Elderly Health Journal 2021; 7(1): 1-2 .
Shahid Sadoughi University of Medical Sciences, Yazd, Iran
Journal Website : http://ehj.ssu.ac.ir

Letter to the Editor

Social Distance in COVID-19 Pandemic and Older Adults Populations

Reza Bidaki[1, 2], Fatemeh Sadat Mirzadeh[3*]

[1.] Research Center of Addiction and Behavioral Sciences, Shahid Sadoughi University of Medical Sciences, Yazd, Iran
[2.] Diabetes Research Center, Shahid Sadoughi University of Medical Sciences, Yazd, Iran
[3.] Department of Geriatric & Gerontology, Medical School, Tehran University of Medical Sciences, Tehran, Iran

[*] **Corresponding Author:** Department of Geriatric & Gerontology, Medical School, Tehran University of Medical Sciences, Tehran, Iran. **Tel:** +989133731571, **Email address:** Fatima_mirzadeh@yahoo.com

Received 29 Nov 2020

Citation: Bidaki R, Mirzadeh FS. Social distance in covid-19 pandemic and older adults populations. Elderly Health Journal. 2021; 7(1): 1-2.

World Health Organization (WHO) data show higher vulnerable rates of COVID-19 among older adults especially in those with underlying diseases. WHO recommended particularly limitations of social communications for older adults so that control virus transmission among these vulnerable populations. Recommended restrictions included social distancing and stay at home (1). Social distancing is a known health method to decrease infection transmission by stopping close contact with infected people. Likewise, staying at home is intended at reducing transmission rates. Results in these restrictions cause many older adults in the world to have been at home with minimal social connections for a long time (1). Social distancing leads to social isolation and loneliness further in older adults that these outcomes related to poorer health and wellbeing. Moreover, vast loneliness produces a decrease in quality of life, well-being, and social support by making small social networks and lower social connections in older adult populations (2). Also, recommendations for regard social distance in nursing homes cause residents to lose effective contact with visitors (children, friends, etc.) and are associated with negative outcomes such as loneliness and social isolation.

Social communication is more important in old age than in other age groups because, in geriatrics, due to age-related changes cognitive functions such as memory and higher brain functions, five senses, and physical functions decrease. Consequently, the importance of social interaction increases at this age (3). Decreased social interaction in older adults leads to feelings of loneliness and subsequent exacerbation of depressive symptoms. Following the Covid-19 Pandemic, restrictions have been placed on social communication in the community, which affects most of the older adult population (4). The most important harm caused by social restrictions for the older adult in society will be social isolation, which will have unfavorable outcomes, including increasing and exacerbate conditions such as pain, hypertension, insomnia, suicidal ideation, dementia, smoking, lack of attention to diet, a decrease of mobility and exercise. Restriction of social communication causes the older adults are deprived of visiting their loved ones and doctors, and in fact, they are bereaved of emotional issues and receiving health services. For example, grandparents suffer from emotional, sensory, and emotional deprivation when they are unable to see and hug their grandchildren and children, which exacerbates many disorders such as cognitive impairment and dementia.

In older adults due to aging, clinical manifestations of internal stimuli (pain, fever, un well-being), and response to external stimuli (isolation, not receiving sensory and emotional stimuli, not seeing the faces of people) differs and can be manifested as restlessness, aggression, and agitation (5). Social distance leads to increased agitation and aggression in older adults, especially in populations with dementia, because both perception and response to environmental stimuli are damaged more in the social distance. The result of social isolation is loneliness, which can lead to depression and increased mental distress, negative thoughts, and premature death (6, 7). Feeling lonely and disconnected from society leads to increased feelings of shame, embarrassment, emptiness, and sadness. Also, social distancing influence physical activity and decreased it, including walking. Reduce physical activity also contribute in worsening health and quality of life.

The authors would recommend that at least in these conditions where we have to observe the social distance, we can first give the necessary training to geriatrics about the importance of this issue. Afterward creating a series of plans such as watching favorite

[DOR: 20.1001.1.24236179.2021.7.1.1.6]
[DOI: 10.18502/ehj.v7i1.6544]

movies and reading favorite books, fun and useful challenges (such as solving puzzles, exercise movements, etc.) through video communication in cyberspace, and more telephone communication including phone calls periodically to the doctor. Hence, we can compensate somewhat the main deficit of social communication (8). Trained volunteers should establish a friendly relationship with the homebound older adults through regular telephone contact to guide and assist them. If older adults are given the opportunity of telephone counseling, they will consider their lives more meaningful. Finally, geriatric support telephone counseling can be calls during which geriatricians and geriatric-psychologists can contact older adults and assess the symptoms of physical and mental illness. These measures can improve the capacity of older people to adapt to the phenomenon of social distance and help reduce the impact of COVID-19 on their physical and mental health (8).

Therefore interventions should be designed to approach social isolation and being joined for geriatrics. Determined the cardinal factors that need to be conceptualized to a purpose. The interventions defined can improve many of the plans that have been appropriated by older adults or caregivers to approach social isolation and connectedness among geriatrics.

References

1. Emerson KG. Coping with being cooped up: Social distancing during COVID-19 among 60+ in the United States. Revista Panamericana de Salud Pública. 2020; 44(8): 1-7.
2. Stirling Uo. Social distancing is increasing loneliness in older adults. ScienceDaily. 2020, November 09. Available from: www.sciencedaily.com/releases/2020/11/201109110230.htm.
3. Charles ST, Carstensen LL. Social and emotional aging. Annual Review of Psychology. 2010; 61: 383-409.
4. Van Orden KA, Bower E, Lutz J, Silva C, Gallegos AM, Podgorski CA, et al. Strategies to promote social connections among older adults during 'social distancing'restrictions. The American Journal of Geriatric Psychiatry. 2020: 1-12.
5. O'Rourke HM, Collins L, Sidani S. Interventions to address social connectedness and loneliness for older adults: a scoping review. BMC Geriatrics. 2018; 18(1): 1-13.
6. Cacioppo S, Grippo AJ, London S, Goossens L, Cacioppo JT. Loneliness: Clinical import and interventions. Perspectives on Psychological Science. 2015; 10(2): 238-49.
7. Holt-Lunstad J, Smith TB. Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry. Heart. 2016; 102(13): 987-9.
8. Jawaid A. Protecting older adults during social distancing. Science. 2020; 368(6487): 145.

[DOR: 20.1001.1.24236179.2021.7.1.1.6]
[DOI: 10.18502/ehj.v7i1.6544]