

Vulnerability and Assessment of Needs of Older People in the Midst of COVID-19 Pandemic: A Mini Review

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Mini Review

As the coronavirus spreads across the globe, it's becoming more apparent that older people with underlying health conditions are being hit hardest by the illness it causes. The coronavirus that became a global pandemic before mid-March 2020, like the ones responsible for SARS and MERS, affects the part of the lungs where gas exchange-the delivery of oxygen to the bloodstream and the removal of carbon dioxide-takes place. "As one gets older, the lungs are not as elastic or as resilient as when one is younger. This condition together with any underlying health issues increased the loss of airway and respiratory functions. New coronavirus populations are generally susceptible, but elderly people with underlying diseases are more susceptible. The underlying diseases are diabetes, hypertension, cardiovascular disease, and cerebro-vascular disease [1]. The elderly is more susceptible to severe illness with the tendency to be admitted to the intensive care unit (ICU) with a high mortality [2]. A study of 1099 patients with confirmed new type of coronavirus pneumonia found that 15.1% of the population is 60 years old and above, while 27.0% are severely aged [3]. In COVID-19, the mortality rate of patients aged 60 years and over is 5.3% which is significantly higher than that of patients under 60 years (1.4%) [4].

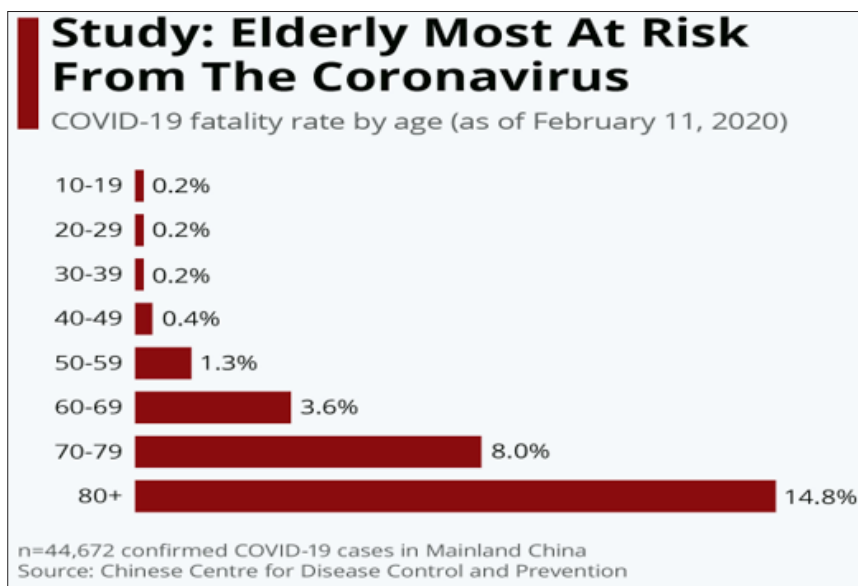


Figure 1: Elderly Most at Risk from the Coronavirus.

The COVID-19 pandemic is impacting the global population in drastic ways. In many countries, older people are facing the most threats and challenges at this time. Although all age groups are at risk of contracting COVID-19, but older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come

with ageing, decreased immune function and potential underlying health conditions or multimorbidity which expose older adults to be more susceptible to the infection itself and make them more likely to suffer severely from COVID-19 disease and more serious complications (Figure 1). Reports from Europe are showing that over 95% of COVID-19 related deaths occurred in those older than 60 years. More than 50% of all deaths were people aged 80 years or older and that 8 out of 10 deaths are occurring in individuals

with at least one underlying co-morbidity, in particular those with cardiovascular diseases/hypertension and diabetes, but also with a range of other chronic underlying conditions [5]. According to World Health Organization the case fatality rate of COVID-19 in people who reported no chronic diseases was 1.4 percent, but it shot up in groups with these conditions: "13.2% for those with cardiovascular disease, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer [6].

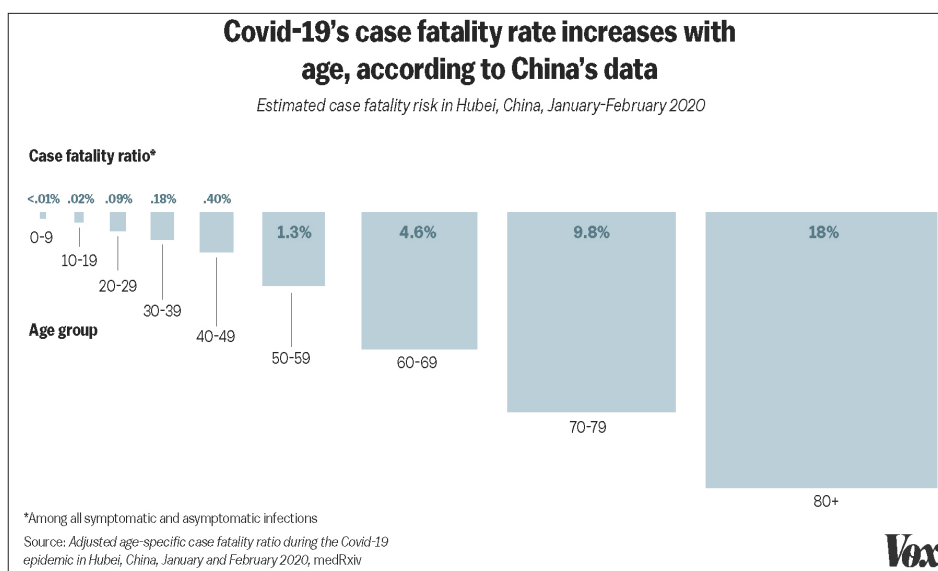


Figure 2: Covid-19 case fatality rate by age.

The Needs:

- A. Provision of adequate supplies of food and prescription medications in case they need to stay home. Obtain at least a 30-day supply of prescription drug (Figure 2).
- B. Stock up on tissues and over-the-counter medicines to treat fever, cough and other symptoms should they arise.
- C. Have enough groceries and household items to be comfortable staying home for a few weeks.
- D. Make a backup plan for caregiver in case he or she falls sick.
- E. Practice daily preventive measures such hand washing, cleaning of home to remove germs.
- F. Pay attention to the local news and follow the advice of local health officials.
- G. Stay in touch with others by phone, email and video chats.
- H. Avoid visiting sick people and know when to get medical help if ill.
- I. Older people should stay at home for an extended period of time in self-isolation (otherwise called "shielding"), in particular those who are immune-compromised or have chronic conditions.
- J. Secure care plans, defined pathways for accessing services for elderly.
- K. Monitor surveillance of their compliance with prescribed medicines, supplies and equipment; transportation and support for self-management, access to rehabilitation and palliative care, as needed.
- L. Always stay connected with older people. The younger ones should keep daily contact with old people.
- M. Show them how to video chat with others using smart-phones, laptops or tablets.
- N. Encourage friends and family outside to telephone, write notes or send cards to lift their spirit.
- O. Avoid travel. Older adults should put off non-essential travel, particularly cruises or trips with itineraries that would expose them to crowds.
- P. Postpone unnecessary doctor visits. If an older adult in your care is feeling well, consider helping them to postpone elective procedures, annual checkups and other non-essential doctor visits.
- Q. Give special attention to those who provide nursing and social care services for older people.

- R. Encourage elderly to practice healthy habits.
- a) Cover coughs and sneezes with a tissue or the inside of your elbow, then wash your hands.
 - b) Avoid touching your eyes, nose and mouth with unwashed hands.
 - c) Clean your hands often. Wash your hands with soap and water for 20 seconds.
 - d) If you don't have soap and water, use an alcohol-based hand sanitizer with at least 60 percent alcohol.

Clean-and then disinfect-surfaces and things you touch often. These include tables, chairs, doorknobs, light switches, elevator buttons, handrails, countertops, remote controls, shared electronic equipment, shared exercise equipment, handles, desks, phones, keyboards, toilets, faucets and sinks.

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