



Adapted from
Alzheimer's
Association "Dementia
Safety Net" Algorithm
and supporting
materials

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Best Practices for Serving Older Adults Living Alone

Older Adults Living Alone

Living alone in later life is common. **About 29% of the U.S. population over 65 living in the community lives alone.**

Living alone does not mean someone is **socially isolated or lonely**. However, both of these have been linked to poorer physical and mental health outcomes.

- **Social isolation** is defined as someone lives alone or who may live with someone else but has no caregiver support or inadequate support. Some assessments include larger questions about social networks and contacts.
- **Loneliness** is an unwelcoming feeling of lack of companionship. It is subjective. You can live with people and feel lonely.

When an older person develops physical or cognitive disability or has increased care needs for other reasons, social isolation can pose safety and health risks.

Data: Profile of Older Americans, 2015

Older Adults Living Alone with Dementia

About 1/3 of older adults with Alzheimer's disease or other dementias live alone.

They often have additional risk factors for increased vulnerability as they are more often:

- Older.
- Women.
- Unmarried.
- Never formally diagnosed with dementia, putting them at higher risk of adverse health outcomes.
- Lower income.

Specific consequences:

- Unmet needs, such as help with medication and disease management.
- Higher risk of falls, malnutrition, wandering.
- Higher risk of self-neglect and financial exploitation.

References: Gould et al. Sep 2010 *Issue brief: Providing services for people with dementia who live alone.*; Long E, et al. 2015 *Identifying and Meeting the Needs of Individuals With Dementia Who Live Alone*

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An Approach to Improving Care for Older Adults who Live Alone

Does the older person “live alone”? Yes, if:

- 1) the person lives alone, or 2) the person lives with someone but they provide no meaningful caregiver support or the caregiving support is inadequate

Assess needs:

- 2) Ask the older person about their living situation, current social supports and frequency of contact with other people by phone or in person.
 - a. Does someone see them every day? Do they get out on a regular basis?
 - b. Consider doing the “Live Alone Assessment” to determine if someone with dementia living alone has safety risks. (University of Iowa, 2004)
- 3) Determine if the person is safe. If not, call Adult Protective Services to report.
- 4) Assess cognitive impairment and address related needs. Use a “dementia-informed lens” when reviewing the care of older adults living with dementia.
- 5) Assess for further unmet needs: medical conditions, financial and legal needs, housing and food security, and caregiver needs if applicable.

Make a care plan and appropriate referrals:

- 6) If in need of further cognitive testing or assessment, refer to appropriate services.
- 7) Address unmet care needs: make referrals to caregiver services, home health, sensory care (hearing and vision care), dental.
- 8) Address advance care planning as soon as possible to identify areas of need and to prevent harm from financial or other abuse.
 - a. Key areas: medical, legal and benefits advance care planning
 - b. At a minimum, document surrogate decision maker information and next document person’s expressed wishes and preferences.
 - c. Refer to elder legal experts and services as appropriate.
- 9) Connect to social programs and services. Enlarge the person’s network of social contacts. Engage services that can help with this, such as adult day health programs, senior centers, volunteer organizations that align with person’s interests. Look for friendly visitor programs, such as Little Brothers Friends of the Elderly.
- 10) Improve safety: refer for home safety evaluation, assess for wandering, driving and medication safety at visits.
- 11) Technology can improve feelings of isolation and/or loneliness. Offer referrals to classes and or suggestions for devices and programs, e.g. Skype, etc.

Follow-up:

- 12) Follow-up on action items and social isolation markers at regular intervals.
- 13) Older adults have the right to refuse services. In these cases, continue to follow them for safety concerns and decline and review these steps at regular intervals. Report to APS as needed for safety concerns.

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