

Social Support and Social Isolation among the Elderly

James Lubben

*Louise McMahon Ahearn Professor in Social Work
Director of Institute on Aging
Boston College*

*Co-Investigator & Co-Leader of Administrative Core
Boston Roybal Center for Active Lifestyle Interventions
Funded by U.S. National Institute on Aging*



“Social Isolation Kills!”



“Social Isolation Kills!”

The magnitude of risk associated with social isolation is comparable with that of cigarette smoking and other major biomedical and psychosocial risk factors.



House, J.S. (2001). *Psychosomatic Medicine* 63(2):273-274.

“Social Isolation Kills, But How And Why?”

Our understanding of how and why social isolation is risky for health, or conversely, how and why social ties and relationships are protective of health, remains quite limited.

House, J.S. (2001). *Psychosomatic Medicine* 63(2):273-274.

Limited Social Support Networks Have Been Associated With...

- ✓ Psychological distress & loneliness
- ✓ Cognitive Impairment
- ✓ Poor self-rated health & well-being
- ✓ Neglect of desired health practices
- ✓ Morbidity
- ✓ Mortality
- ✓ Even the common cold

Social Ties Can Provide Essential Support at Time of Illness



Photo: Health Canada/Santé Canada

**Social ties can
encourage better
health practices**



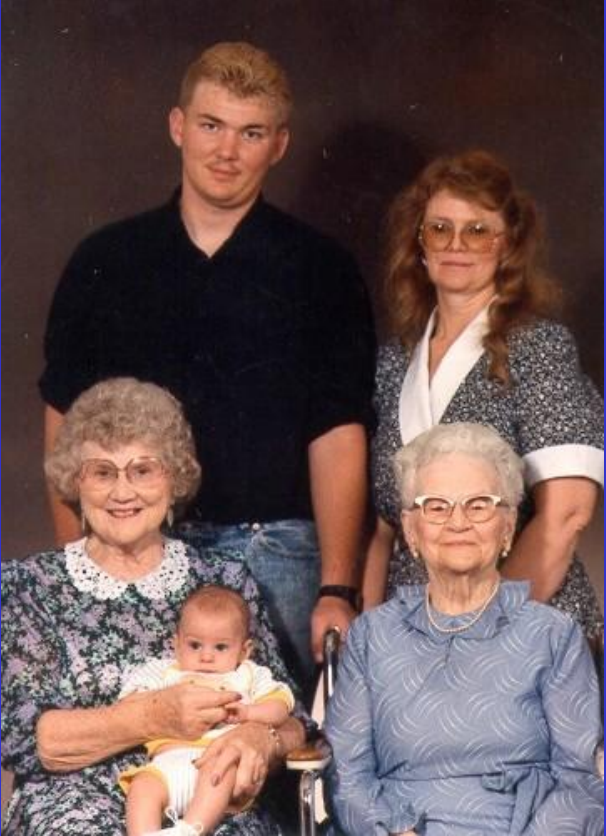
Photo: Health Canada/Santé Canada



A Possible Causal Link Between Social Ties and Immune Systems



How to measure *Social Ties* is a major challenge for clinicians and researchers



Family



Friends



Social Groups

Lubben Social Network Scale (LSNS)

- Developed 30 years ago for a statewide home care program
- Abbreviated 10-item measure suitable for practice settings
- Highly correlated with clinical assessments
- Psychometric properties well documented
- Extensive use in applied research settings

References:

1. Lubben, JE (1988). Assessing Social Networks among Elderly Populations. *J. Family and Community Health*. 11:42-53.
2. Rubinstein, RL; Lubben, JE & Mintzer, J (1994). Social Isolation and Social Support: An Applied Perspective. *The Journal of Applied Gerontology*, 13:58-72..

High Correlation of LSNS with Clinical Assessment of Isolation

66 Journal of Applied Gerontology

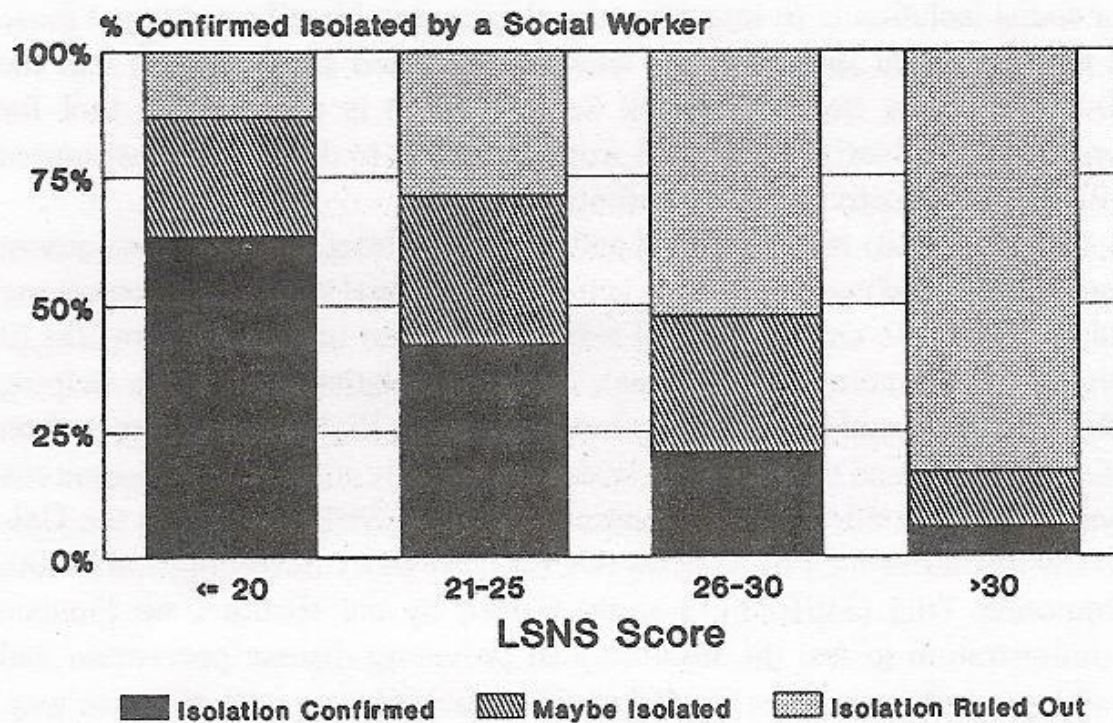


Figure 1. Confirmed social isolation.

Health Risk of Social Isolation Approximates That of Smoking

	<u>Any Hosp.</u>	<u>6+ Days Hosp.</u>
<i>Smoking (Current)</i>	1.59	1.68
<u><i>Social Isolation</i></u>	<u>1.51</u>	<u>1.57</u>
<i>Limited Exercise</i>	1.43	1.52
<i>Poor Weight Control</i>	1.07	1.31

NOTE: Odds Ratios from Lubben, Weiler & Chi, *AJPH*, 1989.

Social Isolation Predicts Re-Hospitalization in VA Study

	Model #1 Odds Ratio	Model #2 Odds Ratio
<i>Enabling Factors:</i>		
<u>Social Isolation (LSNS)</u>	<u>5.31</u>	<u>3.86</u>
<i>Need Factors</i>		
MHI-Anxiety	3.86	
PCS-SF36		.91

NOTES: Mistry, Rosansky, McGuire, McDermott & Jarvik. 2001 Intl J Ger Psych
1-Year Re-hospitalization of older male veterans in UPBEAT project.

Strong Social Ties Associated with Lower Mortality Rates

(Relative Risks for 6-year all-cause mortality)

LSNS Scores	Quartile 1 <i>(Weak ties)</i>	Quartile 4 <i>(Strong ties)</i>
Model 1 <i>(Adjusted for age)</i>	1.0	.52
Model 2* <i>(Adjusted for risk factors)</i>	1.0	.64

***Risk Factors = age, smoker, BMI, physical activity index, etc.**

Ceria, Masaki, Rodriguez, Chen, Yano & Curb. JAGS, 2001.

Strong Social Ties Associated with Lower Mortality Rates

(Relative Risks for 6-year all-cause mortality)

- *Adjusting for age, those with strongest social ties were half as likely to die over 6 year period as those with weak ties!*
- *Even after controlling for many common risk factors, those with strong social ties were one third less likely to die than those with weak social ties!*

***Risk Factors = age, smoker, BMI, physical activity index, etc.**

Ceria, Masaki, Rodriguez, Chen, Yano & Curb. JAGS, 2001.

Three Versions of Lubben Social Network Scale (LSNS)

- ✓ **LSNS-R** *A 12-item version for general use*
- ✓ **LSNS-6** *A 6-item abbreviated version*
- ✓ **LSNS-18** *An 18-item version for research*

LSNS-R & LSNS-6

lead-in statements:

- ✓ **FAMILY:** *Considering the people to whom you are related by birth, marriage, adoption, etc....*
- ✓ **FRIENDS:** *Considering all of your friends including those who live in your neighborhood....*

NOTE: *Cronbach Alpha for LSNS-R = .78*
Cronbach Alpha for LSNS-6 = .77

LSNS-6 ITEMS

1. ***How many **Relatives** do you see or hear from at least once a month?***
2. ***How many **Relatives** do you feel close to such that you could call on them for help?***
3. ***How many **Relatives** do you feel at ease with that you can talk about private matters?***
4. ***How many **Friends** do you see or hear from at least once a month?***
5. ***How many **Friends** do you feel close to such that you could call on them for help?***
6. ***How many **Friends** do you feel at ease with that you can talk about private matters?***

Social Isolation Correlated With Many Health Measures

	Social Isolation (LSNS-6 < 12)		
	Hamburg	Solothurn	London
Fair/Poor Self Rated Health	.19***	.09***	.14***
Mental Health (MHI-5)	-.15***	-.12***	-.17***
Needs Help with IADLs	.11***	.07***	.11***
Limited Physical Activity	.13***	.14***	.10***

Lubben, JE, Blozik, E, Gillmann, G, Iliffe, S, Kruse, WR, Beck, JC, Stuck, AE. (2006). Performance of an Abbreviated Version of the Lubben Social Network Scale among Three European Community-Dwelling Older Adult Populations. *The Gerontologist*. 46(4):503–513.

Social Isolation Increases the Risk for Dementia

	Study Population, No.	Participants Who Developed Dementia, No. (%)	Crude HR (95% CI)	Model 1, Adjusted HR (95% CI) ^a
LSNS-6 score				
0-11 (Ref)	456	80 (18)	1.00	1.00
12-30 Not Isolated	1793	188 (10)	0.53 (0.41, 0.69)	0.63 (0.48, 0.83)

Note. HR = hazard ratio; CI = confidence interval; LSNS-6 = abbreviated Lubben Social Network Scale.

^aModel 1 adjusted for age, education, and selected health conditions (depression, stroke, myocardial infarction, hypertension, diabetes, and Parkinson's disease).

NOTE: Crooks, VC, Lubben, JE, Petti, DB, Little, D & Chiu, V. (2008). Social Network, Cognitive Function and Dementia Incidence in Elderly Women. *American Journal of Public Health*, 98(7):1221-1227.

Social Isolation Risk for Dementia

(Hazard Rates over 4-year period)

- *Those with strong social ties were half as likely to become cognitively over 4 year period as those deemed isolated at baseline.*
- *Even after controlling for many other risk factors, those with strong social ties were one third less likely to become cognitively impaired as those deemed isolated at baseline!*

NOTE: Crooks, VC, Lubben, JE, Petti, DB, Little, D & Chiu, V. (2008). Social Network, Cognitive Function and Dementia Incidence in Elderly Women. *American Journal of Public Health*, 98(7):1221-1227.

LSNS Website

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LUBBEN SOCIAL NETWORK SCALE

Description of the LSNS
Permission to Use Scales
Versions of the LSNS
Translations
About Dr. Lubben
How to Score the LSNS
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Introduction to the Lubben Social Network Scale THE LSNS

The importance of social ties in the lives of older people is becoming increasingly recognized as strong associations have consistently been found between social support networks with physical and mental health outcomes. For example, low scores on the LSNS have been correlated with mortality, all-cause hospitalization and depression (Lubben & Girona, 2004). Increased awareness of the importance of social support networks for older adults has spurred the need for assessment tools to help flag these people during a comprehensive assessment of the elderly client.

This growing interest in social networks has led to a vast amount of research in this area which has led to some inconsistencies in definitions and thus measures of social networks. For example, this construct has been given various labels such as social bonds, social supports, social networks, social integration, social ties, meaningful social contacts, confidants, human companionships, reciprocity, guidance, emotional support, and organizational involvement. This has therefore led to a proliferation of measurement scales, some which lack adequate validity and reliability (Lubben & Girona, 2003).

The development of the LSNS was done in order to provide both clinical and research communities with a scale that offers improved administrative and psychometric properties.

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Implications of Social Isolation on Practice with Older Adults

- ✓ *Integration Content on Social Isolation into Curriculum for All Health Care Providers*
- ✓ *Incorporate Assessment of Social Isolation into Geriatric Practice Protocols*
- ✓ *Consider Social Health on par with Physical and Mental Health*

Policy Implications of Social Isolation

- ✓ *Create communities that enhance strong social ties*
- ✓ *Create age-friendly, safe environments*
- ✓ *Consider policies and programs that better address social isolation*
- ✓ *Support research on social isolation*

An Older Adult's Social Ties Are Fundamental To Social & Health Care

- ✓ Self-Care
- ✓ Family & Friends Care
- ✓ Institution-Based Care



Thus, It Is Time to Give More Respect to Social Ties

- ✓ In Geriatric Practice
- ✓ In Gerontological Research
- ✓ In Education
- ✓ In Our Personal Lives

Social Ties Are Central to Health and Well-being...



...At All Ages!

