Abstract

Older Adults, Loneliness, and Social Isolation in Cancer: Clinical Factors and Equity Dimensions—A Rapid Review

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Introduction. Cancer incidence is increasing, particularly among older adults, who are also at increased risk of social isolation and loneliness. These conditions may affect health outcomes and may be shaped by inequities related to social position and living circumstances. This rapid review aimed to examine the relationship between cancer, loneliness, and social isolation among adults aged 65 years or older and to explore the relevant equity dimensions.

Methods. A rapid review was conducted in accordance with Cochrane guidance. PubMed, Embase, and Web of Science were searched for primary studies involving adults aged 65 years or older that examined cancer in relation to loneliness or social isolation. Extracted data included study characteristics, clinical and treatment-related information, equity dimensions based on the PROGRESS-Plus framework, prevalence estimates, and reported associations.

Results. Of 1,606 records assessed, six studies were included. Among patients with breast or colorectal cancer, the likelihood of loneliness was higher in those without a partner (OR = 2.69, 95% CI 1.54–4.69), with persistent fatigue (OR = 2.83, 95% CI 1.46–5.50), persistent cognitive impairment (OR = 3.09, 95% CI 1.41–6.76), or newly diagnosed cognitive impairment (OR = 2.78, 95% CI 1.35–5.72). Among patients with digestive system cancer, disease stage ($p = 0.001$), disease duration ($p = 0.022$), and awareness of the disease ($p = 0.001$) were associated with loneliness. Evidence concerning social isolation was limited; however, social isolation was identified as an independent predictor of mortality among patients with gastrointestinal, breast, genitourinary, or lung cancer (HR = 1.12, 95% CI 1.07–1.17; $p < 0.001$) and was associated with subclinical or clinical anxiety and depression (both $p < 0.001$). No data were identified regarding associations between loneliness or social isolation and cancer treatment. Loneliness and social isolation were positively correlated among patients with breast or

prostate cancer ($r = 0.45$; $p < 0.05$). Equity-related predictors of loneliness included family ties, living arrangements, socioeconomic status, and sex, whereas social isolation was associated with sex and income.

Discussion. The limited evidence and substantial clinical and methodological heterogeneity prevented meaningful comparison of loneliness and social isolation prevalence across cancer types. Nevertheless, the findings support incorporating the systematic assessment of these conditions into care models for older adults with cancer. Addressing the underlying inequities may help reduce their health burden. Because of their competencies and close contact with patients, nurses are well positioned to identify these vulnerabilities at an early stage.

Keywords: Oncology Nursing, Loneliness, Social Isolation, Older Adults, Health Equity

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