

CORRELATES OF ELDERLY LONELINESS

M.D. Costa, H. Espirito-Santo, S.C. Simões, A.R. Correia, R. Almeida, L. Ferreira, Â. Conde, V. Alves, F. Ferreira, L. Caldas, I.T. Pena, A. Costa, D. Simões, F. Daniel, L. Lemos

Psychology, Instituto Superior Miguel Torga, Coimbra, Portugal

In Portugal, the number of elderlies living alone and being institutionalized are rising. Institutionalized elderlies are susceptible to loneliness. Loneliness is associated with depression, anxiety, poor sleep quality, and cognitive decline. Determining which variables predict loneliness in institutionalized elderlies may allow appropriate targeting interventions in loneliness to potentially preserve mental and cognitive health.

We want to explore the prevalence of loneliness in a sample of institutionalized elderly, and determining which variables predict loneliness.

Loneliness was measured using UCLA loneliness scale. We also included a measure of socio-demographic aspects and health-related variables, the Mini-Mental State Examination, the Geriatric Depression Scale, the Geriatric Anxiety Inventory, the Satisfaction with Life Scale, and the Sleep Subjective Index for Elderly.

Our sample included 539 elderly (60-100 years, mean age = 80.03 ± 7.38), mostly women (75.8%), widowed (60.3%), with primary basic education (39.5%), frequenting day care center (61.0%) or living in retirement home (39.0%).

The prevalence of loneliness feelings was 68.2%. Loneliness was significantly related with more anxiety and depressive symptoms, poor sleep quality, and poor life satisfaction. Women and elderlies without partner had also more loneliness feelings. Loneliness was not associated with age, education, living alone/accompanied, number of social contacts, nor with cognitive performance or sensorial problems (low vision and poor hearing). After the multiple logistic regression of the significant variables, only satisfaction with live predicted loneliness (OR = 1.07, $p = 0.05$).

In conclusion, satisfaction with live may affect feelings of loneliness. More studies with non-institutionalized are needed for appropriated targeting interventions.