Cognitive Impairment and Loneliness among the Elderly

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Geriatric assessment is inclusive of mental health concerning cognition and related aspects. It evaluates the social, medical, environmental factors influencing the overall wellbeing of the individual. Older adults concerning in the study are any individual who are above 65 years. This population laterally facing with the physical problems of aging, also faces issues like memory, anxiety, loneliness, stress, dependency, etc. Loneliness can still be felt in presence of people who belong to us. The COVID-19 pandemic has added to the loneliness among this population due to reasons like death of children, family members, spouse, etc. The current research study compares impaired cognition and loneliness in older people living with the families to those who live in an old-age home apart from their relatives.Both the gender was considered for the sample. A total of 70 individuals were considered as the sample, 35 from old-age home and 35 of who stay with families. The participants remained above 65 years of age. The UCLA loneliness scale (Russell, D 1980) and Six-Item Cognitive Impairment Test is assessed on the sample from both the population. To compare the data from two populations, t-test was used. The results show a significant difference for impaired cognition and loneliness among the individuals in the two groups.

Keywords: Cognitive Impairment, Loneliness, Geriatric, Old-age Home, Family

"Aging is never an option for anyone. It is how we take care of the process graciously and how fortunate we are that the procedure handles us. (Cindy McDonald)". The process involves a lot of psycho-physiological changes within the individual. The functional efficiency keeps declining and the capacity to overcome the associated stress also decreases to a greater extend. As a person ages, there is a shift from being parents to grandparents, the decrease in social network and support, feelings of rejection, dependency, being hopeless, regrets regarding the past along with concerns regarding deterioration of mind and physique with the fear of death.

Along with aging, the process involves number to psychological aspects, one of which is loneliness. Due to number of factors an old person is often left to feel lonely. Some of the reasons could be children settling abroad, daughter-in-law's unwillingness to keep the laws, death of the spouse, many more. Some of them stay alone, while some may shift to an old-age home. There is a chunk of this population who also stays with their relations and the family. The external environmental setting of the individual has an important role to play with their physiological and mental well-being. Staying with a family would also lead to the feelings of loneliness.

Cognitive Impairment (Mild Cognitive Impairment-MCI) is when a person has issues with remembrance, initiating to learn new things, concentration and/or decision making which seems to affect their everyday living. MCI is learned to be connected with variety of psychological aspects like loneliness and depression. Depression is researched to be a most important risk factor in the expansion of MCI (Lopez, 2003). MCI has ranged from 16% to 20% in various different population of old adults in the world (Robert & Knopman, 2013). Contrasting to depression, loneliness is less under research in MCI population. In ageing population, those with MCI were testified with higher depressive symptoms when assessed for loneliness (Do-Young Kwon, 2017).

Loneliness is a independent feeling, negatively associated with an individual's own

experience of deficient social relationships. Loneliness can be a composite of external as well as internal factors, where external would-be absence of social network and internal would relate to one's personality and way of living and thinking. Perceived loneliness has been negatively found to be correlated with MCI among elderly (Boss, 2015). Being in a state of loneliness would imply lack of satisfaction when the expressive and mental needs are not satisfied (Raut NB, 2014). Older individuals tend to live alone and be less social which results in "Loneliness Epidemic" (Murthy V., 2017) as declared by the earlier US Surgeon General Vivek Murthy. Lengthy terms of being secluded and communally isolated would be more distressing which might include high blood pressure, lower stages of physical activity, weight gain, alone time, smoking and drinking, coronary heart disease. (Cigna, 2018) (Valtorta, 2016). 17-57% of people experience loneliness, this figure keeps on increasing among those who suffer from psycho-physiological health concerns (Musich S., 2015).

Older population with MCI living at home have higher quality of living, are better in cognition and seem less depressive, these people have higher social connectivity as linked to the ones who live in old-age home (Nikmat, et al, 2015). Older adults in the old-age home need to adjust to the changing environment which leads to serious psychosocial problems like loneliness and dependency (Singh A., 2009). Multiple risk features for loneliness are rural area livelihood, widowhood, being depressive, being a female, living alone, poorly understood by others, etc. (Lee, 2019).

The objective of the study is to study impaired cognition and loneliness amongst the elderly people who reside in an old-age home and the ones who stay with families. The relative results between the two samples would enable us to further understand the psychological concerns of them.

Hypothesis:

There will be difference in the score of cognitive impairment of individuals residing in old-age shelter and who reside at home with their families.

There will be difference in the score of loneliness of individuals residing in old-age shelter and who reside at home with their families.

Method

Sample

The sample of the research study comprises of 35 older adults living at an old-age home and 35 of which stay at home with families/spouse. The mean age of the sample was 73.1 years. In all, there were 38 females and 32 males. The participants were communicated personally and the tools was assessed to each of them. Out of the 35 staying with families, there were 17 of them who either stayed alone or with their spouse, the rest of them stayed in a family environment with their children and some with grandchildren also. Each participant was given a consent form and had voluntary participation.

Measures

The UCLA Loneliness Scale (Russell, D 1980) was assessed on the participants. It is a self-reporting questionnaire that assesses a person's level of happiness with social connections. There are 20 items which are measured on a 4-point scale extending from 1-never, 2-rarely, 3-sometimes and 4-always. A score of 20 is the lowest and 80 is the highest. The scale is reliable and valid enough to be utilized on the Indian population.

To assess the cognitive impairment, a Six-Item Cognitive Impairment Scale was used. It had questions related to time, month, year, short term memory recall, and backward counting and naming of numbers and months respectively. The lowest score on the scale would be 0 and the highest would be 28. A score between 0-7 is considered to be normal which no referral required, a score between 8-9 would be mild and 10-28 would be significant cognitive impairment.

Procedure

To collect data of people from old age, two of the old-age homes were reached out and data was collected personally. The goal and the data gathered were explained to the participant, and confidentiality was guaranteed. A total of 35 participants were questioned inclusive

of males and females. In order to acquire information from elderly people staying with families, personally individuals with more than 65 years of age were contacted and questioned. Some of the participants couldn't read or write so the researcher verbally questioned them in absence of another person around to maintain confidentiality.

Results

The means value of the two groups were compared to find the difference. T-test was performed for the purpose.

Table 1: Mean difference for Cognitive Impairment among the two groups.

Groups	Mean	S.D.	T	Sig (P-value)
Old-age home	17.34	7.27	8.12	0.001
At home	4.45	5.93		

Note: the average mean value shows statistical significant difference of cognitive impairment amongst both the groups which is significant at 0.001.

Table 2: Mean difference for Loneliness among the two groups.

Groups	Mean	S.D.	T	Sig (P-value)
Old-age home	33.51	7.12	-6.061	0.001
At home	48.85	13.17		

Note: the average mean value shows statistical significant difference of loneliness among both the groups which is significant at 0.001.

The t value for cognitive impairment is 8.12 and for loneliness if -6.061. This shows a statistical significant difference for impaired cognition and loneliness among the individuals who stay in an old-age home and the ones who reside at homes with their families.

Discussion

The age of 65 and above often come with certain physical and mental disturbances. An individual is less preferred as compared to adult or a youth, the reasons could be various. As time and trend change, the older generations' thought patterns and conduct appear to be comparable to those of the youth. This could be one of the major reasons why an older individual could feel lonely. Significant expanse of solidarity from social relations and low on physical energy adds on to the feeling of loneliness. The gradual transition from adults to older adults brings in variety of changes. Depression is a key risk factor for loneliness. Cognitive impairment is an aging process which has to be faced by each. Along with MCI, if there is loneliness, depression tends to sink in quiet rapidly.

From the outcome of the study, it was observed that, individuals who stay in an old-age home are high on cognitive impairment and low on loneliness and the ones who reside with families or spouse are high on loneliness and low on cognitive impairment.

The results indicate that people in an old-age home seem satisfied in terms of having someone around to interact with and do not feel lonely. They've compromised with the fact that they'll remain in the old-age shelter until they die, and they've formed friends with the other seniors who share their space. The whys and wherefores for not being lonely could be,

- Acceptance from other older adults
- Connection and relatedness
- Similarity due to age and experience.
- Non-judgmental attitude from others around.
- Companion to share good and bad memories.
- Openness and understanding nature.

These individuals from the old-age home do have cognitive impairments to a greater extend and the reasons could be that they have less interaction with the outside world and hence there is no awareness, they have their own sweet world inside and this results in low orientation.

The older adults staying at home with either their spouse or families are high on loneliness despite having their own people around possibly because,

- Looked down upon due to poor physical health
- Constant demand to be looked after

- No one to talk because of age factor

- Lack of recognition and love

- Lack of quality time from children and grandchildren.

- Statements regarding being a burden

- Loss of spouse

These factors may lead to feelings of loneliness despite living in a family. They have no impaired cognition because of the circumstance that there is social life around and are constantly among those who are functional in the outside world, the basic cognition and orientation is present.

In order to lessen the feelings of loneliness, a variety of activities can be planned of this population like laughter therapy, dancing and music, horticulture therapy, reminiscence therapy, etc. (Routasalo PE, 2006). Clubs could be organized for the population to enter and spend some quality time with other same aged individuals to reduce loneliness.

Limitation and future scope:

Aside from the two groups investigated in this study, other groups like older adults staying with spouse, in an old-age home, with families, without families/without spouse, etc. could be considered. Gender difference can be studies future in these groups. Along with MCI and loneliness, depression is a key risk factor and could be studies along. The sample size could be increased.

Conclusion

The age of elderly is definitely tough to go through but is a natural and mandatory process. It cannot be ignored nor avoid but can be made easier to complete. The changes that come as a parcel of the age can be looked from an intervention point of view and measures can be kept handy to use whenever required.

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