LONELINESS AMONG OLDER PEOPLE

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No conflict of interest
Outline

• Meanings and dimensions of loneliness
• Epidemiology and consequences
• Can it be alleviated?
• How to help lonely older people?
Meanings and dimensions of loneliness
Loneliness ↔ Solitude

- Negative feeling
- Causes suffering
- Frightening, anxiety provoking
- Compelling
- Impaires well-being and QOL

- Positive feeling
- Calming, preserving
- Voluntary
- Necessity for creativity and for psychological energy

Andersson : Aging Mental Health 1998;2:264-74
Tornstam L. Aging 1990;2:259-65
LIVING ALONE

LONELINESS

ALONENESS

SOLITUDE

SOCIAL ISOLATION

ALIENATION

SOCIALLY INACTIVE
Social isolation

- Size of social network
- Social support
- Frequency of meeting people
- Can be measured

- Much studied → may be harmful?
  - Does it lead to increased mortality (e.g. Berkman & Syme Am J Epid 1979, House et al. Science 1988)
  - or dementia (Fratiglioni et al. Lancet 2000)?

Andersson: Aging Mental Health 1998;2:264-74
Social activity (participation)/inactivity

• Active agency of an individual to participate in social activities (hobbies, clubs, religious activities etc)

• Indicates a meaningful role and integration into community

• Inactivity shows increased risk for mortality (e.g. Jylha & Aro Int J Epid 1990, Bowling & Grundy Age Ageing 2009)

Andersson : Aging Mental Health 1998;2:264-74
Loneliness

- An individual’s subjective feeling of not having satisfying relationships
- Inner feeling → only the individual can tell about the existence/extent of loneliness
- Experience of loneliness is related to expectations in human relationships
- Often culturally defined

E. Munch: Self-portrait after Spanish influenza

Social isolation vs loneliness

- **My close people understand me**
- **Satisfied with relationships**
- **Contacts with friends as often as hoped**
- **Contacts with children as often as hoped**
- **Meets friends >weekly**
- **Meets children >weekly**

The chart indicates differences between not lonely and lonely individuals in their social interactions and feelings of relationships. The starred (*) marks indicate statistical significance.
OVERLAP OF LONELINESS

LONELINESS

DEPRESSION

SOCIAL INACTIVITY

POOR PROGNOSIS
Epidemiology and consequences
Finnish loneliness survey

- A random sample (n=6786) of aged Finnish citizens (≥75y)
- Community-dwelling people in rural and urban areas from different parts of Finland
Description of the respondents

• Response rate 72%
• Females 69 %, mean age 81 years
• 39 % suffered from loneliness and 5% constantly
Factors associated with loneliness

- High age
- Female gender
- Low social class, low education, poor income
- Living alone
- Widowhood, losses
- Living in a residential care
- Poor vision or hearing
- Poor health, disabilities
- Depression

3 Routasalo & Pitkala, Clin Rev Gerontol 2004
Loneliness and psychological well-being

- Satisfied with life
- Feeling needed
- Plans for the future
- Zest for life
- Feeling happy
- Feeling secure
- Positive attitude towards life

Bar chart showing the percentage of individuals who are lonely versus not lonely for each of the above categories.
Self-reported causes of loneliness

- Meaningless life
- Lack of friends
- Death of the spouse
- Own sickness
Prevalence of loneliness among older people

- 5-10% suffer continuously from loneliness and 25-40% at least sometimes
- Prevalence depends on study method, context and formulation of question: loneliness causes shame, and the feeling is often denied and hidden
- Between the cohorts loneliness is decreasing but severe loneliness has levelled off

Loneliness indicates poor prognosis

- Loneliness leads to
  - Cognitive decline and dementia (OR 1.6)
  - Increased mortality (HR 1.3 – 1.5)
  - Disabilities
  - Poor health, increased use of health services
  - Nursing home admissions

Can loneliness be alleviated?
RCT studies to alleviate loneliness

- 20 rcts to reduce loneliness, ES ~0.20
- Heterogeneous interventions
  - Animals; robotic therapy
  - Internet training
  - Cognitive behavioural therapy
  - Socializing in groups, activity groups
  - Community services, home visits, volunteer visits
  - Web camera, - conferences
  - Berevement group
- **Most promising interventions**: theoretical basis, offering social activity in a group format, involving older people to plan their own activities

Finnish loneliness study 2003-6

• RCT in 7 centers
• 235 community-dwelling participants (75+) suffering from loneliness
  – home dwelling or in residential care
  – no significant dementia, not blind nor deaf
  – being able to move independently with or without aid
  – volunteer to participate, interested in contents of intervention
Aims

- To study how new psychosocial group rehabilitation model for lonely older people has effects on
  - socially activating older people
  - their psychological wellbeing and QOL
  - cognition
  - health and use of health services
  - mortality
Intervention

– Closed groups (8/group) meeting once/wk for 12 times
– Art experiences, exercise, writing about your life... you could choose!
– More about how than what!
– Client-centered, consciously using group dynamics + empowering older people
– Group facilitators wrote diaries and were tutored during group process
Flow chart

Postal questionnaire I, N = 6786

Postal questionnaire II, N = 1547

Art and inspiring activities N = 95

Exercise and group discussions N = 92

Therapeutic writing and group therapy N = 48

Assessment I

Randomization

Interv group n = 47

Control group n = 48

Interv group n = 46

Control group n = 46

Interv group n = 24

Control group n = 24

Interventions, 3 months

Assessment II at 3 mo

3 months

Assessment III at 6 mo

Postal follow-up + health services use up up to 3y
# Characteristics of participants at baseline

<table>
<thead>
<tr>
<th>%</th>
<th>Intervention  N = 117</th>
<th>Controls  N = 118</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>74</td>
<td>73</td>
</tr>
<tr>
<td>Mean age</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Lives alone</td>
<td>81</td>
<td>79</td>
</tr>
<tr>
<td>Depression</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Charlson comorbidity index, mean</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>MMSE, mean</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>
RESULTS: social activation

- 40% of intervention groups continued to meet independently as groups
- Intervention participants had more often got new friends (45%) than control participants (32%) (p=0.048)

What happened to loneliness? (UCLA loneliness scale)
• Cognition improved by ADAS-cog \(^1\)

\(^1\) Pitkala et al. Am J Geriatr Psychiatr 2011
• Changes in ADAS-Cog scale from baseline to 3 months in art, exercise and writing groups (each randomized separately)
In 15D QOL scale: "mental functions" improved more in intervention group.
Psychological well-being

- Well-being score (including life satisfaction, plans for the future, zest for life, feeling needed, depression, loneliness) (range 0 ...1)

  improved:

  Intervention 0.11 (95% CI 0.04 , 0.13) vs.
  control 0.00 (95% -0.05 , 0.07) (p=0.045)
Self-rated health

- Self-rated health improved

> Feels healthy or quite healthy

1 Routasalo et al. J Adv Nurs 2009
2 Pitkala et al. J Gerontol 2009
Which was reflected on the use of health services

<table>
<thead>
<tr>
<th></th>
<th>Intervention N=117</th>
<th>Control N=118</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in hospitals</td>
<td>611</td>
<td>1267</td>
</tr>
<tr>
<td>Rehabilitation days</td>
<td>86</td>
<td>225</td>
</tr>
<tr>
<td>Visits at doctors</td>
<td>1040</td>
<td>1065</td>
</tr>
<tr>
<td>Home nursing visits</td>
<td>91</td>
<td>599</td>
</tr>
</tbody>
</table>
The costs of health and social services declined (1.6 y follow-up).

- Total costs of health and social services were lower in the intervention group (3122 €/person/year) than in the control group (4752 €/person/year), (p=0.020).
- Savings compensated the costs of psychosocial group rehabilitation

Pitkala et al. J Gerontol 2009
Mortality decreased...

Mortality  HR 0.39 (95% CI 0.15 to 0.98)  
P=0.044  
(adjusted for age, gender, comorbidities, cognition)

Pitkala et al. J Gerontol 2009
Why does this group rehabilitation improve cognition and health?

- We live for other people and because of other people
- Acquiring meaningful roles, mastery of one’s own life, self-efficacy and active agency enhances motivation to take care of yourself
Group participants
Ensuring homogeneity and adherence of the group by interviewing participants beforehand

Group activities
- Participants able to influence the group programme

Feeling of solidarity:
courage to take responsibility for the group

Conflicts: courage to be critical, disagreements between the group members

Initial stage: tension, unclear roles
Group dynamics, maturation of a group

Confidence: participants dare to speak about sensitive matters and their loneliness

Formation of the group: humour, “our group” spirit, “honey moon”

GROUP INTERVENTION

Group leaders
- Thorough training and tutoring for group leading
- Work as facilitators
- Objective oriented work

Common features in all groups:
Doing interesting things together and sharing experiences, sharing loneliness, receiving and giving peer support, overcoming own limits, feeling togetherness

Social activation, gaining new friends, making arrangements to continue group meetings
Empowerment, increased self-efficacy and mastery over one’s own life
Why did we succeed?

- Conscious model + clear aims
- Careful training + professionals were working in pairs, wrote diaries during the intervention → work counselling
- Homogenity of participants → equality, motivation
- Valueing and trusting older people’s own resources, their active involvement in planning the contents of groups → supporting their empowerment, mastery and active agency
What happened in the groups? - some findings from qualitative studies
Group dynamics

Starting chaos
- excitement, lots of speech
- Difficulties in structure and roles
- Thirst for power

Grouping
- honeymoon, politeness,
- positive feedback

"Our group"-spirit
- Own humour
- Positive feelings, pairing

Take-up ending and good-byes
Nostalgia thanks

Getting independent
- Group members’ initiatives
- Group is making their own future plans

Effective group
- Adjusting to group rules
- Courage to overcome own limits

Conflicts
- Daring to rebel and give critics
- Quarrels
- Testing group leaders

Security
- Courage to tell about sorrows and problems

Pitkala et al. Group dynamics in older people’s closed groups.
Special features of older people’s groups

- Heterogenity of group members
  - Cognitive and physical functioning, tiredness, personalities
- Falling ill, hospital admissions
- Reminiscence, sharing the stories and values of past history
- Reluctance to adhere to the group
- Group encourages to surpass own limits, to empower
Older people’s groups have also problems

- Teaser
- Inequality
- Group secrets
- Flirting, erotics
- Competitiveness
- Dominants
Art- and inspiring activities

- Strengths
  - experiential sharing → encourages to overcome own limits
  - art "easy" means for improving psychosocial well-being

- Problems
  - How to implement in health care system – art is an unfamiliar tool
  - "Art" means high culture for older people
Exercise and discussions

• **Strengths**
  - Getting good feelings related to exercising and receiving feelings of solidarity
  - Erotics!
  - Social activation + functional activation

• **Problems**
  - Exercising goals easily overcome the psychosocial goals of rehabilitation
  - Competition in exercising: getting feeling of being inferior
  - Heterogeneity in physical functioning
Therapeutic writing

• Strengths
  – An arena to reflect back on one’s own life history, structure that and share that with peers with same background

• Problems
  – Is not suitable for everybody – everybody is not able to write
  – Short therapy → resistance
Circle of Friends - group model alleviating loneliness

Circle of friends is a group model for older people, who experience loneliness from time to time or perhaps every day. The aim is alleviate and prevent loneliness.

A Circle of Friends group convenes 12 times in three months and has a maximum of 8 members. The purpose of the group is for the participants to make new friends, feel less lonely, share the feelings of loneliness, as well as to do and experience meaningful things together with other group members. The aim is also to help the groups to become self-supportive and encourage them to continue meeting on their own.

Circle of Friends training model

Circle of Friends offers a five-day training for social and health care professionals and volunteers. The aim of the Circle of Friends training is to enhance the participants’ knowledge and skills to plan, implement and guide Circle of Friends groups, which have the following main elements:

- closed group dynamics
- target-oriented work and learning
- enhancing communication between participants
Circle of friends 2006-2017

• >500 group facilitators have been trained
• 80 communities have Circle of friends groups
• >7000 lonely older adults have participated in Circle of friends groups
• 66% of groups continue their meetings on their own
• 87% feel their loneliness has been alleviated
• 98% recommend these groups to others
Take home messages

• Loneliness is common problem among older people
• Feeling of being an outsider and useless leads to serious health related outcomes
• Older people can be empowered to change their life ad to get meaningful roles in society → which in turn may reverse the harmful consequences of loneliness