Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

A crisis for elderly with mental disorders: Relapse of symptoms due to heightened anxiety due to COVID-19

1. Introduction

The COVID-19 pandemic is now a reality. It is affecting people across the globe. Emerging data suggest that it is associated with relatively higher mortality among elderly, with rates varying from 3.6 % to 14.8 % for the elderly population. This fact has also being highlighted in the media and in general elderly are advised to take more precautions. All this is leading to a scare among the elderly, about the eminent death. Many elderly are dependent on others for their day to day activities and the requird social distancing has made them feel more isolated, especially those who are not very technology driven. The global recommendation for the older population is isolation from society, staying at home for "a very long time" (BBC, 2020). Social isolation is a "serious public health concern" and is known to be increase the risk of adverse mental health outcomes (Gerst-Emerson and Jayawardhana, 2015). Available data suggest that social disconnectedness puts the older people at a greater risk of depression and anxiety (Santini et al., 2020; Kavoor, 2020; Rajkumar, 2020).

The other factors which can impact the mental health include media coverage and environmental factors etc. The media coverage of COVID-19 is contributing to the already heightened anxiety. Some of the media reports have implied that life of the older ones is not as important as, the younger one (Haffower, 2020). In fact, some of the media reports suggest that during the current COVID-19 crisis, because of the overwhelming patient load, especially those requiring ventilators, usually, elderly are not given the ventilators and are allowed to die. This has led to a significant scare among the elderly through the globe.

Elderly with mental illnesses, who are already prone for depression and anxiety, are at much higher risk of relapse due to this emerging scene. Further, elderly, those who have poor social support and are living alone are finding themselves helpless in the current scenario. Older people also have a feeling of insecurity like the feeling of being unsafe in the neighbourhood, non availability of essential groceries or eatables at home, financial insecurities, few close relationships, lack of resources to support socializing or attending activities, leading to both boredom and inactivity etc. (Cohen-mansfield et al., 2016). Fear of unknown and uncertainty over the daily living, contracting the virus or worry about spreading the infection to other family members and non availability of ongoing medications etc. are contributing further to the heighten anxiety among the elderly.

In this report, we present 2 elderly patients, who presented to the emergency services with relapse of depressive disorder, which was associated with fear of contracting COVID-19 and having no one to care for during the time of infection

1.1. Case-1

72 years old man, was diagnosed with recurrent depressive disorder since 20 years; hypertension and diabetes mellitus since last 5 years and was maintaining well on Escitalopram 15 mg/day, Telmisartan 40 mg/day and Metformin 500 mg BD. He presented to emergency with symptom of 3 weeks duration, characterized by extreme anxiety, restless, fidgety, sleep disturbances and worries that every family member including he will die due to COVID-19 infection. These symptoms increased further after the lockdown. Symptoms would worsen on following the news channels, especially seeing the images of hospitals and pictures of sick people; and reading news about COVID-19. Started remaining preoccupied with the thoughts of COVID-19, distanced himself from others, would pressurize family members to buy masks and started hoarding them. He would consider himself vulnerable for infection and resultant death. Despite being reassured by family members that they are taking precautions and he is safe, he would not feel reassured. He would not allow any family member to go out of the house with the fear that he/she might get infected, bring infection to home, and he will get infected by the same, and ultimately die. Over the period of next 2 weeks developed syndromal depression, which led to emergency visit. His mental status examination revealed that he had excessive worry of getting infected with COVID-19, spreading the infection to others and hence would be blamed by the society, had ideas of worthlessness, catastrophe, and helplessness. Additionally he had sadness of mood. His routine investigations and physical examination did not reveal any abnormality. Tab. Escitalopram was increased to 20 mg/day along with prescription of Tab clonazepam 0.25 mg thrice a day. Supportive psychotherapy sessions were started and he is being followed up. Over the period of next 1 week he started showing improvement in symptoms.

1.2. Case 2

60 years female, living alone, diagnosed with recurrent depressive disorder for 7 years, and hypertension since last 6 years back,who was maintaining well on Tab. Amlodipine 10 mg/day and Tab. Telmisartan 40 mg/day presented to emergency with worsening of depressive symptoms. Exploration of history revealed that she has been living alone and was maintaining well without any antidepressants. However, after the outbreak of COVID-19 infection, she started following the news of COVID-19, and started remaining worried about contracting COVID-19 infection. As she was living alone, started remaining worried that there is no one to take care of her, if she develops COVID. In view of apprehension of developing COVID-19 infection, initially, her self-care increased, she started washing clothes repeatedly, bathing frequently and frequently changing bed sheets. She would do so, as she would feel that these are contaminated and she would get infected with COVID-19 infection. Gradually, over the next 3 weeks, her anxiety related to COVID-19 infection increased, and she developed depressive symptoms in the form of sadness of mood, anhedonia, fatigue, sleep

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disturbances, decreased appetite, self absorbed behavior, poor interaction, fearfulness, and delusion of persecution. She was brought to emergency in view of depressive and psychotic symptoms. She was diagnosed with recurrent depressive disorder, current episode severe depression with psychotic symptoms. She was started on Tab escitalopram 10 mg/day and Tab olanzapine 5 mg/day and is being followed up regularly.

2. Discussion

Both the cases described here suggest that COVID-19 Pandemic and its social consequences are going to be a big challenge for the elderly, especially, those who are already suffering from mental disorders. Both the cases, availability of excessive information about COVID-19 in the media, especially about the consequences of the infection for the elderly led to development of initial anxiety. As the anxiety symptoms, increased, both the patients, who were otherwise maintaining well, developed relapse of symptoms. Other factors, which possibly contributed to relapse of symptoms in the second case, was the fact that the person was staying alone. This person was maintaining well, prior to the lockdown; however, lockdown possibly led to marked social isolation, which increased her sense of vulnerability.

These cases suggest that there is an urgent need to develop psychosocial interventions, to addres the need of these vulnerable elderly. In the wake of the current health crisis, meaningful telephone conversation, can ensure mental, physical and social health needs of older people. Online or telephonic cognitive behavior therapy, supportive sessions could be delivered to decrease the loneliness, fear of illness and improvement of well being (Käll et al., 2020).

Although, the initial data suggest that elderly are possibly more vulnerable to death, especially those with various physical morbidity, but projecting this information time and again in the lay media, may be actually counter productive for elderly who are already doing well. Accordingly, there is a need for the media, to be more sensitive to the needs of the elderly and promote preventive statergies, but under the garb of promoting prevention, they should not create a scare of the elderly. People active on Social media should avoid words like "#BoomerRemover" "older are not important as younger one" "vulnerable group" etc (Haffower, 2020). As in the index cases, both of the patients were preoccupied with the same thought that they are vulnerable to get the infections and will die to the COVID-19.

The holistic approach through social organizations, healthcare providers, media and charities can minimize the negative impact of the COVID-19 on the elderly.

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