

IMPACT OF SOCIAL ISOLATION ON COGNITIVE FUNCTIONING IN OLDER ADULTS LIVING IN ASSISTED LIVING

Vaunette Fay, PhD, FNP, GNP-BC
Professor
University of Texas Health



Social isolation and loneliness in older adults is a growing public health concern that is gaining attention especially during the COVID 19 pandemic. Social isolation and loneliness are frequently used interchangeable; however, they are not synonymous and describe different aspects of limited social connectedness (Steinman & Casey 2020). Social isolation is defined as the absence of social interactions, contacts, and relationships with family and friends and on a broader level with “society at large” and is a more quantitative term. Loneliness is subjective and defined as a distressing feeling of social isolation or perceived deficits in social connections and support (Hoogendijk et al, 2020, Smith, Steinman & Casey, 2020). Social isolation and loneliness significantly influence major physical, mental, and cognitive health outcomes. In physical health, the strongest evidence relates to cardiovascular health, such as cardiovascular disease and stroke, and there is evidence that poorer social connection is associated with poorer general health and well-being (Cacioppo, 2011, Smith, Steinman & Casey 2020). Among mental and cognitive health outcomes, data support the influence of poor social connection on risk for depression, poorer cognitive function, and dementia (Holt-Lunstad, 2020, Cacioppo, 2014).

Social isolation among older adults, especially the frail older adult and those with dementia, has been recognized as a major public health issue and a social determinate of health. The COVID- 19 pandemic and the need to keep older adults safe has stressed social distancing and social isolation for individuals living in community and assisted living(AL) and long term care(LTC) facilities. The strategy designed to protect older adults is actually having adverse effects on them, especially individuals with Alzheimer’s and other forms of dementia. Since March 2020, LTC facilities, at the direction of the CDC, have place restrictions on visitation and group activities (CDC, 2020). Visits from family and friends have not be allowed and individuals have been isolated in their rooms - not allowed to go to dining room for meals or to activity areas for physical and social activities which worsen the cognitive, behavioral, and physical condition of the residents (Mok, CT., Pendlebury, S., Wong, A. et al, 2020). The New York Times reported that health care providers are seeing increased infections, depression, falls and dementia diagnosis as well as sudden fragility in individuals who had been stable for years. They report that their patients with dementia are losing things faster than they should: weight, words, functional abilities, their remaining sense of self. (Engelhart, 20201) Read, Comas-Herrera, & Grundy (2020) reported that social isolation is associated with increased memory decline in both men and women.

The goal in caring for residence with dementia during this pandemic must be to assure the safety of the residents and find ways to decrease social isolation while increasing mental stimulation. Individuals with dementia responds well to routine: regular schedules and familiar faces. The AL and LTC facilities need to adjust or redesign daily routines and activities in order to maintain physical distancing but increase social activities for residents. Examples include getting residents out of their room to go to dining area with staged or staggered meal times and regular scheduled smaller group activates with participants seated to maintain social distancing for exercise time, bingo, music sing along, games or crafts. Video conferencing with families and friends utilizing Zoom or face time should be arranged at regular intervals where technologies are available. (Mok, CT., Pendlebury, S., Wong, A. et al, 2020)

The LTC facilities need to encourage families to be creative and maintain social connection with their loved ones for example a Zoom birthday party and family gatherings. During the pandemic regular or “as needed” medical/psychiatric consultation are best conducted via telemedicine and some non-pharmacological therapies can be delivered online (eg, reminiscence, music therapy). As more patients, staff and families receive vaccination and infection rates decline the LTC facilities need to arrange family in person visitation.

The COVID pandemic has lasted much longer than we could have imagined and has caused fear and anxiety in all facets of our lives. The need for social distancing and isolation to prevent the spread of the virus has had a major impact on our society and our quality of life. Older adult with dementia are at a greater risk for decreased quality of life, decline in cognitive function premature mortality in this time of social isolation. Health care providers and LTC facilities need to focus on providing care that assures safety while increasing social engagement.

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