NURSES AND other front line health staff are being urged to be on the lookout for people who are lonely, following the publication of new figures that suggest numbers are on the rise.

A survey by Age UK of 2,000 people aged over 65 found that one in ten described themselves as ‘often’ or ‘always’ lonely – a rise from 7% a year ago. If that figure is applied across the whole population, it equates to more than one million people.

Meanwhile, four in ten surveyed said their TV or pet was their main form of company and 30% said they wanted to go out more. The research strengthens the evidence that social isolation is becoming a major consequence of the ageing population.

Last year health secretary Jeremy Hunt described such loneliness as a ‘national shame’, while the Winter Friends campaign – led by NHS Choices and designed to encourage people to keep an eye out for older friends or neighbours – called for a return to the ‘old-fashioned sense of neighbourliness’.

But the Age UK figures also raise the question of what the NHS could be doing.

Research has shown that chronic loneliness can increase an older person’s risk of early death by 14%, which is twice the effect of obesity.

Campaign to End Loneliness director Kate Jopling says: ‘Quite often the NHS is quick to treat the symptoms, without recognising that the problems people present with are linked to loneliness.

‘Social isolation increases the risk of alcohol abuse, unhealthy eating, mental health problems, smoking and physical inactivity. We would like to see GPs, practice nurses and community nurses recognising loneliness more. Emergency department staff too will see people repeatedly presenting,’ adds Ms Jopling. ‘People need help maintaining or developing social connections. By doing that, we can help reduce the chances of them needing expensive treatment and care later in life.’

RCN older people’s forum steering committee member Sue Edwards agrees. ‘Conventional medicines have their place but they won’t cure loneliness,’ she says.

‘Older people who are lonely are at risk of depression and potentially suicide, therefore the first line of treatment can all too often be an antidepressant. What many people fail to realise is the consequences of taking such medication in terms of interaction with other drugs and the effect on physical health.’

There needs to be much more ‘social prescribing’, Ms Edwards says. ‘I will always encourage patients to engage in social activity where possible. This can range from going to the gym or playing card games through to art classes, walking groups or day centres.’

This need is beginning to be recognised in some places. In April, Calderdale council and Calderdale clinical commissioning group announced £1 million of funding for schemes aimed at tackling loneliness. They want to see more partnerships with the voluntary sector and greater community engagement to enable local clubs, activity groups and befriending schemes to flourish.

However, shortages of funding in local government and the NHS could restrict them. ‘There are plenty of good schemes out there,’ says Ms Edwards. ‘But services are also being cut. That is a worry.’

Nick Triggle is a freelance writer