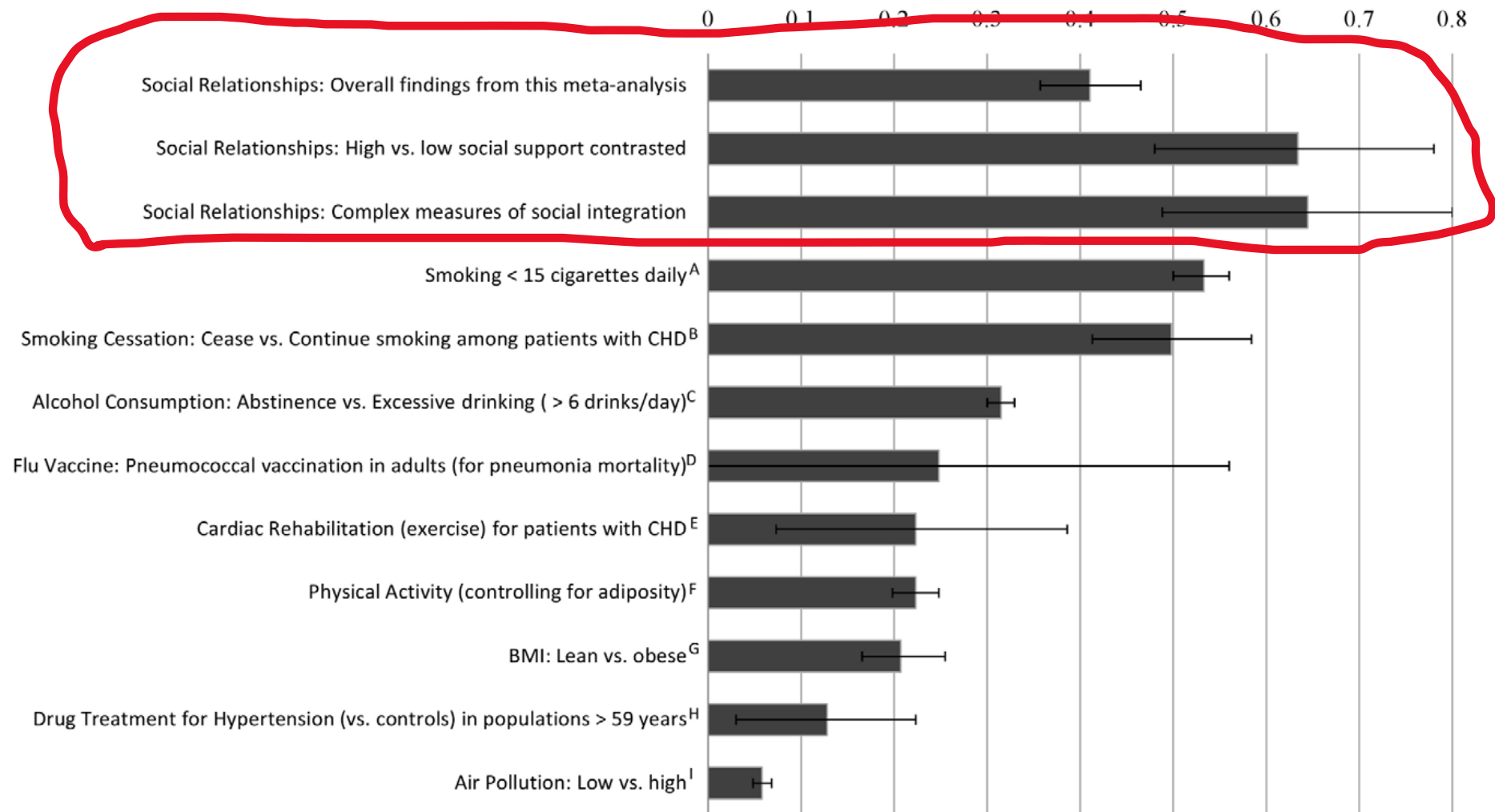


Wenn Einsamkeit krank macht. Gesundheitliche Folgen eines subjektiven Gefühls

Prof. Dr. Peter Brieger



Holt-Lundstad et al. PLoS Medicine 2010

Einsamkeit und Gesundheit (Korrelationen)

Wie ist die Wirkrichtung (Bidirektionalität...)?

Qualitative Überlegungen

Interventionen

Abschließende Überlegungen

Einsamkeit und Gesundheit (Korrelationen)

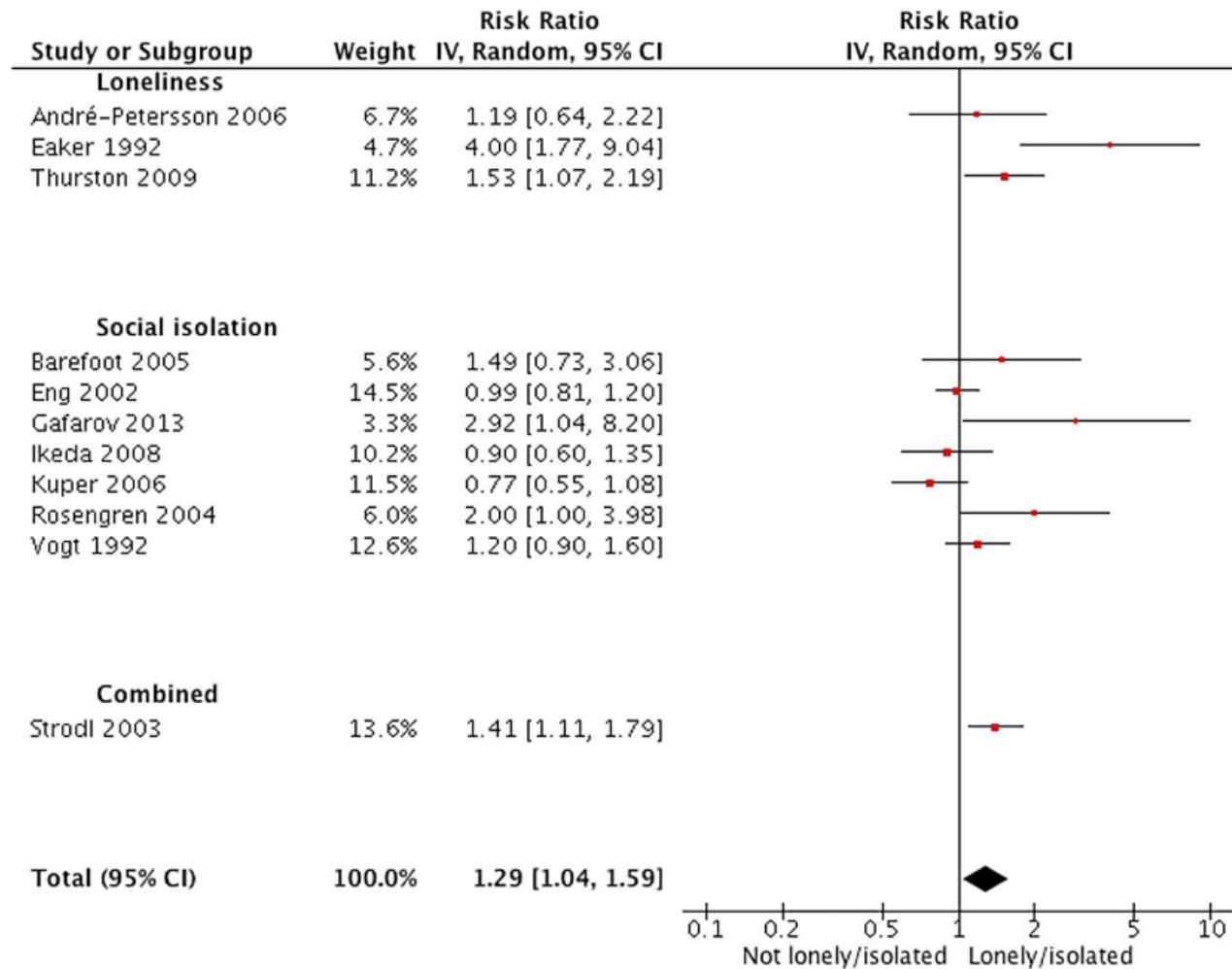
Wie ist die Wirkrichtung (Bidirektionalität...)?

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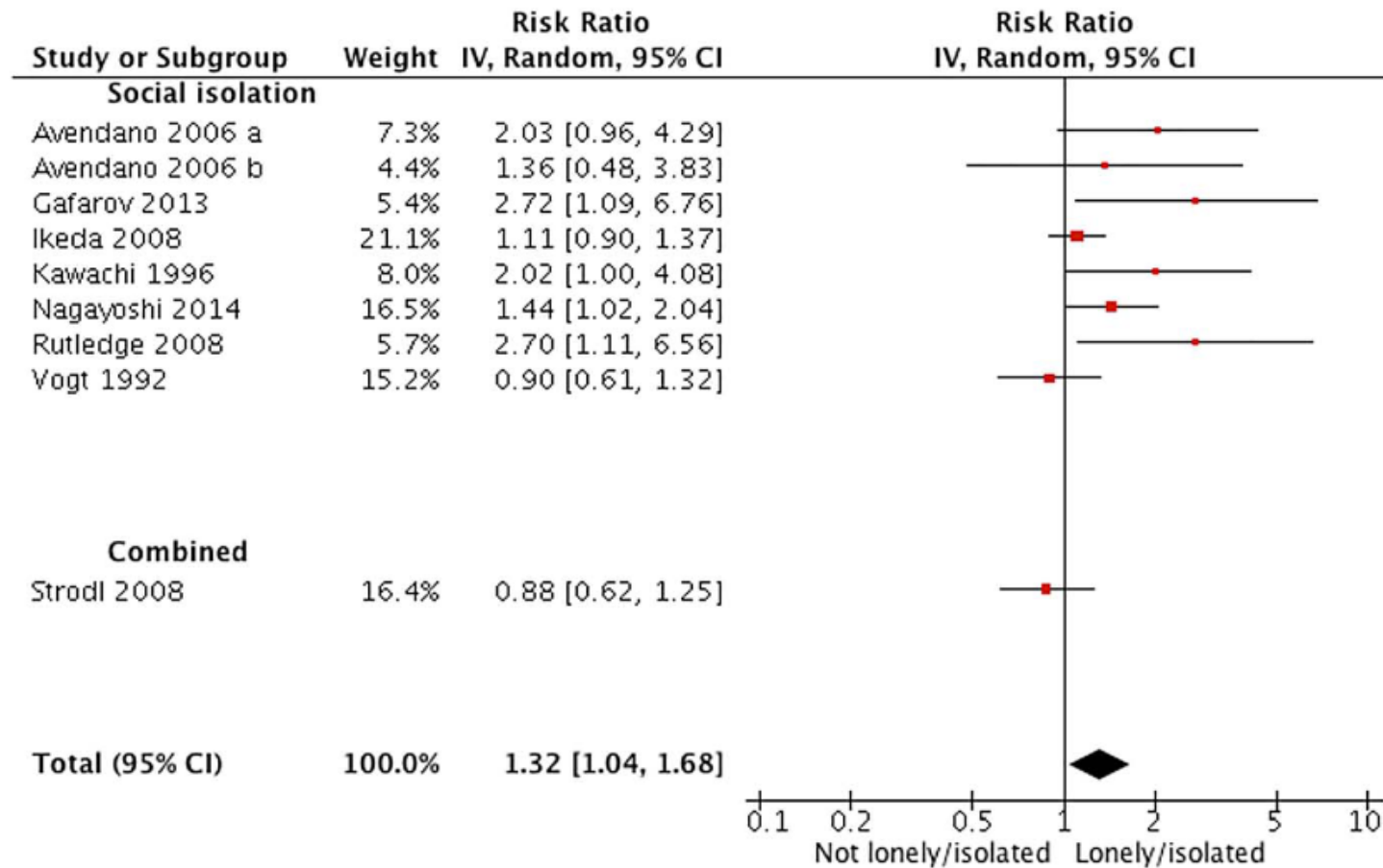
Abschließende Überlegungen

Einsamkeit und coronare Herzerkrankung



Valtorta et al. Heart 2016

Einsamkeit und Schlaganfall



Valtorta et al. Heart 2016

Einsamkeit und Krebs

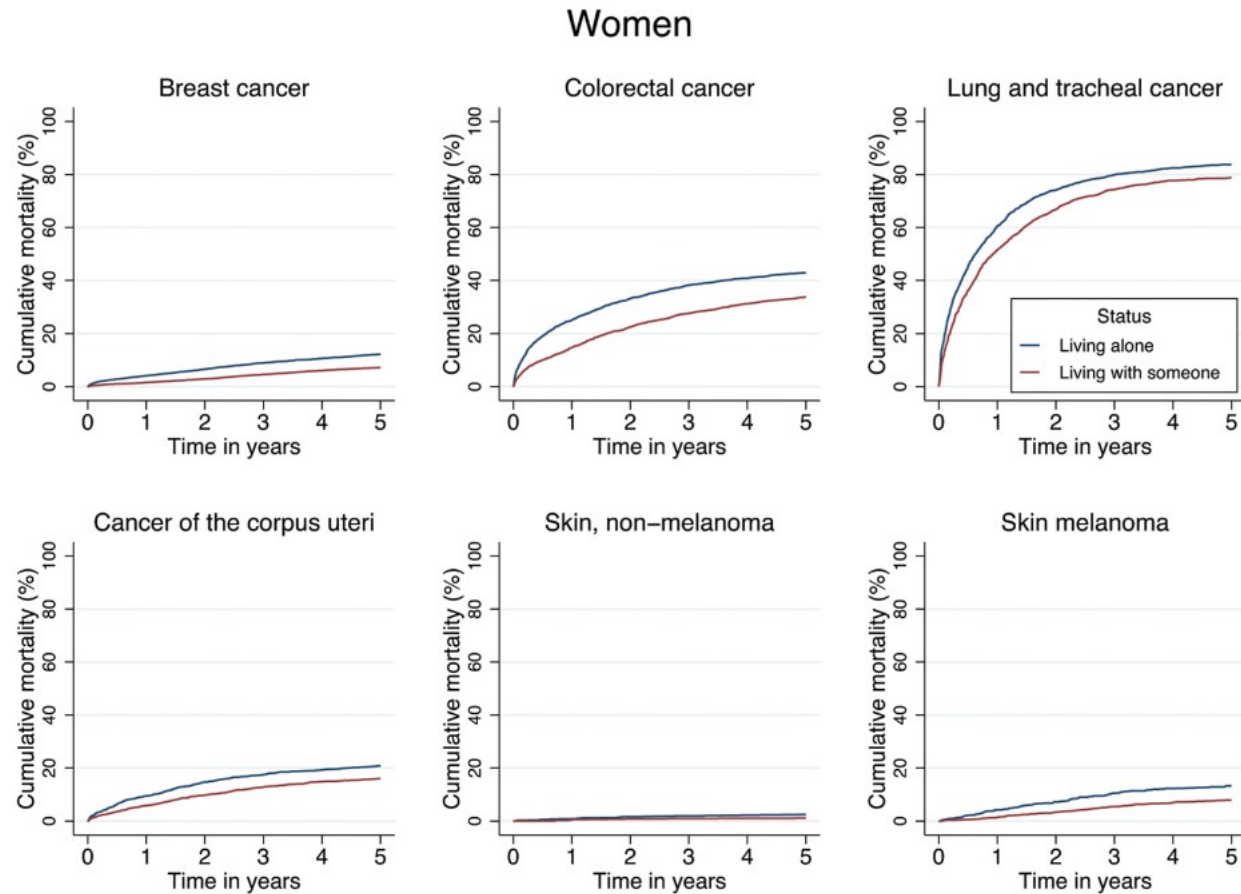
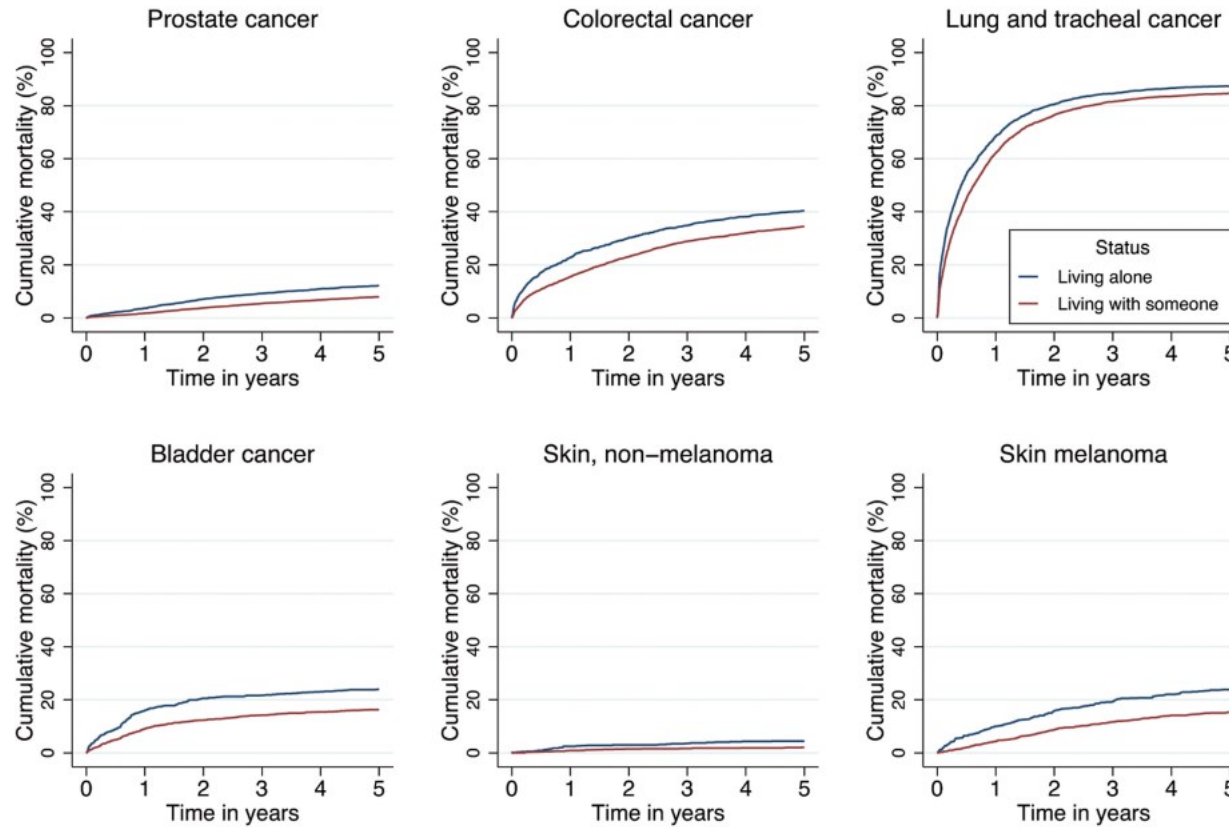


Fig. 2. Cumulative cancer-specific mortality for cancer patients according to the living alone status, by cancer type and sex.

Elovaino et al. SSM Popul Health 2021

Einsamkeit und Krebs

Men



Elovaino et al. SSM Popul Health 2021

Einsamkeit und Depression

Table 1. Background characteristics of participants who were diagnosed with depression during the follow-up and those who were not.

	Depression (n = 99)	No depression (n = 2240)	Test value	p
Loneliness	15 (8.25–19.99)	12 (8–17)	–2.74	0.006 ^c
HPL depression	1 (0–3)	1 (0–2)	–3.03	0.002 ^c
Age, years, mean (SD)	52.09 (5.43)	53.02 (5.16)	2.474	0.078 ^b
SES, mean (SD)	12.66 (5.0)	12.08 (5.13)	0.199	0.274 ^b
Smoking, n (%)	34 (34.3)	698 (31.2)	0.447	0.504 ^a
Alcohol, g/week	30.5 (6.1–115)	42.8 (6.5–115)	–1.04	0.298 ^c
Baltic Sea Diet Score, mean (SD)	12.56 (3.61)	12.91 (3.99)	1.355	0.390 ^b
Sleeping quantity, mean (SD)	2.88 (1.62)	2.93 (1.63)	0.040	0.751 ^b
Physical activity, kcal/d	86 (33–182)	88 (31–193)	–0.375	0.707 ^c
BMI, mean (SD)	27.07 (3.31)	26.82 (3.5)	0.923	0.483 ^b
Systolic blood pressure, mean (SD)	134.09 (15.79)	132.09 (15.79)	0.376	0.222 ^b
LDL-C mmol/l, mean (SD)	3.95 (0.92)	4.06 (1.02)	0.982	0.291 ^b
Hs-CRP mg/l	1.08 (0.55–1.99)	1.3 (0.73–2.48)	–1.745	0.081 ^c
CVD history, n (%)	29 (29.3)	792 (33.9)	1.531	0.216 ^a

Note: Values are medians (interquartile ranges), unless otherwise stated. SD: standard deviation; HPL: Human Population Laboratory; SES: socio-economic status; BMI: body mass index; LDL-C: low-density lipoprotein cholesterol; hs-CRP: high-sensitivity C-reactive protein; CVD: cardiovascular disease.

^aChi-squared test.

^bStudent's *t*-test.

^cMann–Whitney *U* test.

Kraav et al. Nord J Psychiatry 2021

Einsamkeit und Depression

Mann-Whitney U test.

Table 2. Hazard ratios of loneliness (z-score) for incident depression during the follow-up.

Model, covariates	Hazard ratio (CI 95 %) <i>p</i> -value
Model 1 – Age, Year of examination	1.042 (1.022–1.063), <i>p</i> < 0.001
Model 2 – Age, Year of examination, SES	1.041 (1.021–1.062), <i>p</i> < 0.001
Model 3 – Age, Year of examination, Lifestyle (alcohol consumption, smoking, physical activity)	1.042 (1.022–1.063), <i>p</i> < 0.001
Model 4 – Age, Year of examination, Baltic Sea Diet Score	1.041 (1.021–1.062), <i>p</i> < 0.001
Model 5 – Age, Year of examination, Sleep quantity	1.042 (1.022–1.063), <i>p</i> < 0.001
Model 6 – Age, Year of examination, HPL depression scale score residuals	1.032 (1.010–1.055), <i>p</i> = 0.005
Model 7 – Age, Year of examination, hs-CRP	1.042 (1.022–1.063), <i>p</i> < 0.001
Model 8 – Age, Year of examination, Physiological changes (Mean systolic blood pressure, LDL-cholesterol, BMI, CVD history)	1.042 (1.022–1.063), <i>p</i> < 0.001
Model 9 – All the variables from models 1–8	1.033 (1.010–1.056), <i>p</i> = 0.005

Note: Hazard ratios show the increase in the risk of incident depression for each 1-SD increase in the Loneliness Scale score.


Abbreviations: SES: socioeconomic status; HPL: Human Population Laboratory; hs-CRP: high-sensitivity C-reactive protein; BMI: body mass index; LDL: low-density lipoprotein; CVD: cardiovascular disease.


Kraav et al. Nord J Psychiatry 2021

Review Article

IJSP

The effect of loneliness on depression: A meta-analysis

Evren Erzen¹ and Özkan Çikrikci² 

International Journal of
Social Psychiatry
2018, Vol. 64(5) 427–435
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DOI: 10.1177/0020764018776349
journals.sagepub.com/home/isp


The findings show that loneliness has a significant effect at moderate levels on depression.

Einsamkeit und psychische Probleme

Beutel *et al.* *BMC Psychiatry* (2017) 17:97
DOI 10.1186/s12888-017-1262-x

BMC Psychiatry

RESEARCH ARTICLE

Open Access



Loneliness in the general population: prevalence, determinants and relations to mental health

Manfred E. Beutel¹, Eva M. Klein¹, Elmar Brähler¹, Iris Reiner¹, Claus Jünger³, Matthias Michal¹, Jörg Wiltink¹, Philipp S. Wild^{3,4,5}, Thomas Münzel^{2,5}, Karl J. Lackner⁶ and Ana N. Tibubos^{1*}

Gutenberg Health Study (GHS), April 2007 and April 2012, (N = 15,010; 35–74 years)

Einsamkeit und psychische Probleme

Table 2 Prediction of depression, suicidal ideation, and anxiety in a German representative sample by loneliness controlling for demographic variables and other sources of distress ($N = 15,010$)

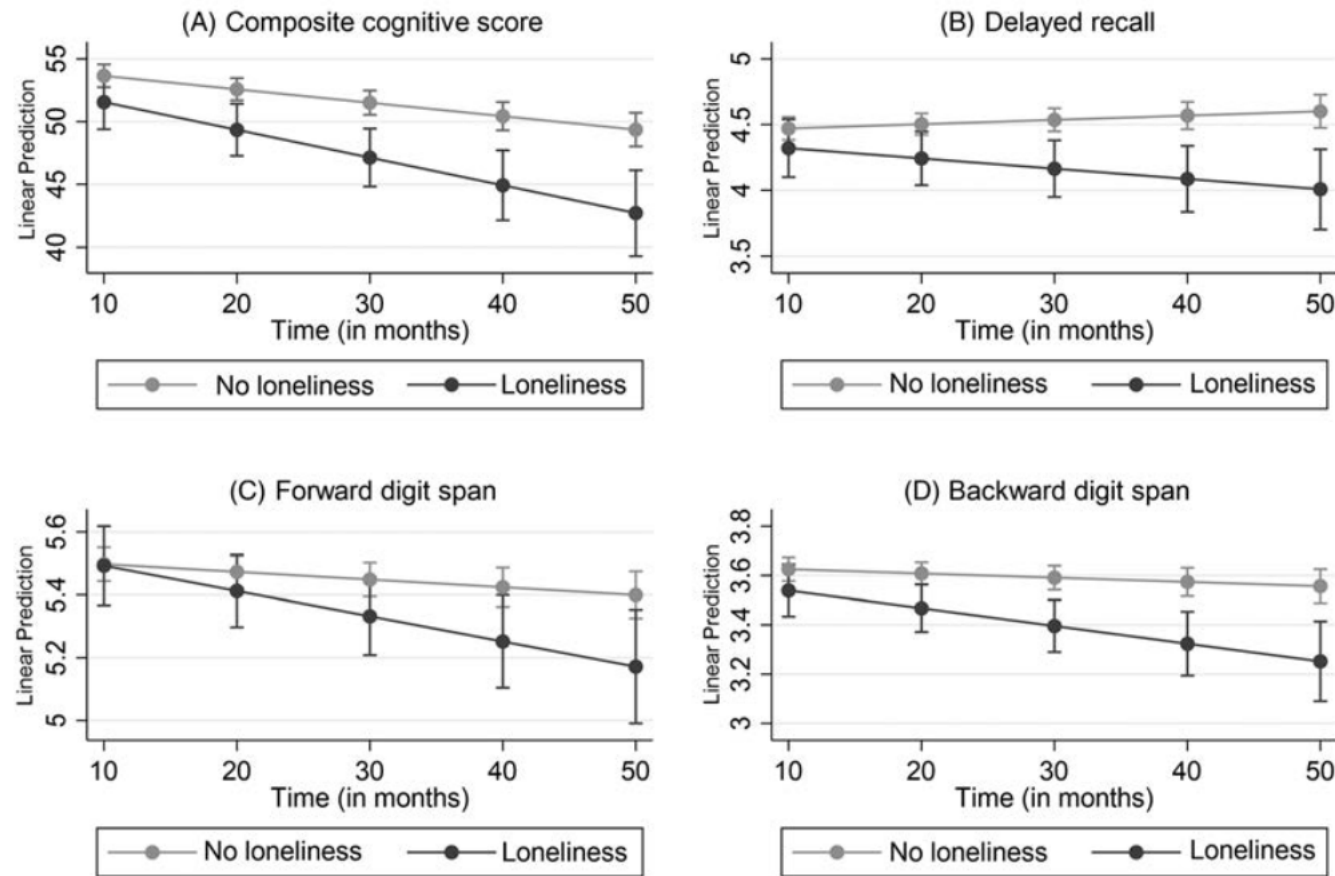
	Depression (PHQ-8)		Anxiety (GAD-2)			Suicidal ideation			
Variables	OR	95% CI	<i>p</i> -value	OR	95% CI	<i>p</i> -value	OR	95% CI	<i>p</i> -value
Loneliness	1.91	1.74-2.09	< 0.0001	1.21	1.09-1.34	0.0002	1.31	1.19-1.44	<0.0001
Age	0.99	0.98-0.99	0.0004	0.98	0.98-0.99	0.0002	1.03	1.02-1.03	<0.0001
Women	0.94	0.80-1.10	0.4209	1.25	1.06-1.49	0.01	0.92	0.79-1.08	0.3127
Partnership	0.92	0.76-1.11	0.3731	1.02	0.83-1.25	0.8771	0.80	0.67-0.95	0.0117
Socioeconomic status	0.94	0.92-0.96	< 0.0001	0.97	0.97-0.98	0.0043	0.96	0.95-0.98	0.0001
Generalized anxiety	2.91	2.73-3.11	< 0.0001	-			1.30	1.21-1.39	<.0001
Panic attack	2.98	2.42-3.67	< 0.0001	2.69	2.17-3.34	< 0.0001	1.49	1.19-1.86	0.0005
depression	-			1.46	1.42-1.49	< 0.0001	1.29	1.26-1.32	< 0.0001
c-statistic	0.90		0.91				0.87		

Note: OR Odds ratio, 95% CI = 95% confidence interval

Beutel et al. BMC 2017

Einsamkeit und kognitive Verschlechterung

Predictive margins of loneliness with 95% CIs



Lara et al. In J Geriatr Psych 2019

PLOS ONE

RESEARCH ARTICLE

Loneliness among people with severe mental illness during the COVID-19 pandemic: Results from a linked UK population cohort study

Paul Heron^{1*}, Panagiotis Spanakis¹, Suzanne Crosland¹, Gordon Johnston², Elizabeth Newbronner¹, Ruth Wadman¹, Lauren Walker¹, Simon Gilbody^{1,3}, Emily Peckham¹

1 Mental Health and Addiction Research Group, University of York, York, United Kingdom, **2** Independent Peer Researcher, United Kingdom, **3** Hull York Medical School, York, United Kingdom

* paul.heron@york.ac.uk



The Covid-19 public health measures have increased barriers to social connectivity that has increased loneliness among the general public. Pre-existing barriers to social connectivity for people with SMI meant that loneliness was already a substantial problem. Once the pandemic restrictions are removed and barriers to socialising are reduced for the general population then the pre-existing barriers unique to people with SMI will likely remain. There is a risk that loneliness rates may remain higher among those with SMI than the general population and this will exacerbate health inequalities..

Heron et al. PLOS One 2022

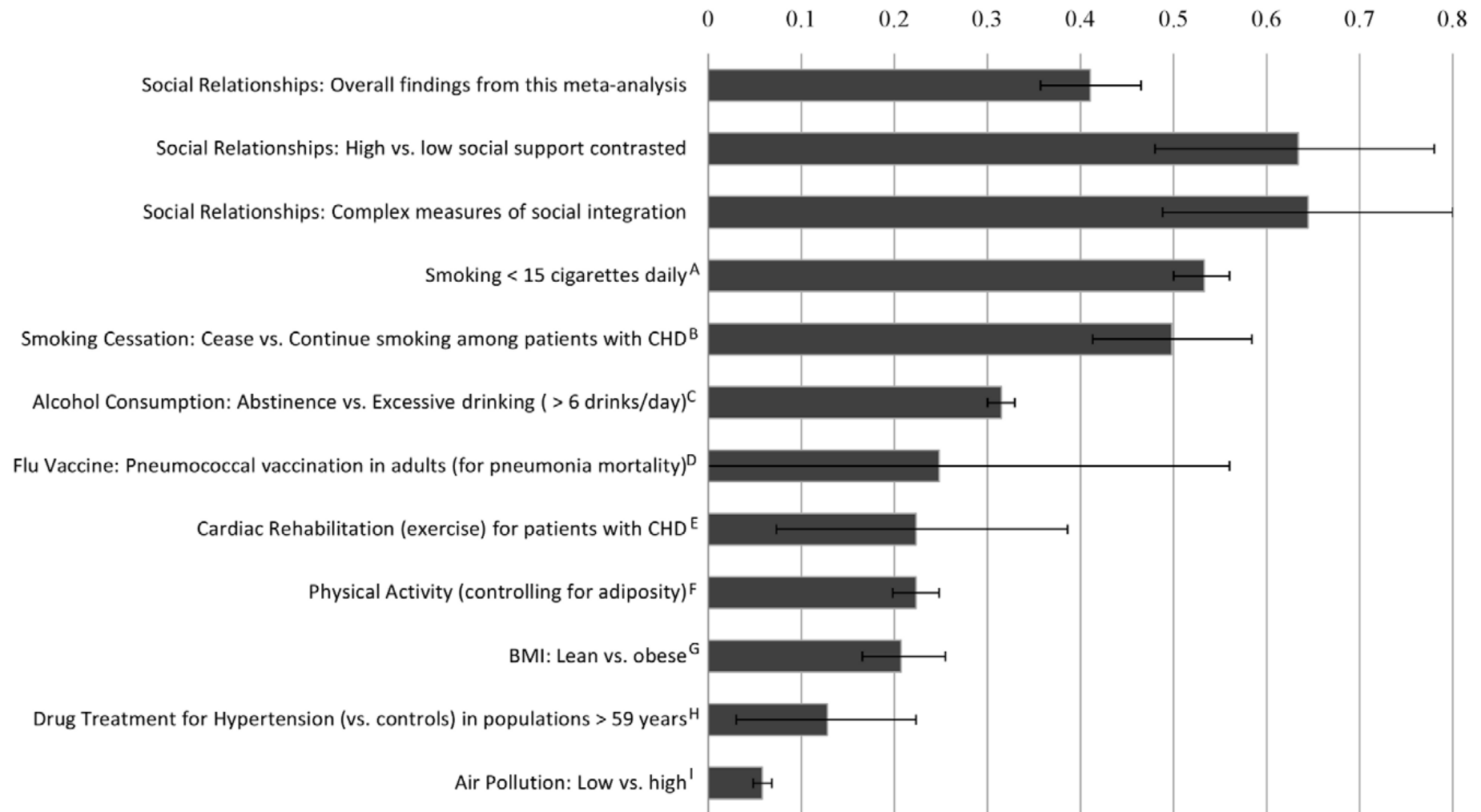
Einsamkeit und Gesundheit (Korrelationen)

Wie ist die Wirkrichtung (Bidirektionalität...)?

Qualitative Überlegungen

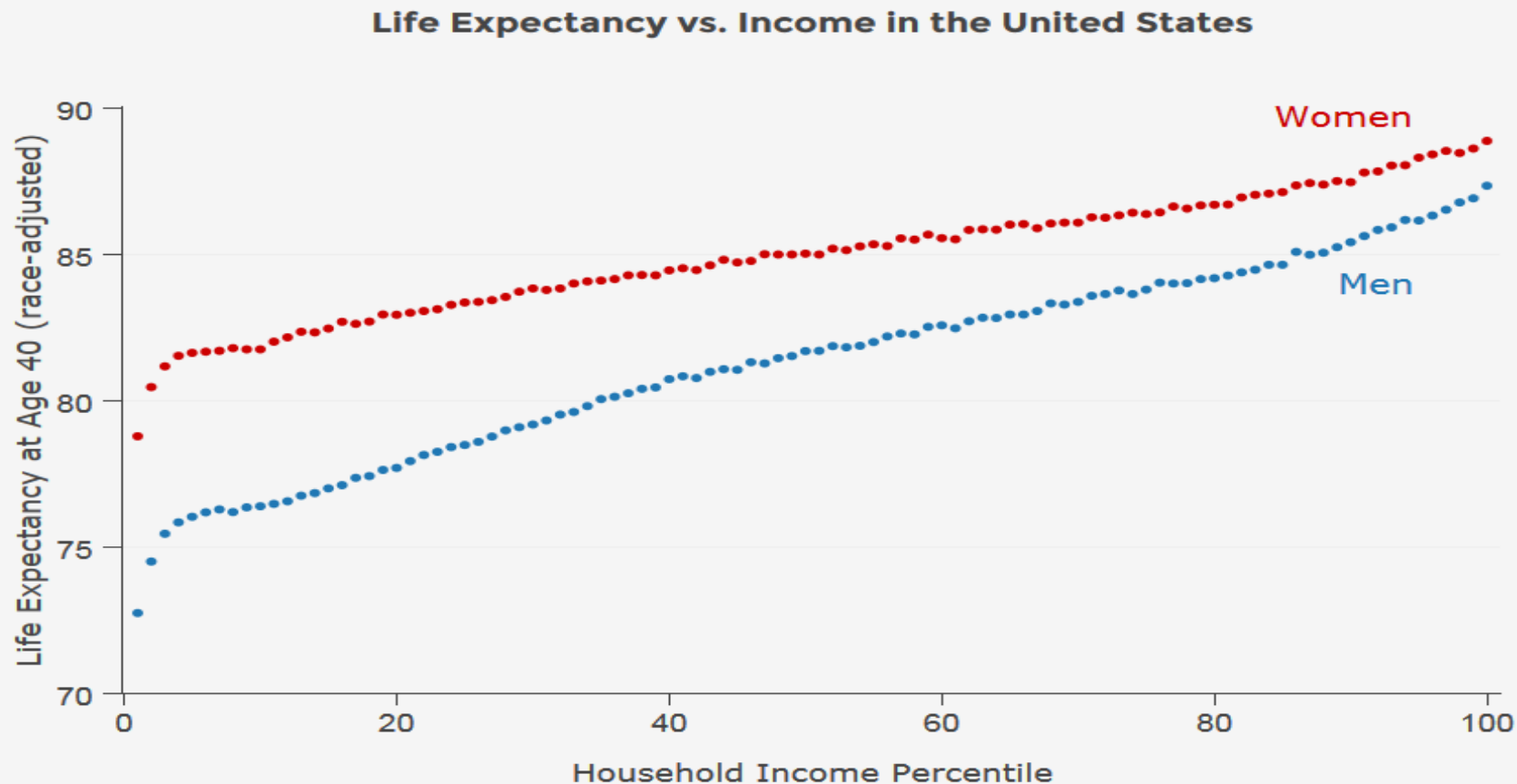
Interventionen

Abschließende Überlegungen



Holt-Lundstad et al. PLoS Medicine 2010

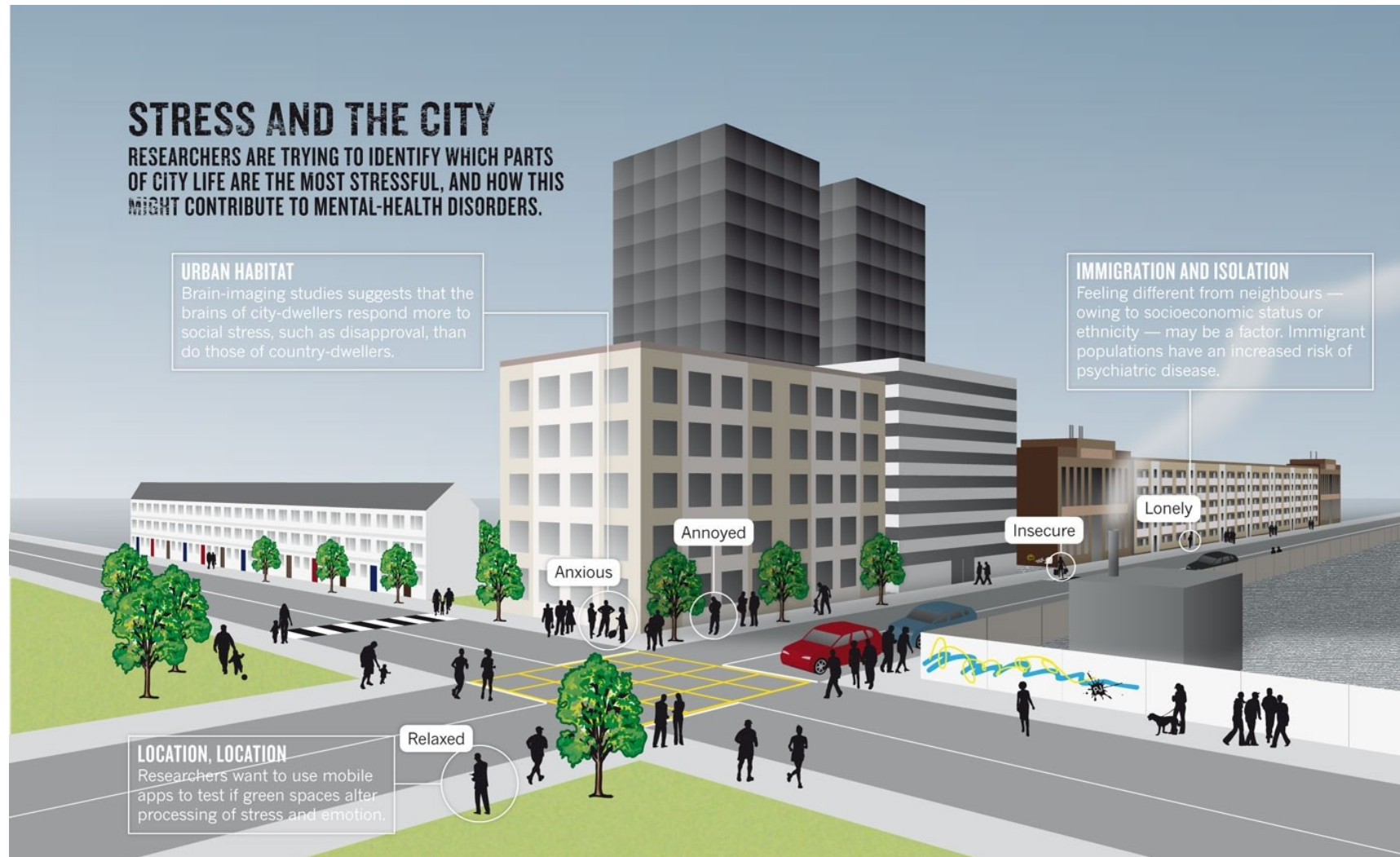
Lebenserwartung vs. Einkommen



The richest American men live 15 years longer than the poorest men, while the richest American women live 10 years longer than the poorest women.

Chetty et al. JAMA 2016; <https://healthinequality.org/>

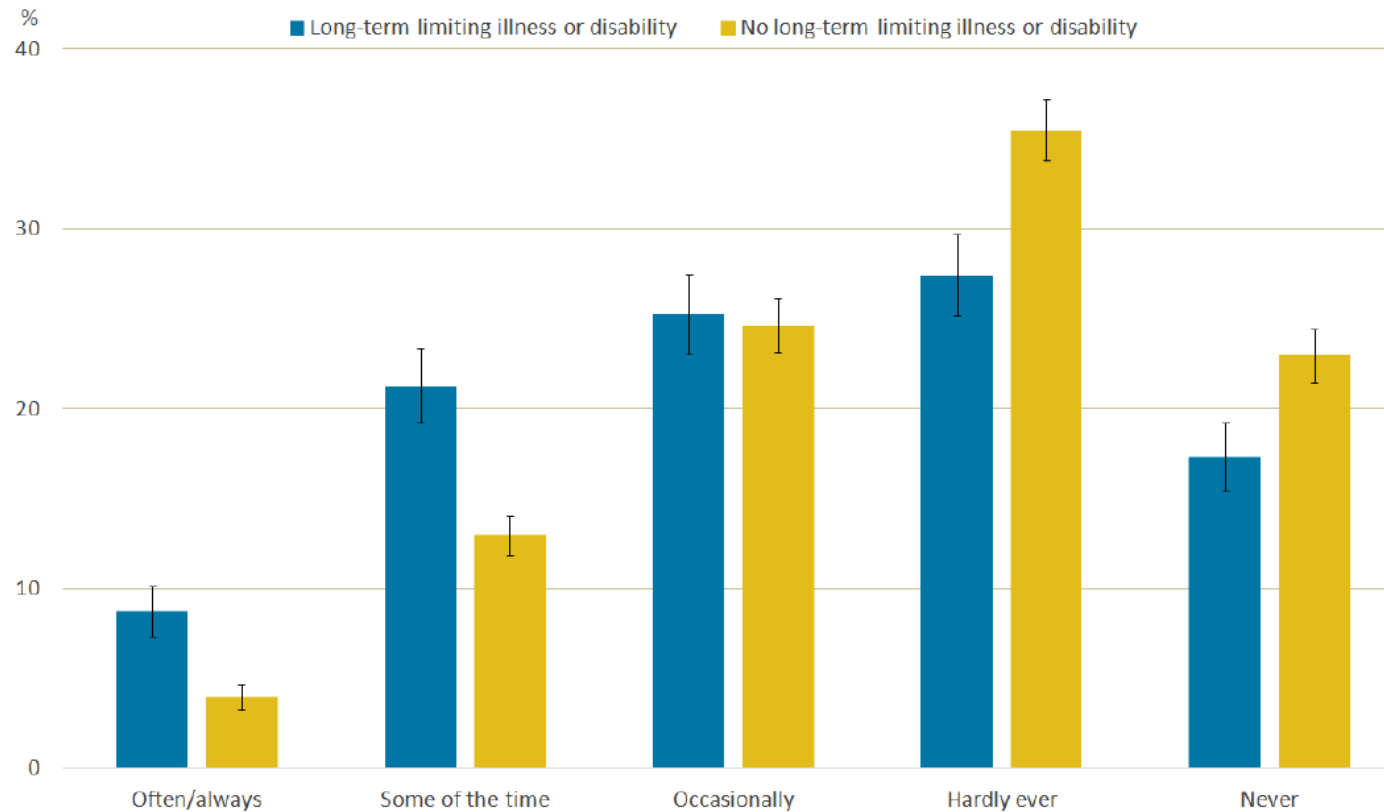
Urbanizität als Risikofaktor



Chronische Krankheit/Behinderung machen einsam

Figure 6: Reported frequency of loneliness by presence of a long-term limiting illness or disability

England

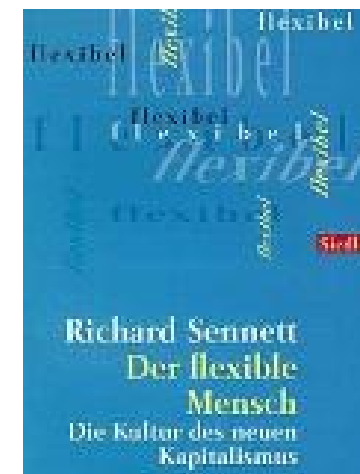
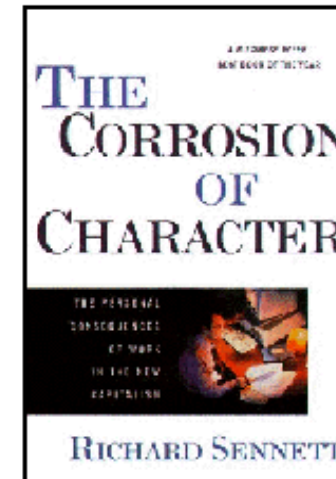


ONS 2018

Veränderungen der Arbeitswelt



Richard Sennett



Soziale Isolation erhöht das Sterberisiko um 25%

After accounting for multiple covariates, the increased likelihood of death was 26% for reported loneliness, 29% for social isolation, and 32% for living alone. These data indicated essentially no difference between objective and subjective measures of social isolation when predicting mortality.

Holt-Lundstad et al. Persp Psychol Sci 2015

Social isolation, loneliness, and all-cause mortality in older men and women

Andrew Steptoe¹, Aparna Shankar, Panayotes Demakakos, and Jane Wardle

Department of Epidemiology and Public Health, University College London, London WC1E 6BT, United Kingdom

Edited by Kenneth Wachter, University of California, Berkeley, CA, and approved February 15, 2013 (received for review November 12, 2012)

Both social isolation and loneliness are associated with increased mortality, but it is uncertain whether their effects are independent or whether loneliness represents the emotional pathway through which social isolation impairs health. We therefore assessed the

approaches for support of older people. The purpose of our study was to investigate the associations of social isolation and loneliness with mortality in a representative national sample of older men and women and to test whether loneliness is partly responsible for the

Mortalität wird durch soziale Isolation und nicht Einsamkeit
erklärt

Steptoe et al. PNAS 2013

Verwitwung

- Erhöht bei plötzlichem Tod der Partnerin die Mortalität bei Männern, nicht bei Frauen
- Guter Sozialstatus ist protektiv

Sullivan & Fenelon J Gerontol 2013

Risikofaktoren und Wechselwirkungen

- Krankheit/Behinderung führt zu Einsamkeit
 - Stigma
 - Reduzierte Aktivität
 - Finanzielle Probleme
- Soziale Isolation führt zu schlechterem Gesundheitsverhalten
- Soziale Isolation und Krankheit können gemeinschaftliche kausale Faktoren haben (z.B. Persönlichkeit, Biographie)
- ...

Einsamkeit und Gesundheit (Korrelationen)

Wie ist die Wirkrichtung (Bidirektionalität...)?

Qualitative Überlegungen

Interventionen

Abschließende Überlegungen

Einsamkeit nimmt zu...

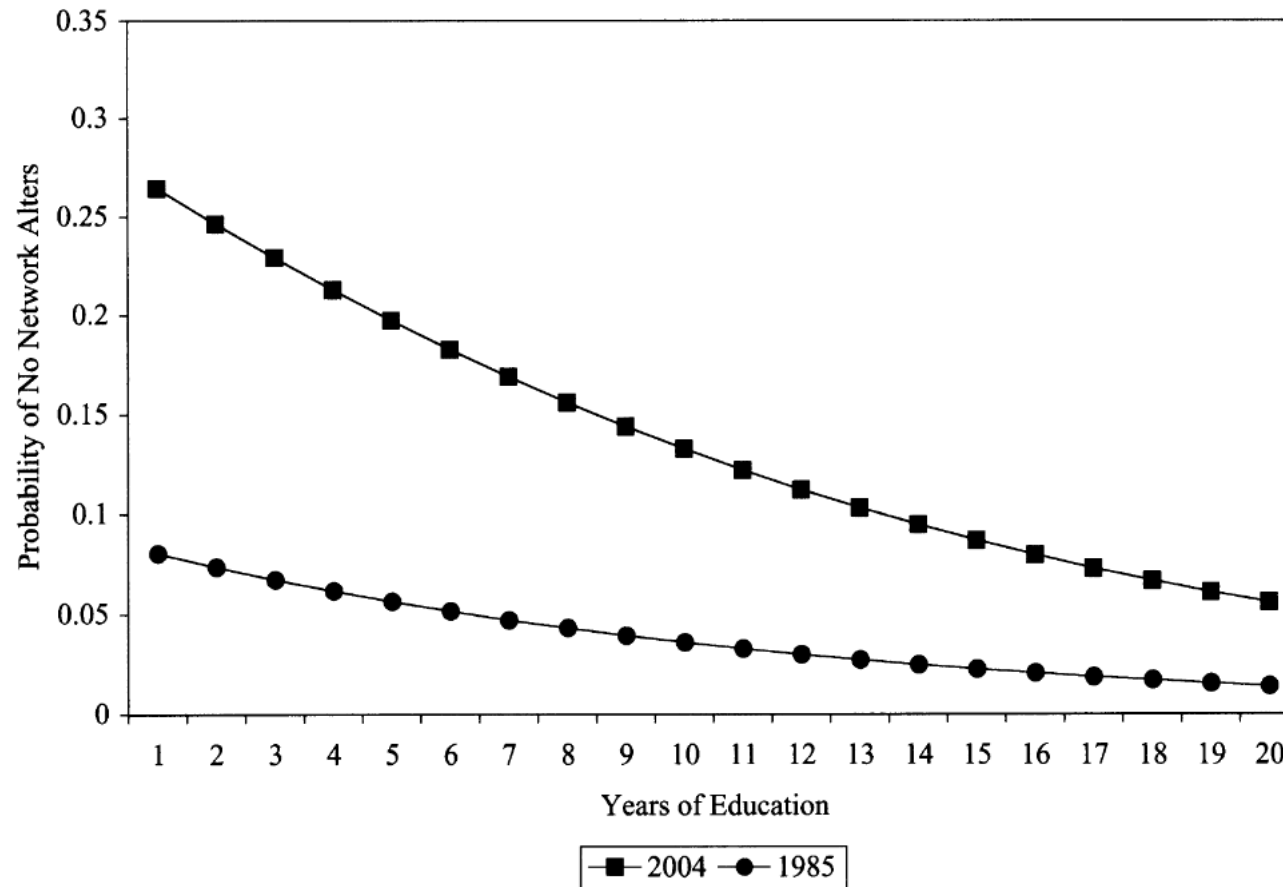
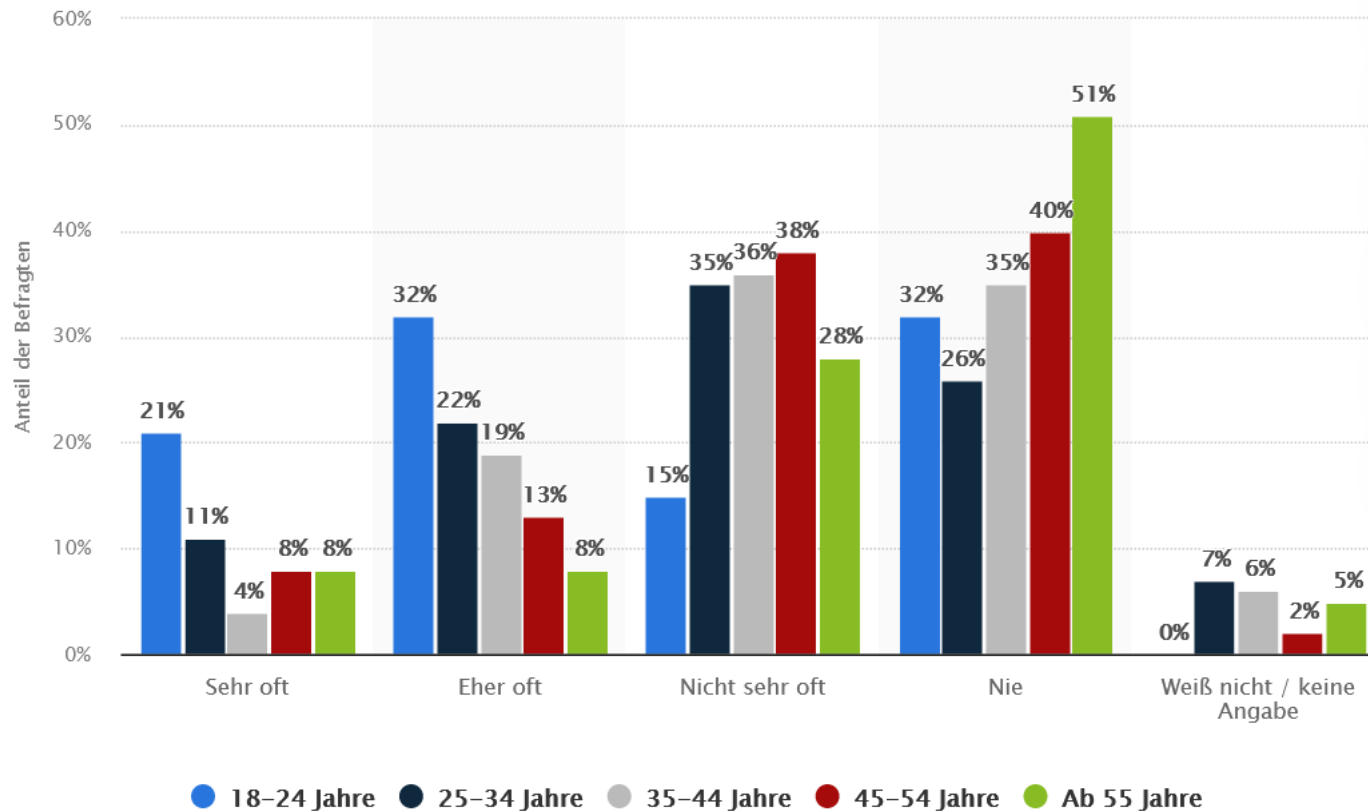


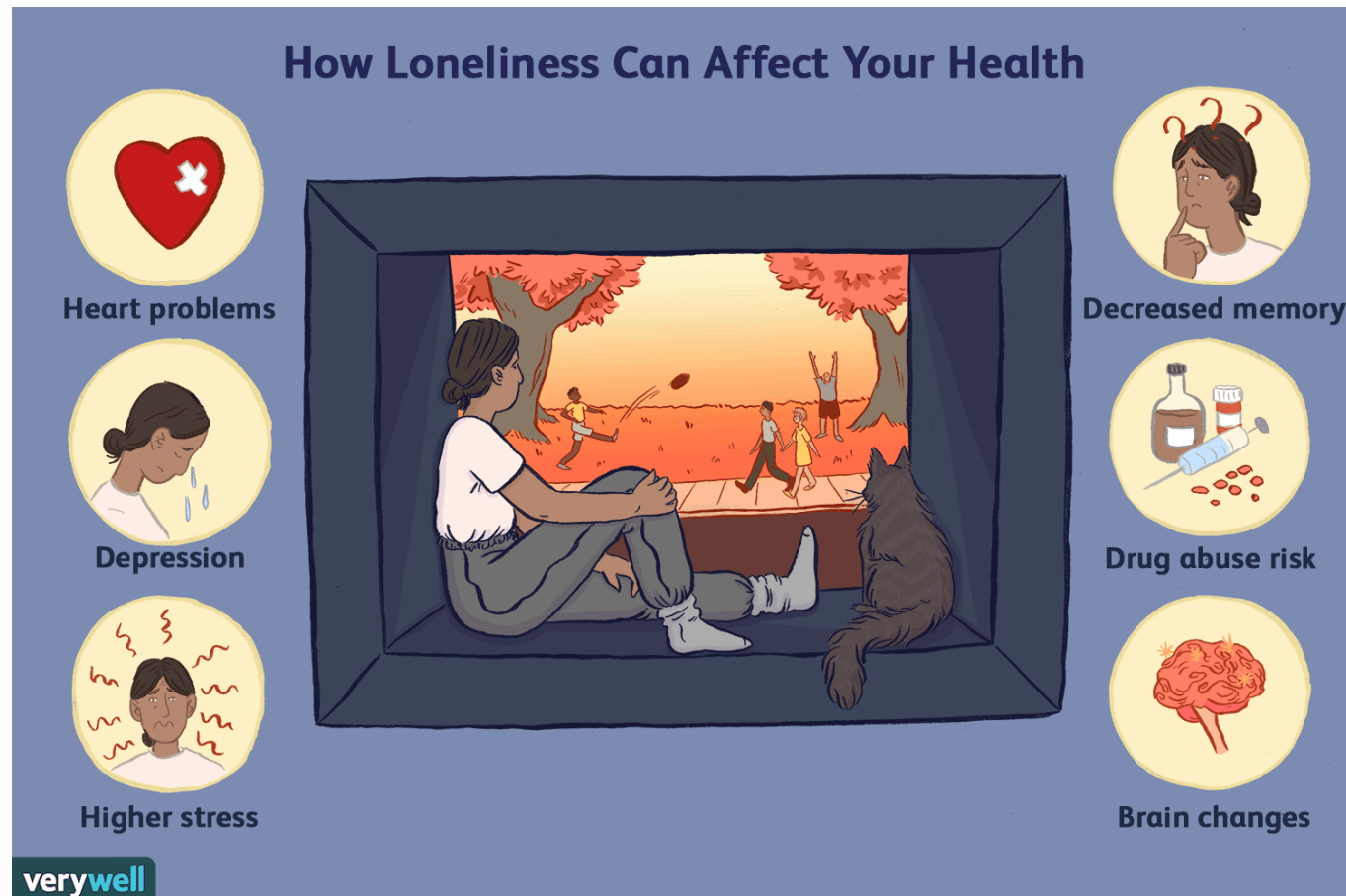
Figure 2. Social Isolation Increases 1985–2004

McPherson et al. American Sociological Review 2006

Wie oft haben Sie sich in den letzten 2 Monaten einsam gefühlt?



- Einsamkeit ist keine Krankheit



Heime







Pro und Kontra: Gemeindepsychiatrie in der Krise?

For and Against: A Crisis of Community Psychiatry?

Pro

Bernd Eikermann, Dirk Richter, Thomas Reker

Gemeindennahe Psychiatrie und Sozialpsychiatrie fokussieren das Phänomen chronisch psychischer Krankheiten und Kranker. Theoretisch ist die Entschlüsselung des Rätsels kaum gelungen,

oder Wohnungsverlust [2]. Vier von zehn Patienten, die in Kontakt mit gemeindepsychiatrischen Institutionen stehen, haben demnach ausschließlich Kontakt zu anderen Patienten und Betreuern, ein Viertel enthält sich fast jeglicher Aktivität in der Gemeinde, und über 80% der Betroffenen fühlen sich gleichzeitig isoliert, wobei die Situation junger Menschen aus ethnischen Minderheiten besonders negativ ausfällt. Der Zugang zu Woh-

Die Gemeindepsychiatrie hat die anfangs in sie gesetzten Hoffnungen nicht erfüllt. Die dort Betreuten bleiben abhängig von Einrichtungen und Therapeuten, sie kommunizieren und verkehren unter ihresgleichen und schaffen es selten oder nie, sich in „normale“ Biografien einzufügen. Das Leben bleibt blass, die Lebensqualität wird eingeschränkt nicht zuletzt durch finanzielle Restriktionen, innere und äußere Distanz zu der Gemeinschaft der Gesunden.

Aktion Psychisch Kranke 1975



Welche Rolle spielt die Digitalisierung?

When the Internet is used as a way station on the route to enhancing existing relationships and forging new social connections, it is a useful tool for reducing loneliness. But when social technologies are used to escape the social world and withdraw from the “social pain” of interaction, feelings of loneliness are increased. We propose that loneliness is also a determinant of how people interact with the digital world.

Nowland et al. Perspect von Psychol Sci 2018

Einsamkeit und Gesundheit (Korrelationen)

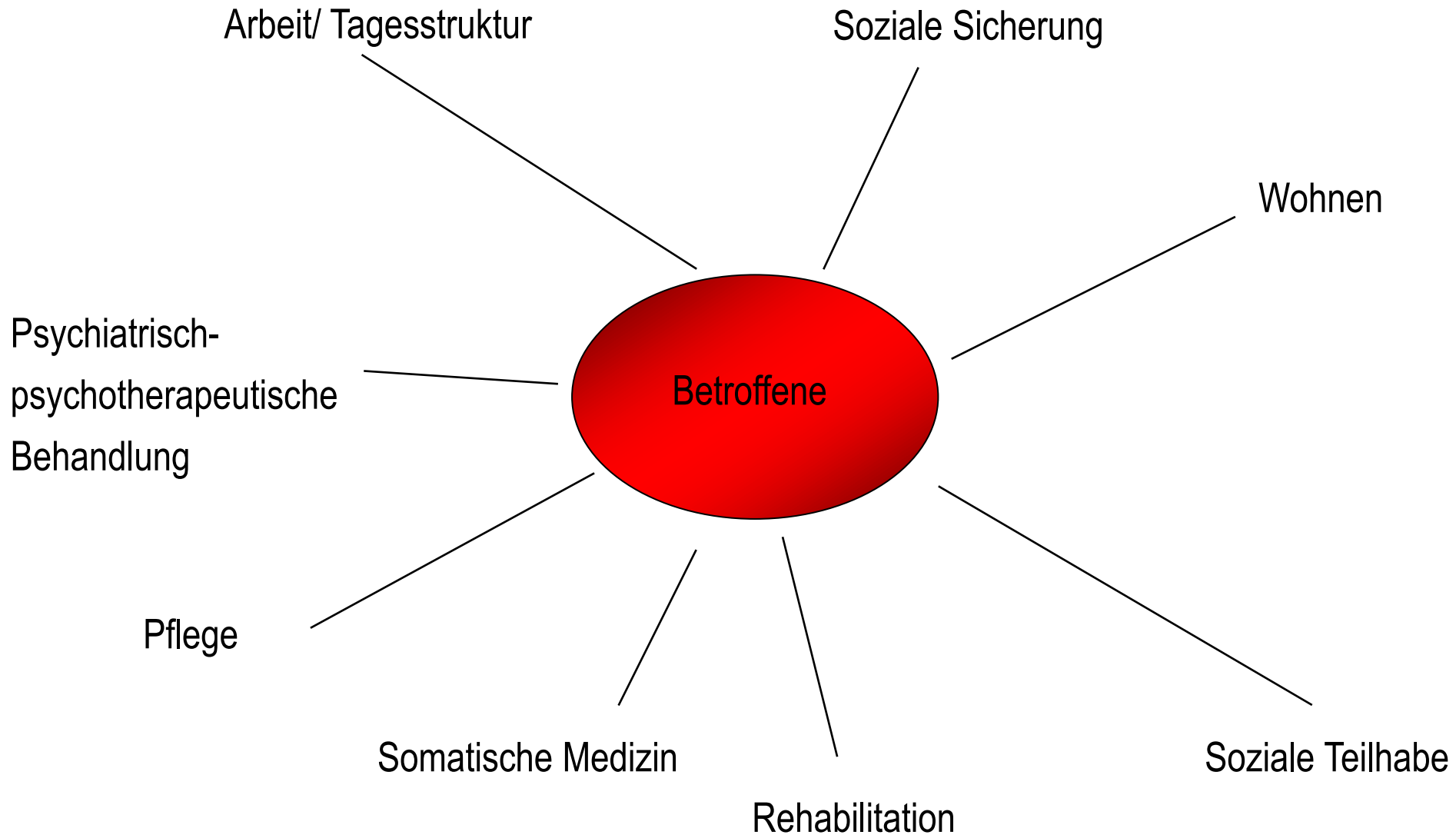
Wie ist die Wirkrichtung (Bidirektionalität...)?

Qualitative Überlegungen

Interventionen

Abschließende Überlegungen

Vernetzung der Behandlungssektoren in der psychiatrischen Versorgung



Standort StäB I Zentrale Lindwurmstraße



StäB am kbo-IAK-KMO





Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial

Emily K. Lindsay^{a,1}, Shinzen Young^b, Kirk Warren Brown^c, Joshua M. Smyth^d, and J. David Creswell^e

^aDepartment of Psychology, University of Pittsburgh, Pittsburgh, PA 15213; ^bDepartment of Psychiatry, University of Vermont Larner College of Medicine, Burlington, VT 05401; ^cDepartment of Psychology, Virginia Commonwealth University, Richmond, VA 23284; ^dDepartment of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802; and ^eDepartment of Psychology, Carnegie Mellon University, Pittsburgh, PA 15213

Edited by Stephanie Cacioppo, The University of Chicago, and accepted by Editorial Board Member Michael S. Gazzaniga January 3, 2019 (received for review August 7, 2018)

Loneliness and social isolation are a growing public health concern, yet there are few evidence-based interventions for mitigating these social risk factors. Accumulating evidence suggests that mindfulness interventions can improve social-relationship processes. However, the active ingredients of mindfulness training underlying these improvements are unclear. Developing mindfulness-specific skills—namely, (i) monitoring present-moment experiences with (ii) an orientation of acceptance—may change the way people perceive and relate toward others. We predicted that developing openness and acceptance toward present experiences is critical for reducing loneliness and increasing social contact and that removing acceptance-skills training from a mindfulness intervention would eliminate these benefits. In this dismantling trial, 153 community adults were randomly assigned to a 14-lesson smartphone-based intervention: (i) training in both monitoring and acceptance (Monitor+Accept), (ii) training in monitoring only (Monitor Only), or (iii) active control training. For 3 d before and after the intervention, ambulatory assessments were used to measure loneliness and social contact in daily life. Consistent with predictions, Monitor+Accept training reduced daily-life loneliness by 22% ($d = 0.44$, $P = 0.0001$) and increased social contact by two more interactions each day ($d =$

interventions can reduce loneliness and increase social contact or evaluated the active ingredients of mindfulness interventions that drive social-relationship effects.

The present work aims to test the hypothesis that learning acceptance skills in mindfulness interventions is a central mechanism for combating loneliness and social isolation. We use “acceptance” as an umbrella term to encompass an attitude of receptivity, openness, and equanimity toward present-moment experiences. Although the study of experiential acceptance and equanimity is quite new (15), this orientation has been described as an emotion-regulation skill that may help foster more effective social functioning (16, 17). Specifically, acceptance-skills training offered in mindfulness interventions can help people learn to be equanimous with difficult feelings of loneliness or social disconnect, thereby reducing social threat and obstacles that hinder social engagement (e.g., distress, avoidance, negative biases, or social anxiety) (18, 19). Indeed, we demonstrated that acceptance training is a necessary component of mindfulness interventions for lowering biological reactivity to social evaluative threat (20), an effect that may extend to daily-life social behavior. Here, we tested



Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use

Andrew Steptoe^{a,1} and Daisy Fancourt^a

^aDepartment of Behavioural Science and Health, University College London, WC1E 6BT London, United Kingdom

Edited by Kenneth W. Wachter, University of California, Berkeley, CA, and approved November 20, 2018 (received for review August 27, 2018)

The sense that one is living a worthwhile and meaningful life is fundamental to human flourishing and subjective well-being. Here, we investigate the wider implications of feeling that the things one does in life are worthwhile with a sample of 7,304 men and women aged 50 and older (mean 67.2 y). We show that independently of age, sex, educational attainment, and socioeconomic status, higher worthwhile ratings are associated with stronger personal relationships (marriage/partnership, contact with friends), broader social engagement (involvement in civic society, cultural activity, volunteering), less loneliness, greater prosperity (wealth, income), better mental and physical health (self-rated health, depressive symptoms, chronic disease), less chronic pain, less disability, greater upper body strength, faster walking, less obesity and central adiposity, more favorable biomarker profiles (C-reactive protein, plasma fibrinogen, white blood cell count, vitamin D, high-density lipoprotein cholesterol), health-

England (7). Cross-sectional associations and longitudinal relationships between life being worthwhile and outcomes over a 4-y period were analyzed. We also explored the relationship between time use and having a meaningful life (8), so as to identify patterns of social, solitary, and productive activities over the day.

Results

We analyzed data from 7,304 participants (3,250 men and 4,054 women) in wave 6 (2012) of ELSA. Ages ranged from 50 to over 90 y (mean 67.21, SD 9.11). Worthwhile ratings averaged 7.41 (SD 2.24, range 0–10) and showed a curvilinear association with age (*SI Appendix, Fig. S1*). Ratings of life being worthwhile were slightly higher in women than men (means 7.46 vs. 7.35) and were positively associated with educational attainment and socioeconomic status (SES) ($P < 0.001$; see *SI Appendix, Table S1* for details).



<https://www.belleviecare.co.uk/how-to-combat-loneliness-and-social-isolation/>



**Die Würde
des Menschen
ist ~~nicht~~
unantastbar.**