

Navigating loneliness, isolation, and mental health among older adults amidst the covid-19 pandemic.

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Introduction

In older persons, loneliness and social isolation are all too common and frequently co-occur. Social isolation is defined by the volume and regularity of one's social interactions, as opposed to loneliness, which pertains to subjective sensations. According to a widely accepted definition, social isolation is an objective state that reflects people's social contexts and interactional patterns, while loneliness is described as the subjective sense of being alone. According to studies, social isolation and loneliness have diverse effects on health but both might have negative effects through both common and unique mechanisms [1].

More family time should be spent. Take use of the chances presented by the pandemic. Before the pandemic, some family members might have been preoccupied with their jobs or their studies, but now they might have more free time and more leisure to spend time with their elderly loved ones. In the age of social distancing, quality relationships with family can be made possible by maintaining a physical distance of at least two meters and using personal protection equipment, such as masks. This is a crucial tool in the fight against loneliness. Using technology, maintain social relationships. Technology has altered how individuals engage with one another, along with the telephone. People can maintain connections in a variety of ways thanks to social media sites like Facebook, Skype, Twitter, LINE, and Instagram [2].

Daily structure is essential. For many people, it presents a psychological hardship to spend the most of each day restricted at home. Maintaining a regular daily schedule is difficult when the majority of outdoor activities are unavailable. However, we may assist and encourage older adults who engage in enjoyable activities that are good for their physical, emotional, and spiritual health. For elderly persons at risk of delirium, which is characterised by a disruption of circadian rhythm, regular scheduling is especially beneficial. The right physical and mental programmes, such as exercise routines, mindfulness exercises, and music programmes, can be found on television and YouTube channels designed for older individuals. Continue your mental and physical activity. Exercise is good for your physical and mental health, especially your mood [3].

Pandemics and their public health control measures have generally substantially increased the level of loneliness and social isolation in the general population. Because of

the circumstances of aging, older adults are more likely to experience social isolation and loneliness during pandemics. However, no systematic review has been conducted or published on the prevalence of loneliness and/or social isolation among the older population. This systematic review and meta-analysis aims to provide up-to-date pooled estimates of the prevalence of social isolation and loneliness among older adults during the COVID-19 pandemic and other pandemics in the last two decades [4].

This present systematic review and meta-analysis aim to address the knowledge gap on social isolation and loneliness among older adults during the COVID-19 pandemic by providing up-to-date pooled estimates of the prevalence of social isolation and loneliness among older adults during the COVID-19 pandemic. This review also provides quantitative syntheses on subgroup differences in the pooled prevalence of social isolation and loneliness, in terms of geographical regions, phases of the pandemic, prevalence estimate period, and the severity level of the Covid-19 pandemic in the study region. The findings of the review offer the best available current evidence on the issues of loneliness and social isolation among older adults during the COVID-19 pandemic and identify the major correlates of these attributes among older adults [5].

Conclusion

The COVID-19 pandemic has created a global context in which social isolation has become normative in order to reduce the risk of COVID-19 transmission. As a result of social distancing policies, the risk for loneliness and associated decline in quality of life has increased. The current study examined factors associated with loneliness and quality of life during the COVID-19 pandemic cross-sectionally and longitudinally. Older age and larger social network size were associated with less loneliness, whereas having multiple physical or mental health diagnoses was associated with greater loneliness. Greater virtual social contact was also associated with increased loneliness. Greater loneliness was associated with all domains of quality of life both cross-sectionally and longitudinally. Understanding factors associated with loneliness is critical to developing effective strategies at reducing loneliness and improving quality of life during the pandemic. Contrary to popular perceptions, older age was associated with less loneliness and more virtual social contact was associated with more loneliness. Thus, it may be prudent

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to deemphasize virtual social contact in public campaigns and to emphasize safe methods of interacting in person.

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