

The impact of Covid-19 pandemic on elderly mental health

The world has faced a global threat in last 2 months from the Coronavirus disease 2019 (COVID-19), caused by the SARS-CoV-2. Starting in the Wuhan region of China, it hardly took a month for it to emerge into a pandemic. Affecting around 260 000 globally and claiming the lives of around 12 000 COVID-19 has affected the very basis of living, leading to mass panic and hysteria.¹ Symptoms at mild stage are mainly dry cough, sore throat, fever, malaise, and fatigue. However, in severe cases pneumonia can lead to acute respiratory distress syndrome (ARDS) and multi-organ failure, eventually leading to death. The mortality rate is 2% to 3% which is much lower compared to its earlier congeners like Severe Acute Respiratory Syndrome (SARS). Having said that, COVID-19 is more contagious. The severity and fatality of COVID-19 has been directly related to age and immune-compromised states, as 15% of the first wave of deaths in China were aged above 60 years. According to Chinese Centre for Disease Control and Prevention, the mortality rate in age group 60 to 69 years is 3.6% which can reach up to 18% at 80 years and above.² World Health Organization in its guidelines has recommended strict social isolation in the geriatric population to control the deaths in heavily affected countries. With increase in vulnerability, there is also rise in fear, panic, and apprehension in the seniors and their families which have been, but little spoken about.

1 | WHAT MAKES THE ELDERLY AT-RISK POPULATION?

Aging comes with a myriad of psychological, social, and environmental vulnerabilities. Frailty in older adults brings in the risk of various infections and decrease in all forms of immune response. In addition, elderly have multiple comorbidities and increased hospitalizations which increase the chance of contracting the infection during a pandemic. In a comparison of COVID-19 induced pneumonia among young-aged and elderly patients, Liu and colleagues³ found that progression of illness and risk of death is three times higher in the older age group. The number of lung-lobes involved, the need for mechanical ventilation, chance of blood-gas abnormalities was all higher in the elderly with lower antiviral antibodies and lower C-reactive protein (CRP), a potent marker of inflammation. In another review, one of the challenges in COVID-19 pandemic was the nonspecific organ involvement in the elderly as many have died due to congestive cardiac failure and sepsis, but no signs of pneumonia. In such cases, factors like iatrogenic infections, polypharmacy, and poor mobility also play a role. Besides, older people might have cognitive and sensory deficits which

Key points

- COVID-19 is a pandemic with global health threat.
- Elderly are most vulnerable for severity and mortality.
- Elderly are most susceptible to mental health problems related to such pandemics.
- Special care needs to be taken for geriatric mental health during such crisis.

make it difficult for them to comprehend and follow precautions. Many of them are institutionalized exposing them to the risk of overcrowding, poor hygiene, and lack of adequate supervision. Proper testing is also hampered due to neglect and that increases the risk of them being asymptomatic carriers.

2 | IMPACT ON THE ELDERLY MENTAL HEALTH

Pandemics have significant psychosocial impact. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. Misinformation and uncertainty give rise to mass hysteria.⁴ Among them, the elderly are especially vulnerable. So far only one paper glances at elderly mental health during these times.⁵ It mentions social isolation of the elderly as a "serious public health concern" due to their bio-psychosocial vulnerabilities. Social distancing, though a major strategy to fight COVID-19, is also a major cause of loneliness, particularly in settings like nursing-care or old-age homes which is an independent risk factor for depression, anxiety disorders, and suicide.⁴ Social connectedness is vital during the public health breakdown, more so when "ageism" becomes a factor for stigmatization in this marginalized population. This leads to neglect and therapeutic nihilism. Most seniors are not comfortable with smart phones or the media language, hence the precautions for a pandemic need to be explained to them in their own simple terms. Cognitive impairment, and problems like wandering, irritability, and psychotic symptoms can worsen the panic and make it difficult for them to follow the precautions of distancing and hand hygiene. Furthermore, people with mental health disorders (including elderly) are more vulnerable and are prone to exacerbations during such a crisis. Discrimination and lack of health care utilization are other factors contributing to their poor care during the COVID-19 outbreak. The substantial stress generated by

“information overload” can lead to paranoia and health care related mistrust which might lead them to avoid quarantine, having dire public health consequences.

Mental health is the cornerstone of public health, more so in the elderly. As the need for a “viral cure” eclipses importance of mental health, the global panic only aids in increasing the spread. Lessons learnt from earlier pandemics like SARS have proved that regular telephonic counseling sessions, healthy contact with family, relevant and updated information, caring for the general medical and psychological needs, and respecting their personal space and dignity are important components of mental health care in the elderly.⁶ This warrants sensitization at all levels for early detection of mental health care needs and plan appropriate interventions, especially for the vulnerable old-aged population.

CONFLICT OF INTEREST

None declared.

Debanjan Banerjee 

*Department of Psychiatry, National Institute of Mental Health and
Neurosciences (NIMHANS), Bengaluru, Karnataka, India*

Correspondence

Debanjan Banerjee, Department of Psychiatry, National Institute of
Mental Health and Neurosciences (NIMHANS), Hosur Road,
Bengaluru, Karnataka 560029, India.
Email: dr.djan88@gmail.com

ORCID

Debanjan Banerjee  <https://orcid.org/0000-0001-8152-9798>

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