

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Addressing Loneliness in Young Adults in Primary Care: A Pilot Randomized Controlled Trial

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Over half of emerging adults experience loneliness, which is associated with depression, anxiety and poor educational outcomes. Primary care is well positioned to detect and treat loneliness but most loneliness interventions have not been adapted or tested in primary care or for young adults.

Objective: To adapt and pilot test two interventions (cognitive behavioral therapy [CBT] and social prescribing [SP]) to target loneliness in young adults seen in primary care.

Study Design and Analyses: Pilot randomized controlled trial. Analyses included descriptive statistics and t-tests.

Setting: Primary care practices within a large health system in Seattle, WA.

Population Studied: Young adults ages 18-25 who screened positive for loneliness using the 3-item UCLA loneliness scale.

Intervention: Patients were randomized to either CBT or SP, which both consisted of virtual, weekly group interventions for 5 weeks. In the CBT group, unhelpful thoughts and behaviors around social connection were addressed. In the SP group, participants examined their existing connections, developed goals and concrete steps for connection, and learned about new connection opportunities.

Outcome Measures: Outcomes were measured pre and post intervention. The primary outcome was loneliness as measured by the 20-item UCLA Loneliness Scale. Secondary outcomes included depression (PHQ-9) and anxiety (GAD-7).

Results: A total of 19 participants were randomized to either CBT (n=9) or SP (n=10). Of participants, 73.7% completed at least 3 of 5 sessions. Results from preliminary analysis using paired t-tests showed statistically non-significant pre-post reductions in all outcomes; however, all trended downward across the intervention period for both groups (difference scores M (SD): for CBT, loneliness 34.8 (15.8) vs. 24.6 (14.5), $p = 0.16$; depression 13.1 (5.3) vs. 9.2 (3.9), $p = 0.09$; anxiety 12.1 (4.6) vs. 10.3 (4.0), $p = 0.38$; for social prescribing, loneliness 27.4 (7.9) vs. 24.0 (8.0), $p = 0.35$; depression 12.1 (6.1) vs. 8.9 (3.4), $p = 0.17$; anxiety 7.8 (5.1) vs. 6.3 (2.7), $p = 0.42$).

Conclusion: Pilot results suggest that it may be feasible and effective to detect and treat loneliness in emerging adults in primary care with adapted interventions like CBT and SP. Further research with a larger sample size and pragmatic, randomized controlled trial designs are needed to test the effectiveness of these interventions in primary care settings.

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