
Letter to the Editor

COVID-19 PANDEMIC AND THE MENTAL HEALTH OF ELDERLY

Dear Editor,

The severe acute respiratory syndrome coronavirus 2, SARS-CoV-2, COVID-19 infection, announced by the World Health Organisation on 11 March 2020 as a global pandemic, originating from the Wuhan province of the People's Republic of China in December 2019, has affected virtually all countries to different extents in a very short period of time. On the basis of the reports by the healthcare teams engaged in the field and the short term research carried out, the infection has been shown to be especially more effective on the elderly population with chronic conditions such as diabetes and cardiovascular diseases, frequently leading to mortality (Lee et al. 2003). Consequently, the case-fatality ratio has been lower in countries with predominantly young populations in comparison to those with higher counts of elderly citizens (Dowd et al. 2020).

Believed to be more contagious than the previous corona virus infections, authorities in all countries, including ours, have taken various measures to prevent the spread of the SARS Cov-2 infection. Observing the inadequacy of the basic measures of utilizing protective facial masks, following the rules of personal hygiene and maintenance of interpersonal

“social space” of 1.5-2.0 meters, further strategies were also imposed such as stopping all non-vital labour, ordering lock-downs and obligatory quarantine.

In Turkey, in addition to the transition to shifted work schedule in many sectors, the shutting down of the schools/ universities, and closure of the public areas; members of the population at and above the age of 65 and the individuals with chronic diseases such as asthma, cardiovascular diseases and immunodeficiency were banned from leaving their homes as of 21 March 2020 by the official circular of the Ministry of Internal Affairs (<https://www.icisleri.gov.tr/65-yas-ve-ustu-ile-kronik-rahatsızlığı-olanlara-sokaga-cikma-yasagi-genelgesi>). Application of the “lock-down” and quarantine measures initiated globally in various degrees (Fischer et al. 2020) has given rise to arguments on the effects of these measures, foreseen to be sustained in the long term, especially on the elderly population.

Natural disasters, epidemics and preventive measures like long-term social isolation create serious psychological effects on people of all ages as shown by the studies examining the successive similar epidemics since the beginning of the 21st century (Reynolds et al. 2008).

At the beginning of the 21st century, two more corona virus epidemics have been seen: SARS (severe acute respiratory syndrome) and MERS (middle east respiratory syndrome). Of these, MERS was first seen in 2012 in the Kingdom of Saudi Arabia, leading to brief epidemics in different regions of the Middle East that were brought under control in a relatively short time. On the other hand, SARS (severe acute respiratory syndrome) has affected the whole world and caused many deaths, so extensive research has been undertaken during and

following the SARS epidemic. SARS first appeared in 2002 in the People's Republic of China, then involved 30 other countries within 2002-2003. Research undertaken during the SARS epidemic revealed that, as seen with covid-19, the elderly were more susceptible to infection (Lee et al. 2003). During the period of active SARS epidemic, resources had been used on biomedical research and treatment methods, while the psychological effects of the epidemic has been studied subsequently. The psychological effects of the epidemics including the symptoms of anxiety, depression, post traumatic stress disorder, and symptoms of rage and stigmatization were investigated mainly on healthcare workers, people who had been infected and survived, or had come to contact with the patients and been quarantined (Reynolds et al. 2008, Wu et al. 2005). A study conducted on the population of Taiwan showed that groups of individuals who got infected or had contact with the infected had more adverse psychological effects from the SARS epidemic, including higher symptoms of depression, more stigmatization, more economic loss and less social support (Ko et al. 2006). Another study on the psychological status of the general population during the SARS epidemic reported a prevalence of psychiatric morbidity of 22.5% in general population which exceeded the rate in the absence of an epidemic but closely resembled the prevalence among the healthcare workers, quarantined individuals and those who had survived the infection during the pandemic. These results were significant in proving that despite not being directly affected by the disease, people in general population are still prone to the adverse psychological effects of experiencing the epidemic (Sim et al. 2010).

SARS epidemic caused the loss of 299 lives in Hong Kong between 1 November 2002 and 7 August 2003. In a study right after the epidemic it was shown that suicidal incidences had risen by 31% compared to the same period of 2002 among the elderly individuals living in Hong Kong (Chan et al. 2006). The major increase was among the elderly females, this finding was thought to be related to the difficulties in gaining access to social support and healthcare services. More detailed retrospective analyses indicated that the prevalence of suicidal attempts among the elderly in Hong Kong remained high in 2004, not dropping back to the level of 2002 (Cheung et al. 2008). Investigation of the legal records showed that the suicidal attempts were associated with the fear of getting infected, anxiety over social isolation and being a burden to the family (Yip et al. 2010).

Young and healthy individuals infected with COVID-19 without displaying the cardinal signs of the infection play a significant role in the contagion, the pandemic is believed to last for a long time therefore necessitating the protective measures in every social group and especially in the high risk group of the elderly. The first protective measure suggested for the elderly is increasing the social distance and isolation.

The older population is not homogenous and includes members residing in care homes, living alone or with large family and responsible for child care, obliged to earn a living, physically and mentally in good health or burdened with chronic physical illness or dementia; therefore, all these groups would be affected differently on physical, economical and mental grounds by the pandemic and the imposed isolation. Social isolation will present many difficulties to most elderly individuals in daily practices like following medical treatments and physician follow-ups. Confinement to home by lockdowns will reduce physical activity and social communication opportunities. Social isolation has been shown to increase the risk of cerebrovascular disease and cognitive impairment, and to be a risk factor on the mortality of the older people (Friedler et al. 2015). Elderly individuals are known to suffer significantly from social isolation and loneliness in their routine daily lives even in the absence of any pandemic, and social isolation and loneliness has been found to be associated with depression and suicidal attempts (Conwell et al. 2002). Under isolation, the elderly living alone and not familiar with using the social media will be delayed in following the daily news and getting informed; and will be impeded in reaching online health services and especially the channels that give mental support to cope with being alone. Banning the visits and limiting the use of common areas in care homes will give rise to serious behavioral problems with dementia patients, leading to increased care giving burden as well as placing additional stress over the families of the residents. Apart from these adverse outcomes, discriminatory and stigmatizing attitudes against the elderly will also be observed as in the previous epidemics (Chiu et al. 2003).

It is obvious that the administrative authorities as well as the public have been caught unprepared and without the requisite knowledge for a pandemic suspected to last a long time. Nevertheless, some measures could still be taken to reduce the mental problems likely to arise in the elderly from both the pandemic itself and the protective measures against infection:

Quick access to information is important in coping with a pandemic but the elderly population may have been disadvantaged in adapting to the digital age. Therefore, it will be useful to encourage using the traditional sources which the elderly are familiar with for providing information such as the TV, radio and newspapers as well as the communication channels by the local organisations and the administrators (Petretto and Pili 2020),

Encouragement of the family members, the social services, family physicians and the volunteering groups to communicate elderly frequently by suiting methods (by phone, by video calling etc.),

Flexible reorganisation of the lockdown for elderly to prevent physical inactivity and the feeling of loneliness,

Organising mental health support lines and physical health support systems for which the elderly could reach easily by phone in addition to online services,

Avoiding the apparently good-willed approaches that encourage discrimination of the elderly as helpless individuals requiring protection,

Inclusion of the elderly in the process of decision making on matters concerning them, are among the first hand measures recommended.

In conclusion, during a long term pandemic it is possible for the elderly to develop physical and mental health problems resulting from the imposed restrictive measures of protection as well as the increased risk of mortality from infection. The administrative authorities, mental healthcare workers and the non-governmental organizations should work together to take action as soon as possible to prevent these problems.

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REFERENCES

- Chan SM, Chiu FK, Lam LCW et al (2006) Elderly suicide and the 2003 SARS epidemic in Hong Kong. *International Journal of Geriatric Psychiatry* 21:113-8
- Cheung YT, Chau PH, Yip PSF (2008) A revisit on older adults' suicides and

- severe acute respiratory syndrome (SARS) epidemic in Hong Kong. *Int J Geriatr Psychiatry* 23:1231-8
- Chiu HF, Lam LC, Li SW et al (2003) SARS and psychogeriatrics- perspective and lessons from Hong Kong. *Int J Geria Psychiatry* 18:871-3
- Conwell Y, Duberstein PR, Caine ED (2002) Risk factors for suicide in later life. *Biol Psychiatry* 52:193-204
- Dowd JB, Andriano L, Brazel DM et al (2020) Demographic science aids in understanding the spread and fatality rates of COVID-19. *Proc Natl Acad Sci USA* 117: 9696-8
- Fischer F, Raiber L, Boscher C et al (2020) COVID-19 and the elderly: who cares? *Front Public Health* 21:151. DOI: 10.3389/fpubh.2020.00151
- Friedler B, Crapser J, McCullough L (2015) One is the deadliest number: the detrimental effects of social isolation on cerebrovascular diseases and cognition. *Acta Neuropathol* 129:493-509
- Ko CH, Yen CF, Yen JY et al (2006) Psychosocial impact among the public of the severe acute respiratory syndrome epidemic in Taiwan. *Psychiatry Clin Neurosci* 60:397-403
- Lee N, Hui D, Wu A et al (2003) A major outbreak of severe acute respiratory syndrome in Hong Kong. *New Engl J Med* 348:1986-94
- Petretto DR, Pili R (2020) Aging and COVID-19: what is the role for elderly people? *Geriatrics* 5:E2. DOI: 10.3390/geriatrics 5020025
- Reynolds DL, Garay JR, Deamond SL et al (2008) Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect* 136:997-1007
- Sim K, Chan YH, Chong PN et al (2010) Psychosocial and coping responses within the community healthcare setting towards a national outbreak of an infectious disease. *J Psychosom Res* 68:195-202
- Wu KK, Chan SK, Ma TM (2005) Posttraumatic stress, anxiety and depression in survivors of severe acute respiratory syndrome (SARS). *J Trauma Stress* 18:39-42
- Yip PS, Cheung YT, Chau PH et al (2010) The impact of epidemic outbreak: the case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong. *Crisis* 31: 86-92

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