

How did the first wave of the COVID-19 pandemic impact the health and lives of Swedish elderly?

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As the pandemic lingers on, more and more emphasis is being placed on the indirect, negative effects (i.e. collateral damage) of the pandemic



and related restrictions. Sweden took a relatively lenient approach towards mitigating the pandemic during the spring of 2020, relying on voluntary adherence to recommendations and encouraging elderly to stay at home, avoid social gatherings and public transportation, and to remain physically active outdoors in a safe manner.

Research by Professor Laura Fratiglioni's team at the Aging Research Center (ARC) aimed to explore different dimensions of the collateral damage linked to COVID-19 during the first epidemic outbreak, as well as the sociodemographic profile of those most susceptible to this damage.

Around 1340 <u>older adults</u> participating in the on-going Swedish National study on Aging and Care in Kungsholmen (SNAC-K: <u>www.snac-k.se/</u>) were invited to participate in an ad-hoc telephone survey administered by trained SNAC-K staff during May-June of 2020. The 1231 (91%) participants who responded had a mean age of 78 years; 64.3% were female, 50.2% reported living alone; nine reported having tested positive for COVID-19; and up to 35% had suspected COVID-19 based on self-reported symptoms. Several collateral damage outcomes were explored individually, as well as grouped into three main dimensions: psychological distress, reductions in physical and <u>social activities</u>, and reductions in care use. Here are the main findings:

- Half of participants reported experiencing psychological distress, most commonly feelings of loneliness.
- Around one third reported reductions in light or vigorous physical activity.
- Up to one in every five were at risk of <u>social isolation</u>.
- One in every ten participants refrained from seeking care for problems they normally would have sought care for.
- Over three quarters were affected in at least one of the three collateral damage dimensions.



• Women were at an <u>increased risk</u> of suffering from these negative consequences.

Several positive aspects are also worth highlighting:

- Participants were well-informed about the pandemic and adhered to the Public Health Agency's recommendations, with over three quarters reporting self-isolation.
- Participants limited their contact with the healthcare system, but when asking for care, most received it in a timely and satisfactory way.
- Most participants increased their use of alternate forms of communication (i.e. phone and video) in response to a reduction in physical communication.

"COVID-19 related restrictions are undoubtedly essential to bend down the curve of disease incidence and mortality, but these also require a continous multidimensional monitoring of those most susceptible to suffer from their <u>collateral damage</u>," says Associate Professor Amaia Calderón-Larrañaga who is the coordinator of this study.

"Loneliness and social isolation have emerged as significant public health issues in recent years, and we find that these phenomena might be further exacerbated during the pandemic. It is important to identify those at highest risk and target interventions towards them," says Giorgi Beridze who is the first author of the study.

More information: Giorgi Beridze et al. COVID-19 collateral damage: psychological distress and behavioral changes among older adults during the first outbreak in Stockholm, Sweden, (2021). <u>DOI:</u> 10.1101/2021.03.16.21253750



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