Creative Coping for Older Adults during COVID-19

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Disclosures

- Royalties from Springer Publishing for a book on depression prevention in older adults
Areas of increased vulnerability among older adults

- Most vulnerable age group – morbidity, mortality
- Special risk for adverse mental health consequences
  - Pre-existing mental illness
  - Chronic serious mental illness
  - Mild cognitive impairment
  - Alzheimer dementia and related disorders

Areas of increased vulnerability among older adults

- Common conditions
  - Depression, anxiety, alcohol/substance, others
  - 25% lifetime prevalence >60 years
  - 10% current prevalence just for depression

- Mental health burden amidst a pandemic
  - Facing COVID-19 with underlying mental health comorbidity
  - Risk of illness exacerbation
    - Stress of social distancing isolation
    - Realistic concerns for health
Increased stress vulnerability among older adults with mental illness

- Mitigating risk of mental illness exacerbation
  - Stay connected to regular health care
  - Ramp up virtual services
  - Monitor for treatment changes, therapy “boosters”
  - Prioritize mental health for self, others

COVID-19 and older adults with SMI

- SMI
  - Baseline excess morbidity and 25-year premature mortality
  - High burden of comorbidities for COVID complications
  - COVID-19 stress, fears – may precipitate urgent care, crises

- Response
  - Roles of family, friends, providers, advocates
  - Pro-active steps
    - Outreach calls
    - More frequent check-ins
    - Scheduled more frequent appointments
    - Pro-actively address, shore up essential needs
COVID-19 and older adults with cognitive impairments – increased changes with aging

- Asymptomatic
- "Normal" Cognitive Aging
- Subjective Cognitive Decline
- Mild Neurocog. Disorder/MCI
- Maj. Neurocog. Disorder

Progressive impairment in cognitive functioning

Slide Adapted from J. Gatchel

COVID-19 and older adults with cognitive impairments – growing burden of dementia

**Figure 5**
Projected Number of People Age 85 and Older (Total and by Age Group) in the U.S. Population With Alzheimer’s Disease, 2010 to 2050

<table>
<thead>
<tr>
<th>Millions of people with Alzheimer’s</th>
<th>Ages 65-74</th>
<th>Ages 75-84</th>
<th>Ages 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.7</td>
<td>2.4</td>
<td>0.4</td>
</tr>
<tr>
<td>2020</td>
<td>5.8</td>
<td>3.1</td>
<td>0.6</td>
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<td>2030</td>
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<tr>
<td>2040</td>
<td>11.6</td>
<td>6.5</td>
<td>1.4</td>
</tr>
<tr>
<td>2050</td>
<td>13.8</td>
<td>8.1</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Alzheimer’s Association, 2014 Alzheimer’s Disease Facts and Figures, Alzheimer’s & Dementia, Volume 10, Issue 2
### COVID-19 and older adults with cognitive impairments

- **Challenges from COVID-19**
  - Coping with decreased resources, increased task demands
  - Social distancing → decreased access to cognitive supports
  - Changes to routine, environment → exacerbation of BPSD

- **Response**
  - Enlisting care partners, family
  - Assistance with technology, resources to stay connected and organized
  - Help with arranging regular food and medicine delivery
  - Outreach, check-ins
  - Reduce, decompress task load

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### COVID-19 and older adults: consideration of care partners

- **Challenges from COVID-19 to care partners**
  - Many are also older adults
  - Social distancing may not be realistic, possible
  - Risk of getting overwhelmed, burnt out

- **Response**
  - Enhance caregiver support, reinforce feeling valued
  - Encourage, provide resilience enhancement resources
  - Educate, inform in resilience and wellness strategies
COVID-19 and increased vulnerability among older minority adults

- Disproportionate impact
  - System-wide issues
  - Excess morbidity and mortality of COVID-19 for Black adults, minorities
  - Intersections of race, ethnicity, economics, employment, geography

- COVID-19 and structural racism
  - Acute vs chronic sources of stress
  - Reports of some increased anxiety levels
  - Overall optimism remains high

COVID-19 and older adult mental health: beyond the individual

- Broad consequences
  - Grief and loss
  - Health fears, anxiety
  - Risk of demoralization, despair

- Communal responsibility vs. moral failure
  - Recognizing feelings of abandonment
  - Taking stock of spiritual costs of disproportionate impacts (e.g., nursing homes)
  - Experienced at community and individual level
COVID-19 and older adult mental health: beyond the individual

- Foster community resilience among older people
  - Facilitate virtual or safe-distance interactions, especially in nursing/care facilities
  - Virtual faith services
  - Sharing of information, resources

- Strategies, promising signs
  - Optimism and community resilience in face of COVID-19; data indicate special importance among Black, Latinx
  - Comprehensive approach: address individual and community resilience for mental well-being

The NAM Framework for Prevention and COVID-19

<table>
<thead>
<tr>
<th>Modality</th>
<th>Target</th>
</tr>
</thead>
</table>
| Indicated | Early signs, symptoms:  
• Address Tx changes, appt needs  
• Intervene to prevent crises |
| Selective | High-risk from underlying mental illness, cognitive impairment:  
• Outreach, enlisting care partners  
• Resource support, shore up essential needs |
| Universal | All population:  
• General approaches for resilience enhancement, wellness |
Thank You