

Aging and loneliness. What does it mean to grow old alone?

Laura Di Pollina^a

^a Unit of community geriatrics, Department of Community medicine, primary care and emergency medicine, Geneva University Hospitals

I have been caring for older adults, usually very frail and bound to their homes, in the clinical setting of university hospitals for the past 22 years, first as a geriatric fellow, later attending in New York City and now for the past 16 years in Geneva, Switzerland.

Many people tell me «how awful», «it must be very depressing to have all your patients die and never be able to cure them».

I find my work extremely rewarding, rich and fulfilling. To define a person as simply «old» and not worthy of our attention or medical interventions, is a major mistake in perception in a society that worships youth and productivity. I have encountered people who come from all walks of life, some very rich, some poor. They and their carers (if they have any) are overwhelmed by living with the burden of chronic disease, confronted with multiple losses, physical, mental, social, and of loved ones. Even if «cure» is not possible, improvement of symptoms and quality of life is.

Aging is an extremely heterogeneous phenomenon, nevertheless most of the patients whom I care for share a common denominator: loneliness and social isolation. These are two distinct entities in complex interrelationship. Loneliness concerns the manner in which individuals perceive, experience, and evaluate the lack of communication and contact with other people, «the pain of being alone». Social isolation concerns the objective characteristics of the situation individuals are confronted with (social network, inability to access others because of different functional or cognitive restrictions) [1].

I believe that loneliness should be considered a medical diagnosis in itself, worthy of prevention and treatment. In the second half of the twentieth century, the characteristics of the older segment of the population have changed with a sharp increase in longevity: «the grey tsunami»; which may have an impact on the prevalence of the phenomenon.

44% of the European population aged 65 and over put loneliness as the main problem for older adults [1]. It is frequently described as a universal experience in this population, especially among the oldest of the old, but in fact different determinants of loneliness such as marital and partner status, kin relationship (children, grandchildren), non-kin relationships (friends, neighbours, religious community, health care providers) as well as the size and overall composition of the network, will have an impact on the prevalence of loneliness among older adults. In fact, surveys have showed that

not all elderly people suffer from loneliness and some may recover from it.

A 2009 publication [2] found that loneliness speeds the effects of aging and motor function decline in older adults. The study analysed the relationship between participation in social activities and motor function decline in 906 older adults without dementia, Parkinson's disease or stroke, followed for about 5 years. The results showed that each point decrease in a person's social activity score was associated with a 33% faster rate of motor function decline and a 65% higher risk of disability as well as a 40% increase risk of death.

My collaborators and I, a multidisciplinary team including doctors, nurses, nursing assistants, social workers, physiotherapists, occupational therapists, a dietician and psychologists, have the privilege of developing caring relationships with these patients. Not only treating their medical problems but also helping them deal with other aspects of aging, such as loneliness and social isolation among others. We either provide regular care at home or in our day hospital where patients not only participate in therapeutic groups (mobility, memory, nutrition, management of substance dependency) but have the opportunity to develop relationships with their peers. Finally, we also enable them, if possible, to die at home if they so wish, providing them with comprehensive care until the end of their lives. It is a deep satisfaction for loved ones to have been able to respect their wishes in the best circumstances possible.

Loneliness and social isolation are major determinants of global health status in any age group, particularly the older adult. Health care policies should integrate this concept into the traditional medical model of disease.

Correspondence

Laura Di Pollina
 Médecin adjoint responsable a.i.
 Unité de gériatrie communautaire
 Service de médecine de premier recours
 Dpt de médecine communautaire, de premier recours et des urgences
 Ch. du Petit Bel-Air 2
 CH-1225 Chêne-Bourg
 e-mail: laura.dipollina@hcuge.ch

References

1. Jong-Gierveld J. Cross-national comparisons of social isolation and loneliness. *Can J Aging*. 2004;2(2):109–113.
2. Buchmann A, Boyle PA, Wilson R et al. Association between late-life social activity and motor decline in older adults. *Arch Intern Med*. 2009 June 22;169:139–146.