Re: Sixty seconds on . . . loneliness

We welcome the Prime Minister's appointment of a Minister for Loneliness - this is indeed a public health crisis that requires national and international attention.

Perhaps this is a little belated – Mother Teresa said that 'the most terrible poverty is loneliness', however it is only now that we are beginning to identify loneliness as a major health issue that our ageing population is particularly vulnerable to. In the UK, over 1 million older adults admit they feel lonely often or all the time. Research suggests that loneliness is as big a killer as obesity within the older population, and a predictor of functional and cognitive decline; furthermore, it has been shown to double the risk of Alzheimer's Disease (1). Whilst direct effects include raised cortisol and cardiovascular risk, unsurprisingly in all age groups, loneliness is associated with poor lifestyle behaviours that have their own adverse effect on mortality, such as alcohol abuse and, creating a vicious cycle.

More than three quarters of GPs in the UK report seeing between 1 and 5 lonely people a day (2), however this is just the tip of the iceberg, and it is easy to see how interventions against loneliness will reduce the demand on our already overstretched NHS.

However, it's easier said than done. In order to allow preventative or therapeutic measures to be put into place, we need to be able to identify who is lonely, both subjectively and objectively. Objective isolation includes parameters such as living situation and social network, whilst subjective isolation involves measuring patient-reported feelings of isolation or remoteness. These are two linked but different concepts, meaning we can 'feel alone in a crowded room'. Both seem to be independently associated with adverse health outcomes (3), although few studies have measured both of these parameters simultaneously - and those that exist often show conflicting data regarding their relative effects (4,5). To add to the complexity, loneliness reduction interventions must be individualised to the target population.

Filling the gaps in research would be the first step in setting up a successful public health strategy, starting with the identification of potential treatment target groups, and the strategies that work best for each specific patient population. We look forward to seeing how this new government focus allows further advances against this global epidemic.

Dr Aneesha Chauhan (Chelsea and Westminster NHS trust)
Dr Sanja Thompson (Oxford University Hospitals NHS trust)
Professor Tahir Masud (Nottingham University Hospitals NHS trust)

References

1. Evidence Review: Loneliness in Later Life July (2014) https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%... Accessed March 17, 2017
2. Campaign to End Loneliness Poll, 2013 http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/ Accessed

March 17, 2017
3. Holt-Lunstad J, Smith TB, Baker M et al. Loneliness and Social Isolation as Risk Factors for Mortality. Perspect Psychol Sci 2015; 10, 227–237.
4. Holwerda, T. J. et al. Increased risk of mortality associated with social isolation in older men: only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). Psychol. Med. 42, 843–853 (2012).
5. Pantell, M. et al. Social isolation: a predictor of mortality comparable to traditional clinical risk factors. Am. J. Public Health 103, 2056–62 (2013).
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