

Loneliness and aging

Solidão e envelhecimento
Soledad y envejecimiento

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EDITORIAL

Scientific evidence on loneliness shows that this feeling can act as a decisive negative factor in maintaining health. In this sense, an editorial on the subject stated that the damage to health is clear and associated loneliness with an increased risk of cardiovascular diseases, hypertension, diabetes, infectious diseases, impaired cognitive function, depression and anxiety. The editorial also highlighted that this is an issue that requires society's attention and, as a result, a committee was created to study loneliness and social isolation.⁽¹⁾

Due to the evidence of the harm it can cause or worsen, loneliness has become one of the major health concerns in the 21st century. As a result, initiatives have been developed and the governments of the United Kingdom and Japan created Ministries of Loneliness in 2018 and 2021, respectively.⁽²⁾ Also, a health authority in the United States showed the consequences of insufficient connection for physical health and highlighted a 29% higher risk of heart disease, a 32% higher occurrence of stroke and a 50% higher chance of developing dementia in older people. In addition, it estimated that the lack of social connection increases the risk of premature death by more than 60%.⁽³⁾

However, one of the main difficulties related to loneliness may be the lack of consensus to define it exactly, as it represents a very subjective experience. It is a painful and distressing feeling that leads to a feeling of unease in which the person feels alone, even though they are surrounded by people, and believes that they lack support, especially of an affective nature.⁽⁴⁾

Although loneliness is not experienced exclusively by older people, it is more common in this age group.⁽⁵⁾ A meta-analysis that identified the availability of data, gaps and patterns for the prevalence of loneliness at the global population level found that the combined prevalence of loneliness for adolescents ranged from 9.2% in Southeast Asia to 14.4% in the Eastern Mediterranean region. For adults, the study was conducted only for the European region, and the lowest prevalence of loneliness was consistently observed in Northern European countries and the highest in Eastern European countries. The authors concluded that loneliness should be incorporated into general health surveillance, with broader geographic and age coverage, using standardized and validated measurement tools.⁽⁶⁾

An integrative review that analyzed the factors and impacts of loneliness in old age and interventions to improve the lives of older people who feel lonely showed a high incidence of this problem in the

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lives of these people, mainly associated with factors such as marital status, low quality of life and widowhood. However, the issue, despite its high incidence, is still little discussed and generates several psychological and social consequences in old age.⁽⁷⁾ In Brazil, a cross-sectional study developed with data extracted from the electronic database of the baseline of the Brazilian Longitudinal Study of the Health of older people (ELSI-Brazil) found that although most participants reported never feeling lonely, this feeling was more intense in those with depression, who were female, who did not attend school, who lived alone, who had worse quality of sleep and who had a negative perception of their own health. It can be seen that loneliness is a condition that should be observed by services and professionals responsible for caring for these individuals, given its potential to harm the quality of life in this age group.⁽⁸⁾

However, increasing social connection can help reduce the risk of health problems related to this phenomenon. In this sense, strategies have been proposed to increase social connection based on six fundamental pillars: Strengthening Social Infrastructure; Enacting Pro-Connection Public Policies; Mobilizing the health sector; Reforming digital environments; and Deepening knowledge.⁽³⁾

Therefore, it is necessary for professionals in the field of geriatrics and gerontology, especially nurses, to develop interventions to mitigate the impacts of this phenomenon, so that loneliness is less common in the older population. Studies are also needed to deepen knowledge about loneliness and its variables, which can serve as a basis for establishing public policies and actions that help prevent and mitigate loneliness in older people, helping them to stay healthy.



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