



Harnessing the power of social connections for healthy ageing

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Clinical Psychologist

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Acknowledgements

I begin today by acknowledging the Traditional Custodians of the land on which we meet today and pay my respects to their Elders past and present.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.



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About me

- Suraj ('The sun' in Hindi)
- Master of Clinical Psychology and PhD in Clinical Psychology (UNSW Sydney)
- Post-doctoral Research Fellow at the Centre for Healthy Brain Ageing (CHeBA), UNSW Sydney
- Clinical Psychologist, Sunrise Psychology Group (Norwest, Sydney)
- Music teacher
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Centre for Healthy Brain Ageing (CHeBA)

CHeBA is a self-funded research centre within UNSW Sydney

Our vision is to achieve, through research, healthier brain ageing and better clinical care of age-related brain diseases, specifically Alzheimer's disease and other dementias. Our ultimate goal is for healthy brain ageing for all Australians.

Our longitudinal studies

- Maintain Your Brain
- Older Australian Twins Study
- Sydney Centenarian Study
- Sydney Memory & Ageing Study

Our Groups



EPIDEMIOLOGY



NEUROIMAGING



NEUROPSYCHOLOGY



GENOMICS &
EPIGENOMICS



NEUROPSYCHIATRY



MOLECULAR
BIOMARKERS

Our team



**DR SURAJ
SAMTANI**

Postdoctoral Research Fellow



**SALY
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Data Analyst



**HENRY
BRODATY**

Co-Director



**PERMINDER
SACHDEV**

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Associate



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COSMIC Study Coordinator



DR BEN LAM


Postdoctoral Research Fellow



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Today's talk

- An epidemic of loneliness
 - Social connections for health
 - Impact on people with dementia and carers
 - Barriers to social connections
 - Practical strategies
 - New study: Maintaining Social Engagement
- 



What about
social
connection?

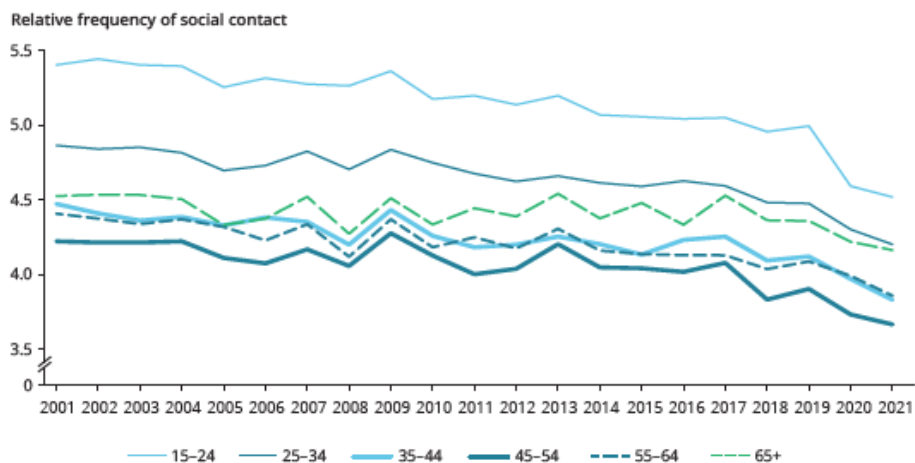


Activity

Social interactions have declined since 2001

Figure 2.3: Average frequency of social contact has declined across all age groups

Average frequency of social contact by age group, 2001 to 2021



Note: Numbers refer to responses to the HILDA question 'In general, about how often do you get together socially with friends or relatives not living with you?', with lower numbers indicating less frequent social contact. Refer to Botha (2022) for further details.

Source: AIHW analysis of HILDA data, wave 21 for year 2021; (Botha 2022) for years 2001 to 2020.



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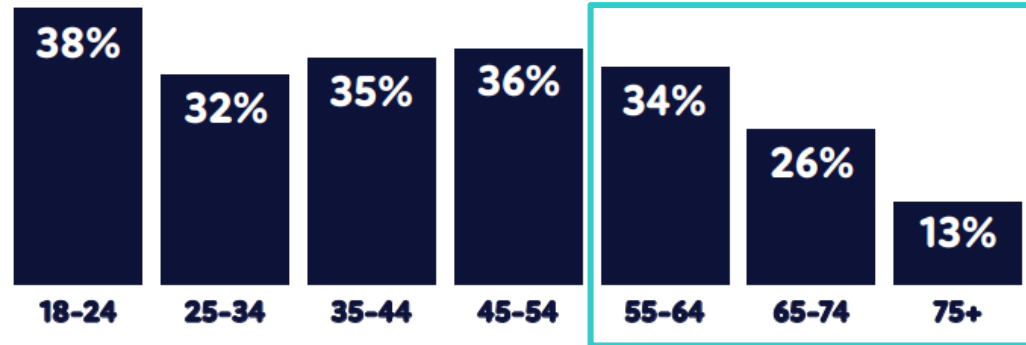


How common is loneliness?

Age and Loneliness

Loneliness differed significantly across age groups.

*Total score using the UCLA-LS-4



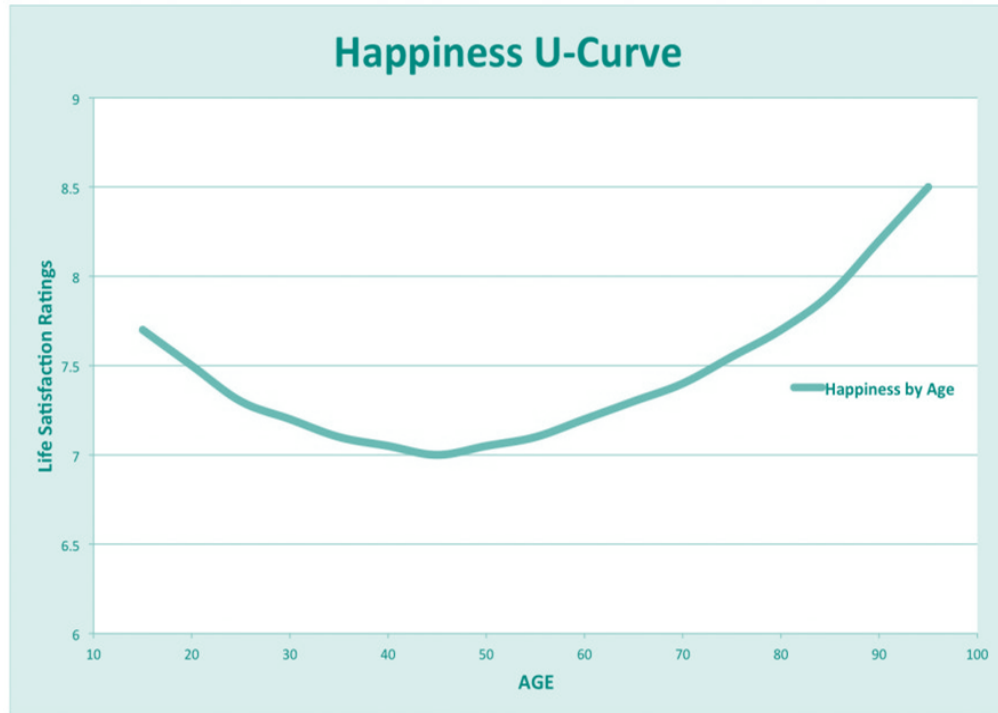
Using the ONS 1 item Loneliness scale, the percentage of Australians who often/always feel lonely also differed significantly across the aged groups, with those aged 18-24 (22%) and 45-54 (18%) noting they often/ always feel lonely, followed by those aged 25-34 (15%), aged 35-44 (15%), aged 55-64 (14%), aged 65-74 (11%) and aged 75+ (5%).



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U shaped curve of happiness



[The Paradox of Aging: the Happiness U-Curve - Margit Cox Henderson, Ph.D. \(margithenderson.com\)](#)



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What we've been told to do...



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COVID has made loneliness worse

- Over 20,000 people surveyed from 145 countries
- Proportion of people severely lonely (UCLA loneliness scale scores of 7+) increased from 6% to 21%

O'Sullivan et al. 2021

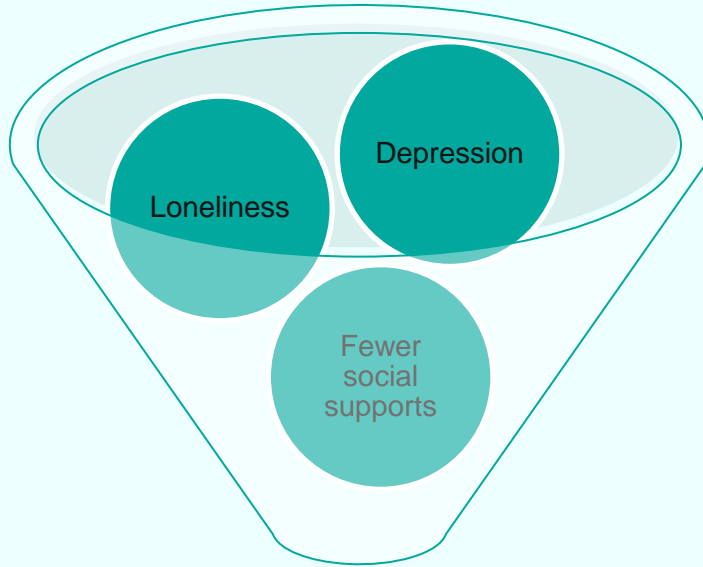
<https://doi.org/10.3390%2Fijerph18199982>



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The problem



Increased risk of Dementia



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DEMENTIA

Umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

Alzheimer's:
60-80%

Lewy Body
Dementia:
5-10%

Vascular
Dementia:
5-10%

Frontotemporal
Dementia:
5-10%

Others:
Parkinson's,
Huntington's

Mixed dementia:
Dementia from more than one cause

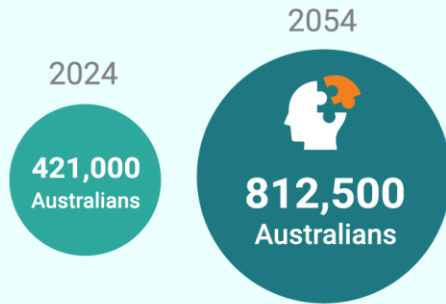


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Healthy Brains Positive Ageing

It is estimated that
421,000 Australians
live with dementia.



This number is expected
to increase to over
812,500 by 2054.



Dementia is the **second leading cause of death** of all Australians and the leading cause of death among women.

More than 1.6 million
people in Australia are
involved in the care of
someone living with
dementia.



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Social connections for health



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Healthy Brains Positive Ageing

Joanna's story



FACTORS LINKED TO DEMENTIA RISK

EARLY LIFE



MID-LIFE



LATER LIFE



Quality of education
5%



Hearing impairment
7%



High cholesterol
7%



Depression
3%



Traumatic brain injury
3%



Physical inactivity
2%



Uncorrected visual impairment
2%



Diabetes
2%



Smoking
2%



High blood pressure
2%



Obesity
2%



Excessive alcohol
1%



Social isolation
5%



Air pollution
3%

Social isolation and health conditions

Loneliness is as bad for us as smoking 15 cigarettes a day.



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Social isolation and health conditions

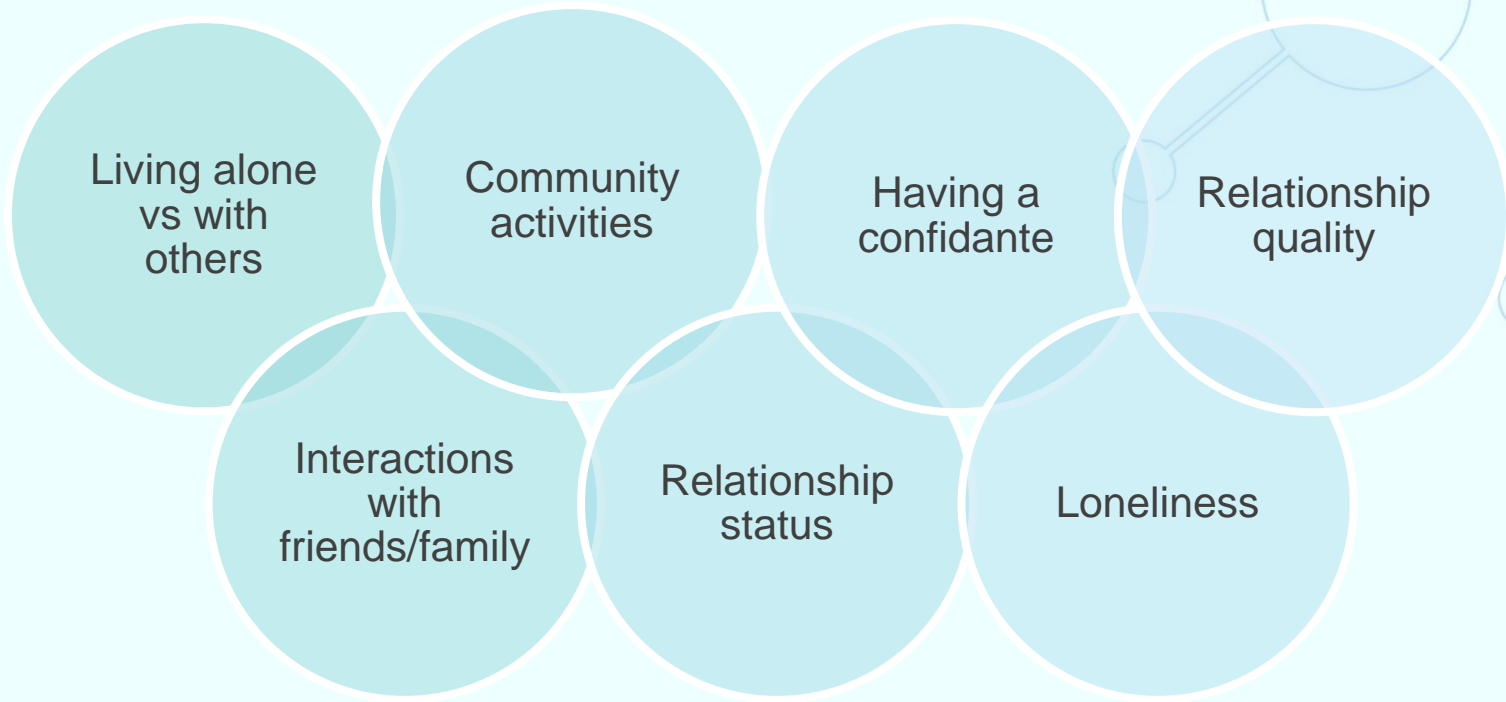
Being socially connected delays the start of physical health conditions by 10-15 years



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What makes up social health?



Individual participant level data from 13 studies of ageing



39271 people,
58.86% female,
Mean age = 70.67 (40-102)



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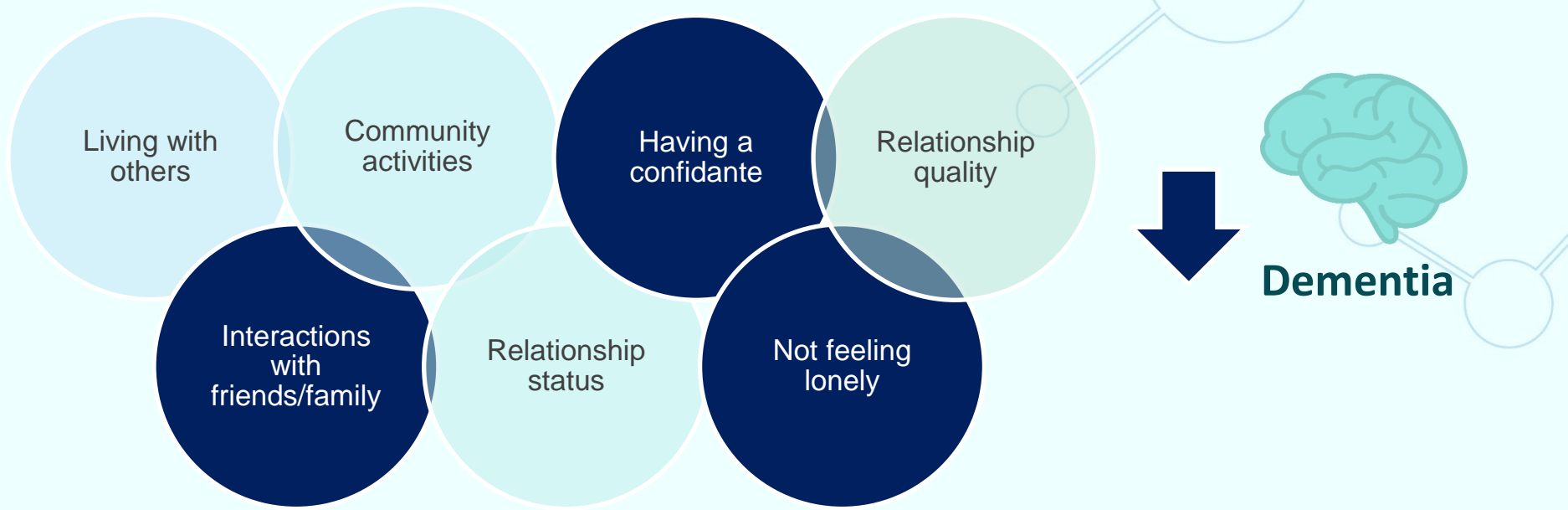




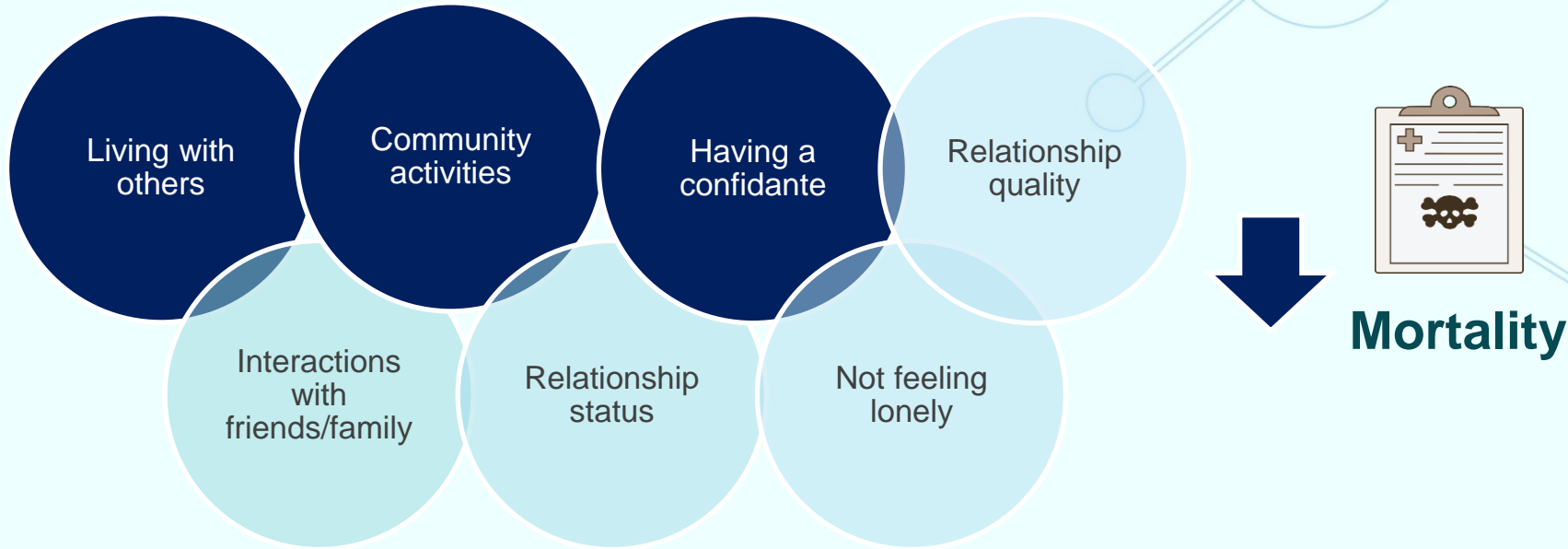
We took into account other risk factors

- Demographics (age, sex)
- Education
- APOE e4 status
- Employment status
- Smoking
- Drinking
- Depression
- BMI
- Hypertension
- Diabetes Mellitus
- Physical activity
- Hearing loss
- Cardiovascular Disease

What we found



What we found: reducing mortality risk



What kind of social connections do we need for good mental health?



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What social interactions do we need for good mental health?

Emotional support



```
graph TD; A[Emotional support] --> B[Less anxiety and depression]
```

Less anxiety and depression



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**Are virtual
connections
good enough?**



Why do social connections make us happy?

Bridging & Bonding



Impact on people with dementia and carers

People with dementia

- We might withdraw over time due to changes in confidence, memory and sensory issues
- Often others withdraw from us

Carers

- We often stop our own self-care
- Important to form friendships where we can and a diverse range of friendships
- Go out with friends, find respite



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How do we maintain good social relationships?



**POSITIVE
COMMENTS**



**SHARED
ATTENTION**



HUMOUR



REPAIR

Talking to someone with dementia

Environment

Switch off distractions

Stay still

Body language

Eye contact

Smile

Use gestures

Speaking

Calm and clear

Short sentences

Allow time to respond

Use names & relationships

Respect

Include them

Speak directly to them and use their name

Ask questions and be interested

Things to avoid

Arguing

Order them to do things

Asking detailed memory responses

**Be kind to
yourself**





**What happened to
Joanna?**

Social connection barriers



Barriers to social interactions

Stigma

Practical
issues

Lack of
confidence



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Practical strategies



How do we regain confidence with socializing?

- **If you're worried about someone being lonely, depressed or experiencing cognitive decline**
 - Ask them about activities they used to enjoy doing. Is there some activity they could still do?
 - Recommend at least 1 social activity a month. Ideally, 2 social activities a week.
 - Start small. Even a phone call or text is a good start.
 - Build in a reward. E.g., go out for a walk together and grab a coffee or lunch.
 - Encourage people to volunteer. Helping others gets us past our social anxiety. Purpose = happiness.



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Finding local groups and resources

Healthy ageing resources from LiveUp

Not-for-profit funded by the Australian Government

Navigator services to connect you to local groups
and exercise classes



support@liveup.org.au

1800 951 971



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Slowing down cognitive decline

- Stay mentally, physically and socially active
- Join groups to stay socially active and reduce loneliness
- E.g., Walking groups, music groups, dance groups, reading groups

REVIEW



Preserving and enhancing social health in neurocognitive disorders

Suraj Samtani, Ashley Stevens, and Henry Brodaty

Purpose of review

The WHO updated concept of health includes social health alongside physical and mental health. No existing reviews have examined the evidence for preserving or enhancing social health in people living with neurocognitive disorders, such as mild cognitive impairment and dementia. The present review examines recent epidemiological studies and interventions with social health outcome measures, including interventions across multiple modalities and settings, from communities to assisted living facilities.

Samtani et al. 2021 *Current Opinion in Psychiatry*



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Our New Study

Maintaining Social Engagement study

The University of New South Wales has designed a free online program for people with memory concerns to help them stay socially connected

Go in the draw to win 1 of 3 \$100 gift vouchers



Interested?



ZOOM social sessions for adults aged 55+ experiencing changes in their memory

Contact Dr Suraj Samtani



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**How do we
get help after
a diagnosis
of dementia?**



Getting help: Forward with Dementia

Forward
with dementia 
A guide to living with dementia

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Search



Country



For people with dementia



For carers



For healthcare professionals



Scroll
Down



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The National Dementia Helpline



Free and confidential, the National Dementia Helpline, ☎ [1800 100 500](tel:1800100500), provides expert information, advice and support, 24 hours a day, seven days a week, 365 days a year. No issue too big, no question too small.

How do I get help?

Free and always available:

1800 100 500

Take home messages

- Social interactions are key to living a longer and healthier life.
- Be inclusive of people with dementia.
- See people at least monthly or weekly. Confide in someone you trust.
- We are all in it together. We are each other's support network.
- Small steps lead to confidence.





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