J Nutr Health Aging.2022;26(5):419-420
Published online May 12, 2022, https://doi.org/10.1007/s12603-022-1795-7

Editorial

Screening – An Important Starting Point for Effective Loneliness Interventions among Older Adults

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In several studies, loneliness has been strongly associated with adverse health outcomes in older adults. This subjective experience – a discrepancy between the desired or expected and actual level of social interaction (1) – may lead to increased mortality, and increased use of health services (2). Strong association with health outcomes and high prevalence of loneliness among many groups of people has given rise a need to use scales and questionnaires to measure and address loneliness. However, assessing loneliness is not yet a routine in medical care. It has considered to be beyond the scope of care practices (3). Despite the fact that loneliness can be seen as one of the "geriatric giants", older adults are seldom asked about loneliness and professionals do not have an approach to support them (4). This contradiction between knowledge and practice may be seen as a paradox, which should rapidly change.

In this issue of the Journal, Deol and colleagues (5) discuss how loneliness screening still remains underperformed but is gradually and increasingly seen within the scope of the medical field. COVID-19 pandemic at the latest has created a growing need for change in how loneliness is recognized and addressed. Brief measures that can be easily adapted to busy clinical environment are keys to successful screening efforts (3). For the increased need to recognize loneliness among older adults in the clinic, a rapid tool, the ALONE scale, has been developed at the Saint Louis University School of Medicine. ALONE is based on loneliness theory and practice and according to Deol et al. (5), the questionnaire has demonstrated convergent and discriminant validity in measuring loneliness through comparison with the UCLA loneliness scale. Validation was performed among community-dwelling older adults and among residents living in long-term care facilities.

Deol et al. (5) suggest that in addition to the screening loneliness, ALONE would also be a tool to intervene with this often-difficult topic. In ALONE the L-part is a direct screening question "Are you lonely" and may be a kind of "an opening question". It can open a cover under which the hidden root causes of loneliness may often lie. The root causes can be attributed, for example, to personality, difficulties in having intimate relationships, life events, life transitions, or functional limitations. According to our experience, older adults want to talk about difficult topics and will "reveal" their loneliness when they have an opportunity to talk about it in a safe and unhurried atmosphere. From a professional's point of view, this requires the ability to listen to the experiences and understanding the complexity of loneliness: the time- and place-dependent nature of the experiences as well as their social, emotional, and existential dimensions. Furthermore, professionals should be competent to intervene with experiences of loneliness accordingly.

Of particular concern are those older adults who receive an alert during screening, and who are using passive techniques to cope with loneliness. Many of them express how they would want to escape their experiences of loneliness. When intervening with loneliness, three-dimensional approach seems to be useful (6) 1) increasing contacts of an older adult and reducing one's perceived discrepancy between actual and desired relationships, 2) decreasing relationship expectations to meet realities, and 3) reducing the effect of the discrepancy by coping with experiences of loneliness. Using this approach, an effective intervention to improve the well-being of lonely older people is the group model Circle of Friends, developed in Finland (2). The main idea of this model is to support older adults' active agency, empower them to take mastery over their own lives, and to warmly push them to gradually take over the responsibility of interaction in the group.

Even with a simple tool like ALONE, to screen and address loneliness routinely in the future, there should be more training about loneliness available in the gerontological field. Practical steps from screening stage to a situation where the older person has received the necessary patient-centred support needs consideration. Professionals should be able to interpret the screening results, which should be available in electronic health records. Whatever screening tool is selected for use, standardization should be ensured within an organization by encouraging its professionals to use the same tool (5). To support the reflection of loneliness, and to meet the needs of an older adult via effective interventions, requires understanding of the multidimensional concept of loneliness and its emotional cluster. The creative use of multidisciplinary networks within the social and health sector, but also using networks in other sectors, is important.

Conflict of interest: The authors have no conflict of interest to report.

Received May 6, 2022
Accepted for publication May 9, 2022

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How to cite this article: A. Jansson, T. Strandberg. Screening – An Important Starting Point for Effective Loneliness Interventions among Older Adults. J Nutr Health Aging.2022;26(5):419-420; https://doi.org/110.1007/s12603-022-1795-7