

# **Wisconsin Public Psychiatry Network Teleconference (WPPNT)**

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## How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

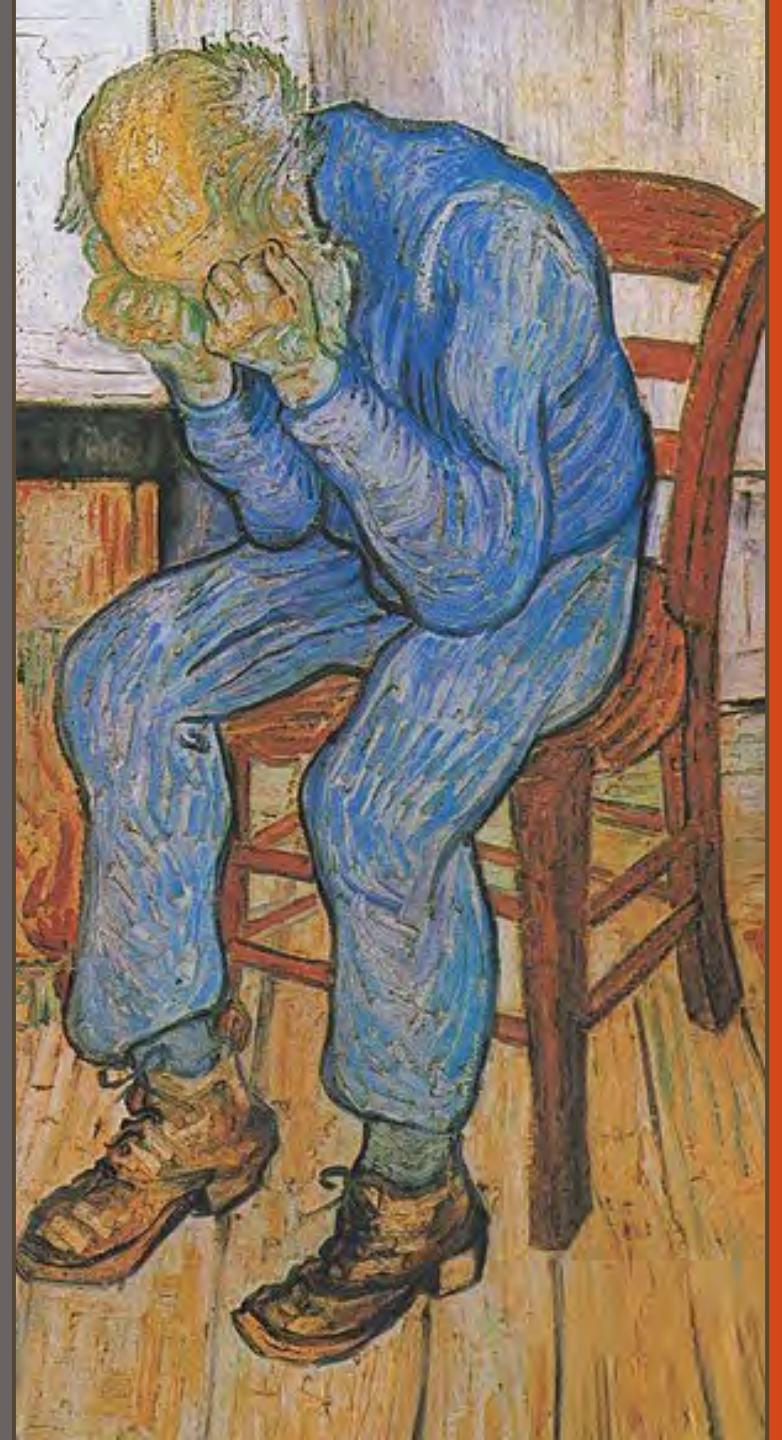
## Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- The evaluation survey opens at 11:59 a.m. the day of the presentation. A link to the evaluation survey is posted when the materials are posted.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
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# I'm the Only One Left: Social Isolation and Loneliness in Aging

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# Overview and Objectives

Today will be an evidence-based exploration of the prevalence, risk factors and impact of social isolation and loneliness in older adults, with an emphasis on a practical approach to screening and intervention in the clinical setting.

## Learning Objectives:

- 1) Identify risk factors and impact of social isolation and loneliness in older adults.
- 2) Integrate screening tools for loneliness and social isolation into clinical practice.
- 3) Develop patient-centered interventions to mitigate the health outcomes of loneliness and social isolation.

**No disclosures....**

# Case description:

- *Stan is an 82-year-old man who is seen in clinic every 4 months for management of cardiovascular disease, diabetes, and osteoarthritis. He lives alone in a one-level ranch house on the edge of town. His wife died three years ago of cancer. He has two sons, one in town and the other a few states away. He sees his in-town son once every other week, and his out-of-town son for holidays only. He no longer drives, and his son has to take off work to bring him to appointments, so he doesn't get out much. He discovered Instacart during the pandemic, so orders all his groceries for delivery. He used to go out for a walk every day, but the pain in his knees has made this very difficult. He's had 3 falls in the last year and was hospitalized once for a broken wrist. When you see him today, he half-heartedly jokes, "You're my only friend these days – everyone else is either dead or in a home!"*

# Definitions

## Loneliness:

Subjective distressing experience that results from perceived isolation or inadequate meaningful connections.

## Social isolation:

Objective state of having few social relationships or infrequent social contact with others



# Prevalence in Older Adults

Social Isolation in the community: 24%

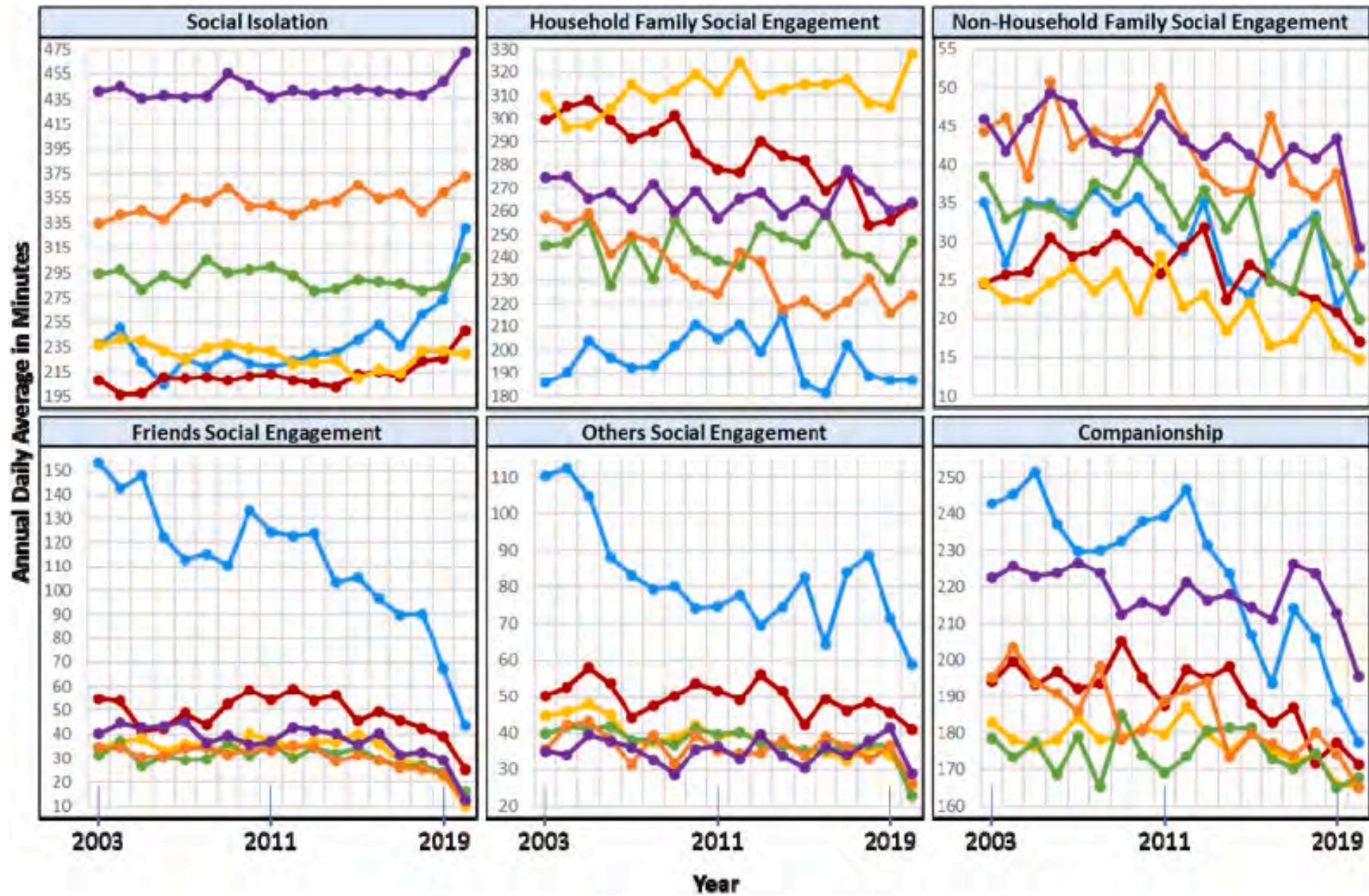
Loneliness in the community: 43%

Severe loneliness doubled in long-term care facilities

- In one study, 100% LTC residents lonely

Incidence of loneliness higher in economically deprived locations (36-80%)





By age: US social connectedness trends, annual daily average in Minutes, 2003–2020. 15-24 years (blue), 25-34 years (red), 35-44 years (yellow), 45-54 years (green), 55-64 years (orange), 65+ years (purple).

# Who's at risk?

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## SOCIODEMOGRAPHIC RISK FACTORS

- Increased age
- Female sex
- Low income
- Living in long-term care
- Living in isolated rural areas
- Living in low-income urban areas

## MEDICAL RISK FACTORS

- Multimorbidity
- Hearing or vision loss
- Frailty
- Cognitive impairment
- Functional impairment

## SOCIAL RISK FACTORS

- Living alone
- Living far from family
- Lack of transportation
- Few friends
- Caregiver of an elderly relative
- Life changes: change of residence, shrinking of social network, loss of a spouse, declining health, and loss of driver's license

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Risk factors for social isolation, loneliness and social vulnerability

Freedman A, Nicolle J. Social isolation and loneliness: the new geriatric giants: Approach for primary care. Can Fam Physician. 2020 Mar;66(3):176-182.

# Impact of COVID lockdown

27% reported increased loneliness

63% felt socially isolated

73% had difficulty connecting with friends/family

More social isolation, less change in loneliness than younger people

# Impact on older people

## Mortality

- Increased mortality associated with loneliness and social isolation: 26% and 29%
- About the same as smoking 15 cig/day or having AUD
- Strong social relationships have a 50% survival likelihood (advantage)

## Dementia associated with:

- Low social participation (RR: 1.41 (95% CI: 1.13-1.75))
- Less frequent social contact (RR: 1.57 (95% CI: 1.32-1.85))
- Loneliness (RR: 1.58 (95% CI: 1.19-2.09))

## Independence

- Functional decline (1.59 ARR)
- Decreased mobility (1.18 ARR)

Increased falls

Increased CV  
disease

Increased  
malnutrition

Increased elder  
abuse

Increased ER  
visits

Increased  
hospitalization

Increased long-  
term care  
placement

## Other Impacts



# Impact on Frailty

Frailty: an age-related clinical syndrome

- Deterioration in the physiological capacity of several organ systems
- Decreased functional reserve
- Increased susceptibility to sudden, disproportionate functional decline following stressor events.

Associated with:

- Increased cognitive decline
- Increased hospitalizations
- Increased falls
- Increased functional decline
- Increased mortality – doubles to quadruples depending on the study.

Loneliness clearly linked to frailty

Mixed data on social isolation as a risk

# Depression vs Loneliness

Loneliness: how people feel about their social connections and support

Depression: persistent general state interfering with daily life

Loneliness predicts future depression

Depression does not predict future loneliness



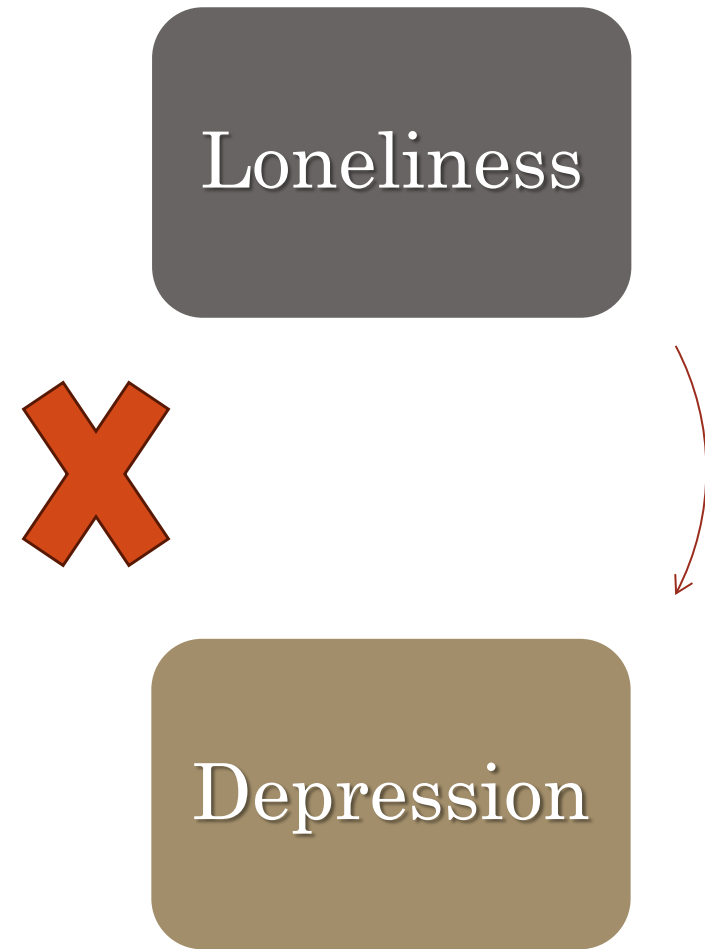
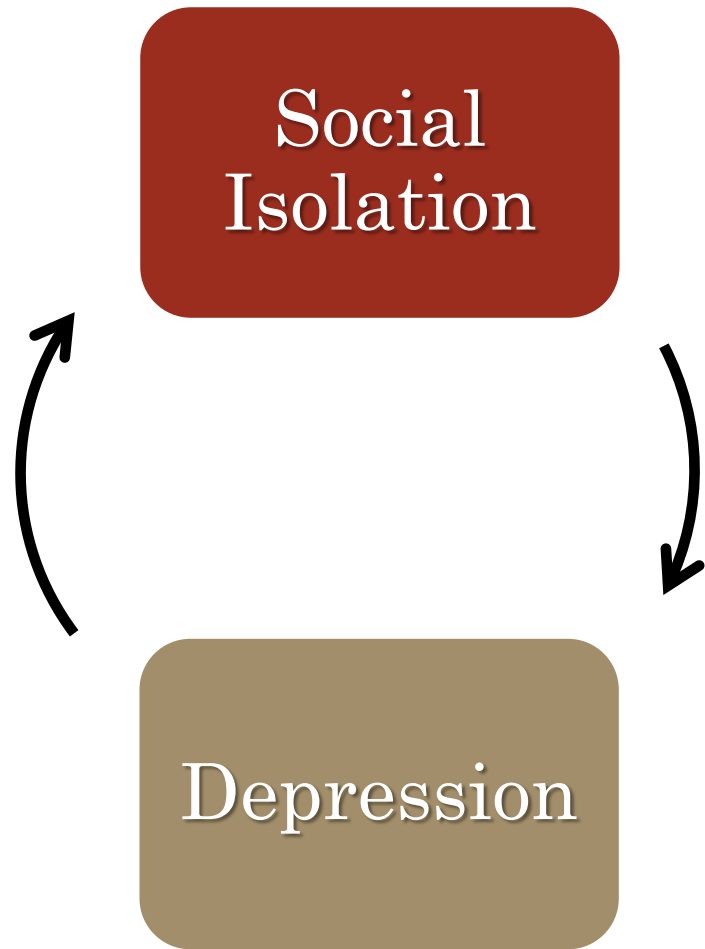
# Depression vs Social Isolation

Social Isolation: low # and/or quality of social supports

Depression: persistent general state interfering with daily life

Social Isolation predicts future depression

Depression predicts future loneliness



# Suicide in aging

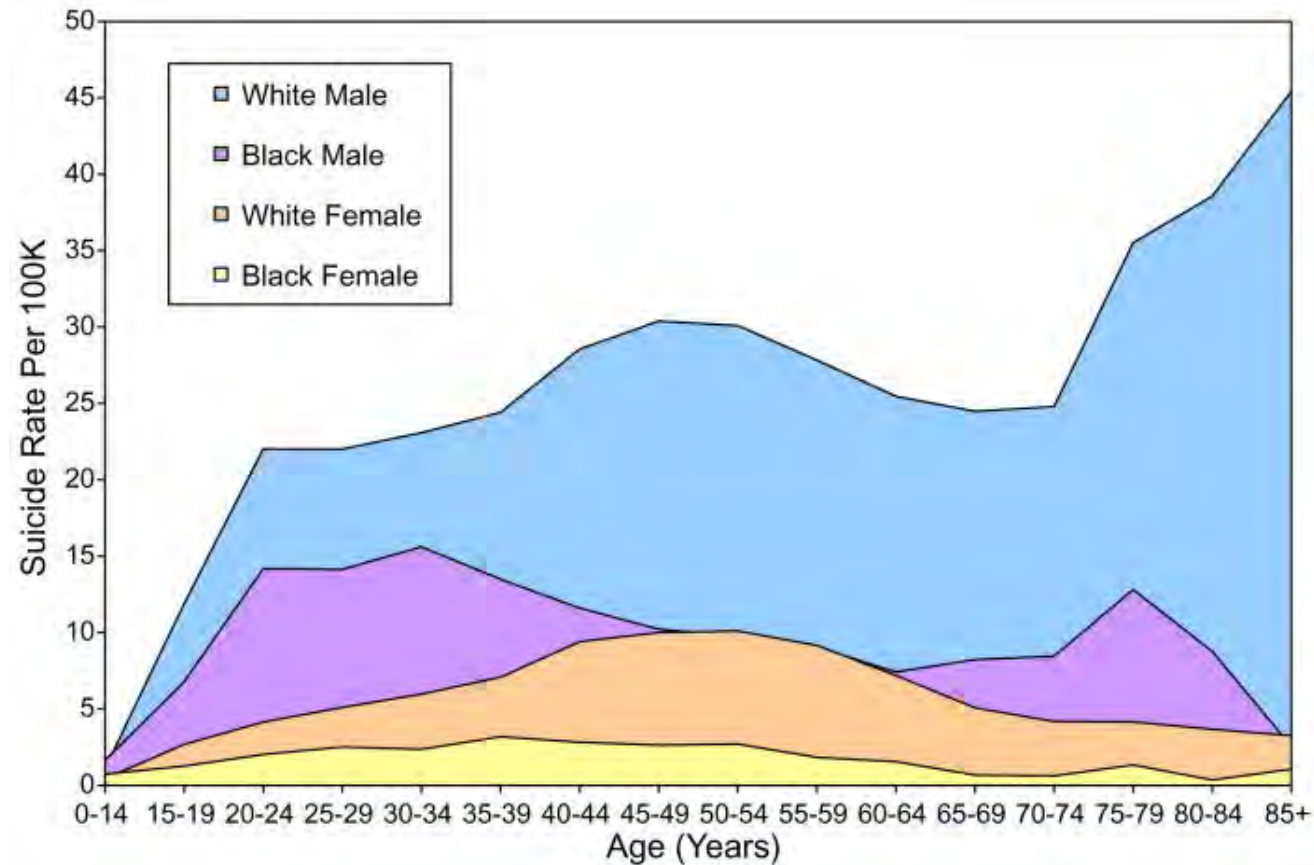


Figure 1. Suicide rates by age, race, and gender in the United States, 2007 (From the Centers for Disease Control and Prevention, 2010).

About 22% of all suicides

10,443 deaths in 2022

Older white men highest risk

~25% success rate (vs 0.5% in young adults)

Firearms most likely method



# Suicide in aging



Risks:

Loneliness

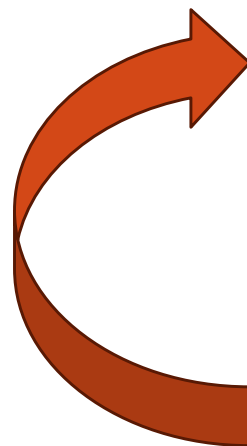
Social Isolation

Depression

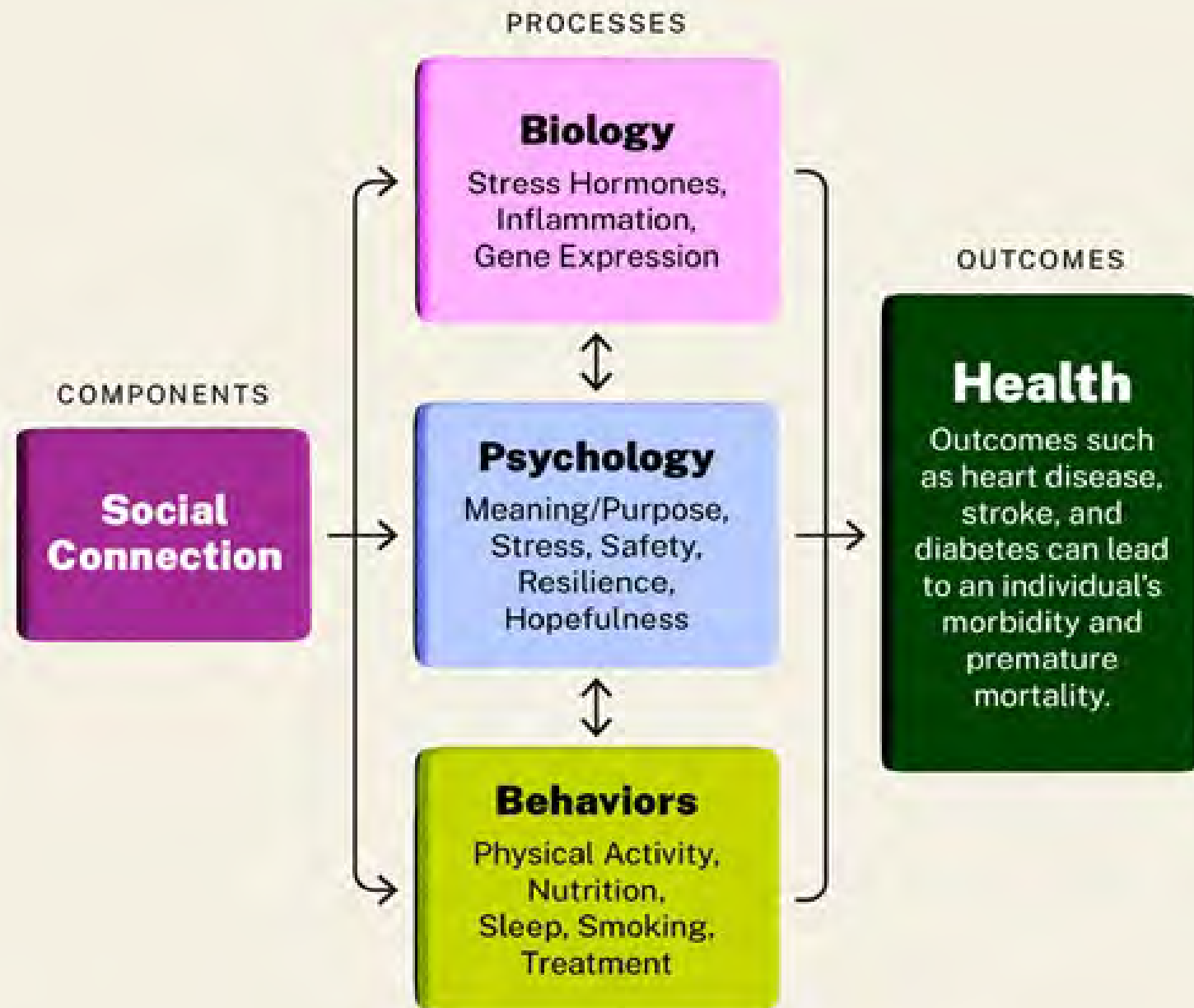
# of medical conditions

Frailty

Functional Impairment



# How?



Source: Holt-Lunstad J. The Major Health Implications of Social Connection. *Current Directions in Psychological Science*. 2021;30(3):251-259.



Office of the  
U.S. Surgeon General

# Screening

Infrequently done in primary care settings

Screening for loneliness separate from screening for social isolation

Use validated screening tools when possible

# UCLA 3-item Loneliness Screen

How often do you feel you lack companionship?

- Hardly ever (1)
- Some of the time (2)
- Often (3)

How often do you feel left out?

- Hardly ever (1)
- Some of the time (2)
- Often (3)

How often do you feel isolated from others?

- Hardly ever (1)
- Some of the time (2)
- Often (3)

Scores: <5 = not lonely; >6 = lonely



# Campaign to End Loneliness Tool

1. I am content with my friendships and relationships.
  2. I have enough people I feel comfortable asking for help at any time.
  3. My relationships are satisfying as I would want them to be.
- Scored on a Likert Scale: Strongly Agree (0), Agree (1), Neutral (2), Disagree (3), Strongly Disagree (4)
  - Higher scores = greater loneliness.
  - No set cut-offs

# Other options

- Revised UCLA Loneliness assessment (20 questions)
- De Jong Gierveld Loneliness scale (11 questions)
- Cornwell Perceived Isolation Scale – covers both isolation and loneliness
- Multiple single-question tools
  - E.g. “How often do you feel lonely”

# Berkman-Syme Social Network Index

1. Marital status (yes/no)
  2. Number of close friends (and frequency of interaction)
  3. Membership in a religious/spiritual group (yes/no)
  4. Membership in other community organizations (yes/no)
- Scoring can be complex depending on extent of form used
  - <6 close friends and “no” on >2 above = isolated
  - Limitation: presumes religious affiliation, marital status in lieu of long-term relationship

# Other options

- Steptoe Social Isolation Index (5-point scale)
- Duke Social Support Index (30-point scale)
- Lubben Social Network Scale (10-point, only for older adults)



Focus on the  
outcomes of  
loneliness and  
social isolation:

Heart attacks/strokes  
Loss of independence  
Frailty  
Falls  
Dementia  
Nursing home placement



Focus on contributing  
factors rather than intrinsic  
personality traits or  
qualities

# How to talk about it?

# Back to Stan:

- *Stan scores an 8 on the UCLA screening tool, and a 0 on the Berkman-Syme Index.*
- *You tell him that you're concerned that his social isolation and loneliness will increase his risk of multiple poor health outcomes, including increased falls, heart attack, and functional decline, including potentially needing a nursing home.*
- *Stan says, "I'm probably not much fun to be around anymore" and you reassure him that loneliness and isolation have multiple causes, none of which has to do with his personality.*
- *Stan says, "I wish I could get out more. Maybe I would do better in some sort of home where there are more people."*

# How to treat: highly individual



Improve social skills

Behavioral health specialists, coaching, meditation, improv



Enhance social support

Community resources  
In-home supports



Increase opportunities for social interactions

Decrease sensory barriers  
Transportation options  
Social networking



Address maladaptive social cognition

Behavioral health specialists



Help preserve existing relationships



# Interventions

INTERVENTION	EXAMPLES	RELEVANT RESULTS
• Social facilitation	Social clubs, day programs, video conference with family, interactive video games, chat rooms	• Better if include an educational or psychosocial focus
• Psychological therapies	Humour therapy, mindfulness-based stress reduction, cognitive enhancement programs, reminiscence group therapy	• Led by health care professionals • Difficult to determine the effect of the group itself vs therapy
• Animal based	Live animal visits, robotic dogs	• Both likely effective • Primarily studied in long-term care and residential care
• Physical activity	Exercise, exercise plus leisure, nutrition	• Best if health care provider involved and delivered more than once weekly
• Health and social care	Identification and referrals for at-risk individuals, outreach, geriatric rehabilitation	• Involve trained individuals or health care professionals
• Befriending	One-on-one volunteer visits, telephone support	• Often for homebound individuals • Led by volunteers • Less effective but might be only option for some
• Leisure and skill development	Gardening, arts, cooking, sports, computer training, music	• Computer/Internet training likely effective • Leisure activities are more effective with exercise or social support

# What works best?

Data mixed

Likely multi-factorial

Best data:

- Exercise
- Social clubs
- Animal therapy
- Better if facilitated

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Sustainability  
=  
Key to Success!

Better if facilitated

# National interventions

US: <https://connect2affect.org/>

UK: <https://www.campaigntoendloneliness.org/>

Australia: <https://endloneliness.com.au/>

# Stan again!

- *You spend some time talking to Stan about what kinds of things he'd find enjoyable if he were able to get out more and meet more people.*
- *Stan says, "I always wanted to take an art class. I was an accountant, so all the schooling I did was pretty straightforward."*
- *You connect him with the local organization that helps older people audit college classes as well as local resources for transportation.*
- *Stan enrolls in "Foundations of Contemporary Art" and the next time you see him, he pulls up his phone and shows you the group chat he's joined with some of the other students in the class. He tells you they are all going to the museum to look at a new exhibit, and one of his new friends will push him in a wheelchair so his knees don't give out.*

# Take Home Tips

- Loneliness and Social Isolation are common and have significant health impacts.
- Don't assume you know who's lonely or isolated => SCREEN!
- Use validated screening tools
- Focus on individual factors and health outcomes
- Target interventions to the individual
- Familiarize yourself with local resources (or have a team member who is an expert)



**Thank you!**

**Questions?**