

4. Aji BM, Larner AJ. Screening for dementia: is one simple question the answer? *Clin Med.* 2015;15:111-112. <https://doi.org/10.7861/clinmedicine.15-1-111>

5. Aji BM, Larner AJ. Screening for dementia: single yes/no question or Likert scale? *Clin Med.* 2017;17:93-94. <https://doi.org/10.7861/clinmedicine.17-1-93>

DOI 10.1002/gps.4769

Social media and loneliness among community-dwelling older adults

Throughout the world, adoption rates for social network sites in individuals aged 65 to 74 have increased tremendously the last couples of years.¹ With a large group of older adults having internet access, social media, defined as tools and platforms for consuming, cocreating, sharing, and modifying user-generated content,² is opted as a potential solution to loneliness.

Literature showed that when several barriers regarding social network sites (SNS) such as privacy, technical difficulties, and the fact that the majority of web designs do not yet consider the needs of older individuals were addressed, SNS could be considered a tool to support communication in older individuals.^{3,4} However, in a cross-sectional study conducted in 2014, no relation between social media usage and loneliness was detected in community-dwelling older adults.⁵ Hence, the primary purpose of this study was to examine what attitudes older adults have towards social media. An understanding of the opinions, views, ideas, and feelings of community-dwelling older individuals regarding SNS and its relation to loneliness is critical before social media can be further promoted as a possible instrument in the fight against loneliness.

Qualitative research with semistructured interviews were conducted. The study population included community-dwelling older adults aged 60+ residing in the Netherlands. Only persons who used social media were included. The interview guide, which was based on the available literature,³⁻⁵ ensured that the same set of topics was covered in all interviews: (1) attitudes regarding social media, (2) feelings related to social media, and (3) social media and well-being. Recorded interviews were transcribed verbatim and analyzed by open and axial coding. Afterwards, all codes were clustered based on similarity and grouped into themes; the interpretation of the main themes were discussed among the (senior) researchers. Saturation (no more themes arose) was reached. Participants received an information letter and provided written informed consent.

In total, 22 older adults were interviewed: 17 women and 5 men (mean age, 71.6). Applications such as Facebook, Facetime, and Whatsapp were used. Table 1 shows the themes that arose from the interviews. The results indicate that all participants relate social media to positive feelings such as enjoyment and "fun". Nevertheless, participants do not perceive social media as a necessity; the majority of participants are keen to mention that social media cannot replace real-life contact. Physical contact, such as a hug or a cuddle, is perceived necessary by all participants when engaging in social contact. However,

several participants did mention that contact by social media is preferred over and above no social contact at all. When real-life connectedness is decreased, e.g. because of geographical distance and mobility limitations, social media might serve as a source to stay socially connected. Especially for people who are homebound and for whom offline social contact might be problematic, social media is perceived as a helpful option. When participants were asked how social media and loneliness were related, participants reported that they did not believe social media has the ability to decrease a person's feelings of loneliness.

Interestingly, almost all participants made references to their inability to install or use social media; the assistance of children or grandchildren was required. This seems to imply that the accessibility of an offline social network is a prerequisite for online social contact. People who might already perceive themselves as lonely might not have the availability to an offline network in order to get socially engaged online. This seems counterintuitive to the argument that social media has the potential to overcome loneliness.

TABLE 1 The four themes that arose from the interviews

Reasons for using social media	"My children told me to use Whatsapp because it would make contact much easier." "The whole world evolves around it. I started to use it to keep up."
Help needed by offline network	"They made an account without me knowing. I didn't know what to do with it, but after a while, with a lot of explaining from my grandchildren, I started to understand it... well, I can use it I mean." "To be honest, I do not fully understand social media. My children installed it at the time, otherwise I would have no idea."
Social media is related to positive feelings	"When something happens to my grandchild, I will have the corresponding picture in less than two minutes. I think that's the biggest added value." "I have a niece in America. I never see her, but it's nice that I can send her a message once in a while. Calling her would just be too expensive."
Social media are no necessity	"People can be really lonely and neglect themselves. I do not think that social media can solve such a problem". "No, absolutely not. It [offline contact] is no comparison. I do not even know how to describe it....No, just no."

All quotations were translated from Dutch to English.

Future studies should focus on less healthy individuals; how would community-dwelling home-bound individuals perceive social media? It could be argued that these older adults do perceive social media more as a necessity in order to stay socially connected. Future work should also investigate if the amount of self-disclosure plays a role in the way social media is perceived.

CONFLICT OF INTEREST

No conflict of interest to declare.

Key points

- Older adults appreciate social media, from talking to people abroad to arranging meetings with people who live “next door.”
- Social media seems to aid people in being socially active, but seems to be no replacement for offline contact.
- All participants needed assistance in installing or using social media.
- People who might already perceive themselves as lonely might not have access to an offline network in order to get online connected, which seems counterintuitive to the argument that social media can overcome loneliness.

ACKNOWLEDGEMENTS

The author would like to thank Ricardo van Helvert, Saskia van den Wildenberg, Melissa Plat, Munira Ibrahim, Joost van Hoof, and all the participants.

Sil Aarts 

School for Allied Health Professions, Fontys University of Applied Sciences, Eindhoven, The Netherlands

Correspondence

Dr Sil Aarts, Fontys Paramedische Hogeschool, Dominee Theodor Fliednerstraat 2, 5631 BN Eindhoven, The Netherlands.
Email: s.aarts@fontys.nl

REFERENCES

1. Smith A. PewResearchCenter. Older adults and technology use: main findings. 2014. Retrieved from <http://www.pewinternet.org/2013/12/30/social-media-update-2013/>
2. Kaplan AM, Haenlein M. Users of the world, unite! The challenges and opportunities of social media. *Bus Horiz*. 2010;53(1):59-68.
3. Leist AK. Social media use of older adults: a mini-review. *Gerontology*. 2013;59(4):378-384. <https://doi.org/10.1159/000346818>
4. Nef T, Ganea RL, Muri RM, Mosimann UP. Social networking sites and_ older users—a systematic review. *Int Psychogeriatr*. 2013;25(7):1041-1053. <https://doi.org/10.1017/S1041610213000355>
5. Aarts S, Peek ST, Wouters EJ. The relation between social network site usage and loneliness and mental health in community-dwelling older adults. *Int J Geriatr Psychiatry*. 2015;30(9):942-949. <https://doi.org/10.1002/gps.4241>

DOI 10.1002/gps.4779

From Diogenes syndrome to Asperger's syndrome?

Diogenes syndrome is a controversial clinical entity which refers to a severe self-neglect, domestic squalor, social withdrawal, hoarding behaviour, and lack of concern about one's living conditions. This syndrome, originally described by Clark in 1975, was supposedly concerning elderly people without mental illness.¹ However, many publications have emphasized that this behaviour was actually often associated with neurological or psychiatric conditions since.²

We report the case of a woman presenting a Diogenes syndrome. Her house was unhealthy and cluttered with syringes, medical supplies, expired drugs, and all kind of obsolete cosmetic products. Her refrigerator was filled with out-of-date foodstuffs. Because of the mess, she had no place left to sleep. She was a 68-year-old widow. She used to have a very exclusive relationship with her husband before he passed away. She was a former nurse declared medically unfit to work several years before the age of retirement. According to her 2 daughters, she had always been aloof, with a poor social network because of her inability to maintain relationships. She was described like an easily irritable and angry person, especially when facing unusual situations.

During examination, her relational interaction was strange with lack of emotional reciprocity. Her speech was stereotyped with fixated interests. She was egocentric and stubborn, with mental rigidity. She claimed her right to choose her way of life, had no conscious her house was unhealthy, and considered her hoarding behaviour as normal. She was not able to understand her daughters' worries. The neuropsychological assessment did not reveal any intellectual, memory, or instrumental dysfunction, but she was suffering from inhibition impairment, difficulties in problem solving tasks involving the use of a context, and had altered abilities in emotional facial recognition tasks. MRI showed no abnormality, especially in frontal areas.

In elderly people, Diogenes syndrome has been reported to be associated with dementia or psychotic disease. In regard to this patient, there was no evidence of neurodegenerative disease. Psychiatric evaluation did not reveal hallucinations, delusions, or disorganised thinking in favour of schizophrenia. The Diogenes syndrome shares clinical features with Asperger's syndrome: impairment of social and emotional interaction, egocentric attitudes, mental rigidity, and