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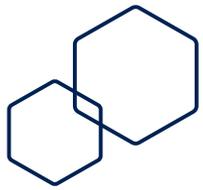


**BRAIN HEALTH
ACADEMY**
UsAgainstAlzheimer's



Social
Isolation,
Loneliness
and
Dementia





Acknowledgements

This course is presented and developed in partnership with Humana and USAging.





Presenters



Lydia Harris RN, CCM, HtD, Clinical Resource Nurse | SFL HSO, Humana



Leigh Ann Eagle, BS, Chief Operations Officer of the Living Well Center of Excellence and Director, Health & Wellness Program at MAC, Inc.



Course Description

Throughout the pandemic we have seen the impact loneliness and social isolation have had on mental health. Studies also show that loneliness and social isolation are risk factors for cognitive decline. This course will cover risk factors for dementia, provide validated tools to assess social activity and loneliness, and intervention strategies to improve mental health.

Learning Objectives

-  Participants will be able to list 6 or more modifiable risk factors for dementia.
-  Participants will be able to summarize the link between **social isolation, loneliness** and dementia.
-  Participants will be able to identify effective interventions and strategies to address **social isolation, loneliness** with a special focus on adults 45+.
-  Participants will be able to identify special considerations for high-risk populations.



Social Isolation, Loneliness and Dementia



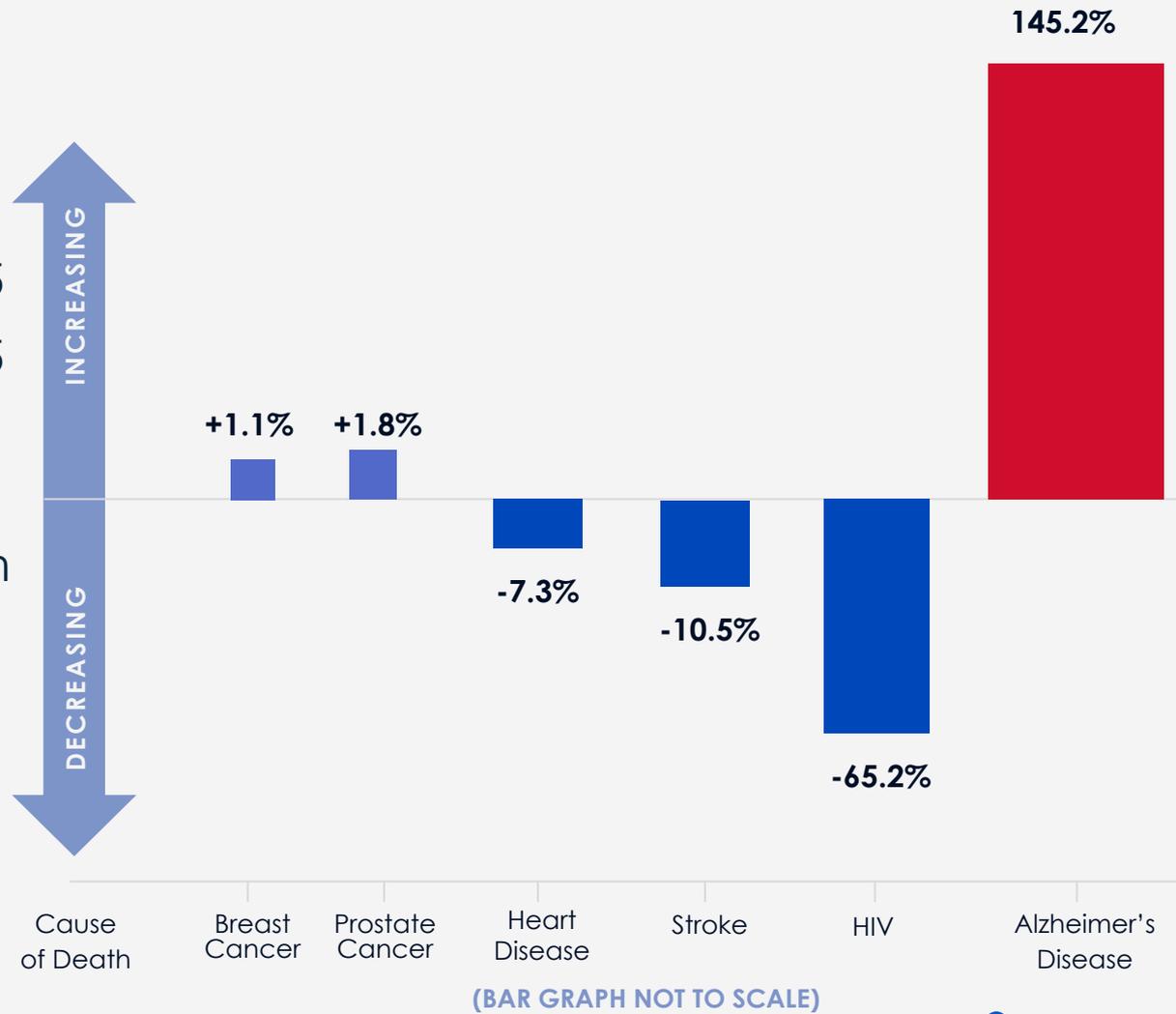


Alzheimer's and Dementia Facts



Scope of the Epidemic (U.S.)¹

6.5 million adults
1 in 9 adults age ≥ 65
1 in 3 adults age ≥ 85
2/3 are women
Alzheimer's deaths increased 145% from 2000-2019, while other top causes of death have declined



Inequities in Brain Health^{2, 3, 4}



African American people are
2X AS LIKELY
to have Alzheimer's

Latino people are
1.5X AS LIKELY
to have Alzheimer's



Less likely than White patients to receive a timely diagnosis;



More likely to report experiencing racial discrimination along their patient and caregiver journeys;



Less likely to be enrolled in cutting-edge Alzheimer's and brain health research.

Dementia in the aging LGBTQ community



Nearly 20%

LGBTQ adults >65
are living with
dementia

1 Million

LGBTQ adults with
dementia by 2030

\$17 Billion

Current annual
LGBTQ dementia
care cost

Hispanic or black in the LGBTQ+ community encounter greater difficulty obtaining high-quality dementia care.



Modifiable Risk Factors for Dementia

Alzheimer's: Non-Modifiable Risk Factors ^{6, 1, 7, 8}



Age

Number one risk factor is advancing age.
Risk doubles every 5 years after age 65.

Family History

Genetics vs environmental factors.

Education

Fewer years of formal education and lower levels of cognitive engagement may be risk factors.

Sex

2/3 of those with Alzheimer's are women.
16% of women age ≥ 71 (11% of men).
After age 65, have more than 1 in 5 chance (1 in 11 for men).

Modifiable Risk Factors⁹

40%
of dementia cases
could be prevented
by addressing these
lifestyle factors

INCREASE

- Education
- Physical Activity
- Social Contact

DECREASE

- Hearing Loss
- Hypertension
- Obesity
- Smoking
- Depression
- Diabetes
- Excessive Alcohol Intake
- Head Injury
- Air Pollution



Social Isolation and Loneliness

Definitions ¹⁰



 **Loneliness** a subjective feeling of being isolated.

 **Social isolation** the objective state of having few social relationships or infrequent social contact with others

Role of providers



-  The healthcare sector is uniquely positioned to play a key role for seniors because interactions with the healthcare system may be the only opportunity to identify affected individuals.
-  Nearly all adults aged 50 or older interact with the health care system in some way.



The Link Between Social Isolation, Loneliness, and Dementia

Social Isolation and Dementia Link ¹¹



-  Poor social connection and isolation have been shown to have deleterious effects on several aspects of mental and physical health.
-  Social isolation is associated with impaired cognitive performance and cognitive decline, and a more rapid progression of AD.
-  Social isolation was associated with about a 50% percent increased risk of dementia.¹²
-  Positive social connections or support have been shown to buffer against the physical and psychological effects of stress and reduce the risk of dementia.

Loneliness and Dementia Link



- Loneliness is another risk factor for one's general health, including brain health, and is equivalent to smoking 15 cigarettes a day.¹¹
- Loneliness also was associated with smaller brain sizes and poorer executive function skills (such as the ability to plan, focus attention, and remember instructions).¹³
- Lonely people ages 60 to 79 were three times more likely to develop dementia than their counterparts who did not report feeling lonely.¹³
- Lonely adults, especially those without increased risk from age or genes, may have an elevated dementia risk and be vulnerable to early cognitive decline.¹³

Morris, et al. (2015). *Alzheimer's & Dementia*, 11(9), 1007–1014.



**Social Isolation
and Loneliness Risks,
Causes, Impact**

Social Isolation Risk Factors



Many elderly people are at an increased risk of social isolation **because of various factors** like:

-  Living alone
-  Loss of family and friends
-  Hearing loss
-  Chronic illness
-  Lack of interests in social activities they once enjoyed¹⁰

Loneliness Effects



Different age groups emphasized various reasons for their loneliness.¹⁴

-  Ages 46 to 55 are likely to mention divorce.
-  Ages 18 to 55 and 76 to 85 are equally likely to mention the government (about half as frequently as adults aged 56 to 75).
-  Ages 56 to 65 are likely to mention deaths of friends, family members or pets.
-  Ages 66 to 75 are likely to mention limited shopping opportunities.

Living alone is not a prerequisite to loneliness!

Social Isolation, Dementia and COVID-19¹⁴



During the isolation caused by the COVID-19 pandemic:

-  31.2% of individuals with dementia felt sadder
-  37.4% had increased anxiety symptoms

Impact on Health ¹²



-  Social isolation increases risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
-  Older adults who are socially isolated record increased emergency room and physician visits.
-  Poor social relationships can be associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
-  Loneliness was associated with higher rates of depression, anxiety, and suicide.
-  Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Impact on Health ¹²



Increased symptoms noted by Caregivers:

1. Anxiety and agitation
2. Compulsive-obsessive behaviors
3. Hallucinations
4. Forgetfulness, difficulty with ADLs

These side effects of social isolation can leave Caregivers feeling more tired and overwhelmed



**Social Isolation,
Loneliness
Interventions**

Social Isolation & Loneliness Interventions¹¹



 Annually, or after major life events (e.g., death of loved one, changed living arrangements), perform an assessment using one or more validated tool(s) to identify adults aged 45+ experiencing loneliness or social isolation.

- UCLA **Loneliness** Scale for assessing loneliness,
- Berkman-Syme Social Network Index for assessing **social isolation**.

 Document results screenings in your electronic health records.

Social Isolation & Loneliness Interventions ¹¹



For those identified with elevated risk of social isolation or loneliness, clinicians should suggest strategies for enhancing their social connection and activity and check in with them via phone or virtual meeting every few months to offer guidance or additional resources, as needed, to help prevent further declines in social activity.



**Social Isolation,
Loneliness
Considerations for
Implementation**

Approaches and Considerations



-  Don't assume you know who is or is not lonely; think about how and why someone may be lonely or isolated and focus your advice on the mechanism.
-  Ask the patient what he or she thinks would be a solution to their loneliness or social isolation and familiarize yourself with some of the community programs and resources in your area.
-  For older adults, the Area Agencies on Aging and the AARP Connect 2 Affect are good places to start.

Approaches and Considerations



Examples to suggest may include:

- Meeting new people by joining clubs or organizations, such as a book club, a local sports team, a civic organization, or a political or religious group.
- Volunteering, for instance, at a pet shelter, the library, hospital, school, or senior center.
- Staying connected to family and friends (even during times of social distancing) by phone and video conferencing should be encouraged, recognizing that limited mobile/internet access may impact some individual's ability to maintain virtual social connections.



Explain to patients that all forms of relationships and support can be meaningful in building a sense of connection and serve as a protective factor to brain health. The more supported and connected a person feels, the better they can handle stress and build stress resilience.



Social Determinants and Health Equity

Social Determinants



Social Isolation and Loneliness are social determinants of health. They are also impacted by other social determinants:

-  **Transportation** impacts on loneliness More than 100 million Americans do not drive—which is one-third of the U.S. population. While transportation is important for accessing medical care, it is also essential to being socially engaged with people and activities.
-  Immigrant, and lesbian, gay, bisexual populations experience loneliness more often than other groups. Latino immigrants, for example, “have fewer social ties and lower levels of social integration than US-born Latinos.”
-  First-generation immigrants experience stressors that can increase their social isolation, such as **language barriers, differences in community, family dynamics, and new relationships that lack depth or history.**
-  Similarly, gay, lesbian, and bisexual populations tend to have more loneliness than their heterosexual peers because of **stigma, discrimination, and barriers to care.**



**What Matters Most
to Patients**

What Matters Most: Social Isolation Survey Results

- **90%** of respondents believe feeling socially isolated has some or significant effect on the brain and brain health (+ or -)
- **As many as 30%** may feel socially isolated
- Of those who feel socially isolated: **67%** feel more socially isolated than before the pandemic; and **92%** say they are affected emotionally, **81%** mentally and **56%** physically
- **42%** of respondents say they do not socialize as much as they would like to:
 - **54%** feel they lack companionship at least some of the time
 - **45%** feel left out at least some of the time
 - **45%** feel isolated from others at least some of the time
- Social isolation is **more prominent** in those with a diagnosis of ADRD



N=650 (of which 641 provided classification: ADRD/MCI diagnosis: 42; high risk for ADRD: 188; current caregivers: 94; former caregivers: 186; general interest in brain health: 131)

What Matters Most: Social Isolation Survey Results

Q: How can health care providers (HCP) help their patients manage feelings of social isolation and/or loneliness?

- ✓ *“Educate about the role of social isolation and loneliness in depression and risk of dementia.”* (former caregiver)
- ✓ *“Ask what resources would help their patient reduce the isolation.”* (former caregiver)
- ✓ *“Have a list of community resources available to give to patients – places or events to visit for socialization.”* (former caregiver)
- ✓ *“Encourage them to exercise regularly outdoors.”* (former caregiver)
- ✓ *“Refer for talk therapy.”* (ADRD/MCI diagnosis)
- ✓ *“By making sure they understand what is being talked about even though HCP feel they are having to repeat it a few times.”* (ADRD/MCI diagnosis)

60%



N=650 (of which 641 provided classification: ADRD/MCI diagnosis: 42; high risk for ADRD: 188; current caregivers: 94; former caregivers: 186; general interest in brain health: 131)



**Social Isolation,
Loneliness
Patient Resources**

Area Agencies on Aging (AAAs) are in Every County in US



- These agencies provide programs and services to assist older adults and people with disabilities to remain in their homes for as long as possible.
- For example, the Living Well Center of Excellence in Maryland:
 - Receives physician referrals to implement social needs screening, link at risk individuals to needed services and to evidence-based programs
 - Demonstrates a significant cost reduction in hospital and emergency department utilization as a result of providing these services and programs
 - Informs referring providers about the programs and services received by older adults and people with disabilities
 - Provides respite funds for family caregivers so they can take a break and/or access other resources
 - Conducts Social Determinants of Health and Social Isolation Risk assessments and referral to needed services

The Most Important Resource: Caregivers



-  More than 11 million Americans provide unpaid care for people with Alzheimer's or other dementias. In 2021, these caregivers provided more than 16 billion hours of care valued at nearly \$272 billion.¹
-  In 2020, estimates suggest that 238,000 family caregivers in Maryland were providing care for people with dementia, and contributed 364 million hours of unpaid care, amounting to an estimated total economic value of \$6.5 billion.¹⁶



Challenges for Dementia Caregivers



14%
believe their physical or mental health is not good enough to provide care



27%
delayed or did not do things for their health



66% said caregiving interferes with their ability to take care of themselves or their daily activities





Stories from the Field – Assisting Caregivers and Care Recipients in Community Settings

-  Supporting caregivers with programs and resources to assist them in caring for persons with dementia
-  Providing early social connectedness and depression screening for both caregivers and care recipients
-  Building on clients' existing resources to increase/maintain connections and better health

Success Stories – Supporting Caregivers and Care Recipients



“This workshop was so very helpful because it helped the participants feel connected to others who share similar experiences as caregivers. In addition, it took me out of a place where I was feeling overwhelmed because there were other caregivers in the group who had caregiving responsibilities that were so much more involved and demanding than mine.”

Life Bridges Dementia Care Day Program



- A to build new friendships with others on a similar journey
- Music and art therapy
- Exercise - chair yoga, stretching, movement games and more
 - Otago chair-based strength training led by UMES PT students
- Enclosed Garden
- Rendeвер virtual reality program - designed especially for people with Alzheimer's, "takes" clients to places they have been, places they would like to go and even to places where they once lived
- Cognitive games and exercises
- Nutritional lunch and snacks



Student Physical Therapists in Training Connect with clients to help maintain their physical strength and mobility



Provider-Patient Resources



The following resources can be shared with patients:

-  Far From Alone <https://farfromalone.com/>
-  Humana [Social Isolation Toolkit](#)
-  [FFA_Infographic_08 \(humana.com\)](#)
-  UsAgainstAlzheimer's [Clinician Guide: Social Activity](#)
-  Eldercare Locator <https://eldercare.acl.gov/>

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