



Original article

COVID-19 pandemic and mental health of the elderly in the world

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Summary

Although the virus responsible for the coronavirus pandemic (COVID-19) can affect people of any age, the elderly are particularly vulnerable to serious infections and death¹, due to an age-related decline in the immune system and the increased likelihood of having more comorbidities than younger individuals². Each Country has taken steps to preserve the mental health of the population during the COVID-19 pandemic. Social distancing, loneliness, forced isolation and fear of contracting the disease are all major challenges for the general population facing the spread of the epidemic. The role of technology is relevant and has emerged as an important factor in maintaining social connection and accessing mental health services, especially for the elderly. The psychiatrists of the elderly age need to recognize the importance of non-drug approaches, which are more effective than drug therapy in the treatment of chronic stress, anxiety and prolonged pain. Such approaches include: cognitive-behavioral therapy as well as the promotion of physical activity, increased connection, compassion training and commitment to spirituality as appropriate.

Introduction

Although the virus responsible for the coronavirus pandemic (COVID-19) can affect people of any age, the elderly are particularly vulnerable to serious infections and death¹, due to an age-related decline in the immune system and the increased likelihood of having more comorbidities than younger individuals².

The mental health of elderly population is also particularly under pressure: elderly, in fact, often feel frightened by news about the pandemic and aware that, if infected, they would not receive the same attention (e.g. intubation, bed in intensive care unit, etc.) of younger subjects.

Among the elderly, those with pre-existing psychiatric disorders need even more attention, due to the high risk of exacerbating mental health problems during the COVID-19 pandemic. To reduce the risk of disease transmission, certain preventive measures, such as quarantine and travel restriction, could trigger or worsen mental health in older people with psychiatric problems.

As a result of the quarantine and travel restriction, patients have had difficulty attending hospitals, which can trigger mental health problems, such as depression and anxiety. Additionally, older psychiatric patients usually suffer from chronic physical illnesses, such as cardiovascular disease and metabolic disease, which also require long-term medical reviews. Limited access to health services could lead to a deterioration of their physical illnesses and increase the risk of mental health problems.

Older people with mental health problems feel more fragile and vulnerable than before even as contact with caregivers is now minimized, with loneliness and

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Conflict of interest

The Authors declare no conflict of interest.

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neglect becoming a reality for many people. Controlling the regular intake of drug therapies can become problematic; Eating right and maintaining personal hygiene at a sufficient level can also be difficult. This could increase the sense of demoralization and despair in people. Some cases of suicide have been reported by the media ³.

The aim of this work is to review the scientific literature produced in these months of the pandemic to identify which specific problems have emerged and which answers have been formulated at an international level to address the problem of mental health in the elderly following the COVID-19 pandemic. Given the global nature of the pandemic, we focused on comparing the characteristic situations of different states.

Methods

A bibliographic search was carried out on the Pubmed database using the keywords “COVID-19”, “mental health”, “older adults”. The results obtained were evaluated first by the abstract and then by the text for inclusion in the narrative review.

Results

In Italy, each region has established autonomous strategies to protect citizens and fight the disease. The frail elderly, and in particular those with mental health problems, were certainly the subjects who suffered most from the difficulties of the Italian health system. In the most severe months of the pandemic, the elderly who often stayed at home even when the first symptoms of the disease appeared and were in most cases entrusted to themselves or to the care of loved ones. The primary care system is often skipped and families have had to choose independently whether to call the emergency services, fearing to see the family member get on the ambulance and not be able to say goodbye before dying.

On the other hand, in the current situation, caregivers of older people with mental health problems are also exposed to stress: limited opportunities to offer the usual level of care; management of the most problematic food and cleaning; concerns about the possibility of contaminating an older adult who would not survive the disease; and, in a situation like the Italian one, many carers without a regular contract ⁴, now blocked from reaching the homes of the elderly they take care of.

As for the situation in the US, interesting results on the impact of the pandemic on mental health have emerged from some recently published studies. In August 2020, the Centers for Disease Control and Prevention (CDC) published a survey, conducted June 24-30, 2020, of 5,412 adults residing in the United States, noting that 933 participants aged 65 and over had reported significantly lower rates of anxiety disorder (6.2%), depressive disorder (5.8%), or trauma or stress disorder (TSRD) (9.2%) than participants in younger age groups. Elderly people,

compared to other age groups, also reported lower rates of suicidal ideation in the previous 30 days ⁵.

A similar cross-sectional study involving 3,840 seniors between the ages of 18 and 80 found that older age (60-80 years) versus younger age (40-59 years) was associated with lower rates of anxiety, depression and post-traumatic stress disorder (PTSD).

A study involving 776 adults living in US and Canada who used a 7-day daily diary to monitor affection and stress found that older adults (> 60 years; n = 193), compared to younger adults (18-39 years; n = 330) and middle-aged adults (40-59 years; n = 253) experienced fewer negative affects and more positive ones and reported positive daily events more often than younger groups, despite the similar level of perceived stress ^{6,7}.

These findings could be explained by the fact that older adults tend to have less acute stress responsiveness and, in general, better emotional regulation and well-being than young adults. Furthermore, not all the USA had severe restrictions as Europe, leading to a lower emotional impact of the pandemic.

In Canada, the lockdown policy led to several changes in the mental health care system, also for the elderly. One of the most important changes was the expansion of the use of virtual assistance, via video or telephone. Indeed, Canada already had a well-developed telemedicine infrastructure. The social distancing policy led to the suspension of groups and daily programs for the elderly, while home care services continued, but with reduced frequency and with health workers wearing PPE. Access to pharmacies has not been hindered, with many pharmacies expanding their home delivery service. Mental health and caregiver organizations have expanded their online presence, with information on the potential effect of the pandemic and related public health measures on mental health ^{8,9}.

In Spain, a country heavily affected by the first wave of the pandemic, an online survey was conducted from 29 March to 5 April 2020 investigating anxious symptoms (Hamilton Anxiety Scale), depressive symptoms (Beck Depression Inventory) and acute stress symptoms (Acute Stress Disorder Inventory) in a population over 60 years of age. The influence of various factors on mental health was assessed: gender differences, the condition of loneliness and the presence of interpersonal relationships, the presence of regular physical activity, the economic condition, and the use of anxiolytic drugs. The group of subjects aged 60 or older showed lower BDI and ASDI scores than the younger population. It has been hypothesized that a possible explanation may be the greater resilience of the elderly Spanish population, which lived through the post-Spanish civil war period (1939-1960) facing social and economic difficulties, and thus developing coping strategies that have also proved useful during the pandemic.

In the United Kingdom, to address the pandemic greater caution has been used in prescribing drugs potentially capable of precipitating respiratory depression, in

particular benzodiazepines and depot antipsychotics (LAI reduction/interruption, favoring oral administration and allowing greater flexibility also in terms of dosage); an increase in preventive pharmacological prescriptions in order to avoid continuous outpatient visits and therefore the possibility of becoming infected was also observed.

This strategy is feasible in the context in which UK psychiatrists operates, characterized by strong partnerships between primary and secondary care and good communication with patients and caregivers. Some Community Mental Health Teams (CMHTs) use mobile technologies such as Kardia (an electrocardiogram mobile app) to support rapid initiation of antipsychotic therapy in patients who need them, or Zaponex Treatment Access System (ZTAS), a clozapine monitoring service in the UK. COVID-19 led to a global shift in the working model of the National Health System (NHS) as a whole and of geriatric psychiatry as a specialty in the UK. A huge concern within the specialty is that of the possible future increase in the need for mental health by older people who have experienced the social isolation due to quarantine and / or hospitalization. Older people may have had little access to technology, which on the contrary has allowed younger members of society to alleviate their isolation to some extent.

In Sweden, the rules have been less restrictive for the general population than in other countries, but more restrictive special measures have been applied to the elderly population. This resulted also in verbal abuse and discrimination towards those who went outside breaking the rules, accused as possible threats to the Swedish infection control system. This created a real stigma for older people, causing negative consequences on the mental health of older people.

A Dutch study tested the hypothesis that lowering the frequency of social contacts, losing personal and normal sociability experiences may impair the perception of well-being in elderly people. This study recruited a population of 1,679 Danes between the ages of 65 and 102, which took part in an online survey lasting about 30 minutes, investigating the social impact of physical distancing. The aim was to quantify the population perception of those Weiss defines: (1) Emotional loneliness as the absence of a close or attachment figure; (2) Social isolation, which is, instead, the absence of strangers to form a social network; (3) Mental health problems defined by Berwick as feelings of demoralization, anxiety, depression, together with the perception of not being calm and happy. Four hypotheses have been formulated to explain the reduction of mental well-being in the study population: the first is the frequency reduction in social contacts, the second is that the pandemic caused loss of somebody or something personal, the third is the pandemic perception as psychological stress, also due to the strong media contribution, and the fourth is the reduced ability to implement coping strategies understood as acts and behaviours aimed at facing a stressful situation that

weighs on or exceeds the subjects' resources. The survey results do not support the first hypothesis that the reduced frequency of social contacts impacted well-being. Several reasons may explain this lack of association: partner cohabitation or alternative contact methods such as social media. The second hypothesis about experiencing personal losses found support as various personal losses and an unmet need for (professional) help associated with increased social and emotional loneliness and mental health problems. In support of the third hypothesis, we observed that higher emotional loneliness, due to the perceived general threat, appears as a broader concept than the simple lack of meaningful social relationships. On the other hand, the fourth hypothesis was also rejected by the study. Many seniors have engaged in active behavioural coping strategies without improving the well-being during the COVID-19 pandemic compared to others. Finally, Turkey is among the states adopting the most restrictive measures, and this may also explain the death rates among the lowest worldwide. We should examine many aspects, including the Turkish population's demographic characteristics with a lower percentage of older people (8.2%) than the European average (17.2%). In Turkey, the young population respected the restrictive rules more than the elderly. Therefore, we wondered what the factors behind this behaviour might be, and we thought of a multifactorial genesis linked to cognitive decline, poor compliance, low attitude to change and perception of danger and/or low level of education.

Conclusions

During the pandemic, mental health should be one of the main topics on all nations' agendas, particularly if the home confinement is very long and the risks of the financial, familiar and relational problems aggravate a future now seen with serious concerns deep anxieties. Social distancing, loneliness, forced isolation and fear of contracting the disease are all major challenges for the general population facing the spread of the epidemic, but the risk of psychological consequences may be greater for the frail elderly⁹. Psychological support should be provided to everyone by NGOs and public services, actively establishing contacts with psychiatrists and other doctors. As far as possible, healthcare professionals should contact their patients and make continuity of care a reality. An active involvement appears imperative to oppose the feelings of abandonment and helplessness that COVID-19 is imposing on all community members, especially to the more fragile and older adults¹⁰.

The role of technology is relevant and has emerged as an important factor in maintaining social connection and accessing mental health services, especially for the elderly. The already acting changes in health systems and societies were accelerated during pandemics and included increased flexible working models and the larger use of virtual and remote counselling via online platforms.

This could result in fewer home visits in the future, with potentially more efficient use of resources. Additionally, the psychiatrists of the elderly age need to recognize the importance of non-drug approaches, which are more effective than drug therapy in the treatment of chronic stress, anxiety and prolonged pain. Such approaches include: cognitive-behavioral therapy as well as the promotion of physical activity, increased connection, compassion training and commitment to spirituality as appropriate. These approaches have also been shown to improve adaptability, promote resilience, and reduce loneliness.

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