



Covid-19 and Older Adults

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Abstract

The objective of this review article is to narrate the health considerations of older adults during COVID-19. Soon there will be more elderly people than youth, and more people at an alarming age than ever before. The proportion of older people and the life expectancy are growing worldwide as well. It is expected that the number of people aged 65 or older will rise from an estimated 524 million in 2010 to almost 1.5 billion in 2050, with much of the increase in developing countries. The most vulnerable category to Coronavirus (COVID-19) and those with chronic underlying medical conditions are older adults aged 65 or older. As a result of disruptions to social activities, communication, and assistance, the COVID-19 crisis is likely to have a significant impact on both the mental and physical outlook of older individuals. Since the start of the COVID-19 pandemic and the pressure of lockdown measures, abuse against older adults has increased severely. Recommendation to ensure appropriate nursing care for the elderly based on facts, the demands of an ageing population, transparency, and social welfare, COVID-19 needs to be interpreted as a wakeup call. In order to generate global preparedness and to protect older adults, older people need complicated health care in the form of urgent and joint intervention, often because of several steps, a strong public health response is required. Sometimes, due to numerous morbidities. This increased pressure on health-care delivery systems poses a problem for everyone and can trigger a crisis if not explicitly addressed.

Keywords: Older adults , COVID-19, outcomes.

1. Introduction

In the elderly people, coronaviruses have substantial morbidity and mortality, even during recent antibiotic cycles. The elderly may represent a particular cluster of high-risk patients with rapidly progressive clinical deterioration who have developed COVID-19 (Dadamo et al., 2020).

In reality, immune-senescence and comorbid disorders are more likely to encourage viral mediated cytokine storm in older adults, leading to life-threatening respiratory failure and participation of the multisystem. For older subjects, early diagnosis and individualized clinical management should be generated based on specific medical background and polypharmacy co-therapy (Wang et al., 2020).

Older people are more likely to grow and are more prone to COVID-19. A serious disease or even death. In order to cope with global ageing, attention must be paid to the prevention and management of COVID-19 among the elderly (Tannaou et al., 2019).

The objective:

The objective of this review article is to narrate the health considerations of older adults during COVID-19.

Methodology:

The review was undertaken to highlight the health considerations of older adults during COVID-19

Epidemiology:

The risk of COVID-19 being critically ill increases the risk of an individual becoming older. In reality, 8 out of 10 deaths associated with COVID-19 recorded in the United States were among adults aged 65 years and older (CDC, 2020). Globally, 4,696,849 confirmed cases of COVID-19 have been reported, including 315,131 deaths reported to the WHO. Between Feb 14 and 19 May 2020, 12,229 confirmed COVID-19 cases were recorded in Egypt, with 630 deaths. In Egypt, as elsewhere, the main burden of Covid-19 mortality is projected to fall on older individuals. In Egypt, the number of people aged over 65 is 5,297,000 accounting for 4.6% of the total population in 2019. CAPMAS 2019 estimates that Egypt's life expectancy is about 73.9 years (72.7 years for males, and 75.1 years for females). As of May 31, 24,985 confirmed Covid-19 cases and 959 deaths in Egypt were recorded (Walaa T , 2020)

RISK FACTORS FOR COVID-19 IN ELDERLY:

In older adults, the risk of serious COVID-19 disease increases with age. Serious illness means that in order to help them to breathe, the person with COVID-19

may need hospitalization, intensive care, or a ventilator or may even die. Among those older than 60 years, over 95 percent of deaths occurred. More than 50 percent of the deaths included individuals 80 years of age or older. Reports indicate that 8 out of 10 deaths occur in people with at least one comorbidity, especially those with cardiovascular disease, hypertension and diabetes, but also with a number of other underlying chronic conditions (NCIRD, 2020).

Mode of transmission:

The SARS-CoV-2 virus triggers COVID-19 . When they cough, sneeze, chat, sing or breathe heavily, the virus can spread from the mouth or nose of an infected person into small liquid particles. These liquid particles vary from larger 'respiratory droplets' to smaller 'aerosols' and are of varying sizes. When the virus gets into their mouth, nose or eyes, other people can catch COVID-19, which is more likely to happen when people are in direct or near contact (less than 1 metre apart) with an infected person. Current evidence indicates that respiratory droplets are the main way the virus spreads among people who are in close contact with each other (Liu et al., 2020).

Outcomes from COVID-19 in Elderly:

The COVID-19 mortality rate is 2 to 20 times higher among older adults than among younger adults. Inflammatory response declines in the host, impaired functional status, comorbid disease involvement, and infecting pathogen virulence all contribute to the severity of the infection and the increased risk of death. Delay in diagnosis and lack of care also significantly lead to COVID-19 mortality in older adults (Zhang & Liu, 2020).

Health considerations through COVID-19 pandemic for older individuals:

The resources should include creative approaches through telemedicine and technology to reach older individuals. It is important to increase older people's digital literacy so that they can use mobile applications to access information and to connect with family members and providers of public health services. Ensure that older people have access to the treatment and assistance needed during the outbreak of COVID-19.

As a priority, the families and caregivers of older adults with COVID-19 have to be supported. Priority must be provided to programs and services that help meet the needs of older adults, encourage their wellbeing and keep them out of the hospital (Aguilera & Lenz , 2020).

Older individuals in health facilities:

The Centers for Disease Control and Prevention (CDC) has advised long-term health facilities to keep friends and families healthy in health facilities: limit the visiting, require or obligate visitors to put on masks all the time. If visitors are permitted, check care providers and residents frequently for fevers and signs of COVID-19. Limit activities inside the health care facilities to keep residents at least 1 metre apart and protected from each other (Dadamo et al., 2020)

Prevention

To avoid infection and delay COVID-19 transmission, wash the hands regularly with soap and water, or rub the hands with alcohol. Maintain a distance of at least 1 metre between you and individuals who cough or sneeze. Stop having the face touched. When coughing or sneezing, cover the mouth and nose. If you feel sick, remain at home. Refrain from smoking and other lung damaging practices. By avoiding excessive travel and remaining away from large numbers of people, practice physical distancing (Oh et al., 2019).

Recommendation:

Provide the livelihood and precautions for older individuals. Also, implement active strategies within Medicare and Medicaid to ensure that

older adults are regularly recognized and that their needs are evaluated and sustained in the delivery of health care and long-term facilities. Enhancing the well-being status of older adults.

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