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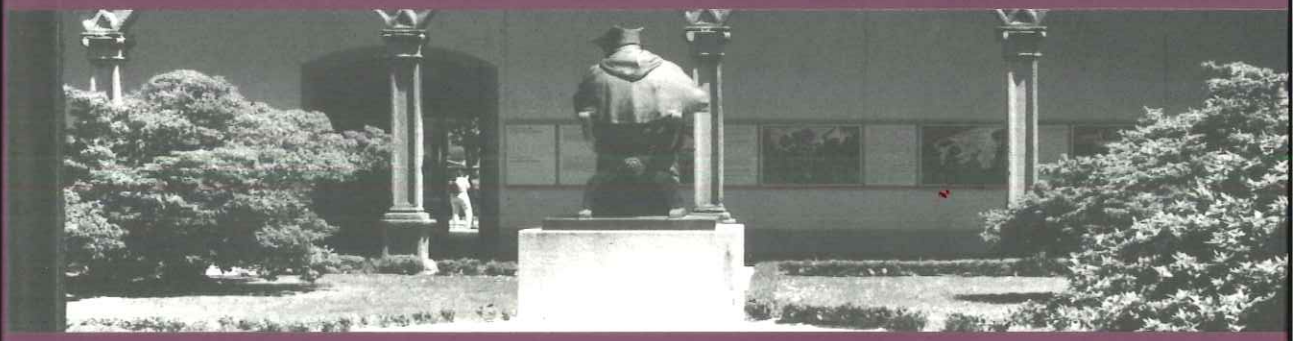

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Loneliness and mental health in community-dwelling Spanish older adults

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Introduction: International studies have found loneliness in older adults to be inversely related to mental (e.g., depressive symptomatology, perceived stress) and physical health (functional ability, perceived and objective health- especially, cardiovascular and immune). Despite being one of Spanish older adults' main fears, we do not have much empirical evidence regarding its correlates in our cultural context.

Method: The initial sample consisted of 270 older adults randomly selected from the census of the city of Salamanca. A 30,3% of these older adults showed MMSE scores suggestive of possible cognitive impairment (≤ 25) and thus were excluded from the analyses. The final sample consisted of 181 participants (Mean age:74,7; SD:6,4; age range:65-94). Mental health was assessed through the Short Psychiatric Evaluation Schedule (SPES), a 15-item scale assessing depressive and somatization symptoms. Loneliness was measured through 2 items from the OARS assessing, specific and respectively, the perception of loneliness (or how often do you feel alone) and the satisfaction with the frequency of contact with family and friends (or do you see your relatives and friends as often as you want). Perceived health was assessed with an item from the OARS.

Results: Only a 3,9% of the participants reported frequent feelings of loneliness, although a 42,5% of them reported not seeing their relatives and friends as often as they would like. Women reported more loneliness than men ($t=3,0$; $p<0,01$), and widows/widowers perceived more loneliness than both married and single participants ($F=9,5$; $p<0,001$). The perception of loneliness is associated with worse perceived health ($Chi2=17,9$; $p<0,01$). Results of a hierarchical regression analysis controlling for age and sex (in the first step) and functional ability (second step) showed that the perception of loneliness was a significant predictor of scores on global mental health ($ß = .40$; $p < .01$). This regression model explains a 36% of variance in mental health, with the inclusion of loneliness in the third step leading to the highest increment in R2 (Change in $R2=0,128$; $p < .001$).

Conclusion: Results of this study contribute to the clarification of the correlates of loneliness in Spanish older adults and highlight the relevance of this variable as a potential predictor of older adults' mental health (depressive and somatization symptoms).