

"I am waiting for someone to hold my hands and say that this phase of loneliness will be over soon" - Anonymous

Introduction

Loneliness affects nearly a third of adults aged >70 (1). It increases the risk of conditions including depression, coronary artery disease and stroke (2). Lonely individuals are at increased risk of falls, hospital attendances and prolonged admissions (3). Following hip fracture, patients are particularly at risk and pre-fracture loneliness is associated with poorer outcomes. An inpatient stay offers the opportunity to screen for and address pre-fracture loneliness.

Methods

Aims: 100% of patients to have a University of California Los Angeles (UCLA) 3-item loneliness score by day 5 post-operatively (4). A score of 6 or above necessitates referral for befriending services.

Study population: Patients aged >70 admitted with femoral neck fractures to orthogeriatric wards.

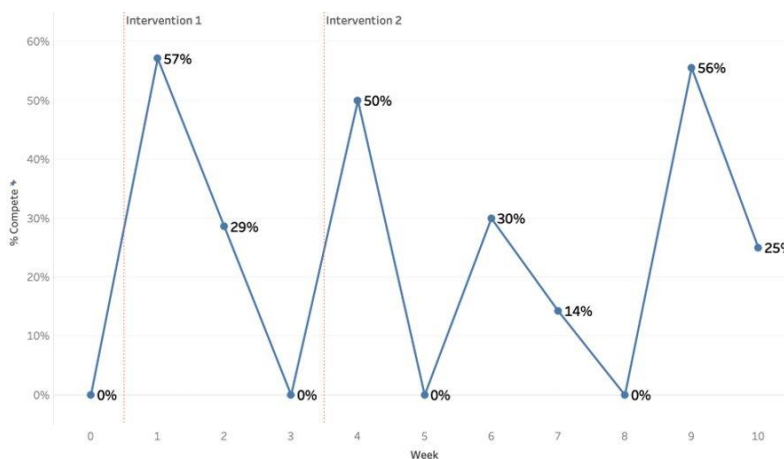
Methods: The project followed a PDSA approach. Electronic records were reviewed weekly for documentation of loneliness scores and referral to community befriending.

Interventions: 1. Doctor education session on loneliness and the UCLA 3-item loneliness scoring. 2. Inclusion of the loneliness score in the pre-populated ward round proforma.

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Results

Of 102 patients, 63% of patients were female, mean age 85. At baseline, 0% had a loneliness score documented. This improved to 57% following intervention 1, returning to 0% after 2 weeks. Following intervention 2, this improved to 56% but fell to 25% after 6 weeks. Of 23 patients with completed scores, 5 (22%) had a high loneliness score and 4 patients were referred for befriending services.



Percentage of loneliness scores completed by day 5 post-operatively

UCLA 3-item loneliness score: /9

1. How often do you feel that you lack companionship? /3
2. How often do you feel left out? /3
3. How often do you feel isolated from others? /3

Hardly ever (1) Some of the time (2) Often (3)

Conclusions

High rates of loneliness were demonstrated, in line with national predictions. Assessment improved following each intervention, but was not sustained. Investigation suggested this was due to rapid turnover of doctors, and successive cohorts were unaware of quality improvement programmes before moving on to their next post. We believe this to be an important finding, with wider implications for research into improving patient care. Further steps include discussion of loneliness in weekly departmental meetings with the wider Multi-Disciplinary Team.

References

- (1) Holt-Lunstad J, Smith T, Baker M, Harris T and Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci* 2015;10(2):227-37
- (2) Valtorta et al. (2017) Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies
- (3) Zeytinoglu M, Wroblewski K, Vokes T et al. Association of Loneliness with Falls: A study of Older US adults using the national social life, health and aging project. *Gerontol geriatr med* 2021;7:2333721421989217
- (4) Hughes M, Waite L, Hawkey L and Cacioppo J. A Short scale for Measuring Loneliness in Large Surveys: Results from two population-based studies. *Research on Ageing* 2004;26(6): p655-72