

“Dark days are upon me...
 My wife is now dead.
 I look at the future...
 I shudder with dread.
 For my young are all rearing...
 young of their own.
 And I think of the years...
 And the love that I've known.”

~ Mak Filiser
 This poem was found in the belongings of a nursing home resident by a caregiver after his death. He was estranged from his children and kept mostly to himself during his stay. Mak died alone and forgotten at age 86.

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COMBATING LONELINESS AMONGST SENIORS WITH DEMENTIA

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Abstract: Loneliness is defined as the subjective negative evaluation regarding the quality and the quantity of current relationships. The Canadian senior population (individuals aged 65 and over) has been rapidly increasing over the past century, exceeding children aged 14 and younger in 2015 and is currently estimated to reach 25% of the entire population by 2036 with the aging of the Baby Boomer Generation. Dementia is a neurological cognitive decline marked by impaired mental functioning; Alzheimer's disease is the most common form of dementia affecting nearly 800,000 Canadians.

Findings

- Seniors who were feeling lonely had double the risk of developing Alzheimer's disease compared to non lonely ones. (Wilson, Krueger, Arnold et al., 2007). It is estimated that up to 16% of the population experience social isolation and loneliness. (Statistics Canada, 2010)
- A large cohort study in Amsterdam demonstrated that loneliness is a significant risk factor for development of dementia, in addition to other factors such as depression, socioeconomic status and living conditions. (Holwerda, Deeg, Beekman et al., 2014)
- Social Isolation has been linked to decreased quality of life and well-being in old age. It is strongly correlated with increased rates of functional impairment, cognitive decline, depression and suicide. (National Seniors Council, 2017)



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Risk Factors

The following have been demonstrated to contribute to increased feelings of loneliness:

- **Gender** – women and trans-sexual are reported to be more vulnerable
- **Socioeconomic status**- Childless individuals with higher SES report experiencing less loneliness
- **Health and disabilities**- people with combination of different illnesses with lifelong span and perceived personal health
- **Marital Status**- Dependency on spouse could affect coping with widowhood and lonely life
- **Living Conditions**- Elderly who are living alone
- **Social Networks** – Amount and quality of relationships with parents, children, siblings, or friends
- **Aging**- Seniors over 80 have highest suicide rate among all age groups
- **Transportation**- Access and proximity to transportation
- **Geographical location**- Living in rural communities

(British Columbia Ministry of Health, 2004; National Seniors Council, 2017)

What can we do?

- Family interaction and quality of relationships are extremely helpful in combating feelings of loneliness. A simple thoughtful gesture as a phone call can have great meaning and effect on an individual. (Meyer & Schyuler, 2011)
- Engaging in cognitive promoting activities like strategic games, puzzles, stimulating conversations, drawing, painting or playing music have been shown to reduce the risk for the development of dementia (Karp, Mandel, Parker et al., 2009)
- **Intergenerational Learning**- sharing experiences and transferring knowledge to the youth to promote learning, emotional growth and foster relationships between different generations decreases the risk
- Forming mutually beneficial relationships by seeking common ideas, values and aspirations in elderly individuals, not necessarily from the immediate family helps as well. (Newman & Hatton-Yeo, 2008)



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