GERIATRIC HEALTH IN AN UNPRECEDENTED GLOBAL EMERGENCY AND STRATEGIES TO ALLEVIATE THE IMPACT OF COVID-19

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Abstract: COVID-19 causes unimaginable fatality among the elderly people worldwide. Amid the crisis, elderly people need tangible and intangible support for them to deal with the dilemmas, anxiety, loneliness, and even suicidal tendencies. This article discusses on how the elderly has been affected by COVID-19 that created a worsening situation and exacerbated detrimental health outcomes among older people. It examines the impact of COVID-19 to geriatric health to which governments, health agencies, and scientific community need to address. Proposed strategies in this article may mitigate the health risks of the elderly due to a global health crisis. Older adults can use digital platforms and digital health technologies to build social relationships and mitigate their health care needs. Recommendations for research agenda on geriatric health are discussed particularly in the context of ageism amid the pandemic. The rights, dignity, and welfare of older adults need protection for they are susceptible to this coronavirus pandemic and to future virus outbreaks.

Key words: COVID-19; ageism; digital health; health interventions; health strategies

1. Introduction

COVID-19 presents a permeating challenge to all people across the globe and the older adults are no exemption to the dilemmas and chaos that it brought to their social, emotional, and physical circumstances. The key strategies to mitigate the virus spread include social or physical distancing, proper hygiene, isolation, contract tracing, testing, monitoring and boosting immunity (Ranasinghe, Ozemek and Arena, 2020). Mills, Kaye and Mody (2020) reported that pieces of literature have shown that age is a significant predictor for the poor outcomes of the patients with COVID-19. Thus, at the advent of COVID-19, the aging population's social relations get immense gaps as their social isolation gets heightened due to social distancing containment to rid the virus (Adalja, Toner and Inglesby, 2020; Klein, 2020, Guangdi and DeClercq, 2020; Ranasinghe et al., 2020; Wu and McGoogan, 2020). Likewise, they can experience the rates of depression, anxiety, and trauma as among the psychological impacts of COVID-19 to their mental health (Özsungur, 2020). The long periods of confinement and isolation, sense of insecurity, fear of contagion, and infodemic overload (Burtscher, Burtscher and Millet, 2020; Ranasinghe et al., 2020) add to the psychological stress and anxiety of the elderly.

Despite the advances in today's society for the elderly population to have better chances of living longer through medicines and technological innovations (Chatterjee and Price, 2009), the present situation takes a toll on their entire physical and psychological health due to the extreme measures to ensure that they are secured from COVID-19.

However, the elderly people "require immediate responses to avoid reaching extreme situations of social and tanatopolitical crisis" (Klein, 2020: 121). They need to have social relationships that can improve their longevity, a sense of well-being, and a better psychological and mental health (León-Jiménez, 2020). The feeling of being valued or mattering gives elderly people the sense of belongingness in contrast to the feelings of expendability (Flett and Heisel, 2020) while under immense health pressures of the current global health pandemic.

The management of COVID-19 creates enormous challenges that need urgent solutions (López de Aguileta et al., 2020) not only at the race for the medicine level (Koff and Williams, 2020) but also for the level of the elderly citizenry. One of the major health challenges is the negative effects of isolation (Flett and Heisel, 2020; Klein, 2020) among the older adults. Loneliness already has a profound impact to their health concern and physical isolation exponentially adds to their social isolation (Flett and Heisel, 2020).

Research is imperative to the growing concerns concerning the suicidal tendencies of the elderly people during the pandemic (Flett and Heisel, 2020). This article points out that the elderly populations are overlooked in terms of their physical, social, and psychological needs during this emergency. However, the elderly people need tangible and intangible support such as services, comfort, social relations, among others for them to deal with the dilemmas, anxiety, loneliness, and even suicidal tendencies due to the detrimental effects of COVID-19 to their health and well-being. This article discusses how the elderly has been affected by COVID-19 that created for their health issues. It also introduces their social, physical, and psychological needs, and offers probable solutions to mitigate the health issues that they encounter due to the coronavirus.

2. Impact of COVID-19 to the aging society

Due to the persisting COVID-19 pandemics, the daily life of all people is worldwide are affected. COVID-19 presented physical, social, and psychological impact to the older persons (Figure 1). While numerous communities are enforcing social and physical distancing guidelines to mitigate the virus, the older adults are chiefly susceptible to severe disease (Morb Mortal Weekly Report, 2020) and death as they are hit hard by the virus due to a weaker immune system that comes of old age (Cawthon et al., 2020) and other multitudes of factors.

COVID-19 AND OLDER PERSONS Economic well-being Life and Death The pandemic may significantly Fatality rates are five times higher than global average. An estimated 66% of people aged 70 and over have lower older persons' incomes and living standards. Already, less th 20% of older persons of retirement at least one underlying health age receiving a pension condition Mental health Vulnerability Vulnerability
Essential care that older persons often rely on is
under pressure. Almost half of COVID-19 deaths in
Europe occurred in long term care settings. Older
women often provide care for older relatives Physical distancing can take a heavy toll on our mental health. Living alone and being more digitally included than others, the risks are higher for older persons increasing their risk to infection Abuse and neglect In 2017, 1 in 6 older persons were subjected to abuse. With lockdowns and Responders Older persons are not just victims. They are also responding. They are reduced care, violence against older persons is on the rise health workers, carers and among many essential service providers

Figure 1: Impact of COVID-19 among older individuals

Source: Adapted from United Nations (2020)

The nutritional challenges are likely factors due to limited shopping hours, fear of going public, and longer period of unavailable healthy foods as the supermarkets struggle with the demands for consumption (Schrack, Wanigatunga and Juraschek, 2020). The consumption of greater salty food and non-perishable food among older people then increases their blood pressures and also a cause for weight gain or weight loss that can "detrimentally affect health and both physical and cognitive functioning for months, or even years, to come" (Schrack et al., 2020: 1). Likewise, the reduce physical activities and increases in the stress levels due to constant worrying on health risk, financial and economic constraints, and fear of the future can spike problems in their circadian rhythm and depressive symptoms along with greater fatigue

(Avasthi and Grover, 2018; Ferrucci et al., 1999; Grandner, et al., 2013; Larkin and Chantler, 2020; Schrack et al., 2020). The economic insecurity also heightens the vulnerabilities (Badana and Andel, 2018) among the elderly. COVID-19 has already caused some elderly, especially those living in rural areas to have economic crisis with slow and difficult recovery as they need to make ends meet so the economic disruption is very difficult to manage (Henning-Smith, 2020). The uncertainty regarding the transmission risk can also lead the elderly people to cancel their home health care services and this, in turn, can increase the likelihood of improper medication management, nutrition, and self-care (Schrack et al., 2020).

Considering the impact of sudden physical inactivity on overall health, the strategies in mitigating the potential negative effects due to isolation (Roschel, Artioli and Gualano, 2020) are paramount to the health issues that elderly people are facing.

Apart from the physical factors are social and psychological factors to consider. The social isolation of older adults is also a serious social and psychological concern because these may trigger neurocognitive or other mental health problems (Armitage and Nellums, 2020). The breakdown in social networks among older people due to COVID-19 may significantly impact their psychosocial support needs and mental health as physical distancing measures restrict their visitors and other activities (United Nations, 2020). These limitations on the situations could lead to a decline in cognitive abilities or dementia. The psychological effects of the pandemic to the elderly such as stress, loneliness, agitation, and anxiety (Meng et al., 2020) can have significant impact to the entire well-being of older adults. The public debates that arise where older people are considered of lesser value and expendable have detrimental effects to their mental health (Ehni and Wahl, 2020; Levy, Slade, Chang, Kannoth and Wang, 2020).

COVID-19 exposed the need to understand ageism. Older people tend to think of vulnerabilities due to aging stigma and negative beliefs about themselves and the other elderly. However, they do not share the same experience due to harmful behaviors of ageism (Reynolds, 2020). Reynolds (2020, p. 501) stressed that "an individual's vulnerability to ageism, abuse, neglect, and/or exploitation is influenced by multiple biopsychosocial factors. Biologically, factors such as physiological health, stamina, and ableness guard against or contribute to vulnerability; so too do psychological factors (e.g., personality, mental health, self-perceptions, self-efficacy) and sociological factors (e.g., access to resources and support systems)."

These risk factors are linked to poor health outcomes among older adults that can likely outlast the pandemic and the long exposure to these factors may affect the elderly people's health for the remaining months, or even in the post-pandemic society (Schrack et al., 2020).

Though the impact of Covid-19 is tolerated by some aging adults, the scientific community is navigating partially blind in the efforts to develop therapies and vaccines to cease the novel coronavirus and future pandemics (Koff and Williams, 2020).

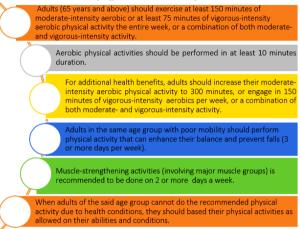
3. Proposed strategies to mitigate health issues among older adults

Of critical importance is for international and national policymakers to reinforce the value of the older population (Roschel et al., 2020) in order to achieve the physical activity recommendations of the World Health Organization (2010) during the quarantine and lockdown period. Likewise, governments, agencies, and health institutions should prioritize and address the social needs and psychological support of older adults for emotional resilience and sense of well-being to rid anxiety and other negative effects of COVID-19.

Physical Exercises. The World Health Organization (2010) recommends a scientific-based physical health activity for the older adults (Figure 2). Roschel et al. (2020) stressed that evidence exist that regular physical activity and higher cardiovascular fitness among the elderly can show better responsiveness to vaccines but investigation remains to be seen for COVID-19. Nevertheless, the authors pointed out that government agencies, universities, and professional healthcare task force should develop, experiment, and monitor scientific-based physical programs to increase the activity levels of older individuals.

Digital Health Models. Exercise should be done in moderate intensities and volumes during the current pandemic, which is a nutritionally, psychologically, socially challenging environment in the presence of a virulent viral organism. Proactively creating innovative health promotion models with technology and government involvement with the best available evidence should be encouraged to reduce physical inactivity during the current COVID-19 pandemic and after (Ranasinghe, Ozemek and Arena, 2020: 1).

Figure 2: Scientific-Based Physical Health Activity Recommendations for Older Adults (Aged ≥65 Years)



Source: World Health Organization (WHO, 2010)

Home-based Activities. Leisure professionals can promote physical activity and social well-being among older adults by increasing home-based opportunities, including offering additional online leisure services, opportunities for volunteerism, and social interactions (Son et al., 2020: 1)

Online Social Communities. Part of the social distancing strategies of people worldwide is to partake in virtual or social network communities through taking advantage of the digital platforms to stay active in social relationships (Ranasinghe et al., 2020). Communicating through these social network platforms can facilitate innovative technology-based interventions that allow the older adults to also communicate with their friends while maintaining virus-prevention guidelines.

Mental Health Professionals. An increase to the available resources of the older people to feel valued and a sense of emotional resilience means having to train mental health professionals (Flett and Heisel, 2020) who can address and cater to the psychological needs of older people.

Use of Telemedicine and wearable technology. A useful tool during this COVID-19 (Centers for Medicare and Medicaid Services, 2020) is telemedicine and wearable technology that can cater to the elderly by checking and monitoring them while minimizing their exposure to the risk of virus transmission (Portnoy, Waller and Elliott, 2020). Telemedicine and wearable technology can also provide a safer environment for research with feasible protocols for the remote collection of data. This technology also provides a platform for interventions such as messaging services to remind the elderly to take medications, among others.

Online Technologies for Building Social Support. The online technologies can also harness social support networks and belongingness among the elderly (Newman and Zainal, 2020), although there may be disparities in the access to digital resources (Armitage and Nellums, 2020; Friemel, 2016). "Tablet computers are (also) becoming increasingly popular among older people, and already account for 28%. Smartphones are being used by older people

at around 46%, meaning that almost half of the people over the age of 65 can potentially use all the functions that smartphones offer today" (Ehni and Wall, 2020: 519). Nevertheless, assistance given to other elderly who are not used to gadgets will help them with using digital technologies and other methods such as video-conferencing technologies can allow them to socialize with friends and families and participate in organizations and social communities (Buenaventura et al., 2020) either through online or remote measures.

Gerontological Research on Health Interventions. Ageism in the context of the pandemic needs investigation to create gerontological-friendly policies and alleviate social exclusion of the older adults. Programmatic research about the conditions of the elderly on a longitudinal perspective is highly needed (Flett and Heisel, 2020; McDermott and Newman, 2020) since there is growing tendencies for older people to commit suicide due to anxieties and depression brought by COVID-19. The observational studies can also describe the before- and after-effects of the COVID-19 to the older people considering their physiological, physical, cognitive, behavioral and mental health components (Cawthon, et al., 2020). Likewise, research on intervention or treatment and monitoring of physical activity, nutrition, sleep hygiene, and access to health care may quantity the impact of COVID-19 on the older adults' chronic health conditions (Schrack et al., 2020). "Retrospective studies and natural experiments using individual historical serial data, if available, or clinically and demographically matched, population-based data may serve as alternatives" (Roschel et al., 2020: 1127). Thus, "over the long term, the research agenda will need to include cultivation of a new generation of multidisciplinary scientists trained in biomedical, informatics, and computer sciences in order to fully prepare for the next wave of emerging diseases" (Koff & Williams, 2020: 2).

4. Conclusion

COVID-19 exacerbates the vulnerabilities among the aging population. It creates enormous challenges that need immediate actions and solutions not only at the race for the anti-vaccine but also for the elderly citizenry. The aging population is not able to do as much physical activities as they had previously enjoyed in their younger years and they experience a decline in their social relations due to COVID-19. However, they should not be deprived of their safety, welfare, and rights for mental, physical, and social support during this global emergency and in the post-coronavirus period. Policies and laws can be promulgated that ensure gerontological-based lens to also consider the welfare of older people as they are more susceptible to any future outbreaks. Thus, emergency response planning of the governments, agencies, and health institutions can address the health inequalities and inequities that detriments the older people. The elderly have the wisdom, leadership, and the experience to educate younger generations and they are part of the global citizenry, so they should not become the expendable cards in this unprecedented global health emergency.

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