

A SYSTEMATIC REVIEW ON THE GLOBAL PREVALENCE AND ASSOCIATED FACTORS OF ISOLATION IN OLDER ADULTS

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ABSTRACT

In today's world, isolation among older folks is a serious health risk. Despite being a phenomenon that has the potential to greatly affect people's quality of life and well-being, the problem has not gotten much attention up to this point. The purpose of this meta-analysis and systematic review is to compile the research on the prevalence of isolation and the factors that influence it. This research is a meta-analysis and systematic review. From 2014 to 2024, a thorough literature search was carried out using Scopus, PubMed, EMBASE, and Google Scholar. This review includes 113 studies in total. According to the meta-analysis, 27.6% of this population experienced isolation. With a prevalence rate of 30.5%, North America has the highest prevalence of isolation among older persons; the highest prevalences were among older women (30.2%) and institutionalized older adults (50.3%). According to the research's overall findings, loneliness affects about one in four elderly individuals worldwide, which is a significant statistic. Given the correlation between isolation and a number of clinical, social, and health factors, such as depression, suicidal thoughts, and death, as well as the projected increase in the elderly population, mental health professionals and legislators need to create and execute programs that reduce isolation in the elderly.

Keywords: Systematic review, Global prevalence, Health problems, Older adults

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INTRODUCTION

The idea of active and successful aging has gained more attention from mental health professionals and legislators in many nations [2] as the number of elderly individuals has grown globally in recent years [1]. However, by fostering social isolation, neglecting to attend to the needs of this demographic, especially their psychological and social needs, may

compromise their capacity to age in a healthy and active manner [3]. Isolation is a significant health concern for older adults in today's world, but it hasn't gotten enough attention up to this point, despite its importance [4].

"The uncomfortable experience that arises when a person's network of social relations is inadequate in a significant manner, either

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qualitatively or quantitatively," is how definitions define isolation. To put it another way, isolation can be defined as a person's cognitive awareness of their social and personal relationships' weaknesses, which may lead to feelings of regret, emptiness, or grief [5]. The inability to establish and maintain satisfying relationships with others, which results in a sense of deprivation, is the simplest definition of isolation. There are two types of isolation: social and emotional. Weiss [6] first used the term "emotional isolation" to characterize a situation in which people don't have at least one social contact with whom they may confide their deepest feelings and thoughts. Feelings of rejection and emptiness accompany social isolation. Based on their personality qualities and life circumstances, some people are more prone to social isolation, while others are more prone to emotional isolation. The most intense feelings of loneliness, however, are caused by the combination of social and emotional isolation.

People of all ages experience isolation. However, it is more common in older persons for a number of reasons, such as retirement, painful experiences (such loss of a loved one), physical and mental illnesses, and loss of mobility. Although research indicates that between 25 and 50 percent of those over 65 suffer from isolation [7], other studies indicate that the frequency might be as high as 70 percent, particularly under specific circumstances [8]. In addition to variables pertaining to their living and housing circumstances (e.g., assisted living, nursing homes, retirement communities, living at home as a community dweller, etc.), older people may have a variety of acute or chronic health concerns.

Poor general health, mental and physical problems, the onset of diseases, social isolation, and suicidal thoughts are just a few of the problems that can result from

isolation. Of them, anxiety and depression are two conditions that are frequently linked to long-term isolation. Lonely older persons are 1.4 times more likely to have suicide thoughts, 1.2 times more likely to experience generalized anxiety, and 1.9 times more likely to be depressed than their counterparts who are not lonely [9]. Furthermore, isolation has been connected to increased rates of cognitive impairment in older persons, a deterioration in mobility, and a reduction in the capacity to manage activities of daily living [10]. Individuals who are lonely typically suffer feelings of melancholy, emptiness, and a loss of belonging. These emotions impact lifestyle, social interactions, and general health in different ways [11]. It would be helpful to do a comprehensive review given the varying prevalence rates of isolation among older persons in various research (ranging from 25% to 70%) and the evidence that isolation has a negative impact on older adults' general health. As of right now, there are no thorough analyses of published studies on the prevalence of isolation and related factors among older persons worldwide. The existing review studies are either regional or limited, which estimates the prevalence of isolation among older adults in high-income countries. As a result, this systematic review and meta-analysis aims to summarize the findings on the prevalence of isolation and its related factors to estimate the global prevalence of isolation in older adults.

METHODS

This study is conducted according to the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statements [12]. As a result, the following actions were taken: Four databases were systematically searched (a), the articles were arranged (b), the articles were chosen based on the inclusion criteria of our study (c), the data was extracted, the data was

analyzed, and the results were reported (d). From 2014 to 2024, four databases were chosen for searches of scientific literature: Scopus, PubMed, EMBASE, and Google Scholar.

criterion for inclusion and exclusion. The study's inclusion criteria were as follows: only English-language publications were included; observational studies (longitudinal and cross-sectional studies) that examined the prevalence of isolation in older adults or examined factors associated with isolation in older adults; research involving participants 60 years of age and older; and no restrictions were considered for the settings of older adults (living at home as a community dweller or being institutionalized). Case-control studies, interventional studies, review studies, brief reports, mixed-methods studies, duplicate publications, studies that lacked the necessary and enough data, and studies without full text availability were among the exclusion criteria.

RESULTS AND DISCUSSION

Prevalence in Older Adults

Consequently, the results were analyzed using the random-effects model. The meta-analysis found that the overall prevalence of isolation in older adults was 27.6%.

Prevalence by Gender

The prevalence of isolation among older adults by gender, indicates that older women exhibited the highest prevalence of isolation, at 30.2%.

According to the current study's findings, women were more likely than males to experience isolation. Our findings are supported by earlier studies showing that women have a considerably higher prevalence of chronic diseases [14] and are more likely to have disorders like depression [15] and loneliness than men, which lowers their quality of life [16]. The study's findings indicate that older women experience isolation at a rate of 30.2%,

while men experience isolation at a rate of 24.2%. The expansion of gender role expectations for women, their increased responsibilities as the head of the household, their increased professional activities, and consequently their socialization, as well as their experiences in marriage and the rising divorce or widowhood rates, can all be used to explain this increase.

Prevalence by Age

Several studies indicated a direct correlation between age and isolation [17, 18], meaning that as age increases, so does isolation; however, other studies have documented contradictory findings, indicating that age is inversely correlated with isolation [19, 20]. As a result, isolation is commonly perceived as an issue of aging, however there is some evidence that isolation peaks during adolescence and that reported degrees of isolation vary by nation. According to the study, the combined sample's prevalence of isolation rises with age. Many negative changes that come with growing older, like losing one's source of income, being apart from children, and losing friends and loved ones to death, loneliness may be more strongly associated with aging [21].

Health Problems

Fifty-two out of the 189 research found a positive and significant correlation between isolation and depressed symptoms. There are noteworthy correlations between isolation and various marital statuses, according to twenty-four research. In particular, the linked factors were being unmarried or single in seven research, being divorced in three studies, being widowed in nine studies, being married in one study, and not having a partner in three studies. There is a strong correlation between loneliness and living alone, according to 19 studies. According to seventeen investigations, loneliness was linked to poor physical or mental health and well-being.

Other related factors included social isolation (two studies), individualism (two studies), pain (two studies), falls and fear of falling (two studies), hearing impairment (three studies), anxiety (three studies), death wishes (two studies), insufficient or difficult sleep (two studies), etc. Feelings of loneliness were found to be significantly correlated with health-related or overall quality of life in 13 articles. According to 14 studies, isolation was negatively correlated with one's level of physical or mental health and well-being. According to a cross-sectional study, isolation and hearing impairment were negatively correlated; isolation declined as hearing impairment rose. According to one study, there is a negative relationship between males and a higher chance of isolation. Four studies found a link between loneliness and marital status.

This is explained by the possibility that age-related changes and limitations make older persons more vulnerable to physical and mental illnesses. It seems that depending on other people to take care of one's fundamental requirements might lead to mental health problems like loneliness. One explanation is that when elderly individuals move into long-term care facilities, their everyday life may alter, which could result in mental health issues such as anxiety, despair, and loneliness [22]. For example, having to share a room with other elderly people and communicating with loved ones less frequently can both impact one's sense of intimacy and exacerbate feelings of loneliness [23].

The data was collected in seven waves, each occurring every two years [24]. A 0.16 increase in the intensity of depressed symptoms was positively correlated with a one-point increase in the isolation score. Isolation can result from the development of negative self-beliefs, which have been connected to depression. Furthermore,

genuine communication, a sense of belonging, and camaraderie are fulfilling experiences. On the other hand, depression has been associated with a reduction in experiencing such satisfactions [25]. Therefore, programs designed to reduce isolation may be able to prevent or reduce depression in older adults, a global public health issue. It can be concluded that isolation is a significant factor influencing depression because the findings of a study on the subject indicate that isolation has a moderate impact on depression.

Chronic loneliness may be a risk factor for the emergence of neurocognitive impairment. Some have suggested that cognitive deterioration may result from both short-term and long-term isolation.

Quality of Life

The detrimental effects of solitude on the mental and physical health of older persons are widely recognized [26]. Those who are isolated are more prone to act in ways that have detrimental effects on their health. Each of these problems has the ability to both improve and worsen older people's quality of life.

CONCLUSION

The results of this study generally indicated that loneliness affects about one in four older people worldwide, which is a noteworthy statistic. Considering that loneliness is linked to a number of clinical, social, and health issues, such as depression, suicide thoughts, and death. Given the projected increase in the elderly population, mental health professionals and legislators need to create and execute programs that help reduce loneliness in the elderly. Setting up routine psychological consultations to evaluate and reduce older individuals' feelings of loneliness is one possible solution. The quality of life in this population can be improved by diagnostic and therapeutic therapies for isolation, which can improve mental health and self-

esteem, foster social interactions, and eventually lessen depression and suicidal thoughts. Thus, counseling measures can be taken into consideration for older patients in nursing homes and hospitals in addition to therapeutic measures, improving their quality of life. Furthermore, it is advised that health officials take into account expanding social support and remote help for individuals who are isolated or residing in nursing homes, as well as boosting

awareness of this issue through social programs.

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