

The town that's found a potent cure for illness - community¹

George Monbiot

Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation. There are lessons for the rest of the country

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'Frome has a buzz of sociability, a sense of common purpose and a creative, exciting atmosphere that make it feel quite different from many English market towns.' Photograph: Jim Wileman

It could, if the results stand up, be one of the most dramatic medical breakthroughs of recent decades. It could transform treatment regimes, save lives, and save health services a fortune. Is it a drug? A device? A surgical procedure? No, it's a newfangled intervention called community. This week the results from a trial in the Somerset town of Frome are published informally, in the magazine [Resurgence & Ecologist](#). (A scientific paper has been submitted to a medical journal and is awaiting peer review). We should be cautious about embracing data before it is published in the academic press, and must always avoid treating correlation as causation. But this shouldn't stop us feeling a shiver of excitement about the implications, if the figures turn out to be robust and the experiment can be replicated.

¹ <https://www.theguardian.com/commentisfree/2018/feb/21/town-cure-illness-community-frome-somerset-isolation>

What this provisional data appears to show is that when isolated people who have health problems are supported by community groups and volunteers, the number of emergency admissions to hospital falls spectacularly. While across the whole of Somerset emergency hospital admissions rose by 29% during the three years of the study, in Frome they fell by 17%. Julian Abel, a consultant physician in palliative care and lead author of the draft paper, remarks: “No other interventions on record have reduced emergency admissions across a population.”

Frome is a remarkable place, run by an independent town council [famous for its democratic innovation](#). There’s a buzz of sociability, a sense of common purpose and a creative, exciting atmosphere that make it feel quite different from many English market towns, and for that matter, quite different from the buttoned-down, dreary place I found when I first visited, 30 years ago.

The [Compassionate Frome project](#) was launched in 2013 by Helen Kingston, a GP there. She kept encountering patients who seemed defeated by the medicalisation of their lives: treated as if they were a cluster of symptoms rather than a human being who happened to have health problems. Staff at her practice were stressed and dejected by what she calls “silo working”.

So, with the help of the NHS group [Health Connections Mendip](#) and the town council, her practice set up a directory of agencies and community groups. This let them see where the gaps were, which they then filled with new groups for people with particular conditions. They employed “health connectors” to help people plan their care, and most interestingly trained voluntary “community connectors” to help their patients find the support they needed.

Sometimes this meant handling debt or housing problems, sometimes joining choirs or lunch clubs or exercise groups or writing workshops or [men’s sheds](#) (where men make and mend things together). The point was to break a familiar cycle of misery: illness reduces people’s ability to socialise, which leads in turn to isolation and loneliness, which then exacerbates illness.

This cycle is explained by some fascinating science, summarised in [a recent paper in the journal Neuropsychopharmacology](#). Chemicals called cytokines, which function as messengers in the immune system and cause inflammation, also change our behaviour, encouraging us to withdraw from general social contact. This, the paper argues, is because sickness, during the more dangerous times in which our ancestral species evolved, made us vulnerable to attack. Inflammation is now believed to contribute to depression. People who are depressed tend to have higher cytokine levels.

But, while separating us from society as a whole, inflammation also causes us to huddle closer to those we love. Which is fine – unless, like far too many people [in this age of loneliness](#), you have no such person. One study suggests that the number of Americans who say they have no confidant [has nearly tripled in two decades](#). In turn, the paper continues, people without strong social connections, or who suffer from social stress (such as rejection and broken relationships), are more prone to inflammation. In the evolutionary past, social isolation exposed us to a higher risk of predation and sickness. So the immune system appears to have evolved to listen to the social environment,

ramping up inflammation when we become isolated, in the hope of protecting us against wounding and disease. In other words, isolation causes inflammation, and inflammation can cause further isolation and depression.

Remarkable as Frome's initial results appear to be, they shouldn't be surprising. A famous paper [published in PLOS Medicine in 2010](#) reviewed 148 studies, involving 300,000 people, and discovered that those with strong social relationships had a 50% lower chance of death across the average study period (7.5 years) than those with weak connections. "The magnitude of this effect," the paper reports, "is comparable with quitting smoking." A celebrated [study in 1945](#) showed that children in orphanages died through lack of human contact. Now we know that the same thing can apply to all of us.

Dozens of subsequent papers reinforce these conclusions. For example, HIV patients with strong social support have [lower levels of the virus](#) than those without. Women have better chances of [surviving colorectal cancer](#) if they have strong connections. Young children who are socially isolated [appear more likely to suffer](#) from coronary heart disease and type 2 diabetes in adulthood. Most remarkably, older patients with either one or two chronic diseases do not have [higher death rates](#) than those who are not suffering from chronic disease – as long as they have high levels of social support.

In other words, the evidence strongly suggests that social contact should be on prescription, as it is in Frome. But here, and in other countries, health services have been slow to act on such findings. In the UK we have a [minister for loneliness](#), and social isolation is an [official "health priority"](#). But the silo effect, budget cuts and an atmosphere of fear and retrenchment ensure that precious little has been done.

Helen Kingston reports that patients who once asked, "What are you going to do about my problem?" now tell her, "This is what I'm thinking of doing next." They are, in other words, no longer a set of symptoms, but people with agency. This might lead, as the preliminary results suggest, to fewer emergency admissions, and major savings to the health budget. But even if it doesn't, the benefits are obvious.

- George Monbiot is a Guardian columnist

A bold medical breakthrough. Experts call it community

George Monbiot



It could, if the results stand up, be one of the most dramatic medical breakthroughs of recent decades. It could transform treatment regimes, save lives, and save health services a fortune. Is it a drug? A device? A surgical procedure? No, it's a newfangled intervention called community. This week the results from a trial in the Somerset town of Frome are published informally, in the magazine *Resurgence & Ecologist*. We should be cautious about embracing data before it is published in the academic press, and must always avoid treating correlation as causation. But this shouldn't stop us feeling a shiver of excitement about the implications, if the figures turn out to be robust and the experiment can be replicated.

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Frome in Somerset is home to the UK's first 'Share' shop
PHOTOGRAPH: JIM WILEMAN

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Is Frome the least lonely town in Britain?²

1

Frome is found the rurals of Somerset CREDIT: GETTY

[Tom Ough](#)

3 MARCH 2018 • 7:00AM



News from the front line of the battle against loneliness: we have a secret weapon, and it is a post-industrial market town in east Somerset.

Frome – as in “Va Va Frome”, according to a gushing broadsheet that should have known better – has, since 2013, been operating a community project in which healthcare workers and volunteers have given social support to locals suffering from long-term health conditions.

The social support includes helping patients shop, walk the dog, or join groups like choirs. According to research featured in *Resurgence & Ecologist* magazine this support appears to have resulted in a significant drop in the number of emergency hospital admissions.



On the market days, Frome's cobbled streets teem CREDIT: GETTY

² <https://www.telegraph.co.uk/travel/destinations/europe/united-kingdom/england/somerset/articles/frome-what-to-see-do-attractions/>

Frome, then, has struck the strongest blow against social isolation since the invention of sharing platters and Tinder. It is possibly the least lonely town in the UK, which is something I tried to bear in mind as I stood, freezing and forsaken, on an empty street in the town centre.

On market days, though, as opposed to wintry Monday mornings in February, Frome is busy, colourful and cheerful, heaving with local food and visiting daytrippers. They throng the medieval-width shopping streets, squeezing down cobbled slopes and occasionally up them (as wheelchair-unfriendly towns go, this is not quite Tenochtitlan, but it's not great). And in the background, this gregarious town quietly goes about its communitarian ministrations, showing the rest of us (pending peer review) how to take care of our sick and elderly.

So if I contract pneumonia and am laid up for months, I thought, while my fingers, knuckle by knuckle, went white and stiff – well, hoo boy, I'm in the right place!

Frome is not February's best month. It's cold and things are closed; there were some mutterings when I visited that the council might call the next market off. But it should be creaking into action as you read this, with the town museum reopening, the chill lifting, and visitors returning. When they do, they will find a town that has a healthier relationship with history than its Somerset neighbours do. Bath is in adoring, sclerotic hock to its past, while the Shepton Mallet of today is plainly inferior to the Shepton Mallet that might have developed had its local industry not declined or its railway station been shut.

Frome, however, has its medium-pretty town's quota of listed buildings, and its share of minor claims to fame – did you know: that it was in a Frome bronze foundry that the statues of Boadicea, riding her chariot in Westminster, and of Lady Justice, holding her scales outside the Royal Courts of Justice, were both cast? – yet still has an interesting, forward-looking future.



Frome's Catherine Hill in sunnier times CREDIT: GETTY

You can see this in its anti-loneliness scheme, in its independent-run, austerity-defying local council, and in its creation of a romantic landmark from a gaudily painted gas lamp. You can find it on Catherine Street, in the independent-shop-filled St Catherine's Quarter. The lamp, apparently, is one of the town's most romantic sites (given the freezing temperature, I decided against kissing it for luck).

Once you've seen the shops and the museum, there's not loads left to do: to eke

out a longer day, head to nearish attractions like Nunney Castle, the Walled Gardens at Mells, or Longleat. Then come back to Frome and stay here into your dotage.

1. The museum

Look out for the shiver-inducing bull castration device. The museum is open for the season as of now.

2. The market

The big one, Frome Independent, is the first Sunday of every month. There are general markets every Wednesday and Saturday, and the Frome Country Market takes place each Thursday at the Cheese & Grain event venue.

3. The walled garden

The nearby village of Mells is worth a visit for its delightful cottage garden, which is currently reopening for spring. Try its wood-fired pizzas in the sun.

4. The post-market meal

Try the Archangel, a converted coaching inn. It's good for dinner, for overnight stays, and for cocktails.

5. The shopping

Catherine Hill is home to the artisan quarter: boutiques, quirky homeware and so on. Cheap Street is very nice too (medieval, cobbled), and down its centre runs a pretty leat (an open mini-aqueduct).

6. The castle

Again, this is cheating slightly, as Nunney Castle isn't quite in Frome; as with the walled garden at Mells, you'll need a car. But the castle, which was wrecked in the Civil War, is moated, medieval and free to visit.



Not in Frome: Nunney Castle CREDIT: GETTY

Frome leads the way in easing the NHS crisis³

A PROJECT at Frome Medical Practice has been hailed in the national press as a blueprint for helping the NHS crisis, after figures revealed that it has reduced the number of emergency hospital admissions in the area.

The Compassionate Frome project, launched by Dr Helen Kingston at Frome Medical Practice, with the help of Health Connections Mendip and Frome Town Council, has identified that helping patients who are lonely and isolated connect with support in the community, has a positive impact on their health.

Whilst emergency hospital admissions across Somerset have risen in the last three years, the Compassionate Frome project has helped to reduce emergency admissions in Frome by 30 per cent.

This is the first intervention that has successfully reduced emergency admissions to hospital across a population, and could offer the possibility of averting the current crisis in the NHS of increased admissions to hospital and rising NHS costs. Emergency admissions account for nearly 20 per cent of the £110 billion healthcare budget.

The results of the trial were published informally last week in the magazine *Resurgence & Ecologist*, with *The Guardian* calling the news “one of the most dramatic medical breakthroughs of recent decades” if the results are upheld after a review by a medical journal and peers.

The aim is to break a familiar cycle of illness reducing people’s ability to socialise, which leads in turn to isolation and loneliness, which then exacerbates illness.

Speaking to *Frome Times*, Dr Kingston said, “I am proud of what we have achieved. Frome is a special place with a great community spirit. We are very lucky to have a council of independents and the opportunity to showcase this project on a national level.

“The aim of this project was to improve patient care and coordinate what is best for the patient. The prime driver has been to support the patient to manage their own health.

“Patient-centred care also helps staff to feel like they are making a difference, which is important in these hard-pressed times. “The results of this project show that doing the right thing isn’t more costly and that we can offer better care, better medicine. For every £1 put into our scheme, we saved £6 in emergency admissions.”

Describing how the project works, Dr Kingston and Dr Julian Abel, the lead author of report said, “Social connectedness has a bigger impact on health than giving up smoking, reducing excessive drinking, reducing obesity and any other preventative interventions.

“Until now, it has not been known how to use this in routine clinical practice. Through paying attention to people’s community networks, the medical practice and Health Connections Mendip, the community development service, reconnect people to both their own supportive network and the extensive community activity that already exists.

“Compassionate communities does not take the place of social care. Rather, it has three components.

1. Through making the most of the supportive networks of family, friends and neighbours, people build care and connectedness, love and laughter, sharing companionship and values. Some of this is task-related to caring and some is increasing a sense of belonging in communities.
2. Building networks of support for the routine matters of life, shopping, cooking, cleaning, looking after the garden and pets, providing lifts.
3. Linking to community activity, such as choir, walking groups, men’s sheds, talking cafes and other interest groups where people can make friendships and share life’s events.

“Together, compassionate communities help to reduce isolation and loneliness and bring a sense of belonging into what is sometimes a disconnected society.”



Dr Helen Kingston, senior partner and GP at the Frome Medical Practice

³ <http://www.frometimes.co.uk/2018/02/27/frome-leads-the-way-in-easing-the-nhs%E2%80%88crisis/>

COMPASSIONATE COMMUNITY PROJECT⁴

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A Song for Spring

Compassionate Community Project

by *Marianne Brown*

Exclusive: tackling loneliness and isolation reduces health bill. Marianne Brown reports.



Frome town centre © Kevin Mitchell courtesy of www.thefromeindependent.org.uk

A “compassionate community” scheme aimed at tackling the connection between loneliness and ill health has helped cut emergency hospital admissions in its area by 17%, official figures reveal. At a time when hospital overcrowding and the future of the National Health Service are becoming a major political issue in Britain, the small town of Frome in Somerset, south-west England, is bucking the trend with a scheme that may have international implications for health policy.

“While emergency admissions to hospitals across Somerset have increased by 29%, incurring a 21% increase in costs, Frome has seen admissions fall 17% with a 21% reduction in costs in 2016 to 2017 compared to 2013 and 2014,” said Julian Abel, a consultant in palliative care who is involved in the project. The figures are non-patient-identifiable NHS data he receives from data managers in Somerset. “In terms of magnitude this represents 5% of the total health budget. No other factors were attributable to the fall in hospital admission rates,” said Abel. “The combining of the community development approach with

the care of the medical practice is unique in Somerset.”

Writing in this issue of *Resurgence & Ecologist*, Abel says that the issues of loneliness and the plight of the sick have become “an urgent murmur at the failing heart of our communities”.

Government has predicted that management of long-term health conditions would reduce total hospital admission rates, but that hasn’t happened. The Compassionate Frome project proves that another approach is necessary, Abel said.

⁴ <https://www.resurgence.org/magazine/article5039-compassionate-community-project.html>

Set up in 2014, Health Connections Mendip, the community development service at Frome Medical Practice, compiled a service directory of care providers and volunteers from health centres, local charities and other groups to provide support to people with poor health. These services range from attending to someone's physical and emotional needs to assisting with the shopping, walking the dog or helping someone attend a confidence-boosting activity such as the local choir.

"First we identify people most in need of support, and we offer a one-to-one service where people can identify their needs," said Abel. "These needs are matched to services provided in the directory, with new groups set up where there are gaps."

Volunteers are trained as Community Connectors to help people they meet find the right service for them. To date there are nearly 400 groups and organisations offering support, advice, companionship and creative activity. Through the project, GP services integrate the links with the community they serve in their daily work, and are able to reconnect people into the community in which they live.

"Chronic loneliness increases the risk of early death by more than 20%," said Abel, "but these days increasing numbers of otherwise healthy people also suffer from a devastating sense of loneliness and a consequent loss of self-esteem." The impact of the project could have wider implications in helping to solve Britain's current crisis in health care and for the rest of society, he said. Feedback has been overwhelmingly positive.

"Many older or retired people are isolated, and uninspired, and very sad, as I was," one woman who uses the project's services said. "Now I feel happier, and look forward to meeting others."

"I wish I had known about all of the support sooner," said another Frome resident. "It is so simple and so sensible to have it all in one place."

Organisers of the project are planning to roll it out in areas across Somerset and introduce the model in Wales. They are also applying for funding to implement a similar plan in Minnesota, in the United States.

See also the articles [Compassion is the Best Medicine, A Manifesto for Compassionate Communities](#).⁵

Marianne Brown is Deputy Editor of Resurgence & Ecologist.

⁵ <https://www.resurgence.org/magazine/article5069-a-manifesto-for-compassionate-communities.html>

Heart therapy for town as kindness pays off at innovative medical centre

BY MAXINE IRVING

email somersetlivenews@nngad.co.uk

AN innovative scheme pioneered by Frome Medical Practice could save the NHS millions of pounds...and yet it all sounds so simple.

The compassionate community programme has cut emergency admissions to hospital by 30 per cent over the last three years.

Across the country emergency admissions cost nearly 20 per cent of the NHS budget which stands at £110 billion. If you could cut that by a third you would save more than £7 billion.

In simple terms the whole project is aimed at ending severe loneliness, which can be so destructive to people's long-term health, encouraging patients to enjoy a better social

life and developing some new health systems.

Dr Helen Kingston, the senior partner at the Frome practice who is the lead doctor on the project said: "The idea began in 2013 when we opened the new medical centre in Enos Way. It was at a time when the Somerset Clinical Commissioning group came into existence and we managed to get innovation funding from them."

The project has included:

Building a directory of community resources and community development

Starting discharge liaison nursing to help patients in Bath's RUH leave hospital with the right care

Establishing a care co-ordination hub for patients with complex needs

Setting up assessment bed

service and local access to diagnostic blood tests to be able to do fuller assessments in the community

Developing a systematic approach to identifying people who need more support based on nursing and GP assessment

Encouraging closer co-operation with social services, other health services and voluntary services to support those most in need.

Dr Kingston said that in practical terms they could now identify patients in more need because they reviewed all discharges from hospital, visits to accident and emergency and ambulance call-outs.

They have worked with Health Connections Mendip, Frome Town Council and others to build a network of community and health connectors.



Dr Helen Kingston

The community volunteers are trained so they can signpost others to find the help they need.

While the health connectors are paid workers employed by the practice to work one-to-one with individuals and help facilitate groups such as the talking café on Monday morn-

ings at the Cheese and Grain.

In a joint statement Dr Julian Abel, who was a palliative care consultant in Weston-super-Mare and a mentor for the Frome project and Dr Kingston said that having good social contacts "has a bigger impact on health than giving up smoking, reducing excessive drinking, reducing obesity and any other preventative interventions."

"Until now, it has not been known how to use this in routine clinical practice. Through paying attention to people's community networks, the medical practice and Health Connections Mendip and the community development service can reconnect people to both their own supportive network and the extensive community activity that already exists."

1. ^{YOU} All for one⁶

[LIVING](#)

06 MARCH 2018

NURTURING

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Health

Andrew O'Brien

The headlines that accompany flu season and the associated bed shortage every year are easier to predict than the weather, but no less important for it. What newspapers and opposition politicians rarely acknowledge though, is that there is no easy solution.

The common refrain is that we need to open more beds, and there may be some merit in that. But now, a month after the flu has passed its peak, what do we do **with the extra beds and staff that the HSE couldn't really afford to open in the first place?**



A piece in the Guardian this week caught my eye as a possible answer. What if, instead of worrying about how many extra beds we need, we just reduced the number **of people going to hospital? But GP clinics are under enough pressure, I hear you say, and you'd be right, which is what made the Guardian's piece fascinating.**

The piece looked at data from a programme based in Frome, a town in eastern Somerset, England, called the **'Compassionate Frome Project'**. **The article states: "What this provisional data appears to show is that when isolated people who have health problems are supported by community groups and volunteers, the number of emergency admissions to hospital falls spectacularly. While across the whole of Somerset emergency hospital admissions rose by 29 percent during the three years of the study, in Frome they fell by 17 percent."**

The author quotes Julian Abel, a consultant physician in palliative care and lead author of the draft paper, as saying **"No other interventions on record have reduced emergency admissions across a population."**

Incredible, right? A town was able to reduce hospital admissions using community groups!

The project was started by Dr Helen Kingston, a GP in Frome, who found that her patients seemed defeated by the medicalisation of their lives, where they were seen as a series of symptoms, rather than a person who happened to have health problems.

⁶ <http://www.mayonews.ie/living/nurturing/31712-all-for-one>

Dr Kingston, with the help of the NHS group Health Connections Mendip and the town council, set up a directory of agencies and community groups. They were able to see where the gaps in services were, and fill them with new groups for people with particular conditions.

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Sometimes this involved addressing debt or housing problems, sometimes joining choirs, exercise groups or organisations like the Men's Shed. The aim was to break the cycle of misery: Illness reduces people's ability to socialise, which leads in turn to isolation and loneliness, which then exacerbates illness.

It's a brilliant idea, and can be explained from neurophysiological and evolutionary perspectives. Chemicals called cytokines, which function as messengers in the immune system and cause inflammation, also change our behaviour, encouraging us to withdraw from general social contact. Probably because in pre-historic times, sickness made us vulnerable to attack, thus by staying away from wider social contact, we were protecting ourselves.

However, while separating us from society as a whole, inflammation also causes us to huddle closer to those we love. Which doesn't work at all well for socially isolated people, who have no close group to turn to. It is perhaps no surprise to note that high levels of cytokines are linked to depression. So inflammation causes isolation, and vice versa, and the combination contributes to depression.

And therein lies the rub. By creating a community spirit, a true social network for previously isolated people, we may be treating depression and reducing hospital admissions at the same time. And wouldn't it be great to see a positive headline for a change!

Andrew O'Brien is a chartered physiotherapist and the owner of Wannarun Physiotherapy and Running Clinic at Westport Leisure Park. He can be contacted on 083 1593200 or at www.wannarun.ie.