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## LTC interventions help improve quality of life

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Loneliness and social isolation, the complete or near-complete lack of contact between an individual and society, can be acutely troublesome for seniors. That is particularly true for those who are experiencing a serious or advanced illness, where symptoms and impaired mobility make the effort required to socialize with friends and family challenging.



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The prevalence of isolation among seniors who live at home may be as high as 43%. While long-term living can serve to relieve isolation and loneliness with its level of care and social activities, as many as 60% of senior citizens who live in a nursing home environment do not receive outside visitors. One study of residents in long-term care settings found that nine percent suffered from loneliness "often or always", and 26% "sometimes."

Although it is difficult to distinguish the effects of isolation on health among those with chronic illness, loneliness is associated with poor self-rated health, dependency in mobility, depression, and poor psychological well-being. <a href="Health risks">Health risks</a> associated with isolation and loneliness are thought to be related to elevated levels of stress hormones and inflammation that increases risk of heart disease type 2 diabetes, depression, and suicide attempts.

A <u>meta-analysis</u> of 148 studies examining the relationship between social isolation and mortality found that having more supportive social relationships was linked to decreased mortality risk. Similarly, older adults who are lonely have an increased risk of dying sooner and are more likely to experience a decline in their mobility, compared to those who are not lonely.

Another <u>study</u> found that older adults with larger social networks of family members and close friends may be better at staying on top of recommended preventive health screenings and checkups than their more isolated peers.

What's more, social isolation can lead to many other detrimental <u>health</u> effects including increased risk of falls, dementia and rehospitalization.

Former U.S. surgeon general <u>Vivek Murthy—who dubbed the issue a public health crisis</u> — said that one of the reasons there is more attention being paid to social connections is because they are woven into other persistent health issues, such as addiction and depression. He recently labeled loneliness an "epidemic" and said the government should play a role in trying to confront it.

## **Creating a better care environment**

A number of <u>leading psychologists</u>, <u>social workers</u>, <u>medical practitioners and policymakers believe social isolation should be treated with the same urgency</u> as drug abuse or other major social ills. In response, long-term care communities, medical homes, elder coalitions and health plans are recognizing the harmful effects of social isolation and loneliness and developing ways to address them. For those with serious or advanced illness, innovative interventions can help to meet these challenges, while specialized community-based palliative care (CBPC) helps those residing in the community.

A broad range of activities can help relieve loneliness and social isolation among long-term care residents, including animal-assisted therapy for the cognitively impaired and non-impaired residents. Collaborative group approaches also help to improve cognitive aging among residents, as is indoor gardening, group use of game consoles and increased social contact with family or friends mediated via videoconferencing.

A randomized controlled trial of dog-assisted therapy versus a human-therapistonly intervention for residents with mild to moderate dementia found significant improvements on a measure of quality of life in one facility compared with those in the human-therapist-only group.

<u>Socialization interventions</u> that incorporate face-to-face communication through videoconference technologies have been developed and tested among older people with and without cognitive impairments.

Low-cost, off-the-shelf technologies such as Skype or FaceTime can enhance communication for older people. Videoconferencing may be beneficial and enjoyable among older people, while increasing their social networks over the long-term. Skype use by adults aged 50 and over has been effective in treating depression over the long-term.

One study found that <u>video conferencing</u> among frail older residents in assisted living facilities enhanced communication and social interactions with their families regardless of distance. Another study demonstrated positive attitudes towards using videoconference calls among older adults with dementia, perceiving them to be worthwhile and enjoyable.

## Social isolation in the community

Social isolation can be a factor in skilled nursing facilities and nursing home or long-term care placement. When discharging patients back to the community, social workers and discharge planners need to recognize and address risks of social isolation before returning them home. Otherwise, they will likely cycle back to the hospital, long-term care setting or require placement in a nursing home.

New models of community-based palliative care (CBPC), along with other services, such as Meals on Wheels and adult daycare programs can play an important role. Home-based programs are especially effective in screening patients and their caregivers for signs of social isolation. CBPC clinicians create care plans to address social isolation, including making referrals to community resources to address housing or transportation needs, food insecurity, and caregiver stress.

Among the recommendations to drive adoption is greater emphasis on managing the behavioral health needs of patients and their caregivers. Integrating behavioral health services into medical care requires more than simply improving communication among siloed professionals. Multidisciplinary care teams that include behaviorists, social workers, and patients working together can ease the sense of helplessness, the loss, and the social isolation that seriously ill people commonly experience.

Clearly, there is a need for more research to identify the most effective interventions and policy efforts to help connect seniors to their communities, whether they live at home or in long-term care settings. Many of these programs already exist, but they just need to be adopted on a much wider scale.

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