



Turkish Journal of Geriatrics
DOI: 10.31086/tjgeri.2020.179
2020; 23(4): 419-423

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Received: Oct 14, 2020
Accepted: Oct 18, 2020

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REVIEW

IMPACT OF COVID-19 AMONG THE ELDERLY POPULATION

ABSTRACT

Humanity worldwide experienced an unprecedented, tremendous change since the end of 2019 and some scholars use the term “new normal” for our current state. A coronavirus disease outbreak occurred in December 2019, which was originated from Wuhan city of Hubei province in the People’s Republic of China and erupted into an international public health emergency in a month. It is clear that the elderly population is at a significantly higher risk of the severe outcome of COVID-19 and has the greatest risk of mortality. Since the early stages of the pandemic several measures adopted including social distancing, promoting staying home, cancellation of mass gatherings, and school closures, larger containment processes (such as entire towns or cities) to control the spread of the disease, and mitigate the negative consequences. At the same time, these measures have significant effects on the health of the elderly. An action in solidarity is needed to prevent the further community spread of the virus, protecting older people living alone in the community, as well as supporting all health and social care workers. In these difficult times, the elder people should not neglect or underestimate their own health problems and cling to life. They should keep in mind that; they are very valuable to their loved ones. Additionally, during the post-pandemic period, permanent problems may arise in adults in the older age group, which differ greatly from adults. It is necessary to be ready to deal with this, which depends on solving foreseeable problems.

Keywords: Covid-19; Pandemics; Aged; Nursing Homes; Frailty

Humanity worldwide experienced an unprecedented, tremendous change since the end of 2019 and some scholars use the term "new normal" for our current state. A coronavirus disease outbreak occurred in December 2019, which was originated from Wuhan city of Hubei province in the People's Republic of China and erupted into an international public health emergency in a month (1). Turkey reported its first COVID-19 case on March 10, 2020 (2). The unfortunate spread was rapid and World Health Organization shared assessments on the situation that COVID 19 shows characteristics of a pandemic on the 11th of March (3).

COVID 19 is a contagious disease, that uses the transfer of respiratory droplets as the mode of transmission, primarily targets the respiratory system and causes symptoms as fatigue, cough, and fever (4). However, various gastrointestinal, cardiovascular, and neurological symptoms are also been recognized (5). The disease can be categorized in asymptomatic, mild, moderate, severe, and critical forms according to severity (4).

In the light of available data from many countries it is clear that the elderly population is at a significantly higher risk of the severe outcome of COVID-19 and has the greatest risk of mortality (4,6,7). Referencing an age-wise comparative study, it's reported that patients of COVID 19 who are over 55 had increased mortality (three times), hospitalization, pulmonary involvement, delayed clinical recovery, increased need for mechanical ventilation, and oxygen therapy. These statements strengthen the central position of health services for the elderly during the pandemic but we should be vigilant against a negative perception of these statements as an additional burden on the society during the pandemic which may lead to an escalation in ageism, marginalization, segregation, abuse, and increased institutionalization of the elderly. Additionally, under-reporting of symptoms of the aged population due to the interpretation of symptoms as reflections of the frailty of the elderly also emerg-

es as a serious risk. This may pave the way to under-detection of the disease, faulty treatment, and an increase in asymptomatic carriers (7).

Since the early stages of the pandemic several measures adopted including social distancing, promoting staying home, cancellation of mass gatherings, and school closures, larger containment processes (such as entire towns or cities) to control the spread of the disease, and mitigate the negative consequences (8). At the same time, these measures have significant effects on the health of the elderly. These have dimensions bringing isolation and pandemics are not merely biological phenomena; they also affect society at a large. In many societies, also depending on the culture and common lifestyle, the elderly people are living alone, and loneliness is identified as a potential risk factor for cognitive disorders and depression (7). A comprehensive review article aiming to present the psychological impact of quarantine by Brooks et al., presented post-traumatic stress symptoms, confusion, and anger as most reported negative psychological effects of quarantine. They also identified the stressors during quarantine including duration of quarantine, fears of infection, frustration and boredom, inadequate supplies and information, and post quarantine stressors like finances and stigma. According to literature, psychiatric history, consist of disaster-related trauma or preexisting mental health problems, also necessitates close attention, and extra support during the pandemic (8).

The fear of the pandemic is also suspected to have an increased psychological effect on the aged concerning their pre-existed awareness of their vulnerability. The fear of death and the existential fear of losing the loved ones also reported. The psychological impact of quarantine is accepted to be wideranging, substantial, and can be long-lasting. Avoidance attitude from people with symptoms, crowded places, public spaces, vigilant handwashing were expressed considering long-lasting effects (8).



Social relationships, access to social networks, engagement in social activities, and access to social support are of particular interest in improving factors on positive health outcomes (9). Social support is much more related to functional aspects of social relationships and it signifies a person's perception of the availability of support and help from the other individuals connected to their social network. Social support can be examined under sub-groups emotional, instrumental, and informational support. In this context contemporary advanced information infrastructure and culture seem to have a double effect in control of the psychosocial effects of the pandemic and lack of social support. Mobile phones, Wi-Fi networks, social media provide an opportunity to relieve the isolation feelings, to keep in touch with loved ones, however, many aged individuals might not be practical with technology. On the other hand, if the information overload couldn't be coped with properly as in the situation of the elderly, they may become easy targets of inadequate and misinformation due to their generation limitations and sensory-cognitive deficits. The establishment of phone lines and online services to reach public health authorities and health professionals to provide information, guidance, and necessary instructions are considered to be effective in alleviating negative psychological effects (7,8).

In COVID 19 times, organization and attendance of group physical activities were decreased which were also creating and strengthening social ties and provides encouragement (1). Older adults should adhere to isolation cautions since they have a higher risk of COVID 19 disease but they also need to prevent themselves from the negative consequences of a sedentary lifestyle. Physical inactivity among older adults is a risk factor for mortality and a major contributor to disability. Physical activity is also proved to be critical for older adults, to protect from frailty, sarcopenia, risk of falls and to maintain their level of independence, mental health, and well-being (1,10). Online videos, booklets of phys-

ical activity advice, and exercises were offered as alternative solutions. Ultimately, the receptiveness of older adults seems to be an important determinant of the success of nationwide efforts to promote safe and simple ways to physical activities in limited spaces (1).

Having inadequate basic supplies (eg, food, water, clothes, or accommodation) during quarantine was another source of frustration, and for many older persons to get regular medical care and prescriptions was also appeared to be a problem (8). Self-medication and misinformation leading to it can be fatal (especially with drugs like hydroxychloroquine) and should be strictly avoided. The advice of a health professional is a prerequisite before any prescription and repeat (7). Hence, medical treatments should be meticulously assessed, arranged, and updated; realization of deprescribing aims is also at stake during the pandemic. As a result of COVID-19, deprescribing procedures, which are directed to maintain or improve the quality of life of patients, reduce harm from medications in patients, and reduce healthcare expenditures, have been on hold because of the restrictions on direct interactions. The alternative presented to secure these benefits is virtual care however it also has difficulties regarding the elderly. Infrastructure including technological equipment and private rooms to facilitate the access to health services electronically from home and nursing homes expressed as a necessity (4).

COVID-19 disease may be more problematic for the institutionalized elderly. The conditions of nursing homes (retirement homes) ease the acquisition and spread of the infection. Air, food, water, health care is all shared among susceptible residents in these institutions. In addition, routine movement of visitors, and staff involves the risk of forming transmission ways with the outside community. Despite accepting the limitations of scientific knowledge on this issue; the urgent need for focusing on nursing homes by public health authorities is strongly em-

phasized (6,7). Efforts directed to a more home-like, person-centric facility design, providing sufficient medical staff and gear, training for the staff, arrange isolation rooms, daily screening for early detection, implementation of new information technologies were suggested (6,11).

Shielding the most susceptible aged population seems to be a priority to reduce the mortality, morbidity, and the overburden to the health system (6). On the other hand, restricting the length of preventive measures as required according to scientific evidence and avoidance from the exorbitant approach would limit the negative effects on the elder population. Transparently sharing of the rationale behind these measures with the community and refraining from unnecessary extensions are also suggested. At the same time, education of the public in general about the disease may be beneficial in reducing fear, ageism, and stigmatization (8). Tele-facilities for health care, social relations, and ensuring delivery of basic amenities including medications are offered as a proper step to reduce fear and stress (7,8).

This situation needs an action in solidarity to prevent the further community spread of the virus, protecting older people living alone in the community, as well as supporting all health and social care workers. In these difficult times, the elder people should not neglect or underestimate their own health problems and cling to life. They should keep

in mind that; they are very valuable to their loved ones. The motivation of the elderly in the home environment is important (12).

There are specific models that are developed for the prevention of frailty in the elderly during the pandemic. As an example SAVE model includes: a-Socialization: Encouraging the elderly to use social media, establishing telephone and video connections, and thus preventing social isolation and providing cognitive stimulation, b-Adequate nutrition: Providing versatile and adequate nutrition, taking necessary protein for the protection of muscle mass and physical functions, c-Vitamin D: Going outdoors by maintaining social distance and providing vitamin D synthesis, taking it with diet and support if necessary, d-Exercise: Ensuring multi-dimensional exercises using body weight, reducing sedentary periods and increasing physical activity (13).

During the post-pandemic period, permanent problems may arise in adults in the older age group, which differ greatly from adults. It is necessary to be ready to deal with this, which depends on solving foreseeable problems. That is the way to include the seniors in this struggle against an unprecedented epidemic. Thus, rational and realistic preparation plans can be made after the pandemic by making use of their wisdom, knowledge and future suggestions.



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