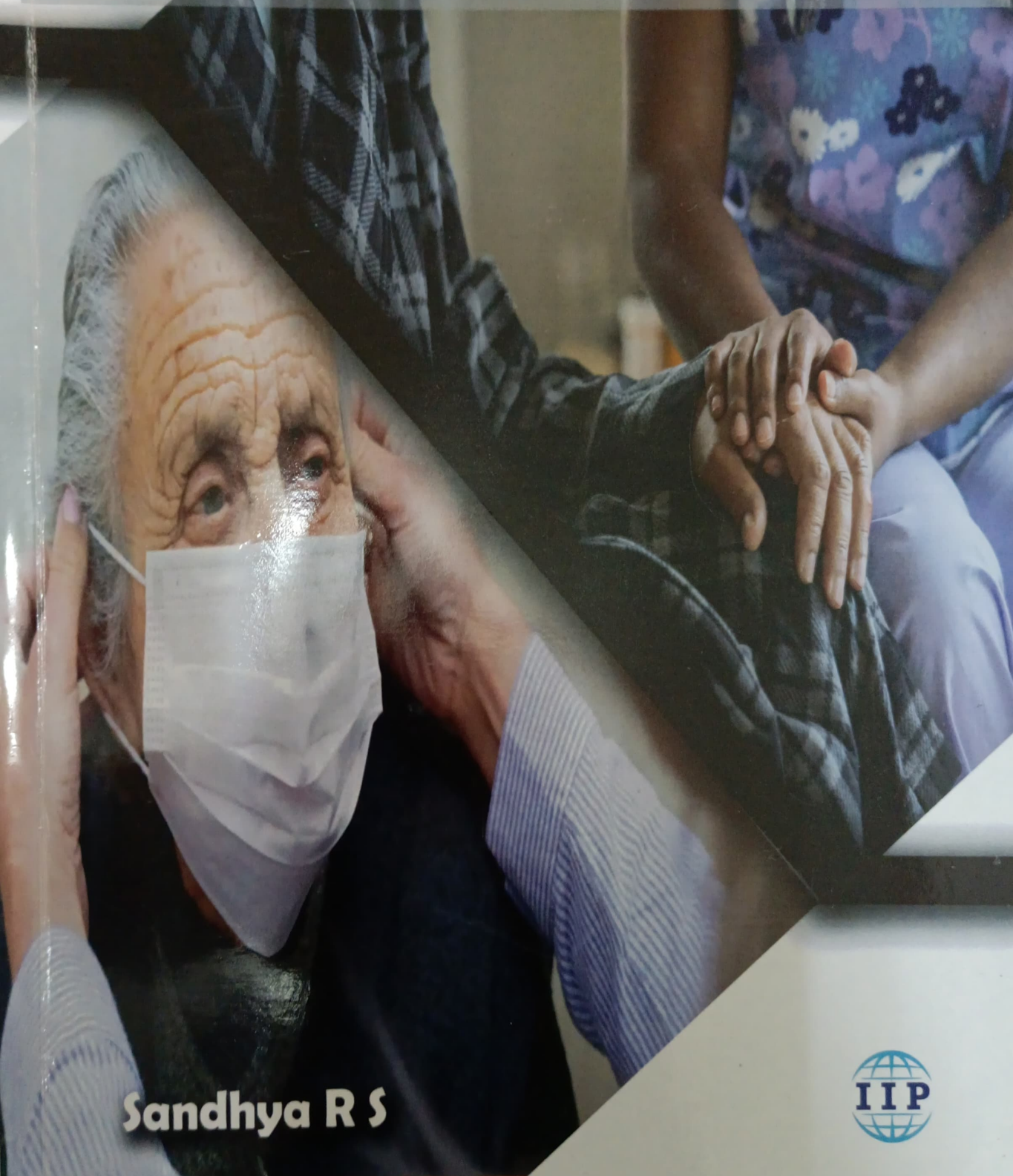


Pandemic – Coping and Resilience

Reflections of the Elderly



Sandhya R S



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Corona virus Disease (COVID-19) in Elderly –Presentation, Preparedness and Prevention

Dr. Anand P. Ambali
MD, PGDGM,
MSc(Dementia), FGSI, FICP
Professor of Medicine
Additional Specialization in
Geriatric Medicine
anand.ambali@bldedu.ac.in

Dr. Santhosh B. T.
Postgraduate in Medicine
BLDE (Deemed to be University)
Shri B M Patil Medical College
Hospital and Research Centre,
Vijayapura 586103
Karnataka

Abstract

The novel corona virus disease 2019 (COVID-19) pandemic is a global crisis and has challenged the healthcare systems around the world. To date, the health system in many countries is struggling to contain virus spread and its effects on health. The occurrence of this pandemic was taken by storm across the globe in the shortest time due to which a large number of human lives were lost in the shortest period. Although the information regarding the association of SARS 2 (now COVID-19) was known during the last pandemic of SARS 1 in the year 2009, the research community and health system were not prepared for another pandemic in 2019.

The clinical features of COVID-19 infections were similar to any viral fever in the initial days of infectivity and were diagnosed as COVID only after patients with widespread lung involvement presented to the hospital with breathlessness. The elderly people presented with atypical symptoms like generalized weakness reduced appetite and were brought to the hospital when they became severely ill. The atypical presentation and severe illness at the time of presentation have led to increased mortality in the elderly population.

The prevention measures though were informed to the public through social and print media, the irrational human behaviour did not support the measures to contain the spread of the virus and, because of which many succumbed to it. The Covishield vaccine which is produced in India was launched to rescue initially the health care workers and then the elderly population has helped to contain the spread effectively so far.

The author shares the concepts of presentation of COVID 19 infection, the preparedness of health system and preventive measures undertaken at the national level as well as his own experiences as a geriatrician in treating hundreds of cases in elderly. All the concepts discussed in this chapter are evidence-based.

Keywords - COVID19, Elderly, Physical & Mental health, Vaccine, Awareness.

The pandemic has taken the whole of humanity by storm. The health system was not prepared to face a pandemic of such a large extent.

Humanity has faced several pandemics in the past which had its challenges in those eras. Despite we are ahead of technology in this era, we too had challenges that were difficult to solve. Due to collective efforts, humanity has won over the tide in 10 months.

The older people were not spared. They too had their issues which they have faced silently. A total of 1,58,000 people lost their lives in India due to the COVID-19 infection. (WHO 2021)

The author has first-hand experience in the treatment of elderly with COVID-19 admitted in 200 bedded COVID ward over 10 months in Shri. B. M. Patil Medical College Hospital and Research Centre, Vijayapura.

The main goals in providing health care to the elderly were to

- Provide prompt steps in decreasing the morbidity
- Prevent a disability
- Promote the quality of life
- Maintain dignity and
- Prevent Ageism!

Presentation

The spread of COVID-19 across the globe was very fast. The irrational behaviour issues with human beings across the globe have contributed to rapid spread in the shortest time.

Clinical features

The incubation period is 2 to 14 days.

Mode of spread: The exact mode of transmission is not known.

Human transmission is by droplet and small particle aerosol transmission.

Most transmission occurs in households, Hospitals, and little in communities from the infected person.

Serious illness has been reported in outbreaks among elderly patients in nursing homes.

Risk factors: Older patients with Diabetes Mellitus, Chronic Lung Disease, Cardiac, Renal, and Liver Diseases and compromised immune systems are more prone.

Clinical features: (WHO Corona virus Symptoms)

The common presenting features of COVID-19 are,

- a. Fever and equivalent features of fever in older people like Increased thirst, altered behavior, and confusion.
- b. Small, frequent bouts of dry cough and later productive.

- c. Breathlessness manifesting as decreased activity & without completing sentences. Sudden deterioration of activities of daily living in elderly should lead to suspicion of acute severe infection.
- d. Pressure in the chest, Sore throat, sneezing.
- e. Fatigue, anorexia
- f. Diarrhea (Camilleri M,2018)
- g. Laryngitis
- h. Loss of smell and taste and
- i. Cervical Lymphadenopathy (Irizarry L,1998)

History of traveling in elderly is of vital importance. The traveler's diarrhea is common in people who have recently traveled.

In the Elderly, a typical presentations were common. The expected signs and symptoms may be obscured or absent in older people and manifest with complications like Adult Respiratory Distress Syndrome (ARDS).

In the Elderly, the blunted febrile response leads to delay in diagnosis and treatment which in turn leads to increased morbidity and mortality. The clinical signs are tachycardia, tachypnoea, cyanosis, crepitations in basal lung fields and, hypotension.

Clinical syndromes associated with COVID-19 are

Mild illness in few cases to severe Pneumonia, Acute respiratory distress syndrome, Pneumothorax, Sepsis and, Septic shock were the common complications in the elderly population admitted in COVID ward.

Clinical Classification:

1. Mild disease - Uncomplicated respiratory symptoms
2. Severe disease - Dyspnea, hypoxia or, >50% lung involvement on imaging within 24 to 48 hours
3. Critical disease - Respiratory failure, shock or, multi-organ dysfunction

Post-COVID-19 infection

The after-effects following COVID infection in the elderly are delayed recovery, Lung Fibrosis, Psychological disturbances, and Insomnia which has led to poor quality of life and increased morbidity.

“Happy hypoxia” This new term made waves across the world. Hypoxia is a state where the oxygen levels in the blood are below the normal range. Happy hypoxia is a pathological state in patients who presents with pronounced arterial hypoxemia yet without proportional signs of respiratory distress, like breathlessness. (Wilkerson RG, 2020)

The oxygen saturation of 94% and less on pulse oximeter is considered hypoxia. Despite being hypoxic the patients were not presenting with breathlessness. This has led to a delay in identifying infection in the elderly which later contributed to increased mortality and morbidity.

Effect on mental health

The elderly being restricted to a sedentary lifestyle were forced to live in a room and share the same room along with family members. This compromised their private life to a large extent. The existing diseases in them got exaggerated and had created more stress and anxiety among them. The other adverse effects on mental health were loneliness, abuse, and depression. The very fact the elderly were living with family members who were potential abusers has created more mental torture in their homes. The impact was that we had many elderly people approaching us and requesting to admit them in general wards of our hospital for few days to prevent being abused in their respective homes.

Preparedness

Humanity has been affected by various pandemics in past at regular intervals. It will not be wise to say that the health system was not prepared to face the new COVID-19 pandemic. Though It was partly prepared and due to the acute sudden spread across the globe, it took the health system by storm.

The major factors that played role in gearing up the system were the clinical features in the elderly that were different from that of adults. It was mentioned in the textbook of medicine in 2010 when SARS1 had affected. The features like loss of smell and taste as features of COVID were described a decade ago. I was a part of the National Virtual Continuing Medical Education (CME) organized by the Geriatric Society of India on COVID-19 in Elderly. In this CME we brought to the notice of the participants regarding atypical symptoms and complications of COVID-19 in the elderly population.

The Challenges health care faced are discussed as follows.

1. Comorbidities

The elderly with various comorbidities like diabetes mellitus, hypertension, ischemic heart disease, past cardiac by-pass surgery, urinary tract infection, anemia, osteoarthritis, chronic bronchitis and, benign prostatic hypertrophy were difficult to manage. The challenges were extreme in the elderly with living with Parkinson's disease, Alzheimer's, Stroke, Congestive Cardiac Failure, Depression, Obesity, and Schizophrenia where more manpower both in number and hours were required in providing care. The nursing staff was getting exhausted in providing care for these subsets of elderly patients with COVID-19 infection. In peak months of infection, the hospitals too had a shortage of manpower.

2. Violence against doctors

The health system was already facing many issues related to blood investigations getting delayed, non-availability of drugs, and increased mortality, the violence against health providers across India was reported. To protect health care workers, from violence, the Ministry of Law and Justice of the government of India promulgated "The Epidemic Diseases (Amendment) Ordinance, 2020" on April 22, 2020. This ordinance was a boon for the health sector so that it can provide health services without fear. (prsindia.org)

3. Role of MoH & FW, WHO, CDC, ICMR, and AIIMS.

Ministry of Health and Family Welfare (MoH&FW), World Health Organisation (WHO), Centre for Disease Control (CDC), Indian Council of Medical Research (ICMR), and All India Institute of Medical Science(AIIMS).

These national and international health regulatory authorities kept giving guidelines for investigation and treatment for COVID-19.(Guidelines on Clinical Management).Initially, the guidelines were revised frequently adding to uncertainty at ground level. First, the Hydroxychloroquine was launched, then came Doxycycline, Azithromycin, Vitamin supplementation, Remdesevir, Ivermectin, Heparin, and many more, which later proved to be of little benefit. After few weeks, most of the protocols in investigations and management were streamlined which helped the health system to deal with elderly patients effectively and with more confidence. The newer treatment modalities like Plasma therapy and many newer drugs were approved with trial and error. As the guidelines were lacking, all the newer modalities that were approved have proved to of little value. The entire health system followed the guidelines provided with ICMR and AIIMS in providing the care. This pandemic has also allowed exploring the role of Ayurveda, and complementary medicine in preventing and treating COVID-19 infection. The results of many trials being conducted by the AYSUH department are awaited.

4. Activities of our geriatric clinic

We joined hand in collaboration with the district health office and district administration in creating awareness regarding the presentation of COVID-19 in the elderly, the services available for both COVID and Non-COVID cases across our district and a helpline number so that they can reach us. We continued our services to the elderly without COVID infection.

The pamphlets (Fig 1 & 2) were prepared to create awareness about COVID-19 in the elderly population and were distributed to all the patients attending Non-Covid Clinic in medical college hospital. It was also circulated through social media like Whats app and Facebook.

If older person has following symptoms, Kindly seek medical attention immediately.

In adult	In senior citizen
Fever	Fever, Increased thirst, altered behavior, confusion
Cough	Small, frequent bouts of cough
Breathlessness	Breathlessness, decreased activities, short sentences
Persistent Chest pain	Pressure in the chest



Respected senior citizen,
Please do not get scared of COVID 19.
The BLDE DU team is here to assist you.

For Medical Emergency- Shri B M Patil Medical College Hospital & RC, Casualty 24/7.

For Medical Assistance Call – 9845821477 (Dr.Anand) / 9916906573 (Dr Pranay)

For Information – COVID National Help Line -1074 / Health Help line -104

Issued in Public Interest by Department of Medicine, Geriatric Clinic BLDE DU, DHO, DSO & NPHCE Vijayapura.

Respected Senior Citizen, Following are tips for you to stay healthy and active during this lockdown.



Figure 2

We at the geriatric clinic received many calls regarding mental distress on our helpline. So, we created mental health team and circulated the brochure regarding mental health and COVID19 (Figure 3). Because of these efforts, many elderly people came to our hospital, and assistance was provided to them by the team of Psychiatrists.

Senior Citizen ಹಿರಿಯ ನಾಗರಿಕರು #mental health ಮಾನಸಿಕ ಆರೋಗ್ಯ

Quarantine can lead to loneliness – especially for older people or people who live alone.

Loneliness can contribute to poor physical and mental wellbeing. Connect with other people, through social media, telephone, and online communities, and maintain #MentalHealth.

#COVID19 #coronavirus

Contact Dr.Anand -9845821477, Dr.Santosh- 9611281386, Dr. Manovijay- 9449395194, Dr Chaukimath 9448139376

issued in interest of senior citizen by Geriatric Clinic & Department of Psychiatry, BLDE DU Shri B. M. Patil Medical College Hospital and RC,Vijayapura

- ಏಕಾಂಗಿಯಾಗಿ ವಾಸಿಸುವ ಹಿರಿಯ ನಾಗರಿಕರಲ್ಲಿ ಒಂಟಿತನಕ್ಕೆ ಕಾರಣವಾಗುತ್ತದೆ.
- ದಿಗ್ಭಂಧನ ಸಮಯದಲ್ಲಿ, ಸಂಬಂಧಿಕರು ಮತ್ತು ಸ್ನೇಹಿತರೊಂದಿಗೆ ದೂರವಾಣಿ ಮೂಲಕ ಮತ್ತು ಸಾಮಾಜಿಕ ಮಾಧ್ಯಮ ಮೂಲಕ ಸಂಪರ್ಕ ಸಾಧಿಸಿ.
- ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕಾಳಜಿವಹಿಸಿ.
- ದಯವಿಟ್ಟು ನಿಮ್ಮ ಮಾನಸಿಕ ಆರೋಗ್ಯವನ್ನು ಉತ್ತಮ ಸ್ಥಿತಿಯಲ್ಲಿರಿಸಿಕೊಳ್ಳಿ.
- ಮನಸ್ಸನ್ನು ಸಕ್ರಿಯವಾಗಿಡಿ.
- ಸಕಾರಾತ್ಮಕ ಯೋಚಿಸಿ.

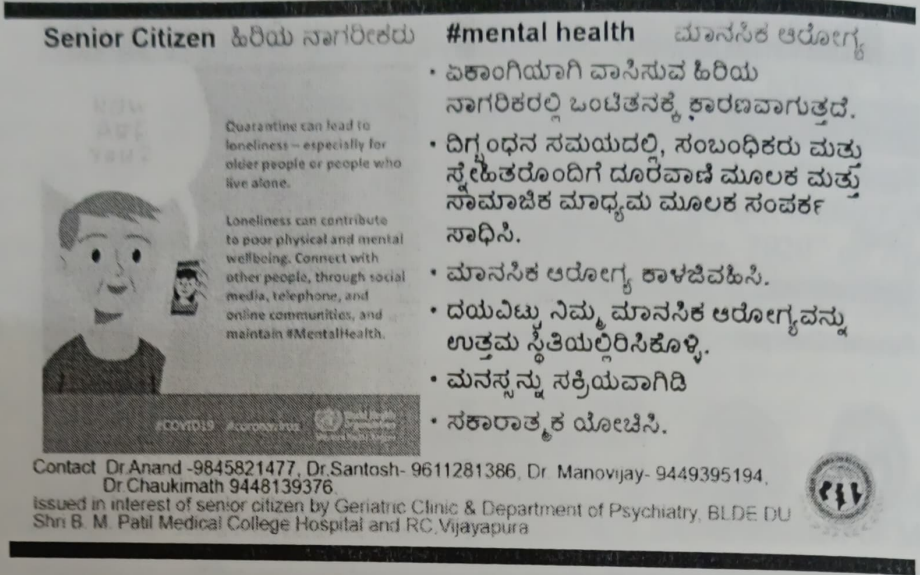


Figure 3

5. Role of media

The role was both positive and negative initially. The news of death happening across India was frightening to the elderly population, due to which most of the elderly refused to seek treatment. Once the news of older people recovering from COVID-19 was aired, then the elderly started coming out to seek assistance for their health issues.

6. Technology

Digital technology in the form of the Arogya Setu App and telemedicine was launched. The guidelines for which were released overnight. The elderly people were not comfortable with these two new technologies. They always wanted a human touch in their consultation. Issues like decreased hearing, poor vision, and the absence of care providers made telemedicine less attractive among the elderly population. The MoH & FW took initiative to train doctors (COVID Webinar for Physicians) and Nurses (COVID Webinar for Nurses) online regarding diagnosis and management guidelines.

7. Sacrifice of Health care workers

The whole health care system was geared up in a short time to provide 24/7 services across India. It came with a huge cost. Hundreds of health care workers too suffered from COVID-19 while on duty. A total of 174 doctors, 116 Nurses, and 199 Health care workers succumbed as of February 5, 2021, serving the nation during this pandemic.

8. Role of Health insurance

The health insurance companies initially were not clear in their services whether they are going to cover insurance for COVID in the existing policy or not. After government intervention, all the health insurance providers agreed to cover COVID-19 in existing policies while new insurance schemes were launched exclusively for the pandemic.

Prevention

The various preventive measures to contain spread are

- Use of Mask
- Social Distancing
- Use of Sanitizer
- Avoid contact with suspected cases
- Avoid visiting a crowded place
- Vaccine – Covishield

By this time, we all are aware of these preventive measures. The discussion on the vaccine is emphasized here as it is now an ongoing process and our senior citizens should take full benefit of this program. As of 13/03/2021, a total of 2.9crore people across India have received the vaccine. * Here, I have answered frequently asked questions regarding the use of Covishield Vaccine which are evidence-based. (mohfw 2021)

Can it be used in pregnant and lactating mothers?

No.

What is the age limit?

The minimum age limit is 18 years and above and there is no upper limit.

How many doses should be taken?

Two doses at an interval of 28 days.

What are the contraindications?

The elderly with a history of allergy to drugs in the past, persons with active COVID-19 infection, COVID Positive patients who have been given plasma therapy, acutely unwell, and hospitalized (with or without intensive care) patients due to any illness should avoid taking the vaccine. The person after recovery from acute illness can take a vaccine after complete recovery.

What are the common side effects? (Jayadevan R 2021)

The common side effects are pain at the site of injection, mild fever, and vomiting in few cases. In a study carried out in India, they found the common side effects develop after 13 hours in the elderly and they were as follows. Tiredness -

44%, Myalgia – 44%, Fever – 34%, Headache – 28%, Local Pain- 27%, Joint pain – 12%, Nausea-8% and Diarrhoea in 3%.

What is the cost of the vaccine?

In government hospitals, it will be provided free of cost while in private hospitals it will cost Rs.250.00.

Who all can take the vaccine?

All the people between 45 to 59 years of age having comorbidities like hypertension, diabetes, cancer, Human Immunodeficiency virus, renal disease, liver disease and had recovered from COVID-19 pneumonia should take a shot of vaccine.

What about the elderly?

All elderly people irrespective of their health status and comorbidities must receive their doses.

I have suffered from COVID pneumonia and recovered. After how many days can I take the vaccine?

A minimum of eight weeks should have elapsed before the vaccine is administered for those who had suffered COVID19 infection.

Co-administration of vaccines

If any other vaccine has been taken by the person, the COVID-19 vaccine should be taken after 14 days.

Is interchange ability of COVID-19 Vaccines permitted?

No. the second dose should also be of the same COVID-19 vaccine which was administered as the first dose.

Is the existing vaccine effective against new mutant strains?

Yes

Can a person on immunosuppressive drugs take a vaccine?

Yes

Can I donate blood after receiving COVID Vaccine?

One cannot donate blood till 28 days after receiving the second dose of the vaccine.

Can the vaccine be given in old age homes?

As per recommendations, the vaccine should be administered only in hospitals. The reason is that there is an emergency service set up including drugs and manpower to deal with any untoward incident if happens following injection. Many Non-Governmental Organisations have requested the health ministry to permit vaccination in old age homes so that the elderly who are bedridden, differently-abled, and living with dementia are benefitted. We need to wait for the guidelines for ministry.

Which among the two vaccines is good?

The answer is not clear as of now. We have seen the phase of people receiving Covishield only so far on large scale with the least side effects. While Covaxin was studied in human trials and it is also claimed to be safe and effective. Right now, it will not be wise to comment on the efficiency of *which vaccine is good*.

If one develops complications following the vaccine, who will pay for expenses towards treatment?

The Bharat Biotech will provide compensation and take care of expenses.

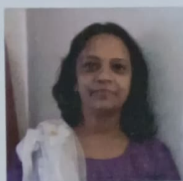
Conclusion

The Pandemic took humanity by surprise and so was the health care system. Health care was provided to the entire country round the clock using standard guidelines and at a huge cost of sacrifice and loss of lives of health care workers. This pandemic has taught us all the difficulties a health system can face and what needs to be prepared, for the next pandemic. The health system has saved precious lives despite many odds.

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About the Author

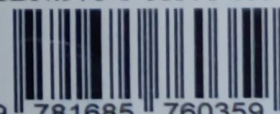


Dr. Sandhya R S is the Professor and Head, Department of Sociology, University of Kerala. After completing Post-graduation in Sociology, she did her Ph.D. in Sociology with Social Gerontology as specialization from University of Kerala. She started her career as Assistant Professor (2006) in the School of Gandhian Thought and Development Studies, Mahatma Gandhi University, Kottayam, and later she served as Professor (2018) in the School of Distance Education, Mahatma Gandhi University, Kottayam. In 2020, she joined as Professor in the Department of Sociology, University of Kerala. She has 15 years' experience in teaching and produced seven PhD's under her guidance. She has published three books and more than 15 research publications including National and International reputations. She availed Post-Doctoral Fellowship from Indian Council of Social Science Research, New Delhi. General Sociology, Gerontology, and Gender Studies are her areas of interest. She has completed two major research projects, funded by UGC and Inter University Centre for Organic Farming and Sustainable Agriculture, Mahatma Gandhi University funded by Govt. of Kerala.



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