



Interventions targeting loneliness and social isolation among the older people: An update systematic review



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ABSTRACT

This systematic review aims to summarize and update the current knowledge on the effectiveness of the existing interventions for alleviating loneliness and social isolation among older persons. A search of PubMed, ISI Web of science, SCOPUS, The Cochrane Library, and CINAHL databases was performed. The terminology combined all possible alternatives of the following keywords: social isolation, loneliness, old people, intervention and effectiveness. Eligible studies were published between January 2011 and February 2016 in English or Italian language and regarded the implementation of loneliness/social isolation interventions among the older generations. Outcome measures in terms of the intervention effects needed to be reported. In total, 15 quantitative and five qualitative studies were ultimately included in this review. Eighteen interventions were reported across the quantitative studies. Six out of 11 group interventions (55%), one out of four mixed interventions (25%) and all three individual interventions reported at least one significant finding related to loneliness or social isolation. Our review suggested that new technologies and community engaged arts might be seen as a promising tool for tackling social isolation and loneliness among the older individuals. Future studies need to work on methodological quality and take into consideration the suggestions of the present literature in order to provide firm evidence.

1. Introduction

The demographic shifting and ageing of the world population are considered a major issue urging for a comprehensive public health action (Poscia et al., 2015). Various strategies have been suggested to tackle the challenges older generations face, and one of the most promising ones is considered to be so called “Healthy Ageing”, namely, the process of developing and maintaining the functional ability that enables well-being in older age (European Commission - Directorate-General for Economic and Financial Affairs, 2014). The ability to maintain relationships is frequently regarded as important to the well-being and social relations in general are an essential component of healthy ageing (WHO|World report on ageing and health, 2016). Several studies reported that people with adequate social relationships have a greater likelihood of survival compared to those with poor or insufficient social relationships (Ellwardt et al., 2015; Holt-Lunstad

et al., 2010; Tabue Teguo et al., 2016).

Social isolation and loneliness are distinct but interrelated concepts, that are linked to numerous negative consequences among the older individuals, including health behavioural, psychological and physiological outcomes (Nicholson, 2012). Social isolation is usually characterized as an objective lack of meaningful and sustained communication, while loneliness is more referred to the way people perceive and experience the lack of interaction. Although both are associated with decreases in health status and quality of life, recent literature suggests that the two terms ought to be regarded as distinct characteristics, since they may have independent impacts on health (Dickens et al., 2011). For instance, social isolation is associated with higher mortality in older men and women, but this effect is considered to be independent of the emotional experience of loneliness (Stephens et al., 2013).

When prevalence of loneliness and social isolation among older

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generations is concerned, research reports quite inconsistent figures. It has been suggested that loneliness in older adults is most prevalent in the “oldest old”, referring to individuals aged 80 and over. Seven percent of middle-aged and older adults report feeling intense or persistent loneliness (Skingley, 2013), with a range of 5–16% reported across the literature (Windle et al., 2011). In addition, the review of Dickens et al. (Dickens et al., 2011) reported prevalence figures of social isolation among older people around 7–17%, depending on the definition and outcome measure used.

Recently, interventions targeting loneliness and social isolation among older individuals have been extensively studied in the literature. Indeed, several reviews tried to summarize the effects of these interventions, implementing various approaches and incorporating diverse inclusion criteria. Many of them, however, did not include a systematic approach and reached indefinite conclusions, stressing the need for further research (Stojanovic et al., 2017). One of the most recent systematic reviews on this topic evaluated the utility of loneliness interventions among the older generations and covered all primary studies published up to year 2011 (Cohen-Mansfield and Perach, 2015). With this premise in mind, our systematic review aims to summarize and update the current knowledge on the effectiveness of the existing interventions for alleviating loneliness and social isolation among older persons.

2. Materials and methods

2.1. Search strategy

We performed a systematic search of PubMed, ISI Web of science, SCOPUS, The Cochrane Library, and CINAHL databases in order to identify potentially eligible papers not included in previously published review of Cohen-Mansfield et al. (Cohen-Mansfield and Perach, 2015). Two investigators were independently involved in this process (AP and JS). Our search terminology derived from the scoping review of Pro-health 65 + Project (“65 + PRO-HEALTH - Home page,” n.d.) and it included a broad initial search for health promotion, prevention, and related interventions addressed to the older population (Duplaga et al., 2016). The search was designed according to the PICO model, incorporating both classical health promotion definition and types of intervention specified by McKenzie et al. (McKenzie et al., 2013). The example of PubMed search terminology is outlined below: (“social isolation” OR solitude OR aloneness OR loneliness OR “emotional isolation”) AND (older OR elder* OR senior* OR geriatric OR aged OR ageing OR ageing OR “Old age” OR “Old people”) AND (“social participation” OR “social support” OR “social involvement” OR promotion OR program OR programme OR plan OR intervention OR “Health promotion” OR prevention OR Campaign* OR “Health programme” OR “Health program” OR “Health prevention” OR “Social care” OR “Social intervention” OR Screening OR “Health education” OR “Health literacy” OR “Health communication” OR “Health advocacy” OR “Community advocacy” OR “Social campaign” OR “Social campaigns” OR “Health coaching” OR “Environmental change strategies” OR “Healthy environment” OR “Community mobilization” OR “Behavior modification” OR Screening OR “Primary prevention” OR “Health screening” OR “Support groups” OR “Social network” OR “Social gathering” OR “Health changes” OR “Legislation” OR “Regulation”) AND (Effectiveness OR Efficacy OR Efficiency OR Impact OR Evidence OR Outcomes).

2.2. Inclusion criteria

We included all English or Italian language studies that regarded implementation of loneliness/social isolation interventions, published between January 2011 and February 2016. Studies were deemed eligible if they were explicitly targeted at the population older than 65 or those papers specifically targeting the older persons (i.e. explicated in their title or in the aim of their abstract). Research needed to report as

outcome measures the effects of the intervention for alleviating social isolation or loneliness, using quantitative study designs as well as qualitative analyses examining people's perspectives or experiences. No particular restriction on study design was applied.

2.3. Study selection

Our analysis was conducted screening articles titles, abstracts and ultimately analysing full text articles of potentially eligible papers. Two reviewers independently performed these processes and disagreements were resolved through discussion (AP and JS). We hand-searched the reference lists of the retrieved articles to identify additional relevant studies. The systematic review was undertaken according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Supplementary Table 1) (Moher et al., 2009).

2.4. Data extraction

Data from the eligible studies were extracted using structured sheets containing information on intervention, type of study, participants' characteristics, follow-up periods, settings, outcomes measured and main findings. The outcomes assessed in the individual papers were classified into four domains. Our particular fields of interest were effect of interventions on dimensions of social health, including data on loneliness and social isolation. Furthermore, secondary outcomes included mental health (depression, mental well-being), physical health and quality of life were assessed, if present. All the results were extracted as between group differences, before-after measurements or measures of effect, along with details regarding statistical significance that were collected through a methodology similar to vote-counting (Hedges and Cooper, 1994). Theoretical basis of the interventions was also a subject of our investigation and we reported whether or not the authors stated that their intervention was based on a theoretical approach (Dickens et al., 2011).

2.5. Study evaluation

The Effective Public Health Practice Project (EPHPP) tool (Moher et al., 2009) was used for evaluation of included quantitative studies, due to its suitability with various study designs. This tool comprises of 6 evaluation parts (selection bias, study design, confounders, blinding, data collection method, and withdrawals and dropouts) that can influence the formation of the final - overall rate (ie, strong, moderate, or weak).

Qualitative study designs were evaluated using the set of criteria proposed by Salmon et al. (theoretical framework, value of study, data collection, participant description, data analysis, data interpretations) (Salmon, 2013).

3. Results

3.1. Study selection

At the beginning, 1815 potential articles were identified and 429 duplicate papers were excluded. 1386 articles were title screened and 441 abstracts were assessed afterwards. According to the inclusion criteria outlined in the Materials and methods section, 15 quantitative and 5 qualitative studies were ultimately included in the qualitative synthesis (Fig. 1).

3.2. Findings from the quantitative research

3.2.1. Study characteristics

Out of 15 studies providing outcome measures (Alaviani et al., 2015; Bartlett et al., 2013; Bøen et al., 2012; Davidson et al., 2014; Gaggioli et al., 2014; Hind et al., 2014; Honigh, 2013; Jones et al.,

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