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# Social isolation - how to help patients be less lonely

### What is social isolation?

Social isolation can be defined as having little contact, or quality of contact, with others.<sup>[1]</sup> Although social isolation is most common in the elderly, younger adults (for example, housebound and disabled - eg due to multiple sclerosis or a being a single parent of young children) may also be affected by both social isolation and loneliness. Reduced social contact, being alone, isolation and feelings of loneliness are associated with reduced quality of life and increased mortality.<sup>[2]</sup> A 2015 meta-analysis showed social isolation had a 29% increased mortality risk, which is equivalent to smoking 15 cigarettes a day and having an alcohol use disorder.<sup>[3]</sup>

Loneliness refers to how individuals evaluate their level and quality of social contact and this is linked to frailty.<sup>[4]</sup> Social isolation can be more accurately measured (eg, by the number of social contacts the person has). Well-being may not be positively correlated with social contact and a great deal depends on the nature of the contacts made.

For some people, solitude is a way of life which temperamentally suits them and they may not feel lonely even if they have no visitors.

General practitioners and community nurses are in a unique position to identify loneliness, as they are in contact with the three groups most at risk - ie very old people, bereaved people, and people with disabilities.<sup>[1]</sup>

### How common is social isolation? (Epidemiology)

- In the UK, only 17% of older people are in contact with family, friends and neighbours less than once a week, and 11% in contact less than once a month.<sup>[5]</sup>
- The prevalence of social isolation in older, community-dwelling adults ranges from 6-43%, and 10-50% report feeling lonely.<sup>[1]</sup>
- Loneliness is common in carers, especially resident carers. Other groups at risk of loneliness include older married women, older people who live with married children, those living in sheltered housing or residential care and older people who emigrated from other countries (especially those who do not speak the language well).
- Loneliness seems to be less prevalent in those rural areas where a sense or community still remains than it is in more densely populated urban areas.
- Lack of money limits the opportunities for overcoming loneliness: those on lower incomes are more prone to feelings of loneliness than those who are better off.

# Social isolation symptoms

Consider loneliness in any isolated person, especially the housebound. Possible signs of loneliness include:

- Verbal outpouring.
- Prolonged holding of your hand or arm.
- Body language: defeated demeanour, tightly crossed arms and legs.
- Drab clothing.

# **Differential diagnosis**

Lonely people who are reluctant to go out may be troubled by depression, anxiety, agoraphobia, deafness or urinary incontinence.

# Social isolation treatment and management

Recent systematic reviews found that there are many educational and social activity group interventions that target specific groups of people.<sup>[6]</sup> <sup>[7]</sup> <sup>[8]</sup> The effectiveness of these interventions was unclear – possibly due to the importance of the individuals' experience of loneliness.

Wherever possible, lonely people should be offered opportunities to reach out to others so that they retain active involvement in the pattern of their own lives, rather than sitting passively waiting for the doorbell to ring. Lonely people may need encouragement and guidance on how to be creative and how to have a positive approach to meeting others:

- Being nice to people and taking trouble to find out their hopes and fears.
- Local groups (eg, mother and toddler groups) may provide a social network for isolated mothers.
- Establishing what facilities already exist (eg, the local pub, a day centre or a lunch club). It doesn't matter initially whether they get anything out of a social interaction, as they may meet someone of like mind, so enabling these artificial crutches to be thrown away.
- As well as receiving visitors and telephone calls and going on outings, lonely elderly people may be helped by choosing to become pet owners.
- Alternative therapies (eg, massage and aromatherapy) can relieve loneliness.
- Befriending schemes can be very helpful to those who are housebound. They can be contacted through the local Age UK group, local churches (in some areas the Methodist church has 'live at home' schemes), or community care schemes linked to the area office of the social services department.
- One way that housebound people can feel useful is through offering telephone support to others who are isolated, such as carers or other older housebound people. Another useful activity is letter writing, perhaps for a worthy cause (such as Amnesty International) or corresponding with a pen pal.

- Technology forums such as the internet may provide relief from boredom and loneliness.
- Getting a telephone: not only gives the reassurance of being able to request help in an emergency but also allows the opportunity to chat to friends and family. Some local authorities offer financial help with installation costs.

#### Community activities for all ages

Older people do not necessarily want to spend their time exclusively with other older people. There are many activities in which they can join with people of other ages:

- Adult education classes (eg, painting, creative writing). A good but often expensive way to meet like-minded people. The acquisition of new skills improves confidence, and social interaction becomes more pleasurable.
- Joining a book club.
- Involvement in community action (eg, membership of Good Neighbour schemes, which visit housebound people), local history groups, sporting activities (eg, bowling).
- Membership of local faith organisations in multicultural Britain.
- Participation in locally organised outings, either to the countryside or to the theatre or cinema.
- Details of local community activities can be obtained from the National Council for Voluntary Organisations, from the local library or the social services area office.

#### Activities with other older people

- The University of the Third Age offers locally run courses (not necessarily academic). No qualifications are needed, no diplomas are awarded and many of the teachers are retired people.
- Smaller gatherings of three or four people who share an interest (eg, gardening, sport, Bible study) who are invited into the home of a younger person for coffee or afternoon tea. One national group arranges local activities for the elderly (see the link for Contact the Elderly, in Further Reading & References below).

- Luncheon clubs are run both by voluntary organisations (such as church groups, Age UK) and by the social services department of local authorities; they offer social activity as well as a hot meal.
- Reminiscence and local history groups can be very stimulating if they are well and sensitively run. The social services area office or Age UK can usually supply details.
- Holidays specifically for older people are organised by various companies.

#### Specialist groups

Certain specialist groups may be of assistance at times of loss, either through bereavement, retirement, or illness:

- Cruse: offers counselling and support after bereavement. Local groups, established around the country, offer a drop-in centre, a telephone advisory line, literature, and individual visits by trained counsellors.
- Support groups for people with a particular illness can be helpful eg, Parkinson's UK, MS Society, Arthritis Care, the Stroke Association and the Alzheimer's Disease Society.

#### Housing provision and loneliness

- Suitable housing can play a significant part in alleviating loneliness.
- There is a range of provisions which can help: central alarm systems, contact with a warden, well-designed resident-friendly buildings, and care and repair schemes.

### Complications

.Depression is associated with loneliness and social isolation.

- Potential suicide risk.
- Lonely and isolated elderly people are at risk of nutritional problems.

### **Further reading**

- Age UK
- NAVCA (National Association for Voluntary and Community Action)
- University of the Third Age
- Cruse Bereavement Care
- Reengage (formerly Contact the Elderly)
- Older people with social care needs and multiple long-term conditions; NICE Guidelines (November 2015)

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