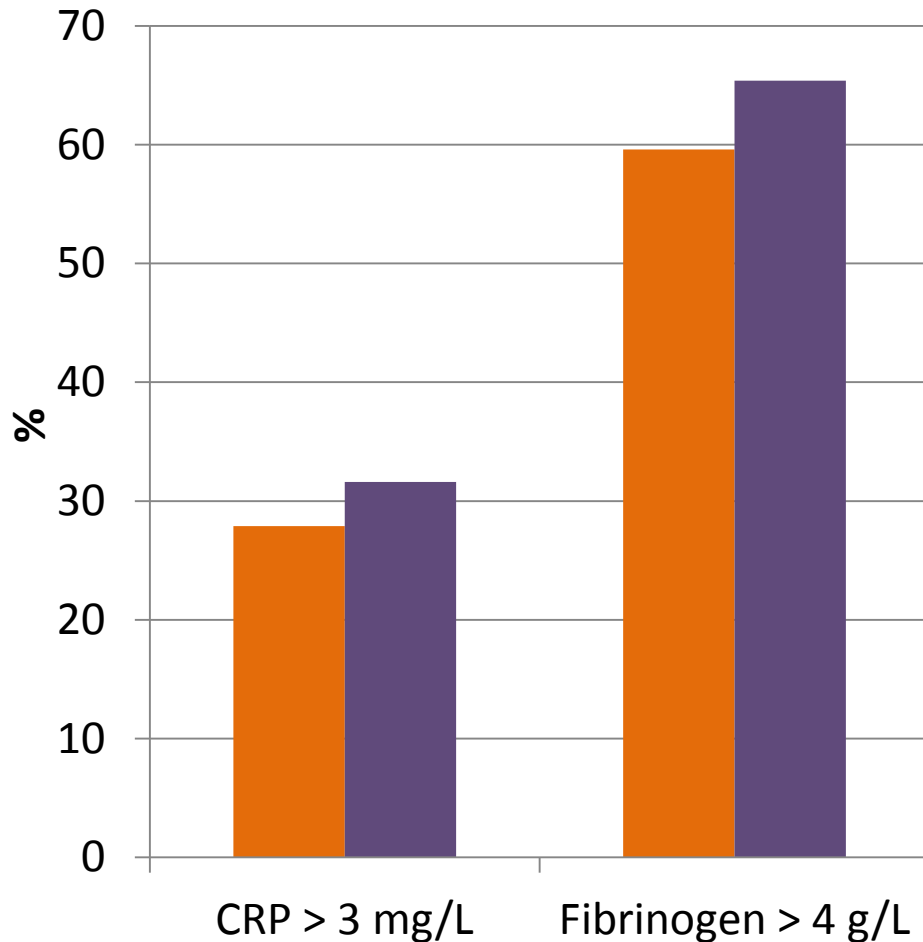
Cholesterol and loneliness



- Levels of loneliness showed no significant association with total cholesterol levels or the total cholesterol: HDL cholesterol ratio

■ Low loneliness ■ High loneliness

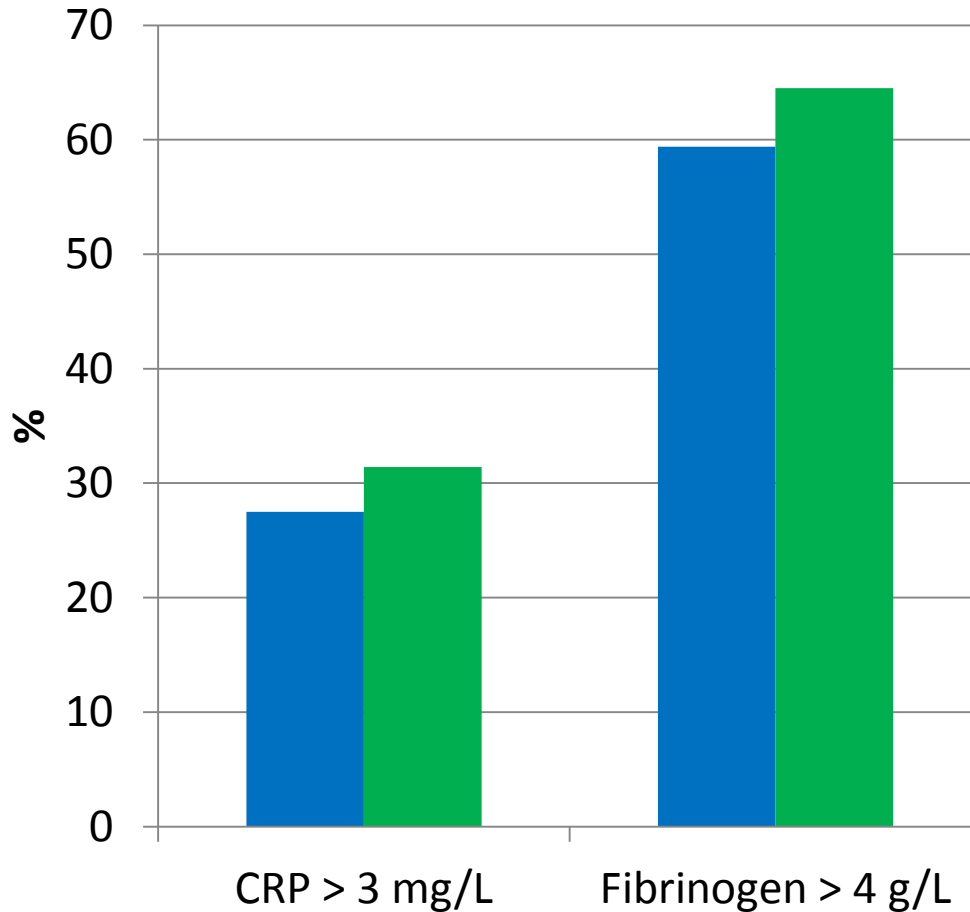
Inflammatory markers and isolation



■ Low isolation ■ High isolation

- Increased social isolation was associated with higher levels of C-reactive protein
- Isolation showed a significant association with levels fibrinogen, such that greater isolation was associated with increased levels of fibrinogen
- Effects persisted after adjustment for age, gender, wealth, health indicators, depression and loneliness

Inflammatory markers and loneliness



- Loneliness showed no significant associations with either C-reactive protein or fibrinogen

■ Low loneliness ■ High loneliness

Conclusions

- Social isolation and loneliness are distinct, though related, concepts
- Health effects of isolation and loneliness differ and mechanisms of action may also differ
- Need to develop interventions to support older adults who are isolated or lonely

ELSA English Longitudinal
Study of Ageing

www.ifs.org.uk/ELSA