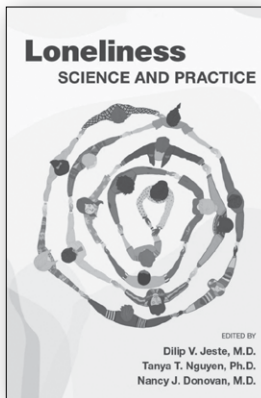


BOOK REVIEWS

Loneliness. Science and Practice



Edited by Dilip V. Jeste, M.D.,
and Nancy J. Donovan; American
Psychiatric Association Publishing; 2023;
ISBN 9781615374229; pp 252;
\$53 (paperback).

Loneliness is becoming more widespread in modern society. It is a sad state of affairs that in our superficially well-connected society, people are becoming more and more lonely. Loneliness has a detrimental effect on perceived quality of life and is becoming one of the prominent social determinants of mental and physical health. It increases the risk of mental illness as well as the risk of death. Interestingly and importantly, one study found that “the number-one metric contributing to overall life satisfaction was not wealth, fame, or even general health, but, rather, the maintenance of close personal relationships, which appears to reduce the risk of both physical and cognitive decline” (p 1). It is clear that the field of medicine

(and especially psychiatry) needs to pay more attention to this serious and growing problem. Thus, 3 geriatric psychiatrists—Drs. Jeste, Nguyen, and Donovan—gathered a group of experts from North America to put together a volume on loneliness that addresses its psychobiology, clinical assessment, and strategies to prevent and manage its consequences.

The book consists of a brief preface and 10 chapters. The chapters typically include key points and suggested reading, and some also include illustrative case vignettes. The first chapter provides a good introduction to the topic of loneliness with explanations of basic concepts and terms. The text emphasizes that the 2 aspects of social relationships—loneliness and social isolation—are becoming more prominent as key constructs impacting human health. The authors note, “Individuals who are socially connected have been shown to have happier, healthier, and longer lives” (p 2). The text also points out that though loneliness and social isolation are related and frequently highly correlated, we need to distinguish between them. “*Loneliness* is the perception of social isolation or the subjective feeling of being socially disconnected, whereas *social isolation* is an objective lack or limited extent of social contacts with others” (p 3). After this discussion of basic definitions, the chapter continues in summarizing the remaining sections.

The second chapter, *Loneliness, Other Aspects of Social Connection, and Their Measurement*, “reviews the theoretical basis of loneliness as a state of social and psychological distress based on basic human need for intimate connection, sustaining social relations, and collective engagement with others” (p 31). It starts with the discussion of the writing of Frieda Fromm-Reichmann, who in 1959 wrote about loneliness and “a strange reluctance on the part of psychiatrists to seek scientific clarification of the subject” (p 16) of loneliness. It continues with a discussion of social and psychological contributions to loneliness, which includes another great description of loneliness: “Loneliness is not caused by being alone but by being without some definite needed relationship or set of relationships” (pp 16-17), such as an “intimate attachment,” “meaningful friendship,” or “other linkages to a coherent community” (p 17). Also, the table on antecedents of loneliness is very good, such as changes in achieved and desired social relations, quantity and quality of social contacts, personal factors, and cultural and situational factors. The chapter further reviews genetic contributions to loneliness; social connections and loneliness; social relationship assets and deficits; structure and function of social relationships; and representative measures of social connection. This chapter also includes an appendix of measures.

The following chapter focuses on loneliness across the lifespan. It includes a couple of good case vignettes and points out that loneliness can occur at any age, but older people are at particular risk of feeling

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lonely. It is important to realize that “Age differences in loneliness can be explained by age differences in the prevalence and relevance of risk factors” (p57). Interventions for reducing loneliness should be age-appropriate (p 58). Young people may benefit from establishing opportunities for social interactions and improving social skills more than older adults (p 58). Chapter 4, *Loneliness in People Living With Mental Health Disorders*, brings the reader’s attention to the fact that the rates of loneliness among people with mental illness are much higher than in the general population and could be as high as 80% in people with schizophrenia. The authors also note that the relationship between depression and loneliness is bidirectional. They emphasize that special attention needs to be paid to the association of loneliness with medical comorbidity in persons with mental illness. The fifth chapter, *Loneliness in Marginalized Communities*, notes that loneliness has been studied in many countries and cultures. It summarizes loneliness issues in Hispanic/Latinx, Black/African American, immigrant, and LGBTQ+ communities. The following mostly speculative chapter, *Neurobiology of Loneliness*, states that individuals who are lonely “show changes in brain structure and functioning across a variety of neurobiological assessments” (p 124). It is not clear what this statement signifies. The chapter includes a large table summarizing the findings of selective publications by brain region and network.

Chapter 7, *Systemic Neuroendocrine and Inflammatory Mechanisms in Loneliness*, starts with

disquieting statements that “loneliness has been associated with increased risk for adverse mental and physical health outcomes, including depression, cardiovascular disease and stroke, cancer progression, loss of motor function, and cognitive declines” and is associated with “a 26% increased risk of all-cause mortality that is comparable in magnitude to well-established risk factors such as obesity and smoking” (both p 137). It seems that loneliness is associated with the activation of several neuroendocrine and inflammatory pathways. Finally, “there is also evidence that inflammation can reciprocally influence CNS perception of threat and social withdrawal, driving further loneliness” (p 156).

The next 2 chapters summarize interventions for loneliness in younger people and interventions for loneliness in older adults. The emphasis in both groups is on psychosocial measures. The chapter on younger adults includes a table on intervention studies of related risk factors and intervention focus. This chapter recommends that psychological intervention in younger adults should focus on the management of maladaptive cognitions associated with loneliness and that only a handful of interventions focused on youth loneliness have been successful at reducing it. The chapter discussing older adults notes that in 2018, the number of older adults was greater than the number of children age ≤ 5 for the first time in history. This chapter includes a good figure illustrating the pathways to loneliness in later life (mental illness, physical illness, functional impairment, social stressors) and associated

interventions. It also includes a good table on resources for treating loneliness in older adults.

The final chapter, *Community-Based Interventions for Loneliness*, stresses that loneliness is a serious threat to public health, and includes a table on identifying loneliness as a public health priority. Community approaches to loneliness include primary, secondary, and tertiary prevention approaches, which are nicely summarized in a figure on approaches to addressing loneliness at the community and population levels. This chapter reviews interesting interventions, such as social prescribing, peer befriending to reduce loneliness, and telephone and video call support.

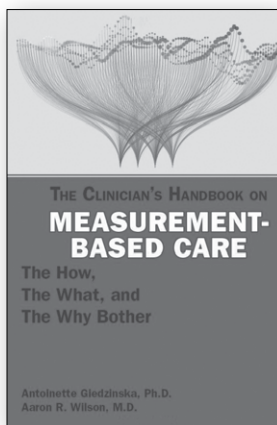
This is an important volume tackling the increasing societal problem of loneliness. It brings a lot of interesting information, some of which is a bit tentative and of unclear significance (eg, neurobiology). As noted, the book includes several good case vignettes. The list of interventions is useful, though not many have been found effective yet. It is clear that loneliness is here and spreading and that we need to start to seriously address it. Reading this book could be a first important step for most psychiatrists in managing loneliness in their patients. Thus, I highly recommend it to clinicians and teachers of generations of younger psychiatrists.

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DISCLOSURES: Dr. Balon is a Deputy Editor of the American Psychiatric Association Publishing Editorial Board.

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The Clinician's Handbook on Measurement-Based Care. The How, the What, and the Why Bother



By Antoinette Giedzinska and Aaron R. Wilson; American Psychiatric Association Publishing; 2023; ISBN 9781615374175; pp 152; \$68 (paperback).

Measurement-based care (MBC) is a concept that is, unfortunately, coming to psychiatry and medicine as a whole. The basic concept of MBC in psychiatry (or as used in this volume, in behavioral health) is the measurement of patient outcome(s) using various tools, namely psychometric scales, during treatment to demonstrate (visually) the changes or lack of changes during treatment. This all could and should be discussed with the patient. The authors of this volume define MBC as “the systematic collection of individual data acquired at initial screening, at various identified times during treatment, and at

completion of care. Its primary function is to serve as a clinical tool to support clinical practice in order to substantiate diagnostic formulation, guide treatment decisions, monitor treatment progress, and evaluate treatment outcomes at the individual level. Its secondary function is to evaluate program fidelity in aggregate form as a method of quality assurance to evaluate treatment effectiveness, analyze outcomes, understand predictors of patient progress, and determine factors toward treatment improvement” (p 5).

The book consists of a foreword (written by the Executive Director of Behavioral Health Care and Human Services of The Joint Commission), preface, and 5 parts (9 brief chapters): Part I: The WHY. What Is Measurement-Based Care, and Why Should You Bother? Part II: The HOW. The “Methods” in Measurement-Based Care; Part III: The WHAT. The “Measures” in Measurement-Based Care; Part IV: Aggregating Measurement-Based Care for Program Fidelity; and Part V: Moving Beyond Simple Progress Monitoring. Implications for Practitioners and a New Practice Paradigm. Included are also 2 Appendices, A: Why-What-How Operationalization Worksheet, and B: Stakeholders Graphic.

The foreword exhorts the importance of MBC, stating that its use in behavioral health care and human services “will likely have the greatest impact on moving this industry forward now and in the future” (p v). Yes, we are entering our industrial times. The preface notes the importance of the need to integrate the clinical and actuarial judgments (crux of the book?). It also suggests that “discussing self-reported data epitomizes patient-centered care by strengthening collaborative treatment decision-making and ultimately enhancing personalized treatment plans” (p viii). The authors add, “Using psychometric data in this manner becomes one of your most powerful clinical tools” (p viii).

The first, very brief chapter emphasizes the importance of psychometric scales and presents the above-mentioned definition of MBC. The second chapter discusses the established benefits of integrating MBC into clinical practice. It discusses the therapeutic alliance, therapeutic compliance, patient insight preventing treatment failure, and biases and misconceptions about psychometric measures. These include self-assessment bias; self-report response bias; misconceptions that MBC is time-consuming and expensive (not argued well, missing concrete examples), that MBC is outcome research; that only psychologists can administer psychological testing (again, not argued well, with no good concrete examples); and that progress evaluation that indicates deterioration means “I have failed.” The third chapter, Getting Started, provides some guidance on how to start MBC. It includes

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a couple of good tables (though the legends are not very clear) and a discussion of the fact that you need to know your audience for effective reporting (identifying stakeholders, tailoring stakeholder reporting). The following chapter on operations infrastructure presents basic design methodology for clinical practice.

The fifth chapter “overviews” psychometrically sound measures. It starts with the Institute of Medicine definition of psychometrics—“the scientific study to develop, interpret and evaluate psychological tests ‘to assess variability in behavior and link such variability to psychological phenomena’” (p 61). The chapter further discusses validity, reliability, normative group data, measurement error and interpretation, parsimony (selecting scales that are brief and easy to administer), and the ease of administration. The sixth chapter addresses psychometric test access and user qualification—namely what is in public domain and what is copyrighted (eg, did you know that the Mini-Mental State Examination was transferred to a commercial-use assessment company and thus its use in research and clinical care basically stopped?).

The seventh chapter finally presents a table of psychiatric symptom scales alphabetized (anxiety, attention-deficit/hyperactivity disorder, autism, behavioral problems in youth, bipolar/mania in adults and youth, depression in adults and youth, eating disorders, medication side effects and adherence, obsessive-compulsive disorder, posttraumatic stress disorder in adults and youth, quality of life, substance use, suicidality, treatment alliance, and treatment progress and satisfaction). The table is not very useful, as it lists just the scale name, one selected citation from the literature, the acronym, and a list of items, but nothing about practicality or usefulness, or which one the authors recommend. The eighth chapter advises how to aggregate patient data for program fidelity (quality assurance, data management guidelines, coding and calculating the data, etc). The final chapter addresses issues such as how MBC feedback loops “feed back” to clinicians, how MBC heightens personalized medicine, and the role of MBC in practice-based evidence.

The intention of this volume to bring the not-so-welcome concept of MBC (which is basically managed care

returning through the back door—the foreword speaks of the industry) to clinicians is good. However, the realization is not good. It does not address some of the so-called misconceptions about MBC (too time-intensive; too expensive; may be undermining the practitioner’s clinical judgment) well or in concrete terms. The book emphasizes clinical psychology and not necessarily the real-life practice of clinical psychiatry. It entertains psychological means of treatments and does not talk about medication treatment. The management of some serious mental illnesses (eg, schizophrenia, severe personality disorders) is not mentioned (not even in the table of scales). The book is clearly written by authors who are not clinicians. The main flaw is the lack of concrete advice. A good way would be to illustrate the entire process of MBC (including its advantages and disadvantages) on 2 or 3 specific clinical examples. Maybe some leaders of health care organizations can use this book for something useful. However, it is not going to be very much help to clinicians in the trenches.

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

Textbook of Psychiatric Administration and Leadership. Third Edition. Edited by Sy Atezaz Saeed, John Lauriello, and Laura Weiss Roberts; American Psychiatric Association Publishing; 2023; ISBN 9781615373376; pp 504; \$154 (hardcover).

Facing Campus Sexual Assault and Relationship Violence with Courage. A Guide for Institutions and Clinicians on Prevention, Support, and Healing. Edited by Helen W. Wilson and Christina T. Khan; American Psychiatric Association Publishing; 2023; ISBN 9781615374434; pp 255; \$54 (paperback).

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Eating Disorders. Fourth Edition. American Psychiatric Association; American Psychiatric Association Publishing; 2023; ISBN 9780890425848; pp 100; \$59 (paperback).