



Review

# Social Isolation and Social Support Influence Health Service Utilisation and Survival after a Cardiovascular Disease Event: A Systematic Review

Rosanne Freak-Poli <sup>1,2,\*</sup> , Jessie Hu <sup>2</sup> , Aung Zaw Zaw Phyo <sup>2</sup> and S. Fiona Barker <sup>2</sup> 

<sup>1</sup> School of Clinical Sciences at Monash Health, Monash University, Melbourne, VIC 3168, Australia

<sup>2</sup> Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC 3004, Australia

\* Correspondence: rosanne.freak-poli@monash.edu

**Abstract:** Both cardiovascular disease (CVD) and social health carry high health and economic burdens. We undertook a systematic review to investigate the association between social isolation, low social support, and loneliness with health service utilisation and survival after a CVD event among people living in Australia and New Zealand. Four electronic databases were systematically searched for the period before June 2020. Two reviewers undertook the title/abstract screen. One reviewer undertook a full-text screen and data extraction. A second author checked data extraction. Of 756 records, 25 papers met our inclusion criteria. Included studies recruited 10–12,821 participants, aged 18–98 years, and the majority were males. Greater social support was consistently associated with better outcomes on four of the five themes (discharge destination, outpatient rehabilitation attendance, rehospitalisation and survival outcomes; no papers assessed the length of inpatient stay). Positive social health was consistently associated with better discharge designation to higher independent living. As partner status and living status did not align with social isolation and social support findings in this review, we recommend they not be used as social health proxies. Our systematic review demonstrates that social health is considered in cardiac care decisions and plays a role in how healthcare is being delivered (i.e., outpatient, rehabilitation, or nursing home). This likely contributes to our finding that lower social support is associated with high-intensity healthcare services, lower outpatient rehabilitation attendance, greater rehospitalisation and poorer survival. Given our evidence, the first step to improve cardiac outcomes is acknowledging that social health is part of the decision-making process. Incorporating a formal assessment of social support into healthcare management plans will likely improve cardiac outcomes and survival. Further research is required to assess if support person/s need to engage in the risk reduction behaviours themselves for outpatient rehabilitation to be effective. Further synthesis of the impact of social isolation and loneliness on health service utilisation and survival after a CVD event is required.

**Keywords:** social isolation; social support; loneliness; cardiac rehabilitation; cardiovascular diseases; rehabilitation; interpersonal relations



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## 1. Introduction

Cardiovascular disease (CVD) is the leading cause of death globally [1] and carries a high economic burden, which is driven largely by productivity and direct healthcare costs [2,3]. It is essential to identify factors that influence health service utilisation and subsequent CVD events, to mitigate the significant health and economic burden of CVD. Poor social health is a modifiable risk factor for CVD [4] and mortality [5] and also carries a high health and economic burden. Social health refers to a person's ability to form fulfilling, meaningful relationships; a person's ability to adapt in social situations; and support from other people, institutions, and services. The concepts of social isolation, loneliness, and social support are often discussed in relation to social health. How these concepts are defined

# Social Support And Cardiovascular Disease

**JS Bruner**



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