

Social Isolation, Loneliness, and Social Support Among Community-Dwelling Older Adults with Persistent Pain: A Systematic Review

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Background

- The prevalence of persistent pain among older adults ranges from 50-83% in the United States.
- Additionally, social isolation and loneliness occur more frequently among older adults.
- Emerging research has stressed the importance of an individual's social environment on their overall health and quality of life.

Purpose

This systematic review examined current literature for relationships between persistent pain and either social isolation, loneliness, or decreased social support among community-dwelling older adults.

Methods

- **Literature Search:** Three databases—PubMed, CINAHL, PsycINFO—were queried for available literature between 2007 and 2017.
- **Study Inclusion:** Observational studies which assessed the relationship between social factors and persistence of pain in community-dwelling older adults over the age of 55.

Risk of Bias

	Study Population	Study Attrition	Prognostic Factor Measurement	Outcome Measurement	Confounding Measurement & Account	Analysis & Reporting
Conte (2015)	M	H	M	H	L	L
Hirsch (2010)	M	H	M	H	L	L
Lee (2016)	L	L	L	L	L	L
Matos (2017)	M	L	L	L	L	L
Leung (2016)	L	L	L	L	L	L
Emerson (2017)	L	H	M	H	L	L
Mouodi (2016)	M	H	M	H	M	L
Shega (2012)	L	L	M	H	L	L



Results

Study	Design	Social Factor	Pain Condition	Association with Persistent Pain
Conte (2015)	cross-sectional	support	unspecified chronic pain	Y (-): high social support, reduced chronic pain (OR=0.7; CI=0.5, 1.0)
Hirsh (2010)	cross-sectional	support	post-polio syndrome	Y (+): high social support, higher pain intensity (b=0.44; CI=0.20, 1.08)
Lee (2016)	longitudinal	support	chronic arthritis pain	Y (+): high social support, higher pain (beta= 0.40)
Matos (2017)	longitudinal	support	chronic musculo-skeletal pain	Y (+): high perceived promotion of dependence, increased pain related disability (R ² = 0.378; CI= 0.230-0.782; R ² =0.508; CI=0.189-0.906)
Leung (2016)	longitudinal	network	unspecified chronic pain	Y (+): larger social network, less pain (OR=1.50; CI=1.06, 2.12)
Emerson (2017)	longitudinal	loneliness	unspecified chronic pain	Y (+): increased loneliness, onset/persistence of pain (OR=1.58; CI=1.08, 2.32)
Mouodi (2016)	cross-sectional	living alone	unspecified chronic pain	Y (-): living alone, greater likelihood of chronic pain (OR= 4.451; CI= 1.418-13.970)
Shega (2012)	cross-sectional	vulnerability	"bodily pain"	Y (+): greater social vulnerability, greater likelihood of moderate to severe pain (OR=0.44; CI=0.21-0.66)

Conclusions

- Of 727 articles appraised, 8 studies met eligibility criteria
- **All 8 studies** found an association between social factors and pain intensity among older adults with persistent pain.
- **Social Factors Examined:**
 - social isolation, loneliness, and social support
- **Research Limitations:**
 - no studies on the association between social factors and pain duration
 - the direction of the association between social factors and pain outcomes
 - lack of inception cohort studies to examine the development of persistent pain among older adults with negative social factors

Clinical Relevance

As the aging population increases in conjunction with the persistent pain population, clinical care will need to consider all factors associated with persistent pain, including social factors.



Acknowledgements

We would like to acknowledge Research & Education Librarians, Jamie Conklin, MLIS and Leila Ledbetter, MLIS, for their assistance with the database search.