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Higher risk of physical frailty in older person is associated with increased levels of loneliness rather than social isolation

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Category: Older Person

Study type: Cohort study

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Commentary on: Gale, R.C., Westbury, L. and Cooper, C. (2018) Social isolation and loneliness as risk factors for the progression of frailty: the English Longitudinal study of aging. *Age and Aging, 47*, 392-397.

Commentary

Implication for practice and research

- Health professionals need to have deeper knowledge and understanding to support and prevent older persons experiencing loneliness, social isolation and the increase risk of frailty.
- Research needs to be carried out with diverse ethnic groups to identify, what they consider experiences of social isolation and loneliness, and what support can be provided to prevent physical frailty.

Context

Recently research has focused on Social isolation and loneliness in older person.[1] The studies tend to focus on frailty, physical health, mental health, mortality and risk for public health link to social isolation and loneliness in older person. This study by Gale *et al*. identified social isolation and loneliness associated with being older, less educated, less wealthy, having more depressive symptoms, more chronic physical disease, being a smoker.[2] In addition, there was modest correlation between social isolation and loneliness among the sexes.

Methods

Gale *et al* investigated whether progression of frailty in older person is linked to loneliness or social isolation.[2] Study involved 2,817 people aged ≥ 60 in the English Longitudinal Study of Aging Loneliness was assessed at wave 2 utilising Revised UCLA scale (short version). A social isolation score at wave 2 resulted from data on living alone. They utilised rank order correlation to examine loneliness and social isolation, linear regression to calculate regression coefficients for change in frailty index score between wave 2 and 5. Waves 2-5 needs to be clearly defined and results could have been graphically represented. The large sample size needs clarity in methodology for data collection in 2002-3 and at 2 year intervals.

Findings

There was high risk of possibility of physical frailty or pre-frailty around 4 years associated with increased levels of loneliness. There were no changes in the frailty index due to increase levels of

loneliness. There was modest correlation between social isolation and loneliness that did not change between sexes.

Commentary

This study tries to identify if progression of frailty in older people was linked to loneliness or social isolation. Also, to identify if increased frailty was a reason for increased loneliness and social isolation in the future. Studies in social isolation, loneliness and health in old age reviewed by Courtin and Knapp has shown social isolation and loneliness can affect mental and physical health.[1] Tanskanen and Anttila found there was significant link between social isolation and mortality, but there was no significant link between loneliness and mortality.[3] Lack of social network refer to social isolation, whereas emotional loneliness refers to lack of significant attachment in one's life. Essentially, health care professionals need to identify, why an older person is lonely, is it due to low level of education, poor health, or low self-esteem.[2] Therefore, interventions need to be in place to reduce loneliness and encourage activities that would improve quality of life.[4,5]

This study is important in identifying whether women are more likely to be socially isolated and lonelier than men. There were differences between the sexes linked with increased levels of social isolation and becoming physically frail. In women, there were no significant link, however in men increased scores for social isolation had high risk of becoming physically frail. There were no difference between sexes linked to loneliness and risk of becoming physically frail or pre-frail. Also, this study found high frailty most likely to cause increased loneliness in the future. This study used two models, namely frailty index and phenotype of physical frailty, which has an advantage over other research on risk factors for the progression of frailty. Park *et al*. study of older Korean Americans found there were high level of loneliness and depressive symptoms in individuals living alone compared to individuals living with spouse or children.[6] Health care professionals need to carry out assessments and develop interventions to reduce loneliness or social isolation to improve quality of life.

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Competing interests

None