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The growing problem of loneliness

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Imagine a condition that makes a person irritable, depressed, and self-centred, and is associated with a 26% increase in the risk of premature mortality. Imagine too that in industrialised countries around a third of people are affected by this condition, with one person in 12 affected severely, and that these proportions are increasing. Income, education, sex, and ethnicity are not protective, and the condition is contagious. The effects of the condition are not attributable to some peculiarity of the character of a subset of individuals, they are a result of the condition affecting ordinary people. Such a condition exists—loneliness.^{1–3} Loneliness is often stigmatised, trivialised, or ignored, but—with the rapidly growing number of older adults in industrialised countries, the increased likelihood of premature mortality, and the deleterious effects of loneliness that have been identified in animal models and human longitudinal investigations—loneliness is emerging as a public health problem.⁴ Physicians are encountering this condition, but most do not have the information needed to deal effectively with loneliness in their patients.

Loneliness has been associated with objective social isolation, depression, introversion, or poor social skills. However, studies have shown these characterisations are incorrect, and that loneliness is a unique condition in which an individual perceives himself or herself to be socially isolated even when among other people. Furthermore, human longitudinal studies and animal models indicate that the deleterious effects of loneliness are not attributable to some peculiarity of individuals who are lonely, instead they are due to the effects of loneliness on ordinary people.^{1,5,6} Quick and valid measures exist that can diagnose if a patient has abnormally high levels of loneliness,⁷ and although so-called common sense treatments (eg, social skills training, and provisions for social support and social contact) have proven ineffective,⁸ the availability of community programmes, behavioural interventions, and online resources is increasing to address the problem of loneliness.

Loneliness is a public health problem that can be largely solved in our lifetime but doing so will require the full engagement and support of the medical community. The physical health and mental health of a growing number of afflicted individuals and their families and friends are at stake.

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