

# Primary Care-Based Interventions Addressing Social Isolation and Loneliness in Older People: A Scoping Review

## Summary

Social isolation and loneliness in the older adult population are understudied phenomena that have gained new attention in the wake of the COVID-19 pandemic. Despite the profound impact these factors can have on lifespan, in some studies increasing mortality by up to 29%, there is currently no universally accepted framework for primary care providers to meaningfully address either issue in their practice. Galvez and colleagues conducted the first systematic review that surveyed strategies to identify social isolation and loneliness among community-dwelling older adults, characteristics of existing primary care-based interventions to address social isolation and loneliness, and factors affecting the implementation of interventions in primary care settings.<sup>1</sup>

## Methods

Using the five-step Arksey and O'Malley framework, researchers conducted a scoping review of existing literature published through 2021 pertaining to primary-care based interventions to address social isolation and loneliness in older adult populations. Only studies in English or Spanish that denoted involvement of primary care services were included. After selecting for articles that explicitly described interventions and did not also address other geriatric conditions (e.g. risk of falls), 32 studies were included in the review. Findings were summarized in a qualitative manner.

## Results

Seven articles (22%) included in the review reported strategies to identify loneliness or social isolation in older adults through primary care screening. An additional 13 studies (41%) recruited patients based on the presence of risk factors alone. Several interventions involved referral pathways between primary care, health and non-healthcare sectors (n =17, 53%). Interventions described ranged from 2 weeks to >2 years. Major facilitators of interventions included connecting patients with established referral pathways, especially by leveraging coordinators working within primary care. Nuanced evaluation of patient fit for various interventions and building trust relationships between patients, primary care providers, and other stakeholders enhanced the success of interventions. Major barriers included perceived burden of intervention on primary care provider workload and uncertainty about identifying loneliness and social isolation if no subsequent intervention or resources were available.



<sup>1</sup> Galvez-Hernandez, P., González-de Paz, L., & Muntaner, C. (2022). Primary care-based interventions addressing social isolation and loneliness in older people: a scoping review. *BMJ open*, *12*(2), e057729.

## Key Takeaways

- This literature review highlighted a lack of universally adopted theoretical approaches or screening instruments for identifying social isolation and loneliness in older adults.
- Characteristics of studied primary care-based interventions included involvement of multidisciplinary professionals, referral pathways, and range in duration from 2 weeks to >2 years.
- Major facilitators of interventions included referral pathways leveraging coordinators working within primary care; barriers included perceived burden on primary care provider workload and uncertainty about screening in settings lacking interventions after identifying loneliness or social isolation.

## Implications for Practice and Research

This systematic review by Galvez, et al. is the first to highlight the gaps in current global health care efforts to address social isolation and loneliness in community-dwelling older adults with primary care-based screening and facilitated intervention. Systematic approaches to address social isolation and loneliness, including validated screening instruments, are scarce. Further research is needed to create universal theoretical frameworks that study identification of and intervention on social isolation and loneliness in older adults. Future research will also need to account for the already over-burdened primary care provider workload and inadequate health care infrastructure to provide interventions for all patients who require them

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