

Solitudine e Apatia negli Anziani

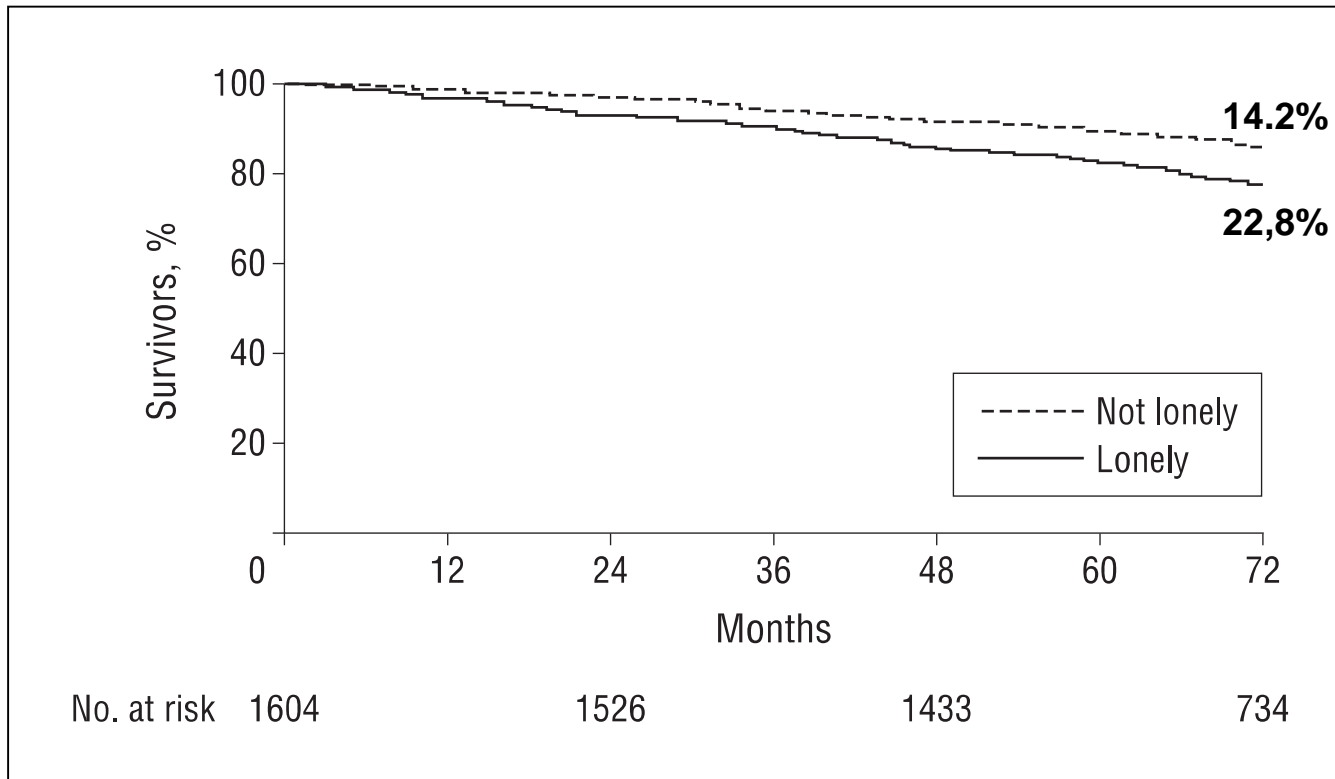
Claudio Mencacci-Virginio Salvi

Dipartimento Neuroscienze DSMD

ASST. Fbf-Sacco Milano

Loneliness in Older Persons

A Predictor of Functional Decline and Death



Kaplan-Meier survival curve for lonely vs not lonely subjects over 72 months

RESEARCH PAPER

Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL)

Table 2 Bivariate associations of risk factors with clinical dementia (OR with 95% CI) (N=158)

Variable	Dementia (n (%))	Dementia (OR (95% CI))
Social isolation		
Living alone		1.72 (1.24 to 2.40)
Yes (n=1005)	93 (9.3%)	
No (n=1166)	65 (5.6%)	
Not/no longer married		1.80 (1.29 to 2.52)
Not/no (n=1100)	101 (9.2)	
Married (n=1071)	57 (5.3)	
Social support		0.46 (0.33 to 0.64)
No (1590)	89 (5.6)	
Yes (578)	66 (11.4)	
Feelings of loneliness		2.56 (1.82 to 3.61)
Yes (n=433)	58 (13.4)	
No (n=1737)	99 (5.7)	

Loneliness, Social Integration, and Incident Dementia Over 6 Years: Prospective Findings From the English Longitudinal Study of Ageing

Table 2. Cox Proportional Hazards Regressions of the Incidence of Dementia (2006–2012) on Social Relationship Measures

	Model 1 1.77 (1.29–2.44)*	Model 2 1.77 (1.29–2.44)*	Model 3 1.96 (1.41–2.71)*	Model 4 1.98 (1.43–2.73)*	Model 5 2.11 (1.52–2.92)*
Marital status ^e					
Social isolation: 0		1 [ref]			1 [ref]
1		1.19 (0.89–1.58)			1.11 (0.83–1.48)
2		0.96 (0.52–1.76)			0.88 (0.48–1.62)
3		1.50 (0.54–4.24)			1.22 (0.44–3.40)
<u>Loneliness</u>			1.44 (1.11–1.88)*		1.33 (1.02–1.73)*
<u>Close relationships: 0–1</u>				1 [ref]	1 [ref]
2–3				0.43 (0.26–0.70)*	0.43 (0.26–0.70)*
4–5				0.38 (0.23–0.61)*	0.39 (0.24–0.64)*
6–9				0.34 (0.22–0.53)*	0.36 (0.23–0.57)*
≥10				0.32 (0.20–0.51)*	0.35 (0.22–0.56)*

Number of social groups involvement predicts 3-year decline in cognitive functions

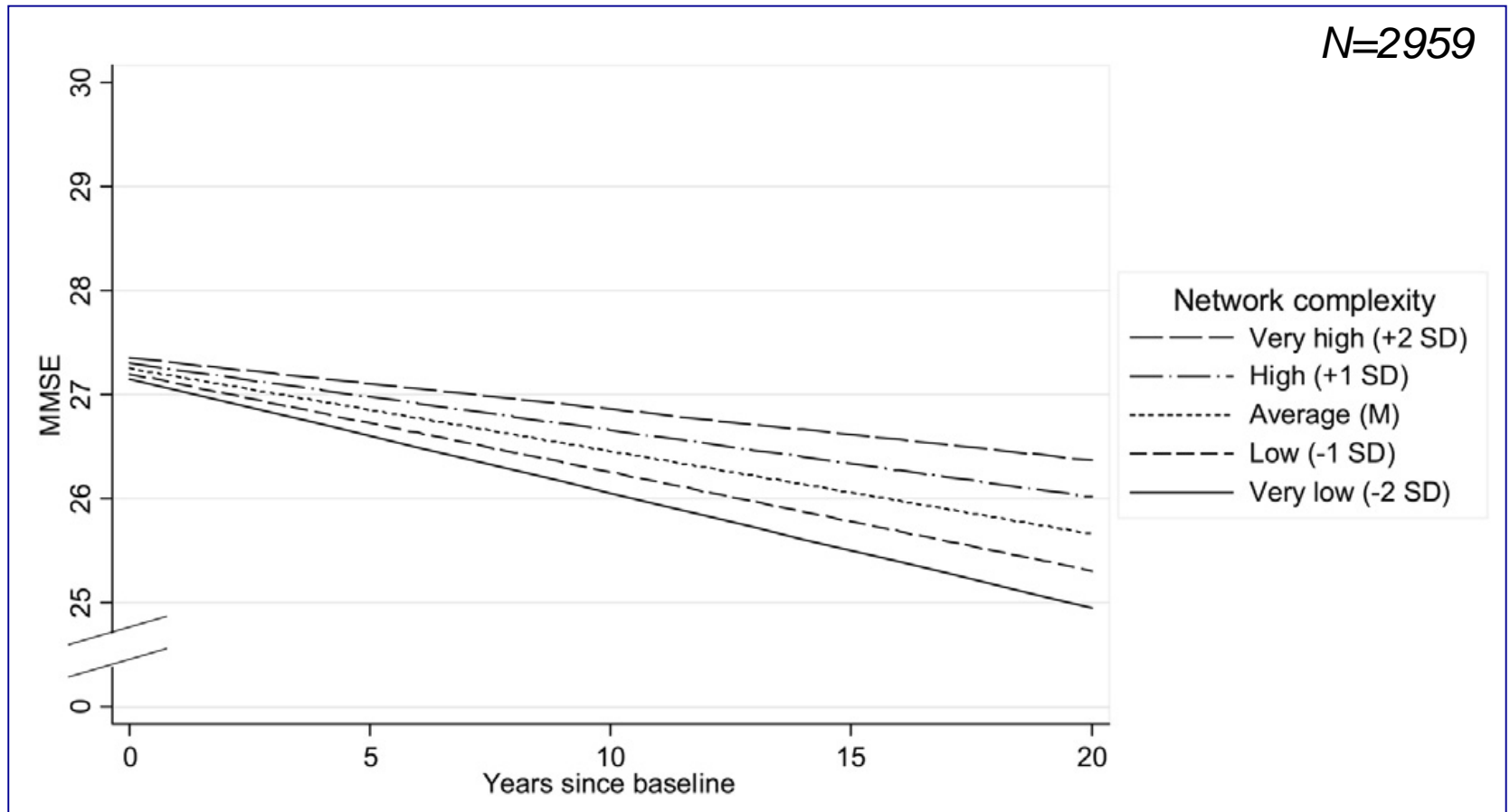
	Males (n = 2,124)					Females (n = 2,464)				
	Model 1		Model 2			Model 1		Model 2		
	Crude OR & 95% CI		Adjusted OR & 95% CI		Goodness of fit ^a	Crude OR & 95% CI		Adjusted OR & 95% CI		Goodness of fit ^a
The number of types of social groups										
Zero	1.00		1.00		p = 0.58	1.00		1.00		p = 0.64
One	0.62	0.47–0.82	0.68	0.51–0.91		0.62	0.48–0.79	0.69	0.53–0.89	
Two	0.70	0.52–0.96	0.80	0.58–1.12		0.50	0.36–0.68	0.62	0.45–0.87	
Three or greater	0.53	0.37–0.74	0.60	0.42–0.87		0.33	0.23–0.48	0.41	0.28–0.61	
Test for linear trend	p < 0.001		p = 0.009			p < 0.001		p < 0.001		
Type of social participation (reference: non-participation of each social group)										
Neighborhood associations	0.78	0.62–0.98	0.90	0.71–1.15	p = 0.73	0.49	0.38–0.64	0.62	0.48–0.81	p = 0.78
Hobby groups	0.51	0.37–0.69	0.59	0.43–0.81	p = 0.64	0.45	0.34–0.59	0.58	0.43–0.77	p = 0.36
Local event groups	0.74	0.57–0.96	0.82	0.63–1.08	p = 0.85	0.49	0.37–0.66	0.63	0.47–0.86	p = 0.54
Senior citizen clubs	1.06	0.80–1.41	0.91	0.67–1.24	p = 0.59	1.17	0.93–1.48	0.88	0.68–1.13	p = 0.18
Volunteer groups	0.50	0.35–0.72	0.57	0.39–0.83	p = 0.66	0.41	0.27–0.62	0.53	0.35–0.82	p = 0.58

OR, odds ratio; CI, confidence interval.

^a Goodness of fit determined by Hosmer-Lemeshow analysis.

Model 2: Adjusted for demographics (age, family structure, body mass index, and pensions), the number of comorbidities, the number of medications used, behavioral factors (alcohol and smoking), psychosocial factors (cognitive function, depression, and social support) and physiological factors (ADL and IADL).

The mix matters: Complex personal networks relate to higher cognitive functioning in old age



Changes in cognitive functioning (MMSE) over time, by different levels of network complexity

Caratteristiche delle relazioni sociali e rischio di demenza

English Longitudinal Study of Aging

Exposure variable (Score type)	Positive scores			Negative scores		
	HR (SE)	p-value	95% CI	HR (SE)	p-value	95% CI
Overall score	0.87 (0.09)	0.171	(0.72, 1.06)	1.31 (0.15)	0.019	(1.05, 1.64)
Spouse + children score	0.89 (0.09)	0.289	(0.73, 1.10)	1.23 (0.13)	0.046	(1.004, 1.51)
Spouse + children + Other family score	0.93 (0.08)	0.450	(0.78, 1.11)	1.27 (0.13)	0.021	(1.04, 1.56)
Other family + friend score	0.89 (0.07)	0.136	(0.76, 1.04)	1.25 (0.13)	0.033	(1.02, 1.55)
Spouse score	0.83 (0.09)	0.107	(0.67, 1.04)	1.08 (0.13)	0.536	(0.85, 1.35)
Children score	0.83 (0.08)	0.042	(0.69, 0.99)	1.19 (0.12)	0.075	(0.98, 1.45)
Other family score	0.92 (0.06)	0.212	(0.81, 1.05)	1.26 (0.11)	0.011	(1.05, 1.50)
Friends score	0.89 (0.07)	0.116	(0.76, 1.03)	1.14 (0.12)	0.238	(0.92, 1.40)

- **Comprensivo**
- **Affidabile**
- **Approcciabile**



Riduzione del rischio
fino al 17%

- **Critico**
- **Inaffidabile**
- **Seccante**

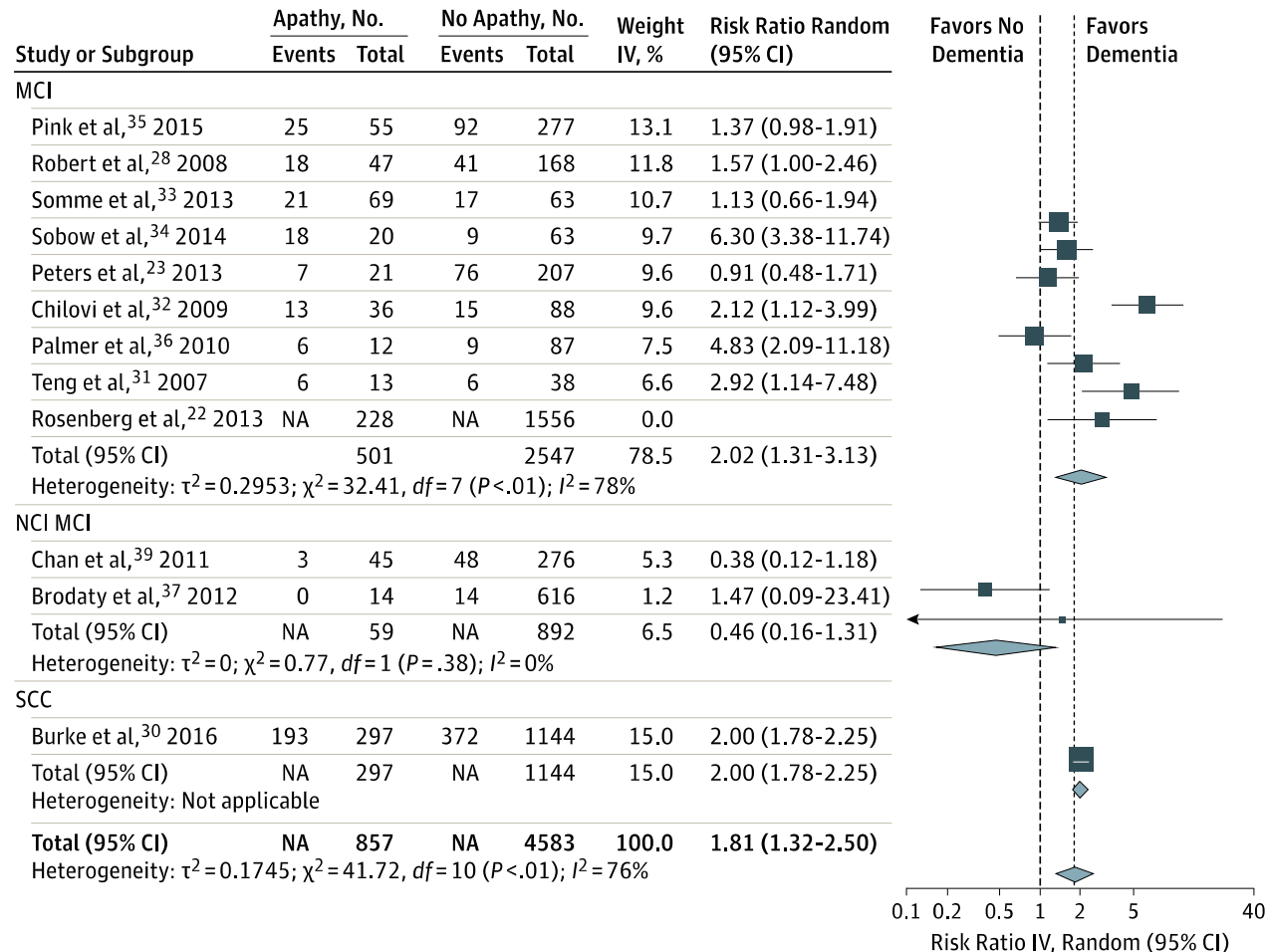


Aumento del rischio fino
al 31%

Association of Apathy With Risk of Incident Dementia

A Systematic Review and Meta-analysis

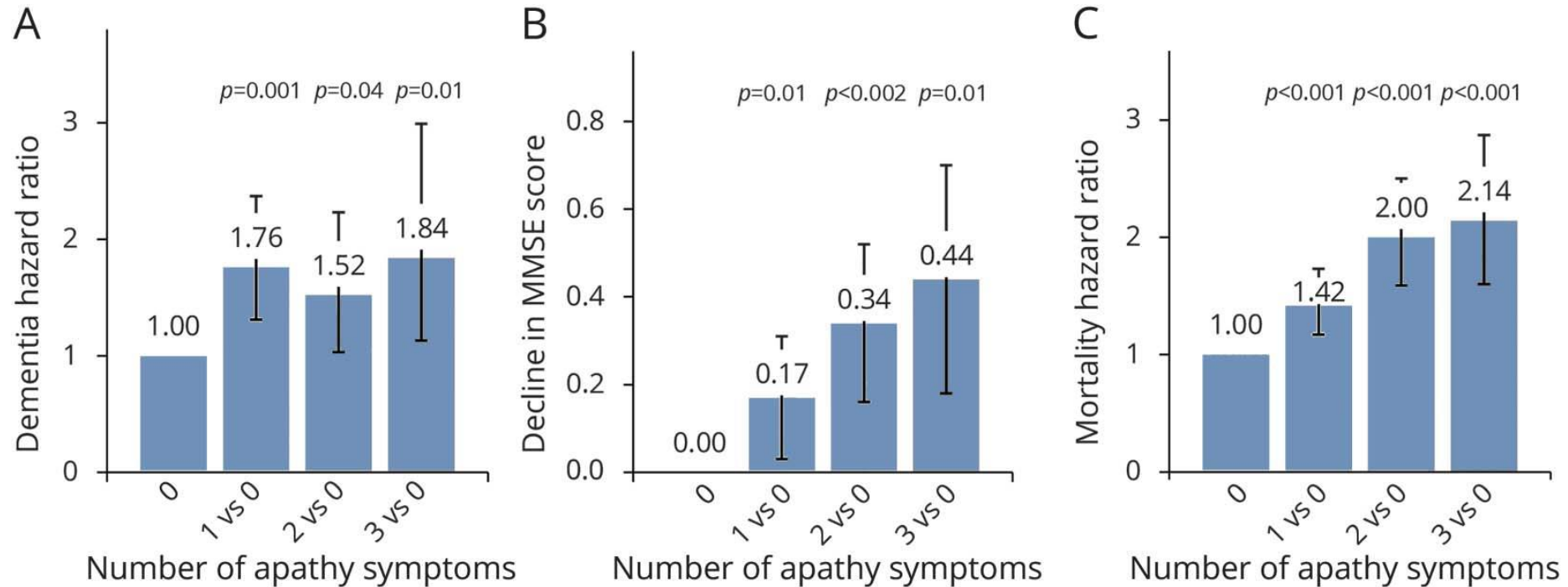
Figure 2. Forest Plot for Risk Ratio of Developing Dementia in Studies Using Recommended Validated Apathy Scales According to Subgroups Based on Diagnosis



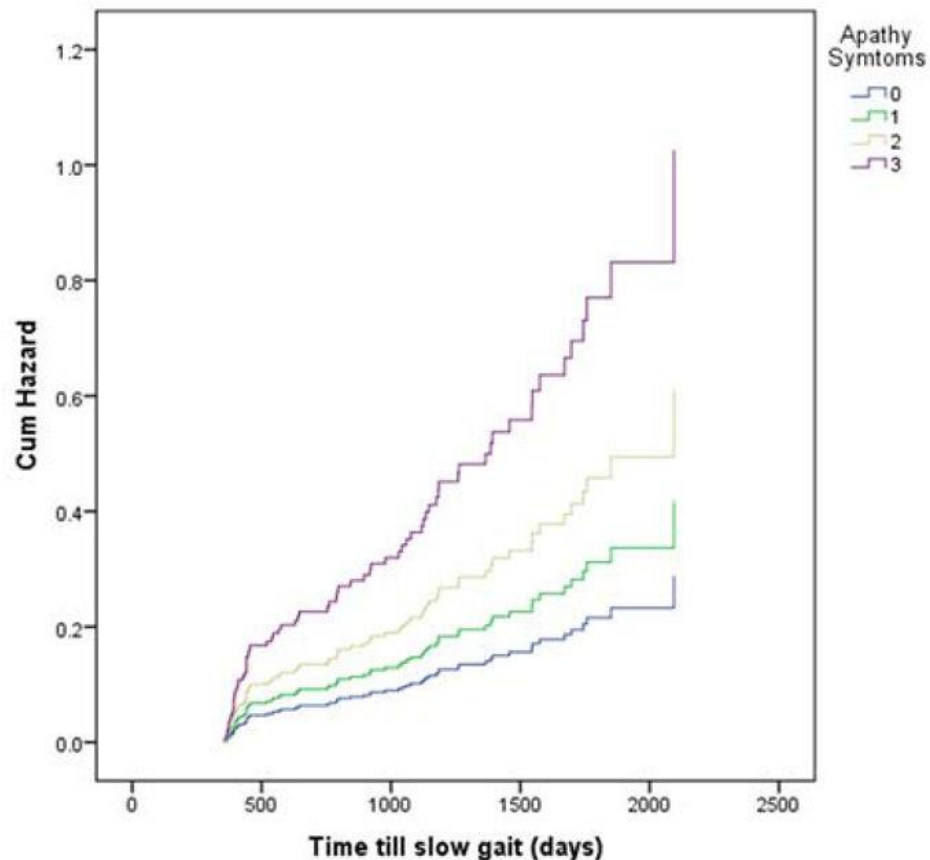
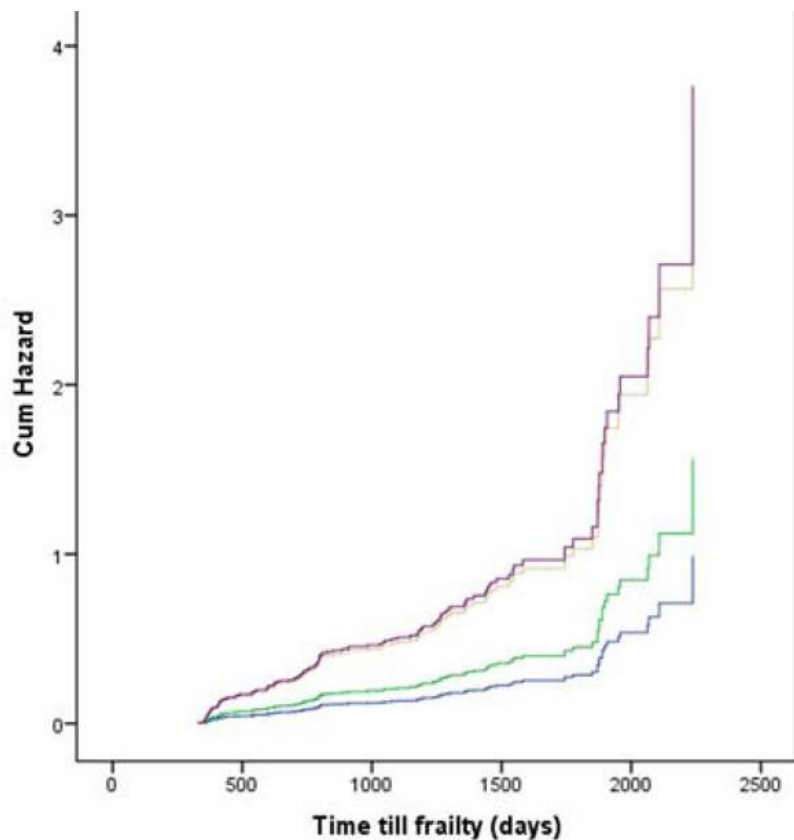
Apathy is associated with incident dementia in community-dwelling older people

	Unadjusted				Model 2			
	Event/total	HR	95% CI	<i>p</i> Value	Event/total	HR	95% CI	<i>p</i> Value
Apathy	232/3,425	1.28	1.12–1.45	<0.001	224/3,343	1.21	1.06–1.40	0.007
Isolated apathy	175/2,786	1.26	1.06–1.49	0.010	170/2,718	1.20	1.00–1.45	0.046
Depression	232/3,425	1.12	1.05–1.19	0.001	224/3,343	1.07	0.99–1.15	0.102
Isolated depression	176/2,737	1.16	1.03–1.31	0.015	170/2,678	1.08	0.95–1.22	0.268

Apathy is associated with incident dementia in community-dwelling older people



Symptoms of apathy independently predict incident frailty and disability in community-dwelling older adults







Social activity, cognitive decline and dementia risk: a 20-year prospective cohort study



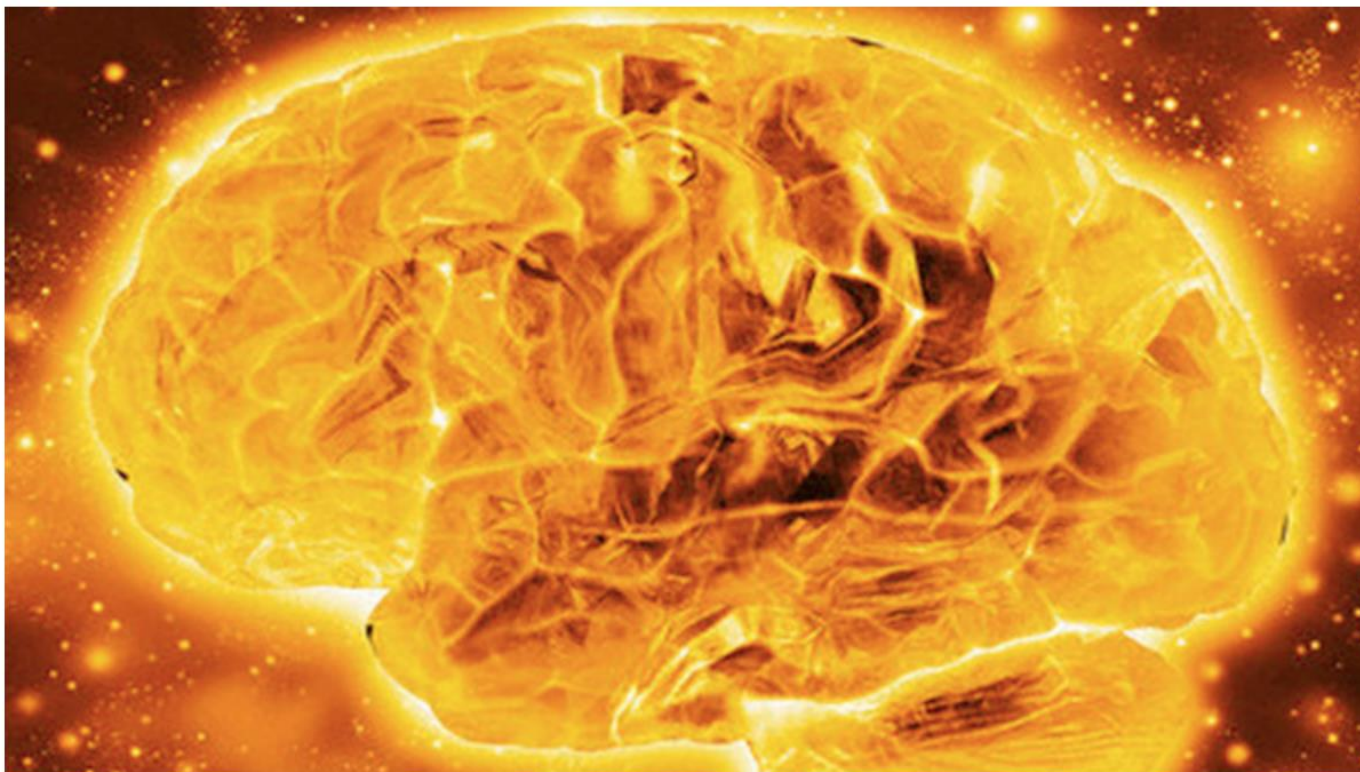
2854 elderly (mean 77 yo) from South France followed for 20 years

*“In the whole population, we found associations between increased engagement in **social, physical, or intellectual** pursuits and increased cognitive ability (but not decline) and decreased risk of incident dementia, and between feeling understood and slower cognitive decline.”*

Il segreto degli umani è il cervello sociale

Il successo dell'*Homo sapiens* come specie dipende dalla dimensione delle sue reti sociali. Per l'uomo il massimo sarebbe di 150 amici

21 agosto 2012 di [Caterina Visco](#)



Il segreto del successo della **specie umana** e di ogni singolo individuo è il suo *cervello sociale*: la capacità di formare un gran **numero di relazioni** diverse. È la conclusione di 20 anni di studi sul **cervello** dei primati condotti dall'antropologo britannico **Robin Dunbar**, l'ultimo dei quali pubblicato su *Proceedings of the Royal Society B*.

Conclusioni

- L'assenza di contatti sociali e soprattutto i sentimenti di solitudine aumentano il rischio di demenza
- Al contrario, avere varie relazioni sociali protegge dal rischio
- Non è solo la quantità di relazioni sociali, ma anche la qualità delle relazioni stesse a determinarne l'effetto protettivo
- Apatia sia un fattore di rischio dell'evoluzione a demenza
- Solo la stimolazione dell'anziano in casa di riposo riduce la demenza, non basta un uso più accorto della terapia farmacologica

Il 13 novembre è la giornata mondiale della gentilezza, un sentimento oscurato dall'odio sociale e dalle prevaricazioni. Mettiamo da parte l'aggressività e rispolveriamo le buone maniere: la scienza dice che garbo ed educazione possono migliorarci la vita