Indications for postmenopausal hormone replacement therapy

Symptomatic oestrogen deficiency Prevention of osteoporosis

Oestrogen deficiency

Severe

- Prolonged (early menopause)
- History (premenopausal episode of amenorrhoea)
- Underweight (reduced extraglandular production from adrenal androgens)
- Glucocorticoid therapy (suppression of adrenal androgen secretion)
- Cigarette smoking (disturbed metabolism of oestradiol)

Subnormal peak bone mass

Calcium deficient diet (particularly in childhood and adolescence)

Oestrogen deficiency in adolescence

Sedentary lifestyle

Through disease—for example, fracture, coronary disease

Familial predisposition

Prevention of coronary heart disease

Oestrogen deficiency (as above)

Abnormal lipid values (raised low density lipoprotein cholesterol concentration, subnormal high density lipoprotein cholesterol concentration, raised Lp(a) lipoprotein concentration)†

Hypertension†

Diabetes mellitus†

Cigarette smoking

Familial predisposition

†Hormone replacement therapy is indicated in combination with appropriate treatment specific to the primary condition.

Whom should we treat?

If hormone replacement therapy is not for all postmenopausal women, then whom should we treat? No one disputes the need to treat postmenopausal women who have symptoms, but we should be sure that these women have the clinical syndrome of oestrogen deficiency. Otherwise there is a real risk of treating symptoms that may be psychiatric in origin with ever increasingly powerful hormone implants (the so called phenomenon of oestrogen tachyphylaxis).⁹

I think the real difficulty is to advise which postmenopausal women who have no symptoms should take hormone replacement therapy—and for how long. In my opinion, while we continue to lack information about clinical events from randomised trials the best we can do is suggest treatment for those most at risk of osteoporosis and heart attacks. Moreover, prescription should be offered in the context of advice about smoking, diet, exercise, and medical surveillance. There is no reason why our patients should not benefit from the very biases that have so weakened the scientific evidence in this topic.

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Caring for Older People

Loneliness

Anne Forbes

This is the fifth in a series of 14 articles edited by Eileen Burns, Neil Penn, and Graham Mulley

Loneliness is undesirable and personal: what for one person may be acceptable solitude may for another be anguish. The negative stereotype of old age includes loneliness, but the problem seriously affects only one in 10 older people. Certain people are prone to loneliness—bereaved people, immigrants, and those limited by physical disabilities—but loneliness can be exacerbated by lack of money and may occur among those in institutional care as well as older caregivers. This article discusses the signs and effects of loneliness and the schemes and activities available to support older people who may otherwise be lonely.

Loneliness may be described as an unwelcome feeling of lack or loss of companionship, or feeling that one is alone and not liking it. It is essentially undesirable and it may have implications for the health of the person experiencing it.

A situation leading to loneliness for one person can be a source of contented aloneness for someone else.

Loneliness cannot be regarded as the simple, direct result of social circumstances. It is rather an individual response to an external situation to which old people vary in their reactions.

Loneliness is often confused with social isolation, a concept that can be more accurately measured (by the number of social contacts the person has, for example). However, wellbeing may not be positively correlated with social contact; much depends on the nature of the contacts made. Seeing a particular visitor may be more important than the number of people who call. For some people, solitude is a way of life which temperamentally suits them. Therefore some people may feel isolated even when they have many visitors; others who have less need of social contact may not feel lonely even if they have no visitors. This article will concentrate on loneliness, its incidence, and some suggested ways of offsetting its more disturbing effects.

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"A lonely life" by Hugh Cameron (1835-1918)

How prevalent is loneliness among older people?

A report on attitudes to aging published by British Gas in 1991 found that 90% of the population (including 82% of retired people over 55) believed loneliness to be a problem associated with old age—but only 32% of the older people interviewed said that it was a problem for them personally. This bears out the findings of other American and European studies which consistently report that about two thirds of older people are never or rarely lonely; one fifth admit to being lonely sometimes, and about a tenth say that they are lonely very often.

This seems to imply on the one hand that the extent of loneliness in older people is often overestimated and on the other that it is a real problem for about one in 10 older people—almost one million people in Britain.

Which older people experience loneliness, and why?

Those most affected by loneliness are very old people, widows and widowers, and people isolated by disability. Older people who are caregivers may also be isolated and lonely. About a third of carers report feeling lonely, at least sometimes. Loneliness is more likely to occur in resident carers. Loneliness can also be experienced by older married women; older people who live with married children; those living in sheltered housing or residential care; and older people who immigrated from other countries, especially those who do not speak the language well.

Loneliness seems to be less prevalent in those rural areas where a sense of community still remains than in more densely populated urban areas. Lack of money limits the opportunities for overcoming loneliness: those on lower incomes are more prone to feelings of loneliness than those who are better off.

Possible signs of loneliness

- Verbal outpouring
- Prolonged holding of one's hand or arm
- Body language:
 - Defeated demeanour
 - Tightly crossed arms and legs
- Drab clothing

There is considerable debate about types of loneliness and how it is experienced by different people. Put at its simplest, there are two kinds of loneliness: external, which is brought about by the person's life circumstances (bereavement, for example) and internal, which relates more closely to personality type.

What can be done?

How can we help to offset the loneliness experienced by those who are able to become involved outside the home and by those who are housebound?

Wherever possible, lonely people should be offered opportunities to reach out to others so that they retain active involvement in the pattern of their own lives, rather than sitting passively waiting for the doorbell to ring. Examples of this are given below, both for those who are able to get out and for those who are housebound. Well designed housing schemes that provide opportunities to meet others formally and informally enable lonely people to support each other. Lonely people may need encouragement and guidance on how to be creative and how to have a positive approach to meeting others.

Involvement outside the home

COMMUNITY ACTIVITIES FOR ALL AGES

Older people do not necessarily want to spend their time exclusively with other older people. There are many activities in which they can join with people of other ages:

- Adult education classes—for example, painting, creative writing
- Involvement in community action—for example, membership of Good Neighbour schemes, which visit housebound people; local history groups; sporting activities such as bowling
- Membership of local churches
- Participation in locally organised outings, either to the countryside or to the theatre or cinema; holidays.

To facilitate the involvement of older people, however active, it is helpful if clear information is available well in advance, transport is provided if necessary, and meetings are organised at a suitable time (preferably during daylight hours) in a warm comfortable venue with good seating.

Details of local community activities can be obtained from the local Council for Voluntary Service (whose number will be found in the telephone book) or from the local library or possibly the social services area office. Councils for Voluntary Service are usually considered the de facto headquarters or liaison point for voluntary groups in the city or district. Information about church activities may be available from the local Churches Together group.

ACTIVITIES WITH OTHER OLDER PEOPLE

In addition to many of the suggestions above, activities with other older people include the following:

- The University of the Third Age (6 Parkside Gardens, London SW19 3EY) offers locally run courses (not necessarily academic); no qualifications are needed, no diplomas are awarded, and many of the teachers are retired people
- Smaller gatherings of three or four people who share an interest—for example, gardening, sport, Bible study—who are invited into the home of a younger person for coffee or afternoon tea. One national group encouraging schemes whereby people are invited for afternoon tea, etc, is Contact (15 Henrietta Street, London WC2E 8QH; tel 0171 240 0630, fax 0171 379 5781); it will supply names of leaders of local groups
- Luncheon clubs are run both by voluntary organisations (such as church groups, Age Concern) and by the

social services department of local authorities; they offer social activity as well as a hot meal

- Reminiscence and local history groups can be very stimulating if they are well and sensitively run; the social services area office or Age Concern can usually supply details
- Holidays for older people are organised by Saga Holidays (Bouverie House, Middelburg Square, Folkestone, Kent CT20 1AZ).

SPECIALIST GROUPS

Certain specialist groups may be of assistance at times of loss, either through bereavement, retirement, or illness:

- Cruse—named after the container of oil belonging to a biblical widow—offers counselling and support after bereavement. Local groups, established around the country, offer a drop in centre, a telephone advisory line, literature, and individual visits by trained counsellors; details of local groups are available from 126 Sheen Road, Richmond, Surrey TW9 1UR (tel: 0181 332 7227)
- Support groups for people with a particular illness can be helpful—for example, the Parkinson's Disease Society, Arthritis Care, the Stroke Association, and the Alzheimer's Disease Society.

Suggestions for housebound people

WAYS OF BRINGING MORE PEOPLE INTO THE HOUSE

Most areas have befriending schemes, which can be very supportive provided that clear boundaries are set and the "befrienders" know what is and is not expected of them. Contact them through the local Age Concern group, local churches (in some areas the Methodist church has "live at home" schemes), or community care schemes linked to the area office of the social services department.

WAYS IN WHICH HOUSEBOUND PEOPLE CAN FEEL USEFUL TO OTHERS

One way that housebound people can feel useful is through offering telephone support to others who are isolated, such as carers or other older housebound people. In one neighbourhood a telephone circle was established, in which seven housebound people each rang one of the group each morning to ensure they were well. If help was needed, a contact person was available. Another useful activity is letter writing, perhaps for a worthy cause (such as Amnesty International) or corresponding with a pen pal.

GETTING A TELEPHONE

A telephone not only gives the reassurance of being able to request help in an emergency, but also allows the opportunity to chat to friends and family. Some local authorities offer financial help with installation costs.

Practice points

- Consider loneliness in any isolated older person—especially housebound people, those who fall, those with impaired mobility or sensory impairment, bereaved people, and those with dementia
- Lonely people who are reluctant to go out may be troubled by depression, agoraphobia, deafness, or urinary incontinence, all of which might respond to treatment
- Alcoholism and depression may be exacerbated through lack of company
- Lonely and isolated old people are at risk of nutritional problems, which should be considered
- As well as receiving visitors and telephone calls and going on outings, lonely old people may be helped by becoming pet owners

Housing provision and loneliness

Suitable housing can play a significant part in alleviating loneliness. There is a range of provisions which can help: central alarm systems; contact with a warden; well designed, resident friendly buildings; and care and repair schemes.

One organisation, the Abbeyfield Society (Abbeyfield House, 53 Victoria Street, St Albans, Herts AL1 3UW, tel: 01727 857536), which is particularly aware of the loneliness of many older people, has developed family style houses where older people can live together with care and companionship.

Conclusion

Although most older people do not experience loneliness, there is evidence that for about one in three people this can be a problem. For the 10% seriously affected, loneliness may have a detrimental effect on their health.

General practitioners and community nurses are in a unique position to identify loneliness as they are in contact with very old people, bereaved people, and people with disabilities—the three groups most at risk. If they were to encourage some of the initiatives mentioned here, as many do, much of the distress of loneliness might be eased.

Recommended reading

Marriott V, Timbick T. *Loneliness: how to overcome it*. London: Age Concern England, 1988. (This gives useful advice and a directory of helpful organisations and is available from Age Concern England, 1268 London Road, London SW16 4EJ; tel: 0181 679 8000.)