The Elderly and Social Isolation

Research Spotlight No. 1-2021



Editor's Note: This Research Spotlight reflects a selection of ICPSR studies and the literature analyzing the data in those studies, as of February 2021.

Introduction

This Spotlight provides an overview of the recent ICPSR data-related literature on social isolation and its mental health implications among the elderly. Social isolation can be defined as a lack of social connections, and, as such, is different from loneliness, but can lead to physical and mental health problems that are associated with loneliness.

Given the focus of this Spotlight, the highlighted publications are associated with studies in the holdings of the National Archive of Computerized Data on Aging (NACDA). NACDA studies are often utilized to investigate the well-being of elderly, in terms of physical as well as mental health. Several studies of nationally representative, U.S. and international, longitudinal data can be accessed at NACDA, allowing for the study of elderly people of different races and ethnicities, as well as

socioeconomic and cultural backgrounds. The following review of the literature highlights three major topics associated with social isolation:

Social network size and physical health

The number and proximity of relationships in a social network are useful objective indicators of social isolation and loneliness. The National Social Life, Health and Aging Project (NSHAP) longitudinal study's strengths include self-reported data on social network size and changes in relations over time.

An early analysis of the first wave of NSHAP distinguished between social disconnectedness and perceived isolation. Cornwell et al. (2009) found that perceived isolation may be a mediator between social disconnectedness and health, and that perceived isolation also accounts for part of the health-related advantages of college attendance and marriage. The size of the social network was also positively associated with the diagnosis and control of several chronic diseases, such as hypertension, that disproportionately affect the elderly.

A strong and extensive social network tends to promote positive health behaviors. Older persons embedded in more resourceful networks were more likely to exercise and use complementary and alternative medicines (see Shiovitz-Ezra and Litwin 2012). Based on Bui (2020), discussing health with confidants and living close to social network members was associated with less smoking, however, drinking was positively associated with the number of close ties, pointing to alcohol consumption as a part of socializing behaviors.

The shrinking of an elderly person?s social network has been associated with worse health and increased mortality. Based on NSHAP data, Cornwell (2015) pointed out the adverse effects of social network losses, especially for African Americans and people of low socioeconomic status. These disadvantaged groups experienced greater confidant turnover over time, due to more deaths in their close networks, and had more difficulties than other groups in replacing their lost confidants.

While losses in the social network were associated with worsening health outcomes, it appears that adding new ties can bring health benefits to older people. Cornwell and Laumann (2015) assessed NSHAP data to find that new confidant relationships helped improve functional, self-rated, and psychological health among elderly respondents.

The studies distributed by NACDA also allow for international comparison. The Irish Longitudinal Study on Aging (TILDA) is a nationally representative longitudinal study of Ireland, and is a sister study to the Health and Retirement Study. Analysis by McCrory et al. (2016) based on the TILDA study revealed that social network size and loneliness negatively impacted resting heart rate in elderly people, especially men of disadvantaged socioeconomic backgrounds. The Chinese Longitudinal Healthy Longevity Survey provides nationally representative data on the health status of Chinese elderly in 22 provinces of the country. Yang (2020)'s analysis of CLHLS data revealed how gender and education influence feelings of loneliness and isolation among the elderly. Yang found that while losing one?s spouse was a significant predictor of loneliness, the ?interaction between widowhood and education was significant only in older women, not in older men.?

Dementia and social isolation

Among the publications utilizing the National Health and Aging Trends Study (NHATS) (data are available through the NACDA project site), many are focusing on the cognitive aspects of social isolation and loneliness. Social isolation is associated with a 50% increase in the risk for developing dementia. While the data is not directly available, the ICPSR Bibliography contains the citations of many articles that analyze the data with a special focus on dementia and elderly care.

Identifying the correlates of social isolation holds great importance for the research of cognitive decline and dementia. The condition is increasingly widespread globally, and has no known cure. As Xiang et al. (2021) points out, much of the research has focused on the modifiable risk factors of dementia, among them the role of social relationships. Using longitudinal NHATS data, the authors found corresponding trajectories of social isolation and dementia: less social isolation corresponded to maintaining a low risk for dementia, and increasing social isolation corresponded to a steady increase in dementia risk. However, there was a substantial overlap between the persistently high-risk dementia group and the decreasing social isolation group, which might indicate the increasing reliance on help from one?s social network after the onset of dementia.

Cars being the primary mode of transportation for most American adults, driving cessation has immediate negative effects on the social participation of the elderly, as highlighted by Qin et al. (2020). The

authors also found that, among other factors, elevated depressive symptoms and possible or probable dementia were associated with social isolation.

Feelings of loneliness and social isolation was also associated with the risk of dementia in a sample of Chinese people 65 years and older. Zhou et al. (2018)'s analysis of CLHLS data found stronger associations between the two factors for men than for women. This analysis also included some lifestyle factors, such as living in an institutionalized setting and lack of exercise, which were associated with the risk of developing dementia.

Mental health issues among the elderly—exacerbated by COVID-19

Many of the above mentioned publications highlight the importance of distinguishing between perceived and objective isolation, and the practices that can help the elderly to reintegrate into social groups. However, the current pandemic created a situation where the lockdowns and social distancing recommendations initiated to curb the spread of the COVID-19 virus prohibit the isolated elderly from social participation. While primary data collection on the societal impacts of the current pandemic is largely still in progress, many researchers turned to existing data sets and their analyses.

The current pandemic highlights both the psychological and physiological toll associated with social isolation. Analysis of NSHAP in Santini et. al (2020), a publication that was frequently cited in the evolving COVID-related literature, found bidirectional influences between social disconnectedness, perceived isolation, and symptoms of anxiety and depression. Similarly to Cornwell et al. 2009?s earlier analysis of cross-sectional NSHAP data, disconnectedness impacted symptoms through perceived isolation. The authors? public health recommendations include enhanced social network integration and participation in community activities that could reduce perceived isolation.

Articles analyzing the impact of COVID-19 on mental health issues among the elderly also often referenced Domenech-Abella et. al 2019's analysis of data from TILDA. This paper assessed the associations between anxiety, depression, loneliness and social network. Based on this study, the symptoms of generalized anxiety and depression did not

predict loneliness and social isolation, but on the other hand, social isolation and loneliness predicted anxiety and depression. The authors drew the conclusion that structural interventions may be more effective than the treatment of individuals or smaller groups in alleviating the problems caused by increasing social isolation among the elderly.

Conclusion

This Research Spotlight does not reflect all of the existing research regarding the elderly and social isolation. To see how each of the ICPSR studies mentioned in this Spotlight has been examined in other scholarly literature, to gain ideas for extending prior research, or to conduct a larger literature review, you can search the ICPSR Bibliography of Data-related Literature. Using the search term "social isolation" reveals numerous publications that focus on the topic and the studies most often associated with this key expression. Discovering data via the literature in this way can begin your investigation of the existing and potential uses of the data distributed by ICPSR.

When authoring publications that include your secondary analysis of study data downloaded from ICPSR, be sure to cite the study in the publication's references section, using the provided data citation and unique identifier (in the form of a URL containing a DOI). Once your paper is published, submit its citation to the ICPSR Bibliography via this form, so it can be added to ICPSR's collection of linked data-related literature, enabling others to find, learn from, and cite your work.

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