

# Older Adults and the Fight Against COVID-19

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Research

## Deceased People (at 26<sup>th</sup> April, 2020)

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- In Italy, 35.8% of individuals who died were 85+ years old (circa 9,500 Ss), with the mean age of those who lost their life to coronavirus being 79 years (ISS, 2020).
- Those who died, on average, were ill for ten days, five of which spent at home.
- 25% of residents of nursing homes of northern Italy have died in the last 50 days (ISS, 2020).



# Vulnerabilities

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- Seniors' mental health is particularly challenged: they feel scared by the news and aware that, if infected, they would not receive the same attention (e.g., intubation; a bed in resuscitation unit, etc.) of younger individuals.
- Contacts with carers are now reduced to the minimum, with loneliness and abandonment becoming an excruciating reality.
- They do not want to be hospitalized: they think they would die completely alone.



# Vulnerabilities

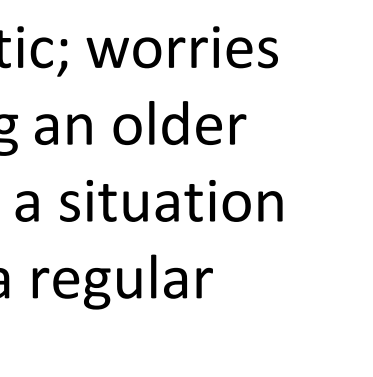
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- Older adults with mental health conditions feel more frail and vulnerable than before: they feel alone, helpless, agitated, praying all the time.
- Checking on regular assumption of drug therapies may become problematic.
- Eating properly and keeping with personal hygiene at a sufficient level can also be quite difficult. This may increase the sense of demoralization and despair in people.
- Tobacco and alcohol use have increased.
- A few cases of suicide have been signaled by media



# People with Dementia

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- Demented people are particularly exposed to the impact of COVID-19; there are anecdotal reports from domiciliary care nurses and staff in nursing homes that cases of delirium are on sharp increase. This could be justified by the positioning of the virus in the central nervous system (Li et al, 2020). Refusal of food and getting out of bed are common.
  - Caregivers of people with dementia are also exposed to extra stress: limited opportunities to offer the usual level of care; food and cleaning management more problematic; worries and concerns for the possibility of contaminating an older adult that would not survive the disease; and, in a situation like the Italian one, the many 'badanti' without a regular contract.
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- A decorative graphic in the bottom right corner consisting of a cluster of overlapping, semi-transparent squares in various colors including green, yellow, pink, and blue.

# Assistance

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- Providing older people with a clear rationale for why self-isolation is important, general education about the virus to reduce stigmatisation, and emphasising the altruistic decision to stay home are important steps. Conveying such information via television may be an effective approach that reaches many older people.
- A sense of belonging, connectedness and social support can be derived through online technologies such as videoconferencing, text messaging, phone calls and e-mail with friends and family instead of face-to-face meetings.



# Undesirable Outcomes

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- Social distancing may lead to more physical deconditioning, greater pain and ultimately greater disability for older people. Each of these negative sequelae are also risk factors for suicide in older people.
- Exercise is also an effective treatment for depression, and if no longer available as a coping strategy for older adults, could potentially increase suicide risk.



# Assistance

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- Social distancing, loneliness, forced isolation, and fear of contracting the illness are all big challenges for the general population facing the expansion of the pandemic, but risk of psychological consequences can be greater for the frail senior. We need to activate all possible opportunities to offer help, at least in the form of tele-assistance. Psychological support should be made available to all via NGOs and public services, with contact with psychiatrists and other physicians actively established. Health professionals should contact their patients and make the continuity of care a reality. Active outreach seems to be imperative, especially for older adults, in order to counteract feelings of abandonment and disempowerment.



