

Social Isolation and Loneliness

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1

Objectives

- _____
- To understand the risk of social isolation and loneliness regarding morbidity, mortality, and the association with geriatric conditions
- _____
- To explore the ethical dilemma that pandemic related quarantine created in the geriatric population
- _____
- To understand the impact of COVID-19 on those with Alzheimer's disease and related dementias
- _____
- To find ways to go back to meaningful social interaction for those with dementia
- _____
- To empower our Assisted Living Communities to improve social isolation and loneliness in the future by using an array of tools and activities

2

Social Isolation Does Not Equal Loneliness

- **Social Isolation** is an objective state in which there is limitation of physical and emotional contact with others. It can be quantified. This includes living alone, having few social network ties, or having infrequent social communication or contact.
- **Loneliness** is a subjective state. It is the perception of social isolation or being lonely. It can also be described as the discrepancy between actual and desired social relationships.



3

The Impact of Interventions On The Elderly

AARP Found that 1 in 3 older adults admits to being lonely

Older adults were often already suffering from social isolation and loneliness prior to enhanced public health measures that were imposed during the pandemic

Some have pre-existing mental illness which amplifies the effect

Many have functional and emotional dependence on family members and community support

Many have physical vulnerability because of frailty and multiple co-morbidities

4

The Risk of Morbidity and Mortality

- Association with poor health behaviors like smoking, alcohol, physical inactivity, poor sleep, poor dietary choices, medical non-compliance
- Associated with biologic risk and the physiological stress response
 - Elevated blood pressure and increased risk of coronary artery disease
 - C-Reactive protein and the inflammatory response
 - Lipid profiles
 - Immune response
- Associated with increased risk of all-cause mortality

5

Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review

Julianne Holt-Lunstad¹, Timothy B. Smith², Mark Baker¹, Tyler Harris¹, and David Stephenson¹
¹Department of Psychology and ²Department of Counseling, Psychology, Stephen Young University



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- Cumulative data from 70 prospective studies, involving over 3 million participants over an average of 7 years
- Conclusion is that social isolation, whether measured objectively or subjectively resulted in a higher likelihood of mortality
- Results were an increased likelihood of death for
 - Reported loneliness 26%
 - Social isolation 29%
 - Living alone 32%

6

Loneliness and Geriatric Conditions

A longitudinal study in JAMDA looking at Geriatric Conditions including falls, incontinence, hearing loss, visual loss, and pain

Study included 4680 participants, all >65 years old and not cognitively impaired

The longitudinal relationship between loneliness and falls was bidirectional: a higher loneliness score predicted an increased number of falls and vice versa

None of the other GC variables were significantly related to loneliness over time

K. Yu et al. / JAMDA 22 (2021) 1107e1113

7

An Ethical Dilemma

The risk of COVID-19 for those >60

The risk of social isolation for institutionalized elderly

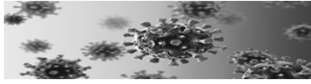


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The Ethics of Quarantine

- Is the concept of quarantine justified ethically?
- Is it effective?
- What principles must be met in order to justify an autonomy-limiting strategy?
 - **Minimize Harm:** Clear and measurable harm to others if a disease goes unchecked
 - **Proportionality:** The least restrictive means should be observed, in proportion to the risk
 - **Fairness and Reciprocity:** There should be no penalty to those who are restricted because of the protection of others
 - **Transparency:** the justification must be communicated clearly

9



The Impact of Covid 19 on those with Alzheimer's Disease and related dementias

Presented by Nancy Reed, MSW, LICSW
Optum RI Behavioral Health Team

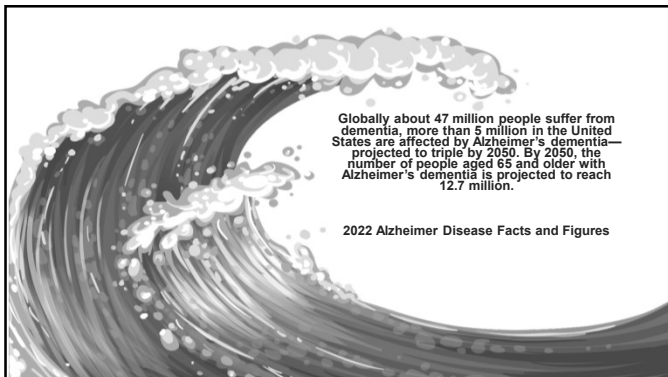
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Unintended Consequence

The sad fact:
The very practices that were put into place
to keep dementia residents safe from
Covid 19 may have negatively impacted
their well being....

11



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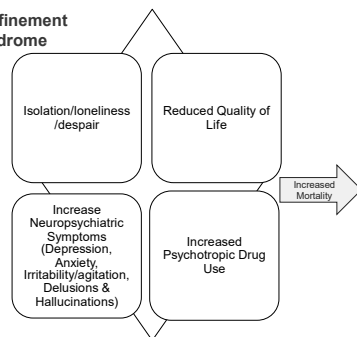
In a study published in the National Health Statics Report in December 2020....As of 2016, an average of 41.9 % of all residents who reside in Resident Care Communities (ALF and Supported Housing) were diagnosed with dementia. ¼ of those Resident Care Communities reported 75 % of their residents had dementia.



13



Confinement Syndrome



14

Triggers for Anxiety, Depression

- Less certainty due to inconsistency of structure, unfamiliar staff
- Misperception of why family are not visiting
- Constant negative messaging
- Decreased physical activity
- Decreased cognitive stimulation
- Loss of feeling loved, secure

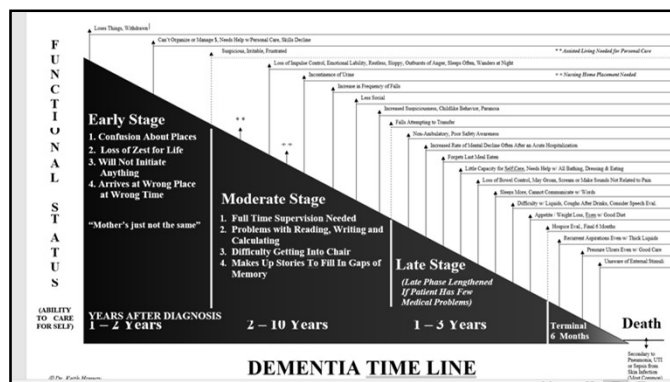
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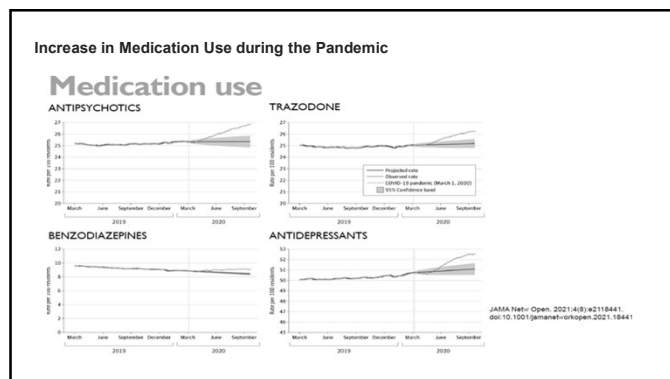
The negative impact:



- Depression can cause worsening cognitive decline,
- Escalate disease trajectory
- Decrease in function can lead medical complications,
- As cell damage worsens, person may be at risk for increased agitation, hallucinations, adding to pharmacologic burden
- Decrease of staffing patterns lead to less available caregiver time and the familiarity that is required for non-pharmacological strategies



17



18

The Way Back...



- Return to daily routines and structure
- Engage members with strength base interventions and resident focused care
- Stimulate creative response to enhance cognitive engagement
- Encourage physical activity, use the outdoors when possible
- Increase interaction with animals and people
- Adapt technology for increasing connectiveness to loved ones, Facebook portal, face time
- Use reminiscence to foster positive moments

19

Ideas to Promote Creativity

Use of creative story telling such as Time Slips

Ask Failure Free Questions

Virtual visits to concerts or museums

Virtual travel to other countries, particularly related to seasonal events, e.g., Ireland on St. Patrick's Day

Drawing/painting/coloring to encourage expression of feelings



20

A quiet moment looking out the window...

Ask....
 What do you see?
 What do you hear?
 What do you feel?
 What do you think that tree is thinking?
 If the tree could talk, what would it say?



21

**As we move forward....
Focus on working together to:**

- Increase consistency
- Use group synergy
- Reduce boredom
- Increase connectivity and sense of belonging
- Develop person centered and strength-based care plans
- Try new ways to engage your residents
- Make every moment pleasant

22

**Intended Consequences—what we
have learned**

- ✓ Dare to think about /do things differently
- ✓ Encourage and engage—our residents need our enthusiasm
- ✓ Group residents together to encourage pleasant moments, laughter
- ✓ Reframe all ADL Caregiving as a time to do an Activity
- ✓ Connection and communication are the keys to reduction of loneliness and isolation—part of the disease process.



23

**Covid 19:
How it changed our Community**

Empowering our Staff and Encouraging our Residents

Kate Treloar LICSW

24



Mildly Impaired Patients:
Keeping Connections with Family

Can you think of one unique or special interest of your residents? "Personhood" is a key intervention when working with your resident and may help to


25

Technology Opportunities

Tour Famous Landmarks

Meditation Apps- often have free classes

Librivox- read and record letters in the public domain



26

The Impact on ALF Community


- The Impact on the ALF Community

28,900- Assisted Living Communities in the US*

996,100 Licensed Beds*

2020: ISOLATION became ESSENTIAL

Source:
Schwartz, Lindsay-National Center for Health Statistics
CMS:Medicaid expenditures for Long term care services




27

Looking
to the
Future



28

Social Connections: Case of Lidia




29

Safety 101

- Health and Safety:

How can we socialize and stay safe?

How do we educate patients, family and friends of our patients?



30

Caring for the caregiver



31



Loneliness:
Ripple Effect

32

Future Trainings



33

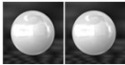
Creative Solutions

- Movie Nights
- Arm Chair Travel
- Outdoor Concerts
- Pen Pal Activity with Schools
- Downsized Favorites- Mini Golf



34

Final Pearls....



- ☐ Social Isolation and Loneliness are not the same thing. Social isolation is quantifiable, loneliness is perception.
- ☐ Covid 19 has impacted worsening cognitive impairment in many living with Mild Cognitive Impairment, thus increasing the overall dementia burden in ALFs/supported living
- ☐ Dementia patients have a higher risk of all cause mortality due to social isolation.
- ☐ As dementia progresses, the risk for depression, anxiety and changes in mental status function becomes more significant.
- ☐ Staff education on disease trajectory and the ability to encourage social interaction will have life long positive results in the ALF communities.
- ☐ We must continue to explore the ethical considerations as we come to understand that Covid 19 has changed the way we see the impact of social isolation.
- ☐ As healthcare professionals, we need to be innovative and prepare for such a future crisis; not only for our patients, but our community.

35

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36

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Dementia Time Line Copyright Dr. Keith Hannay

37

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38

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39