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Loneliness: A Societal and Medical Problem

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The social and medical consequences of loneliness are receiving greater consideration and attention. Recently Surkalim et al[1] have reported on its prevalence across 113 Countries. Understandably the rates vary across countries. However, it would appear that a prevalence of at least is 15% is likely.

The various definitions of loneliness overlap to a greater extent, the constant is that it is a negative, subjective experience. It can be described as a subjective unwelcome feeling of lack or loss of companionship. It is a mismatch between the quality of social relationships that we have and what we want. There is a clear difference between choosing to be alone and loneliness. It is recognised that the relationship we have with our friends, family, neighbours, and colleagues are the most important things in our lives. The value of personal human interaction with others cannot be replaced by technology such as Facebook. Experiencing loneliness fluctuates over a lifetime with different causes and challenges at different ages.

Loneliness has adverse medical consequences, the main categories being mental health, cardiovascular problems, physical well-being, and substance abuse. Studies have shown an association with higher rates of sleep disturbance, mild cognitive delay, hypertension, elevated cholesterol levels, and coronary artery disease. Physical inactivity and obesity are increased, and higher rates of excess alcohol intake are encountered. Older people experiencing high levels of loneliness are twice as likely to die within 6 years compared with those who do not experience loneliness.

In Ireland, the loneliness taskforce[2] was established by Keith Swanick in collaboration with Sean Moynihan of ALONE in 2018. The remit was to coordinate a response to the growing issue of loneliness in this country. In the report, 'A Connected Island', it shows that there are at least 400,000 people living on their own. There are 218,817 one-parent families, the majority with just one child.

In the UK, the report[3], 'A Connected Society', was published in 2018. In addition a minister for loneliness was appointed. This appointment was created on foot of the work of the late Jo Cox MP, who had supercharged the response to loneliness. The over-arching goals are to strengthen the formation of society, embed loneliness as a consideration across government policy and obtain a better understanding of its adverse consequences. The practice of 'social prescribing' has been promoted where GPs identify patients suffering with loneliness and refer them to support services. Postal workers are encouraged to check on those living alone.

A UK study found that 200,000 older people had not had a conversation with a friend or a relative in more than a month. Modern society has rapidly changed. It has become very digitalised. It is possible to carry out many of our daily activities including shopping and obtaining goods and services without any interaction with another human being.

All reports emphasise that loneliness can affect anybody. While it more common in older people, it can affect younger age groups as well. The young may be affected when first moving away to university or for a new job. It is common among new emigrants. It is encountered among those who have recently lost their job. Other underlying factors are the loss of a spouse or partner and ill health leading to immobility.

There are a wide range of measures that can be introduced to reduce loneliness in our communities. There should be engagement with focus and advocacy groups from the demographics most likely to be lonely including older people, young people, the disabled, carers, immigrants, and the unemployed. Nationwide media campaigns should be mounted to raise the awareness about loneliness and possible interventions. Also to ensure that there are adequate meeting places available in our towns and cities to facilitate community connectivity. Implement age friendly urban and rural programmes. Encourage local libraries to provide book clubs and coffee mornings.

Promote the development of better rural transport services. Promote volunteering as a positive tool in tackling loneliness. Volunteers can provide regular phone calls to vulnerable individuals or meet them for a cup of tea and a chat. It is important to develop programmes in schools to foster resilience and self-nurture in children.

GPs are in a central position to act as a community navigator for patients suffering from loneliness. They see between one and five patients daily who have come mainly because they are lonely. When loneliness is identified, an appropriate set of measures can be put in place to alleviate the problem. Helen Stokes-Lampart, chair of the RCGP (UK) has stated that 'I know that I can't solve the problems of my patient's lives with respect to their social challenges, but I can identify them and signpost people to help'.

In summary, loneliness is being increasingly recognised as an important cause of reduced quality of life, mental distress, and increased medical complications.

References:

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