

# Social isolation linked to higher risk of hospital admission for respiratory disease in older adults

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Social isolation is linked to a heightened risk of hospital admission for respiratory disease among older adults, suggests research published online in the journal *Thorax*.

This risk is independent of other potentially influential factors, such as [general health](#) and lifestyle, the findings indicate.

Hospital admissions caused by respiratory disease feature prominently in winter bed crises and [emergency department](#) overcrowding.

They have risen at three times the rate of admissions for all other causes in the UK in recent years and disproportionately affect the vulnerable in society, including [older adults](#).

Social [isolation](#) and loneliness are associated with admission to [hospital](#) for various [health conditions](#), but it's not clear if socially isolated adults with respiratory conditions might also be at risk.

To explore this further, the researchers linked up hospital records and death statistics for 4478 people taking part in the English Longitudinal Study on Ageing (ELSA), a nationally representative long term study of older adults.

Social isolation was measured in terms of whether that person lived alone or not (domestic isolation); how much social contact they had with friends and family ([social isolation](#)); and how much social engagement they had, including with volunteering, cultural activities, and involvement with community groups. Loneliness was measured using a validated (UCLA) scale.

Information on potentially influential factors was also gathered. Among other things, this included gender; ethnicity; education; household income;

area deprivation; underlying health conditions, including undiagnosed COPD ([chronic obstructive pulmonary disease](#)); and lifestyle, such as smoking and physical activity levels.

Participants' health was then tracked until January 2018 or death, whichever came first, with the average monitoring period lasting 9½ years.

Around one in 10 (11%) of the study participants were admitted to hospital because of respiratory disease.

After taking account of potentially influential factors, loneliness and levels of social contact with friends and family weren't associated with a heightened risk of admission.

But living alone and poor social engagement were associated with, respectively, heightened risks of 32% and 24%.

This is an observational study, and as such, can't establish cause, but the researchers point out that their findings chime with those of other published studies linking social isolation and loneliness with poorer health.

In a bid to explain the associations they found, the researchers suggest that people who are socially isolated may be more physically inactive and smoke more, and less likely to be prompted to see a doctor when symptoms first appear. Doctors may also be more tempted to admit them to hospital because of the increased risk of falls among those living alone.

"Older adults living alone with existing lung conditions may benefit from additional targeted [community support](#) to try and reduce the risk of hospital admissions," suggest the researchers.

"The roll out of social prescribing schemes may present opportunities for referring those individuals to social engagement community activities," they conclude.

Lead author, Associate Professor Daisy Fancourt, of Psychobiology & Epidemiology / Wellcome Research Fellow, Research Department of Behavioural Science and Health, UCL, comments: "Whilst this research study focused on respiratory disease, it does raise questions as to if, and how, hospital admissions for other respiratory conditions such as COVID-19 may be related to social factors such as isolation in addition to biomedical factors."

**More information:** Social isolation and loneliness as risk factors for hospital admissions for respiratory disease among older adults, *Thorax* (2020). DOI: [10.1136/thoraxjnl-2019-214445](https://doi.org/10.1136/thoraxjnl-2019-214445)

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