

**Results:** After 10 sessions of tDCS stimulations, the total CASI scores in the 1-week group improved significantly from baseline to 2 weeks. However, there are no significant difference in MMSE, CASI or WCST between baseline and after maintain phase stimulations in each group.

**Conclusion:** Although tDCS has a positive effect in AD, it is recommended to prolong the number of tDCS stimulations, such as 20 sessions in 4 weeks.

## **FC3: “Empowering Health & Social Service Providers in Addressing Social Isolation & Loneliness in Older Adults”**

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“Social isolation among older adults is associated with increased change of premature death; depression; dementia, disability from chronic diseases; poor mental health; increased use of health and support services; reduced quality of life; poor general health; and an increased number of falls.” (National Academies of Sciences, Engineering, and Medicine (2020).

Without question, the global pandemic has significantly exacerbated both the prevalence and awareness of social isolation and loneliness as a growing health and societal challenge for older populations.

“Because of growing calls for Canada’s health-care systems to identify, prevent and mitigate loneliness as part of COVID-19-related public health efforts, there is a unique opportunity to build capacity to identify and intervene with older adults who are experiencing social isolation or loneliness.” National Institute on Aging (2022).

Over the past two decades, the Canadian Coalition for Seniors’ Mental Health (CCSMH) has developed a number of internationally recognized clinical guidelines in support of mental health for older adults. CCSMH is responding to the growing mental health crisis of isolation and loneliness with the development of evidence-based guidelines, to support the vital work of health and social service providers across Canada. The focus of these guidelines is to develop a broad range of evidence-based, manageable, and stepped care approaches to identify and address social isolation and loneliness in older adults. It is recognized that this topic is extremely complex and vast in potential scope. Through the guidance of a national working group of experts, these guidelines will draw upon both academic and grey literature, as well as on the experience of a diversity of health and social service providers, older adults, and their caregivers. This project will also provide guidance, promoting wellness and reducing the risk of social isolation with targeted messaging, knowledge translation and useful tools for supporting social connection among those at highest risk.

This presentation will share the Guidelines’ preliminary recommendations, as well as data from two national surveys alongside other insights gained from ongoing research and stakeholder engagement.