2025 STFM CONFERENCE ON PRACTICE & QUALITY IMPROVEMENT

IN COOPERATION WITH THE FORUM FOR BEHAVIORAL SCIENCE IN FAMILY MEDICINE

Addressing Loneliness in Primary Care: *Opportunities for Practice Improvement*

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Disclosures

- No conflicts of interest
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  - National Institutes of Health (R34DA058325, UH3NR020930)
  - Agency for Healthcare Research and Quality (R18HS029773)
  - Garvey Institute for Brain Health Solutions
  - Hutchinson Institute for Cancer Outcomes Research

Learning Objectives

1) To describe the health risks and comorbidities associated with loneliness.
2) To identify tools to screen for and manage loneliness in primary care.
3) To identify resources to implement practice changes to improve care for loneliness in primary care.

Patient #1

68-year-old Amharic speaking female with hypertension who presents for routine follow-up complaining of worsening chronic wrist, shoulder and knee pain. She was referred 2 months ago to physical therapy but did not go.

Patient #2

23-year-old male presenting to establish care asking for ADHD medications to help with concentrating at work.

Why should we care?

Our Epidemic of Loneliness and Isolation 2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

A CRITIC AT LARGE

A.I. IS ABOUT TO SOLVE LONELINESS. THAT'S A PROBLEM

The discomfort of loneliness shapes us in ways we don't recognize—and we may not like what we become without it.

By Paul Bloom

July 14, 2025

New York Times Magazine | Why Is the Loneliness Epidemic So Hard to Cure?

MENTAL HEALTH

Definitions

Loneliness

- Subjective
- Distressing feeling from a perceived gap or deficit in social relationships
- Not the same thing as being shy or introverted

Social isolation

- Objective
- State of being physically separate from others
- Lack of social contact or relationships

Definitions

Feelings of distress related to lack of desired connections

Physically alone but not necessarily distressed

Prevalence

- **Loneliness:** More than ½ U.S. adults
  - Young adults <=35 years old may have highest rates of loneliness
  - Older adults have many known risk factors
- **Social Isolation:** 24% of community-dwelling older adults

2017 Primary Care Loneliness Prevalence Study

Design: cross-sectional survey study

Sample:

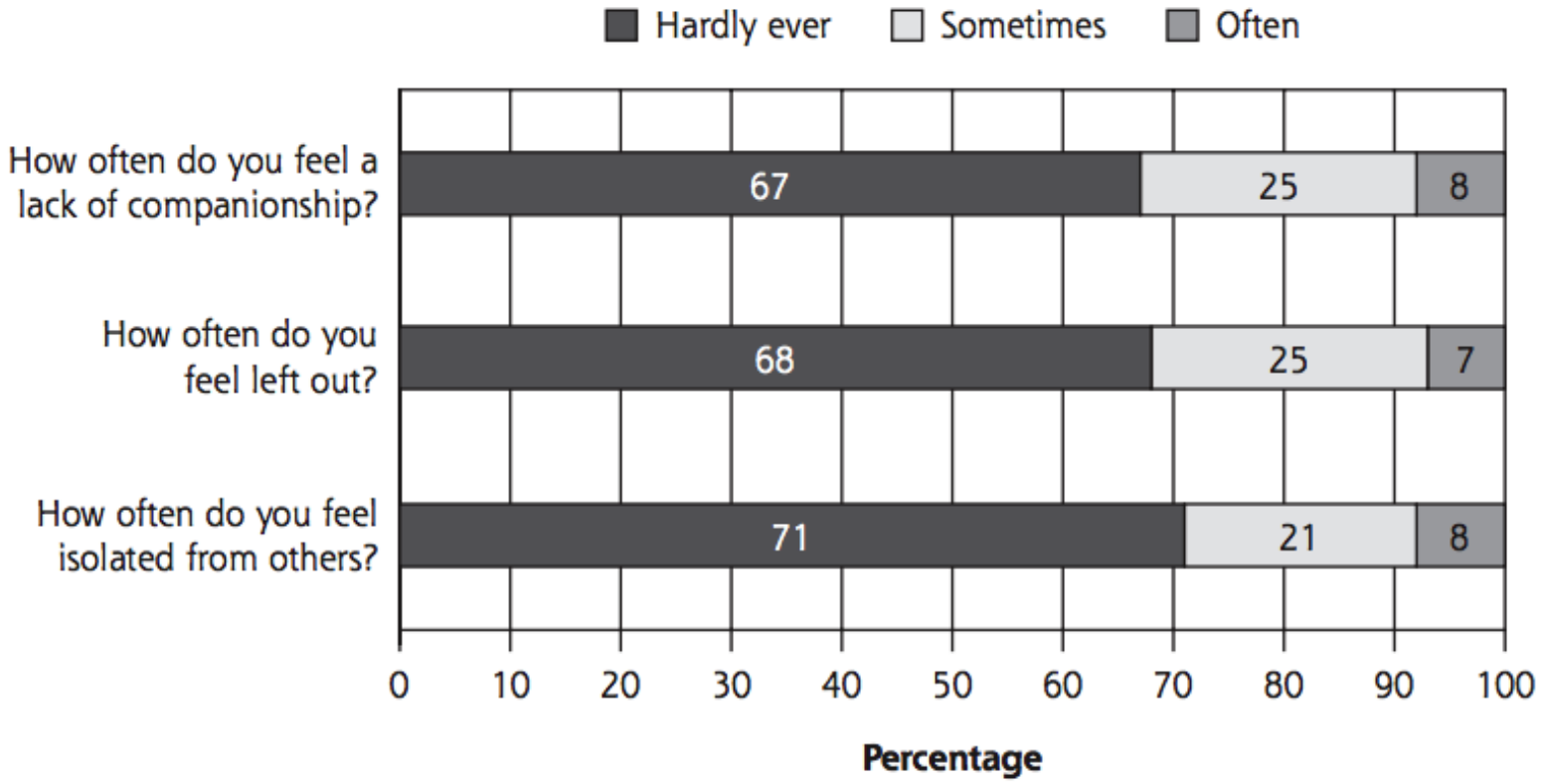
- 16 clinics from 2 practice-based research networks (SNOCAP and ACORN)

Data Collection:

- Survey collected in primary care waiting rooms
- Apr 2017 – Jan 2018
- 100 surveys per clinic or 7 consecutive days of survey collection (whichever reached first)
- Questions included 3-item UCLA Loneliness Scale, demographic data, health services utilization and self-reported *Healthy Days* and zip code

Mullen R, Tong S et al. Ann Fam Med 2019;17:108-15.

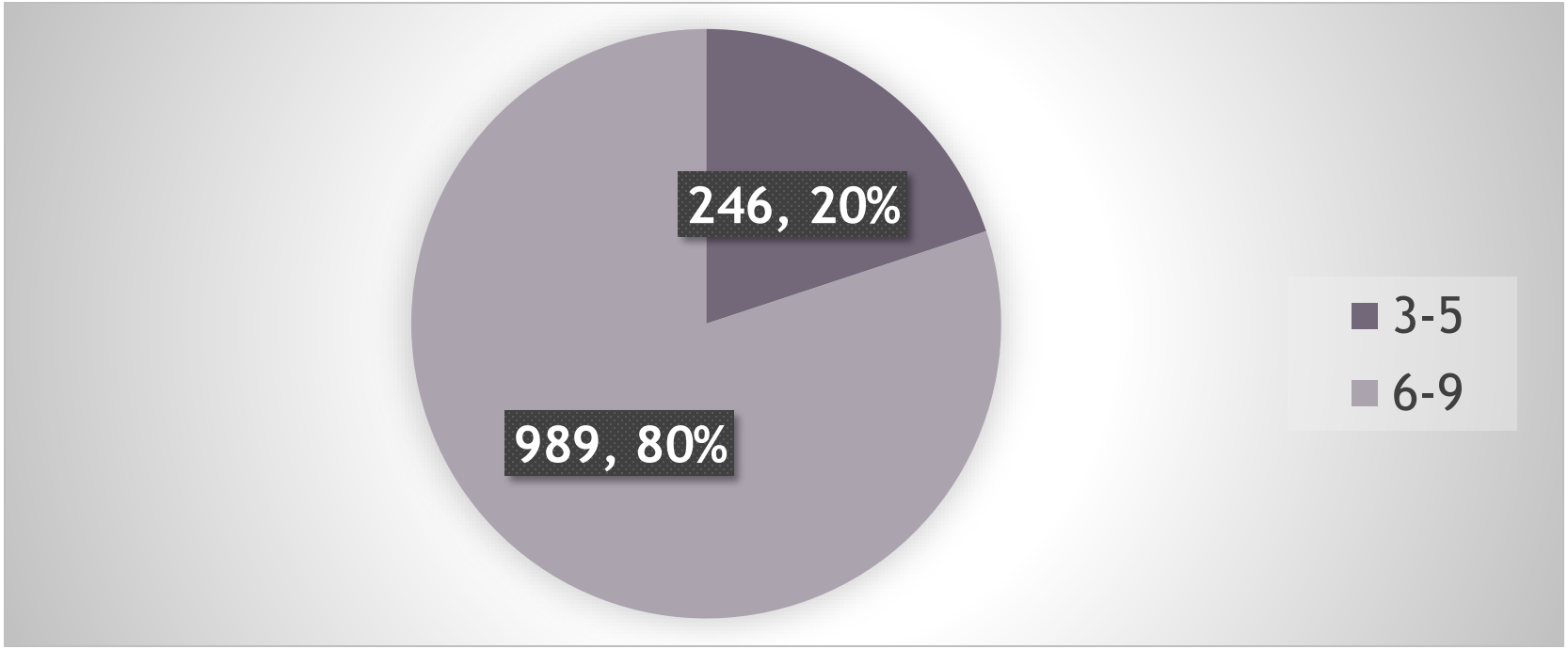
Figure 1. Percentage of responses to the 3-item UCLA Loneliness Scale (N = 1,235).



UCLA = University of California, Los Angeles.

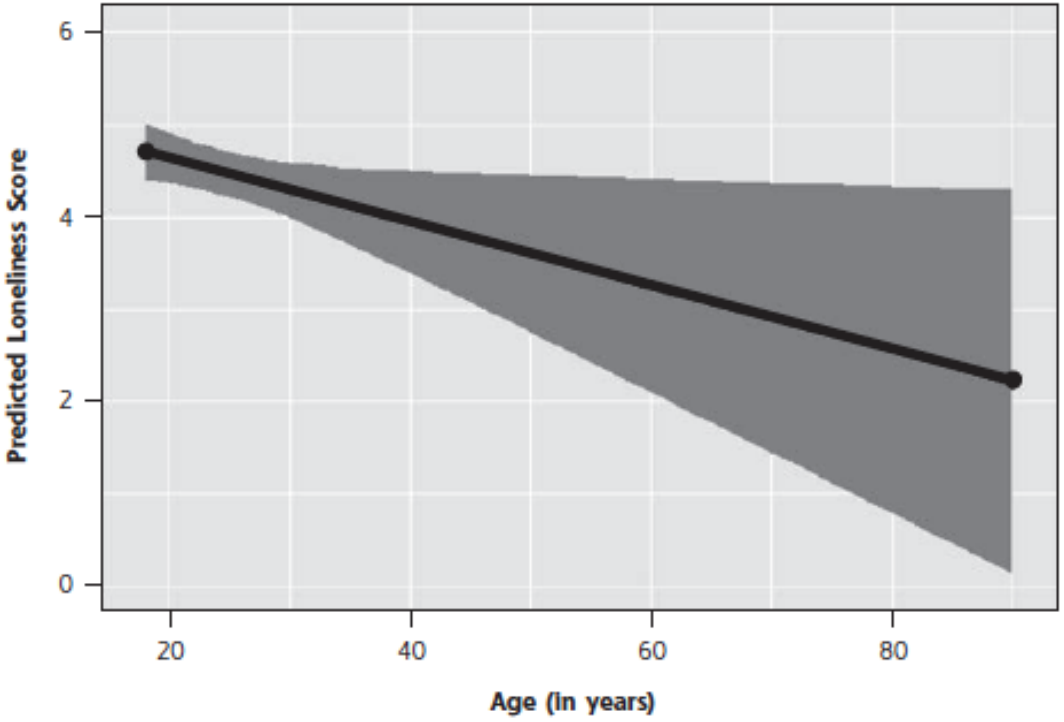
Mullen R, Tong S et al. Ann Fam Med 2019;17:108-15.

Prevalence of Loneliness



Loneliness by age

Mullen R, Tong S et al. Ann Fam Med 2019;17:108-15.



Note: The black line illustrates a linear decrease in loneliness scores with increasing age and the gray area represents the 95% CI.

Characteristics of Loneliness in Young Adults

Design: cross-sectional survey

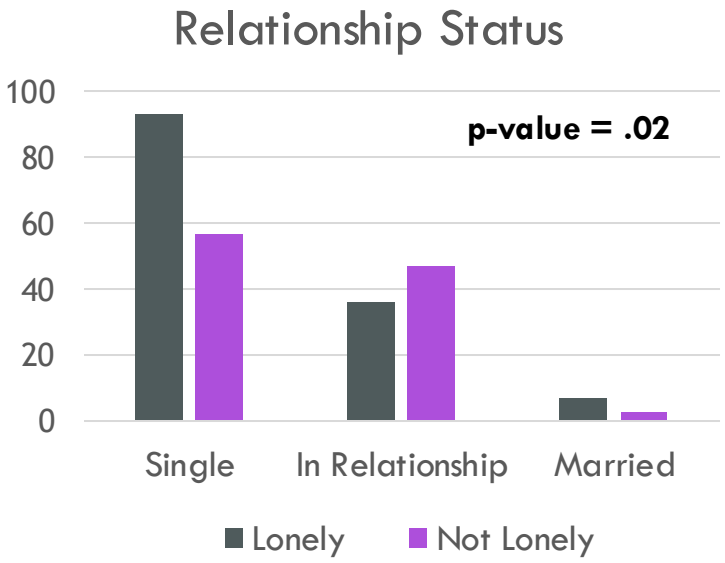
Sample: 16 practices in Washington State

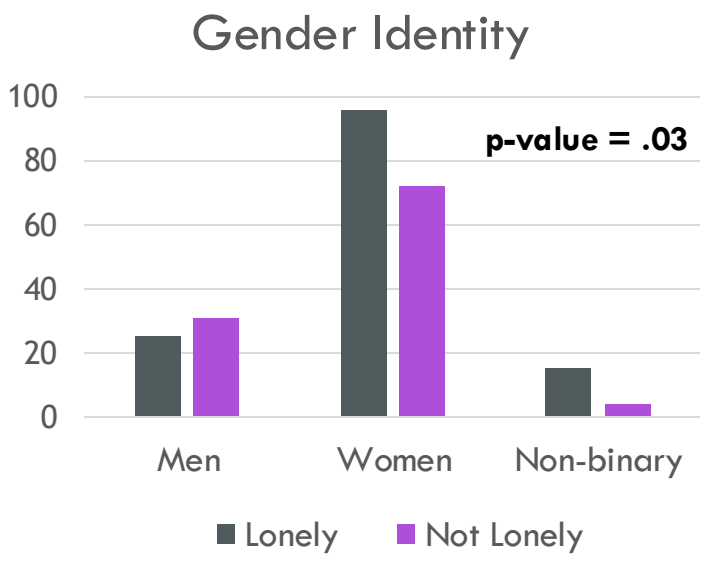
Data Collection:

- Text invite to complete a survey on wellness to individuals 18-25 years of age who had a primary care visit in the past year
- Time frame: 2023-2024

Pending revise/resubmit

Demographic Analysis (N=243)





Not significant: sex, race, ethnicity, living situation (alone, family, partner, etc.)

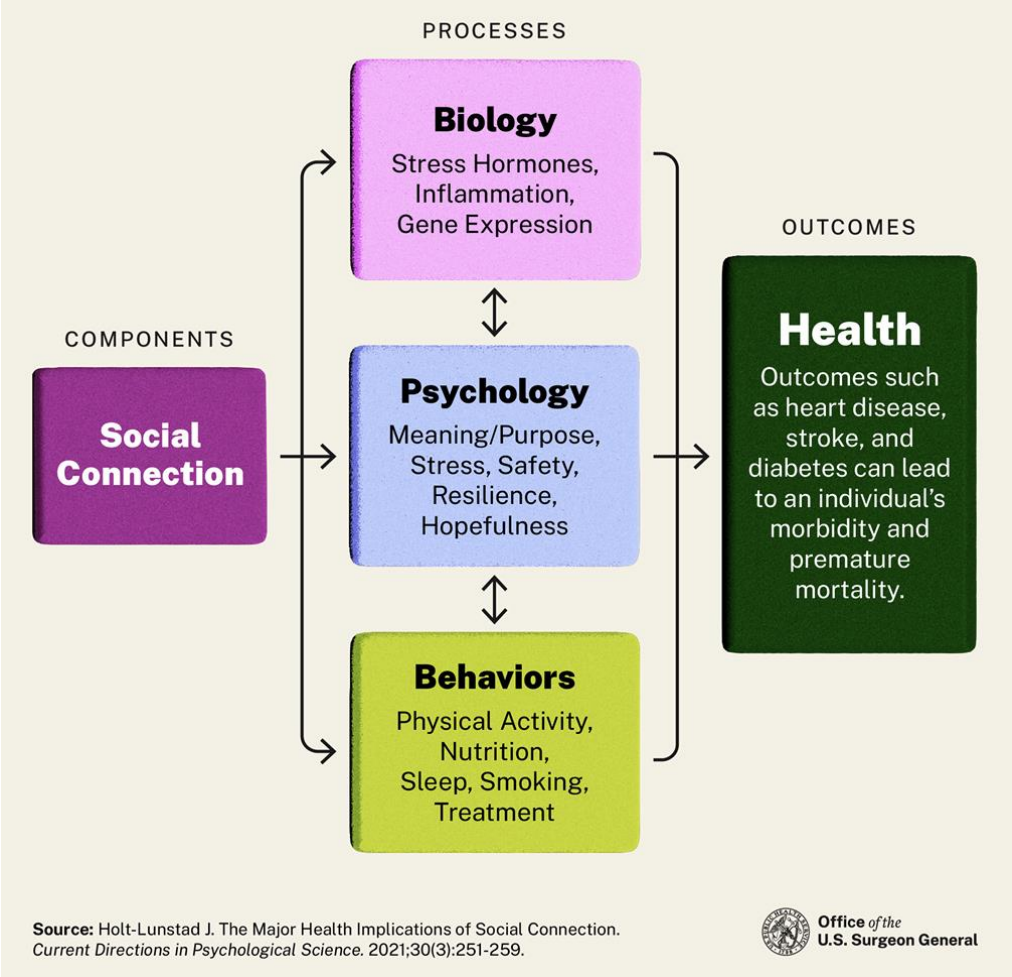
Demographic Analysis (N=243)

Sexual minorities
2x as likely
to be lonely
compared to
heterosexuals

Sexual Orientation	Lonely	Not Lonely
Asexual	5	0
Bisexual, Pansexual, Queer	46	25
Gay or Lesbian	11	4
Straight or heterosexual	64	74
Not Sure	6	4
Other	2	0
p-value <.01		

What happens to individuals experiencing loneliness?

Framework


PROCESSES
Biology
Stress Hormones, Inflammation, Gene Expression
COMPONENTS
Social Connection
Psychology
Meaning/Purpose, Stress, Safety, Resilience, Hopefulness
Behaviors
Physical Activity, Nutrition, Sleep, Smoking, Treatment
OUTCOMES
Health
Outcomes such as heart disease, stroke, and diabetes can lead to an individual's morbidity and premature mortality.
Source: Holt-Lunstad J. The Major Health Implications of Social Connection. Current Directions in Psychological Science. 2021;30(3):251-259.
Office of the U.S. Surgeon General

Negative Health Impacts

- Physical
- Cognition
- Mental
- Lifespan

Health impacts: Physical

Loneliness and social isolation increase the risk of:

- Stroke and cardiovascular disease
- Hypertension
- Type 2 Diabetes
- Poor sleep quality
- Physical inactivity and worsened function
- …. and more!

Health impacts: Brain/Cognition

- Loneliness and social isolation increase the risk of:
  - Faster cognitive decline
  - Overall worse memory and executive function
  - Mild Cognitive Impairment (MCI)
  - Dementia, including Alzheimer's Disease

50%

Chronic social isolation and loneliness can increase the risk of developing dementia by **50%** in older adults

Health impacts: Mental health

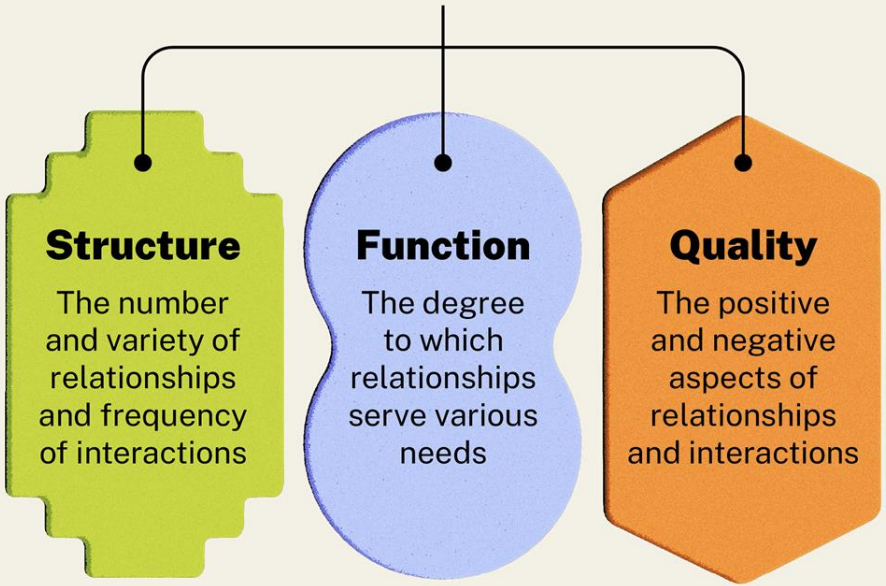
- Loneliness and social isolation increase the risk of:
  - Depression and anxiety
  - Suicidal thoughts
  - Decreased quality of life
  - Deaths of despair (alcohol, drug overdose, suicide)

Health impacts: Lifespan

- Loneliness increases risk for early death by 26%
- Social isolation increases risk for early death by 29%

The Three Vital Components of Social Connection

The extent to which an individual is socially connected depends on multiple factors, including:

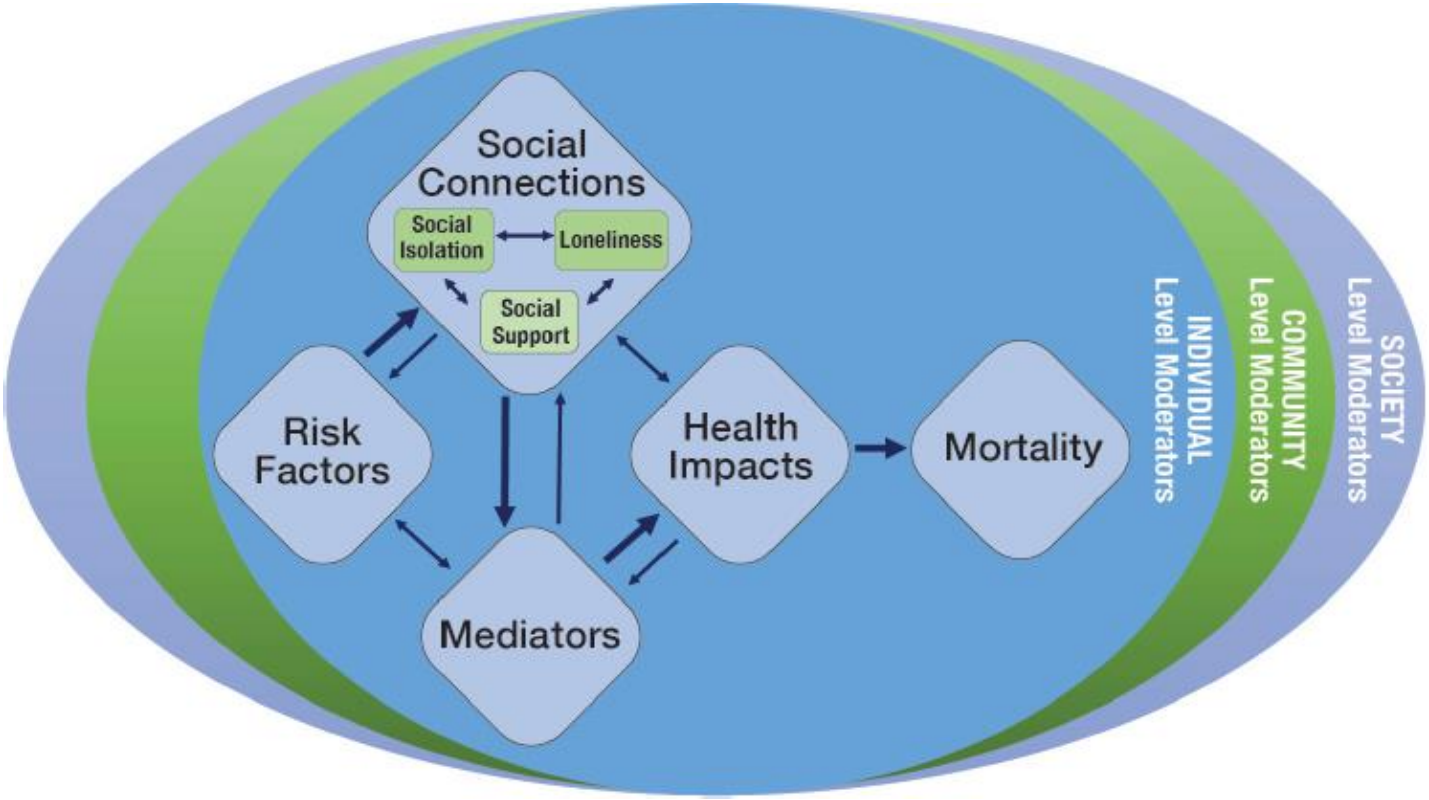


EXAMPLES	EXAMPLES	EXAMPLES
Household size	Emotional support	Relationship satisfaction
Friend circle size	Mentorship	Relationship strain
Marital/partnership status	Support in a crisis	Social inclusion or exclusion

Elements of Loneliness

Element of Loneliness	Description	Examples	Possible Consequences
Emotional Loneliness	Absence of close emotional attachment or intimate relationship. Often linked to loss (e.g., breakup, death, separation).	Missing a confidant, partner, or close friend.	Depression, grief, feelings of emptiness.
Social Loneliness	Lack of a broader social network or sense of belonging to a group.	Few friends, weak community ties, isolation at school or work.	Social withdrawal, anxiety, low self-esteem.
Existential Loneliness	A deeper sense of isolation stemming from awareness of life's meaninglessness, mortality, or disconnection from humanity.	Feeling fundamentally separate even when surrounded by others.	Despair, spiritual questioning, existential anxiety.

NASEM Framework for Loneliness



How do I screen?

Loneliness

- UCLA Loneliness Scale (20 or 3-item version)
  - How often someone lacks companionship, feels left out, or feels isolation
- De Jong Gierveld Scale (11 or 6-item version)
  - Includes emotional and social loneliness subscales
- Single-item measure
  - How often someone feels lonely (often/always, some of the time, occasionally, hardly ever, never)
  - Concern about potential stigma; meta-analyses illustrates lower prevalence of chronic loneliness

Social Isolation

- 50+ measures, no consensus

- Lubben Social Network Scale (LSNS, 6-item version)
  - Captures social networks, social isolation, social support
  - Derived from the BSNI to be more specific to older adults

- Berkman-Syme Social Network Index (BSNI, 4-item version)
  - Measures frequency and quality of social support, social participation, and social contact
  - Recommended for inclusion in EHR by prior IOM committee

Screening in Primary Care

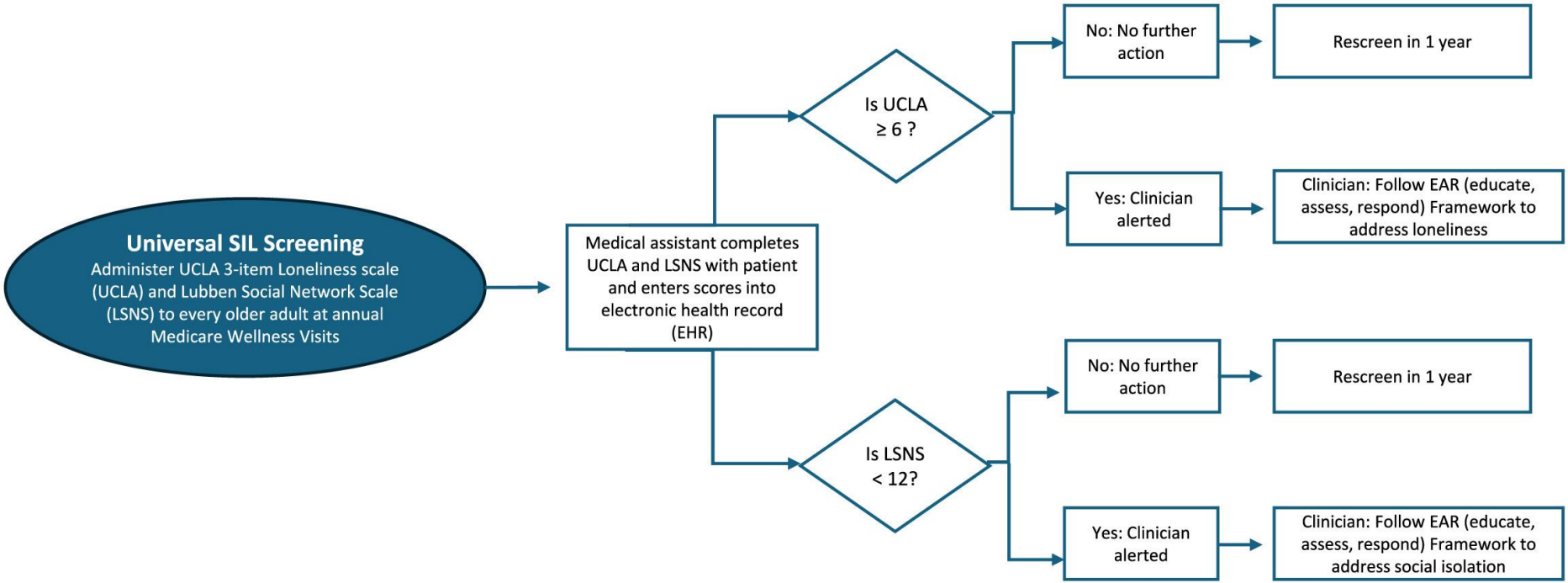
Use screening tools to identify loneliness and social isolation

- Universal screening at predetermined intervals (e.g. annual exams)
- Targeted screening for high-risk individuals (e.g. bereavement, mobility or sensory impairments, transportation insecurity, major life transitions)

If positive, provide education on the negative impacts of loneliness and social isolation

- Perform in-depth assessment and address any contributors
- Leverage other team members (case managers, social workers)
- Offer tailored referrals

Potential screening practice in clinical settings



So what can we do to reduce loneliness?

Framework for interventions

1

Strengthen Social Infrastructure in Local Communities

Design the built environment to promote social connection

Establish and scale community connection programs

Invest in local institutions that bring people together

2

Enact Pro-Connection Public Policies

Adopt a "Connection-in-All-Policies" approach

Advance policies that minimize harm from disconnection

Establish cross-departmental leadership at all levels of government

3

Mobilize the Health Sector

Train health care providers

Assess and support patients

Expand public health surveillance and interventions

4

Reform Digital Environments

Require data transparency

Establish and implement safety standards

Support development of pro-connection technologies

5

Deepen Our Knowledge

Develop and coordinate a national research agenda

Accelerate research funding

Increase public awareness

6

Build a Culture of Connection

Cultivate values of kindness, respect, service, and commitment to one another

Model connection values in positions of leadership and influence

Expand conversation on social connection in schools, workplaces, and communities

Evidence

- Masi et al (2011) meta-analyses:
  - Improving social skills
  - Enhancing social support
  - Increasing opportunities for social contact
  - Addressing maladaptive social cognition

Group Interventions

Social Prescribing:

- Aims to map out social networks and create goals for social connection
- Modeled from UK health service of “social prescribing”
- Groups include open discussion, problem solving, and resource sharing

Cognitive Behavioral Therapy:

- Adapted from a program created by Swedish researchers
- Focus on behavioral activation and managing thoughts and feelings
- More structured modules with practice examples

Our adapted social prescribing intervention

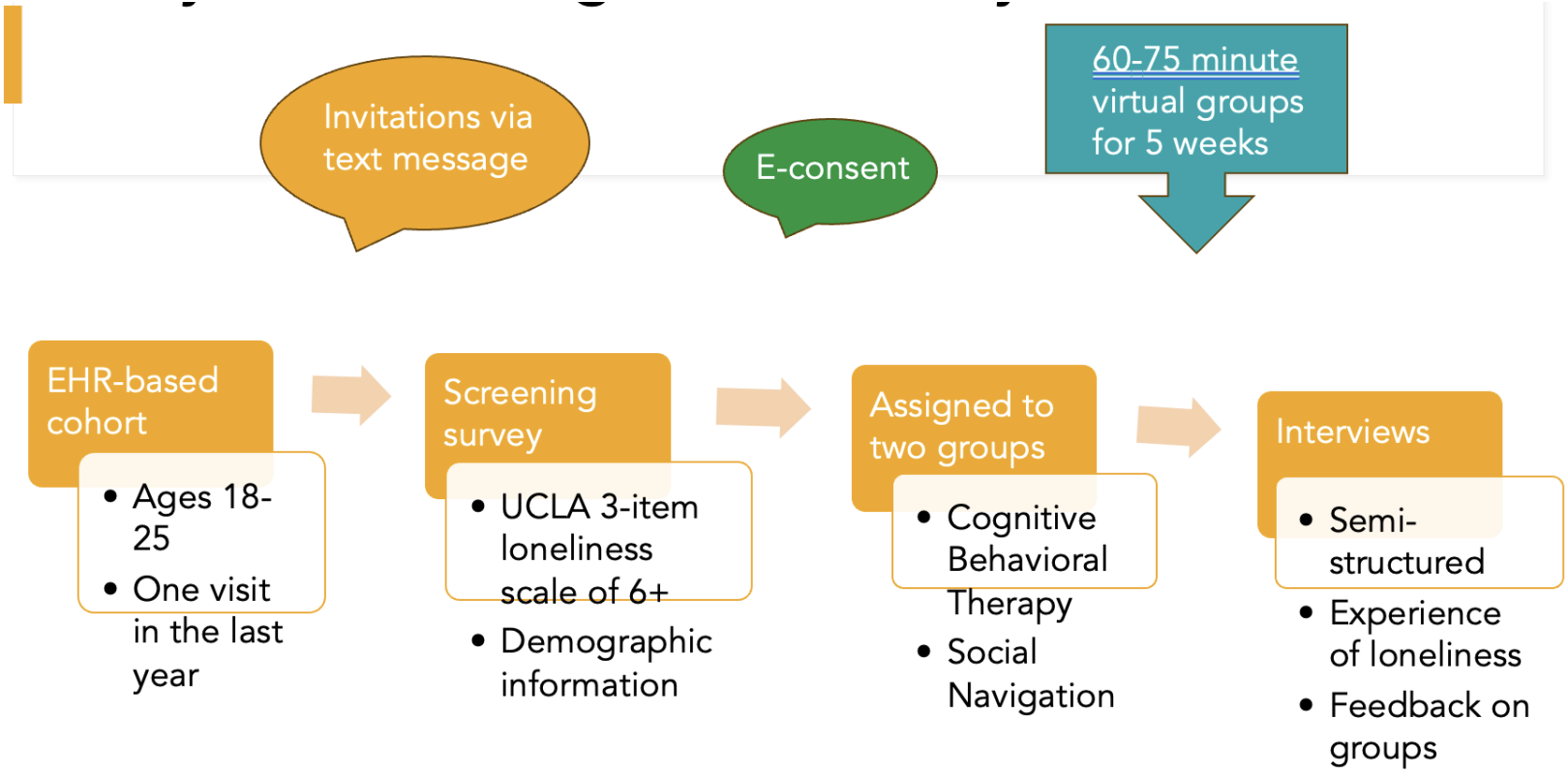
- 8-week virtual, group intervention
- Activities:
  - Mapping my world (People, Places, Activities)
  - Connections Plan (goals, concrete steps, timeframe)
  - Spotlight activities
  - Social connection framework
  - Social anxiety
  - Letter to self

Our adapted CBT intervention

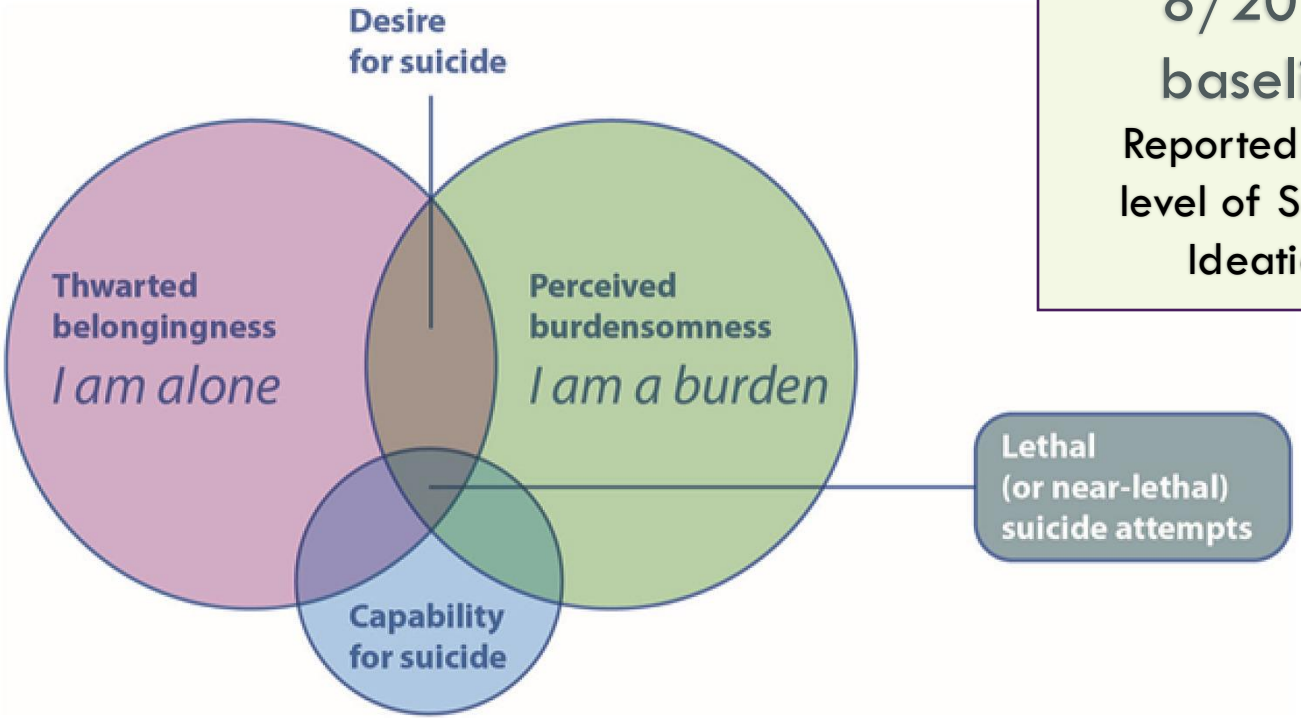
- 6-week virtual, group intervention
- Based on psychological, cognitive-behavioral therapy (CBT) techniques
- Address behaviors (e.g., avoidance) and cognitions associated with loneliness
- Incorporate with examples and techniques that are specific to chronic pain experience and management

Week 1	Engagement and Introduction to the CBT model of loneliness
Week 2	Identify your behaviors that are linked to loneliness
Week 3	Identify values, goals and planned behaviors that help improve loneliness
Week 4	Problem-solve what gets in the way of you connecting with others
Week 5	Working with your thoughts
Week 6	How to maintain improvements and new behaviors

Study Flow: Young Adults Study



Unexpected prevalence



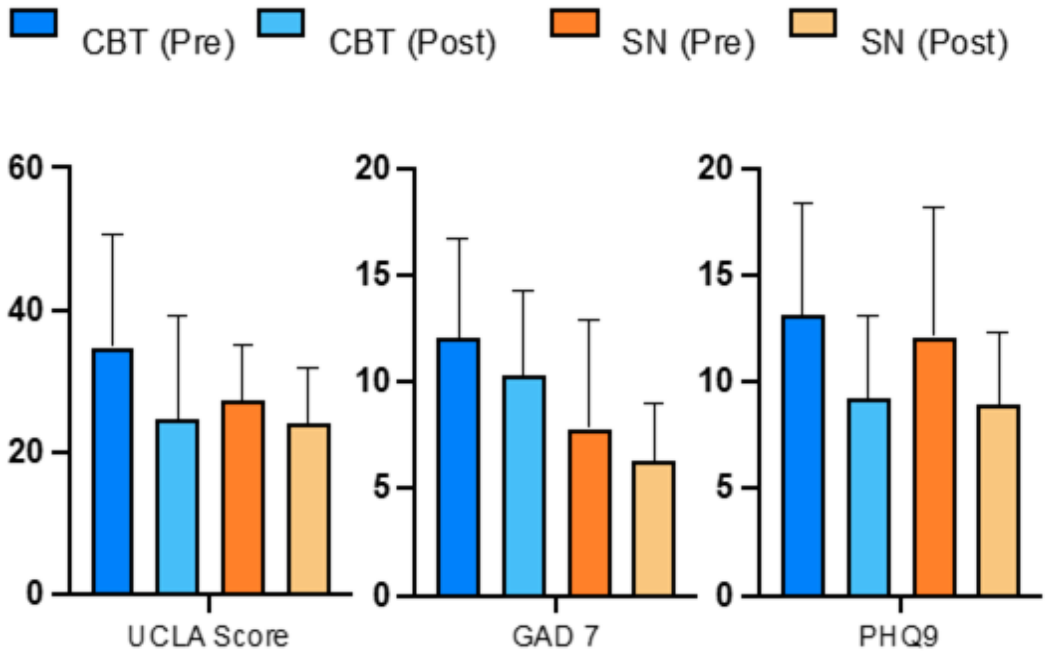
8/20 at baseline

Reported some level of Suicide Ideation

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). The interpersonal theory of suicide. Psychological review, 117(2), 575.

Intervention Outcomes (N=15)

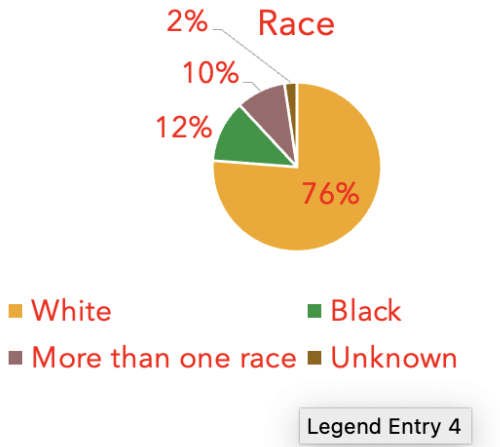
- Downward trend in loneliness, anxiety, and depression
- Not significant; not a large enough sample
- No control group



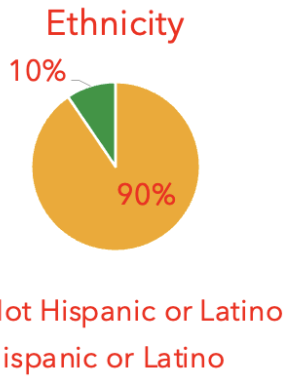
Opioids, Chronic Pain and Loneliness

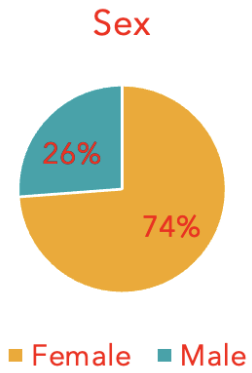
- Funded by National Institute on Drug Abuse
- Patients screening positive for loneliness who were on at least 3 months of opioids
- Identified from EHR query in 3 health systems

Demographics (n = 42)

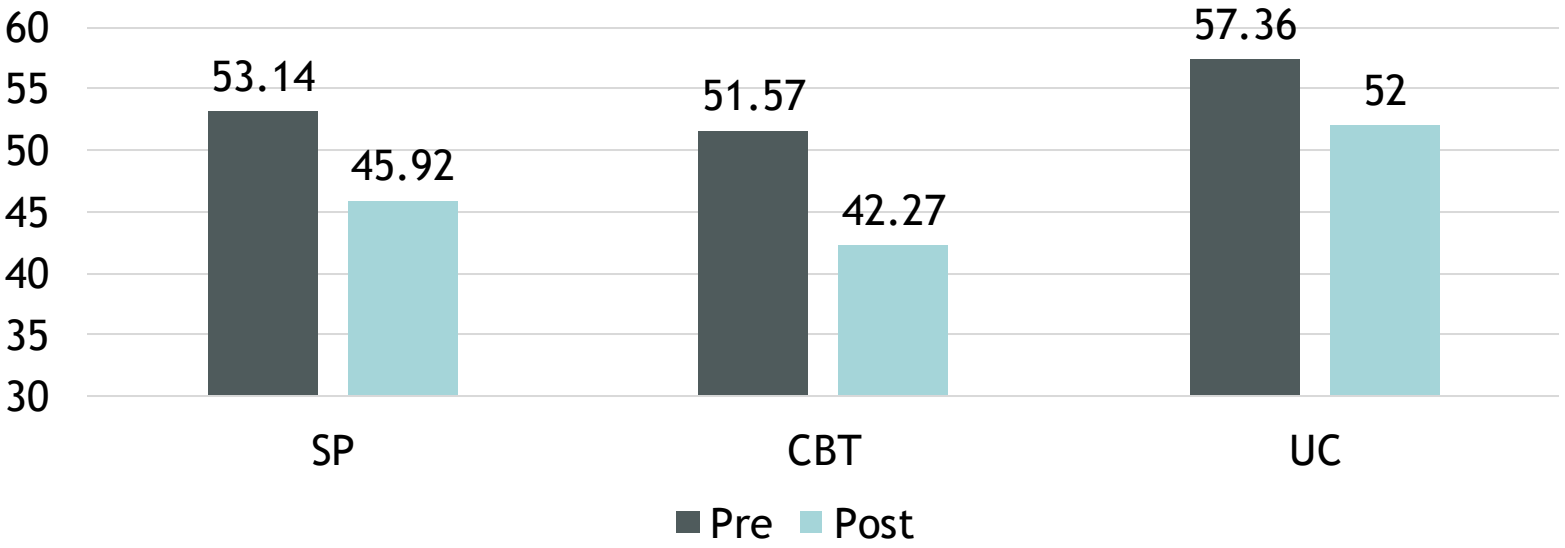


Age: mean 53.5 (SD 16.3)

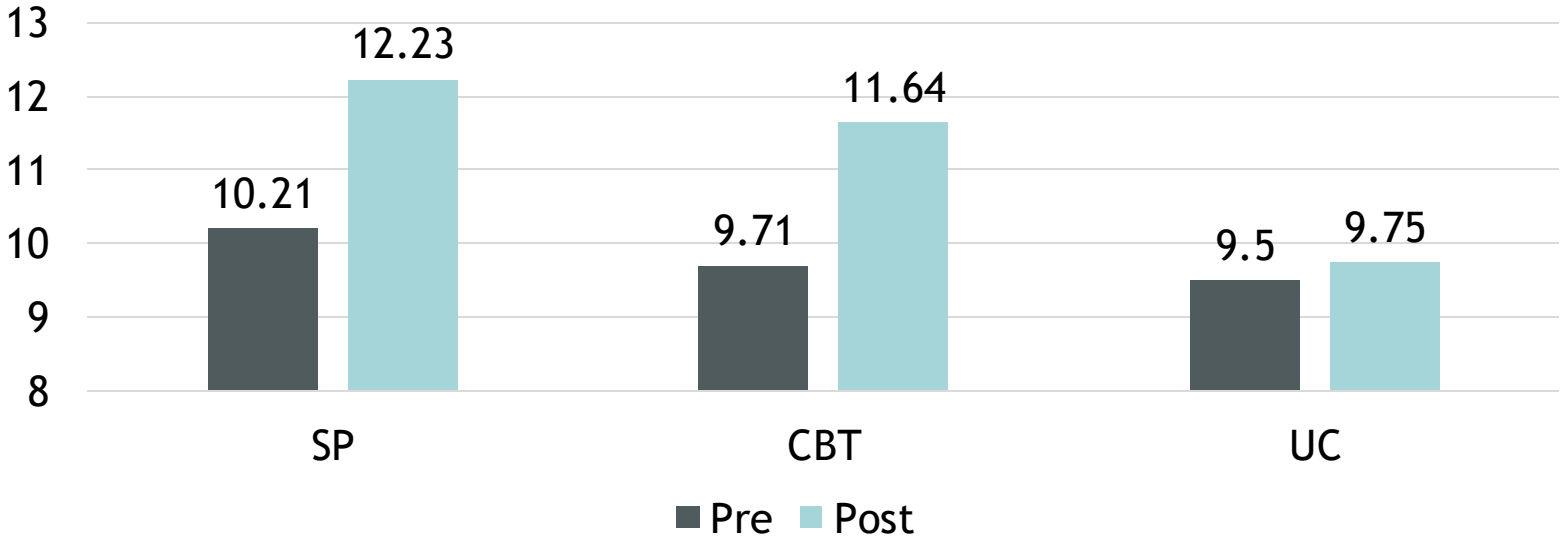




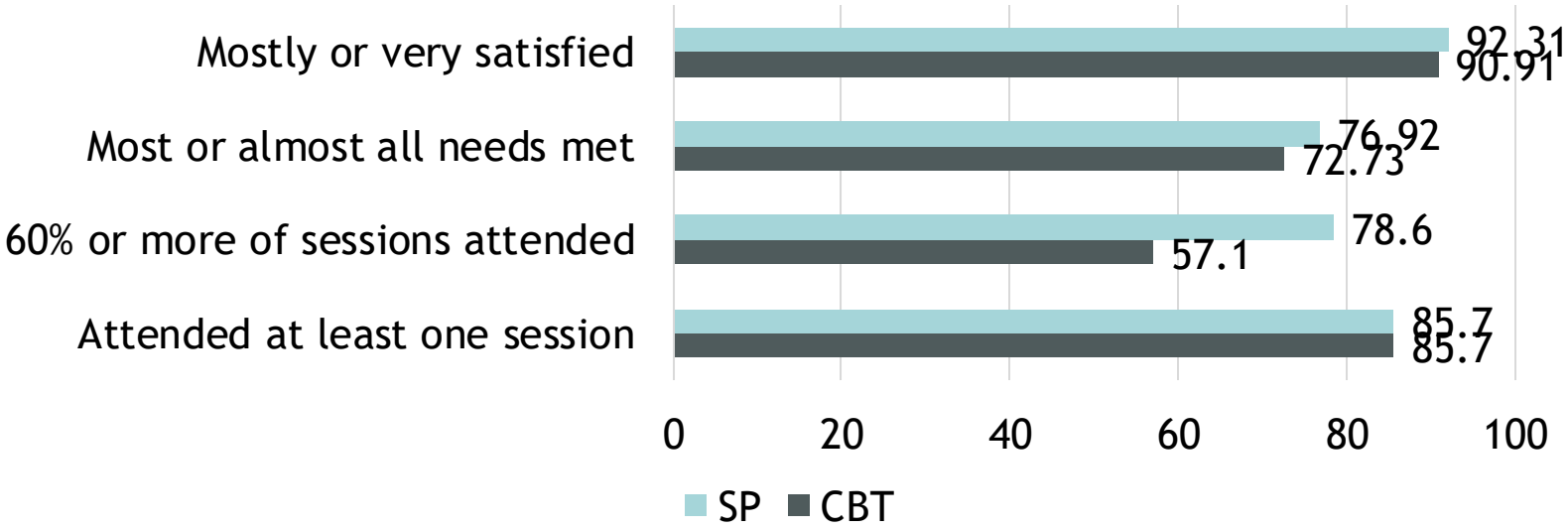
Loneliness (UCLA Loneliness Scale)



Social Connection (Lubben Scale)



Satisfaction and Attendance Percentages



But, what does this mean in primary care?

Loneliness and social isolation interventions

- Consider three overarching strategies:
  #1) Promote social contact
  #2) Transfer knowledge and skills to engage in social activity
  #3) Address cognitive or psychological barriers for social contact (e.g., cognitive behavioral therapy)

- Use a patient-centered approach
- Involve other clinical care team members (case managers, social workers, behavioral health)
  - Consider interventions within healthcare system (therapy) and outside (referrals to community programs)
- Address barriers to engagement (chronic comorbidities, mobility or sensory impairment, etc.)

And not just in patients….

REFLECTION

Professional Loneliness and the Loss of the Doctors' Dining Room

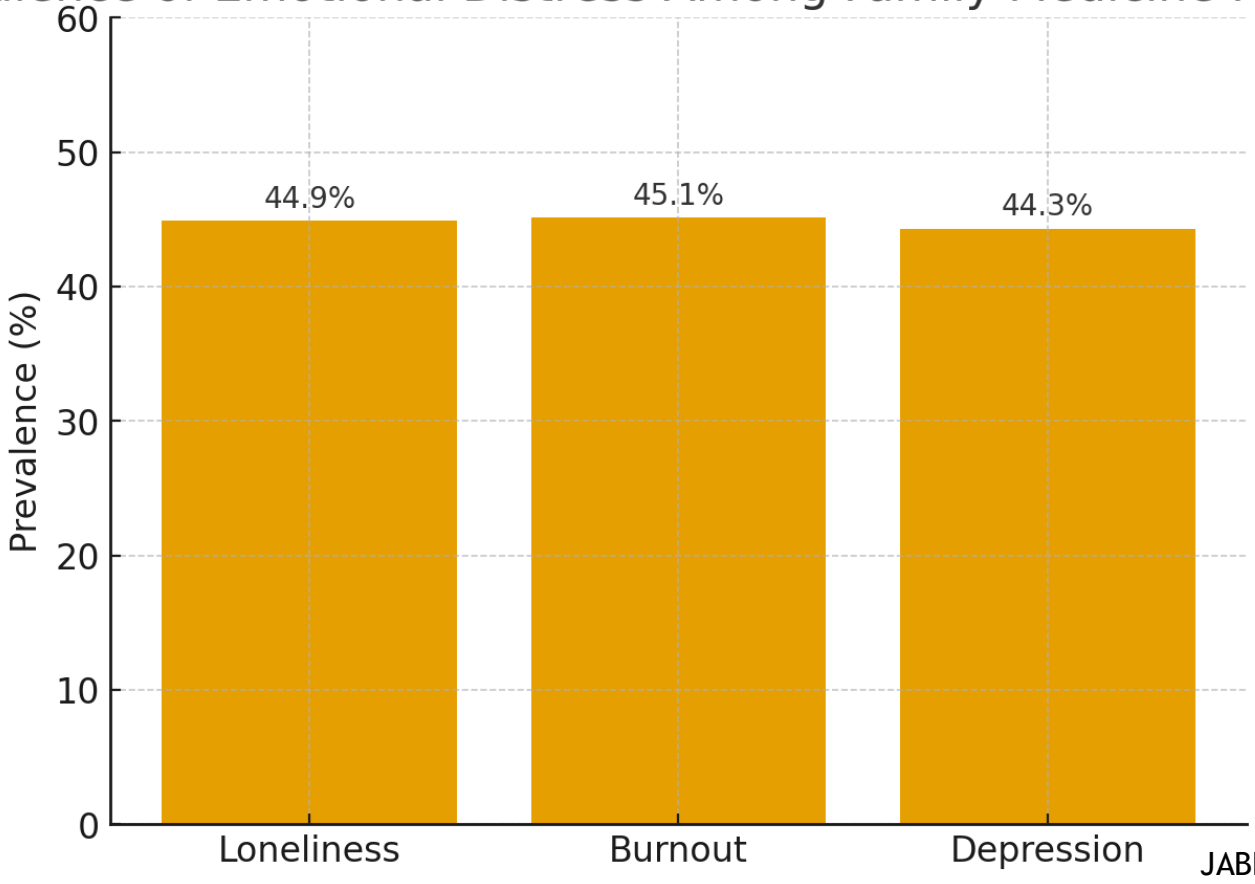
John J. Frey III, MD

Family Medicine and Community Health, University of Wisconsin School of Medicine

ABSTRACT

Historically, family physicians moved among all the venues of medical care—office, hospital, community—and were a part of a connected professional community. That connected community was sustained in great part through informal gatherings of clinicians in hospitals, clinics, and professional organizations. The

Prevalence of Emotional Distress Among Family Medicine Physicians



JABFM 2021, 34 (3) 531-541

NASEM Whole Person Health Framework

FIGURE 2-2 The foundational elements of whole health.

Back to our patients

- Case #1: 68-year-old female who is a full time caregiver
- Case #2: 23-year-old male with suicidal ideation

Questions?

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Thank You