The importance of addressing loneliness:

lessons from a pandemic

Despite being a core theme in the curriculum of most medical schools, the concept of addressing a person's loneliness as a part of their holistic care is still poorly understood, even if it is sometimes informally implemented in management plans. Pandemics such as the COVID-19 outbreak exemplify the importance of combatting isolation; with social restrictions having been in place since March 2020, loneliness is a growing problem in the UK.

For those who do not consciously work to maintain social interactions by means such as video calling or social media, self-isolation further prevents them in engaging with normal day-to-day life. A Chinese study investigated the relationship between time spent isolated during the COVID-19 pandemic and its relationship to physical and psychological health. Most participants spent 20–24 hours per day at home; 53.8% of responders rated the psychological impact of COVID-19 as moderate or severe, with 16.5% and 28.8% reporting 'moderate to severe' symptoms of depression and anxiety, respectively.¹ The study concluded that various physical symptoms and a poor self-rated health status were significantly associated with greater psychological impacts from the pandemic, with higher levels of anxiety and depression.

WHY CLINICIANS SHOULD 'TREAT' LONELINESS

Figure 1 illustrates the long-term impact of loneliness on wellbeing. It is less appreciated that isolated individuals are less likely to access appropriate health information.² This in turn prevents these individuals from fostering healthy behaviours, as well as preventing them from educating themselves on managing existing conditions.

Community self-help groups (SHGs), for example, Alcoholics Anonymous, are often successful as they allow participants to inform others about new lifestyle choices; loved ones can consequently adapt

Figure 1. An illustration of some of the long-term impacts of loneliness on a person's wellbeing.

their behaviours to promote abstinence and prevent relapse, ensuring greater compliance with health behaviours. SHGs also promote trusting relationships that focus on sensitivity towards the stigma and discrimination often associated with certain conditions. This contributes to better patient outcomes, including patient satisfaction.³

Pandemics limit the feasibility to engage with in-person services, therefore clinicians should take pandemics as an opportunity to place even more focus on addressing patient loneliness through consultations.

RECOMMENDATIONS

In response to increasing experiences of loneliness during pandemics, all healthcare professionals (HCPs) must have a greater awareness that people may not have adequate support systems. Clinicians should routinely ask about family and friends when taking a detailed history. At many medical schools, students are taught to address the history of a presenting complaint methodically, by

using the SOCRATES mnemonic-acronym (Site, Onset, Character, Radiates, Associated Symptoms, Time/Duration, Exacerbating or Relieving Factors, Severity). I propose that a similar mnemonic could be created to ensure that a thorough social history is obtained, thus facilitating HCPs to provide exceptional holistic care (Box 1). Using such acronyms, all parts of a social history (including enquiring about patient support systems) can be thoroughly addressed, allowing HCPs to have the information required to best manage a patient.

The Royal College of General Practitioners aims for face-to-face consultations to last at least 15 minutes, with longer for those who need it, by 2030, allowing additional time for clinicians to familiarise themselves with such acronyms when collecting social history.⁴

Although it is common for GPs to direct patients to community services, a greater emphasis on the use of telephone services and virtual platforms is needed, especially

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Box 1. A suggested mnemonic that could be used by clinicians when collecting a social history

To	Travel
Prevent	Physical activity
Disastrous	Diet
Future	Family and friends
COVID-19	Crib (housing and living conditions)
Outbreaks	Occupation
People	Prison time
Should	Sexual history
Socially	Substance abuse + smoking + alcohol
Distance	Dogs and other pets

in the wake of pandemics. Since March 2020, mental health applications have been downloaded over 1 million times in the UK.⁵ Additionally, the British Heart Foundation's helpline experienced email and call volumes 52% higher than normal in the week that plans to loosen lockdown restrictions were announced, with many calls about loneliness and anxiety over becoming ill.⁶ This implies that people are actively looking for social connections to assist managing their health and are willing to engage with online platforms in order to satisfy this need. HCPs should therefore routinely introduce those who are otherwise isolated in their local community to virtual ways to tackle loneliness.

CONCLUSION

The COVID-19 outbreak has highlighted the detrimental effects of long-term loneliness.

In response, HCPs should routinely enquire about support networks when taking a history and continue to encourage all patients to use a wider range of local and online services that help them establish a greater sense of belonging.

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