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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Opportunities for the advanced practice nurse in improving the wellbeing of older adults during the COVID-19 pandemic

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ABSTRACT

The prevalence of stress, anxiety, and depression have increased during the coronavirus disease (COVID-19) pandemic across age groups. Older adults may additionally be experiencing accelerated cognitive decline and increased behavioral and psychological symptoms of dementia related to the pandemic and associated isolation precautions. The advanced practice nurse has an opportunity to holistically intervene to mitigate the negative effects of isolation and promote older adults' wellbeing during challenging times.

Introduction

During the coronavirus disease (COVID-19) pandemic, the prevalence of depression in adults in the U.S. has increased 3-fold, and persons with lower income, less savings, and greater exposure to stressors may experience the greatest symptom burden.[1] Psychologic factors including worries about personal or loved ones' health, difficulties with sleep, economic uncertainty, and social isolation have been observed internationally during the pandemic.[2] A meta-analysis of global studies estimated the prevalence of stress, anxiety, and depression in adults during the pandemic to be 29.6%, 31.9%, and 33.7% respectively.[3]

Reports specifically describing older adults' psychological responses to the COVID-19 pandemic have been more mixed. In the years prior to the pandemic, researchers observed an association between loneliness/social isolation and depression/anxiety in older adults[4], so the expectation of many researchers and clinicians was that the pandemic and associated social distancing could increase loneliness and thus worsen mental health in older adults. Longitudinal surveys assessing older adults' psychological symptoms before and after the pandemic have noted higher loneliness, depression, and anxiety scores.[5,6] However, studies assessing the effects of the pandemic across the lifespan have noted a relatively lower prevalence of depression and anxiety in older adults compared to younger adults.[7-8] One highly publicized multi-site study in the U.S. using a mixed methods survey/interview design with 73 older adults with pre-existing depression noted that the participants were resilient through the first two months of the pandemic, with unchanged depression, anxiety and suicidality scores.[9] Notably, the sustained effect of the pandemic and the durability of older adults' resilience remains uncertain.

Persons with dementia have been vulnerable to unique adverse effects of the pandemic and social isolation. Prior to the pandemic, researchers observed an association between loneliness and new or worsening dementia.[10,11] Evidence is emerging that persons with dementia and their caregivers may often subjectively assess the person with dementia as experiencing accelerated cognitive decline during the pandemic.[12] Many emerging reports also describe deterioration of behavioral symptoms of dementia during social isolation, with apathy, irritability, insomnia, agitation, and anxiety being particularly prominent.[12-16] Alongside deterioration of behavioral symptoms of dementia, informal caregivers of persons with dementia have reported increased caregiver burden and stress during the pandemic.[12-14]

Due to the diverse vulnerabilities and experiences of older adults during the COVID-19 pandemic, advanced practice nurses (APNs) must take a patient-centered approach to addressing wellbeing, including new or worsening stress, depression, anxiety, and dementia-associated neuropsychiatric symptoms. The purpose of this paper is to describe an evidence-based, patient-centered approach for the APN in assessment and treatment of wellbeing in older adults living during the COVID-19 pandemic.

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Table 1
Screening tools for assessing wellbeing in older adults.

Assess:	Tool	Notes
Depression	Geriatric Depression Scale[18]	Short version: 15-item scale Long version: 30-item scale
	PHQ-2[19]	2-item scale
	PHQ-9[19]	9-item scale
	Cornell Scale for Depression in Dementia[20]	For use with formal or informal caregiver of person with dementia
Anxiety	GAD-7[19]	7-item scale
Stress	Perceived Stress Scale[21]	10-item scale
Behavioral and Psychological Symptoms of Dementia	Neuropsychiatric Inventory Questionnaire (NPI-Q)[22]	For use with formal or informal caregiver of person with dementia; 13-item scale
Caregiver stress	Caregiver Stress Scale[23]	For family member caregivers

Assessment

Assessment of an individual's wellbeing may occur in-person or via telehealth. Social chit chat and relationship building prior to formal assessment has been observed to enhance patient-centered communication by increasing rapport and trust[17]; these conversations may also provide the APN with valuable information about a patient's lived experience during the pandemic. Recognizing that each person may experience pandemic-related stress differently, the APN may consider a myriad of assessment tools based on patient factors and visit considerations (e.g., visit length, in-person vs. telehealth). Table 1 contains a list of tools to consider along with notes about tool length and special populations for which each tool might be appropriate. COVID-specific stress scales are emerging with initial validation data; no single instrument has emerged as most appropriate for use in clinical practice with older adults.

Advanced practice nurses may also consider assessing for new or worsening cognitive impairment when there is concern for such on the part of the patient, caregiver, or APN. Cognitive screens can be more challenging than psychological screens to adapt to telehealth as many involve drawing, reading or other activities that are easier to facilitate face-to-face. Providers who are engaging in these screenings more frequently via telehealth may find it useful to use camera-facilitated visits and to send lists of supplies for patients or their caregivers to gather in preparation for the visit. The general practitioner assessment of cognition (GPCOG)[24] and Mini-Cog[25] screening tools have good sensitivity and may be useful for initial screening in primary care.

Diagnosis

As providers evaluate older adults' wellbeing, consideration should be given to mental health diagnoses including adjustment disorder, major depressive disorder, generalized anxiety disorder, and cognitive impairment. Adjustment disorder may be particularly pertinent during the COVID-19 pandemic[26,27]; the DSM 5 defines adjustment disorder as "the development of emotional or behavioral symptoms in response to an identifiable stressor(s)".[28] Symptoms typically present within 3 months of the stressor and may persist until 6 months after the stressor is terminated.[28] The adjustment disorder may be designated as acute if the duration of symptoms has been 6 months or less and chronic if symptoms persist past 6 months.[28] Adjustment disorders are coded as having depressed mood, anxiety, or a mix of depression or anxiety.[28]

Treatment

Treatment plans should be selected in partnership with the patient and/or caregiver, with attention to individual factors and needs.

Pharmacologic

Pharmacologic management may be indicated when symptoms impair function. Clinicians may follow typical guidelines for stepwise therapy for relevant disorders, even if symptoms have emerged or worsened in response to specific stressors such as a pandemic. There is a paucity evidence for successful pharmacologic or nonpharmalogic management strategies for adjustment disorder[27]; if symptoms are interfering with function, it would be reasonable to initiate therapy according to the associated mood effects (depression vs. anxiety vs. mixed).

Nonpharmacologic

A myriad of nonpharmacologic strategies may be applied to address wellness in older adults during the COVID-19 pandemic. One study found that during the pandemic, Italian older adults were less likely to engage with healthy activities they previously enjoyed such as exercise, eating a Mediterranean diet, and engaging in social activities.[29] Advanced practice nurses can explore patient history to determine whether there are healthy practices that have bolstered wellness for the person in the past that could be safely resumed during the pandemic. A survey of older adults in Spain specifically observed that healthy diet, avoiding reading an excess COVID-related news stories, following a routine, engaging with hobbies, and going outdoors were associated with fewer depressive symptoms.[30] Similarly, a survey in the U.S. and Canada noted that even light exercise seemed to have a protective effect on mental health during the pandemic.[31]

Advanced practice nurses can also discuss with patients ways to safely mitigate the effects of social isolation and reduce a sense of loneliness. Interestingly, Krendl et al.[5] noted that the perceived strength of older adults' relationships with others inside or outside their household modulated the effect of loneliness on depression and anxiety symptoms. Advanced practice nurses can assess for important relationships in patients' lives and help patients brainstorm ways to maintain those connections while ensuring safe physical distance.

Persons with dementia and their family caregivers may benefit from frequent check-ins (virtual or in-person) while socially isolating. A recent review of the evidence indicated that technology-facilitated visits incorporating individualized psychosocial or psychoeducational strategies for the patient-caregiver dyad can be useful for reducing behavioral symptoms of dementia and for promoting wellbeing for patients and caregivers.[32] Flexible mobilization of memory care services to telehealth platforms using geriatric-trained clinicians is essential for reducing disease and caregiver burden during periods of social isolation.[33,34]

Conclusions

The coronavirus disease (COVID-19) pandemic and associated social isolation measures have resulted in widespread increases in global stress, depression, and anxiety. Evidence is emerging to describe the unique experience of older adults in the U.S. during the pandemic. While older adults have been highly resilient, they may

have other unique vulnerabilities. The advanced practice nurse may play a formative role in patient-centered assessment, diagnosis, and treatment to optimize wellness in persons living during the pandemic.

References

1. Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA Netw Open*. 2020;3:(9) e2019686. https://doi.org/10.1001/jamanetworkopen.2020.19686.
2. Sher L. The impact of the COVID-19 pandemic on suicide rates. *QJM: Int J Med*. 2020. https://doi.org/10.1093/qjmed/hcaa202. hcaa202.
3. Salari N, Hosseinian-Far A, Jalali R, et al. Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Global Health*. 2020;16(57). https://doi.org/10.1186/s12992-020-00589-w.
4. Domènech-Abella J, Mundó J, Haro JM, Rubio-Valera M. Anxiety, depression, loneliness and social network in the elderly: longitudinal associations from the Irish longitudinal study on ageing (TILDA). *J Affect Disord*. 2019;246:82–88. https://doi.org/10.1016/j.jad.2018.12.043.
5. Krendl A, Perry BL. The impact of sheltering in place during the COVID-19 pandemic on older adults' social and mental well-being. *J Gerontol: Ser B*. 2021. https://doi.org/10.1093/geronb/gbaa110. gbaa110.
6. Robb CE, Jager-Loots D, Celeste A, Ahmadi-Abhari S, Giannakopoulou P, Udeh-Momoh C, McKeand J, Price G, Car J, Majeed A, Ward H. Associations of social isolation with anxiety and depression during the early COVID-19 pandemic: a survey of older adults in London, UK. *Front Psychiatry*. 2020;11:991.
7. Nwachukwu I, Nkire N, Shalaby R, Hrabok M, Vuong W, Gusnowski A, Surood S, Urichuk L, Greenshaw AJ, Agyapong VI. COVID-19 pandemic: age-related differences in measures of stress, anxiety and depression in Canada. *Int J Environ Res Public Health*. 2020;17:6366.
8. Palgi Y, Shrira A, Ring L, et al. The loneliness pandemic: Loneliness and other concomitants of depression, anxiety and their comorbidity during the COVID-19 outbreak. *J Affect Disord*. 2020;275:109–111. https://doi.org/10.1016/j.jad.2020.06.036.
9. Hamm ME, Brown PJ, Karp JF, Lenard E, Cameron F, Dawdani A, Lavretsky H, Miller JP, Mulsant BH, Pham VT, Reynolds CF. Experiences of American older adults with pre-existing depression during the beginnings of the COVID-19 pandemic: a multicity, mixed-methods study. *Am J Geriatr Psychiatry*. 2020 Sep 1;28(9):924–932.
10. Holwerda TJ, Deeg DJH, Beekman ATF, et al. Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam study of the elderly (AMSTEL). *J Neurol, Neurosurg Psychiatry*. 2014;85:135–142.
11. Sutin AR, Stephan Y, Luchetti M, Terracciano A. Loneliness and risk of dementia. *J Gerontol: Ser B*. 2020;75(7):1414–1422. https://doi.org/10.1093/geronb/gby112.
12. Van Maurik IS, Bakker ED, van den Buuse S, Gillissen F, et al. Psychosocial effects of coronameasures on patients with dementia, mild cognitive impairment and subjective cognitive decline. *Front Psychiatry*. https://10.3389/fpsyt.2020.585686 Online ahead of print.
13. Cagnin A, Di Lorenzo R, Marra C, Bonanni L, Cupidi C, Laganà V, Rubino E, Vacca A, Provero P, Isella V, Vanacore N. Behavioral and psychological effects of coronavirus disease-19 quarantine in patients with dementia.. *Front Psychiatry*. 2020 Sep 1;11.
14. Cohen G, Russo MJ, Campos JA, Allegri RF. COVID-19 epidemic in Argentina: worsening of behavioral symptoms in elderly subjects with dementia living in the community. *Front Psychiatry*. 2020 Aug 28;11.
15. Manca R, De Marco M, Venneri A. The impact of COVID-19 infection and enforced prolonged social isolation on neuropsychiatric symptoms in older adults with and without dementia: a review. *Front. Psychiatry*. 2021. https://doi.org/10.3389/fpsyt.2020.585540. Online ahead of print.
16. Simonetti A, Pais C, Jones M, Cipriani MC, Janiri D, Landi F, Bernabei R, Liperoti R, Sani G. Behavioral and psychological symptoms in elderly with dementia during COVID-19 pandemic: definition, treatment and future directions. *Front Psychiatry*. 2020;11:962.
17. Street Jr RL, Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient Educ Counsel*. 2009;74(3):295–301. Mar 1.
18. Stanford Aging Clinical Research Center. Geriatric depression scale. n.d. https://web.stanford.edu/~yesavage/GDS.html. Accessed September 30, 2020.
19. Pfizer. Welcome to the Patient Health Questionnaire (PHQ) screeners: screener overview. n.d. https://www.phqscreeners.com/select-screener. Accessed September 30, 2020.
20. Alexopoulos GS, Abrams RC, Young RC, Shamoian CA. Cornell scale for depression in dementia. *Biol Psychiatry*. 1988 Feb 1;23(3):271–284.
21. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav*. 1983;24:386–396.
22. Cummings JL. Neuropsychiatric inventory questionnaire (NPI-Q). February 2008. https://www.alz.washington.edu/NONMEMBER/UDS/DOCS/VER2/IVPforms/B5.pdf. Accessed September 30, 2020.
23. Sadak T, Korpak A, Wright JD, Lee MK, Noel M, Buckwalter K, Borson S. Psychometric evaluation of kingston caregiver stress scale. *Clin Gerontol*. 2017;40. https://doi.org/10.1080/07317115.2017.1313349.
24. Dementia Collaborative Research Centres. General practitioner assessment of cognition. 2016. http://gpcog.com.au/. Access September 30, 2020.
25. Mini Cog©. Mini Cog ©. n.d. https://mini-cog.com/mini-cog-instrument/standardized-mini-cog-instrument/. Accessed September 30, 2020.
26. Kazlauskas E, Quero S. Adjustment and coronavirus: How to prepare for COVID-19 pandemic-related adjustment disorder worldwide? *Psychol Trauma*. 2020;12(S1):S22–S24. https://doi.org/10.1037/tra0000706.
27. Zelviene P, Kazlauskas E. Adjustment disorder: current perspectives. *Neuropsychiatr Dis Treat*. 2018;14:375–381. https://doi.org/10.2147/NDT.S121072. Published 2018 Jan 25.
28. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington D.C.: 2013.
29. Di Santo SG, Franchini F, Filiputti B, Martone A, Sannino S. The effects of COVID-19 and quarantine measures on the lifestyles and mental health of people over 60 at increased risk of dementia. *Front Psychiatry*. 2020;11:1052.
30. Fullana MA, Hidalgo-Mazzei D, Vieta E, Radua J. Coping behaviors associated with decreased anxiety and depressive symptoms during the COVID-19 pandemic and lockdown. *J Affect Disord*. 2020 Oct 1;275:80–81.
31. Callow DD, Arnold-Nedimala NA, Jordan LS, Pena GS, Won J, Woodard JL, Smith JC. The mental health benefits of physical activity in older adults survive the COVID-19 pandemic. *Am J Geriatr Psychiatry*. 2020 Jun 30.
32. Alves GS, Casali ME, Veras AB, Carrilho CG, Bruno Costa E, Rodrigues VM, Dourado MC. A systematic review of home-setting psychoeducation interventions for behavioral changes in dementia: some lessons for the COVID-19 pandemic and post-pandemic assistance. *Front Psychiatry*. 2020;11:1028.
33. Soares WB, Silvestre IT, Lima AM, de Almondes KM. The influence of telemedicine care on the management of behavioral and psychological symptoms in dementia (BPSD) risk factors induced or exacerbated during the COVID-19 pandemic. *Front Psychiatry*. 2020 Sep 15;11:965.
34. Owens AP, Ballard C, Beigi M, Kalafatis C, Brooker H, Lavelle G, Brønnick K, Boddington S, Velayudhan L, Aarsland D. Implementing remote memory clinics to enhance clinical care during and after COVID-19. *Front Psychiatry*. 2020;11:990.