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| Social Isolation, Frailty and Health outcomes in Community-Dwelling Older Adults: A Scoping Review |
| **Background/Objectives:** Over the past decade, the quantity and quality of social relationships in later life have become one of the main challenges facing aging society. Globally, up to 50% of older people are at risk of social isolation and about one-third of seniors experience loneliness in later life. To date, the several reviews of the relationship between social isolation and health, have yet to focus on frailty. Our objectives were to identify the state of research on the relationship between objective and subjective aspects of social isolation and frailty and their health outcomes among community-dwelling older adults and to point out gaps in the literature.  **Methods:** We searched articles published in English or French from 2001 up to June 2018 in the following databases: Medline, Embase, CINAHL Plus, Scopus, Web of Science and PsycINFO.  **Results:** Our database search resulted in 4001 articles of which 21 papers from 13 different countries were eligible. Most of the studies were cross-sectional (57%), conducted in Europe (61%), and measured the phenotype of frailty (90%). Papers were reviewed, with a focus on the association between *“social isolation and frailty*” and on the association between *“social isolation, frailty, and their health outcomes*”. Regarding the association between *“social isolation and frailty*”, several studies demonstrated significant associations between social networks, social participation, loneliness, and frailty. However, the effect of social support on frailty was not clear. Few studies looked at the association between “social isolation, frailty and, health”. Social support and social participation were the most commonly measured aspect of social isolation while no study looked at the effects of social isolation and loneliness on frailty and health. All studies have shown that frailty was significantly associated with poor health outcomes including functional decline, falls, rehospitalization, and mortality. However, the nature of the effects of social support and social participation on frailty and health outcomes varied based on gender, social context, lifestyle and how frailty and social isolation are assessed.  **Discussion:** Little attention has been given to the role of subjective aspects of social isolation. Longitudinal research examining multidimensional social isolation is warranted. Policymakers should give more attention to social equality and gender equality.  **Keywords:** Social Isolation, Frailty, Health, elderly |