



University of California
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The Epidemiology of Social Isolation and Loneliness among Older Adults during the Last Years of Life

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Topics for Discussion

1. Definitions
2. Experiences of Loneliness and Social Isolation At the End of Life
3. Implications

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A Venn diagram consisting of two overlapping circles. The left circle is light blue and contains the text 'Loneliness' and '"Subjective" assessment that social relationships are lacking'. The right circle is light purple and contains the text 'Social isolation' and '"Objective" deficit in connections to family, friends, or the community'. The overlapping area in the center is a darker shade of blue.

Loneliness

"Subjective" assessment
that social relationships
are lacking

Social isolation

"Objective" deficit in
connections to family,
friends, or the community

How do we measure loneliness?

UCLA Loneliness Scale

Question	Hardly Ever	Some of the Time	Often
1. I feel left out	0	1	2
2. I feel isolated	0	1	2
3. I lack companionship	0	1	2

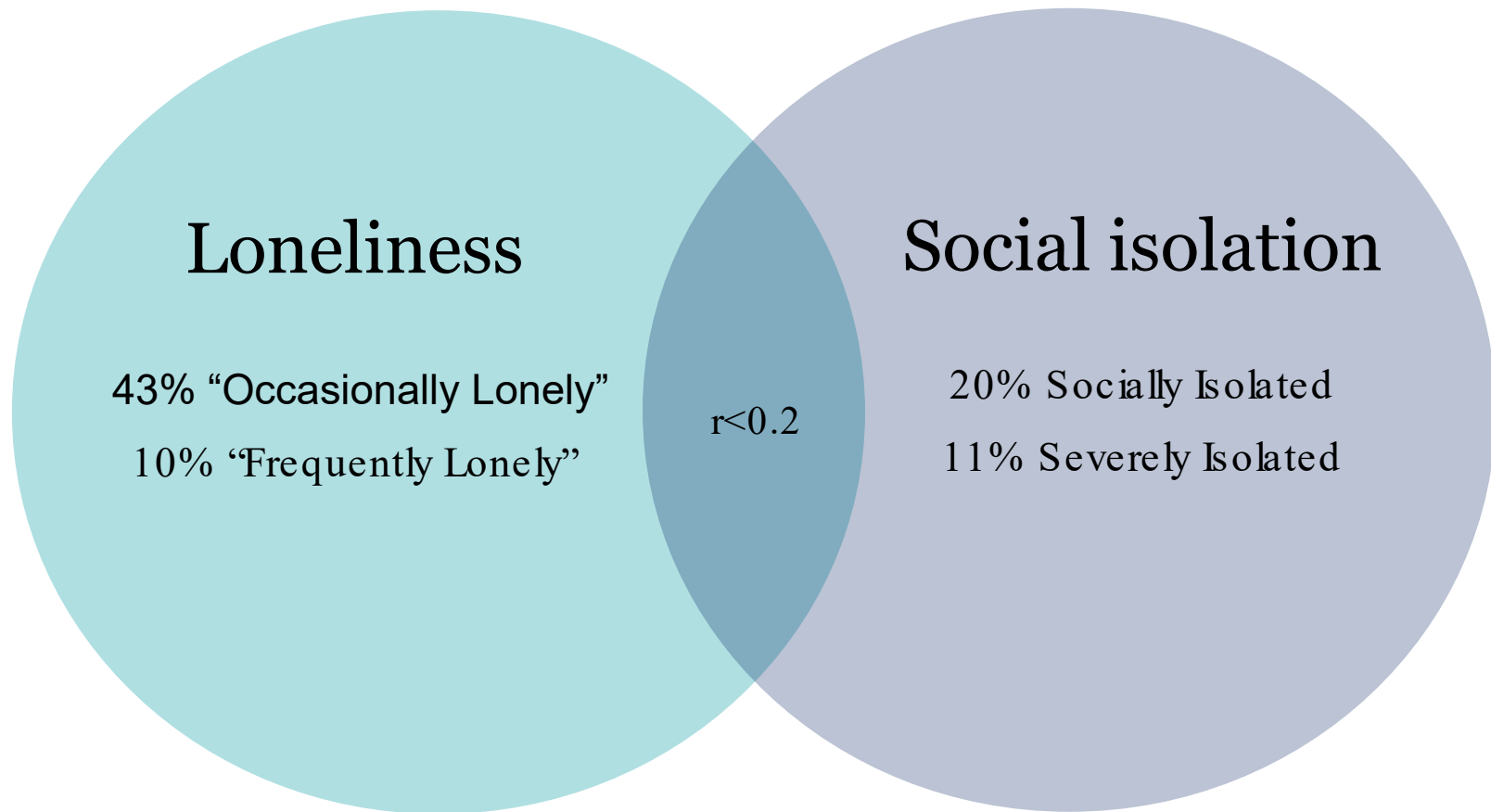
- Range: 0-6 points
- Occasional loneliness (1-6 points) – At least “Some of the time”
- Frequent loneliness (4-6 points) – “Often” to at least one question

How do we measure social isolation?

- **Social Isolation (0 -5 point scale)**
 - Marital status
 - Monthly contact with children, family, and/or friends
 - Participation in community organizations and religious groups

How do we measure social isolation?

- **Social Isolation (0 -5 point scale)**
 - Marital status
 - Monthly contact with children, family, and/or friends
 - Participation in community organizations and religious groups
- **Adapted Scale at the end of life (15 -item scale, Range 0 -6 points)**
 - Household/core contacts marital status, living alone, nearby children
 - Social Interaction with children, family, or friends by phone, e-mail, or in-person (monthly)
 - Community engagement with religious, volunteer, or community groups (last year)



Perissinotto, Carla M., Irena Stijacic Cenzer, and Kenneth E. Covinsky. "Loneliness in older persons: a predictor of functional decline and death." *Archives of internal medicine* 172.14 (2012): 1078-1084.

Cudjoe, Thomas KM, David L. Roth, Sarah L. Szanton, Jennifer L. Wolff, Cynthia M. Boyd, and Roland J. Thorpe Jr. "The epidemiology of social isolation: National health and aging trends study." *The Journals of Gerontology: Series B* 75, no. 1 (2020): 107-113.

Why should we care about these topics in the last years of life?

- 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%

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- Individuals may be less able to cope with loneliness
- Socially isolation may become more common and impact quality of life and health care

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Data

- Health and Retirement Study (HRS)
 - Nationally Representative 2006-2016 cross-sectional data
 - Adults age >50 interviewed once in the last four years of life (N=3,613 Decedents)
 - Subjects were further classified by the time interval between the interview and death



Approach

- **UCLA Loneliness 3 -item scale (Range 0 -6 points)**
Feel like you: 1) “lack companionship”, 2) are “left out”, 3) are “isolated”
 - Occasional loneliness (1-6 points) – At least “Some of the time”
 - Frequent loneliness (4-6 points) – “Often”
- **Social Isolation Scale (15 -item scale)**
 - Household/core contacts marital status, living alone, nearby children
 - Social Interaction with children, family, or friends
 - Community engagement with religious, volunteer, or community groups
- **Analysis**
 - 1) Examined whether the prevalence differed by time before death
 - 2) Determined risk factors for loneliness and social isolation using multivariate logistic regression

Results

1. The prevalence of loneliness and social isolation by time prior to death

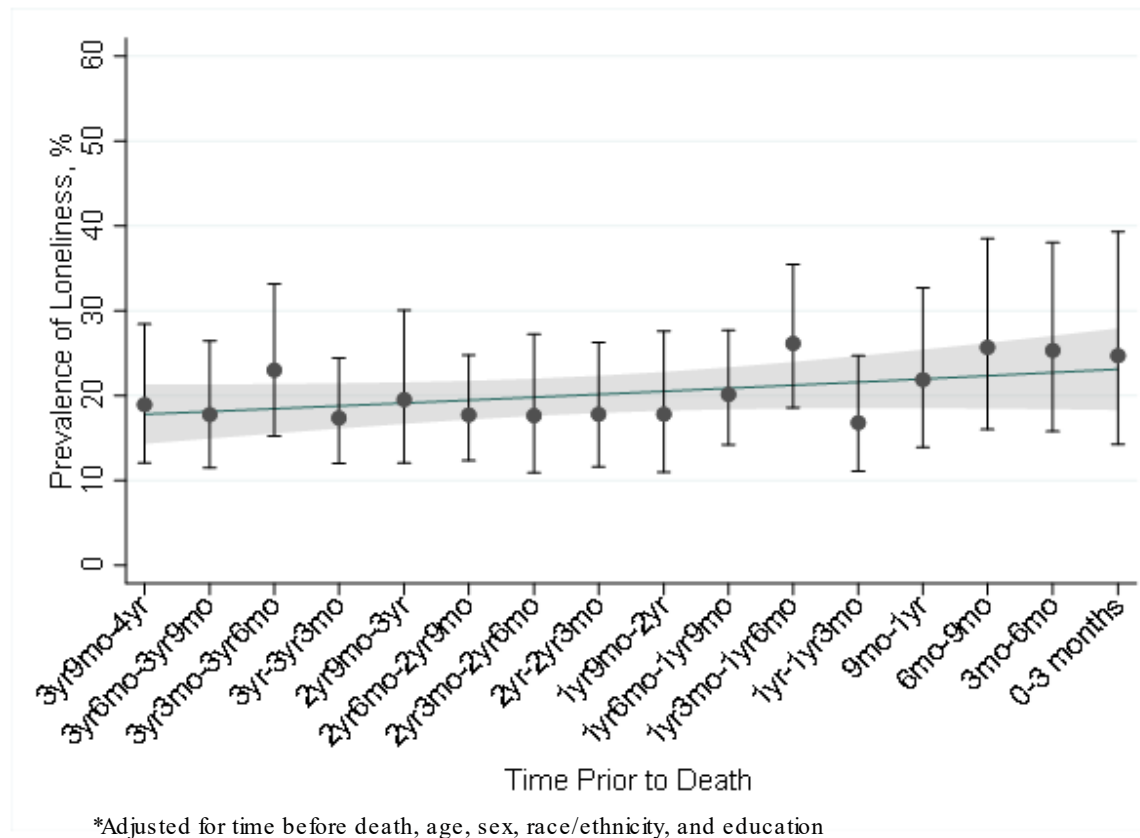
1. Subgroups at risk for loneliness and social isolation

Prevalence of **loneliness** by time before death

Overall Prevalence

Loneliness:

- Any loneliness: 66%
- Frequent loneliness: 18%



Prevalence of **social isolation** by time before death

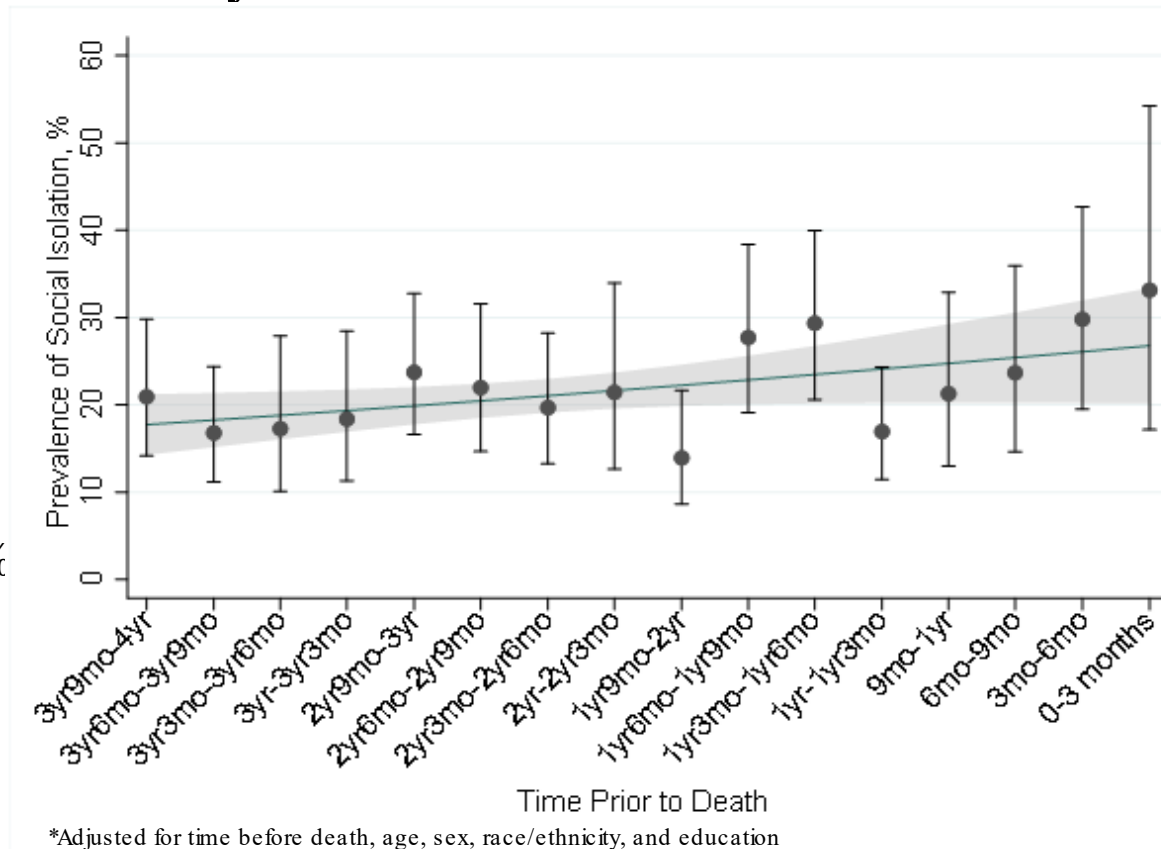
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- Increases from 18% -> 27% in the last months of life ($p=0.05$)



Prevalence of **loneliness & social isolation** by time before death

Prevalence

Loneliness:

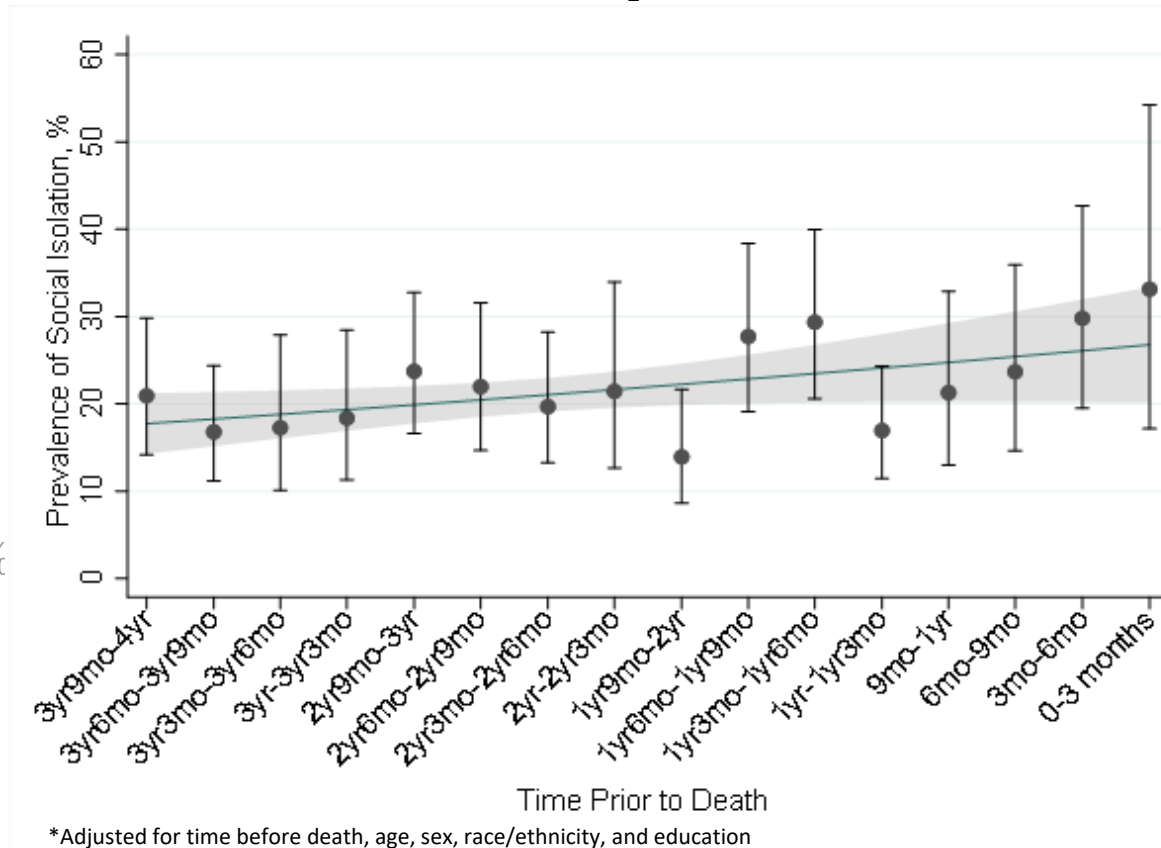
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Both Lonely/Isolated:

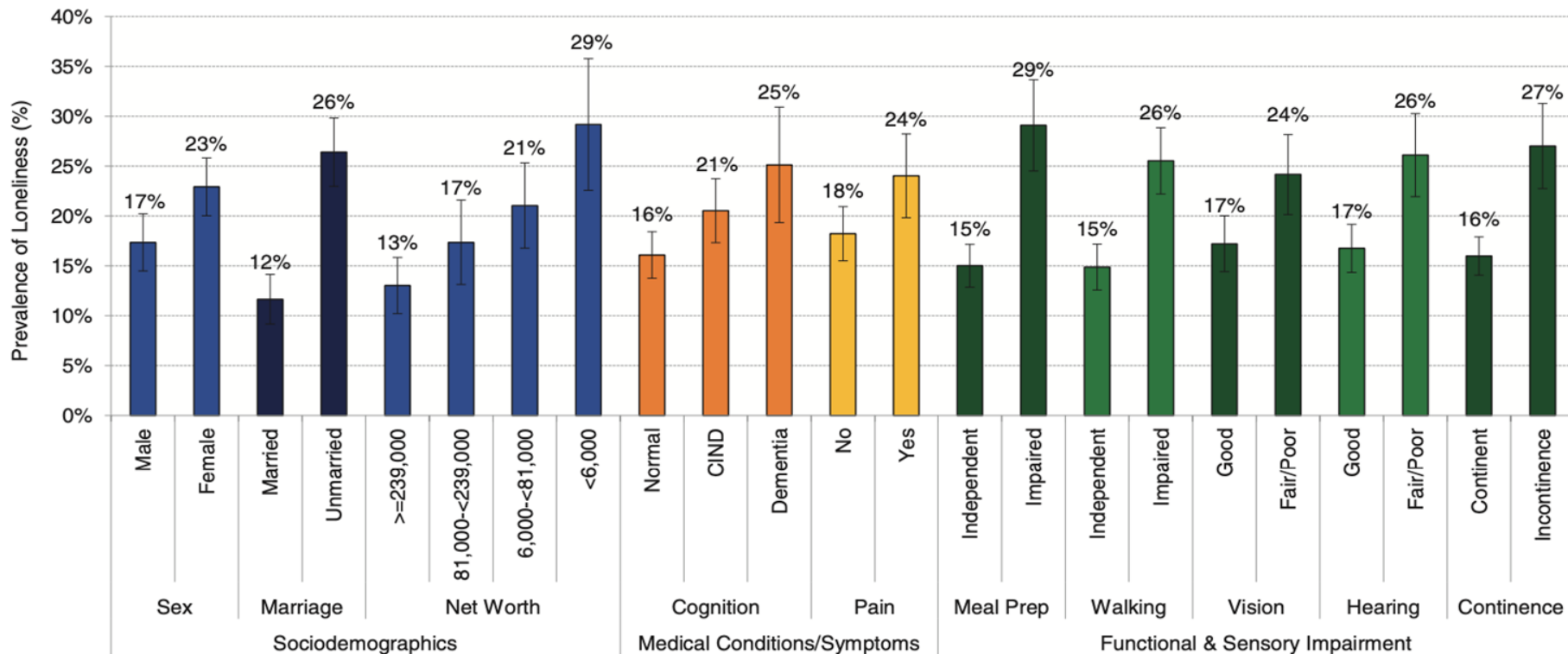
- Overall: 5%



Results

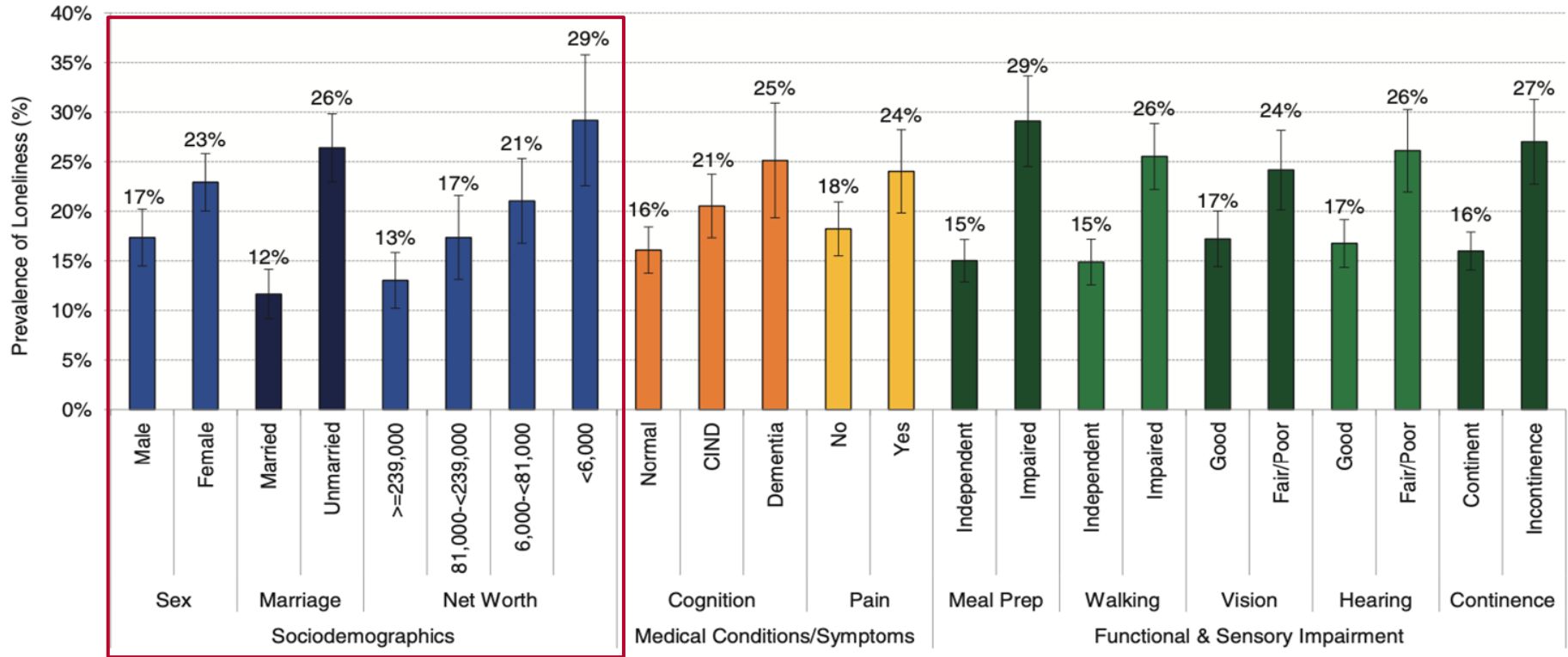
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1. **Subgroups at risk for loneliness and social isolation**

Subgroups at Risk for Loneliness



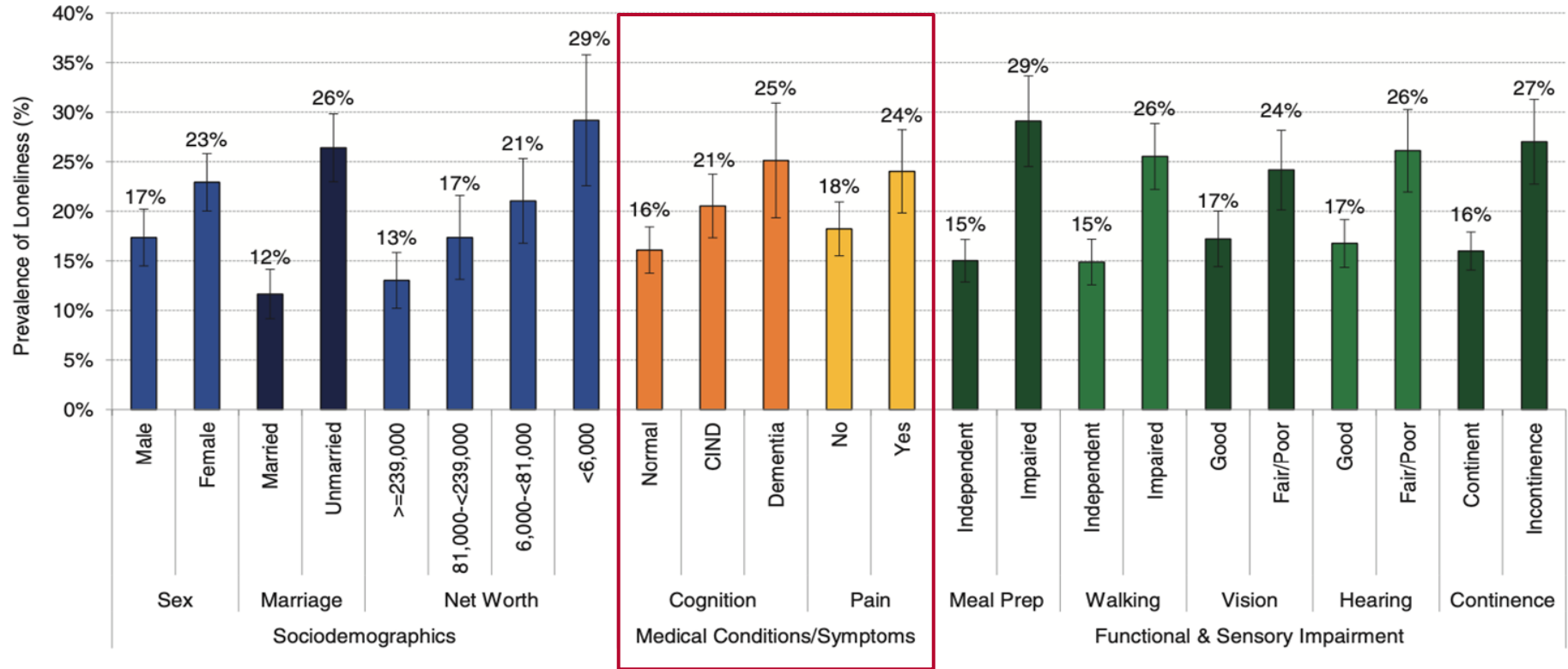
*Adjusted for time before death, age, sex, race/ethnicity, and education

Subgroups at Risk for Loneliness



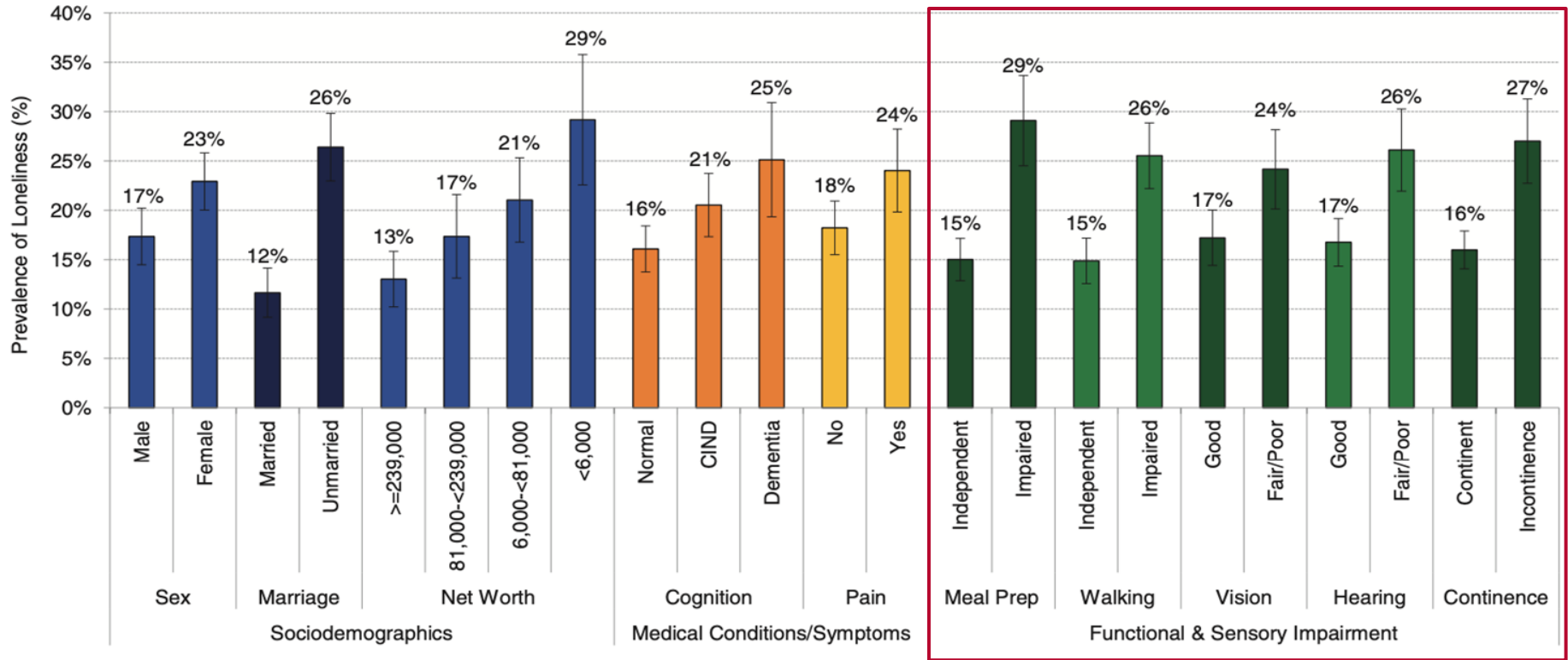
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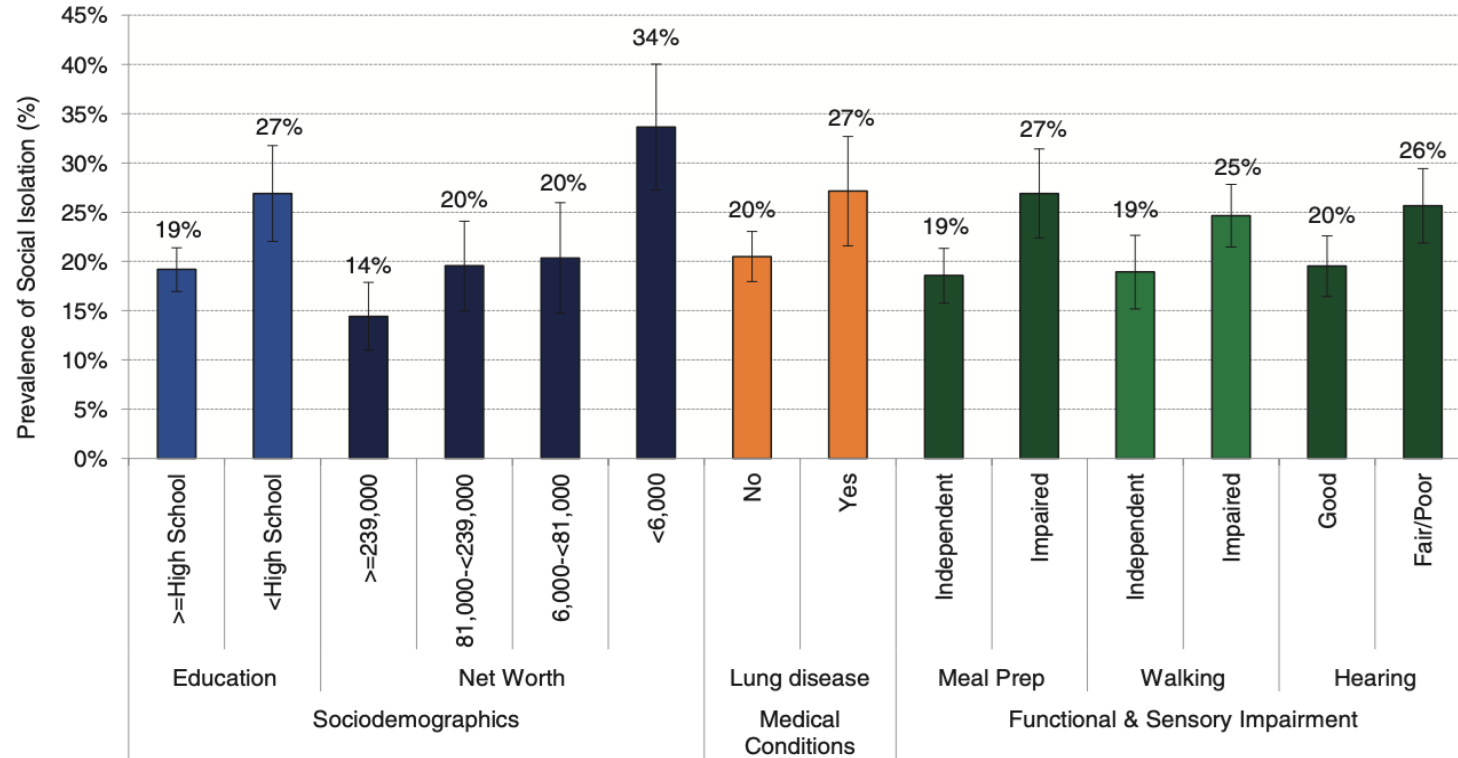
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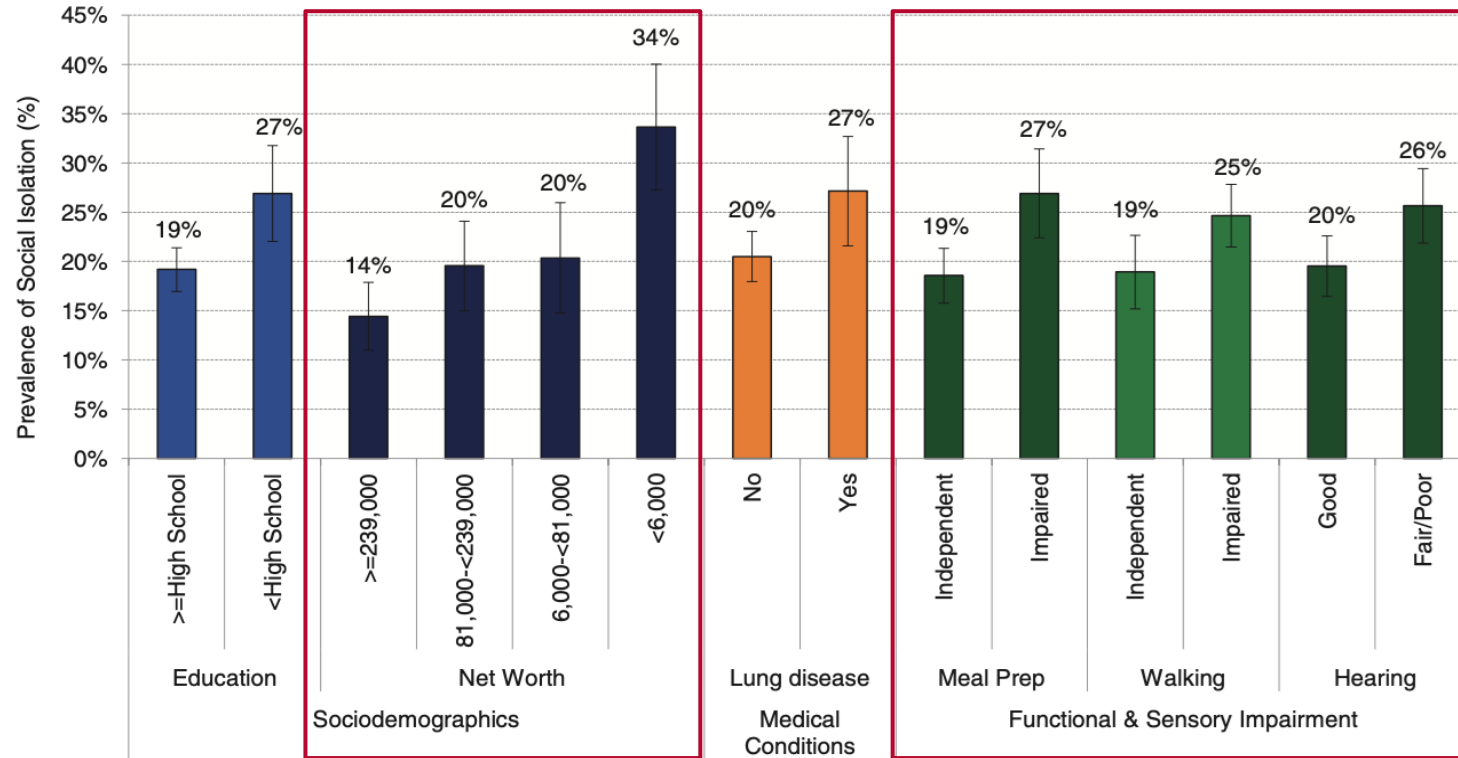
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Subgroups at Risk for Social Isolation



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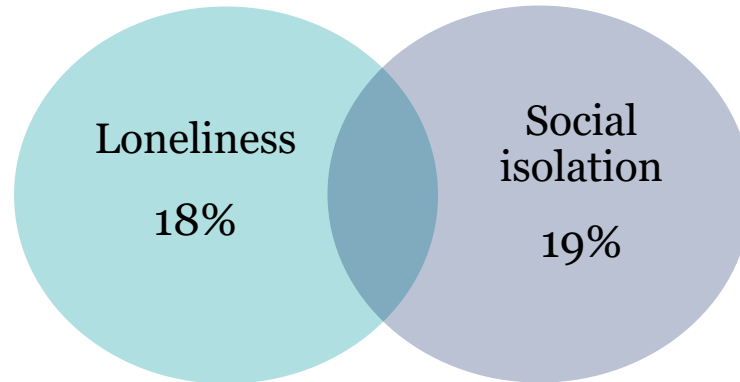
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Key Findings

1. Overall prevalence in the last 4 years of life
 - a. 1 in 5 adults are socially isolated, and this increases prior to death
 - b. 1 in 5 adults are frequently lonely

IMPLICATION In the last years of life when individuals value social well-being and often need *more* support from others, individuals frequently feel lonely and many are cut off from emotional, financial, or caregiving support.



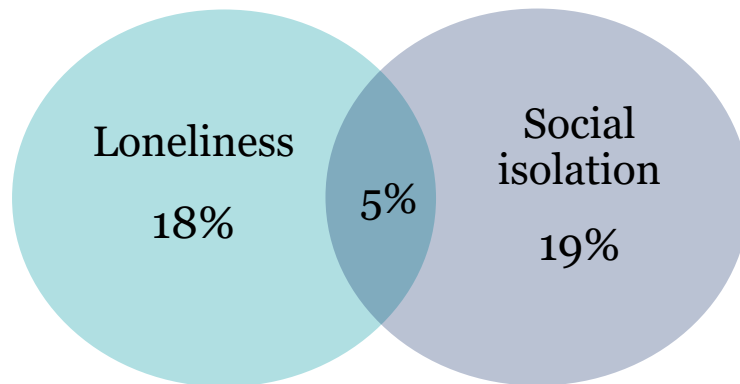
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1. It is uncommon to experience **both** social isolation and loneliness (they are weakly correlated).

IMPLICATION: Think about social isolation and loneliness as related, but distinct.



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1. Rates were highest among older adults who were living in poverty and functionally impaired, and cognitive impairment was a risk factor for loneliness.

IMPLICATION: Consider these risk factors in screening for and addressing social needs

Framework

1. **Identify** Loneliness and Social Isolation

- a. Loneliness: UCLA 3item questionnaire
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2. **Framework** for clinical interventions

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- b. Indirect interventions Vision & Hearing, Functional Needs
- c. Downstream consequences Early ACP, Bridge to Hospice, Address related Symptoms (pain, depression, trauma)

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3. **Policy** changes which incentivize addressing social needs in the last years of life, or earlier in the life course

Thank You!



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