

Insight

Risks to the elderly during the coronavirus (COVID-19) pandemic 2019-2020

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Abstract

With an ageing population in the UK, the risks to the elderly during the COVID-19 pandemic are not limited to the physical effects of the virus. Social isolation, deteriorating mental health, restricted access to healthcare and deprivation of necessities are but a few of the pressing concerns. This article describes the perspectives of a GP in Central London.

Key words

Coronavirus, COVID-19, Older Adults, Pandemic, Risk Factors

As a GP in Central London, on average, I see or speak to approximately 35-40 patients a day and I am not only worried about the speed at which Coronavirus (COVID-19) is spreading, but also the impact it will have on the way I am expected to practice and look after these patients.

It is no surprise that the UK has an ageing population. As of 2018, there are almost 12 million people over the age of 65 in the UK.¹ It is now well established that those over the age of 70 and with co-morbidities are at the greatest risk of complications from COVID-19 infection.²

These physical complications are of course at the centre of my concern as this pandemic unfolds. However, as a primary care practitioner, it is clear that there are several more concerns that have arisen as the self-isolation and social distancing guidance escalates. Not only have I realised that I will be continuing my ongoing role in balancing both the physical and mental well-being of my patients, but also addressing the mass panic and hysteria that has swept the nation, if not, the globe.

Let us discuss fear. Fear can be defined as an unpleasant emotion that is a response to the threat of danger, pain or harm. We have seen over the last few weeks that fear has spread as quickly as the virus itself and this can be partially attributed to the uncertainty surrounding our knowledge of COVID-19, but it is also thanks to the constant availability of unverified information at ones

fingertip. It is almost impossible to protect the population from this epidemic of anxiety when false information is circulated so rapidly. I've had patients eating raw garlic daily, panicking if they haven't been drinking sips of water every 15 minutes and turning the heat up in their homes in frantic attempts to prevent COVID-19 from successfully invading their homes and bodies.

My next concern is that of loneliness. 8 million people are living alone in the UK and 48% of those are over the age of 65.¹ Social distancing will only intensify the feeling of isolation which already greatly impacts on a person's mental health and this could easily spiral into depression. Social isolation in itself, both actual and perceived, has been associated with an increased risk of premature death.³ Our mental health services are already overwhelmed with an national average waiting time for talking therapy of 5 weeks with 11% of patients waiting for longer than 12 weeks.⁴ Certainly in my CCG (Clinical Commissioning Group), there is a waitlist of this length which becomes a barrier to people in need of accessing treatment, but this waiting time is due to become more prolonged with the reduction in face to face consulting secondary to social isolation escalation from the government. How are we going to support these rising cases of anxiety and depression secondary to isolation?

Are we providing preferential treatment to the young? In order to reduce the risk of spread of COVID-19, GP surgeries in the UK have switched to telephone or video consulting of their patients and are actively avoiding face to face consultations where possible. Whilst the digital age allows us to do this quite effectively, there are concerns that we are restricting online consulting to those who own smartphone or internet enabled devices and many of our elderly patients do not. The Ofcom 2019 Online report states that over a third of 65-74 year olds are not using the internet and have no intention of getting online.⁵ Whilst technology is allowing us to reduce the risk of transmission of COVID-19, it may well be alienating the people in our society who arguably require the most help.

Another issue that has been breaking headlines is that of stock piling. The elderly have been left gazing at empty shelves in supermarkets just as they are advised that they should ideally be self-isolating for the next 12 weeks.

With approximately 4 million people over the age of 65 living alone, this huge number of people who are the most vulnerable are unable to access the nutrients they require to survive without relying heavily on support from others. Many elderly patients do not have the finances to buy enough food to last them for this amount of time. Whilst self-preservation is a natural response that is inbuilt in human psyche, we appear to have lost our humanity as a society and have left the most vulnerable without the security of nutrition.

This leads me onto my final concern of social responsibility. Many of the younger population have chosen to ignore the advice being given by the government about exercising social distancing. Perhaps it is the underestimation of the speed of spread of the virus or perhaps it is the assumed lack of physical complication in young people. Regardless of the reason, yet again, those that are harmed are the elderly as they are visited by their careless family members or exposed to infected individuals as they step outside their homes.

Despite the lack of resources available in the NHS currently, there are several charities e.g. MIND, Samaritans, that are working tirelessly to support the increased burden of mental health on the system. There are also numerous charities and volunteers aiming to ensure that the elderly do not go hungry as they fear to leave their houses or find that the shelves are empty e.g. Age UK. This pandemic has brought a number of concerns about our ageing populations to the forefront of primary care and only time will tell if we overcome it.

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