

# Depression and anxiety twice as common among older people who were shielding

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Older people who were instructed to shield and self-isolate at the beginning of the pandemic experienced higher levels of depression, anxiety and loneliness compared with those who were not shielding,

according to a new study co-led by UCL.

The research shows that the increase in poor [mental health](#) was not related to reductions in [social contacts](#), but due to higher levels of worry about obtaining food and other essentials, and less physical activity and sleep.

The findings are published today in a series of working papers using data from the English Longitudinal Study of Ageing (ELSA) and funded by Economic and Social Research Council (ESRC) as part of UK Research and Innovation's rapid response to COVID-19.

The ELSA COVID-19 substudy gathered data from 5,800 [older women](#) and men in June and July 2020 with a mean age of 70 to evaluate the impact of COVID-19 on mental health, quality of life, social connectedness, worries, and health-related behaviour.

Other key findings include:

- Only 60% of older people instructed to shield were strictly isolating in April and May, staying at home and trying to limit face-to-face contact.
- Severe depression and anxiety symptoms were twice as common among high risk older individuals who were socially isolating compared with average risk participants (32% vs 17%).
- Loneliness was much more common in the shielded group who were strictly isolating compared with average risk participants, even when factors such as age, sex, number of people in the household, and whether or not the person had a partner were taken into account (33% vs 21%).
- Participants in the high risk group were more likely to have been hospitalised with COVID-19 (15% vs 3%) and to be worried about obtaining food and other essentials (12% vs 6%).

- People who were in the shielded group were more likely to be less physically active than usual and to spend more time sitting compared with others (47% vs 33%).

Professor Andrew Steptoe (UCL Behavioural Science & Health and ELSA lead) said: "The advice to people at risk of COVID-19 may have saved lives and reduced infection, but it has come at a cost. With an increase in COVID-19 cases across the UK, efforts should be made to allay concerns and encourage health promoting behaviour to avoid further impairment of quality of life and mental health."

Other findings from the ELSA COVID-19 substudy have looked at the effect of the pandemic on older people with multiple long-term health conditions (multimorbidity).

Key findings from the report show:

- 35% of older people with multimorbidity were instructed by the NHS or GP to shield.
- 94% of people with multimorbidity reported either isolating or staying at home in April 2020, whether they were asked to shield or not.
- 20% of people with multimorbidity did not have access to community health and social care services and support needed (such as dentist, podiatrist, nurse, counselling or personal care).

Dr. Paola Zaninotto (UCL Epidemiology & Public Health) and author of the ELSA COVID-19 report on multimorbidity said: "When considering policies which advise people to shield or self-isolate because of their COVID-19 risk, it is important for policymakers to acknowledge that older people with multiple long-term health conditions are at higher risk of experiencing greater mental distress and worry, of engaging in unhealthy behaviors and are less likely to access health services when

needed; all these factors together could potentially influence disease progression.

"As we approach the prospect of a further six months of COVID-19 restrictions, it is more important than ever that we ensure that people with multiple long-term health conditions are able to access the community [health](#) and social care services and support that they need."

**More information:** English Longitudinal Study of Ageing: [www.elsa-project.ac.uk/](http://www.elsa-project.ac.uk/)

ELSA COVID-19 Substudy: [www.elsa-project.ac.uk/covid-19](http://www.elsa-project.ac.uk/covid-19)

Provided by University College London

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