

Road Map to Social Engagement to Prevent Cognitive Decline



The importance of staying socially engaged to protect against cognitive decline

Humans are social by nature and having relationships with others is a basic human need. Over 70 years ago, the psychologist Abraham Maslow wrote that social needs for love, acceptance and belonging are among the key drivers of human motivation. (Maslow, 1943) The value and importance of connecting to others has been extensively researched over the past fifty years. Relationships with others provide many benefits, among them feelings of happiness, self worth and purpose. The broad term, “social connection” concerns the varied ways in which social relationships are important to human well-being.

“Humans are wired to connect and this connection affects our health. From psychological theories to recent research, there is significant evidence that social support and feeling connected can maintain a healthy body mass index, control blood sugars, improve cancer survival, decrease cardiovascular mortality, depressive symptoms, mitigate posttraumatic stress disorder and improve overall mental health” (Martino et al., 2017)

In later adulthood, we are at risk of losing important relationships we have grown to rely on. These losses may occur for many reasons including retirement, downsizing and moving, relocation of friends and family or illness and death of those close to us. It can be difficult to establish new connections when health or mobility problems restrict our own abilities to reach out to others. Hearing impairments or visual impairments with loss of driving can also reduce social connection in late-life.

The need for human connections has become even more crucial during the COVID-19 pandemic because of public health restrictions and changes in social practices that have isolated all segments of society, especially older adults.

Understanding social-emotional well-being and lifestyle factors which support it can help older adults maximize opportunities for successful aging and optimal physical and mental health. This information can be used to formulate a proactive plan to stay connected and engaged with others, prior to the onset of cognitive decline.

Aging & Memory Loss Road Map Series

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II. Research Participation

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What is the difference between loneliness and social isolation?

Loneliness and social isolation are two different forms of social disconnection. “Loneliness” is the feeling of being isolated or alone, regardless of the extent or frequency of social contacts in one’s life. Loneliness is a subjective experience, a feeling of deprivation and distress. “Social isolation” is the objective lack or limited extent of social ties or contacts. People vary in their preferences and expectations for social connection based on many factors including differences in temperament. Therefore, it is possible to be isolated but not lonely or lonely but not isolated. While loneliness and social isolation differ, they often co-occur.

An American Association of Retired Professionals (AARP) Foundation survey from 2018 found that older adults with low incomes are particularly susceptible to social isolation and loneliness. Nearly half of midlife and older adults with annual incomes of less than \$25,000 reported feeling lonely. This includes 10 million people over the age of 50 who live in poverty in the United States. Social isolation (which predisposes to loneliness) among midlife and older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually.

For more information on AARP research on social isolation: aarp.org/research/topics/life/info-2018/loneliness-social-connections.html

Do loneliness and social isolation affect the health of older adults?

Social isolation and loneliness are important factors impacting mental, cognitive and physical health in older adults. In studies of older adults, social isolation and loneliness were associated with an increased risk of developing dementia, coronary artery disease, stroke, and an increased risk of all-cause mortality. The mental health implications for older adults are particularly important. Social disconnection, depression and anxiety conditions impact each other and can lead to a cycle of worsening mental health and social disconnection.

The health risks of loneliness and social isolation were reported by the National Academies of Science, Engineering and Medicine in 2020.

- Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) were 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.



How to identify when someone is at risk

Open conversations are key to supporting older adults. Age-based stereotypes and ageist attitudes can influence how we assess and respond to needs of the aging community. Everyone faces their own personal set of health/wellness issues, economic circumstances, and social/emotional concerns. Taking inventory of individual needs and resources is key to providing help and support.

The following are some suggested questions to start a conversation with your loved one:

- Are there any health issues that might be preventing you from visiting with friends or neighbors (i.e. incontinence, hard of hearing, poor vision, etc.)?
- Is there something family members can assist you with that may enable you to socialize (i.e. financial support or help with transportation)?
- Would you like someone to take you for a tour of the local senior center, YMCA, etc. to explore the options for social activities?

Caregiver Comment: *“Every time I talk with my Mom on the phone she says she is fine and when I visited recently I realized she was not fine. Her appearance changed, she was not getting dressed, or going out to see friends. She had recently twisted her ankle and was having problems getting around. She did not tell anyone in the family. She didn’t want to bother us and friends who had provided support in the past were dealing with their own health concerns. I felt awful and realized I needed to visit more and have more in depth conversations to understand how she is doing and feeling. She had been unable to get out for some time due to mobility issues and it was affecting her emotional health.”*



Which older adults are at high risk of social isolation and loneliness?

Adults in the 50-70 age group are often highly engaged: employed, possibly involved in a second career, volunteering, helping to raise grandchildren, looking after parents and grandchildren. This age group is more apt to use social media and other technologies compared to those who are older. Planning for the transition to retirement and helping to identify personal goals may be all that is needed to assist this group. People in this age bracket often have insight into what help others may need and are willing to support other adults in need of services.

For those in the 70-85 age group, this can be a time of new independence (now retired) or new challenges with mobility, health, caring for long-term partners and friends. Some in this group may be free to travel, take on new hobbies and activities, while others may face economic concerns and continue to work. Understanding individuals’ life circumstances and taking inventory of current concerns is the best approach to determining risk for isolation or loneliness. If you are helping someone identify and develop new connections, or engagement opportunities, remember that it is critical to include the individual themselves in the decision making and plan. (Continued on next page)

Adults age 85 and older are at greatest risk of social isolation and loneliness due to loss of mobility and health challenges due to aging. Often, they have lost spouses or other loved ones, family, and friends from their social network.

Immigrant and LGBT people are at higher risk

Research is limited on loneliness among marginalized older adults, including immigrants; lesbian, gay, bisexual, and transgender (LGBT) populations; and minorities. More is needed to determine risks, impacts, and appropriate actions.

Current research suggests that lesbian, gay, and bisexual populations, as well as immigrants 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.



When to intervene with someone experiencing social isolation or loneliness

It may be difficult to know when it's the right time to intervene with someone your care about. Ongoing conversations and assessments will be the best way to help identify and clarify concerns that arise.

Talk openly with friends and family about the circumstances of their lives and discuss issues they have with social isolation and loneliness. Encourage conversations with healthcare providers and social support professionals, who may help with an intervention or provide resources to prevent or address problems. Learning about retirement, what activities older adults are engaged in and discussing feelings about life and well-being are important. This may identify points of concern or help gain perspective on beneficial lifestyle changes to increase social connection.

It is especially important to be alert to social isolation and loneliness in adults age 80 and older with failing physical or mental health. Routine discussions about their ability to get around, how they are feeling physically and mentally, assessing social and emotional connections to others and regular visits with a healthcare team are important to assess if an intervention is needed to maintain a high quality of life.

Caregiver Comment: *“After my Mom passed away my Dad was still living in the family home, visiting friends, playing golf and socially active. After a few years he lost his golfing buddy and I noticed he was home more and no longer socially engaged. I talked to him about this and he admitted he was feeling lonely. He wasn’t aware of the Senior Center in his town or the resources available to him. I went with him to a social we found online at the Center. The people were friendly and welcoming. They had a room with chess boards set up and free coffee. He started to drop in on a weekly basis and has made some new friends. I notice he is more upbeat. I wish we had talked about community resources after my Mom passed.”*

How to combat social isolation or loneliness

Identifying, encouraging and, if necessary, facilitating activities that provide increased engagement with other people can address isolation and, in some cases, loneliness. Activities need to be accessible, enjoyable and based on the individual’s preferences and values.

The AARP reported that chronically-lonely adults are more likely to cope by turning to isolated activities such as eating, watching television, or surfing the internet, while people who are not chronically lonely tend to talk with a friend or go out with family. The report states that those who participate in clubs, attend religious services, volunteer, and give to others, are less likely to feel lonely.

Several Massachusetts organizations provide resources to combat loneliness:

- The Massachusetts Council’s on Aging (MCOA) is a nonprofit, membership association of 350 municipal councils on aging and senior centers. COAs are a great place to collect information on available resources in your area. They also provide transportation and have on-site services and programming. They service 1.7 million adults, age 60 and over in Massachusetts. For more information <https://mcoaonline.com/>.
- The City of Boston has Central Boston Senior Services dedicated to supporting aging seniors. For more information: <https://centralboston.org/>
- The Commonwealth of Massachusetts has many services and resources available through the Executive Office of Elder Affairs. For more information: www.mass.gov/orgs/executive-office-of-elder-affairs
- Seniors Helping Seniors is a unique homecare agency that fosters relationships between peers who understand the ups and downs of growing older. They hire older adults to be companions to those most at risk for social isolation and loneliness. For more information: <https://shsboston.com/>.
- Additional resources can be found in this Boston Globe article: [sponsored.bostonglobe.com/harvard-pilgrim-health-care/help-seniors-combat-social-isolation/fbclid=IwAR2ojPGi1GJ_cK95mk5HC86xAkbsQILEDnn3M4f0s1KzYbsf51ThBiQJky0](https://www.bostonglobe.com/harvard-pilgrim-health-care/help-seniors-combat-social-isolation/fbclid=IwAR2ojPGi1GJ_cK95mk5HC86xAkbsQILEDnn3M4f0s1KzYbsf51ThBiQJky0)

Develop a social engagement improvement plan

Some people may be socially engaged but continue to be lonely. Identifying causes of why someone feels lonely may be helpful. Can they identify reversible factors that contribute to loneliness such as sensory impairments or depression? Can certain resources help reduce their loneliness such as transportation services or connection through digital technologies?

A growing number of randomized controlled studies of interventions for loneliness and social isolation in older adults have been conducted using psychological or educational strategies. A recent review reports that the most effective interventions have a sound theoretical basis, utilize established therapeutic approaches with trained facilitators and involve active participation of the older adult. Other reviews show that interventions promoting positive, adaptive thinking - rather than negative, biased thinking - or interventions that provide education regarding maintenance and enhancement of social networks, can be most effective. Technology may play a useful role in these interventions. Some research supports a focus on strengthening existing relationships, if available, rather than focusing on new relationships.

Improving opportunities for social engagement in the community

The Massachusetts Healthy Aging Collaborative is part of “Age Friendly Massachusetts” - a movement to make communities more welcoming and livable for older residents and people of all ages. To learn more: <https://mahealthyagingcollaborative.org/>

Dr. Linda Fried of Columbia University is a leading advocate for community social investment to combat loneliness in older adults. Below are steps that Dr. Fried suggests communities/societies take:

- Build connectors: Transportation and technological approaches can bring people together and foster engagement regardless of functional abilities.
- Design environment as social infrastructure: Age-friendly cities can attend to factors such as safe and walkable sidewalks and crossings, proximity to grocery stores, pharmacies, public parks, and bathrooms, as well as programs to support aging-in-place and multigenerational housing.
- Develop institutions to foster social capital and engagement: Models exist to foster social connections, including programs that pair homebound and lonely older adults with members of their neighborhood who visit weekly; neighborhood activity groups for older adults centered around shared interests, from book clubs to arts and culture; and volunteer programs with opportunities for older people to connect with and provide social capital to benefit all generations.
- Identifying local transportation services and make them accessible: Including community transportation programs and supplemental ride share systems.
- Identifying phone and computer systems that support use of social media: Limit the frustrations associated with the use of technology.
- Ensure housing that has access to basic amenities: Identify opportunities for social engagement through senior centers and community organizations. (Fried, Linda.2020)



The AARP has identified eight areas of social investment for communities:

Outdoor Spaces & Buildings
 Transportation
 Housing
 Social Participation
 Respect & Social Inclusion
 Civic Participation & Employment
 Communication & Information
 Community & Health Service



How does Social isolation and loneliness affect cognitive decline?

Dr. Nancy Donovan, Mass General Brigham, Geriatric Psychiatrist and Researcher, and her team examined social connection in older adults across a broad range of cognitive abilities. Her research found that loneliness and depression are related risk factors for worsening cognition over time. Both depression and loneliness are forms of psychosocial stress that may activate biological responses such as immunological and inflammatory changes and stress mechanisms that could accelerate brain aging and Alzheimer's disease progression. Apart from the deleterious effects of social disconnection, social relationships may also have distinct health benefits by lowering stress levels through emotional support, by providing cognitive stimulation through social activities and through mutual support for better health behaviors. Dr. Donovan and her team studied loneliness, social engagement, and widowhood in cognitively normal older adults participating in the Harvard Aging Brain Study. These studies suggest that there is likely a bi-directional effect of social connection and cognition.

When older adults start to experience early cognitive decline in Alzheimer's disease, they appear to reduce their level of social engagement. Therefore, preserving social connection in older adults may be particularly important at the earliest stages of Alzheimer's disease, prior to cognitive impairment or at the point of early cognitive decline.

What to do when someone is experiencing cognitive decline

Feeling that your loved one may have a problem with memory or thinking can be worrisome, but there are many ways to seek help. A person with concerns, should talk to their primary care physician first. Your primary care physician may be able to give you a diagnosis if there is a problem. However, they may also refer you to another doctor that specializes in memory and cognition. There are several different types of specialists that can address symptoms, develop a treatment plan and refer to a research program.

Getting a diagnosis can sometimes require a person to see multiple specialists and have several diagnostic tests and medical evaluations. This process can take time; do not be discouraged. If you or a loved one need additional support, there are many resources available throughout the process. For more information, reference The Road Map to Dementia Diagnosis: www.madrc.org/wp-content/uploads/2021/08/Final-RM-to-Dementia-Diagnosis-Family-Edition.pdf

Additional information & resources

AARP: Provides helpful information to seniors to help improve quality of life and provides access to Community Connection Tools. www.aarp.org

National Association of Area Agencies on Aging (AAA): A network of over 620 organizations across America that provides assistance with programs including nutrition and meals (counseling and home-delivered or group meals), caregiver support, and more. The website can find your local AAA, which may provide classes in Tai Chi and diabetes self-management. www.n4a.org

Elder Care Locator: A free national service to find local resources for seniors such as financial support, caregiving services, and transportation. <https://eldercare.acl.gov/Public/Index.aspx>

National Council on Aging: Works with nonprofit organizations, governments, and businesses to provide community programs and services. Lists what senior programs are available to assist with healthy aging and financial security, including the Aging Mastery Program® that is shown to increase social connectedness and healthy eating habits. www.ncoa.org/

National Institute on Aging (NIA): Provides materials on social isolation and loneliness for older adults, caregivers, and healthcare providers. www.nia.nih.gov/ctctoolkit

Age Friendly Massachusetts: www.mass.gov/service-details/age-friendly-massachusetts

Steps to stay engaged

- Keep fit, exercise and eat healthy
- Check hearing aids & use when necessary
- Check vision regularly & maintain eyeglass prescription
- Stay active, work on balance & maintaining mobility
- Look into alternative driving resources
- Stay informed -sign up to receive newsletters & informational resources from local organizations

Suggested engagement locations

- Council on Agings
- Senior Centers
- Libraries
- Community Centers
- Churches
- Local Health Center or Hospital
- Schools

Social engagement tips

- Volunteer
- Become active in a local group (church, civic, library)
- Visit family and friends
- Reconnect with friends
- Join a club (gardening, choral, book, cooking)
- Befriend a neighbor
- Start a hobby (golf, bird watching, knitting)
- Exercise (walk, chair yoga, swim)
- Attend adult education classes
- Connect with your local senior center
- Consider adopting a pet
- Use internet and social media resources



National clinical trial information

Participation in research studies, by either a person with cognitive decline and/or their caregiver, will significantly help scientists find more effective treatments for Alzheimer's disease and related dementias. Additionally, there are studies available for people who are cognitively normal. Numerous research opportunities are available through the Massachusetts Alzheimer's Disease Research Center sites (see below).

For national clinical trial information: www.clinicaltrials.gov

National Institute on Aging: Alzheimer's Disease Education and Referral Center (ADEAR):
800-439-4380

Alzheimer's Association TrialMatch: 800-272-3900

Alzheimer Prevention Network: www.alzpreventionnetwork.org

Brigham & Women's Hospital
[Center for Alzheimer Research & Treatment](#)
(617) 732-8085
CART@partners.org

Massachusetts General Hospital
[Frontotemporal Disorders Unit](#)
(617) 726-8689
MGHTFDUNIT@partners.org

Massachusetts General Hospital
[Alzheimer's Clinical & Translational Research Unit](#)
KCROPP1@mgh.harvard.edu

Massachusetts General Hospital
[Lewy Body Dementia Unit](#)
(617) 726-1728
mquan4@mgh.harvard.edu

Massachusetts Alzheimer's Disease Research Center
<https://www.madrc.org/join-a-study/>
For research study information: (617) 278-0600



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- Road Map to Caregiving
- Road Map to Prevention
- Road Map to Behavioral Management

Learn more: www.madrc.org/community/

**The Road Map Education Series is a great resource
for people navigating the journey through memory loss,
Alzheimer's disease or a related dementia.**

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