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COVID-19 and elderly: growing incidence of depression among infected geriatric population during COVID-19 pandemic

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Abstract

Since its outbreak in Wuhan, the novel coronavirus has rapidly spread across the globe. Today mankind has become vulnerable to this new virus. WHO has declared it a pandemic owing to the rising number of cases across the world rapidly. Emerging data suggests that there is relatively higher mortality among the elderly, ranging from 3.6-14.8%^[1]. This fact is also exaggerated in the media leading to awe and depression among them. Weaker physical fitness, reduced immune function and decreased psychological coping ability has made the geriatric population more susceptible to this disease. Recent literature also suggests that elderly individuals are more prone to depression and anxiety during this COVID-19 pandemic^[2, 3]. In this report, we present 4 elderly COVID-19 patients who succumbed to severe degree of depression due to the prevailing loneliness after getting infected with this disease.

Keywords: COVID-19, depression, geriatric, beck depression inventory, joint family

Introduction

Case-1

A 65 year old female, coming from a third generation family, was tested to be COVID-19 positive on 27th March, 2020 when she developed fever and shortness of breath for 1 day. Subsequently, her family members were also tested and entire family was found to be positive. They were immediately isolated and shifted to hospital where they were given separate private rooms to quarantine for 14 days. Ever since her admission, she was having feeling of loneliness. She was unable to have peaceful sleep at night. She would always worry about her 2 year old grandson who was also infected and was isolated in separate ward with her daughter-in-law. Her multiple attempts to meet grandson were in vain owing to the strict hospital regulations to restrain within the designated room. Gradually, she started thinking that it was a punishment from God. She was often noticed to be in tears whenever health care workers visited her. Sometimes, she would have thoughts of committing suicide but got scared to do so. Increase in lack of appetite resulted in left over of meals. She was assessed to have severe depression according to Beck Depression Inventory (BDI).

Case-2

60 year old male, illiterate laborer was residing with his co-workers in a residential colony in a different town far away from his family. He had migrated in search of work 20 years ago. He came from a joint family of 12 members. After the COVID-19 outbreak, he and his co-workers were all tested positive for this virus. Hence, all got quarantined. During the time of quarantine, he was always depressed thinking about his family. His son was physically handicapped leaving him to be the only earning member of the family at this age. 14 days of quarantine would snatch away his wages. He was discouraged with life. Life seemed to be full of failures ahead. Once he gets released, he will have to do overwork and earn money for his family. When his level of depression was assessed by BDI, he was also found to have severe depression.

Case-3

A 62 year old grandfather of a 4 month old child was admitted for safe confinement in hospital after being detected as COVID-19 positive. He came from a joint family. Life at home was a blessing for him as he was very happy playing with his grandson. He was under

the impression that influx of the virus into the household was a consequence of neighbors and relatives coming to see the newborn baby. He would call his grandson to be the light of his life. Solitary life in the hospital ward was frustrating for this man. He would feel the guilt of allowing people from outside to visit his household so frequently. According to BDI, he was scored to have extreme depression. He was counting days when he could get back to his grandson.

Case-4

65 year widow from a joint family had history of contact with a COVID-19 positive neighbor. During contact tracing, she and few of her family members were found infected with the virus. They were isolated in hospital in separate private wards. She came from a family of 16 members who lived happily. Being the eldest member of the household, she earned the respect of all. It was the first time in life that she was forced to a solitary life. COVID-19 seemed to have been an obstacle in the path to happiness. She was also worried about the health of her two grandsons who were also infected. She would pray to God at all time that nothing untoward should happen to her family. She would blame herself for being the source of infection to her family. She would find difficulty sleeping at night and would wake up several hours earlier than she used to in the morning at home. Life ahead seemed miserable and full of uncertainties. When assessed with BDI, she was found to be suffering from extreme depression.

Discussion

Depression ranks the highest among all psychiatric disorders in different age groups. Geriatric population, being more vulnerable to social disconnectedness, suffer from significantly high depression and anxiety than the youth. Scare of eminent doom and social distancing have made them more susceptible to isolation, especially the ones who are technologically poor. Many elderly are physically dependent upon others for their day to day activities. It is they who have got affected by social distancing the most. Overwhelming media reports, in the form of deficiency of ventilators for the elderly, allowing them to die untreated, have heightened the level of fear among them. Physiological changes of old age like memory degradation, emotional changes, doubt, insecurity and intellectual changes have increased their susceptibility to the disease ^[4]. They generally have weak information receiving and processing ability. Depression among the elderly is more likely to display cognitive changes, loss of interest and somatic symptoms compared to younger adults. Older people are facing difficulties in the form of social insecurity, lack of friendly environment, unsafe neighborhood, reduction in easy supply of eatables and household commodities at many places. This, in turn, has resulted in increase in inactivity and boredom ^[5].

Mental health of the elderly needs more attention. During this COVID-19 pandemic, geriatric population demands greater humanitarian and psychological care in the form of cognitive restructuring, behavioral activation, problem solving skill training and peer support ^[6]. It is our responsibility to strengthen psychological counselling and media education globally so that no vulnerable elderly individual remain uncared for.

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