

Social Engagement in the Elderly

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Populations worldwide are aging; the number of people aged ≥ 65 years is predicted to reach 2 billion by 2050.¹ In Taiwan, the percentage of the population aged ≥ 65 years increased from 7.09% in 1993 to 10.4% in 2008, and is expected to comprise 36.97% of the total population by 2051.² The rapid increase in the elderly population has engendered public concern about issues associated with aging, such as successful aging and long-term care strategies.

Recent research has consistently demonstrated the importance of lifestyle factors, such as active involvement in social activities and social networks, in a variety of health outcomes, including physical illness, mental health and mortality.³⁻⁵ In the September 2009 issue of the *Journal of the Chinese Medical Association*,⁶ Tsai and colleagues examine the prevalence and associated risk factors of poor social engagement in residents aged ≥ 65 years living in a veterans home. They found that poor social engagement was common in this sample, and that the independent risk factors for poor social engagement included depression, illiteracy, the presence of unsettled relationships, and cognitive impairment.⁵ However, selection bias (such as social isolation, illiteracy and poor support system of this study's sample) does hamper the generalizability of the findings to other populations. The other limitations are also discussed well by the authors.⁶

The factors that affect social engagement in the elderly are various, including physical function, mental function, and socioeconomic issues. The authors highlight the importance of depression as the strongest risk factor. Depression-related social withdrawal, loss of energy and poor attention can be barriers to social interaction. Of note, depression is a treatable disorder. In fact, the relation between low social engagement and depression is reciprocal. It has also been shown that being socially isolated and inactive is associated with an increased risk of onset of major depressive disorder.⁷ When people engage in social behavior, they need to

apply cognitive functioning such as attention, memory, language, or executive functions. Therefore, cognitive dysfunction may have a negative influence on social interaction. Social disengagement has been reported to be associated with cognitive impairment or dementia in the elderly.⁸ Socioeconomic status indicated by educational level is linked to involvement in social activities.⁹ Subjects with a higher educational level have enhanced abilities to use resources to pursue social activities that those who are illiterate do not.

How can we manage the social engagement of residents in the context of the long-term care environment? At the time of admission to a long-term care facility, the elderly person can complete a short screening exam to assess the extent and quality of their social engagement skills/abilities. A short and easy-to-use measure concerning the quality of patients' social networks should also be developed for use by general medical practitioners. Responses can stimulate important conversations between doctors and their aging patients about their social engagement level, and also open windows to other health-related psychosocial problems. For residents in long-term care facilities who are found to be withdrawn, isolated or socially disengaged, a variety of resources should be at hand. Referrals to psychiatrists, neurologists or geriatricians, who can more accurately assess mental disorders such as depressive disorders or cognitive impairment, should be made when needed. For those who have lost a spouse or friend—usually the primary participant in a person's social network—resources for grief counseling should be identified, and the staff should encourage their use. For illiterate and cognitively impaired subjects, appropriately designed activities should be provided.

In conclusion, it is important for physicians and staff concerned with the wellbeing of elderly patients and, particularly, of residents living in long-term care facilities to recognize the impact of social engagement



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on health-related outcomes. This report reflects the status of poor social engagement in elderly residents living in a veterans home and provides information for future discussion of public health policy.

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