Key

Characteristics ………………………………………………………………………in green
Guidance (to Caregivers, Providers, and Professionals) ...………………………………in yellow
Institutionalization/Hospitalization……………………………………………………….in blue
Risk/Safety Concerns…………………………………………………………..…...in gray
Service Use...…………………………………………………………………...………in pink
Utilization of Technology……………………………………………………………….in red

4 studies before the year of 2021:

1. **People with dementia living alone: What are their needs and what kind of support are they receiving?** Guidance (to Caregivers, Providers, and Professionals) Service Use

Citation: Miranda-Castillo C, Woods B, Orrell M. People with dementia living alone: what are their needs and what kind of support are they receiving? Int Psychogeriatr. 2010 Jun;22(4):607-17. doi: 10.1017/S104161021000013X. Epub 2010 Mar 10. PMID: 20214844.

Category: Qualitative

Summary:

Background: In the U.K. about 141,460 people with dementia (PWD) live alone. They are at risk of social isolation and inadequate social and medical supervision. The aims of this study were to identify the needs of PWD living alone and to compare the needs of PWD living alone versus those living with others. It was predicted that PWD living alone would have significantly more unmet needs than those living with others.
Methods: 152 PWD were interviewed about their cognitive status and quality of life (QoL); and 128 informal carers were interviewed about the PWD's QoL, social networks, behavioral and psychological symptoms (BPSD), functional status, and services used. For 24 PWD no carer was available. Carers were also interviewed about their own symptoms of depression, anxiety, burden, and satisfaction. Researchers rated PWD's needs. One-third of the PWD (50) were living alone.
Results: PWD living alone had significantly more unmet needs ($M = 3.9$, s.d. 3.1) than those living with others ($M = 2.0$, s.d. 2.0) ($U = 1578$, $p < 0.01$) particularly in the areas of looking after home ($\chi2 = 17.23$, $p < 0.001$), food (chi2 = 13.91, $p < 0.002$), self-care (chi2 = 10.23, $p < 0.002$) and accidental self-harm (chi2 = 16.51, $p < 0.001$). The most frequent unmet needs were daytime activities (27, 54.0%), company (26, 52.0%), psychological distress (22, 44.0%), eyesight/hearing (16, 32.0%), and accidental self-harm (16, 32.0%).
Conclusion: PWD living alone are a vulnerable group who are at increased risk for unmet social, environmental, psychological and medical needs. This study illustrates the need to identify these individuals and to make provisions among social service agencies to monitor their well-being regularly and provide a higher level of support when needs are identified.

2. Living alone with dementia: Prevalence, correlates, and the utilization of health and nursing care services. Characteristics Service Use

Citation: Eichler T, Hoffmann W, Hertel J, Richter S, Wucherer D, Michalowsky B, Dreier A, Thyrian JR. Living Alone with Dementia: Prevalence, Correlates and the Utilization of Health and Nursing Care Services. J Alzheimers Dis. 2016;52(2):619-29. doi: 10.3233/JAD-151058. PMID: 27031480; PMCID: PMC4927920.

Category: Study based on RCT

Summary:

Background: Little is known about the proportion and the characteristics of community-dwelling people with dementia (PWD) living alone in Germany.
Objectives: To analyze the prevalence of PWD living alone (with and without the support of an informal caregiver) and socio-demographical and clinical characteristics as well as health and nursing care utilization associated with living alone.
Methods: DelpHi-MV (Dementia: Life- and person-centered help in Mecklenburg-Western Pomerania) is a general practitioner-based, randomized controlled intervention trial. The present analyses are based on baseline data of 511 patients (≥70 years, community-dwelling) who had screened positive for dementia (DemTect <9).
Results: N = 251 (51%) of the patients lived alone. PWD living alone were statistically significantly more often female, older, and more often widowed than those not living alone. About 9% of the patients (n = 24) were not supported by any informal caregiver. Regarding the clinical variables (cognitive and functional impairment, depression, falls, number of drug-related problems, malnutrition, quality of life), there were no statistically significant group differences. Patients living alone utilized professional services such as home care, help with medication, home-delivered meals, or housekeeping assistance significantly more often. Multivariate analyses confirmed these findings.
Conclusion: Our results reveal the high proportion of PWD living alone in Germany. PWD living alone did not seem to be at an increased health risk. Our findings indicate that living alone with dementia is possible. In order to ensure the sufficient provision of health and nursing care services for PWD living alone, providers should consider the present results for future planning.

3. Living alone with mild-to-moderate dementia: Findings from the IDEAL cohort.

Citation: Clare L, Martyr A, Henderson C, Gamble L, Matthews FE, Quinn C, Nelis SM, Rusted J, Thom J, Knapp M, Hart N, Victor C. Living Alone with Mild-To-Moderate Dementia: Findings from the IDEAL Cohort. J Alzheimers Dis. 2020;78(3):1207-1216. doi: 10.3233/JAD-200638. PMID: 33104029.

Category: Cross-sectional data

Summary:

Background: A significant proportion of people with dementia live alone, but little is known about their specific needs.
Objective: To understand the profile of people living alone with mild-to-moderate dementia in the UK and identify any systematic differences associated with living situation.
Methods: We analyzed cross-sectional data from 1,541 people with mild-to-moderate dementia and 1,277 caregivers participating in the IDEAL cohort at the first wave of assessment.
Results: There were 1,256 (81.5%) people with dementia living with others and 285 (18.5%) living alone, of whom 51 (3% of whole sample) reported little or no informal support. There were relatively few differences associated with living situation and odds ratios were generally small. People living alone were older on average, and more likely to be female, than those living with others. Those living alone were more likely to have higher cognitive ability and self-reported functional ability, and more social contact with those from other households. They were also lonelier, expressed less satisfaction with life, and used home care services and equipment more. There were no differences in symptoms, mood, quality of life, or well-being.
Conclusion: The findings support the view that it is possible to 'live well' with mild-to-moderate dementia while living alone, given appropriate support, including home care and equipment. Nevertheless, it is important to consider how those living alone may be supported to have a more satisfactory experience, and how health and social care services can best respond to their needs.

4. **"Living Alone and Risk of Dementia: A Systematic Review and Meta-Analysis"** (2020) Characteristics Risk/Safety Concerns

Citation: Read, S., Comas-Herrera, A., & Grundy, E. (2020). *Living alone and risk of dementia: A systematic review and meta-analysis*. Ageing Research Reviews, 62, 101122. https://doi.org/10.1016/j.arr.2020.101122

Category: Systematic review and Meta-Analysis

Summary:

Objective: To systematically review longitudinal studies on living alone and incident dementia, to pool the results in a meta-analysis and calculate the population risk.
Methods: Embase, Medline and PsycInfo were searched from inception to August 2019 for longitudinal cohort studies of people living alone and risk of dementia. Relative risks (RR) were extracted and effect sizes pooled, with a sensitivity analysis for risk of bias (QUIPS quality rating tool). Population Attributable Fraction (PAF) was calculated, with prevalence of living alone calculated from UK Census data.
Results: Twelve studies were identified for inclusion, nine of which had low risk of bias. The pooled effect size indicated an elevated risk of incident dementia when living alone (all studies RR = 1.30; 95 % CI: 1.15-1.46; low risk of bias studies (RR = 1.31; 95 % CI: 1.13-1.51). The PAF for living alone was 8.9 %.

Conclusions: Social isolation is a more important risk factor for dementia than previously identified, with living alone associated with greater population risk than physical inactivity, hypertension, diabetes and obesity.

Studies 2021 and after

1. **The Living Alone with Cognitive Impairment (LACI) Project** (2021) Guidance (to Caregivers, Providers, and Professionals)

Citation: Gilmore-Bykovskyi, A. L., Hunt, L. J., Abebe, E., & Werner, N. E. (2021). *The Living Alone with Cognitive Impairment Project: Addressing long-term services and supports for a growing population*. Alzheimer's & Dementia, 17(S9), e055783. https://doi.org/10.1002/alz.055783

Category: Qualitative

Summary:

Background: There are an estimated 4.3 million people living alone with cognitive impairment (PLACI) in the United States. The COVID-19 pandemic and the isolation incurred by shelter-in-place has likely exacerbated cognitive impairment in older adults who live alone. Access to formal long-term services and supports (LTSS) is critical to this population because they lack cohabitants to assist with activities of daily living and navigating LTSS. The Living Alone with Cognitive Impairment (LACI) Project seeks to bridge research and policy to develop actionable and timely policy recommendations to address the needs of PLACI through new expansions of LTSS.
Methods: Seventeen Policy Advisory Group (PAG) members were recruited, including representatives from state and local government, dementia and aging advocacy organizations, LTSS providers, and LTSS policy experts. A total of 17 individual meetings were conducted with PAG members and one webinar convening of the group.
Results: The PAG identified preliminary recommendations in three areas, including: 1) important areas of inquiry for qualitative and quantitative research to address the needs of PLACI, 2) best practices for addressing equity across diverse racial/ethnic minority groups, and 3) preliminary policy recommendations that leverage existing innovations at the state and federal level. The LACI Project team is actively incorporating the PAG feedback by: a) modifying research questions for the quantitative and qualitative research, b) convening a Community Advisory Group to ensure that the research is guided by diverse community members, and c) crafting preliminary policy recommendations based on PAG input.
Conclusion: Engaging the expertise of an advisory group to develop policy recommendations to increase LTSS for PLACI is a promising method of bridging research and policy. The engagement of policy experts ensures by ensuring that research is designed to address the most important policy gaps and all policy recommendations are actionable and timely.

2. It’s our pleasure, we count cars here’: An exploration of the ‘neighbourhood-based connections’for people living alone with dementia.

Citation: Odzakovic, E., Kullberg, A., Hellstrom, I., Clark, A., Campbell, S., Manji, K., Rummery, K., Keady, J., & Ward, R. (2021). 'It's our pleasure, we count cars here': An exploration of the 'neighbourhood-based connections'for people living alone with dementia. Ageing and Society, 41(3), 645–670. DOI: 10.1017/S0144686X19001259.

Category: Qualitative

Abstract:

The extent of social isolation experienced by people living with dementia who reside in the community has been well acknowledged, yet little is known how people living alone with dementia maintain neighbourhood-based connections. The purpose of this study is to examine the experiences of people with dementia who live alone, focussing upon how they establish social networks and relationships in a neighbourhood context, and how they are supported to maintain this social context within everyday life. Multiple data collection methods were used including, semi-structured interviews, walking interviews, guided home tours and social network mapping, which were conducted with 14 community-dwelling people living alone with dementia (11 women and three men) situated across the three international study sites in England; Scotland; and Sweden. Data were analysed using thematic analysis. The analysis revealed four main themes: i) making the effort to stay connected; ii) befriending by organisations and facilitated friendships; iii) the quiet neighbourhood atmosphere; and iv) changing social connections. The analysis suggests that people with dementia who live alone were active agents who took control to find and maintain relationships and social networks in the neighbourhood. Our findings indicate the need to raise awareness about this specific group in both policy, practice and to find creative ways to help people connect through everyday activities and by spontaneous encounters in the neighbourhood.

3. **"Not Wanting to Lose the Dignity of Risk: On Living Alone with Dementia"** (2022)
Guidance (to Caregivers, Providers, and Professionals) Risk/Safety Concerns

Citation: de Medeiros K, Berlinger N, Girling L. Not Wanting to Lose the Dignity of Risk: On Living Alone with Dementia. Perspect Biol Med. 2022;65(2):274-282. doi: 10.1353/pbm.2022.0023. PMID: 35938435.

Category: Qualitative

Abstract:

Of the more than 47 million people living with Alzheimer's disease or other types of dementia, an estimated one-third live alone. This essay explores the idea of the dignity of risk as it presents in the lives of people living alone with dementia, an underrepresented group in research, and considers the tension between safeguarding people with dementia from risks associated with disease progression and denying them the experience of risk as an aspect of everyday life. For individuals, risk is associated with vulnerability, choice, uncertainty, and the pursuit of goals, and may hold positive and negative connotations. This essay considers how myriad choices in the everyday lives of people living alone with dementia present some degree of risk, and how the ability to make these choices may constitute a life of dignity, replete with meaning and richness. The essay concludes with suggestions about how to reframe living alone with dementia as a way of living that can be better socially supported.

4. **"Making and Maintaining Neighbourhood Connections When Living Alone with Dementia"** (2022)

Category: Qualitative

Citation: Hall, K., & Dening, T. (2022). *Making and maintaining neighbourhood connections when living alone with dementia*. In C. Clarke & E. Peel (Eds.), *Dementia and Place* (pp. 193–208). Cambridge University Press. https://doi.org/10.1017/9781108876864.013

Summary:

This chapter draws on qualitative research using participatory methods to explore the experience of people with dementia who live alone. Drawing on data gathered in Sweden and the UK, the chapter highlights the distinct challenges of living alone with dementia and explores the different ways that people remain connected to neighbourhood places. We argue that the invisibility of such experiences to dementia policy and strategies (which typically assume the presence of a cohabiting carer or household member to provide support) needs to be addressed if dementia-friendly initiatives are to be truly inclusive. Demographic projections show that the number of people living in single households will continue to increase steadily in many western and northern European countries and that older women are the fastest-growing section of the single householder population (Sundström et al, 2016; United Nations, 2017). The ageing population living alone in Europe also includes an increasing proportion of people with dementia (Prescop et al, 1999; Gaymu and Springer, 2010; Prince et al, 2015). In Canada, France, Germany, the UK and Sweden, between one third and one half of the population of people with dementia residing in a neighbourhood context live in single households (Ebly et al, 1999; Nourhashemi et al, 2005; Alzheimer's Society, 2013; Eichler et al, 2016; Odzakovic et al, 2019). Despite this increase in single householders with dementia, there is currently limited awareness of the particular challenges associated with living alone with dementia, even within emerging discourses and practices associated with dementia-friendly communities (Alzheimer's Society, 2013; Age UK, 2018; Odzakovic et al, 2018). As such, there is a danger that the creation of ‘dementia-friendly’ communities, and especially those based on communities of place, may rest upon a series of normative assumptions about dementia and about the relational context of people living with the condition. Evidence from service-oriented research shows that people with dementia who live alone are more prone to (unplanned) hospitalisation (Ennis et al, 2014); are at greater risk of malnutrition (Nourhashemi et al, 2005); are likely to be admitted to long-term care at an earlier point in their journey with dementia (Yaffe et al, 2002); are often less well connected to formal services (Webber et al, 1994); and lack the advocacy of a co-resident carer (Eichler et al, 2016).

5. **On Living Alone with Alzheimer’s Disease**

Category: Qualitative

Citation: Portacolone E. On Living Alone with Alzheimer's Disease. Care Wkly. 2018;2018:1-4. PMID: 30637409; PMCID: PMC6329451.

Summary:

A sociologist's encounters with a retired executive living alone with Alzheimer's disease reveal gaps in the U.S. healthcare system. These gaps emerge during eight ethnographic interviews and participant observation between 2014 and 2017 with Ms. Judith Banks, 79. Ms. Banks' perspective offers an inside-view of the challenges of living alone with cognitive impairment. Receiving a diagnosis of Alzheimer's disease was "brutal" for her and the support to continue living in the community almost non-existent. Gaps in the U.S. healthcare system further emerge from the contrast between Ms. Banks' case study and the examination of the Danish system of care for non-institutionalized persons with dementia. Given that one third of people with dementia live alone in the U.S. and that they are likely to experience poorer health outcomes than counterparts living with others, it is critical to ensure that they receive appropriate health services upon diagnosis of cognitive impairment.

6. **Perceptions of the Role of Living Alone in Providing Services to Patients With Cognitive Impairment** (2023) Guidance (to Caregivers, Providers, and Professionals)

Category: Qualitative

Citation: Portacolone E, Nguyen TT, Bowers BJ, Johnson JK, Kotwal AA, Stone RI, Keiser S, Tran T, Rivera E, Martinez P, Yang Y, Torres JM, Covinsky KE. Perceptions of the Role of Living Alone in Providing Services to Patients With Cognitive Impairment. JAMA Netw Open. 2023 Aug 1;6(8):e2329913. doi: 10.1001/jamanetworkopen.2023.29913. PMID: 37594759; PMCID: PMC10439475.

Background:
The potential role of living alone in either facilitating or hampering access to and use of services for older adults with cognitive impairment is largely unknown. Specifically, it is critical to understand directly from health care and social services professionals how living alone creates barriers to the access and use of supportive health care and social services for racially and ethnically diverse patients with cognitive impairment.
Objective: To identify the potential role of living alone in the access and use of health care and social services for diverse patients with cognitive impairment by investigating professionals' perceptions of caring for such patients who live alone in comparison with counterparts living with others.
Design, Setting, and Participants: This qualitative study of 76 clinicians, social workers, and other professionals used semistructured interviews conducted between February 8, 2021, and June 8, 2022, with purposively sampled professionals providing services to diverse patients with cognitive impairment in Michigan, California, and Texas.

Main Outcomes and Measures: Clinicians, social workers, and other professionals compared serving patients with cognitive impairment and living alone vs counterparts living with others. An inductive content analysis was used to analyze the interview transcripts.
Results: A total of 76 professionals were interviewed (mean [SD] age, 49.3 [12.7] years); 59 were female (77.6%), 8 were Black or African American (11%), and 35 were White (46%). Participants included physicians, nurses, social workers, and home-care aides, for a total of 20 professions. Participants elucidated specific factors that made serving older adults living alone with cognitive impairment more challenging than serving counterparts living with others (eg, lacking an advocate, incomplete medical history, requiring difficult interventions), as well as factors associated with increased concerns when caring for older adults living alone with cognitive impairment, such as isolation and a crisis-dominated health care system. Participants also identified reasons for systematic unmet needs of older adults living alone with cognitive impairment for essential health care and social services, including policies limiting access and use to public home-care aides.
Conclusions: In this qualitative study of professionals' perspectives, findings suggest that living alone is a social determinant of health among patients with cognitive impairment owing to substantial barriers in access to services. Results raised considerable concerns about safety because the US health care system is not well equipped to address the unique needs of older adults living alone with cognitive impairment.

7. **Patients Living Alone with Dementia: Course of Health-Related Quality of Life Over Time and the Impact of Collaborative Care in Germany** (2023) Service Use

Citation: Michalowsky, B. and Platen, M. (2023), Patients living alone with dementia: course of health-related quality of life over time and the impact of collaborative care in Germany. Alzheimer's Dement., 19: e075134. https://doi.org/10.1002/alz.075134

Category: Based on RCT

Summary:

Background: Little is known about the progression of patient-reported outcomes in community-dwelling people living alone with cognitive impairment (PLACI) and the efficacy and cost-effectiveness of collaborative care models, initiating evidence-based care and support for this vulnerable subgroup. Thus, this study aims to demonstrate the longitudinal course of patient-reported outcomes and assess the efficacy and cost-effectiveness of collaborative care in PLACI compared to those not living alone.
Methods: DelpHi-MV (Dementia: Life- and person-centred help in Mecklenburg-Western Pomerania) is a German general practitioner-based, randomized controlled intervention trial. The present analyses are based on longitudinal (24 months) data of 352 patients (≥70 years, community-dwelling). Patient-reported outcomes were assessed using the SF-12, dividing patients' health-related quality of life (HRQoL) into mental and physical parts. Descriptive statistics were used to demonstrate HRQoL longitudinally. The efficacy and cost-effectiveness of the collaborative care model were assessed by multivariate regression models and by cost-effectiveness-acceptability curves, separately for PLACI vs those living not alone.

Results: N = 178 (51%) patients were living alone and more likely female (73% vs 49%) and older (81 years vs 79 years) than those living not alone. Considering PLACI only, mental and physical HRQoL decreased over time (-2.4 and -2.2) without collaborative care and increased (+1.4 and +2.5) with collaborative care. Multivariate models confirmed the significant positive impact of collaborative care on mental HRQoL (b = +3.1, p = 0.032) over time. The probability of cost-effectiveness was 96% at a willingness-to-pay of 40,000€ /QALY for PLACI, much higher than in those living not alone (26%).
Conclusion: HRQoL would decrease over time in PLACI. Collaborative care could improve patients' everyday lives, especially mental health. Thus, when such models are implemented, health policy could gain the highest cost savings and effects on HRQoL in PLACI.

8. **Living Alone With Mild-to-Moderate Dementia Over a Two-Year Period: Longitudinal Findings From the IDEAL Cohort** (2024) Characteristics

Citation: Clare L, Gamble LD, Martyr A, Henderson C, Knapp M, Matthews FE; IDEAL study team. Living Alone With Mild-to-Moderate Dementia Over a Two-Year Period: Longitudinal Findings From the IDEAL Cohort. Am J Geriatr Psychiatry. 2024 Nov;32(11):1309-1321. doi: 10.1016/j.jagp.2024.05.012. Epub 2024 Jun 6. PMID: 38897833.

Category: Longitudinal data

Summary:

Objectives: To compare the experiences of people with dementia living alone or with others and how these may change over two years.
Design: We analysed longitudinal data from three assessment waves, one year apart, in the British IDEAL cohort.
Setting: Participants with mild-to-moderate dementia were recruited through National Health Service providers, where possible with a family caregiver, and interviewed at home.
Participants: The current analyses include 281 people with dementia living alone and 1,244 living with others at baseline; follow-up data were available for 200 and 965 respectively at time 2 and 144 and 696 respectively at time 3. For those living alone, 140 nonresident caregivers contributed at baseline, 102 at time 2 and 81 at time 3. For those living with others, 1,127 family caregivers contributed at baseline, 876 at time 2 and 670 at time 3.
Measurements: Assessments covered: cognitive and functional ability; self-reported perceptions of health, mood, social engagement, quality of life, satisfaction with life and well-being; use of in-home and community care; and transitions into residential care.
Results: People living alone tended to have better cognitive and functional ability and were more frequent users of in-home care. However, they experienced poorer physical, social, and psychological health and reduced quality of life, satisfaction with life, and well-being. These differences persisted over time and rates of transition into residential care were higher.
Conclusions: To facilitate continuing in place for people with dementia living alone, a dual focus on supporting functional ability and addressing psychosocial needs is essential in the context of an enabling policy framework.

9. A financially viable palliative care model supporting persons living alone or with caregivers. Institutionalization/Hospitalization

Citation: Gillian Hamilton, Kristen Pierson, Kylee Volk, Tamiko Azuma,
A Financially Viable Palliative Care Model Supporting Persons with Dementia Living Alone or With Caregivers, Journal of Pain and Symptom Management,Volume 67, Issue 5, 2024,Pages e512-e513, ISSN 0885-3924, https://doi.org/10.1016/j.jpainsymman.2024.02.276. (https://www.sciencedirect.com/science/article/pii/S0885392424003592)

Category: Program study

Summary:

Introduction
Current support programs for individuals with dementia focus primarily on patients living with caregivers. Research on individuals with dementia living alone is sparse, with small sample sizes. This report describes data collected from the Supportive Care for Dementia program. The program's goals are to provide support services that allow the person to remain in their residence, increase involvement and decrease the stress experienced by family members, reduce neurobehavioral disturbances, reduce hospitalizations and emergency room visits and related costs, and facilitate placement or caregiving support when appropriate.

Methods
The data were collected from 300 patients enrolled in the Supportive Care for Dementia program. Measurements included patient behaviors, distant caregiver stress, hospitalizations and emergency room visits, and provided services.

Results
Program participation was associated with positive outcomes, including decreased emergency room visits, decreased distant caregiver stress, and increased supportive services and familial engagement. Demographic data including racial and ethnic differences are discussed.

Discussion
The Supportive Care for Dementia program is a replicable program with demonstrated positive outcomes for individuals with dementia living alone.

10. **Characteristics, Needs, and Perspectives of Individuals Living Alone With Dementia: An Integrative Review** (2025) Characteristics

Citation: Crance SJ, Yu F. Characteristics, Needs, and Perspectives of Individuals Living Alone With Dementia: An Integrative Review. Health Sci Rep. 2025 Jan 23;8(1):e70348. doi: 10.1002/hsr2.70348. PMID: 39867711; PMCID: PMC11757279.

Category: Integrative Review

Summary:

Background: The number of individuals living alone with dementia is increasing throughout the world, and they have unique needs that are poorly understood. The aim of this integrative review

was to understand the characteristics, needs, and perspectives of individuals living alone with dementia as well as the available community resources to guide future research and clinical practice.
Methods: Electronic (PubMed, CINAHL, and PsycINFO) and manual searches were utilized to identify articles using MeSH terms. Among 5693 identified articles, 31 articles met the eligibility criteria. The quality of the articles was determined utilizing the Joanna Briggs Institute (JBI) Critical Appraisal Tools applicable to the study design.
Results: Individuals living alone with dementia are more likely to be widows, of older age, and lower income, have a higher risk of severe loneliness despite more social contact, higher functional ability, and higher unmet needs despite the use of services, compared to those living with others. Perspectives of individuals living alone with dementia focus on the uncertainty of diagnosis, cognitive fluctuations, and maintaining independence. Lack of specialized services available after diagnosis and barriers to accessing services may lead to decreased independence and increased uncertainty. Overall, there is a lack of specialized services, person-centered care, and support to meet their unique needs.
Conclusion: Individuals living alone with dementia have unique characteristics, unmet needs, and use of available services, which should be assessed regularly. Future research is needed to develop community-based, person-centered services for them and remove barriers to service use.

11. Living alone with dementia: Supportive care for dementia, a replicable model for support and lessons learned Guidance (to Caregivers, Providers, and Professionals)

Citation: Hamilton G, Azuma T, Volk K, Best E, Crance S. Living alone with dementia: Supportive care for dementia, a replicable model for support and lessons learned. Dementia. 2025;0(0). doi:10.1177/14713012251332350

Category: Program study

Summary:

Background
Current support programs for individuals with dementia focus primarily on patients living with caregivers. Research on individuals with dementia living alone is sparse, with small sample sizes. This report describes data collected from the Supportive Care for Dementia program. The program’s goals are to provide support services that allow the person to remain in their residence, increase involvement and decrease the stress experienced by family members, reduce neurobehavioral disturbances, reduce hospitalizations and emergency room visits and related costs, and facilitate placement or caregiving support when appropriate.
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Results

Program participation was associated with positive outcomes, including decreased emergency room visits, decreased distant caregiver stress, and increased supportive services and familial engagement. Demographic data including racial and ethnic differences are discussed.

Discussion

The Supportive Care for Dementia program is a replicable program with demonstrated positive outcomes for individuals with dementia living alone.