

Does Loneliness Kill Patients with Alzheimer's Disease?

Barak Y*

Department of Psychological Medicine, Dunedin School of Medicine, Otago University, New Zealand

***Corresponding author:** Yoram Barak, Department of Psychological Medicine, Dunedin School of Medicine, Dunedin, New Zealand, Tel: +64 3 4740999; Email: yoram.barak@otago.ac.nz

Opinion

Volume 1 Issue 1

Received Date: September 04, 2018

Published Date: September 11, 2018

Opinion

Rhodus-Meester and colleagues have recently reported on disease-related determinants associated with mortality in Alzheimer's disease (AD) concluding that relatively young sample of patients with AD, disease-related determinants were associated with an increased risk of mortality, whereas neither comorbidity nor APOE genotype had any prognostic value [1]. We wish to highlight an additional public health threat to people with AD, loneliness, which is relevant to consider in discussing mortality risk factors. Loneliness and social isolation predict an increased premature mortality risk, and the World Health Organization now lists "social support networks" as a "determinant of health." Loneliness is linked to cardiovascular disease and stroke [2] and to mortality. A meta-analysis including 70 studies encompassing 3.4 million people found that loneliness, social isolation, and living alone all had a significant effect on the risk of dying prematurely with 29%, 26%, and 32% increased likelihood of mortality, respectively [3]. Loneliness is a highly prevalent experience in AD. Already in 2000 the Kungsholmen longitudinal project demonstrated that Non-demented elderly subjects reported themselves to be lonely significantly less often compared to demented subjects, but there were no differences in the emotional experience of loneliness [4]. Cognitive and functional impairment observed in AD, hinders communication and social interactions. One consequence of this hindrance may be a feeling of loneliness. In fact, more social isolation, and loneliness are found in AD cohorts than in healthy control groups [5]. The negative impact of dementia on relationships, intimacy, and sexuality has been widely documented. Increasing social isolation and loneliness are invariably part of the experiences of the individual and dyad [6].

Loneliness appears to be distinct from other AD-related deficits, with similar effects in patients with AD

and cognitively intact comparison subjects. This suggests that models of loneliness developed in the general population may generalize to AD. The fact that patients with AD have shortened life expectancy than the general older population is well established. Loneliness may be another risk factor to consider if we wish to understand and improve the premature mortality of AD.

References

1. Rhodus-Meester HFM, Lieder H, Koene T, Lemstra AW, Teunissen CE, et al. (2018) Disease-related determinants are associated with mortality in dementia due to Alzheimer's disease. *Alzheimers Res Ther* 10(1): 23.
2. Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B (2016) Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart* 102(13): 1009-1016.
3. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci* 10(2): 227-237.
4. Holmén K, Ericsson K, Winblad B (2000) Social and emotional loneliness among non-demented and demented elderly people. *Arch Gerontol Geriatr* 31(3): 177-192.
5. El Haj M, Jardri R, Larøi F, Antoine P (2016) Hallucinations, loneliness, and social isolation in Alzheimer's disease. *Cogn Neuropsychiatry* 21(1): 1-13.

6. Holdsworth K, McCabe M (2018) The impact of younger-onset dementia on relationships, intimacy, and sexuality in midlife couples: a systematic review. *Int Psychogeriatr* 30(1): 15-29.

