

and formulate relevant decisions. Science and politics are not familiar with joining forces and working together, especially in such high-level meetings. The Italian G7 Presidency's final communiqué¹ shows how this collaboration could become possible for future meetings too, and how a common vision could help to sustain and implement appropriate, documented, and relevant actions and bring measurable results in an otherwise purely political framework.

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The growing problem of loneliness

Imagine a condition that makes a person irritable, depressed, and self-centred, and is associated with a 26% increase in the risk of premature

mortality. Imagine too that in industrialised countries around a third of people are affected by this condition, with one person in 12 affected severely, and that these proportions are increasing. Income, education, sex, and ethnicity are not protective, and the condition is contagious. The effects of the condition are not attributable to some peculiarity of the character of a subset of individuals, they are a result of the condition affecting ordinary people. Such a condition exists—loneliness.^{1–3} Loneliness is often stigmatised, trivialised, or ignored, but—with the rapidly growing number of older adults in industrialised countries, the increased likelihood of premature mortality, and the deleterious effects of loneliness that have been identified in animal models and human longitudinal investigations—loneliness is emerging as a public health problem.⁴ Physicians are encountering this condition, but most do not have the information needed to deal effectively with loneliness in their patients.

Loneliness has been associated with objective social isolation, depression, introversion, or poor social skills. However, studies have shown these characterisations are incorrect, and that loneliness is a unique condition in which an individual perceives himself or herself to be socially isolated even when among other people. Furthermore, human longitudinal studies and animal models indicate that the deleterious effects of loneliness are not attributable to some peculiarity of individuals who are lonely, instead they are due to the effects of loneliness on ordinary people.^{1,5,6} Quick and valid measures exist that can diagnose if a patient has abnormally high levels of loneliness,⁷ and although so-called common sense treatments (eg, social skills training, and provisions for social support and social contact) have proven ineffective,⁸ the availability of community programmes, behavioural interventions, and online resources is increasing to address the problem of loneliness.

Loneliness is a public health problem that can be largely solved in our lifetime but doing so will require the full engagement and support of the medical community. The physical health and mental health of a growing number of afflicted individuals and their families and friends are at stake.

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Influenza vaccination and prevention of cardiovascular disease mortality

Catharine Paules and Kanta Subbarao presented in their Seminar (Aug 12, 2017, p 697) the clinical features, therapeutic options, and controversies regarding treatment and prevention of seasonal influenza infection.¹ Although they acknowledged that influenza can impair different organ systems, little attention was given to cardiovascular