

## Spare a thought for the lonely

**“Are older adults who experience feelings of loneliness predisposed to depression and poorer health outcomes?”**

### Clinical issue:

There is current evidence to suggest that loneliness in older adults can develop into depression with further complications to health. Loneliness is often experienced by elderly due to isolation from family and loss of social connections (Singh & Misra, 2009). People in this age group are faced with many challenges such as physical, psychological and social role changes, which all have an impact on sense of identity and can affect their ability to live happily and healthily (Singh & Misra, 2009). In 1946 The World Health Organisation (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (The World Health Organization, 2016, para. 1). Satisfying social relationships is important for maintaining both mental and physical wellbeing, when there’s an impairment to social relationships this can lead to loneliness which can have further negative impacts to health (Mushtaq, Shoib, Shah, & Mushtaq, 2014).

### Implications on practice:

Auckland University conducted an assessment of services promoting independence & recovery in elders (ASPIRE trial). The trial showed that loneliness almost doubled the likelihood that an older adult would enter residential care (Parsons et al., 2006). The trial also showed the increased likelihood of hospital admissions (Parsons et al., 2006). Loneliness poses implications to health care as with increased hospital admissions there is an increased cost to the health system. Loneliness can lead to poor health outcomes and can manifest into chronic illnesses such as cardiovascular disease, inflammatory diseases and mental health conditions (Cornwell & Waite, 2009). Chronic conditions may require management within the hospital setting. Addressing the issue of loneliness in older adults within the community can prevent further complications arising.



### Recommendations:

- \* Successful management of loneliness and depression is dependent on health professionals enabling the client to be active in their management plans. A partnership between health professionals and consumers is a predictor of successful outcomes (Best Practice Advocacy Centre New Zealand, 2011).
- \* Providing holistic care to this vulnerable demographic requires primary health nurses to assess social well-being when they carry out assessments with the client (Nicholson, 2012).
- \* The issues that surround loneliness should be discussed within nursing programmes and workshops to help raise awareness (Murphy, 2006).
- \* Interventions such as day centre services and social groups aim to assist older adults in widening their social circles, these services have shown to alleviate feelings of loneliness and help assist older adults in having more fulfilled lives (Windle, Francis, & Coomber, 2011).

### The statistics:

Loneliness is an issue in New Zealand as there is an increasing proportion of people in the older age group. The population of individuals aged 65 years and over has had an increase from 11% to 13% over the years 1991-2009, with this steady increase it is expected to reach 21% by 2031. The number of people aged over 65 years is estimated to increase from 550,000 in 2009 to one million in 2020, it is predicted that this demographic will eventually outnumber children (Ministry of Social Development, n.d.).

### Conclusion:

Like many other developed countries, New Zealand has an ageing population. Loneliness is common in older adults and will continue to become a larger issue as this demographic grows. The current literature supports the need for appropriate intervention strategies that specifically target loneliness in the elderly.

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When presenting research findings, it is important to consider the target audience when selecting the appropriate media. I have chosen to present my evidence based research as a poster. This poster is intended to target both health professionals and the general public. Loneliness is an issue that both audiences should be aware of. The recommendations are mainly directed towards health professionals, and also community involvement. Posters provide an effective medium for knowledge transfer (Rowe & Ilic, 2009). The visual aspect of a poster can be just as influential at portraying a message as the content, visual imagery is what draws viewers' attention to engage them (Rowe & Ilic, 2009). As a visual learner myself, I felt that this was an effective method for raising awareness on this subject. Colour schemes, layout and framing of information all influence how effectively information is conveyed to the selected audience (Rowe & Ilic, 2009). Throughout this poster I have utilised the colour purple because it is recognised as the official ribbon colour for elder awareness in New Zealand (Ministry of Social Development, n.d.).

Table one: PECOT Model

PECOT category	Information relating to question	Explanation
Population	Adults over the age of 65	This is the retirement age in New Zealand (New Zealand Now, 2015), and is often the time when older adults lose a lot of their social connections and become prone to experiencing varying levels of loneliness (Mushtaq, Shoib, Shah, & Mushtaq, 2014).
Exposure (intervention)	Elderly living alone who develop illnesses/ conditions that occur due to loneliness.	Loneliness in older adults has been linked strongly with a significant impact on physical health in regards to higher blood pressure, effects on cardiovascular system, poor sleep patterns, immune stress responses and worsening cognition. Loneliness also has a strong relationship to depression (Cornwell & Waite, 2009).
Comparison/ Control	There is no comparison in this literature review.	There is a vast amount of evidence to support that loneliness has a correlation with depression and poor health outcomes. Having a comparison was not necessary for the scope of my essay.
Outcome	Whether there is shown to be a correlation between feelings of loneliness and depression.	Satisfying social relationships is important for maintaining both mental and physical wellbeing, when there's an impairment to social relationships this can lead to loneliness which can have further complications (Mushtaq et al., 2014).
Time	There is no time frame in this literature review.	Loneliness can be present and develop at any stage in older adults. A time frame was not relevant to my literature review.

(Whitehead, 2013)

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