The ministry of loneliness

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Loneliness and the feeling of being unwanted is the most terrible poverty.

Mother Theresa

Recently the Conservative government in the United Kingdom (UK) announced that it was appointing a Minister of Loneliness.[1] The announcement was greeted with humour on both sides of the Atlantic, but as more serious commentators pointed out, "loneliness is a real and diagnosable scourge."[2]

Almost every Tuesday afternoon for the past few years, a patient in my practice, Anne, attends for a short visit, usually less than 15 minutes. Most of the time it is a chance to touch base about minor health concerns—a rash here, an ache or a pain there, some recent weight gain that concerns her—but the most important part of her appointment comes before or afterward, when she has a social visit with another patient of mine whom she has come to know and like.

Their unlikely friendship began with the mutual discovery that they were both there to see me. Although they do not socialize outside the waiting room, it is a friendship nonetheless, as they catch up on events since the previous visit. They share a laugh and often conclude their visits with a brief hug. It might be the only nurturing physical contact with another human being that Anne receives all week. For like many older people, Anne lives alone, is estranged from her family, and lives with a chronic mental illness. As one of my colleagues would put it, she has a low family Apgar score.

At the end of 2017, a UK government commission issued the results of a year-long investigation into the prevalence of loneliness in the UK, conducted with the help of more than a dozen non-profit organizations. According to the report, 9 million Britons suffer from loneliness—14% of the population. Among the more vulnerable, such as the elderly and those living with disabilities, the rates are much higher.[2]

Loneliness has been defined as the perceived sense of isolation. It has been proposed that in the course of human evolution, loneliness has served adaptive ends, fostering connection and reconnection with others, ensuring our safety and long-term survival.[3]

Increasingly, loneliness is recognized as being an important social determinant of health.[3] In late childhood and early adolescence loneliness results in impaired sleep, symptoms of depression, and poorer general health. These same effects are seen across the lifespan, but also with increased doctor visits in adolescence and increased emergency department use in early to middle adulthood.[3] Among older people like Anne, loneliness is common (prevalence ranges between 28% and 63%) and is recognized as a serious public health issue associated with increased cognitive decline, dementia, likelihood of nursing home admission, health care use, and mortality in later life.[3-5] Loneliness in older people is not just a health issue in Western countries like the United States, Canada, and the UK. Loneliness among the elderly in countries like China might be as high or higher.[6]

What can be done to reduce loneliness among the elderly and mitigate the adverse health effects? Few interventions are effective, but those that are offer social activity or support within a group format.[7]

Could social contact with a family physician reduce loneliness? There is evidence that socially isolated people seek physician visits for social, not medical, reasons. In a survey of GPs in the UK, respondents estimated that between 1 and 5 patients a day visited their practices because they were lonely.[8]

Perhaps it is not just the doctor visit that makes our patients feel connected; perhaps it is the connections formed in the waiting room that count the more.[9]

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Cet article se trouve aussi en français à la **page 167.**