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## Addressing the threat of loneliness and depression in older adults



WHO launched a new Commission on Social Connection in November, 2023, to address loneliness as a pressing global health threat.<sup>1</sup> Current estimates suggest that one in four older adults experience social isolation, putting them at increased risk of depression, stroke, anxiety, dementia, suicide, and early mortality.<sup>1</sup> The implementation of physical distancing requirements during the COVID-19 pandemic reduced levels of social networking, resulting in increased levels of loneliness, depression, and chronic health conditions.<sup>1,2</sup> These events have raised awareness of the importance of the issue of loneliness and, consequently, research has now started to emerge on the usefulness of psychological therapies to improve social connections and loneliness, and reduce levels of depression in times of social isolation.<sup>1</sup>

Before the pandemic, there was accumulating evidence on the effectiveness of collaborative care psychosocial programmes in mitigating depression and, in some instances, loneliness in older adults, based on face-to-face task-sharing approaches (delivered via trained lay people or non-specialist mental health providers).<sup>3,4</sup> However, many of the challenges brought on by the pandemic highlighted the urgent need to develop evidence-based psychological interventions that do not involve face-to-face contact. Simon Gilbody and colleagues<sup>5</sup> piloted an intervention aimed at mitigating loneliness and depression in the UK, which showed promising results. The same research group has created a living systematic review (PROSPERO, CRD42021298788) that shows the overall effectiveness of cognitive and behavioural approaches for loneliness and depression in individuals aged older than 18 years.

In *The Lancet Healthy Longevity*, Gilbody and colleagues<sup>6</sup> report the key findings of BASIL+, a robust, pragmatic randomised controlled trial conducted to evaluate the effectiveness of an innovative psychological intervention in mitigating depression and loneliness during the COVID-19 pandemic. BASIL+ was delivered via telephone over eight sessions to older adults (aged  $\geq 65$  years) with depression and chronic health conditions. Traditional approaches to behavioural activation encourage patients to engage in meaningful and enjoyable activities that help to

improve symptoms of depression.<sup>7</sup> BASIL+ adapted the behavioural activation approach to encourage patients to engage in meaningful and enjoyable activities that specifically improve social connectedness due to the physical distancing requirements during the COVID-19 pandemic. The results of the short-term follow-up of the BASIL+ trial show that there are solutions available that can help improve levels of emotional loneliness and depression severity in an older population. However, the BASIL+ trial did not find evidence of improvements for the secondary outcomes of social loneliness, anxiety, and quality of life. Once results from the longer-term follow-up are available, we will understand whether the effects of this brief intervention are maintained.

The challenges of implementing and evaluating BASIL+ cannot go unnoticed. First, the trial took place during the COVID-19 pandemic when health systems were not only overstretched but also ill prepared for the devastating impact of the pandemic on loneliness and depression in older people.<sup>2,8</sup> Second, the trial enrolled older adults with multiple and interconnected health needs, including depression and at least two long-term conditions. Such a combination of health conditions places people at increased risk of negative social and health outcomes.<sup>9</sup>

Given the interconnected health needs of this population and the associated complexity surrounding these issues, research is now needed to understand whether the BASIL+ intervention can be adapted into a collaborative care approach. As an example, a collaborative care component could be offered whereby the health worker delivering the remote sessions also refers patients to primary care to address any unmet health needs. Sessions could also incorporate materials to help patients better manage a healthy lifestyle. More research is also needed to understand whether BASIL+ is effective beyond the COVID-19 pandemic in older adults who are at risk of social isolation and loneliness. Robust, participatory, theory-informed implementation research can help to address many of these questions, facilitating widespread scale-up.<sup>10</sup>

The COVID-19 pandemic exposed how health systems globally were unprepared to prevent and care for the

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short-term and long-term consequences of social isolation imposed not only by health emergencies but also by chronic conditions in older adults. BASIL+ is an example of how psychological interventions integrated into the health system can help the most vulnerable populations experiencing social isolation. Climate change, violence, war, migration, and outbreaks of infectious diseases are increasingly becoming frequent events in our societies. We are also experiencing a rapidly ageing population that is at risk of social isolation due to disabilities and chronic health conditions. With the launch of the new WHO commission on Social Connection, the time is ripe for funding opportunities to implement and expand programmes at a global level.

We declare no competing interests.

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\**Marcia Scazufca, Nadine Seward*  
**scazufca@gmail.com**

LIM-23, Hospital das Clinicas HCFMUSP, Faculdade de Medicina, Universidade de Sao Paulo, Sao Paulo, Brazil (MS); Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK (NS)

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