

***Is loneliness influenced by the
area- and/ or individual-based
characteristics?***

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Outline

- Loneliness- predictors and consequences
- Aims of the study
- Methods
- Results
- Conclusions

- Loneliness and isolation are often seen as interchangeable terms
- **isolation** is the objective absence of social relations
- **loneliness** can be considered as a subjective issue
= the difference between an individual's desired and actual relations
- Common experience
- Chronic status !!!

GENDER

- Reported higher by females (Stokes et al 1986, Victor et al 2006)

PARTNERSHIP STATUS

- Bereavement (Cattan et al 2005, van Baarsen et al 2002)

HEALTH STATUS

- Limiting physical or mental illness (Savikko et al 2005)

LIVING ARRANGEMENTS

- Geographical characteristics of living area
(Wenger & Burholt 2004, Victor & Pikhartova 2020)
- Civic participation/ social network
(Golden et al 2009, Cheng et al 2002)

(AGE)

- J-shaped distribution of loneliness over life-course
- plateau among those 85+ (Savikko et al 2005, Victor & Young 2012)

PHYSICAL HEALTH

- Exceeds impact on mortality of factors such as obesity or smoking
(Holt-Lunstad, 2010)
- Increase the risk of high blood pressure, CHD
(Hawkley et al, 2010, Valtorta et al, 2016, Smith et al 2018)
- Increased risk of disability
(Lund et al 2011)

MENTAL HEALTH

- Greater chance of cognitive decline (James et al 2011, Bowling et al 2016)
- Likelihood to develop clinical dementia (Holwerda et al 2012)
- Increased chance of depression (Cacioppo et al 2006)
- Increased likelihood of suicide in later life (O'Connell et al 2004)

=> Increase in:

- **Health service utilization (independent on chronic diseases)**
- **Earlier entry to residential / nursing homes**

- to examine the relationship between two self-reported types of loneliness (individual and connected with area of residency) and distinct dimensions of the living environment: deprivation, area classification (urban or rural), and geographical regions

- **E**nglish **L**ongitudinal **S**tudy of **A**geing data
<http://www.elsa-project.ac.uk/documentation>
- Those who took part in wave 3, 6 and 7
- in wave 7 lived at the same address as in wave 6
- 4,663
- 56% of females
- Age mean w3: 65.5
w7: 73.8

- Dimensions of living environment:
 - Index of Multiple Deprivation
 - Urban/ rural distribution
 - Geographical regions

- Adjusted for:
 - Social network (marital status, close relationships, civic participation, part of job market)
 - Health status (SRH, depressive symptoms, ADL/IADL, long-term limiting illness)
 - Mutual adjustment

- UCLA17.6%
- 'I often feel lonely living in this area' 24.6%
- Females reported loneliness higher

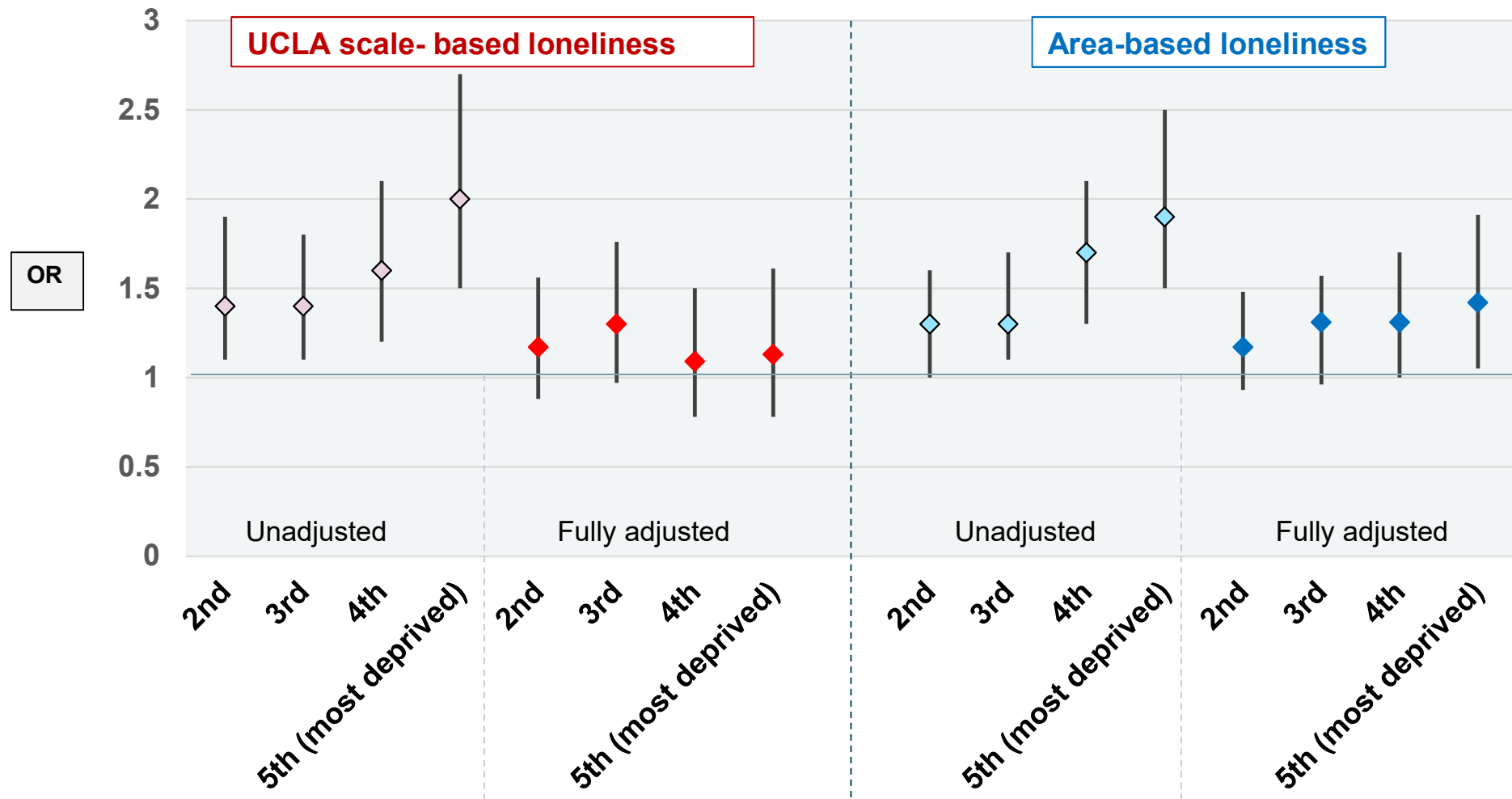
- Example of congruency

w7		I often feel lonely living in this area	
		No	Yes
UCLA loneliness	No	67.6	15.0
	Yes	8.0	9.4

Demographical characteristics:

- IMD
 - 26% lived in the least deprived area
 - 11% lived in the most deprived area
- Urban/ rural
 - 73% lived in the urban area
- GOR
 - 9% lived in London

Association between loneliness measure and area deprivation characteristics



Living-area deprivation quintile (1st-least deprived) = ref category

- Once all individual-level influencing factors were adjusted for there was no relationship between the area-level variables and the UCLA score but remained significant between IMD and the area-based loneliness measure

- Loneliness is higher in the most deprived areas independently of individual-level factors
- Further and profound research is needed to understand all meso- and macro-level of factors which can influence loneliness feeling

=>could help to narrow policy implications

Special thanks to grant funder and data provider



Thank you for your attention

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