REDUCING LONELINESS AMONGST ELDERLY INPATIENTS DURING THE COVID 19 PANDEMIC: A QUALITY IMPROVEMENT PROJECT IN SWAH

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INTRODUCTION & AIMS

- Loneliness is a discrepancy between desired and actual social interaction.
- In COVID -19, the restriction in the number and amount of visitors led to increased loneliness.
- Loneliness is a potent predictor of negative health outcomes including disrupted sleep, hypertension, depression, altered immune response, frailty& longer admission.
- **Aims:** To reduce the mean loneliness score across all age groups

METHODS

- Patients(aged over 65) were selected across six medical wards.
- Exclusion criteria included: 1. acute confusion states 2. patients requiring palliative input 3. patients with life threatening illness.
- Data was collected at 4 timescales; baseline, post presentation to doctors, post ward posters and post befriending scheme.
- Patients were asked 22 questions , and answers were judged on a likert scale. A total score of 66 was generated for each participant.

RESULTS

- Following the first intervention, we saw a rise in the mean loneliness score across all age groups.
- The intervention of posters and befriending scheme led to a reduction in mean loneliness score across three age categories.
- However, emotional loneliness did not improve with interventions. This is defined as the act of having significant emotional connection with one other person.

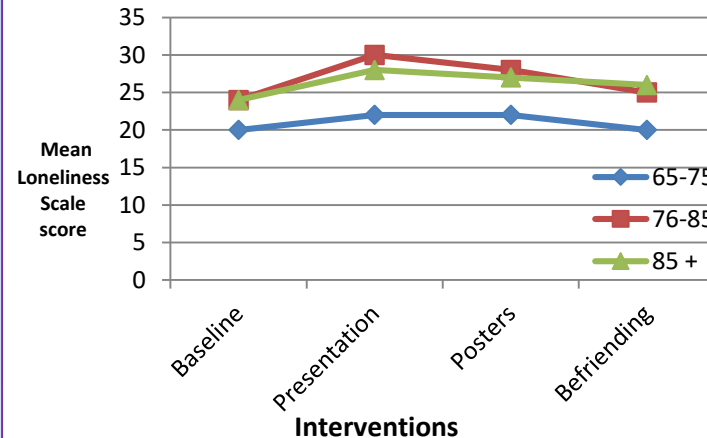**Reducing loneliness amongst elderly inpatients during COVID-19 pandemic**

Figure 1: This shows the effect of three different interventions on the mean loneliness score across three different age categories

References
(1) Fiorillo A, Gorwood P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. European Psychiatry 2020;63(1).

DISCUSSION

- *"People ask about my illness.. Never about me.."* (76 year old female patient)
- **Baseline data:** 13% of patients felt that loneliness was a " natural part of growing old. A minority (10%) recognised that loneliness could impact their health. However, patients admitted loneliness had led to disrupted sleep(40%) & falls.(20%)
- **1st intervention:** The rise in loneliness following first intervention was hypothesised to be due to a new visiting hour restriction.
- **2nd & 3rd intervention:** The mean loneliness score declined. The key reasons for this were related to staff speaking louder with masks and better access to phones, TV and video-calls.

CONCLUSION

- All patients felt that COVID 19- had adversely impacted loneliness.
- Reasons included mask usage leading to impaired hearing, reduction in visitors, limited physical contact and fear of contracting COVID 19.
- COVID 19introduced the additional pressure of becoming " tech-savy."
- Overall, project showed that interventions reduced loneliness.