



Social Isolation and Loneliness in Old-age Population

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EDITORIAL

More people than ever are anticipated to reach and live to old age in Europe, thanks to a huge increase in life expectancy over the last century. For many persons, the shift towards old adulthood is a period of transformation. Retirement, the loss of friends and family, the loss of societal and gender roles, and emotional anguish caused by the death of loved ones are all threats to the structural and functional components of their social networks, putting them at risk of loneliness and social isolation. Loneliness is an unpleasant, subjective sensation that occurs when a person's actual and desired social needs are not met, whereas social isolation is the objective state of having few and/or infrequent interpersonal contacts. While the terms are commonly used interchangeably, loneliness and social isolation are not strongly linked, implying that older persons might be socially isolated without feeling lonely, and that they can also feel lonely while having a large and diversified social network [1].

Because older age was soon established as the main risk factor for severe and deadly COVID-19 courses, older people were recognised as a risk category for mental health consequences. The consequent fear of the virus, as well as the accompanying advice for extreme social isolation ("cocooning"), were suspected of having a harmful impact on mental health. As a result, the British Royal College of Psychiatrists predicted that the need for mental health support among the elderly would be greater than ever. However, preliminary research on the pandemic's psychological impact found little evidence that older people were particularly vulnerable in terms of mental health. The mental health of the German elderly population was essentially unaffected throughout the early pandemic, according to preliminary analysis of the data used in this study. There were no significant variations in mental health outcomes, such as depression, anxiety, somatization, and total psychological distress, when data from earlier representative cross-sectional studies in the elderly population were examined. These findings are in line with the findings of two longitudinal studies that compared data from the UK and US populations before and during the pandemic, revealing only a minor, but clinically significant change in psychological distress. Rather, both investigations revealed a clear age gap, with younger participants experiencing more psychological anguish [2-4].

Although social separation has been an important tool in combating the COVID-19 epidemic, the long-term public health implications of extended social distancing are unknown. Despite the fact that social isolation and loneliness have been linked to an increased risk of illness and mortality, increasing body of research clearly shows that social isolation and loneliness—noticeable effects of social distancing—play a substantial role in neurocognitive health, according to Holt-Lunstad and Smith. Since the COVID-19 epidemic, research has revealed an increased dementia risk linked to stress, loneliness, and neuropsychiatric symptoms associated with extended physical separation. Clarifying underlying biological pathways is a fundamental obstacle to better understanding the scope of potential long-term neurocognitive health consequences and deploying effective treatments that balance competing risks. It's difficult to study causal pathways that link social isolation and loneliness to neurocognitive ageing and neuropathological alterations using randomised controlled trials. However, when several precise experimental models and observational research are combined, a hypothesis-generating theoretical model for the complex neurobiology and pathophysiology behind observed relationships can be generated.

The link between resilience and a reduction in depressed symptoms Resilience was the most powerful of all the covariates studied. This emphasises the relevance of individual capabilities in dealing with situations like the COVID-19 epidemic. Individual resilience predicts how well people will cope with the pandemic's impacts far better than national or communal resilience. This, in turn, emphasises the importance of identifying those with low resilience who may require assistance in coping with the circumstance in order to mitigate or avoid negative health impacts. Loneliness and social isolation are related with lower QoL in older adults, but the correlations are context-dependent and so vary slightly among nations. The link between social isolation and QoL exists even when there are no emotions of loneliness. Loneliness and social isolation may be key modifiable characteristics to tackle in order to maintain good ageing in Western countries, given the rising population ageing [5].

CONFLICTS of INTEREST

The authors declare no conflict of interest.

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