

Loneliness and Older Adult's Quality of Health and Life

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Loneliness as defined by Perlman and Peplau, (1981) [1] "is the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively". The experience of loneliness is frequently identified through emotional and social isolation which could be contributed by social, psychological and physical health factors and their antecedents may vary enormously according to personal and contextual determinants [2-4]. However, one has to recognize the difference between being lonely and being alone. You can be alone and not feel lonely and you can be in a crowd and yet you feel lonely.

"Loneliness is never more cruel than when it is felt in close propinquity with someone who has ceased to communicate"

Germaine Greer

Loneliness can affect anyone anywhere, children, adolescents, adults, the old and the very old, however because some losses are inevitable, such as separation and death of loved ones, disability, immobility, illness, getting old, widowhood or simply the absence of relationship with other people, loneliness can sometimes be built into the aging process. Thus loneliness is not only found to be more common among the elderly [5-7], the subjective experience of loneliness in old age seem somehow sadder and more painful. Is loneliness the surest sign of age and that the pain of loneliness grows in tandem with the accumulation of loneliness over the years?

Older people are especially vulnerable to loneliness and social isolation and it can have a serious effect on health

Loneliness and social isolation have been linked with mood and wellbeing. The quality of life decreases with increased feeling of loneliness. The psychosocial well-being of older people can be affected by the feelings of loneliness, which may in turn give them problems at work or in daily lives partly attributable to the physical and mental decline [6,8,9].

Research has found that loneliness is a powerful predictor of mortality and morbidity in old age. Older adults who reported feeling of loneliness had significantly higher rate of declining mobility, difficulty in performing routine daily activities and are faced with higher risk of mortality [7,9-11]. Social inactivity and self-reported loneliness and their combination, particularly, are significant risk indicators of mortality [12]. The odds of dying were about 40% higher among people who claimed to often feel lonely than among those who never feel lonely, net of socio-demographic influences and social relationships [13].

Loneliness has also been found to predict greater cognitive decline, increased risk of Alzheimer's disease and dementia and other depression among the elderly [12]. As has been found by Donovan., *et al.* (2017) [14], loneliness as a clinical marker of social and emotional distress appears to be etiologically linked to depression and cognitive decline in older adults. Whereas non loneliness or low experience of loneliness predicts good self-rated health among aging people, indicating that absence of loneliness results in more favourable health condition than chronic illness [15,16]. Patterson (2010) [13] also found that the effect of loneliness on mortality from cardiovascular diseases was even greater. Health behaviours, especially physical activity, and depression suggest that they may be important mediators of the loneliness effect on mortality, and that the detrimental effects of loneliness may be more imminent than previous literatures have assumed.

To some extent, loneliness among the elderly is apparently influenced by individual mental state. Perception of loneliness, feeling lonely rather than being alone is found to be associated with an increased risk of detrimental effects of clinical dementia, depression and mortality [13]. Studies have shown that when an individual's impressions of the meaning of ageing were generally positive, they can cope better with changes associated with ageing.

Given that the goal of every rational being is to seek happiness, the feelings of loneliness among older adults could reveal a major problem in the society. Since feelings of loneliness is found to be detrimental to the health and well-being of older adults which would eventually lead to increased healthcare utilizations, it becomes imperative that older adults be assisted in combating loneliness.

Interventions and activities aimed at reducing social isolation and loneliness have shown to provide some solution to syndromes associated with loneliness and social isolation. Common characteristics of interventions which had demonstrated a positive impact include adaptability, community development approach, and productive engagement. Similarly, training to improve perspective-taking abilities and increase empathy, higher levels of socializing frequency, lower family strain, higher level of spousal support and better social network integration were found to provide protection against loneliness [17,18]. The design of better targeted loneliness interventions for a growing population of older adults at risk for loneliness may well include culturally appropriate measures as well [3]. It is clear from prior research that the structural and functional predictors of loneliness are amenable to intervention.

"The worst loneliness is not to be comfortable with yourself"

Mark Twain

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