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ДИАЛОГА

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СЕЧЕНОВСКИЙ
УНИВЕРСИТЕТ

ФОНД СОДЕЙСТВИЯ
ИННОВАЦИЯМ



АГЕНТСТВО
СТРАТЕГИЧЕСКИХ
ИНИЦИАТИВ



Martin Nowak,
Professor of Biology and Mathematics,
Director of the Program for
Evolutionary Dynamics,
Harvard University

«Люди склонны считать, что эволюция - это беспощадная борьба за выживание.

В действительности движущей силой эволюции всегда было сотрудничество».

- Supercooperators, 2011

The Trajectory of Evolution

**КОММУНИКАЦИИ
СОДЕЙСТВИЕ
РЕЗУЛЬТАТ**

Diversification →

Integration →

Origin of Life

Global Entity

**Самосохранение
Самовоспроизводство
Конкуренция**



Физиологические эффекты одиночества:



**John Terrence Cacioppo,
Tiffany and Margaret Blake
Distinguished Service Professor
at the University of Chicago,
Head of University of Chicago
Center for Cognitive and Social
Neuroscience**

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ORIGINAL ARTICLE

Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms

Louise C. Hawkey, Ph.D. · John T. Cacioppo, Ph.D.

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Abstract As a social species, humans rely on a safe, secure social surround to survive and thrive. Perceptions of social isolation, or loneliness, increase vigilance for threat and heighten feelings of vulnerability while also raising the desire to reconnect. Implicit hypervigilance for social threat alters psychological processes that influence physiological functioning, diminish sleep quality, and increase morbidity and mortality. The purpose of this paper is to review the features and consequences of loneliness within a comprehensive theoretical framework that informs interventions to reduce loneliness. We review physical and mental health consequences of loneliness, mechanisms for its effects, and effectiveness of extant interventions. Features of a loneliness regulatory loop are employed to explain cognitive, behavioral, and physiological consequences of loneliness and to discuss interventions to reduce loneliness. Loneliness is not simply being alone. Interventions to reduce loneliness and its health consequences may need to take into account its attentional, confirmatory, and memorial biases as well as its social and behavioral effects.

Keywords Loneliness · Regulatory loop · Physiology · Health behavior · Sleep · Intervention

Introduction

Loneliness is a common experience; as many as 80% of those under 18 years of age and 40% of adults over 65 years of age report being lonely at least sometimes [1–3], with levels of loneliness gradually diminishing through the middle adult years, and then increasing in old age (i.e., ≥ 70 years) [2]. Loneliness is synonymous with perceived social isolation, not with objective social isolation. People can live relatively solitary lives and not feel lonely, and conversely, they can live an ostensibly rich social life and feel lonely nevertheless. Loneliness is defined as a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships [2, 4–6]. Loneliness is typically measured by asking individuals to respond to items such as those on the frequently used UCLA Loneliness Scale [7]: “I feel isolated,” “There are people I can talk to,” and “I feel part of a group of friends.” The result is a continuum of scores that range from highly socially connected to highly lonely.

Each of us is capable of feeling lonely, and loneliness is an equal opportunity tenant for good reason. We have

**Снижение физической
активности**

**Снижение положительного
влияния физ. активности**

**Повышенная склонность
к ожирению**

**Злоупотребление
психоактивными веществами**

Ухудшение сна

**Повышенная сопротивляемость
стенки сосудов и АД**

Повышенный кортизол

Нарушение экспрессии генов

Нарушение иммунитета



Nicholas A.Christakis,
MD, PhD, Professor of Medi-
cal Sociology,
Medicine (Yale University)

«Все мы - части социальных сетей, а это значит, что волны от событий, происходящих с другими людьми - не важно, знакомы мы с ними или нет, - расходятся по сети и доходят до нас.

То, что мы чувствуем, думаем, делаем, зависит от друзей друзей наших друзей. А ключевой фактор, определяющий наше здоровье - здоровье окружающих».



Original Investigation | Public Health

Association Between Life Purpose and Mortality Among US Adults Older Than 50 Years

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Abstract

IMPORTANCE A growing body of literature suggests that having a strong sense of purpose in life leads to improvements in both physical and mental health and enhances overall quality of life. There are interventions available to influence life purpose; thus, understanding the association of life purpose with mortality is critical.

OBJECTIVE To evaluate whether an association exists between life purpose and all-cause or cause-specific mortality among older adults in the United States.

DESIGN, SETTING, AND PARTICIPANTS The Health and Retirement Study (HRS) is a national cohort study of US adults older than 50 years. Adults between the ages of 51 to 61 were enrolled in the HRS, and their spouses or partners were enrolled regardless of age. Initially, individuals born between 1931 and 1941 were enrolled starting in 1992, but subsequent cohort enrichment was carried out. The present prospective cohort study sample was drawn from 8419 HRS participants who were older than 50 years and who had filled out a psychological questionnaire during the HRS 2006 interview period. Of these, 1142 nonresponders with incomplete life purpose data, 163 respondents with missing sample weights, 81 participants lost to follow-up, 1 participant with an incorrect survival time, and 47 participants with missing information on covariates were excluded. The final sample for analysis was 6985 individuals. Data analyses were conducted between June 5, 2018, and April 22, 2019.

EXPOSURES Purpose in life was assessed for the 2006 interview period with a 7-item questionnaire from the modified Ryff and Keyes Scales of Psychological Well-being evaluation using a Likert scale ranging from 1 to 6, with higher scores indicating greater purpose in life; for all-cause and cause-specific mortality analyses, 5 categories of life purpose scores were used (1.00-2.99, 3.00-3.99, 4.00-4.99, 5.00-5.99, and 6.00).

MAIN OUTCOMES AND MEASURES All-cause and cause-specific mortality were assessed between 2006 and 2010. Weighted Cox proportional hazards models were used to evaluate life purpose and mortality.

RESULTS Of 6985 individuals included in the analysis, 4016 (57.5%) were women, the mean (SD) age of all participants was 68.6 (9.8) years, and the mean (SD) survival time for decedents was 31.21 (15.42) months (range, 1.00-71.00 months). Life purpose was significantly associated with all-cause mortality in the HRS (hazard ratio, 2.43; 95% CI, 1.57-3.75, comparing those in the lowest life purpose category with those in the highest life purpose category). Some significant cause-specific mortality associations with life purpose were also observed (heart, circulatory, and blood conditions: hazard ratio, 2.66; 95% CI, 1.62-4.38).

(continued)

Key Points

Question Does an association exist between life purpose and all-cause or cause-specific mortality among people older than 50 years participating in the US Health and Retirement Study?

Findings This cohort study of 6985 adults showed that life purpose was significantly associated with all-cause mortality.

Meaning Life purpose is a modifiable risk factor and as such the role of interventions to improve life purpose should be evaluated for health outcomes, including mortality.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

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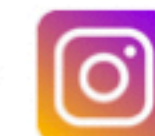
Мичиганский университет, май 2019: чувство цели продлевает вашу жизнь

Проанализировав данные 6985 человек старше 50 лет, собранные с 2006 по 2010 год, ученые подтвердили гипотезу о том, что **наличие жизненной цели снижает риск смерти.**

По данным авторов работы, у людей без цели в жизни вероятность умереть повышалась в **2.43 раза.**

Наличие цели оказывало более значительное влияние на продолжительность жизни, чем пол, расовая принадлежность или уровень образования.

А на риск смерти влияло сильнее, чем употребление алкоголя, курение и регулярные физические упражнения.



Ключевые факторы здоровья:

- Принятие новой реальности
- Социальная интеграция, психотерапия
- Настройка системы «на ноль» (цель, центрирование, самочувствие)
- Поведенческие привычки (позитивные/негативные):
 - сон,
 - гигиена внимания,
 - психоактивные вещества, алкоголь, курение (в том числе, кальян, вейп-устройства)
 - питание,
 - физическая активность

