

# Social Isolation in the Elderly; Physical Activity to the Rescue

**Ogundiran Opeyemi Olufemi\***

*Department of Physiotherapy, Obafemi Awolowo University Teaching Hospital, Nigeria*

\*Corresponding author: Ogundiran Opeyemi Olufemi, Department of Physiotherapy, Obafemi Awolowo University Teaching Hospital, Ile-Ife, Osun State, Nigeria

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## Abstract

Human beings are naturally sociable, and this evidence can be seen in the establishment of many types of relationships among them. There are endless benefits associated with social interactions which are critical to the maintenance of optimal health. A socially-isolated individual usually lacks a sense of belonging among his or her peers which could inevitably lead to depression or its associated symptoms especially in the geriatric population. The problem of social isolation among older adults is emerging due to several risk factors. The major aim of this opinion article is to critically examine the relevance of physical activity in tackling social isolation among the elderly.

**Keywords:** Elderly; Social isolation; Social interactions

## Introduction

Social isolation refers to “a state in which an individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling quality relationships” [1]. It could be seen either as a potential cause or symptom of an emotional/psychological disorder (John Hopkins University, 2013; University of Texas Health County Psychiatric Centre, 2008). Social relationships are integral to the human well-being and are critically involved in the maintenance of health [2]. Social network and support among other factors affect the quality of life of elderly people [3]. Numerous studies have shown that people who have satisfying relationships with family, friends and their community are happier, have less health challenges and live longer. On the contrary, a relative lack of social connections has been linked with depression and later-life cognitive decline [4]. In 1988, House, Landis and Umberson found that social relationships had as much impact on physical health as blood pressure, smoking, physical activity and obesity, therefore, the effects of social network size on health are robust. Broadly speaking, there are three distinct ways through which social ties work to influence health: behavioural, psychological and physiological [5]. Human beings are naturally sociable; feeling isolated can often have a negative impact on our health holistically. Therefore, keeping in touch with friends and families can be beneficial for our well-being.

### The negative impact of social isolation

Social isolation is often discussed in conjunction with loneliness as both concepts are often used synonymously in everyday

language although they tend to be different in some respects. Similar to loneliness, social isolation is multidimensional because it encompasses physical, mental-health, psychological, and social dimensions [6]. The health implications of social isolation are well documented in relevant literatures; for instance, a meta-analysis carried out by Holt-Lunstad, Smith & Layton involving one hundred and forty eight (148) studies, between 1900 and 2007 revealed that elderly individuals who have unsatisfactory or limited social relationships have an increased mortality risk than people with stronger social networks. It was also found that loneliness and social isolation are associated with an increased risk of developing coronary heart disease and stroke [7]. Other adverse effects that could result from social isolation include increased blood pressure, abnormal stress response, heart disease and poor sleep [8].

Social isolation has been directly linked to aging, in recognition that growing older presents increased risks of ending up alone through death of a spouse [9]. The aging process involves the progressive functional decline, or a gradual deterioration of physiological function with age, including a decrease in fecundity [10]. It represents the closing period in one’s lifespan when an individual reflects on his/her life and begins to finish off his life course [11]. This inevitable stage in a man’s life is undoubtedly associated with a spectrum of physiological changes that not only limit our normal functions but render us more susceptible to diseases and ultimately death. One of the psychological/social issues possible as one ages is decreased social contact which may ultimately lead to social isolation. This affects the health

and behavioural habits of elderly persons. For instance, an older person's social network can impact his or her health positively through encouragement to adhere to a medical treatment or to abstain from negative and risky behaviours [12].

Increased social engagement as measured by the frequency of late-life social activities in older individuals is associated with longevity and a decreased risk of dementia, while being lonely has been linked with disability and an accelerated rate of motor decline [13]. In fact, older people who are lonely tend to experience decline in their mobility than those who are not and are also likely to die sooner [14].

Loneliness is a growing problem in older adults and risk factors such as lack of access to private transport, minimal or no contact with friends and family, low morale and living alone have made elderly individuals vulnerable to it [15]. There is a strong correlation with malnutrition, repeated hospitalization, cognitive regression and grave alcoholic problem [16]. In Nigeria, urbanization and changes to the family structure are being touted as factors leading to social isolation of the elderly [17]. The population of older adults is increasing rapidly with people with aged sixty and older currently making up 12.3 per cent of the global population. It is estimated that the number will rise to almost 22 per cent by the year 2050 [18]. With this in mind, social isolation will likely impact the health, well-being, and quality of life of numerous elderly persons now and in the foreseeable future. The value of elderly persons to the society cannot be overemphasized especially in conflict resolutions within families and communities, care giving, volunteering, and passing of cultural traditions to younger generations. Consequently, in developed societies such as the US and UK, many government policies, programmes and interventions are already being geared towards limiting the vulnerability of these senior citizens to inevitable developments associated with ageing.

### Tackling social isolation through research

Several studies have been carried out in order to address the problem of social isolation with some explicitly targeting lonely elderly individuals while others did not focus on them. A systematic review done by Dickens, Richards, Greaves & Campbell [19] involving thirty two (32) studies (16 randomized controlled trials and 16 quasi-experimental studies) focused on the effectiveness of different "social" interventions for alleviating social isolation in older people. It was however concluded from this review that additional quality research studies on the effectiveness of these social interventions are required in order to improve the evidence base. According to another review by Cohen-Mansfield & Perach [20] involving thirty four (34) studies examining the utility of loneliness interventions among older persons, it was suggested that it is possible to reduce social isolation by using educational interventions focused on social networks maintenance and enhancement. A recent systematic review by Robins, Jansons & Haines [21] investigated the impact of physical activity interventions on social isolation among community-dwelling older adults. A methodologically inclusive review of existing literature yielded a total of seventeen

(17) studies due to the dearth of randomized controlled trials examining the effect of physical activity interventions on social isolation of elderly people. The results of this review suggested that group physical activity interventions are associated with decreases in social isolation among community-dwelling older adults.

In adults aged 65 years and above, physical activity includes leisure time activities such as walking, dancing, gardening, hiking, swimming, household chores, games, sports, or planned exercise [22]. Increasing physical activity levels is one of the most efficacious interventions to improve health in populations [23], psychosocial health inclusive. Many activity/exercise programs have been designed for elderly persons in a bid to reduce isolation and its consequences [24]. Examples of these programs are: active choices, active living every day, enhance fitness, enhance wellness, fit and strong, healthy moves for ageing, and walk with ease [25]. These programs are low cost initiatives and have been implemented in existing community and senior centres; they have also been found to be sustainable and replicable in many urban and rural communities.

### Discussion/Conclusion

As in the case of younger adults, regular exercise has been shown to provide myriad of benefits in elderly persons with evidence-base improvements in cardiovascular, metabolic, endocrine and psychological (which is the most relevant in this article) health [26-30]. These physical activities/exercises shouldn't be strenuous because of comorbidities associated with advanced age however, encouraging elderly persons to remain active in their hobbies and interests remains one of the most viable ways of nullifying the negative effects of loneliness. Tackling social isolation among our ageing population is a great challenge we cannot underestimate, both at individual and community levels, therefore, physical activity specifically regular exercise is a promising, non-pharmaceutical intervention to prevent and manage loneliness and other age-related diseases in our senior citizens [31,32].

### References

1. Nicholson N (2009) Social isolation in older adults: an evolutionary concept analysis. *J Adv Nurs* 65(6): 1342-1352.
2. Holt-Lunstad J, Smith TB, Layton JB (2010) Social relationships and mortality risk: A meta-analysis review. *PLOS Med* 7(7): e1000316.
3. Everard KM, Lach HW, Fisher EB, Baum MC (2000) Relationship of activity and social support to the functional health of older adults. *J Gerontol B psychol Sci Soc Sci* 55(4): S208-S212.
4. Harvard Medical School (2010) The health benefits of strong relationship. Harvard Health Publications, USA.
5. House JS, Landis KR, Umberson D (1988) Social relationships and Health. *Science* 241(4865): 540-545.
6. Keefe J, Andrew M, Fancey P, Hall M (2006) Final report: A profile of social isolation in Canada, pp. 1-42.
7. Valtorta N, Kanaan M, Gilbody S, Hanratty B (2016) Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*, pp. 308790.



8. Luanaigh CO, Lawlor BA (2008) Loneliness and the health of older people. *Int J Geriatr Psychiatry* 23(12): 1213-21.
9. Edelbrock D, Buys L, Waite L, Grayson D, Broe A, et al. (2001) Characteristics of social support in a community-living sample of older people: The Sydney Older Persons Study. *Australasian Journal on Ageing* 20(4): 173-178.
10. Lopez-Otin C, Blasco M, Partridge L, Serrano M, Kroemer G (2013) The hallmarks of aging. *Cell* 153(6): 1194-1217.
11. Warnick J (1995) *Listening with different ears: counselling people over sixty*. QED Press, Ft Bragg, CA USA.
12. Berkman L, Glass T, Brissette I, Seeman TE (2000) From social integration to health: Durkheim in the new millennium. *Soc Sci Med* 51(6): 843-857.
13. Fratiglioni L, Paillard-Borg S, Winblad B (2004) An active and socially integrated lifestyle in late life might protect against dementia. *Lancet Neurol* 3(6): 343-53.
14. Perissinotto CM, Stijacic CI, Covinsky KE (2012) Loneliness in older persons: a predictor of functional decline and death. *Arch Intern Med* 172(14): 1078-1083.
15. Victor C, Schambler S, Bond J, Bowling A (2000) Being alone in later life: Loneliness, isolation and living alone in later life. *Reviews in clinical Gerontology* 10(4): 407-410.
16. Cacioppo JT, Hawkley LC (2009) Perceived social isolation and cognition. *Trends Cogni Sci* (10): 447-454.
17. Gureje O, Kola L, Afolabi E, Olley B (2010) Determinants of quality of life of elderly Nigerians: results from the Ibadan study of ageing. *Afr J Med Med Sci* 37(3): 239-247.
18. United Nations Population Fund (2015) Ageing.
19. Dickens AP, Richards SH, Greaves CJ, Campbell JL (2011) Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* 15: 11-647.
20. Cohen-Mansfield J, Perach R (2015) Interventions for alleviating loneliness among older persons: a critical review. *Am J Health Promot* 29(3): e109-125.
21. Robins L, Jansons P, Haines T (2016) The impact of physical activity interventions on social interventions on social isolation among community-dwelling older adults: a systematic review. *Research & Reviews: Journal of Nursing and Health Science* 2(1): 62-71.
22. World Health Organization (2016) WHO Physical activity and older adults.
23. Paterson DH, Jones GR, Rice CL (2007) Aging and physical activity: evidence to develop exercise recommendations for older adults. *Can J Public Health* 98(Suppl 2): S69-108.
24. Coyle C, Dugan E (2012) Social isolation, loneliness and health among older adults. *J Aging Health* 24(8): 1346-1363.
25. National Council on Aging (2016) Exercise programs that promote senior fitness.
26. (1998) American College of Sports Medicine Position Stand. Exercise and physical activity for older adults. *Med Sci Sports Exerc* 30(6): 992-1008.
27. Belardinelli R, Georgiou D, Cianci G, Purcaro A (1999) Randomized, controlled trial of long-term moderate exercise training in chronic heart failure: effects on functional capacity, quality of life, and clinical outcome. *Circulation* 99(9): 1173-1182.
28. John Hopkins Medicine (2013) Mouse Research Links Adolescent stress and severe adult mental illness.
29. Luo Y, Hawkley, Waite LJ, Cacioppo JT (2012) Loneliness, health and mortality in old age: a national longitudinal study. *Soc Sci Med* 74(6): 907-914.
30. Partridge L, Mangel M (1999) Messages from mortality: the evolution of death rates in the old. *Trends Ecol Evol* 14(11): 438-442.
31. Umberson D, Montez JK (2010) Social relationships and health: a flashpoint for health policy. *J Health Soc Behav* 51(Suppl): S54-S66.
32. University of Texas Health County Psychiatric Centre (2008). Schizophrenia.