

Covid-19 and geriatric mental health



The vulnerability of elderly

This severity and fatality is higher in the:

- elderly
- immunosuppressed
- socially impoverished
- people with pre-existing respiratory conditions
- and chronic medical comorbidities

all of which can be predisposing risk factors at an increased age

3.6% mortality rate among people in their 60's up to 18% for individuals above 80 years of age

Fear and uncertainty

- Fear is a natural defense mechanism against potentially threatening events.
- Chronic or imbalanced fear can become a key component of various mental disorders
- The uncertainty and fear of the pandemic can have increased effect on the minds of the aged, as they are aware of their vulnerability
- emotions such as fear and anger increase the rate of symptom manifestation and maintain high levels of anxiety and stress in vulnerable social groups, such as the elderly and those with existing mental disorders, as well as healthy people
- they may cause depression, anxiety, PTSD, and mental illnesses and may even lead to suicide in severe cases

Social Stigma

- aversion and discrimination against patients or specific groups such as elderly, Chinese, and healthcare workers etc.
- Recently, the spread of fear and hatred against the elderly who are vulnerable to viruses have become serious social problems worldwide.
- Discriminatory behaviors, such as giving up providing treatment or mocking, towards the elderly have been occurring

Neglect and Abuse

- Declining physical health and cognitive abilities restrict the functionality of older adults and make them highly dependent.
- There is a regression in economic status owing to retirement or inability to work.
- Older adults often have to deal with the emotional toll associated with the death of their spouse or peers.
- The opportunities to seek help are limited due to problems related to immobility.
- These stressors are topped by the increase in elder abuse during the pandemic.
- Studies show that elder abuse has increased by ten times during this pandemic which includes physical, verbal and emotional harm; financial exploitation and neglectful behaviour with low dignity

Self Neglect

- existential fear of losing their loved ones and guilt of possibly being the carriers of the infection
- This can lead to self-neglect and non-compliance to the prescribed standards of precautions.



Misinformation

- Due to generation limitations and sensory and cognitive deficits, they may be unaware of the updates related to the COVID-19 situation making them easy targets of misinformation
- The bulk of 'information overload' especially for those staying alone, increases health-anxiety, somatization, apprehension and fear.

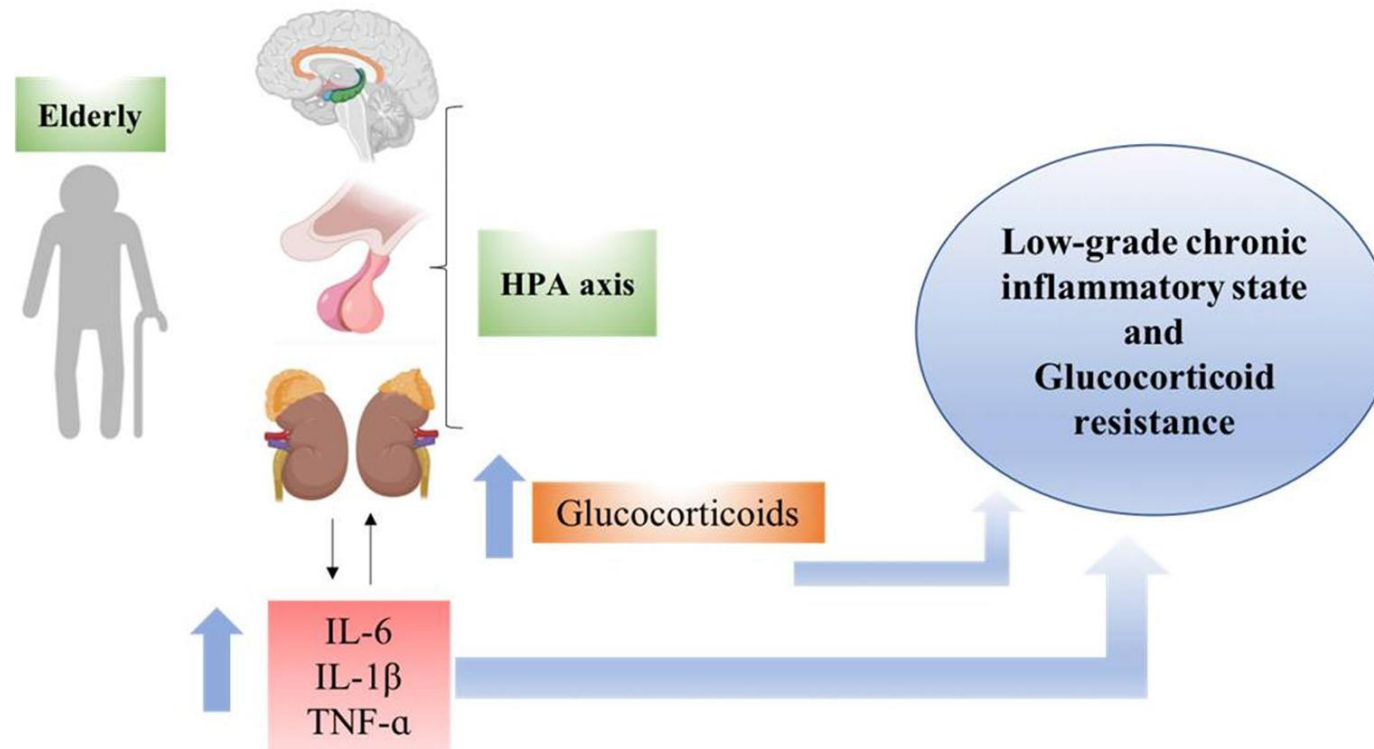


Adverse effects of social isolation

- The effects of the quarantine can be paramount leading to loneliness, physical distancing from their loved ones, grief, anxiety and chronic stress that can have long-standing psychological effects
- Loneliness is a potent risk factor for depression and cognitive disorders, especially when chronic and associated with lack of physical activity
- Many elderlies might not be well-versed with technology leading to increased emotional distancing in absence of even digital contact with the families.

Any form of stress is associated with decrease in immunity and physiological defense-systems in the elderly

STRESS AND IMMUNOSENESCENCE



Effects of COVID-19 on elderly

NEW ONSET SYMPTOMS

- Generalized anxiety symptoms
- Depressive symptoms
- Compulsive hand washing,
- Compulsive sanitizing household articles
- Post-traumatic stress symptoms
- Increased substance use (smoking, alcohol)
- Fear of contracting infection (self and/or family)
- Fear of death (self and/or family)
- Fear of separation from family
- Insomnia
- Nightmares

Worsening of existing conditions

Physical:

- Hypertension
- Angina and other cardiac issues
- Diabetes

Worsening of existing conditions

Psychiatric

- Depressive disorder
- Anxiety disorder
- Obsessive compulsive disorder
- Post-traumatic stress disorder
- Substance abuse/dependence
- Neurocognitive deficits



What must we do?

- Ensuring the adequate three-pronged precautionary measures as suggested by WHO (social distancing, hand and respiratory hygiene).
- They need to be explained about the needful in simple and relevant terms.
- Security is the first step to ensure mental peace and quality of life.

What must we do?

- Social connectedness with their loved ones is essential together with social integration.
- They need to be involved in decision-making at familial levels, during times of such crisis.



What must we do?

- Providing adequate emotional support is vital to those living alone.
- Ensuring their basic needs, safety and dignity will help them to stay free from stress and fight loneliness, more so in lockdown situations.
- Their doubts need to be addressed periodically to allay the pandemic-related anxiety. Public-private partnerships can help increasing their access to basic requirements during the lockdown.

What must we do?

- Tele-facilities for health care consultations are better rather than physical access.
- That decreases the physical health risks and reduces fear.
- All elective surgeries (like hernia, cataract, knee-replacement, etc.) are best avoided.

What must we do?

- ‘Digital screen time’ is better reduced, more so for the elderly to prevent misinformation and panic.
- They need to be updated about the COVID-19 situation and the necessary measures in a relevant manner.
- Vivid data and unnecessary statistics are better avoided.



What must we do?

- Those in day-care or old-age homes might need special care.
- Preventing overcrowding, encouraging physical activity, enhancing family support and ensuring nutrition are vital for their overall wellbeing.
- Abuse can be increased in such situations and need to be prevented and identified at the earliest.
- Abuse identification and prevention need sensitization among the general population and
- physicians alike, and is unfortunately often neglected amongst other priorities during a pandemic

What must we do?

- Self-medication can be fatal (especially with drugs like hydroxychloroquine) and needs to be avoided at all costs.
- Professional advice is mandatory before any prescription refill.

What must we do?

Life style:

- Exercise
- Diet
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What must we do?

- The families and caregivers need to be sensitive to the increased needs of those with pre-existing disorders like dementia, depression and other neurological disorders.
- Suicide prevention approach should be the top priority.

What must we do?

- Autonomy, respect and dignity needs to be preserved for the geriatric population, especially during the quarantined COVID-19 situation.
- Taking care of them is important, but what is more vital is their active involvement in decision making.

