

Dementia care during COVID-19

Older adults are vulnerable at the onset of natural disasters and crisis, and this has been especially true during the coronavirus disease 2019 (COVID-19) pandemic.¹ With the aggressive spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the death toll has risen worldwide. According to an interactive online tool that estimates the potential number of deaths from COVID-19 in a population, by age group, in individual countries and regional groupings worldwide under a range of scenarios, most of those who have died were older adults, most of whom had underlying health problems.²

Globally, more than 50 million people have dementia, and one new case occurs every 3 s.³ Dementia has emerged as a pandemic in an ageing society.⁴ The double hit of dementia and COVID-19 pandemics has raised great concerns for people living with dementia.

People living with dementia have limited access to accurate information and facts about the COVID-19 pandemic. They might have difficulties in remembering safeguard procedures, such as wearing masks, or in understanding the public health information issued to them. Ignoring the warnings and lacking sufficient self-quarantine measures could expose them to higher chance of infection.

Older people in many countries, unlike in China, tend to live alone or with their spouse, either at home or in nursing homes. As more and more businesses stop non-essential services or initiate telecommuting work in an attempt to maintain social distancing limit the further spread of SARS-CoV-2, people living with dementia, who have little knowledge of telecommunication and depend primarily on in-person support might feel lonely and abandoned, and become withdrawn.

To lessen the chance of infection among older people in nursing homes, more local authorities are banning visitors to nursing homes and long-term care facilities.⁵ In January, 2020, the Chinese Ministry of Civil Affairs implemented similar social-distancing measures.⁶ As a result, older residents lost face-to-face contact with their family members. Group activities in nursing homes were also prohibited. As a consequence, the residents of nursing homes became more socially isolated. We have observed that under the dual stress of fear of infection and worries about the residents' condition, the level of anxiety among staff in nursing homes increased and they developed signs of exhaustion and burnout after a month-long full lockdown of the facilities.

Some people infected with COVID-19 have had to receive intensive care in hospital. A new environment can lead to increased stress and behavioural problems.⁷ Delirium caused by hypoxia, a prominent clinical feature of COVID-19, could complicate the presentation of dementia⁸, increasing the suffering of the people living with dementia, the cost of medical care, and the need for dementia support.

During the COVID-19 outbreak in China, five organisations, including the Chinese Society of Geriatric Psychiatry and Alzheimer's Disease Chinese, promptly released expert recommendations and disseminated key messages on how to provide mental health and psychosocial support.⁹ Multidisciplinary teams started counselling services free of charge for people living with dementia and their carers. These approaches minimised the complex impact of both COVID-19 outbreak and dementia.

As recommended by international dementia experts and Alzheimer's Disease International,¹⁰ support for people living with dementia and their carers is needed urgently worldwide. In addition to physical protection from virus infection, mental health and psychosocial support should

be delivered. For example, mental health professionals, social workers, nursing home administrators, and volunteers should deliver mental health care for people living with dementia collaboratively. Within such a team, dementia experts could take the lead and support team members from other disciplines. Self-help guidance for reducing stress, such as relaxation or meditation exercise, could be delivered through electronic media. Service teams could support behavioural management through telephone hotlines. Psychological counsellors could provide online consultation for carers at home and in nursing homes.¹¹ In addition, we encourage people who have a parent with dementia to have more frequent contact or spend more time with their parent, or to take on some of the caregiving duties so as to give the carer some respite time.

China has contained the epidemic, and business is starting to return to normal. We believe that learning lessons from China would empower the world to tackle the COVID-19 pandemic, with little risk of compromising the quality of life of people living with dementia and their carers.

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For the online interactive tool see https://public.tableau.com/views/COVID-19mortalitycalculator/COVID-19mortalitycalc?:display_count=y&:showVizHome=no

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- 1 Esposito L. How coronavirus affects older adults. March 13, 2020. <https://health.usnews.com/conditions/articles/how-coronavirus-affects-older-adults> (accessed March 14, 2020).
 - 2 Lloyd-Sherlock PJ, Martinez R, Ebrahim ES, Sempe L, McKee M. Bearing the brunt of COVID-19: older people in low and middle income countries. *BMJ* 2020; **368**: m1052.
 - 3 Alzheimer's Disease International. World Alzheimer's report 2019: attitudes to dementia. September, 2019. <https://www.alz.co.uk/research/WorldAlzheimerReport2019.pdf> (accessed March 15, 2020).
 - 4 Fox NC, Petersen RC. The G8 dementia research summit—a starter for eight? *Lancet* 2013; **382**: 1968–69.
 - 5 US Centers for Disease Control and Prevention. CDC's recommendations for the next 30 days of mitigation strategies for Seattle-King, Pierce, and Snohomish Counties based on current situation with widespread COVID-19 transmission and affected health care facilities. March 17, 2020. https://www.cdc.gov/coronavirus/2019-ncov/downloads/Seattle_Community_Mitigation.pdf (accessed March 26, 2020).
 - 6 Ministry of Civil Affairs. Urgent call for prevention and control of the novel coronavirus pneumonia in nursing homes. Jan 28, 2020. <http://www.mca.gov.cn/article/xw/mzyw/202001/20200100023683.shtml> (accessed March 26, 2020; in Chinese).
 - 7 Kales HC, Lyketsos CG, Miller EM, Ballard C. Management of behavioral and psychological symptoms in people with Alzheimer's disease: an international Delphi consensus. *Int Psychogeriatrics* 2019; **31**: 83–90.
 - 8 Marcantonio ER. Delirium in hospitalized older adults. *N Engl J Med* 2017; **377**: 1456–66.
 - 9 Chinese Society of Geriatric Psychiatry, Alzheimer's Disease Chinese, Psychogeriatric Interest Group of Chinese Society of Psychiatry, et al. Expert recommendations on mental health and psychosocial support for persons with cognitive disorders and their caregivers during the COVID-19 outbreak. *Chinese J Psychiatry* 2020; **53**: 89–94 (in Chinese).
 - 10 Alzheimer's Disease International. ADI offers advice and support during COVID-19. March 17, 2020. <https://www.alz.co.uk/news/adi-offers-advice-and-support-during-covid-19> (accessed March 27, 2020).
 - 11 Boots LMM, de Vugt ME, van Knippenberg RJM, Kempen GJJM, Verhey FRJ. A systematic review of internet-based supportive interventions for caregivers of patients with dementia. *Int J Geriatr Psychiatry* 2014; **29**: 331–44.