Social Isolation: Impact on Health and Interventions

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Situation

The recent COVID-19 pandemic has raised an interesting concern: **What are the effects of social isolation (SI) on health and mortality?** Shelter in-place orders and social distancing has put a population at-risk for infection at greater risk for the problems associated with social isolation. Many assisted living, board and care, skilled or custodial nursing homes, or simply families trying to protect their loved ones or themselves have isolated from their normal life activities and interactions. Unfortunately, this may lead to other health problems, raising as always, ethical questions of risk and benefit and how we may improve future care and service.

Background

There is no current single definition of social isolation. However, research trends include 4 general areas: secular activities, religious activities, friends – particularly close friends, and family. In general, 0 to 1 areas of integration are considered poor integration, 2 to 3 areas moderate integration and all 4 areas as well integrated. Increased activity in any area has been associated with decreased morbidity and mortality. It is worth noting that SI is an independent risk factor from loneliness (Steptoe 2013) and depression (Horsten 2000). Living alone is not considered social isolation either.

Assessment

The mortality hazards ratio for SI is nearly **as poor as smokers** and **worse than obesity, hypertension and hypercholesterolemia** (Pantell, et al, 2013) While studies demonstrate a 29% decrease in all-cause mortality for each categorical increase in close friends. **Mortality decreased by 41% in moderately supported diabetics and 55% in the well supported cohort.** (Eng, 2002)

Recommendation

ACKNOWLEDGE and ASSESS: Recognize the importance of social isolation and integrate **Social Network Index** scoring into your assessment.

Interventions

ACT: Many actions can improve social integration for the patient. These may include:

▪ Structured video visits with family and friends.
▪ On-line video conferencing can support religious and other group activities.
▪ Integration of physical visits after appropriate time or screening may enable limited in-person visits from family and close friends

Future question will need to answer how long it takes before the harm from SI is irreversible; are there alternatives to the human to human contact which improves our health and quality of life? And are there ethnic and sex-related differences in social needs?

To read more about this topic and access references: COVID-19, Social Isolation and Palliative Medicine (5/28/2020) by Dr. Dan Hoefer

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