

Canadian Oncology Nursing Journal

Revue canadienne de soins infirmiers en oncologie

Volume 35, Issue 6 • 2025
eISSN: 2368-8076



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

Loneliness and older adults living through cancer

At the recent conference of the Multi-national Association of Supportive Care in Cancer (MASCC), I heard an interesting presentation by Enrique Solo-Perez de-Celis (USA) and Imogen Ramey (Australia) on loneliness in older adults with cancer. The presentation left me wondering about how much attention we pay to this concern in the older adults we see in our daily practice. Given the expected increase in older adults we will be seeing in our cancer settings, I thought I would share a few of the insights that emerged for me following the presentation.

Loneliness is defined as feelings of sadness or distress about being isolated or lacking companionship. It includes emotional, existential and social aspects. Individuals feel a sense of separation and lack of social connection.

Loneliness is a major public health issue and has been reported for between 20% to 34% of older adults. It is associated with premature death for between 26% and 29% of this population, a figure similar to premature deaths from obesity and smoking. The World Health Organization has issued a call to action for developing and implementing interventions for this issue.

In cancer-related work, a literature review identified 19 studies and reported between 22% to 57% of older patients (≥ 65 years) experienced an association of loneliness with increased anxiety and depression. Factors affecting the experience of loneliness are related to demographic characteristics (e.g., older age),

life events (e.g., widowhood), culture, family relationships, and community situations. Low social contact and lack of psychosocial support can be predisposing factors. Only one intervention study for loneliness in cancer patients was found and none linking it to cancer outcomes.

The cancer journey is one that could easily result in feelings of isolation and loneliness with associated decrease in quality of life and heightened sense of suffering from symptoms and side effects. The functional impacts of cancer and its treatment can restrict usual activities and, thus, reduce interactions with others. The decrease in social activities can mean loss of social networks and support. Stigma and society perceptions of cancer can easily result in avoidance by others. And as time unfolds after diagnosis, there is potential for these trends to continue.

For those who live on their own and feel alone, one can imagine there may be personal concerns. Who will know if something happened to them at home and come to help? Who will remind them about their medications if they are experiencing 'brain fog'? Who will advocate for them if they could not speak up for themselves? Who will 'go to bat for them' if they needed something or were not getting the help they needed? How will they remember everything the doctor and nurse told them once they are home? What do they do about getting to and from appointments if there are no family members or friends who can help them?

I cannot help but think we need to be aware of these potential issues for older adults in general, but pay particular attention to those who may be experiencing loneliness. There are tools to help with assessing loneliness (UCLA Loneliness Scale, for example), but you can also just ask. Sit down and focus on talking with them about their concerns, what are they worried about, and who they have to help them at home. Help them think about who they can turn to for assistance when they are at home.

Generally, increasing opportunities for social interactions, especially with other older adults living through a similar cancer experience, is the first step in offsetting loneliness. But it may not be enough for some individuals. Increasing social skills and confronting maladaptive social cognitions may be required. These latter interventions may require collaboration with your social work, psychology, or chaplaincy colleagues. Digital solutions have been suggested, but preliminary work has indicated these are not necessarily the solutions for our older adults at this time. Nothing can really substitute for the listening ear and support of an individual in close proximity at this difficult time.

Margaret I. Fitch, RN, PhD
Editor in Chief, CONJ
Toronto, Ontario

Catherine E. Bartlett, Bmus, Bed, MMus
Associate Pastor for Seniors
Moncton, New Brunswick