SOUTH ASIAN JOURNAL OF SOCIAL SCIENCES & HUMANITIES

ISSN: 2582-7065 (Online) SAJSSH, VOL 1, ISSUE 3, PP- 111-118

Community Care of Geriatric Population in Pandemic & Beyond

Prof. Dr. Rajendra Singh

Professor & Head, Department of Community Medicine, Government SDJH Medical College & Hospital, Azamgarh, India.

ORCID ID-0000-0002-1105-5133

Corresponding Author: Dr. Rajendra Singh, **E-mail:** drrajputbpl@gmail.com

ABSTRACT

The rapid growth in population is invisible. We are growing and aging just not as an individuals or communities but as a world. In 2006, almost 500 million people worldwide were 65 plus years old. By 2030, that total is projected to be 1 billion i.e.1 in every 8th of the earth's inhabitants. Significantly, the most rapid increases in the 65 plus older population are occurring in developing countries. In the next 10 to 15 years, the loss of health and life in every region of the world will be greater from non-communicable/chronic or lifestyle diseases such as heart disease, cancer, diabetes etc. Elderly age group is one of the most vulnerable categories for infectious diseases as for example COVID-19 infection. In this infection the high risk of death is due to decreased immunity, decline in body reserves and multiple co-morbid conditions with multiple treatment regimens. COVID-19 is an acute respiratory illness caused by novel corona virus (SARS-CoV-2). It causes higher mortality among elderly persons, particularly in persons with underlying medical conditions, such as cardiovascular disease, chronic respiratory disease, diabetes, cancer etc. Due care can be provided to this vulnerable group, if the community is aware about means & ways to protect them.

KEYWORDS

Geriatric Population, Community Care, COVID-19.

DOI: http://doi.org/10.48165/sajssh.2020.1308

INTRODUCTION

A growing share of older persons are no longer living with extended families, but reside alone or in old age homes, hospice care, rehabilitation homes, due to demographic shifts such as population ageing, more dual-earner households, internal migration and urbanization. Older persons confront multiple barriers in accessing quality health care, including affordability, accessibility, availability, age discrimination, and age-related stigmas. Their experience varies by different gender, income levels, and racial or ethnic backgrounds; therefore, such social determinants of accessing health-related services should be taken into consideration.

Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to adverse outcomes and infection of COVID-19. Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions and community outreach is required. Care giving of grandchildren, a role undertaken by some older persons can augment the risk of COVID-19, as it makes it impossible for older persons to self-quarantine.

In addition to this, the higher mobility of younger family members living under the same roof adds additional risk of infection for older persons. Although older men appear to have higher case fatality rates than women according to available data from high-income countries older women in many countries may be at particular risk of COVID-19 because they experience multiple and intersecting forms of discrimination. These include greater risk of nutritional deficiencies, risk of gender-based violence, higher risk of illiteracy, lower earnings, greater risk of living alone, and greater risk of poverty (Burnes D, Pillemer K, Caccamise PL, 2015). Older persons, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become anxious, angry, stressed, agitated, or withdrawn during the outbreak or while in isolation (Acierno R, Hernandez MA, Amstadter AB, 2010). All stakeholders need to be cognizant of the fact that loneliness is a serious health risk to older persons who are compelled to avoid social contact. The continuum of practical and emotional support through informal networks (families & community), health workers, caregivers, and volunteers should be ensured by any means. Older persons risk abuse during the COVID-19 pandemic, including physical, psychological, sexual abuse, financial exploitation and neglect (Centers for Disease Control and Prevention; 2020). Urgent public health action is needed to protect the rights of elderly persons.

DOI: http://doi.org/10.48165/sajssh.2020.1308

GLOBAL PUBLIC HEALTH CHALLENGE

The COVID-19 pandemic is a significant challenge to all governments and represents a global threat to public health and the global economy. Support older people to remain autonomous and important pillars of their communities. Harness Inter-generational Solidarity and address age-based discrimination.

Risks are especially high in countries, cities and territories where- Public health systems are fragile, underfunded and understaffed; government information, evidence and communication systems are weak. Where population density is high; there are large populations of older persons; state budgets lack sufficient resources to assure capacity for preparedness or response.

MEANS & WAYS OF ELDERLY CARE IN THE COMMUNITY

REVERSE QUARANTINE

Reverse Quarantine is defined as when a person is vulnerable and there is imminent danger of getting infection from other sick people, he/ she is kept away until the danger passes. Reverse quarantine helps the vulnerable older persons to minimize the risk of contracting the infection from the affected patients. During reverse quarantine period protocol to be followed are- we have to keep the windows open for cross ventilation; care givers should wash hands before & after giving physical assistance to the older persons. Work-from-home option for the youngsters in the family can limit the risk of exposure to potential sources of infection from outside sources and become potential carriers. If affordable, a separate house may be arranged for elderly persons in the family. Make frequent communication to elderly staying far from your home by phone calls or video calls to prevent loneliness, anxiety and depression.

IMMUNITY BOOSTING STRATEGIES

Proper nutrition with adequate fruits rich in Vitamin-C, vegetables and in cooking inclusion of turmeric, cumin, ginger, garlic, onion etc. and life-style activities like yoga or exercise, pranayama and meditation.

Organizing Healthcare Services

To ensure continued access to health services and reduce the risk of exposure. If the older patients are unable to reach the hospital/Health care facility; Mobile medical care team of Block

DOI: http://doi.org/10.48165/sajssh.2020.1308

PHCs may be utilized for care at the doorstep and distribute medicines. For bedridden elderly, home based physiotherapy by physiotherapist and home-based palliative and geriatric care services by Staff Nurse can be given. The volunteering NGOs may be deployed for follow-up at home & for delivery of medicines. Distribution of Vitamin C, Zinc Sulphate, Calcium and Vitamin-D tablets to all older persons through ANM/AWW/Hospital worker/ Corporation/ NGOs/ SHGs etc. as relevant. The Staff under DPH & PM and Corporations has to be utilized for surveillance of minor ailments and appropriate referral. They can also distribute the regular medicines and inform the medical officer if the patients need medical consultation. For any clarification regarding patient care, they can coordinate with the geriatric unit at medical college hospital/district head quarter hospital through teleconferencing, telegram app, e-sanjeevaniopd.in website or WhatsApp. Develop IEC materials with regard to nutrition & dietary advice, exercise & physiotherapy, yoga and meditation.

MANAGEMENT OF NON-COVID ELDERLY

To minimize the hospital visits of Elderly, we can organize the activities as- dispensing drugs for 2 months to reduce the number of hospital visits. Having proxy consultation with Telemedicine, can receive the medicines from the nearest Government Hospital by showing the prescription. Block PHC Medical Officer to coordinate with Government Hospitals for patient care through Tele call/WhatsApp, if a sick elderly requires tertiary care like ICU/CCU, emergency surgery, specialized procedures etc. appropriate referral should be done. The District Medical officers & Nurses trained in Geriatric Care shall provide the medical for the elderly in their district. A team of Health Care Workers should provide care exclusively for the elderly.

CONCLUSION

The scope for creation of State Registry can be explored with Government sources and Private sources with the help of Professional Associations. The Elderly are vulnerable population and are at higher risk of contracting the COVID-19 infection. Prevention is better than cure as they have altered immune response to infections. Reverse Quarantine is a suitable strategy for elderly. Improving the immunity and maintaining good health by proper nutrition, exercise & meditation is recommended. If infected with COVID-19, treatment to be provided at COVID hospitals in a separate block/floor. Management of Non-COVID older patients should continue without any

DOI: http://doi.org/10.48165/sajssh.2020.1308

interruption to avoid complications due to the preexisting co-morbidities in them. They need special attention during the COVID-19 crisis, and their voices, opinions and concerns must be heard. Global data are extremely uncertain at present; nonetheless, the heightened risks of COVID-19 for older persons are evident in all national data.

Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to infection and adverse outcomes from COVID-191. Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions and community outreach is required. Older persons, especially in isolation, those with cognitive decline, and those who are highly care-dependent, need a continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers.

SPECIFIC INSTRUCTIONS TO REDUCE RISK OF EXPOSURE

The following are the specific instructions that may be given to the elderly population to reduce their risk of exposure to COVID-19 infection. They have to stay at home, avoid meeting visitors at home and maintain social distancing of minimum one meter. Should wash hands at regular intervals with soap and water for minimum of 20 seconds, clean the frequently touched surfaces with disinfectants regularly. All the sneeze and cough either has into elbow or into tissue paper/handkerchief which has to be disposed into a closed bin. Ensure proper nutrition through home cooked fresh hot meals and maintain adequate hydration with frequent intake of warm water. Regular moderate exercise and meditation is must along with exposure to sunlight for a minimum of 30 minutes helps to increase the Vitamin D levels. Should avoid alcohol and tobacco related products. Adequate sleep for 8 hours is required to complete the wear & tear of body due to ageing. Keep in touch with the family members, relatives, and friends via phone call or video call and should ask for help from family members if required. Postpone elective surgeries (if any) till the situation is favorable or the medical fraternity advise as safe. Surgeries like cataract surgery or total knee replacement better to be avoided. Elderly should stay away from affected people and suspected population area. Do not visit crowded places like parks, markets and religious places. Monitor health daily, if you are a diabetic or having CVD or COPD regulate your medication along with vigil on parameters. If you develop fever, cough and/or breathing difficulty immediately contact nearest health care facility and follow the medical advice. Never ever do self-medication. Do not go to hospital for routine checkup or follow up.

DOI: http://doi.org/10.48165/sajssh.2020.1308

As far as possible make tele-consultation with health care provider using online platforms like ‘e-sanjeevaniopd.in.’ Continue your regular medications to avoid complications. Think positive & stay calm.

DOI: http://doi.org/10.48165/sajssh.2020.1308

REFERENCE

Age Platform Europe: https://www.age-platform.eu/coronavirus-covid-19

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American journal of public health, 100*(2), 292-297.

Burnes D, Pillemer K, Caccamise PL. Prevalence of and risk factors for elder abuse and neglect in the community: a population-based study. J Am Geriatr Soc. 2015;63(9):1906–1912.

CDC . Centers for Disease Control and Prevention; 2020. Coronavirus Disease 2019 (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/aging/covid19-guidance.html

Dedicated website to COVID-19 and older persons https://www.corona-older.com

ESCAP (2017, March 8). Ageing in Asia and the Pacific: Overview. Retrieved from https://www.unescap.org/resources/ageing-asia-and-pacifi -overview.

Help Age International: https://www.helpage.org/what-we-do/coronavirus-covid19/

Lloyd-Sherlock & Ebrahim & Geffen & McKee. Bearing the brunt of covid-19: older people in low- and middle-income countries.

OHCHR Independent Expert on the Rights of Older persons https://www.ohchr.org/EN/NewsEvents/Pages/Display

Veterans Health Administration. Coronavirus-mental health, 2020 https://www.mentalhealth.va.gov/coronavirus/index.asp.
WHO guideline: Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 & Critical Items

WHO. (2020, March 18). Mental health and psychosocial considerations during the COVID-19 outbreak. Retrieved from https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf.

WHO. (2020, March 21) Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance. https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV IPC_long_term_care-2020.1-eng.pdf.

DOI: http://doi.org/10.48165/sajssh.2020.1308

ABBREVIATIONS USED

ANM (Auxiliary Nurse Midwife)

AWW (Anganwadi Worker)

ICU (Intensive Care Unit)

NGOs (Non-Governmental Organization)

SHGs (Self Help Groups)

CHMO (Chief Health & Medical Officer)

PMU (Project Management Unit)

PHC (Primary Health Center)

IEC (Information Education Communication).

DOI: http://doi.org/10.48165/sajssh.2020.1308