Social Isolation and Emotional Loneliness in Older Adults With Congestive Heart Failure

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Social isolation as described in the epidemiological literature focuses on demographic and personal data such as: marital status, employment, religion and education. The psychological work is focused to a much greater extent on Maslow and Erickson's constructs and the human need to feel connected or belong. Peplau's research on the antecedents of emotional loneliness has added to this content and includes: termination (end of a close relationship), separation (apart from loved ones), status change (role change), developmental (quality of relationships), demographics (work/home environment and personality).

The impact of social interaction or relationships becomes more important than numbers or mere superficial ties. Someone can be living with a partner and yet still feel isolated due to internal conflict or change in self image. Over extended periods, loneliness develops as well as persistent alterations in immune system function and stress response. A discrepancy often occurs between an individual's perceived versus actual supportive relationships. It is also important to make the distinction between maladaptive isolation and healing time alone. Adjustment periods to environmental change, role identification or life phase/situation may require concentrated thinking and limited social contact in so that negative thinking is not perpetuated.

Studies from the literature show a definitive link between social isolation, disease progression and increased morbidity. This is particularly the case with the older adults population diagnosed with heart failure. Depression frequently accompanies comorbidities such as CHF, but is not readily identified in many situations since disease trajectories are similar in both. Health care providers/teams should assess symptoms which may be seen in both diagnoses and treat based on evidence based protocol. Common symptoms associated with CHF include: fatigue, low energy levels, appetite change, peripheral edema, cognitive impairment and decreased motivation. Symptoms of depression include: sad affect, loss of interest/appetite, low energy, fatigue, sleep disturbance and cognitive impairment. Overlapping signs and symptoms can make differentiation between clinical problems difficult to determine.

Title:
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References:


Abstract Summary:

Studies reviewed from the literature show a definitive link between persistent social isolation or emotional loneliness, disease progression and increased morbidity. This is particularly true in the older adult diagnosed with congestive heart failure and is frequently observed. Management of this complex is complex and requires a team approach

Content Outline:

INTRODUCTION

The percentage of older adults in society is increasing rapidly along with number and severity of comorbidities. Approximately 5 million individuals in the United States are affected by Congestive Heart Failure. Both physiologic and psychologic stressors can lead to clinical deterioration or worsen symptom perception. Reduced social contact and loneliness can cause depression, compounding existing symptoms such as fatigue, weakness and loss of appetite

MAIN POINTS

1. Importance of Social Relationships-
   a) Epidemiological Point of View - personal history and demographics
   b) Psychological Point of View - Maslow and Erickson's views about human contact and Peplau's antecedents of emotional loneliness

2 Congestive Heart Failure and Emotional Stress
   a) Neurohormonal dysregulation pathway commonalities in CHF and Depression
   b) Distinguishing between disease progression and / or depression

3 Detrimental Effects of Social Isolation/Emotional Loneliness
a) Hormonal, blood pressure and sleep abnormalities

b) Ineffective coping strategies and self care

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**Professional Experience:** I have had over 20 years experience as a critical care educator and have current certification from the American Association of Critical Care Nurses (CCRN). I am currently a doctoral candidate at Drexel University focusing on CHF

**Author Summary:** I have extensive experience in both the clinical and educational aspects of Critical Care Nursing. I am Geriatric Nurse Practitioner (Master's Certificate NYU) and am currently working on a DNP at Drexel University.