



Editorial

Commentary: An Innovative Intervention to Reduce Perceived Stress and Loneliness

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The Center for Disease Control has recently declared loneliness a serious public health risk. Loneliness and social isolation increase the risk of depression, anxiety, dementia, premature death, and suicide among older adults.¹ One third of adults over 45 years of age endorse feeling lonely, and the rates of loneliness among older adults increased dramatically during the COVID-19 pandemic.² Currently, there is no consensus on a gold standard psychotherapeutic intervention to adequately address loneliness and social isolation in older adults.³ Novel interventions for this population are sorely needed.

In the current issue of the American Journal of Geriatric Psychiatry, Jeste et al.,⁴ describe a promising innovative psychotherapeutic intervention piloted in 20 nondemented, community-dwelling, older adults (>65 years old) endorsing significant levels of stress and loneliness. The authors hypothesized that their intervention would reduce perceived stress and loneliness by bolstering resiliency and perceived wisdom. In this multiphase-change single case experimental design study, participants underwent three-consecutive 6-week study periods: the first was a control

period (0–6 weeks), followed by a 6-week intervention (6–12 weeks) and then a 6 week follow up time frame (12–18 weeks). During the active intervention period, all participants received 6 hour-long weekly individual sessions focused on resilience and wisdom within a value driven framework. Sessions were delivered via a HIPPA-compliant teleconferencing platform, and outcomes included perceived stress (primary), loneliness (secondary), resilience and wisdom. The authors also examined the feasibility and acceptability of the intervention on session and “homework” adherence.

The findings illustrated that the manualized intervention was well tolerated, as each participant attended all six intervention sessions (100% adherence), and adhered to cognitive behavioral elements of “homework” (81% adherence). These results demonstrated high feasibility and acceptability of this brief remote intervention in this population of older adults. Further, while even the initial 6-week control condition reduced aspects of loneliness and stress, the intervention further mitigated perceived stress and loneliness, with measured improvements in resiliency

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and perceived wisdom. Gains were maintained during the 6-week follow up period.

The design and delivery of the intervention highlight its strengths and novelty. Following the NIMH experimental therapeutics approach to psychosocial interventions, the intervention focuses on the novel modifiable targets of resilience and wisdom. The authors propose that by increasing resilience and wisdom, there will be an improvement in perceived stress and loneliness. The multipronged intervention was informed by the literature on resilience and wisdom and developed following discussions with potential participants. The sessions were interactive and the intervention focused on three main components of perceived stress and loneliness: cognitive, affective, and behavioral. The remote delivery of the intervention was also innovative. Older adults engage in new technologies after they learn how to use them. However, one of the reported barriers to technology use is lack of support to help older adults learn new technologies.⁵ Importantly, to help those older adults who lacked experience with teleconferencing, the research team conducted remote technology training sessions via telephone and provided written instructions. The use of remotely-delivered sessions and training sessions to address knowledge barriers opens new possibilities for older adults with potential mobility limitations (e.g., transportation, disability) and for those who lack the relevant computer and technology skills.

The study paves the way for future research on the important topic of loneliness and stress reduction in older adults. Future adequately powered studies may concentrate on the mediating effects of resilience and wisdom on perceived stress and loneliness in a diverse sample by reaching out to underrepresented groups including racially diverse older adults and those with low formal education. The remote administration of the intervention will tremendously help to reach older adults in areas that are not close to academic centers or other settings that provide psychosocial interventions in person.

Perceived stress and loneliness negatively affect the lives of a significant proportion of older adults. They may lead to poor quality of life, depression, and contribute to suicidal ideation and suicidal behavior. An NIMH and NIA workshop⁶ and a recent NIH funding opportunity on social disconnection and loneliness in older adults and their association with late-life suicide highlight the importance of these topics as research and clinical priorities. The Jeste et al. article provides an excellent example of the development of an intervention with modifiable targets (i.e., resilience and wisdom), critical outcomes (i.e., perceived stress and loneliness), innovative delivery through telehealth, and initial testing of feasibility and acceptability of the intervention. If this innovative intervention is found effective in adequately powered studies, it can provide relief to a large group of vulnerable older adults experiencing stress and loneliness.

DISCLOSURES

The authors have no disclosures to report.

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AUTHOR CONTRIBUTIONS

Both authors contributed equally to the editorial.

DATA STATEMENT

The data has not been previously presented orally or by poster at scientific meetings.

References

1. (CDC) CfDC: Loneliness and social isolation linked to serious health conditions, 2021
2. National Academies of Sciences E: Medicine: social isolation and loneliness in older adults: opportunities for the health care system. Washington, DC: The National Academies Press, 2020
3. Fakoya OA, McCorry NK, Donnelly M: Loneliness and social isolation interventions for older adults: a scoping review of reviews. BMC Public Health 2020; 20:129 <https://doi.org/10.1186/s12889-020-8251-6>
4. Jeste DV, Glorioso DK, Depp CA, et al: Remotely administered resilience- and wisdom-focused intervention to reduce perceived stress and loneliness: pilot controlled clinical trial in older adults. Am J Geriatr Psychiatry 2022; 31:58-64
5. Smith A: Older adults and technology use. 2014
6. Lutz J, Van Orden KA, Bruce ML, et al: Members of the NIMH workshop on social disconnection in late life suicide. Social disconnection in late life suicide: an NIMH workshop on state of the research in identifying mechanisms, treatment targets, and interventions. Am J Geriatr Psychiatry 2021; 29:731-744