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## **Analysis of the influence of the coronavirus pandemic on elderly people**

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**Abstract.** The main aim of the paper is to analyse and present the main effects of the coronavirus pandemic on the elderly. Numerous studies published in the last two years presenting the situation of the elderly during the pandemic have been analysed and compared. The results obtained show that by nature of internal and external factors, the elderly are vulnerable and fragile, which is why this category of population is the most exposed to the psychological, social, medical and economic effects of the pandemic. The loneliness and isolation of the elderly and their limited access to various services have led to real trauma for them. In order to survive the unprecedented conditions, the elderly have developed adaptive coping mechanisms to cope with the crisis situations generated.

**Keywords.** Elderly, pandemic, isolation, loneliness, effects

### **1. Introduction**

The World Health Organization has described the COVID-19 pandemic as "the defining global health crisis of our time" [1]. Its onset and onset has caused instability in the financial markets of the world's countries and is seen as a new challenge, especially for societies with an ageing population.

Population ageing is one of the most important problems of humanity, and the percentage and absolute increase of the elderly population is one of the essential characteristics of the contemporary era, and successful ageing is one of the basic psychological needs of the population [2]. This concept includes various factors such as psychological, physical and social health, mobility and satisfaction with quality of life, financial stability, physical activity, spirituality, etc., this attitude is relevant to the population. In the context of the new changes there is a need for new scientific research, which would allow to plan the scope and determine the nature of health care for the elderly.

The ageing process affects our lives in all its aspects and throughout its duration. As the current pandemic remains a challenge and as we struggle to protect lives and provide livelihoods, we must not lose sight of a remarkable development: an unprecedented number of Europeans are very long-lived [3].

Pandemics are inevitable; in addition to increasing morbidity and mortality, they profoundly affect people and economies at all levels. The negative effects of pandemics are

most severe for marginalised populations, such as older adults, who are at greater risk of contracting infections, more disease-related complications and increased risk of death. In addition, older people are affected by policy decisions and containment measures taken during pandemics. With rapid patient turnover and overwhelmed healthcare facilities, this older population may not receive adequate medical care.

In addition to poor clinical outcomes, such measures have profound negative effects on the mental health of the elderly population. Pandemics lead to social disruption and economic downturns both regionally and globally, as well as uncertainty and anxiety among the population. The impact of pandemics on economies and health systems is enormous.

In addition, pandemics are associated with overcrowding of healthcare facilities and burnout of medical staff, leading to disruption of routine care for patients with other diseases. Pandemics affect individuals differently, the resulting negative effect may be more pronounced on marginalised populations.

Grandparents are considered a vulnerable population for a variety of reasons. In addition to age, several diseases, social habits, nutrition and poor living conditions increase the vulnerability of older adults to infections. Policy decisions and actions to limit pandemics can aggravate these conditions, leading to poor access to healthcare, limited food supplies and movement restrictions. The special needs of the elderly population during critical periods of pandemics should be a focus of healthcare and other services. Policies to protect older people should be country or ethnic specific and need to be adjusted and modified according to the beliefs, attitudes, behaviours, health, etc. of older people [4].

In the Romania of 2021, seniors aged 65 and over are a sensitive and too often neglected community. Romanian society is unfortunately subject to an outdated mentality, according to which old age is the end of the road and a period of loneliness and lack of activity of any kind. In reality, however, behind this age there are active people with extraordinary stories, a zest for life and a desire to be part of a community.

However, the COVID-19 crisis has brought with it a whole selection of other issues, including those not directly related to the virus but to the containment measures that have been put in place around the world. While containment measures may be necessary to keep the virus under control its effects, from physical to psychological, have already been observed.

## **2. The effects of the pandemic on older people**

Throughout history, societies have witnessed epidemics causing serious health problems and deaths. Today, once again, the whole world is struggling with the new COVID-19 virus, which is an invisible enemy, and is going through a very difficult time [5]. The disease called COVID-19, associated with the new coronavirus SARS- CoV-2, commonly known as Coronavirus, is a severe public health emergency for citizens, societies and economies . The major implication is that the COVID-19 pandemic imposes a heavy burden on individuals and societies and puts severe strain on all human health care systems, with the risk of overwhelming the capacity of health, social care and social service systems.

Due to the high rate of spread and mortality of this virus, which causes severe acute respiratory infections, strict containment measures have been implemented, especially for people in at-risk groups in countries where the epidemic occurs [6]. In this process, people over 65 years of age and with chronic diseases were considered to be at high risk in terms of mortality due to "immunosenescence", known as immunodeficiency that develops due to aging and was considered to be the first group to leave the social environments in our country as a scientific step in the isolation measures.

The COVID-19 pandemic has caused a number of significant changes and effects on the population, especially on the elderly. Even though the virus is spreading among people of all ages, the risk of infection and death from COVID-19 is much higher among the elderly. The increased risk of serious infection has prompted authorities to impose isolation measures, especially for the elderly. Thus, in addition to the direct health risks for the elderly, the pandemic is likely to induce much more pronounced negative effects related to their social isolation, material and mental well-being, labour market position, abuse and neglect, and access to health services.

The effect of COVID-19 on older adults was assessed in terms of infection rates and hospitalisation and mortality rates. It is possible that the percentages infected or hospitalized may not reflect the true effect of the disease on older people, as they may not be considered a priority group for screening and hospitalization during the pandemic. When healthcare units are overcrowded during the pandemic, all patients may not be responded to equally; in addition, reports indicate that some countries have adopted age-based triage during the current pandemic, in which younger patients were given priority over older people for care [7].

Older seniors may be underrepresented in screening programs due to poor communication and limited mobility. During pandemics, systematically documented mortality rates may better reflect the effect of disease on older populations [4].

How societies prepare for ageing needs to go beyond economic issues and issues of quality and affordable services. We need to think about how generations live together. One concern is the growing risk of loneliness and social isolation among both young and old, which many people feel, especially during the COVID-19 pandemic. Although less visible, this has a real impact on our economic, social and health systems and deserves the attention of policy makers. The pandemic caused by this virus imposes a heavy burden on individuals and societies and puts a severe strain on all human health care systems. Elderly people are at high risk both for developing complications of COVID infection due to existing comorbidities and for death. Restricting medical activity by focusing on priority treatment of COVID cases and emergencies impacts on the flow in the provision of less urgent but necessary medical services to protect the health of older people.

Measures with a direct impact on the protection of the elderly include: a ban on the closure of public and private centres for the elderly and support for human resources involved in care. In addition to the general hygiene and sanitary measures required in the context of the pandemic, there are specific care measures, especially for people who are difficult to move or even bedridden. A high degree of vulnerability is experienced by elderly people without carers or where both partners have mobility problems. For example, restricted flow on public transport can create travel problems for some of the chronically ill. Reduced funding to private providers of social services can lead to a decrease in the number of beneficiaries, thus limiting their access to the care they need.

An existing situation of limited access to health services has been compounded by a generally poor state of health characterised by age-specific vulnerabilities, leading to further restrictions on health services. Outpatient clinics were closed and hospitals limited treatment and interventions to urgent cases only. At the beginning of the pandemic, many patients were discharged, including cancer patients. Patients with chronic diseases, oncology, autoimmune diseases were generally abandoned and all efforts were directed towards treating patients with Covid-19. This situation posed a risk for several categories of patients: patients with chronic diseases, oncology patients who could not be operated and treated unless they were considered

medical emergencies, patients with current problems who could not turn to specialist doctors as medical services were restricted.

Cancer patients' access to treatment was limited and transformed in the context of the pandemic: interventions at the largest cancer centre in the country almost halved, access to life-saving radiotherapy and chemotherapy was only with testing for Covid-19, radiotherapy and chemotherapy treatments fell dramatically, and some patients discontinued treatment for fear of infection. In all hospitals, the number of admissions has decreased compared to previous years. The lack of access to health services is also reflected in the increase in mortality compared to previous years. The lack of medicines on the market has added to these problems. The health status of the Romanian population before the Covid-19 pandemic was unfavourable in the European context, both in the general population and the elderly.

The Romanian health system was underfunded and faced many problems even before the pandemic: low health insurance coverage, large inequalities in access and availability of health services depending on the area of residence, a low number of medical staff in relation to the population, a system extremely poorly oriented towards prevention and with a large population reporting unmet needs for medical consultations. Rates of preventable mortality or mortality from treatable causes were among the highest among EU countries before the pandemic, highlighting the poor efficiency of the system.

Some reports have indicated marginalisation of the health of older people during the current COVID-19 pandemic, particularly in countries with mitigation strategies. This is probably an attempt to bring about herd immunity. A crisis management document drafted in Turin by the Piedmont authorities during the peak of the COVID-19 epidemic in Italy proposed excluding from treatment patients over 80 years of age and elderly people with comorbidities determined by the Charlson comorbidity index [8]. Abnormal reporting of COVID-19-related deaths in nursing homes has been a major concern because it underestimates the threat of the current pandemic to older people in those countries. Although thousands of deaths in care homes in the UK may not have been accounted for, similar observations have been made in Italy [9]. In addition, the global approach to screening for COVID-19 is not uniform. While countries such as South Korea have launched extensive searches for infected individuals, other countries have limited testing to symptomatic individuals [10]. Restricted testing fails to estimate the extent of infection and in turn facilitates the spread of the disease in the community. Many countries have realised the importance of testing critical masses, such as health care workers and older adults [10]. A report from Scotland indicated that contact screening in nursing homes was limited to those with COVID-19-positive patients, with only sporadic testing in nursing homes without confirmed patients.

The COVID-19 pandemic has taken its toll on the mental health of older people. Seniors with pre-existing mental health conditions have seen an increase in the severity of their symptoms, while others are struggling for the first time. The pandemic is affecting the mental health of more people than the actual number infected. Psychological implications can persist long after the epidemic, with a higher prevalence rate than the pandemic itself. Although the effects of social isolation are distinct from those of loneliness, efforts to reduce social isolation may be as relevant as reducing mortality.

Social isolation is not just a condition that leads to health co-morbidities. Instead, it is part of a cascade of complex psychosocial factors that interact together to cause adverse health outcomes in older adults: increased mortality, increased susceptibility to dementia [11], cognitive decline [12], the onset of disability [13], depression, harmful or risky behavioural habits and difficulties in activities of daily living.

Fear of COVID-19 has led to various anxiety disorders and depressive states, sustained by the incessant information about the virus, the number of infections, mortality rates, and insufficient control and treatment measures [14]. Difficulties in receiving medical services or specific psychiatric treatments led to mental relapses and uncontrollable behaviours. Existing psychiatric disorders have evolved into psychotic or paranoid disorders, even leading to suicide [15]. The prevalence and severity of psychological distress in the COVID-19 pandemic continues to be investigated by several countries to guide policy makers and the public, and psychological distress measured psychological impact shows moderate to severe levels due to the pandemic. Throughout the blockage, older people with dementia have been significantly affected by sudden changes in routines, access to services and reduced ability to maintain regular contact with family and friends.

The COVID-19 pandemic has increased anxiety, older people are worried about contracting COVID-19, about their family's well-being and safety, and about the future. For some older people, anxiety has led to panic attacks and physical symptoms that have a profound impact on them. Social isolation in older people can lead to psychological disorders such as depression, poor sleep quality, impaired executive function, accelerated cognitive decline, and physiological disorders such as poor cardiovascular function and impaired immunity. Rates of depression are also higher among isolated older people and higher in men and those with medical morbidities. Older adults' quality of life is also reduced as a result of social isolation.

While increasing mental health problems among the general population may already be a cause for concern, these concerns go beyond psychological well-being in older people. Studies have shown that depression in the elderly is linked to later cognitive decline and risk of Alzheimer's disease. This means that while many societies currently face the immediate threat of an increase in mental health concerns, the long-term effects could be devastating as depression and stress result in the older generation experiencing accelerated cognitive decline and increased rates of Alzheimer's disease. Several studies have shown that exercise, even mild to moderate doses and intensities, can have a significant positive effect on cognitive function in older people, especially those with cognitive impairment or neuropsychological disorders. Reviewing this previous research, loss of socialization, increased mental stress and general mental health problems, and decreased exercise may have substantial negative effects on the elderly population. Although the closures may be temporary, these effects are likely to be long-lasting and could pose significant risks to the quality of life of the elderly population in later years.

However, the changes that many countries have seen come into effect since the start of the COVID-19 pandemic extend far beyond the loss of socialisation and increased depression. The closures have led to a significant change in the functioning of everyday life: the world has gone digital. As hospitals have filled with COVID-19 patients, access to regular healthcare for non-COVID-19 conditions has been disrupted [16]. Those who do not seek medical care for non-COVID-related conditions may be at greater risk of illness and death during this period [17]. This risk is likely to disproportionately affect older people, who have higher rates of ill health than younger populations and are more likely to be encouraged to avoid areas where they might contract the disease. In response to this problem, there has been a significant shift in healthcare to digital. Telehealth, or the act of providing healthcare digitally, and remotely, has become commonplace in many countries. A particularly vulnerable group of older adults are those institutionalised in elderly care homes. Nursing homes often focus on people with chronic diseases and are at increased risk in terms of infectious disease control and management. The burden of chronic disease and disability that often accompanies the elderly is currently

neglected because of the restrictions that arise. Partly because of limitations on hospital admissions only for life-threatening conditions, and partly because of restrictions on access to healthcare facilities and GPs.

The results of social isolation and limitation of outpatient care during the SARS-COV-2 pandemic could soon result in an increased number of inoperable or late-stage cases. If it were not for COVID-19, many chronic patients would have come to the ER. Unfortunately, fear of infection causes many patients with symptoms of heart attack, heart failure or stroke to stay home and often suffer fatal complications.

A final considerable issue is the post-pandemic situation's financial impact on health systems, as many manageable chronic diseases can show a worsening that will result in prolonged hospitalisation and higher treatment costs, with reserved clinical outcomes in some cases. Many patients, including older patients, were hospitalized, received successful treatment for Covid-19, and went home. Other patients were too scared of the pandemic to come to the hospital. Many frail patients died at home without a clear diagnosis; some probably had Covid-19, while others died of other diseases that are arguably treatable. We could have saved more lives by preventing infections in the first place. Nursing homes are among the riskiest settings for Covid-19; they care for the most vulnerable and frail people with comorbidities. Nursing home care has faced a wave of problems, including sick residents, huge staff shortages due to both illness and fear, and the loss of visiting families who provide countless hours of support by feeding and caring for family members. Without infrastructure or emergency support from government authorities nursing homes could not withstand the onslaught of cases. Although media reports have labelled them as death pits, the accusation is unfair. Death is recognized and expected as the end point for many nursing home residents, with or without a pandemic, and some facilities provide excellent end-of-life care. Most outpatient facilities were closed and converted to telephone visits; video visits were offered when low-income residents had the technology [18].

Reduced social contacts impact on the maintenance of older people's mental health and how they perceive their quality of life. The current context has led to the curtailment of some providers of social services needed by older people such as home care. It is welcome that both central and local government representatives, civil society and local communities have mobilised to help older people, as the continuing need for older people requires the identification of the necessary human and financial resources. Although social distancing could save the lives of older people, it also increases their loneliness. Social constraints following social distancing and isolation lead to significant limitations in daily activities, inaccessibility to health care workers on whom older people rely, financial constraints, and difficulties adapting to new social barriers created in activities such as online shopping [19]. Social distance and isolation have significant health and psychological effects on older people. Unlike younger adults, older people are often unable to use technology to alleviate isolation and its psychological effects. Older people who engage in frequent social interactions, such as social groups, societies and frequent visits to relatives, have much lower rates of morbidity than isolated people. The ability to engage in these social activities is severely reduced during social distancing. Older people make less use of technology, especially virtual technology, and are less motivated to learn new technology-related skills. The main reason for low technology use among older people is not the lack of access to technology or connectivity, but rather the lower expectations placed on older people to use technology and take risks due to lack of knowledge. Technology is essential in long-term social distancing for meeting psychological needs and accessing services [4].

As geriatricians predicted would happen, being confined to home for long periods of time has resulted in a significant number of older people having reduced mobility and experiencing muscle weakness and joint pain. Activities of daily living, such as climbing stairs or washing, have suddenly become difficult, and previously independent older people have come to depend on walking aids to move short distances. The current COVID-19 pandemic has witnessed ageist discourses [20] in the media further complicating the social experience for older people. Suggestions not to panic because the disease mainly affects older people raise the ethical question of the value of life. Painful decisions to prioritise ventilation for younger patients when ICU beds or ventilators are limited have deepened feelings of anxiety and despair, although gerontology has long advocated alternatives in treatment choice [21]. Another topic of ageism is the general discussion of the grey tsunami - the pressure placed on healthcare systems by the growing number of elderly people in developed countries. Ultimately, the self-isolated elderly suffer from ethical loneliness. It is the inner isolation felt when abandoned by humanity or those in power, plus the experience of one's own voice or the need to express oneself by not being heard.

During the COVID-19 pandemic older people, particularly women, are at increased risk of domestic violence. Concern about the rise in domestic violence has emerged with the increase in restraint measures such as 'lockdowns' and 'stay-at-home' recommendations. Thus, since the first months of total isolation, the country's main institutions specialising in violence issues have been working together to find solutions and offer help to people suffering from violence. It is difficult to estimate the extent of violence against older people during the pandemic for several reasons, including the fact that centres for victims of violence have stopped operating and that statistics by age and gender are lacking. Even the most recent survey on violence during the pandemic does not contain information on violence against older people. The increased risk of COVID-19 infection among older people and the restrictions imposed by the authorities to stop the virus have also exposed older people to violence and abuse.

Travel restrictions, protective measures, daily negative media reports and economic instability have increased psycho-emotional stress and fear among the population, increasing incidences of violence and discrimination against older people. The COVID-19 pandemic has led to increased cases of psychological, physical and economic violence. Economic violence comes from the loss of jobs and income during the pandemic for young people living with older people. Physical violence and abuse has worsened against the background of the psycho-emotional stresses experienced by the population in relation to the crisis generated by the COVID-19 pandemic. Verbal violence as well as discrimination in the workplace has intensified among pensioners who continue to work.

The impact of the COVID-19 pandemic differs according to the social and economic characteristics of countries, in low and middle income countries the implications are more profound as grandparents still have/play an active role in raising grandchildren; therefore, isolation or infestation with SARS-CoV-2 affects the whole family [22]. In addition to the significant social and human impact, the coronavirus pandemic represents a major economic shock for the EU, with the spread of the virus causing disruption to global supply chains, volatility in financial markets, consumer demand shocks and negative impacts in key sectors such as travel and tourism.

The global pandemic has led to deficits in collapsing economies and rising public debt. Governments around the world have been trying to find measures to reduce the impact of Covid-19 and on public pension spending. The impact of the economic crisis on older people could be felt directly through job cuts (for people who combine pension and salary) and indirectly

through lower incomes for carers. Depending on the state budget's ability to cope with expenditure in the coming period, a reversal of the decision to increase pensions by 40% from September 2020 is anticipated. The economic crisis caused by the Coronavirus is therefore having a negative impact on the labour market and pensions, acutely felt by low and middle income groups. Unfortunately, older people living alone are often at risk of slipping into poverty and poor health.

Older people have also been affected by ageist discourses which claim that the loss of old age is not as important as the loss of life of other age groups. Elderly patients are denied ventilators and left to die because of the overwhelming number of patients admitted, especially those needing mechanical ventilation. People are not even allowed to hold funeral ceremonies for relatives who have died alone in COVID-19 units. This dramatic situation has significantly induced fear among the elderly worldwide [23]. All these are reasons why grandparents need spiritual support more than ever, and the measures taken to deal with the pandemic must also take this need into account.

Religious practices such as attending religious services, practicing daily prayer and reading spiritual books are strategies that individuals use to cope with life's stressors. Social support from a religious person in the religious community and developing a relationship with God are also essential components of coping. Religion can provide a resource that helps in finding meaning and overcoming loneliness. Belief in the Divine provides the individual with a philosophy of life and a whole range of attitudes, values and ideas that help them interpret and understand themselves. At the same time, churches provide a social and community sense of inclusion, very much coupled with a sense of personal well-being. Churches usually also offer older members a wide range of social activities that tend to draw the older person into contact with others and reduce the possibility of social isolation and loneliness. During periods of social isolation, there are some ways to help religious seniors use their faith to ease their anxiety during this COVID-19 pandemic such as spending time praying, listening to religious services or caring for neighbors, meeting their emotional needs/physical needs - there is no better way to reduce anxiety and social isolation than by reaching out a helping hand to others in need [24].

### **3. Conclusions**

The COVID-19 pandemic has had many negative effects on older people. The media, especially radio and television, played a crucial role in informing the general public about COVID-19. Although approximately two years have passed since the outbreak of this disease, there are still many hidden angles about this disease and especially about its effects on the elderly [25].

Available evidence indicates that seniors are at higher risk of serious illness and death from COVID-19 due to low immunity, comorbidities and lack of adequate treatment. They face financial problems and social isolation, which affect both their physical and mental health. The challenges that have emerged with COVID-19 in Romania have revealed valuable insights into areas that need major improvement. The most obvious were found within the healthcare system, where a combination of poor management, ignorance of the needs of healthcare staff and inadequate infrastructure led to a disastrous response of the healthcare system to the pandemic. Governments must prioritise the needs of older people when setting public policy.

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