

Social Isolation, Frailty and Health outcomes in Community-Dwelling Older Adults: A Scoping Review

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Objective

To identify the relationship between social isolation, frailty and health outcomes in community dwelling older adults

Social Isolation

50% of older adults are isolated

Objective

Subjective



Social Networks



Social Participation



Social Support



Loneliness

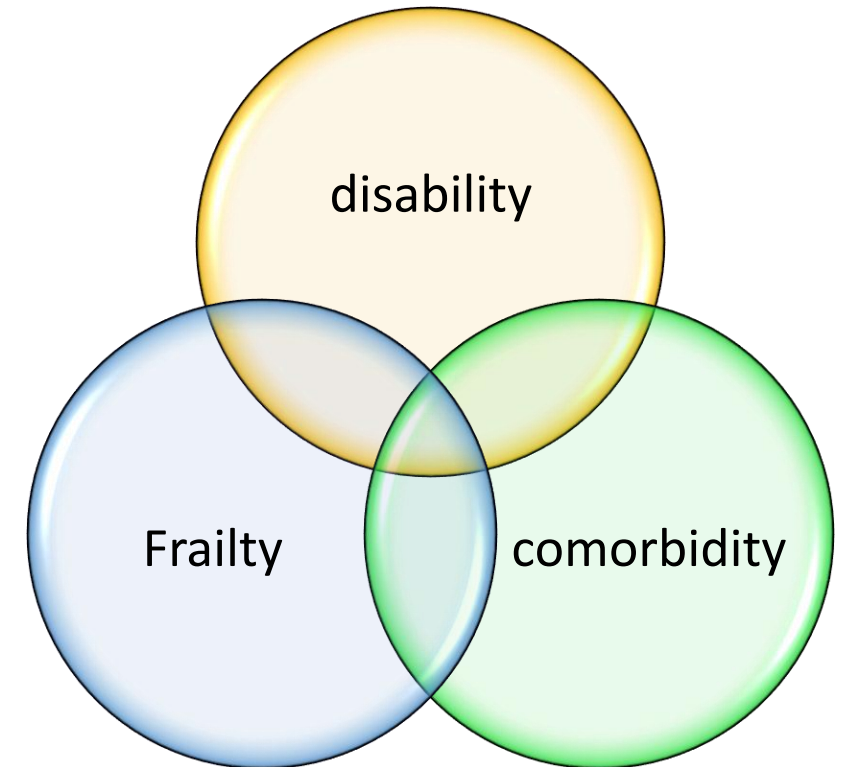


Quantity of relationships

Quality of relationships

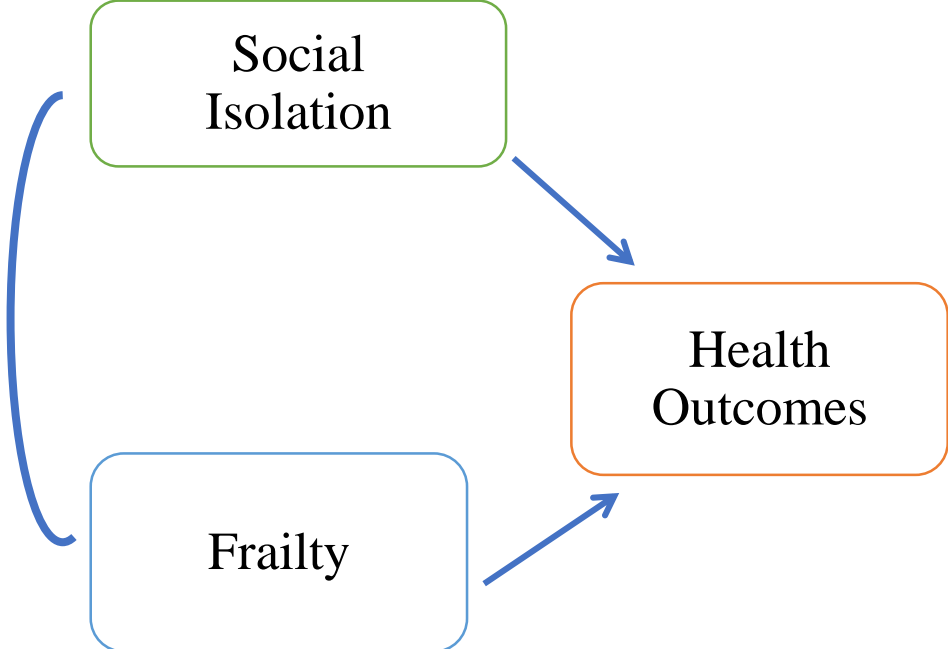
Physical Frailty

Frailty is defined as a state of increased vulnerability resulting from age-associated decline in reserve and function across multiple physiological systems which leads to poor health outcomes.

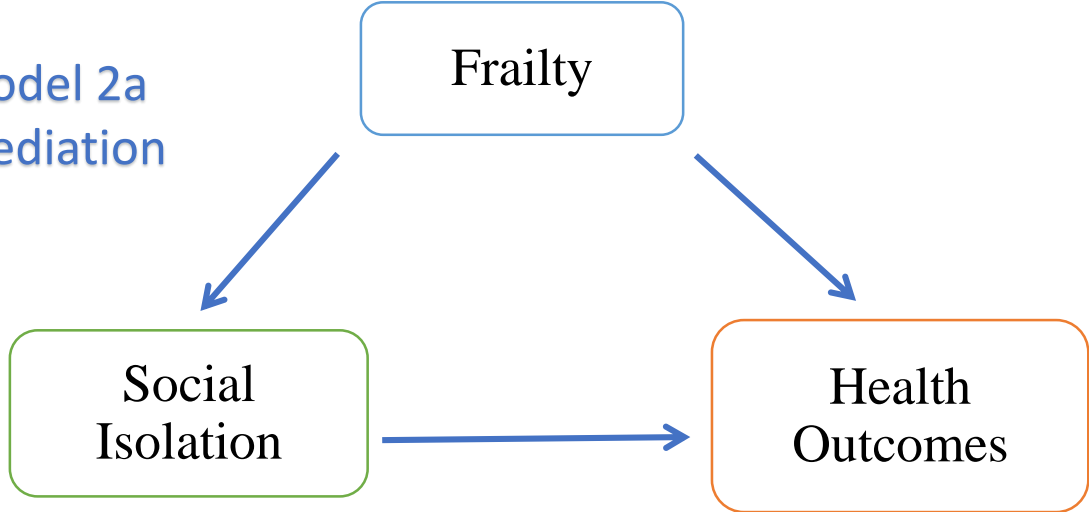


The relationships between social isolation, frailty and health based on three models

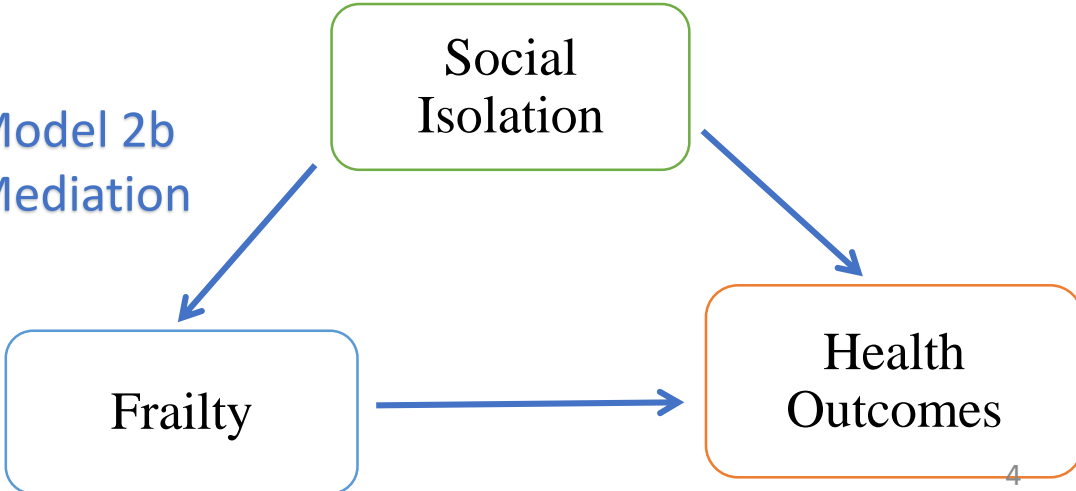
Model 1



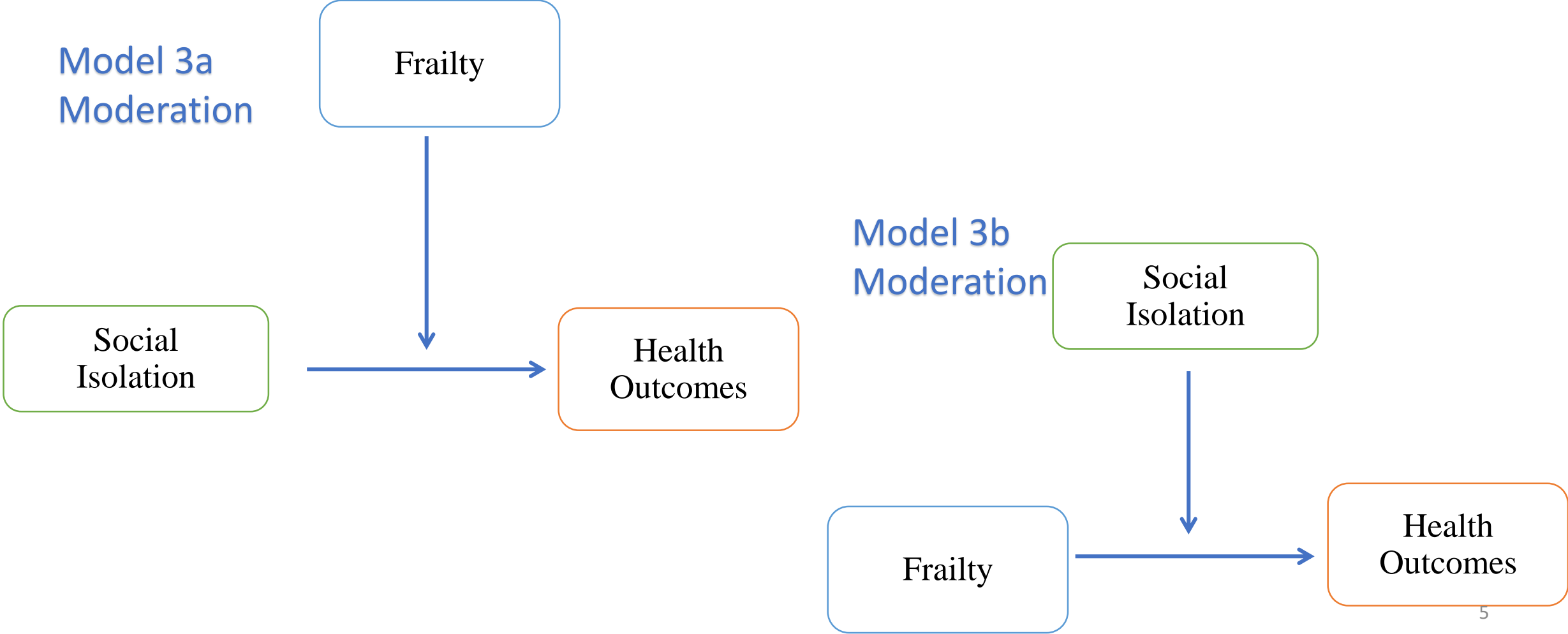
Model 2a
Mediation



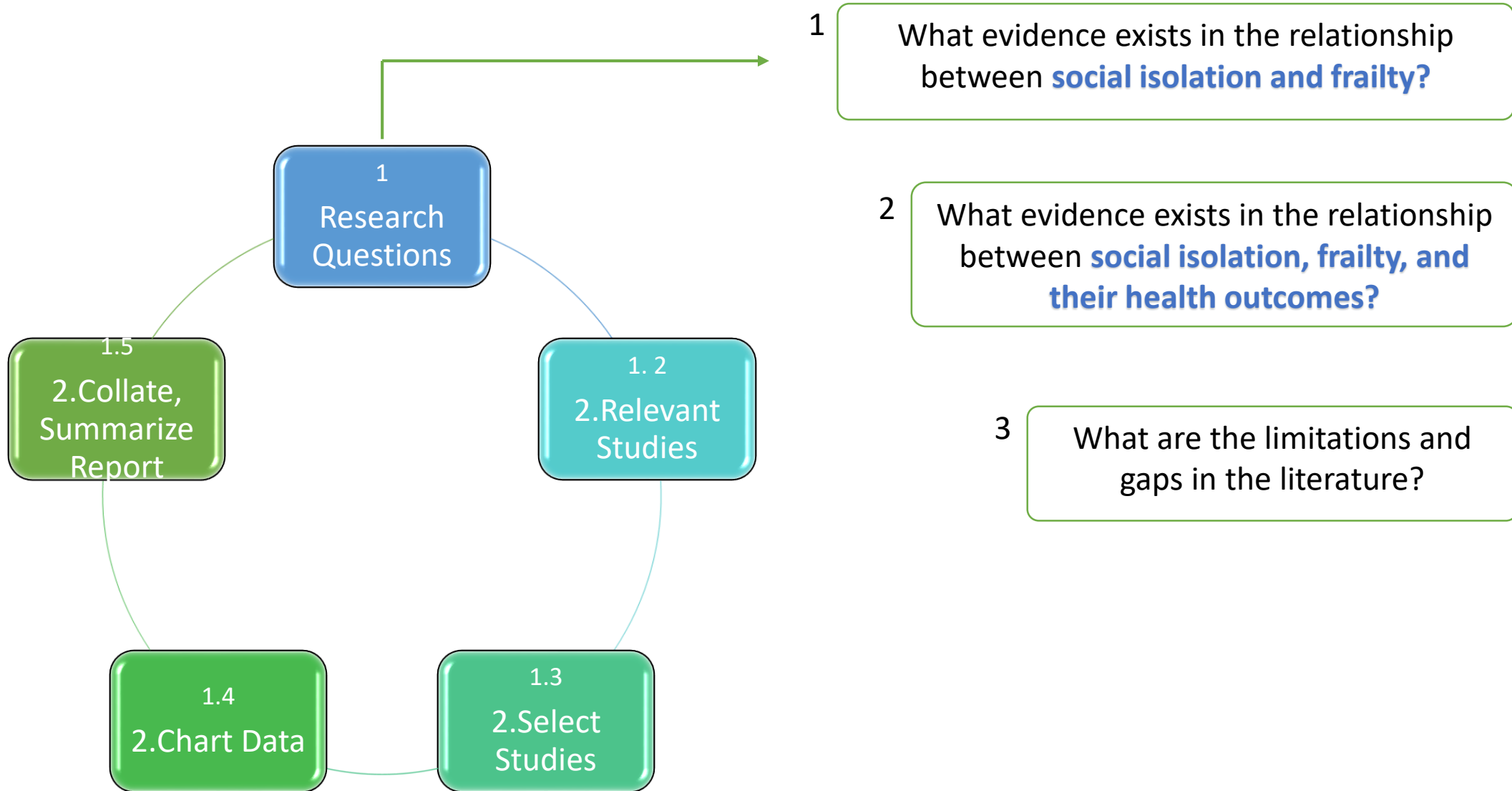
Model 2b
Mediation



The relationships between social isolation, frailty and health based on three models



Arksey & O'Malley's Methodological Framework



Flowchart of Scoping Review

Inclusion criteria:

- 1. Community-dwelling older adults aged 60 years +
- 2. Measuring social isolation
- 3. Measuring physical frailty
- 4. Articles in English and French

1
Electronic search: 4001 studies

2
Duplicates: 2113
Screened & excluded: 1888

MEDLINE 785
EMBASE 1136
CINAHL 567
Web of Science 547
Scopus 674
PsycInfo 292

From 2001 to June 2018

3
Assessed for eligibility: 57

additional Articles: 3

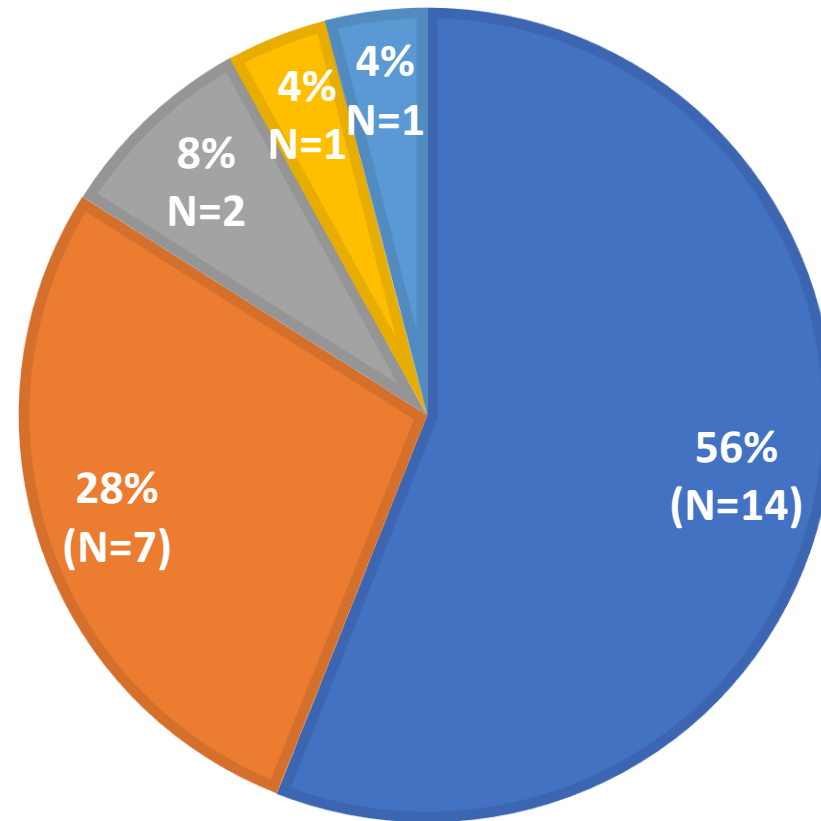
4
33 articles excluded
Reasons:
N=23 (no frailty measures or results)
N=8 (no social isolation measures or results)
N= 2 (review articles)

5
Studies meeting the inclusion criteria:
25

Results

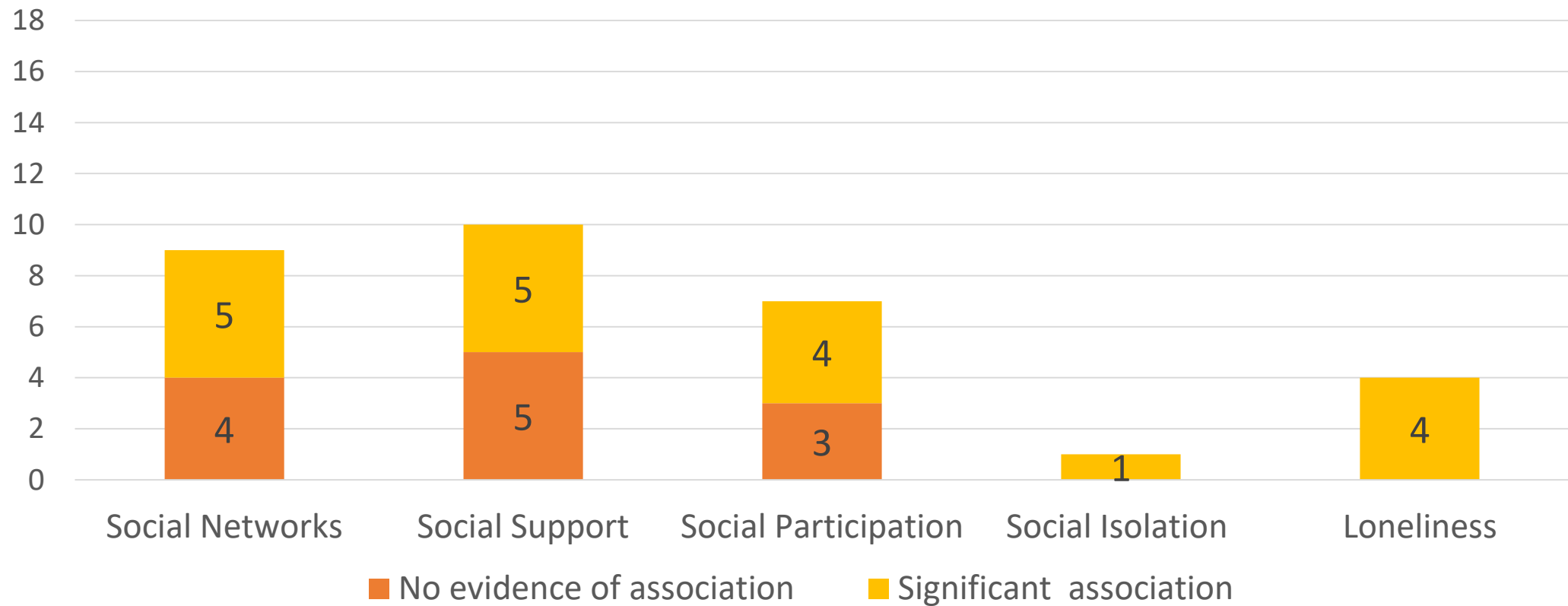
Characteristics of included studies

■ Europe ■ South and East Asia ■ US ■ Australia ■ Brazil



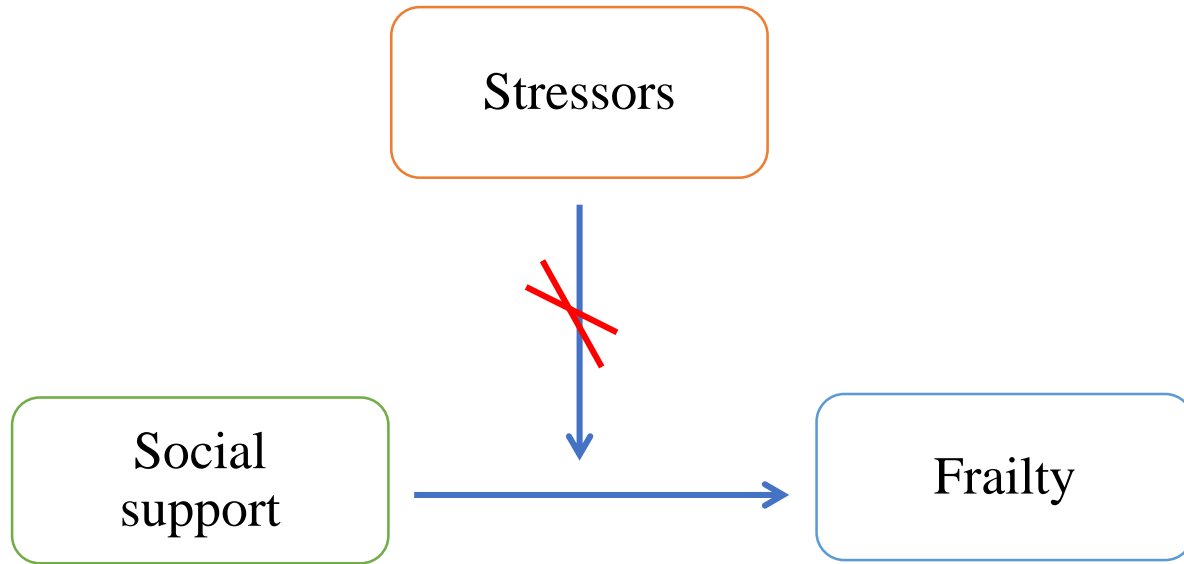
1- Results: Social isolation and frailty

Social isolation associated with frailty status

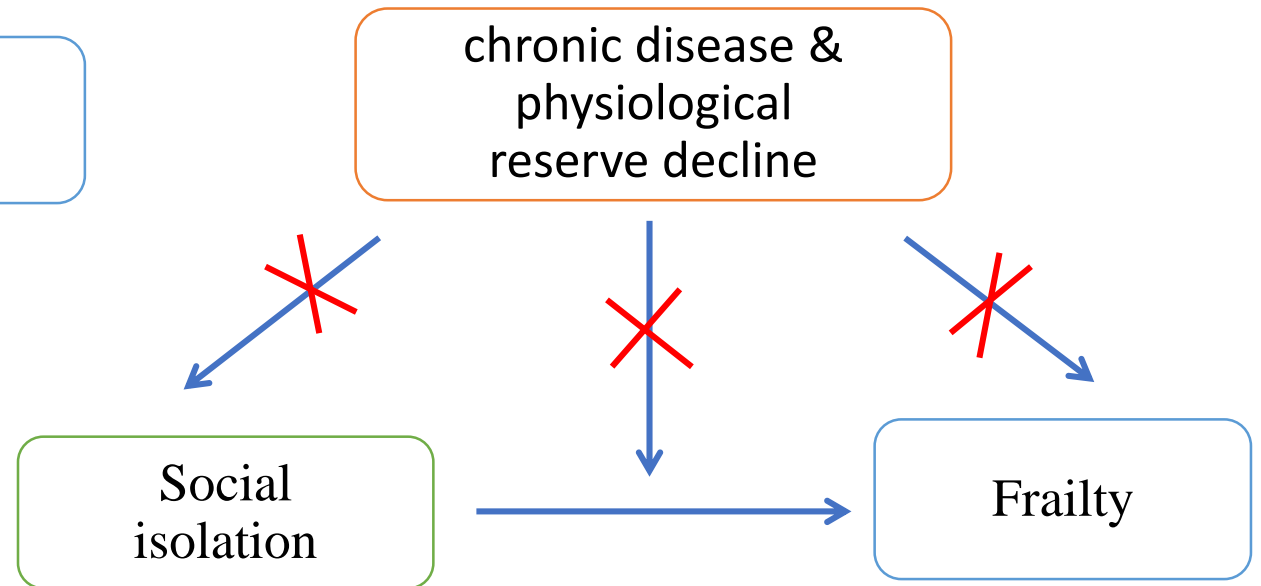


1- Results: Social isolation and frailty

Interaction effect

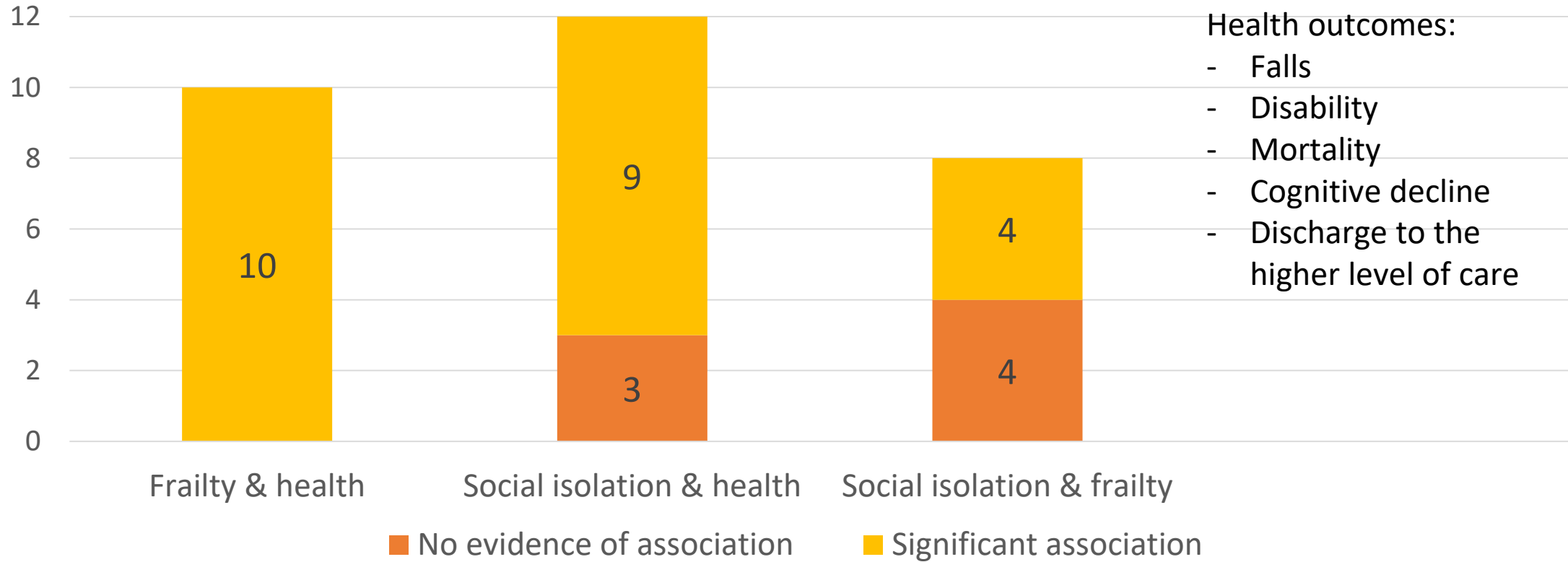


Moderation and Mediation



2- Results: Social Isolation, Frailty and Health Outcomes

The association between social isolation, frailty and health



2- Results: Social Isolation, Frailty and Health Outcomes

No evidence of interaction effect

Evidence of interaction effect

Social support

Social participation

Frailty

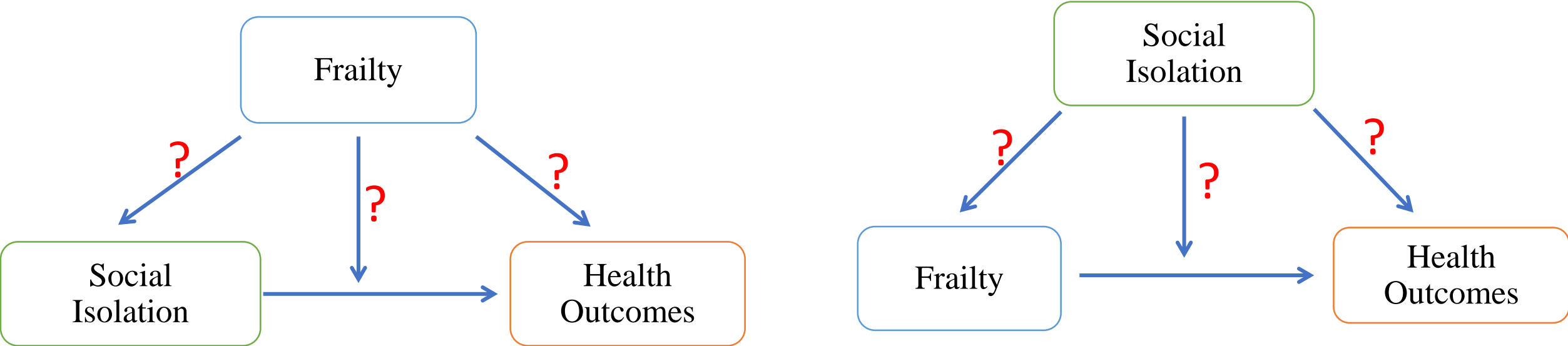
Functional decline & mortality

Frailty

Discharge to a higher level of care

3- Gaps: Moderation, Mediation or Interaction Effect

	Social isolation	Frailty
Moderation effect	No study identified	No study identified
Mediation effect	No study identified	No study identified
Interaction effect	2 studies: Social support & frailty social participation & frailty	No study identified



3-Limitations and Gaps in included studies

Cross-sectional

vs

Longitudinal

- Presence of gender inequality (in 2 Taiwanese studies)
- Subjective aspect of social isolation or loneliness
 - *(Social Isolation & Frailty: 4 out of 18)*
 - *(Social Isolation & Frailty & Health: 1 out of 8)*
- Absence of health outcomes: life satisfaction, quality of life, depression, dementia

Comprising both objective and subjective aspects of social isolation

Objective

Subjective



Social Networks



Social Participation



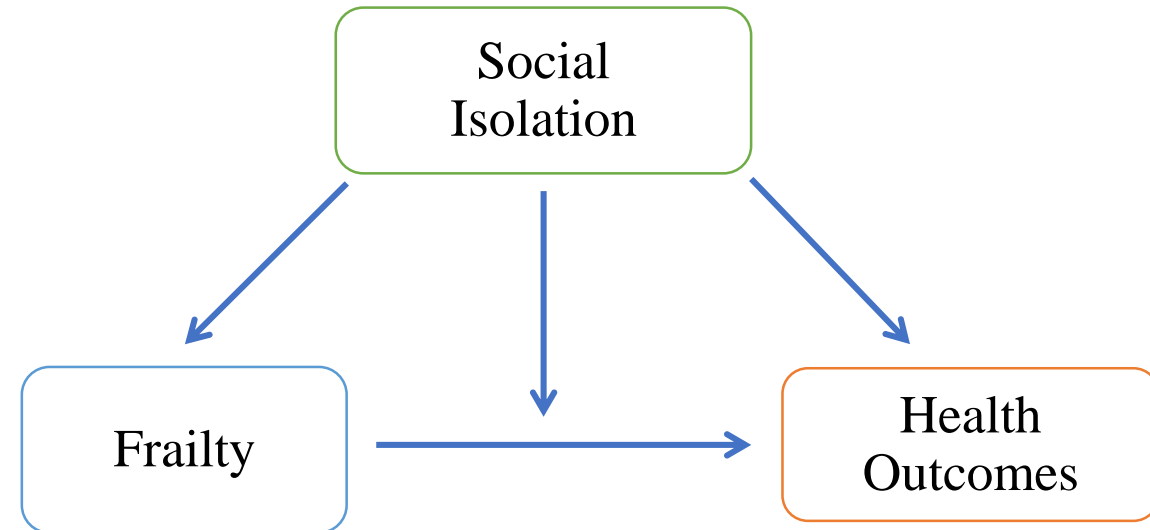
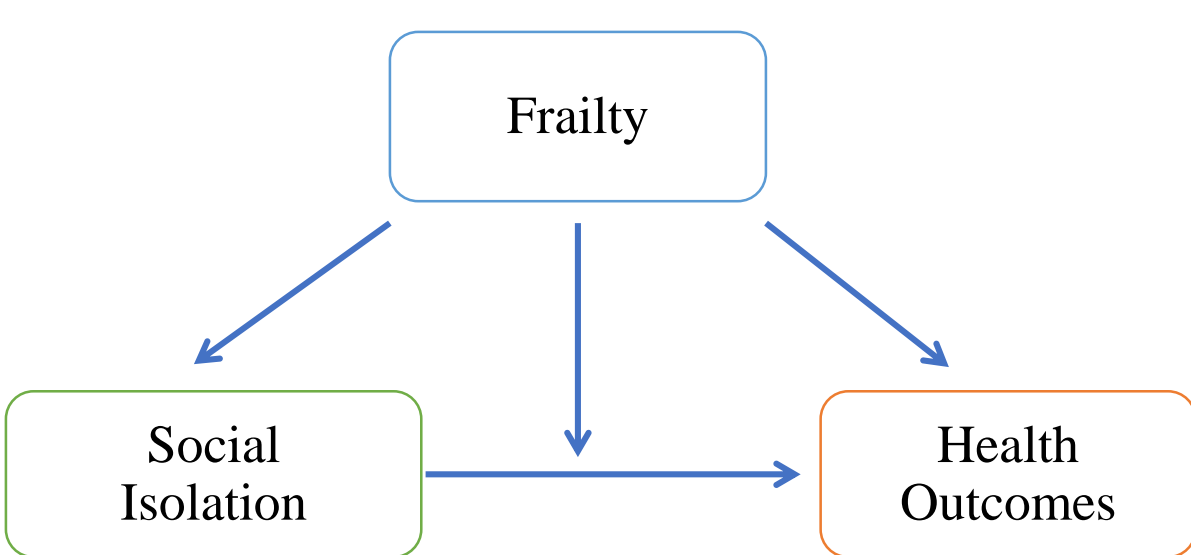
Social Support



Loneliness

Discussion and conclusion

- ✓ Possible role of frailty as a moderator and mediator on the relationship between social isolation and health
- ✓ Possible role of social isolation as a moderator and mediator on the relationship between frailty and health





Thank you

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Si je vous dis, "bande dessinée", puis que je vous dis "tranche d'âge", vous me dites quoi?

Si vous me répondez "les aînés", vous avez raison! Quel médium est plus populaire chez les personnes âgées que la bande dessinée?

C'est bien pourquoi il y a autant d'adaptations de "Un homme et son péché" et "Le Temps d'une paix" en librairie.

Car elle vieillit vraiment la population, sans blague! 24,8% des Canadiens auront 65 ans et plus en 2050.

Les auteurs de bande dessinée vont vivre dans la fortune, ma foi.

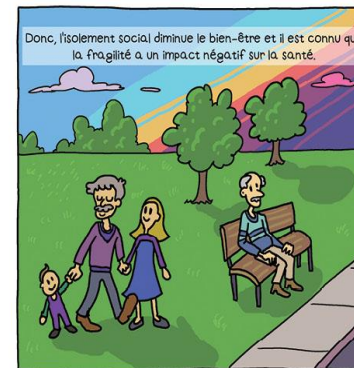
Mais soyons sérieux et discutons d'une de ces difficultés que vivent nos aînés.

Ces derniers sont davantage confrontés au risque de l'isolement social: au pays, un sur cinq se sent seul ou isolé.

Et l'on remarque de plus en plus que l'isolement social semble associé à une mauvaise santé, qui peut se manifester par la démence, la dépression, des handicaps et la mortalité.

En plus, l'isolement social et la solitude peuvent être pires pour la santé que de fumer 15 cigarettes par jour!

Avec le vieillissement, la résistance à la maladie diminue, c'est la fragilité. Elle se ressent par la fatigue, la perte de la force musculaire et de l'équilibre avec une diminution de l'activité physique et de poids.



Ainsi, le soutien social devrait diminuer la fragilité.



... et améliorer la santé et allonger la bonne vie.



L'étude porte sur une population de personnes âgées de 65 ans et plus, vivant à domicile, dans trois régions du Québec.



Grâce au travail de ces chercheurs, l'on en saura davantage sur la qualité de vie de notre population âgée, et ainsi mieux en prendre soin.



- Fereshteh Mehrabi

Selected References

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.