



HALO: Health and Loneliness in Older Adults

Dr Caoimhe Hannigan

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Loneliness and Health

10% of
older adults in
Ireland - chronic
loneliness
(Harvey & Walsh,
2016)

- Depression (O'Luanagh & Lawlor, 2008)
- Risk of mortality (Leigh-Hunt et al, 2017)
- Cognitive impairment (Gine-Garriga et al, 2021)
- Dementia (Sundstrom et al, 2019)

2022
14.8%

2051

26%

Population of Ireland
aged 65+
(Sheehan & O'Sullivan, 2020)



YOU'RE NOT ALONE

Befriending: A promising intervention?

- Positive impact on mental health and psychological wellbeing (Lee et al, 2022)
- Reduced loneliness? (Hannigan et al, 2015; Siette et al, 2017)
- Social relationships positively impact health (Golden et al, 2009)

Study Aims

To investigate whether befriending reduces the negative impact of loneliness on health

- Health-related quality of life
- Cognitive function

To develop a theoretical understanding of mechanisms through which befriending might impact health



Mixed Methods Design

1. Quantitative Trial

- Single-case, experimental, non-concurrent, multiple baseline, 'AB' design
- Naturalistic setting – flexibility
(Kazdin, 2000)

86 Older Adults aged 60+

- New referrals to ALONE befriending
- Self-report loneliness
- Able to give informed consent

- **Health Related Quality of Life** - EQ5D-5L
- **Cognitive Function** - Letter and Category Fluency subtests of DKEFS
- **Loneliness** - UCLA Loneliness Scale

- **13** timepoints over **6 months**
- Minimum **2 pre-intervention** timepoints
- **2** week intervals

Mixed Methods Design

2. Qualitative Study

- Constructivist grounded theory framework (Charmaz, 2006), informed by the principles of dyadic analysis (Eisikovits & Koren, 2010)

13 Befriender-Service User Dyads

- Matched for at least 1 year
- Able to give informed consent

- Phone based **individual interviews**
- Focused on **mechanisms** through which befriending impacts health

- Analysed **dyadically**
- Transcripts **coded** to identify **mechanisms**
- **Overlap and contrast** in dyadic accounts

Preliminary (!) Findings

Overall **decline in HRQOL** over 6 months

Befriending intervention associated with **less decline** in HRQOL over time

Befriending intervention **reduced the negative impact of loneliness** on HRQOL

Preliminary Qualitative Findings

Exercise

**Access to
Healthcare**

Food

**Providing
Advice**



Preliminary Qualitative Findings

Confiding

"I think I just needed someone to be able to talk to. And to be able to say what I can't say to the rest of them...she's gone through tears and everything with me"

"I think at times it's like she has a safe space...I think it's nice for her to be able to have that space and talk about it"

"[Befriender] being jolly and happy, and having a joke is a good thing...laughs are the best medicine"

Providing Cheer



Next Steps...

Dissemination

- 3 conferences
- 2 journal articles
- Lay report

Translation

- Policy
- Practice

Event

- Launch of lay report

Further Research

- Funding applications

Team



Dr Joanna
McHugh
Power



Eimile Holton



Prof Brian
Lawlor



Prof Frank
Kee



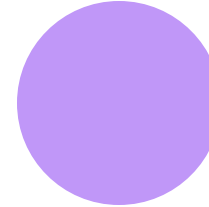
Prof Tom
Scharf



Prof Cathal
Walsh



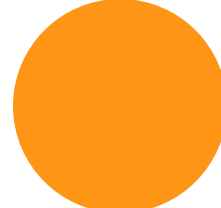
Dr Robert
Coen



Natalie
Johnson



Sean
Moynihan



Vicky
Leatham



YOU'RE NOT ALONE

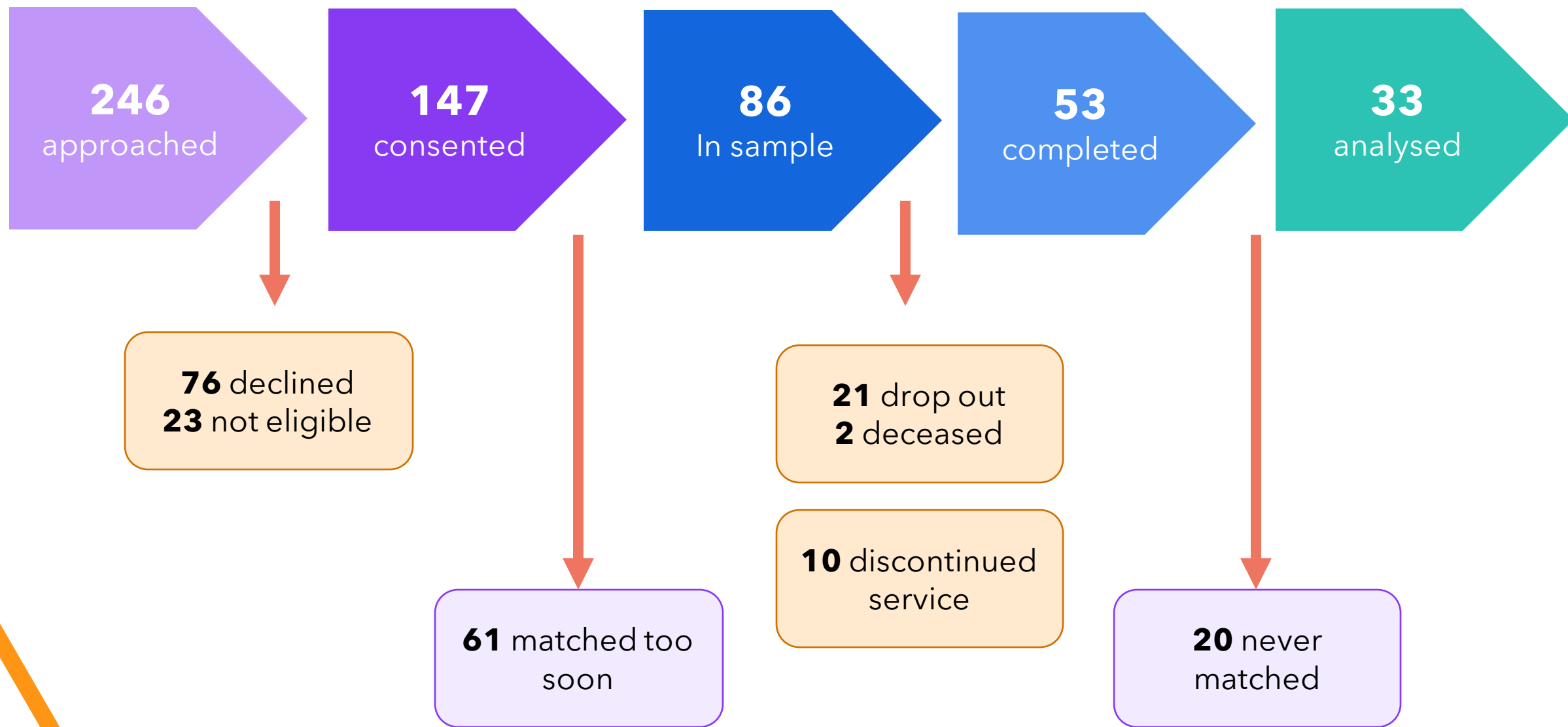


Thank you

Dr Caoimhe Hannigan

caoimhe.hannigan@ncirl.ie


Study Protocol: [HALO: Study protocol for a single-case experimental design study evaluating the moderating impact of a befriending intervention on the association between loneliness and health in older adults - PMC \(nih.gov\)](#)





Demographics

Quantitative Trial

- Mean age = 75
 - 51.3% Male
 - 85% living alone
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Qualitative Study

Service Users

- 69-96 years
- 77% female

Befrienders

- 24-47 years
- 77% female