

What Are the Health Priorities of Older Adults During a Pandemic?

Series | COVID-19 & response strategy

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[This is the nineteenth document in a series of discussion notes addressing fundamental questions about COVID-19 and response strategies. These documents are based on the best scientific information available and may be updated as new information comes to light.]

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Photo: Clara Soler
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Rising life expectancy is among the factors driving an **exponential increase in the population of older adults (people aged 65 years or older)**. According to the United Nations, older adults make up 9% of the global population. However, this percentage varies considerably from one country to the next¹. In Spain, according to the Spanish National Statistics Institute (INE), the population over 65 years of age on 1 January 2020 was around 9 million people, or **19% of the overall population** (21% of women and 17% of men)².

Ageing is a natural phenomenon that involves a gradual decline in physical and mental capacities. It is often accompanied by major environmental and lifestyle changes such as retirement, changes in residence and the loss of loved ones. However, due

to important biological and contextual differences among people, ageing is not a linear process, nor does it unfold in the same way for everyone³. It is therefore essential to recognise older adults as a **vulnerable and heterogeneous population**.

Throughout the COVID-19 pandemic, older people have been viewed as the most vulnerable group. Since the start of this health emergency, studies have indicated that being over 65 years of age and having chronic illnesses—two factors that often go hand in hand—increases a person's risk of developing more severe versions of the disease^{4,5}. In Spain, official reports have shown that this population group has the **highest rates of hospitalisation for COVID-19, admissions to intensive care units and deaths** (see Figure 1).

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¹ World Population Prospects 2019, highlights. United Nations.

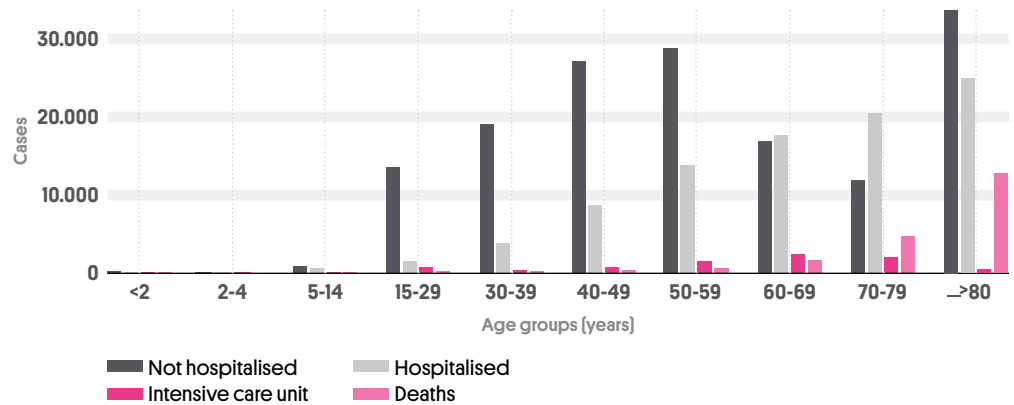
² Population statistics as of 1 January 2020. Spanish National Statistics Institute (INE).

³ Ageing and health. World Health Organisation (WHO). 5 February 2018.

⁴ Wu C et al. Risk Factors Associated With Acute Respiratory Distress Syndrome and Death in Patients With Coronavirus Disease 2019 Pneumonia in Wuhan, China. *JAMA Intern Med.* 2020; 180(7):934–943.

⁵ Docherty AB et al. Features of 20133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ.* 2020; 369:m1985.

Figure 1. Distribution of Cases of SARS-Cov-2 Infection by Age Group and Clinical Situation.



Note: Percentages are calculated on the basis of the COVID-19 cases for which information on each variable is available.

Source: COVID-19 Report No. 33 (29 May 2020), National Epidemiological Surveillance Network (RENAVE), Carlos III Health Institute.

Consequently, some countries have adopted **differentiated policies for preventing COVID-19 in older adults**. In Colombia, for example, older people have been strictly barred from using public spaces. Other countries, including Spain, have placed stringent restrictions on older people’s movements outside of their homes and assigned time slots for them to go outdoors, thereby reducing their risk of contracting COVID-19 but also hampering their mobility and limiting their social interactions.

The pandemic has therefore placed a double burden on older people: higher risk of becoming infected and developing more severe versions of the disease, plus **increased vulnerability to the effects of confinement**. In light of the current context and the existing body of scientific evidence on older people, we have identified three areas in which the pandemic could be having a greater impact on this group than on the population at large (see Figure 2).

Figure 2. Three Key Areas in Which the Pandemic Could Have an Outsize Impact on Older People.

1. Chronic diseases during and after confinement	2. Physical mobility during the pandemic	3. Mental health during the pandemic
As health services have reorganised their operations in response to the pandemic, follow-up and treatment of chronic diseases in older people have been disrupted.	Confinement has been associated with a decrease in daily physical activity, which could negatively affect older people’s physical fitness and therefore decrease their ability to perform certain tasks and actively participate in their communities.	Preventive restriction of social interactions can increase feelings of loneliness and abandonment. These feelings may be particularly severe in older people with limited mastery of technology.

In the pages that follow, we will briefly explore each of these risk areas and propose

a series of mitigation measures ●

1. Impact on Chronic Diseases in Older Adults

“It is critical to reinstate continuity of care according to the principles of equity and universal access by developing technological resources that are respectful of people with limited digital literacy.”

Growing life expectancy, the ageing of the population and certain lifestyle changes (smoking, sedentary habits and unhealthy diet) have led to the rising prevalence of chronic diseases worldwide⁶. While not all older people suffer from chronic diseases, and not all chronic diseases develop after 65 years of age, it is estimated that **around 90% of older adults have at least one chronic disease** and that the average for this group is close to three chronic diseases per person⁷. People diagnosed with chronic diseases rely heavily on health services, since they require specialised care, strict follow-up and long-term treatment.

During the pandemic, health services have been forced to reorganise their operations, prioritising the care of patients with severe COVID-19 and leaving patients with other diseases on the back burner. This reorganisation has resulted in **delayed diagnosis of diseases, as well as delays, modifications and interruptions in pharmacological, surgical and other treatments**. These irregularities can be traced back to multiple factors, including the following:

- Lack of medical staff, materials and/or space
- Difficulty transporting patients to health care facilities (car/ambulance/taxi)
- Self-selection by people who fear becoming infected during medical appointments or who choose not to see a doctor so as not to “be a nuisance”

- Modification of usual treatments that could have immunosuppressive effects
- Reduced availability of donor organs

Some researchers and media outlets have started to quantify and report the pandemic’s effects on chronic disease management^{8,9} (see Figure 3). In the Netherlands, for example, the national cancer registry has seen a drop in the number of new cases since the start of the pandemic; this decrease has been associated with the suspension of national screening programmes, among other factors¹⁰. In the United Kingdom, the pandemic is expected to cause a delay of three to six months in the diagnosis and surgical treatment of cancer patients, which could lead to as many as 4,700 deaths¹¹. In the field of cardiovascular disease, a survey by the Spanish Society of Cardiology found that **40% of heart attacks in Spain went untreated during the first week of lockdown** and 48% fewer therapeutic coronary interventions were administered¹². In Italy, all-cause mortality during the pandemic has been estimated to be 126% higher in men and 85% higher in women than during the previous five years—percentages far exceeding the number of deaths attributed to COVID-19¹³.

⁶ Hay SI et al. *Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016*. *The Lancet*. 2017; 390(10100):1260-344.

⁷ Barnett K et al. *Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study*. *The Lancet*. 2012; 380(9836):37-43.

⁸ Rosenbaum L. *The Untold Toll — The Pandemic’s Effects on Patients without Covid-19*. *N Engl J Med*. 2020; 382:2368-2371.

⁹ Grady D. *The pandemic’s hidden victims: sick or dying but not from the virus*. *The New York Times*. 2020.

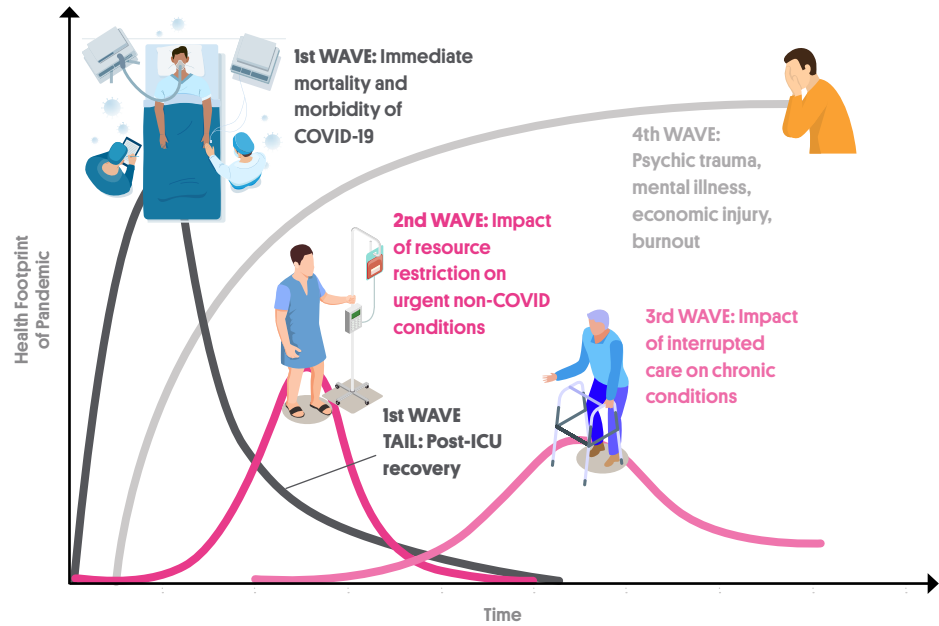
¹⁰ Dinmohamed AG et al. *Fewer cancer diagnoses during the COVID-19 epidemic in the Netherlands*. *Lancet Oncol*. 2020; 21:603. Editorial.

¹¹ Sud A et al. *Collateral damage: the impact on outcomes from cancer surgery of the COVID-19 pandemic*. *Ann Oncol* [Internet]. 2020; 31(8):1065:1074:1-10.

¹² Rodriguez-Leor O et al. *Impact of the COVID-19 pandemic on interventional cardiology activity in Spain*. *REC Interv Cardiol*. 2020; 2:82-89.

¹³ Rizzo M, Foresti L, Montano N. *Comparison of Reported Deaths From COVID-19 and Increase in Total Mortality in Italy*. *JAMA*. Published online on 20 July 2020.

Figure 3. Health Footprint of the COVID-19 Pandemic. Older People Are Especially Vulnerable at Each Stage of the Pandemic.



Source: Design based on an infographic by @VectorSting.

To counteract this situation, **many health care centres have encouraged self-monitoring** (e.g. in diabetic patients) and introduced or expanded access to remote medical care via **telephone or online consultations**. Although these remote forms of care reduce the risk of infection and encourage the use of new health technologies, they are not always effective for older people with limited technological abilities, or for

those who require in-person attention (e.g., a physical or neurological examination). Therefore, **it is critical** to reinstate continuity of care according to the principles of equity and universal access by developing technological resources that are respectful of people with limited digital literacy ●

2. Impact on Physical Mobility

“Fear of infection, even in post-lockdown stages, may continue to drive a reduction in mobility that could have long-term effects.”

Mobility is fundamental to active ageing, health and quality of life for older adults¹⁴. However, a person’s ability to move around decreases over time and in the presence of chronic disease. Moreover, impaired mobility is associated with a loss of independence and an increased risk of institutionalisation and death^{15,16}.

The pandemic and related confinement measures have led to a reduction in mobility. **In the 30 days following the declaration of the global pandemic, daily step counts decreased, on average, by more than 27% across the globe**¹⁷. For older adults, the decrease in physical mobility during lockdown is likely to have been greater than average due to a number of factors, including a lack of daily work commitments, difficulty accessing community spaces (due to the absence or unsuitability of lifts and stairs), dependence on others for mobility and fear of infection, even in post-lockdown stages. Fear of infection, in particular, may continue to drive a reduction in mobility that could have long-term effects.

Using the conceptual framework developed by the World Health Organisation (WHO) to describe functioning, disability and health¹⁸, the **effects of lockdown-related mobility limitations on older people during the pandemic** can be grouped in three categories, as shown in Figure 4:

1. Deficits in body functions and structures
2. Limitations on activity levels
3. Limitations on participation

As a result, older people may experience a reduction in activity both inside and outside of their homes, thereby **increasing the likelihood that social isolation will persist** even after the pandemic subsides ●

¹⁴ Webber SC, Porter MM & Menec VH. *Mobility in older adults: A comprehensive framework*. *Gerontologist*. 2010; 50(4):443–50.

¹⁵ Hirvensalo M, Rantanen T & Heikkinen, E. *Mobility difficulties and physical activity as predictors of mortality and loss of independence in the community-living older population*. *Journal of the American Geriatrics Society*. 2000; 48(5): 493–498.

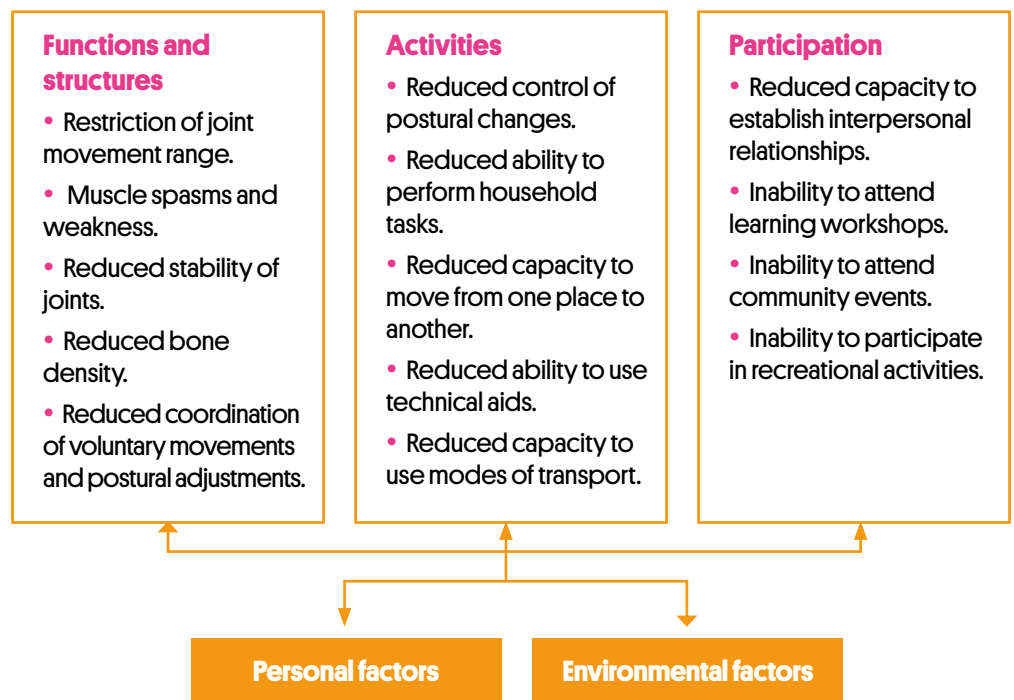
¹⁶ von Bonsdorff M et al. *Mobility limitations and cognitive deficits as predictors of institutionalization among community-dwelling older people*. *Gerontology*. 2006; 52:359–365.

¹⁷ Tison GH et al. *Worldwide Effect of COVID-19 on Physical Activity: A Descriptive Study*. *Annals of Internal Medicine*. 2020.

¹⁸ World Health Organization. *Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud*. 2001.

Figure 4. Possible Effects of Confinement on the Mobility of Older Adults.

Following the framework of the World Health Organisation's International Classification of Functioning, Disability and Health.



Source: ISGlobal.

3. Impact on Mental Health

“Awareness-raising actions repeatedly expose people to alarming information that can lead to pathological fear of infection and chronic worrying.”

If previous humanitarian and health crises are any guide, the COVID-19 pandemic can be expected to generate a significant increase in mental health problems in the form of **symptoms of anxiety and depression, alcohol and other drug abuse, self-harm and suicide**. The impact could be even greater in older people¹⁹, who already pose a global challenge in the field of mental health. According to the WHO, **about 20% of people over 60 years of age have some form of mental or neurological disorder**²⁰ due to

risk factors that can appear at any point in life, other risk factors specifically associated with ageing and the natural loss of capacities, and the presence of disease²¹.

Some of the mental health consequences for older adults are directly associated with the characteristics of COVID-19. The serious risks associated with coronavirus infection in older people have prompted media outlets to emphasise the importance of self-care and personal hygiene in this population. However, such awareness-raising actions repeatedly ex-

¹⁹ Holmes EA, O'Connor RC, Perry VH et al. *Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science*. *The Lancet Psychiatry*. 2020; 7:547-60.

²⁰ *Mental health on older adults*. World Health Organization (WHO). 12 December 2017.

²¹ Chapman DP, Perry GS, Strine TW. *The vital link between chronic disease and depressive disorders*. *Prev Chronic Dis* [online] 2005.

pose people to **alarming information that can lead to pathological fear of infection and chronic worrying** about the disease, which in turn increase levels of stress and anxiety²².

Moreover, the effects of preventive isolation have not been the same across the entire population. Confinement measures have limited older people's daily activities, such as meeting up with friends, caring for grandchildren, taking walks and shopping. Lockdown orders also entailed the closure of common spaces—including civic, cultural and community centres—which provide important venues for interaction in this age group. Whereas younger people have been able to use technology and digital platforms to stay in touch with friends and family, some older people have not made use of these tools. According to INE data from 2019, just 24.8% of people over 75 years of age have ever used the Internet²³. **During the pandemic, this digital divide leads to even greater disconnectedness in older people, deepening their feelings of isolation and loneliness**, which were already a serious public health problem even before the pandemic²⁴, and are associated with more severe symptoms of depression and anxiety^{25,26}.

Older people are also susceptible to the impact of other changes related to the pandemic and confinement, including an **increase in caregiving activities for dependent family members and financial uncertainty** affecting their own stability or that of their household. In light of school closures, many families have had to rely on the help of older people for caregiving tasks, sometimes in contravention of health recommendations. In addition, older people have been **particularly affected by mourning processes and the loss of loved ones**, especially among the population living in long-term care facilities.

Finally, it is worth remembering that **dependent older people are particularly vulnerable to various forms of abuse**, including physical and psychological abuse. Worldwide, it is estimated that elder abuse affects one in six older adults²⁷. This figure reveals a serious public health problem, since interpersonal violence is directly associated with mental health problems such as depression, anxiety and post-traumatic stress disorder²⁸. Isolation measures can increase the risk of violence and exposure to danger, while also reducing people's ability to seek help. Therefore, specific actions are needed to prevent potential violent behaviour against older people ●

²² Garfin DR, Silver RC & Holman EA. The Novel Coronavirus (COVID-2019) Outbreak: Amplification of Public Health Consequences by Media Exposure. *Health Psychology*. 2020; 39(5), 355-357.

²³ Spanish National Statistics Institute (INE). Survey on Equipment and Use of Information and Communication Technologies in Households 2019.

²⁴ Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*. 2020; 5(5):e256.

²⁵ Santini ZI, Jose PE, York Cornwell E et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *The Lancet Public Health*. 2020; 5(1):e62-e70.

²⁶ Berg-Weger M, Morley JE. Loneliness in Old Age: An Unaddressed Health Problem. *J Nutr Heal Aging*. 2020; 24(3):243-5.

²⁷ Yongjie Yong MA, Mikton CR, et al. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *The Lancet Global Health*. 2017; 5(2):e147-156.

²⁸ Roesch E, Amin A, Gupta J, Garcia-Moreno C. Violence against women during covid-19 pandemic restrictions. *BMJ*. 2020; 369 :m1712.

4. Conclusions and Recommendations to Keep Older People From Being Left Behind

“It is crucial to increase the visibility of older people as a population that is especially vulnerable to the social, economic and health-related effects of confinement.”

It is crucial to **increase the visibility of older people** as a population that is especially vulnerable to the social, economic and health-related effects of confinement. The following recommendations describe best practices for the development of future initiatives:

1. Guarantee continuity of access to health care for older people.

Given the threat of new waves of infection (or new viruses), it is essential to plan for the reorganisation of the health system to ensure that the system will be capable of handling emergencies without neglecting the care of older people with pre-existing conditions.

- Strengthen primary care.
- Guarantee the availability of human resources (specialised medical staff) and materials (pharmacological and non-pharmacological treatments) to control chronic diseases.
- Guarantee the continuity of screening and early detection programmes for chronic diseases, even in times of emergency.
- Continue to promote technology-based alternatives for access to health care (telemedicine, telephone assistance, etc.) while adapting these communication channels to the needs and characteristics of older people, especially those with limited digital literacy.
- Provide transport to health care facilities for older people with chronic diseases and limited mobility resources.
- Minimise the risk of infection during visits to health care facilities.

2. Encourage physical mobility in older adults.

It is essential to continue promoting physical activity and mobility exercises both at home and outdoors, taking into account the special needs of older adults and people with chronic diseases.

- Encourage aerobic physical activity as well as strength and balance exercises, both at home and outdoors.
- Facilitate the use of public transport for older adults.
- Guarantee the availability of green spaces and footpaths that allow older people to maintain a safe physical distance in order to prevent the spread of COVID-19.
- Prioritise older people’s ability to safely navigate supermarkets and shopping centres.

3. Minimise the effects of confinement on the mental health of older adults.

The COVID-19 pandemic and resulting lockdown will leave psychological scars on all of us. We need to be prepared to prevent mental health problems in older people by promoting the early detection of symptoms related to anxiety and depression, as well as alcohol and other drug abuse.

- Strengthen primary care and mental health services for the early detection and follow-up of older adults with mental health problems.
- Promote controlled social contact initiatives for older adults.
- Provide special emotional management, grief management and fear management services for older people.
- Strengthen prevention initiatives and case management for older adults affected by physical or psychological abuse.
- Incorporate grief counselling into health care.
- Promote fear- and stress-management campaigns for older adults, targeting each gender separately.

4. Listen to older people.


It is essential to involve older adults in the development of action protocols and initiatives that concern them ●

TO LEARN MORE

- [World Health Organisation \(WHO\) Working Group on COVID-19 and NCDs.](#)
- Kluge HH et al. [Prevention and control of non-communicable diseases in the COVID-19 response.](#) *The Lancet.* 2020; 395:1678-1680, Editorial.
- [Physical Activity and Older Adults: Recommended levels of physical activity for adults aged 65 and above.](#) World Health Organisation (WHO). 27 July 2020.
- Holmes EA, O'Connor RC, Perry VH et al. [Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science.](#) *The Lancet Psychiatry.* 2020; 7:547-60.
- Armitage R, Nellums LB. [COVID-19 and the consequences of isolating the elderly.](#) *The Lancet Public Health.* 2020; 5(5):e256.

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