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Social isolation and loneliness: Association with perceived age discrimination in a prospective analysis of ELSA

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Introduction

Social participation
is pivotal to health
and well-being

Isolation reflects the
lack of social
contacts

Loneliness relates to
the dissatisfaction
with freq. or quality
of social contacts

Loneliness is
sometimes referred
to as **subjective
social isolation**

Step toe et al. (2018), Santini et al. (2016) and

Background

- Social isolation and loneliness have been linked to all-cause mortality among older adults.
 - Social isolation and loneliness have been found to be associated with elevated blood pressure and heightened inflammatory biomarkers in disease conditions.
 - Social isolation and loneliness reduces the overall quality of life of individuals.
- Determinants :
 - Chronic illness
 - Age
 - Gender
 - Socio-economic deprivation
 - **Perceived discrimination**

Holt-Lunstad (2015), Barth et al. (2010) and Hawton et al. (2011)

Context of this study

- The population of older adults aged 65 years and over is expected to increase from 729 million to 1 Billion in the next decade (UN 2019).
- In the UK, people aged 65+ make up 18% of the entire population (ONS 2019).
- These demographic changes are sometimes perceived negatively by the society leading to an increased risk of discrimination towards older individuals.
- **Ageism** includes discrimination, prejudice and stereotype at micro, meso and macro level.
- Previous study has shown that 29% of older adults aged 65+ in the UK reported age discrimination (Rippon et al. 2015).
- This discriminatory experience occurred during everyday events and social activities such as in gym, groceries, casual conversations or hospital.

Objectives

- To examine the prevalence of social isolation and loneliness among older adults aged 65 years and over in the ELSA study.
- To examine the influence of age discrimination on social isolation and loneliness.

Materials and Method

Study design

- Secondary data analysis of ELSA (Waves 5 to 9) including data over eight years.
- English Longitudinal Study of Ageing (ELSA) is a panel survey of individuals aged 50 years and over with data collected at two years intervals since 2002.
- Includes sociodemographic data, social participation data, health data and health behaviour information.

Measures

- Age discrimination data was only collected in Wave 5 (2010) using reported discrimination in **daily activities** designed by Williams et al. (1997).
- Social isolation (Marital status, Member of an association, at least monthly contact with children, friend and family). Score ranges from 0 to 5.
- Loneliness assessed using **UCLA 3-item** revised loneliness scale. Score ranges from 1 to 9.

Data analysis

- Data was analysed using the R studio software (open source).
- Generalised estimating equation was utilised for the longitudinal analyses and generalised linear models for the cross-sectional analyses.
- Outcome variables were dichotomised (social isolation ≥ 2 and loneliness ≥ 5)
- The results were reported in Odds ratio at 95% confidence interval
- Covariates (age, gender, long-standing illness, cognitive status, subjective social status and educational qualification) were used to check for confounding effect.
- Sensitivity analysis was conducted to examine if similar result will be obtained if the outcome variables are left in discrete form.

Result

- The data from Wave 5 to 9 were linked using the respondents' unique IDs.
- A total number of 2,385 responses were analysed.
- Prevalence of social isolation was 32.3% and loneliness 29.2% using the baseline data.
- Prevalence of age discrimination was 38.5% among the study participants

The baseline characteristics of the study population (n=2385)

Variables	N	(%)
Age		
65 to 69	940	(39.4)
70 to 74	742	(31.1)
75 to 79	460	(19.3)
80+	243	(10.2)
Gender		
Female	1331	(55.8)
Male	1054	(44.2)
Age discrimination		
No	1469	(61.5)
Yes	916	(38.5)
Long-standing illness		
Yes	1322	(55.4)
No	1063	(44.6)
Social Isolation (≥ 2)	773	(32.3)
Loneliness (≥ 5)	695	(29.2)
Cognitive status		
Poor (< 26)	482	(20.2)
Good (≥ 26)	1903	(79.8)
Subjective social status		
Low	413	(17.3)
Medium	1127	(47.3)
High	845	(35.4)
Educational level		
Highly skilled	805	(34)
Skilled	759	(32)
Low skilled	821	(34)

Result

Age discrimination as a predictor of social isolation

Baseline status (W5)

Variables	Odds	Odds
	[95% CI]	[95% CI]
	Unadjusted	Adjusted
Age discrimination	0.89[0.81-0.97]	0.81[0.74-0.89]
Age categories (70-74)		1.21[1.09-1.35]
(75-79)		1.12[0.99-1.27]
(80+)		1.49[1.27-1.74]
Gender (Female)		0.82[0.74-0.90]
Long-standing illness (Yes)		1.06[0.97-1.16]
Cognitive status (Poor)		1.20[1.07-1.34]
Social Status (Medium)		1.38[1.24-1.53]
(Low)		1.55[1.35-1.77]
Education (Skilled)		1.44[1.28-1.61]
(Low-skilled)		1.41[1.25-1.59]
Loneliness		1.78[1.61-1.96]

Future status (W6-9)

Variables	Odds	Odds
	[95% CI]	[95% CI]
	Unadjusted	Adjusted
Age discrimination	0.96[0.88-1.05]	0.86[0.78-0.94]
Age categories (70-74)		1.16[1.05-1.29]
(75-79)		1.37[1.22-1.54]
(80+)		1.96[1.69-2.28]
Gender (Female)		0.92[0.84-1.01]
Long-standing illness (Yes)		1.14[1.05-1.25]
Cognitive status (Poor)		1.10[0.99-1.23]
Social Status (Medium)		1.19[1.08-1.32]
(Low)		1.48[1.30-1.69]
Education (Skilled)		1.07[0.96-1.19]
(Low-skilled)		1.05[0.94-1.18]
Loneliness		1.77[1.62-1.95]

Result

Age discrimination as a predictor of loneliness

Baseline status (W5)

Variables	Odds	Odds
	[95% CI]	[95% CI]
	Unadjusted	Adjusted
Age discrimination	1.77[1.62-1.94]	1.69[1.54-1.86]
Age categories (70-74)		0.84[0.75-0.94]
(75-79)		0.96[0.84-1.09]
(80+)		1.32[1.12-1.54]
Gender (Female)		1.72[1.56-1.90]
Long-standing illness (Yes)		1.49[1.36-1.64]
Cognitive status (Poor)		1.39[1.24-1.57]
Social Status (Medium)		1.95[1.74-2.18]
(Low)		2.36[2.05-2.71]
Education (Skilled)		0.93[0.82-1.05]
(Low-skilled)		0.98[0.87-1.11]

Future status (W6-9)

Variables	Odds	Odds
	[95% CI]	[95% CI]
	Unadjusted	Adjusted
Age discrimination	1.74[1.60-1.90]	1.69[1.53-1.84]
Age categories (70-74)		0.91[0.82-1.02]
(75-79)		1.11[0.98-1.26]
(80+)		1.63[1.39-1.90]
Gender (Female)		1.64[1.49-1.81]
Long-standing illness (Yes)		1.48[1.34-1.62]
Cognitive status (Poor)		1.36[1.21-1.53]
Social Status (Medium)		1.67[1.50-1.86]
(Low)		1.98[1.73-2.27]
Education (Skilled)		0.98[0.87-1.10]
(Low-skilled)		1.11[0.98-1.25]

Discussion and Conclusion

Social participation and increased risk of discrimination

Findings from this study suggest that those who reported age discrimination **were not** likely to be socially isolated in contrast previous studies (Han et al. 2020; Negi 2013).

However, those who reported age discrimination were more likely to report loneliness or become lonely in future and this is consistent with previous studies (Lee and Bierman 2018; Świtaj et al. 2015; Liu et al. 2014).

The result of this study suggest that older adults may have experienced discrimination through their social contacts and highlights the detrimental effect of age discrimination.

Discussion and Conclusion

Ageing and social disengagement

The findings from this study also showed that the risk of social isolation and loneliness was significantly higher among oldest old individuals (80+).

Disengagement theory or other factors that influence social participation.

Strength and limitation:

The strength of this study lies in the study design and quality of data. Limitations relates to data attrition, self-reported data and risk of recall bias, one-time collection of age discrimination data.

Discussion and Conclusion

Future directions

- **COVID-19:** lockdown induced social isolation and loneliness and COVID-related ageism.

Recommendations:

- Policy, Awareness and Intergenerational support (WHO strategies to combat ageism).
- Need for social interventions to address age discrimination alongside other factors that influence social isolation and loneliness among older adults.

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Topic:

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Thank you

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