

Aging is Another Word for Living: Health-Related Quality of Life Among Elderly - A Review

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Abstract

Background: The pandemic 2019 coronavirus illness (COVID-19), which caused massive mortality, spread quickly across continents. Older persons are more vulnerable to COVID-19 infection, particularly those with medical conditions.

Objective: The study aimed to measure the Quality of Life (QOL) and health status among the elderly in India.

Methods: For the review, data from the appropriate search engines were screened, including the National Library of Medicine, SCOPUS, PubMed, and Google Scholar. Studies on the issues experienced by the elderly during the COVID-19 pandemic only in India, their dietary state, quality of life characteristics, and their health status. Studies released between 2020 and 2023 were chosen for this review.

Results: The widespread COVID-19 epidemic pressures the aged population, necessitating a comprehensive strategy focused on detailed solutions. The lack of social security plans and the diluting of Indian culture, which assures adequate care and concern for the elderly, make the Quality of Life (QOL) of the senior population in India a significant problem.

Conclusion: The physiological, emotional, and physical disorders and illnesses that were more prevalent among the elderly impact. Though Kerala is one of the states most severely afflicted by COVID-19, the state's government has made important nutritional interventions through a variety of programs to increase the overall immunity of its citizens, especially high-risk groups, leading to a decrease in COVID fatalities in the state.

Keywords: Elderly; COVID-19; Geriatric; Health status; Older people; Quality of life.

Introduction

The global population of people aged 60 and older is the fastest-growing group, representing 12.3% of the global population today. By 2050, this is expected to increase to 21.5% of the global population [1]. The majority of elderly people live in poor countries, nearly two-thirds. Compared to developed nations, the senior population grows faster in Lower- and Middle-Income (LMIC) nations [2]. Because of this, elderly persons are particularly prone to the effects of COVID-19, and research indicates that the epidemic has considerably affected their Quality of Life (QoL). India is home to 103.8 million people above 60

years as per the 2011 census [3]. Numerous elements, including financial circumstances, access to healthcare, family support, and cultural considerations, impact the Indian elderly's quality of life [4]. The COVID-19 pandemic has had a noteworthy impact on the quality of life among the aging population in India [5].

Due to various physical, social, and psychological concerns, many elderly individuals are less mobile than young people [6]. Nearly everyone has been confined to their homes for varied lengths of time due to the COVID-19 epidemic and the ensuing lockdowns and directions for social isolation. The elderly, how-

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ever, are more severely affected. This has led to an increased risk of serious, potentially fatal, poor physical and mental health and life quality [7]. Additionally, many studies indicate that treating older people's mental health can be difficult [8]. As a result of being separated from their loved ones, many people experience loneliness, social isolation, and protracted bereavement, which leads to psychological distress [9] and a poor quality of life [10]. Although COVID-19 affects persons of all ages, those with co-morbid conditions, those with impaired immune systems, and the elderly are more severely impacted and have a greater mortality rate. Additionally, reduced innate/adaptive immune defenses have been linked to aging. Dehydration, poor nutrition, dementia, and numerous clinical problems are additional risk factors, particularly in elderly and immobile patients [11,12].

All kinds of physical activity and exercise must be promoted for elderly people. As a result of COVID-19, governments and the financial standing of individuals have been impacted. Young people can sustain themselves with various interests, while the elderly may struggle to support themselves during this crisis. According to a recent study in Kerala, health education for the elderly in the community and medical settings must include information on nutrition and the causes of malnutrition [13].

Background

Since COVID-19 was deemed an epidemic by the World Health Organization (WHO), adults 60 and older, particularly those with comorbid conditions, have been at an increased risk of dying from this pandemic illness [13]. On January 30, 2020, India stated its foremost COVID-19 instance from Kerala [14]. Since then, the figures have been rising every day. Uttar Pradesh, Tamil Nadu, Madhya Pradesh, Gujarat, Delhi, Rajasthan, and Maharashtra were the states most severely impacted by India. However, after August, cases start to decline by September 2020, with India exhibiting the highest global recovery rate [15,16].

It can be difficult to stay active and healthy as COVID-19 is more likely to affect the elderly. This may make things more difficult for them and make them more dependent on others, such as family members, medical professionals, and carers. Given Covid 19's propensity to have catastrophic consequences for the aged population, the Kerala government promoted the "reverse quarantine" concept to safeguard its aged population. People with underlying medical issues, particularly those over 65 and those with compromised immune systems, were separated from other family members under the "reverse quarantine." This was put into practice by family members and local organizations in charge of giving persons who participate in this exercise medicine, food, counseling, and other aid for their safety [17].

Methodology

Resources from the relevant databases, including the National Library of Medicine, SCOPUS, PubMed, and Google Scholar, were screened for the review. The studies related to the health status of the elderly, factors affecting the quality of life, nutritional status, and challenges faced by the elderly during covid-19 pandemic only in India. Studies published from 2020-2023 were selected for this review. Print and electronic resources were the primary tools to facilitate the review. Studies with full text available were only selected for the review. Duplicated studies in different databases were excluded.

The elderly population and nutritional status in the pandemic

Concerned with eliminating malnutrition, ensuring food security, enhancing nutrition and promoting sustainable agriculture, the second of the UN's 17 Sustainable Development Goals (SDGs) focuses entirely on food and nutrition. The 2017 National Health Policy of India has also spawned a movement to promote "wellness" instead of "sick-treatment." Malnutrition and undernutrition may increase the disease's severity and prognosis, while COVID-19 itself generates a state that results in body weight loss and malnutrition [18].

According to a study in Kerala, dietary status affects mortality and co-morbidities among older individuals in the pre-COVID era. In addition, the research revealed that while nutritional markers, such as being overweight or obese, significantly raise the risk of comorbid illnesses in older persons, a healthy diet lowers the risk of all-cause death [19].

The state's older population was most negatively impacted because they were advised not to leave their homes because they had a significant risk of catching the virus, getting a life-threatening infection, and dying as a result. The same was true for those who were bedridden, elderly, and alone, and those who had chronic illnesses and organ failures. The situation for them became significantly worse due to their inability to obtain food, healthcare, and other necessities. The Kerala government implemented a program called "Reverse Quarantine," under which all necessary supplies were provided on schedule [20,21].

Impact of COVID-19 on QoL of elderly

The restrictions put in place during the COVID-19 period hurt the elderly's Quality of Life (QoL), restricting their mobility and social interaction, particularly in a diverse nation like India, where the elderly discuss the negative effects of physical distance, constrained mobility, and social interactions on their QoL during COVID-19 [22]. Most of their children presumably live abroad or in another city, leaving 11 of them living in apartment buildings and reliant on domestic helpers for home duties. A few people additionally rely on a home nurse to help them with daily tasks [23].

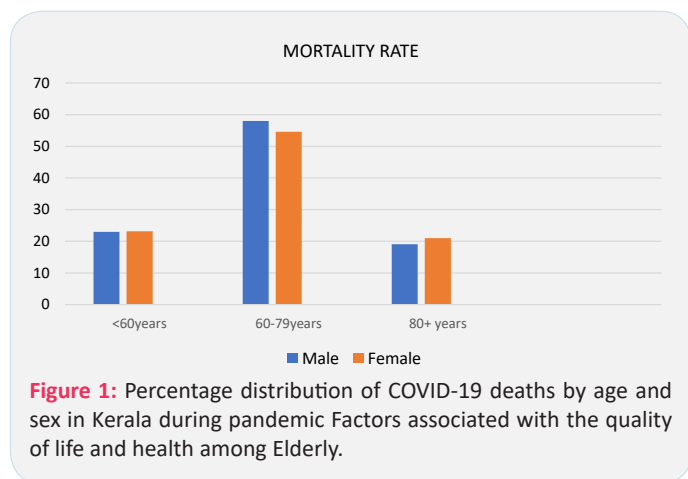
Kerala has a higher proportion of aged people than any other state in India. said to as the nation's "most literate state." The bulk of people is fully informed of the happenings around them. Elderly people are more prone to get anxious if they are aware of the disease, how aerosols spread, and travel concerns, especially if they cannot refrain from leaving the protection of their homes. The constant barrage of news reports about the number of persons affected by and dying from COVID on television and other social media platforms may cause people to feel helpless and fearful. Whilst studies have shown how the lockdown affects older individuals with mental illnesses, few have looked at the issues that may affect psychological health and Quality of life in this demographic throughout the pandemic [24]. In a telephonic survey among 5000 elderly people reported that due to the lockdown during the pandemic, they have somewhat lost their dignity, self-respect, and independence since they have to depend on other people for their day-to-day needs [25].

According to a study, social support for the elderly was inadequate before and after the pandemic [26]. Elderly people's quality of life can be enhanced by early mental health screening and prompt interventions by local organizations [27]. The sub-

jective measure of the Quality of Life (QoL) comprises perceptions of job satisfaction, self-esteem, leisure time, and chances for constructive and creative engagement with friendships throughout one’s life. QoL is visibly impacted in the current virus-infected environment when sickness and constraints permeate every aspect of life [28]. Evidence on the effectiveness of interventions or measures must be produced [28] to maintain resilience during the pandemic.

Mortality among the elderly due to covid 19 in Kerala

More than half of all COVID-19 fatalities in the state happened in the age range of 60 to 79 years, according to the data made available by the Kerala government through its COVID-19 dashboard. 56.9% of the estimated deaths in Kerala’s total death toll are in the 60 to 79-year age range, and 19.1% are in the 80 and elderly range. Compared to other age groups, elderly people made up the majority of COVID-19 deaths. Age-related gender disparities in COVID-19 deaths also fluctuate dramatically, with differing gender death rates across different age ranges. For instance, females have a somewhat higher COVID-19 mortality among those aged 0-19, 20-39, and 80+ years, but the death rate was high among men in the 40-50 and 60-70 years age groups. The COVID-19 death rate increases with age for both males and females up to the age of 80 [29]. Growing older presents possibilities as well as challenges. Few studies have examined the pandemic-related factors affecting this subgroup’s mental health and QoL. The HR QoL of older persons is favorably impacted by aging in place because it encourages maintaining their independence and social connections. Due to this, the ecological method was used to evaluate the HRQoL and the variables that affect this construct. A study in south India found that most older citizens were physically active and in good social and psychological health but that 44.7% were at risk of malnutrition. A concern for 44.7 percent of the population was malnutrition [30].



According to literature evaluations, adopting coping mechanisms like mindfulness practices, counseling, online support, healthy lifestyle changes, and exercise can help reduce stress to a higher degree. According to a different study, loneliness and social isolation among the elderly are becoming serious health problems. In response to the pandemic, using the universal design perspective and philosophy can improve elderly people’s Quality of Life (QoL) [31].

Carers also have a major role in patient care in emergencies like Covid 19 in Kerala. Quality of care improved by better information transfer [32]. It is anticipated to increase as the number of elderly people increases. It is correlated with morbidity, sedentary behavior, living alone, and falls. Community-based treatments should be developed and included in national programs to prevent and decrease the effects of frailty [33].

Mental health issues of the elderly in the COVID-19 pandemic

The availability of mental health professionals is limited for older persons. They are prone to feeling abandoned and powerless. Several specific psychiatric symptoms, such as paranoia about other people, loneliness, boredom, anxiety, fear of being trapped, sleeplessness, and anxiety, may be signs of mental health problems. Minor psychiatric illnesses include adjustment disorder, moderate depression, acute stress reaction, and insomnia. Some older people may experience major depression, post-traumatic stress disorder, substance misuse, suicidal thoughts, or delirium [34].

The challenges faced by the elderly to access mental health care are depicted in Table 1 [35].

Challenges faced by the elderly during the pandemic

COVID-19 has become a pandemic in a very short period, affecting countries globally [36]. Worldwide, the COVID-19 pandemic in 2020 presented noteworthy information challenges for elderly people. Significant difficulties were identified by Indian respondents in locating information to satiate their information needs [37]. Lockdowns and awareness of health resources to fight pandemics may demote older persons and generate barriers to gaining health services. A study conducted in 2020 reported that the elderly population had challenges with insufficient immunity, reduced receptor expression, and increased pathophysiologic reactions that were crippling. Implementing effective preventative strategies is difficult due to the greater mortality, higher illness severity, and frequent infections in older adults [38].

Table 1: Challenges to seeking mental health care by the Elderly.

| Sl no: | Challenges to seeking mental health care by the elderly |
|--------|---|
| 1 | Restriction concerning movement and travel |
| 2 | A general warning to seniors to stay away from hospitals for minor and non-emergency concerns |
| 3 | Most psychiatric institutions only provide emergency treatment. |
| 4 | In contrast to developed nations, where psychiatry services are largely restricted to metropolitan regions, approximately 70% of older persons in India live in rural areas, which makes accessibility difficult. |
| 5 | Family members give priority to physiological issues while ignoring issues with mental health. |
| 6 | Decreased rates of mental health issue diagnosis and referral, likely as a result of doctors’ busy work schedules. |
| 7 | Family carers’ incomes have decreased. |

India must overcome several obstacles to combat the epidemic, including a lack of medical supplies and destroying the educational, transportation, employment, and healthcare sectors [39]. The elderly population faces challenges such as mobility issues, healthcare access issues, and the area of living. According to a study in 2020, the prevalence of chronic diseases, overburdened health facilities, and poor income in old age are a few major challenges faced by the elderly [40]. Once used effectively, older folks' access to the internet can assist in developing online support groups, video counseling, and diagnostic and therapeutic services [41].

Discussion

Because the COVID-19 epidemic is still wreaking havoc on people's lives and driving countless people to alter their way of life, it is important to pinpoint the variables that impact the psychological health of this susceptible group. The current study identified these factors and assessed their impact on people's quality of life. The absence of assistance from extended family may contribute to the vulnerable person's descent into hopelessness. Elderly people, especially those taking many prescriptions, may become panicked if they miss their drugs during the lockdown phase. It is known that polypharmacy, defined as taking more than five drugs per day, is linked to poor mental health [42].

Few studies have investigated how the pandemic has affected people's mental health in India, despite research examining the prevalence, fatality, and cause of COVID-19 in the elderly. It is crucial to create community-based therapies appropriate for India's social and cultural contexts and involve physical activity, nutrient fortification, and cognitive therapy to prevent and treat frailty.

Conclusion

Health risks, social isolation, economic hardships, and disruptions to support services have all contributed to a decline in well-being for this population. All these issues emphasize the importance of giving elderly people who may already have physical and mental health problems due to aging physical, emotional, and psychological care. Kerala has ensured that its population, especially the senior population, has a strong nutritional status, which has improved its ability to fend off infection and major sequelae during the COVID-19 pandemic and resulted in low COVID-19 mortality in the state. Policymakers can use these data to develop healthcare planning strategies to address problems with COVID-19's impact on quality of life and upcoming pandemics. This vulnerable population can benefit from joint interdisciplinary action plans emphasizing increasing social support. Healthcare practitioners can more effectively identify, manage, and prevent health issues by understanding the social and environmental aspects that affect senior patients' quality of life.

Declarations

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