

# Does social connectedness prevent dementia *and more?*

**Henry Brodaty**



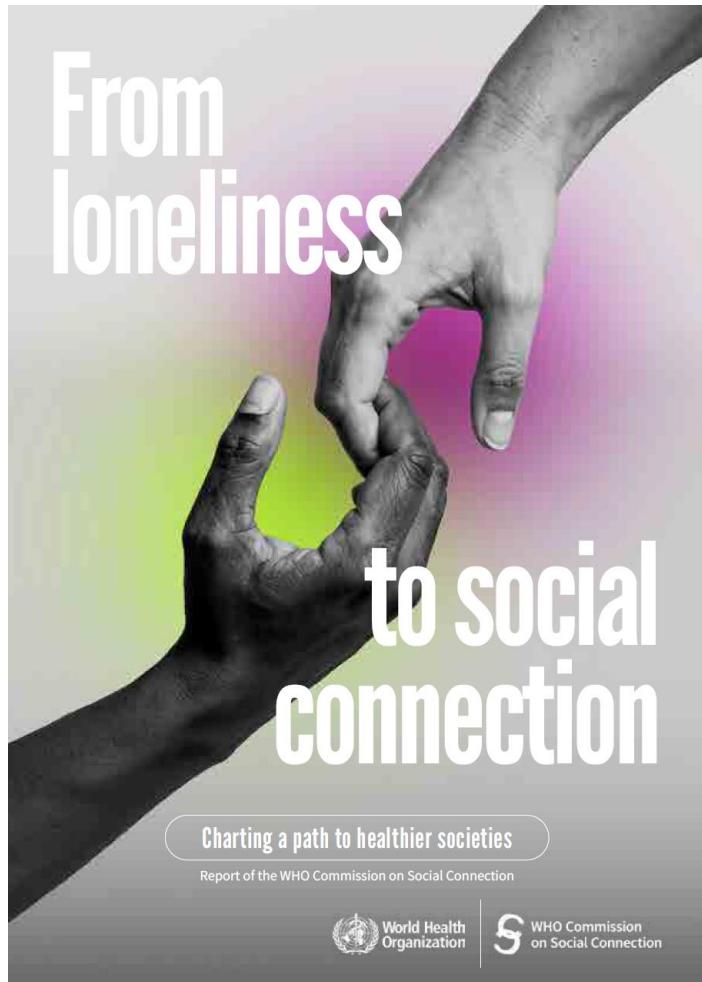
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Centre for Healthy Brain Ageing (CHeBA), UNSW**

**Honorary Medical Officer  
Older People's Mental Health Service  
Prince of Wales Hospital, Randwick**

# Isolation and loneliness in older Australians

- 50% of people aged over 60 are at risk of social isolation
- A third will experience loneliness later in life, more so for
  - People aged 75+
  - **People living in aged care**
  - Migrants, refugees, ethnic minorities, lack English language
  - People with mental illness
  - Sexually diverse individuals
  - Indigenous people

# WHO Commission on Social Connection (2025)



- **1 in 6 people worldwide affected by loneliness**
- **Significant impacts on health and well-being**
- **Loneliness linked to estimated 100 deaths/hour; >871 000 deaths/ year**
- **Strong social connections → better health and longer life**

# WHO terminology

- ***Social connection***: an umbrella term describing the three dimensions – structure, function and quality – of how people relate to and interact with each other
- *Social isolation*: a form of social disconnection, the objective state of having few roles, relationships and social interactions with others
- *Loneliness*: a form of social disconnection, is a negative, subjective emotional state resulting from a discrepancy between one's desired and actual experiences of connection

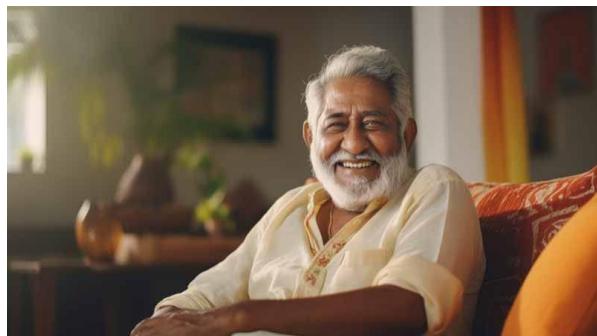
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  - a negative, subjective emotional state resulting from a discrepancy between desired and actual experiences of connection**

# Being alone



vs

# Being lonely



**Correlation  
only 28%**



# Loneliness

- **Rates: adolescents (20.9%); 30-59 (15.1%); 60+ (11.8%)**
- **M = F overall but in adolescents and older F > M**
- **Highest rates low-medium income countries (LMIC) (24.3%),**  
**then gradient low-medium to medium-high to high income**  
**countries HIC (10.6%)**

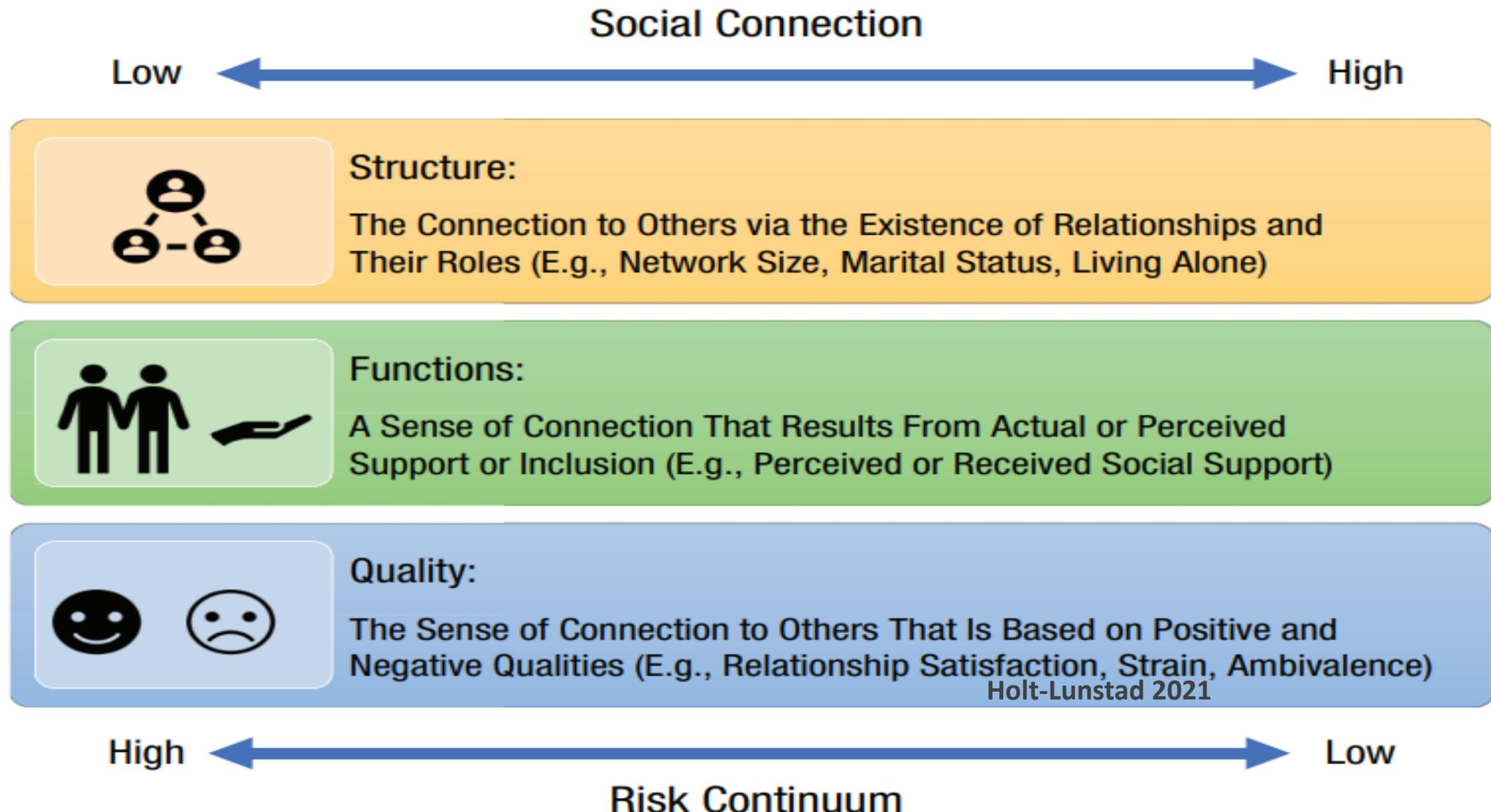
# What is social health?

- **Having connections**
  - Family, friends
  - People you see
  - Activities with others
- **Feeling connected**
- **Feeling good about your connectedness**



- *Feelings of caring about others and feeling cared about by others, such as love, companionship or affection*
- *Feeling of belonging to a group or community*

# Social connections framework



# Examples of social structure, function, quality

## ***Structure***

- Household size
- Frequency, variety of interactions
- Community groups
- Network size (social circle)
- Activities – clubs, religion
- Married/ partnership status
- Children, grandchildren

## ***Function***

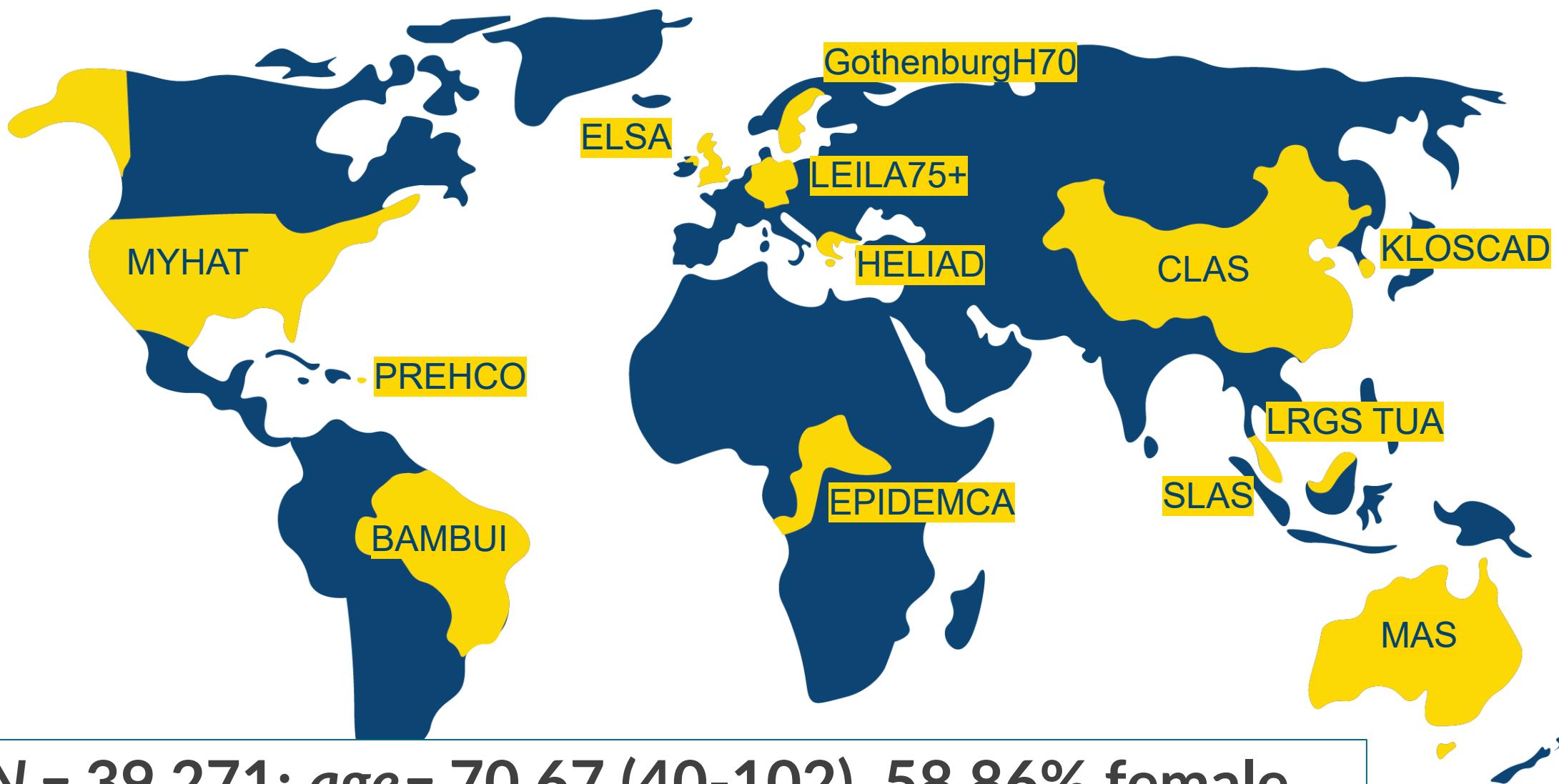
- Having a confidante
- Received and perceived support
  - e.g. favours, advice, emotional

## ***Quality***

- Positive (and negative) relations
- Feeling connected, not lonely
  - E.g. trust, intimacy, judgemental

# Why do we care about social connections?

- **High prevalence of social isolation and loneliness**
- **Social isolation accounts for 5% of population attributable risk for dementia**
- **Risk of mortality due to poor social health comparable to risk of mortality due to other risk factors eg obesity, smoking**

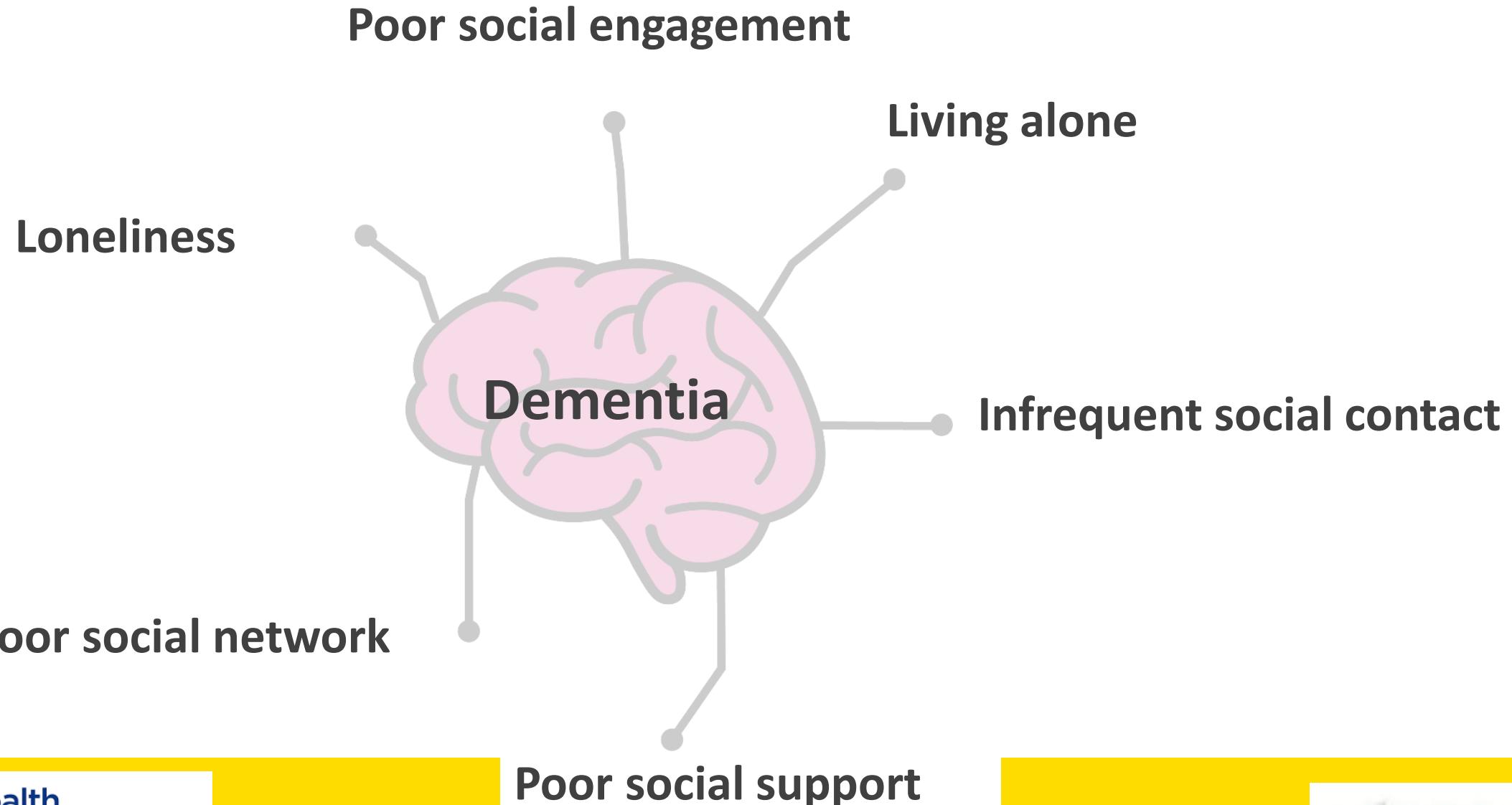


$(N = 39,271; \text{age} = 70.67 \text{ (40-102)}, 58.86\% \text{ female},$   
 $\text{Education} = 8.43 \text{ years, Follow-up} = 3.22 \text{ years})$

Samtani et al 2022;  
Mahalingam et al, 2023

 Data from 13 studies of ageing across the globe

# Social connections and higher risk of dementia



# Social connections and higher risk of dementia

## Poor social engagement

### CAVEATS

Loneliness

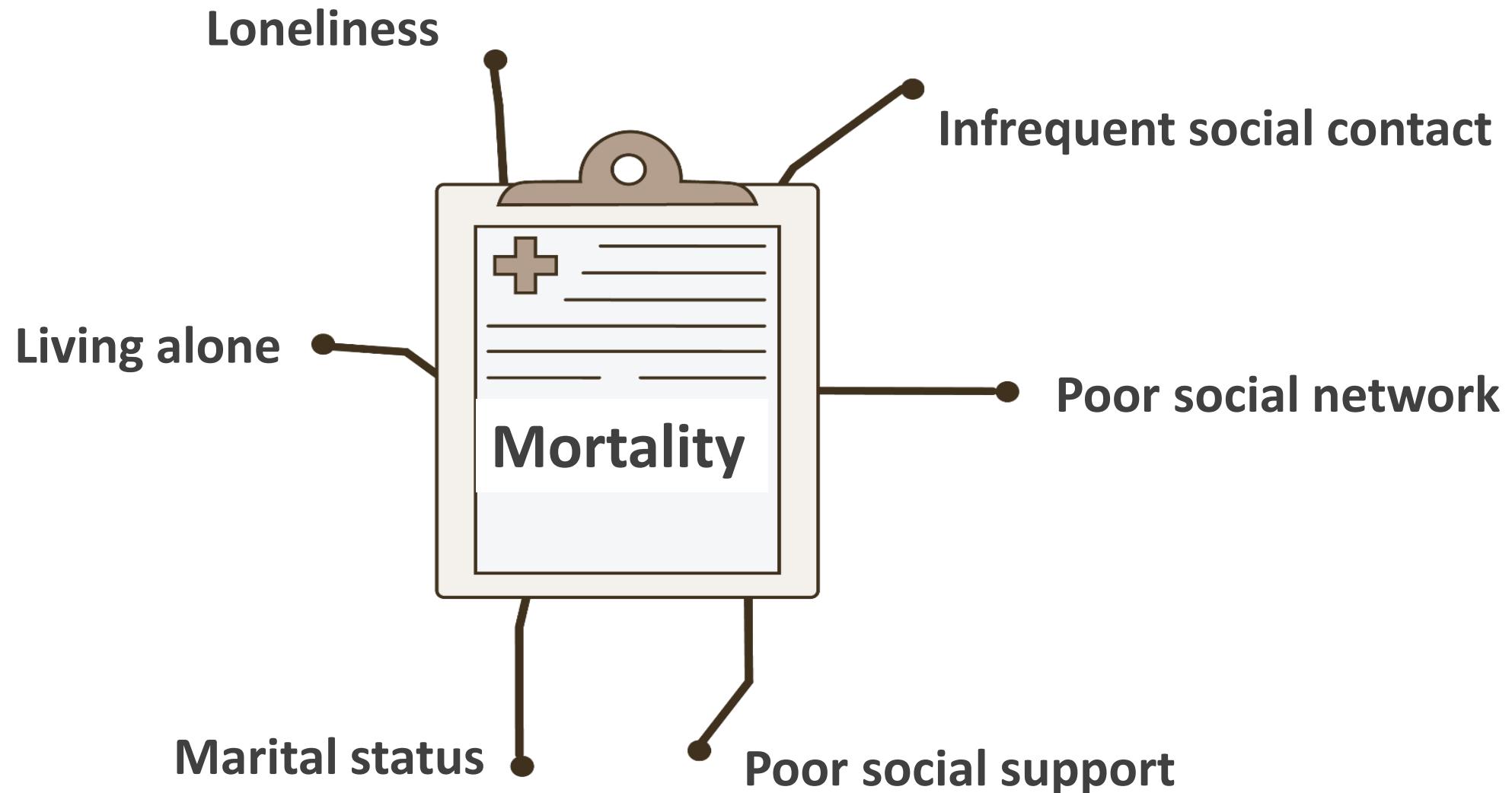
1. Depression
2. Apathy
3. Personality – neuroticism, introversion
4. Poor physical health
5. Reverse causality ie undiagnosed early dementia may reduce social contact

Poor social network



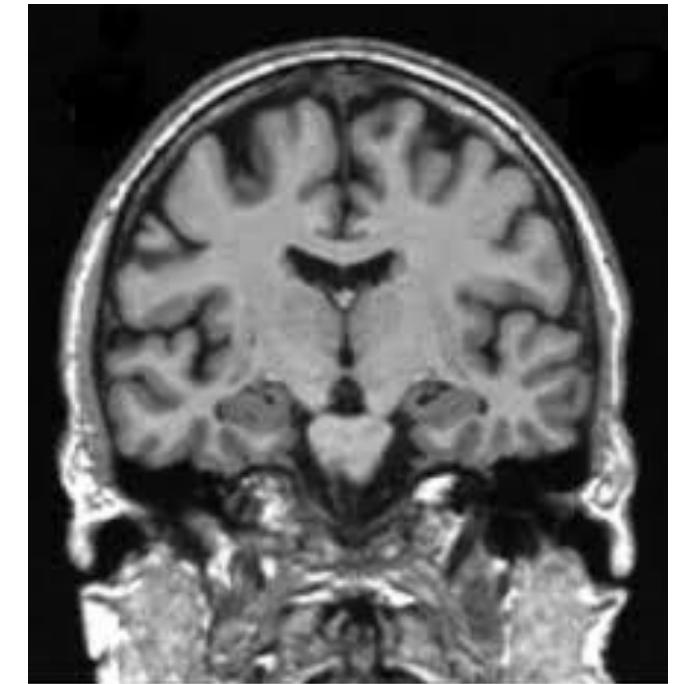
Poor social support

# Social connections and higher risk of mortality



# Associations of social health and brain MRI scans

- **Social support associated with**
  - Larger brain volumes
  - Slower decrease in total brain volume over time
  - Cognitive resilience
- **Social Isolation/ loneliness associated with**
  - Smaller brain volumes



# Brain MRI & Social Health

**Rotterdam:** social support associated with larger total grey and white matter volumes & slower decrease in total brain volume over time<sup>1</sup>  
Loneliness associated with smaller white matter volume<sup>1</sup>

**US Framingham:** good social support was associated cognitive resilience<sup>2</sup>

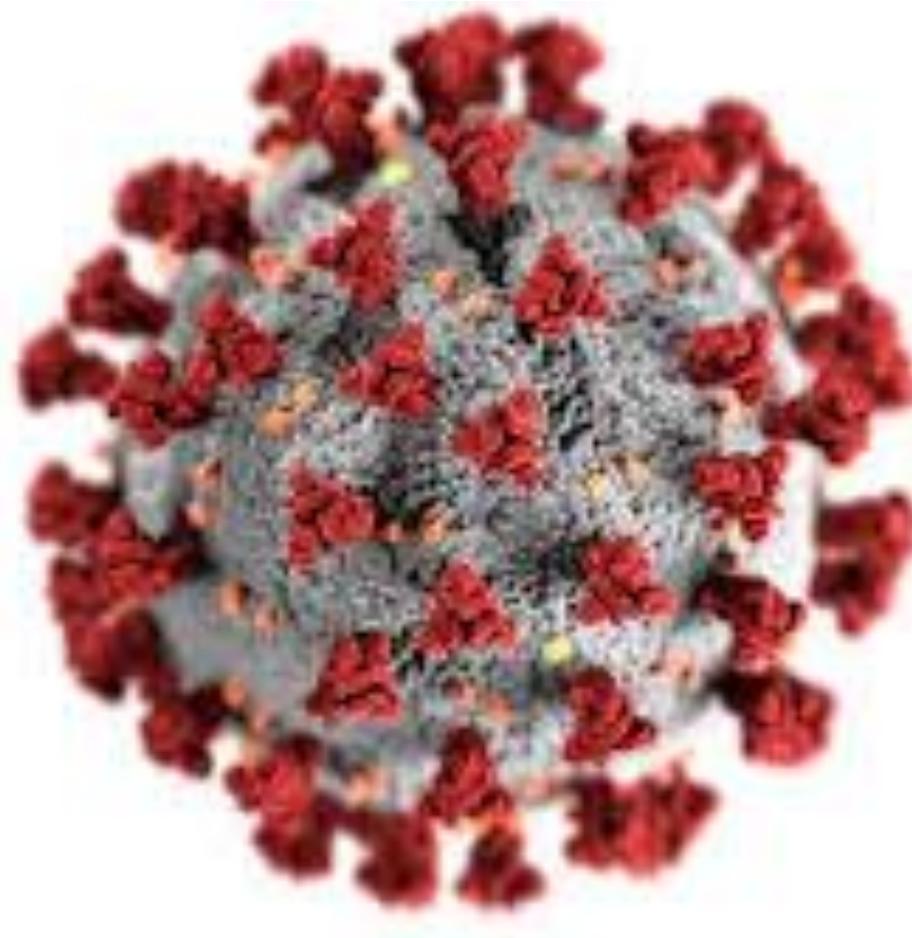
**UK Biobank:** socially isolation individuals lower grey matter volumes in temporal, frontal and other regions, with grey matter volumes mediating association between isolation and cognition at follow-up<sup>3</sup>

1 van der Velpen, I. F. *et al.* Social Health Is Associated With Structural Brain Changes in Older Adults: The Rotterdam Study. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging* **7**, 659–668 (2022).

2. Salinas, J. *et al.* Association of Social Support With Brain Volume and Cognition. *JAMA Network Open* **4**, e2121122 (2021).

3. Shen, C. *et al.* Associations of Social Isolation and Loneliness With Later Dementia. *Neurology* **99**, e164–e175 (2022).

4. Schurz, M. *et al.* Variability in brain structure and function reflects lack of peer support. *Cerebral Cortex* **31**, 4612–4627 (2021).



# COVID – A Natural Experiment

- Enforced social isolation
- Nursing homes
  - Window visits
  - Window therapy
  - Increased agitation, depression
- Grandparents cut off from children and grandchildren



# Health barriers to being connected

- Hearing, vision
- Mobility
- Pain
- Frailty
- Continence

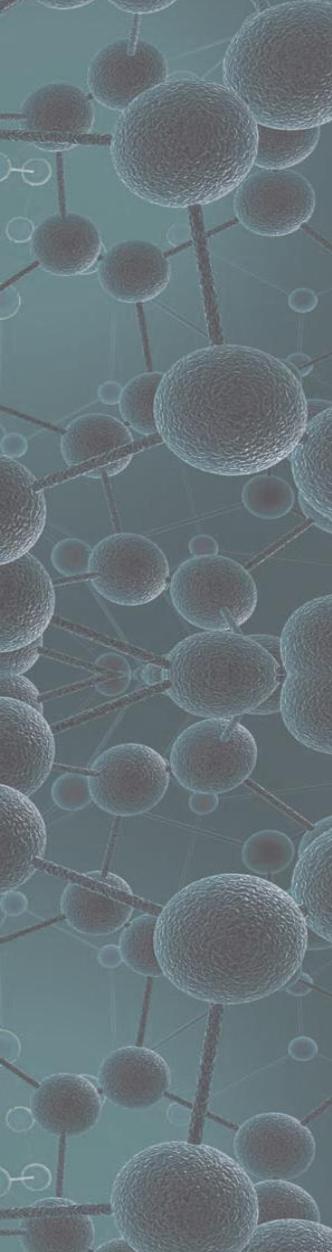


# Reducing health barriers

- Hearing, vision ✓
- Mobility ✓
- Pain ✓
- Frailty (✓)
- Continence ✓

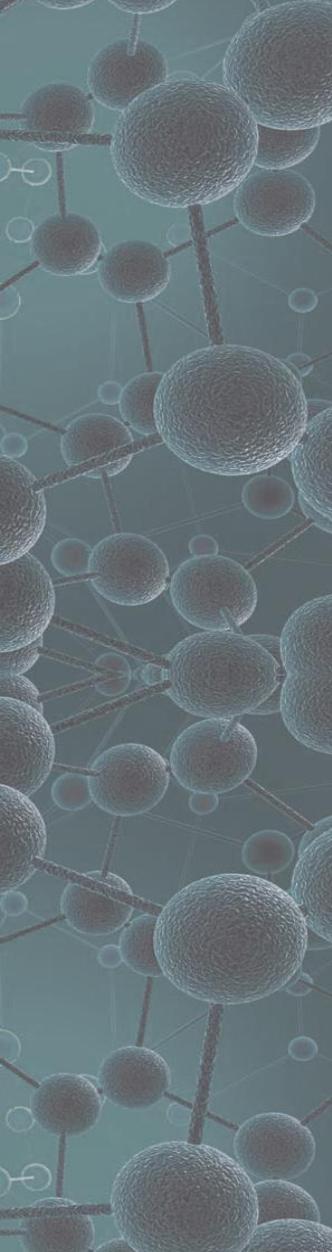


<https://toiletmap.gov.au/>



# Psychological barriers to being connected

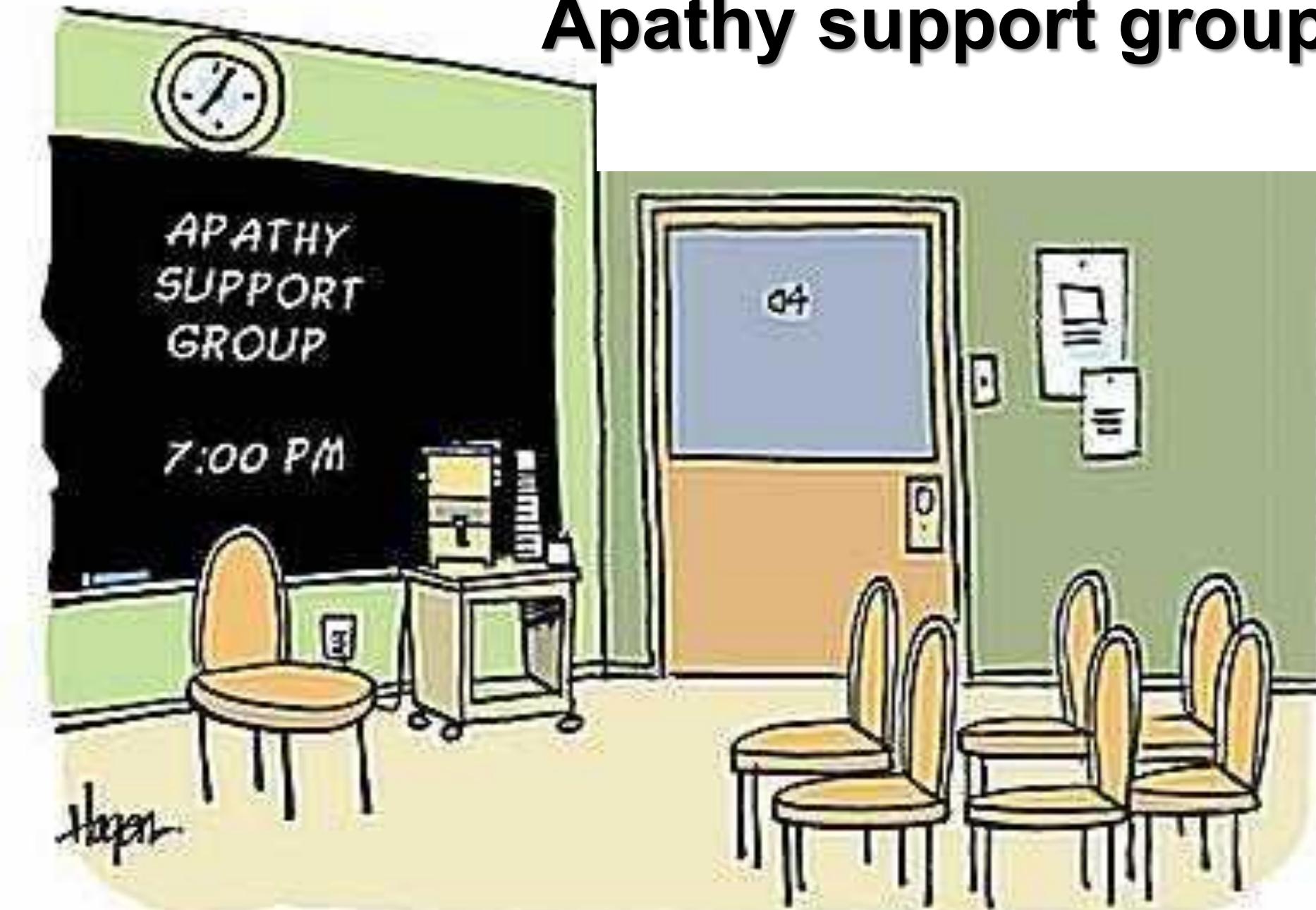
- Depression
- Anxiety, social phobia, agoraphobia
- PTSD
- Bereavement
- Paranoia
- Apathy
- Alcohol, drugs
- Pride, vanity
- Stigma



# Reducing psychological barriers

- Depression** ✓✓
- Anxiety, social phobia, agoraphobia** ✓✓
- PTSD** ✓✓
- Bereavement** (✓)
- Paranoia** ✓
- Apathy** (✓)
- Alcohol, drugs** (✓)
- Pride, vanity**
- Stigma**

# Apathy support group





ANTI  
SOCIAL  
SOCIAL  
CLUB

# **Social Barriers to being connected**

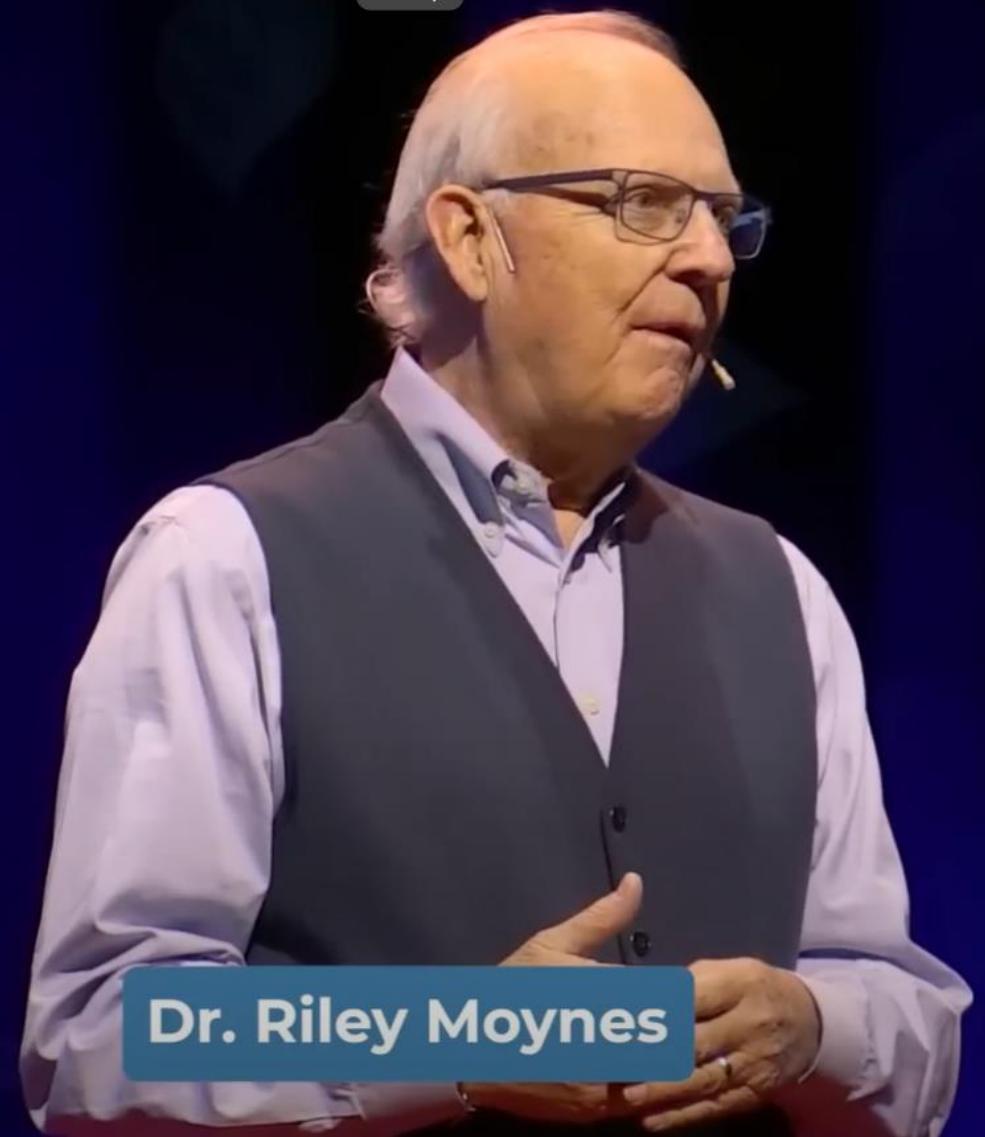
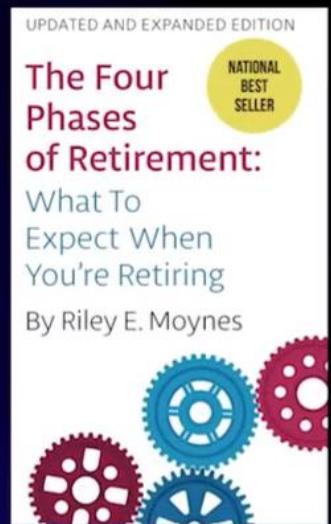
- Finances**
- Epidemic**
- Public transport**
- Driving**
- Friends/family**
- Rural location**

# Reducing Social Barriers

- Finances – public policy, superannuation
- Epidemic – public health
- Public transport – age friendly buses, taxi subsidisation
- Driving – driving lessons, family/friends, community transport
- Friends/family
- Rural location – public policy
- Advocacy groups in Australia eg Ending Loneliness Together
- International – UK (Ministry), Canada (Policy)

# Retirement

- **Loss of social contact/ connection**
- **Loss of status**
- **“Relevance deprivation syndrome”**
- **Loss of purpose**
- **Men adapt less well than women**
- **Lack of planning for post-retirement**



- ## **The four stages of retirement**
- 1. Vacation**
  - 2. Loss/ depression**
  - 3. Trial & Error**
  - 4. Reinvent & rewire**



*My wife said "Watcha doin' today?"*

*I said "Nothing"*

*She said, "You did that yesterday"*

*I said "I wasn't finished."*

*Sandi V*

[www.wackywits.com](http://www.wackywits.com)

# Building social connectedness



## Activities

- Shared interest groups
  - Film club, book club,
  - Swimming, bushwalking
- Faith based
  - Church, temple, bible group
- Organisations
  - Older Women's Network
  - Men's Shed



# Building social connectedness



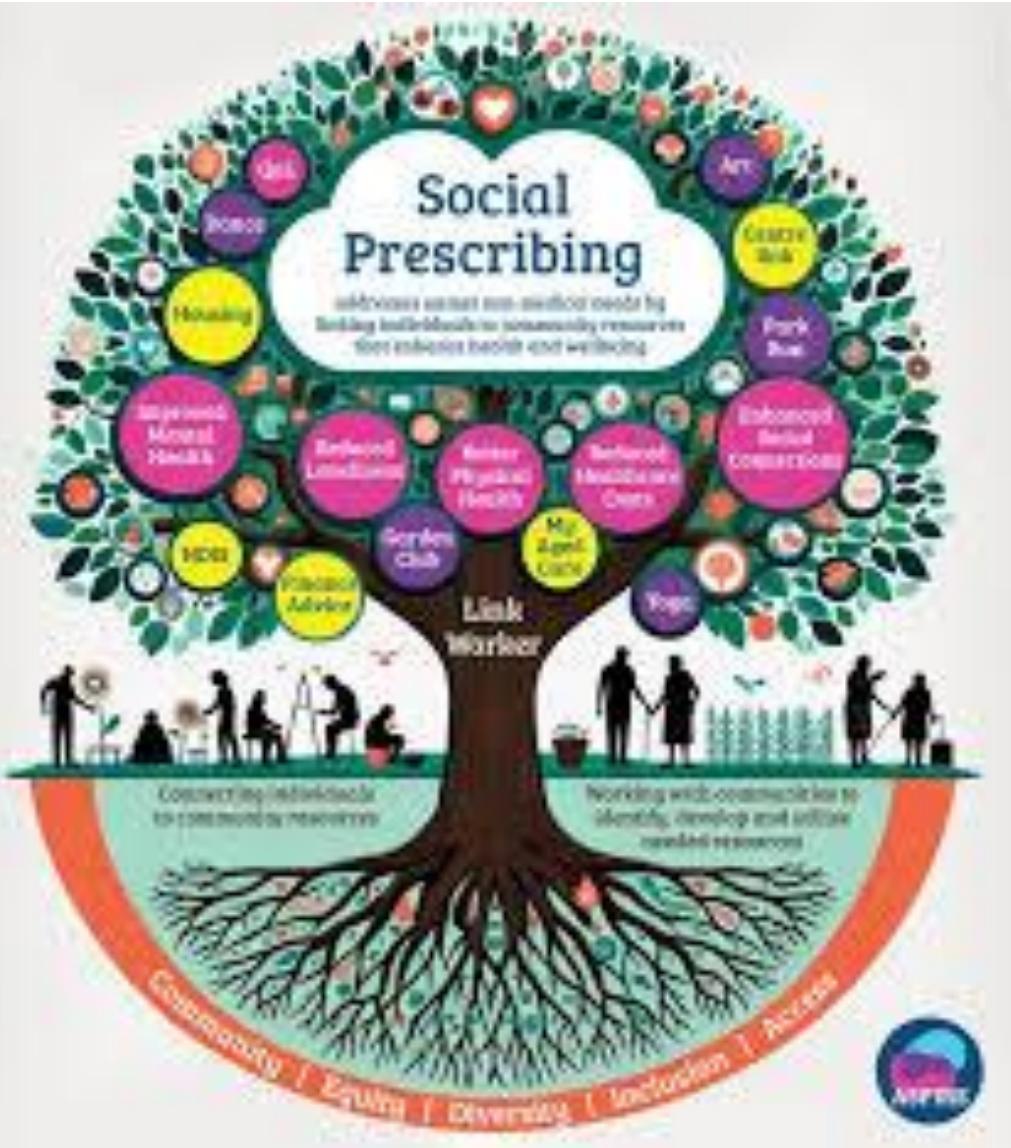
- **Support**
  - Discussion
  - Counselling
  - Education
  - Mentoring
- **Volunteers/ service provision**
  - <https://makeadifference.volunteering.nsw.gov.au/seniors-aged-care-volunteering/in-all-sydney-nsw>
  - <https://nationalseniors.com.au/>
  - Community development



# Building social connectedness

- **Group or one-to-one**
- **In person, telephone or online**
- **Organised – Seniors clubs, Men’s Sheds, Older Women’s Network, NSW Health, Council on the Ageing COTA (NSW)**
- **Community gardens**
- **<https://nationalseniors.com.au/stories/training-topics/social-connectedness>**





- **Improving health, wellbeing and social welfare by connecting patients to community services**
  - **Growing movement in UK**



# **Social media can help combat isolation and loneliness?**

- **Better mental (and physical) health**
- **Reduce perception of loneliness and/or isolation in older adults**
- **Greater contact between older adults and family members**
- **Source of support**
- **Sense of belonging**
- **Reduce loneliness**

<sup>1</sup>Fu L, Xie Y 2021 doi: [10.3390/healthcare9091143](https://doi.org/10.3390/healthcare9091143)

<sup>2</sup>Kusumta L 2022 doi: [10.1590/1518-8345.5641.3526](https://doi.org/10.1590/1518-8345.5641.3526)

# Benefits of Social Media for Older People

<https://nationalseniors.com.au/uploads/0820234787STP-TechHubEguide-SocialMediaGuide-A4-210x297.pdf>

## Benefits of Social Media for Older People:

1. **Stay Connected:** eg Facebook, WhatsApp, keep in touch with family/friends
2. **Learning and Exploration:** eg cooking, Pinterest, lectures on YouTube
3. **Join Communities:** Find groups of people with shared interests - gardening, reading, knitting, there's a community for everything!
4. **Share Memories:** Instagram or Facebook - share photos and videos, creating a digital scrapbook of memories
5. **Stay Updated:** Twitter and Facebook are news sources for many

## ***Safety tips – privacy, scams, passwords, fake news***



## Dr Suraj Samtani

### 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



#### What's involved?

- 5 online group sessions
- 3 individual online sessions to track progress

#### Who can take part?

- Aged over 55
- Noticed changes in memory/thinking OR living with mild cognitive impairment or early stages of dementia
- Able to join online meetings via laptop or tablet
- Have conversational English
- Located anywhere in Australia

Ethics approval  
iRECS0834

#### How will I benefit?

- Connect with others
- Maintain or enhance your confidence by engaging with others in a small group setting

#### Interested?



- Accepting participants throughout 2024 & 2025
- Email: [s.samtani@unsw.edu.au](mailto:s.samtani@unsw.edu.au)
- Phone: 0450 880 580



UNSW  
SYDNEY

**CHeBA**  
Healthy Brains Positive Ageing

THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA  
CREATE CHANGE



silverchain



# Training people in social skills

- **Empathy**
- **Picking up cues eg non-verbal**
- **Reading emotions eg boredom, irritation**
- **Failing to reciprocate appropriately or at all**
  - Learn from autism therapy
- **Social skills decline as cognition declines**
- **People with mild cognitive impairment or dementia become more isolated**
- **Online training programs, groups at CHeBA**

# There is so much you can do

- Ring a friend, arrange coffee or an activity you both enjoy  
eg movie, gallery, watch a sport, ‘people-watch’ at beach
- Organise a Whats App or Facebook group
- Previous suggestions
- There is **no one size fits all**
  - Personality eg introvert vs extravert
  - Culture
  - Lifetime interests, hobbies
  - Current physical, psychological and cognitive abilities

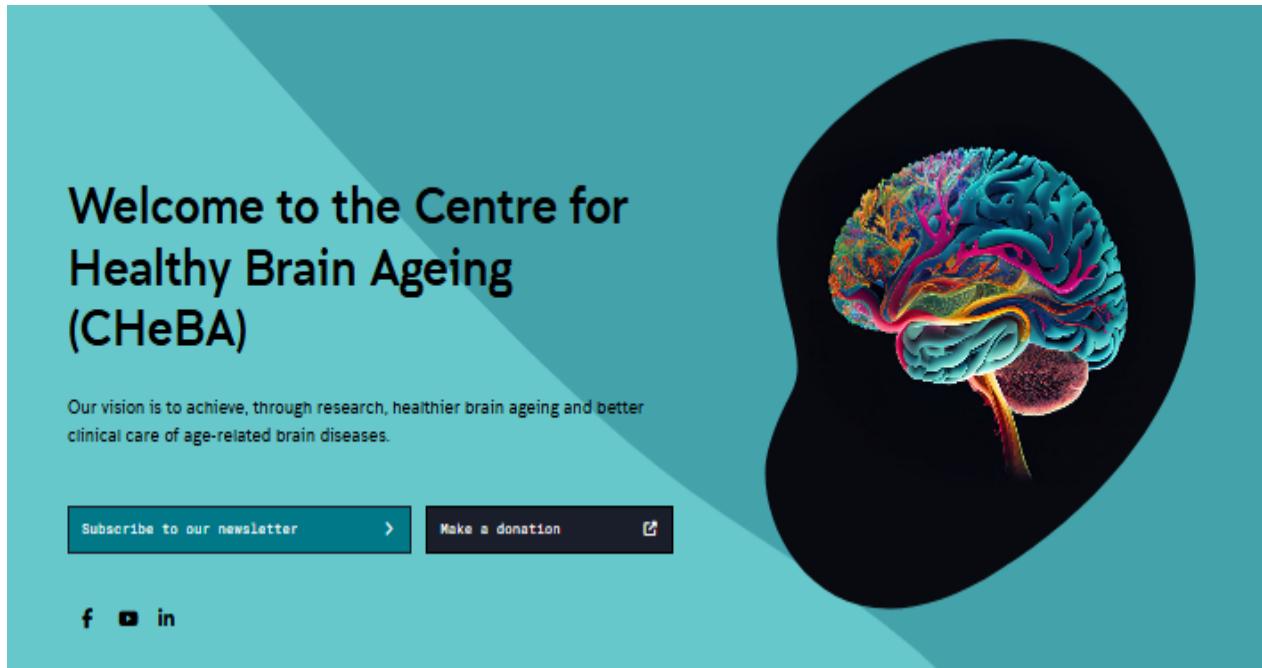
# Conclusions

**Good social health  
is good for our  
physical, mental  
and cognitive health**

**Need policy &  
programs to focus  
on providing  
opportunities for  
older adults to  
connect with others**

**Consider social health  
in people with dementia**  
**- Community**  
**- Residential care**

# Thank you



[www.cheba.unsw.edu.au](http://www.cheba.unsw.edu.au)

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