

Vulnerable older people at greater risk of depression and anxiety during pandemic

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Older people who are clinically vulnerable to COVID-19 are at greater risk of deterioration in health and social well-being during the pandemic, according to a new study.

The research, published in the *Journal of Epidemiology and Community Health*, found that older people were more likely to report worse health outcomes than those with no clinical vulnerabilities, including greater depression and anxiety and lower quality of life, even when taking into account pre-pandemic levels of health and social well-being.

The findings highlight the need for policymakers to consider the mental and physical health consequences of the pandemic for those at higher risk from coronavirus, particularly for those asked to shield.

Professor Debora Price from The University of Manchester and Dr. Giorgio Di Gessa from UCL compared data from 2020's English Longitudinal Study of Aging with data from the previous year. They analyzed responses from over 5000 people aged 52 and over in private households in England.

The study revealed that during the pandemic, respondents classified as clinically vulnerable were more likely to report poor self-rated health, lower levels of physical activity, depression, anxiety, lower quality of life as well as loneliness and receipt of care, compared to those without clinical vulnerabilities.

This was true within each age group. Among people in their 70s, the odds of being depressed and anxious for those clinically vulnerable were around 50% higher than for those without clinical vulnerabilities. Those in their 80s—regardless of clinical vulnerability—were much more likely to have unmet care needs and to have little contact with friends and family by text, email, or videocall.

Although older adults' health and social well-being have been impacted by shielding, the researchers found that it was those who were clinically vulnerable and shielding who reported the most substantial rises in anxiety, depression, poor self-rated health and receipt of formal care, as

well as decreases in well-being and physical activity.

"Older people with underlying [health conditions](#), even before the pandemic, faced challenges in terms of access to [healthcare services](#) and [social contact](#)," said Professor Debora Price. "They also experienced greater emotional distress, higher risk of loneliness and poorer quality of life than non-vulnerable individuals."

"While policies focusing on shielding clinically vulnerable older people reduce rates of hospitalization and death from COVID-19, policymakers need to acknowledge that there may be adverse consequences of this measure and address the wider needs of these vulnerable groups," added Dr. Giorgio Di Gessa.

"It's vital that policymakers are aware that when advised to stay at home, a host of [health](#) and social risks for this group, already poor, are likely to be exacerbated."

More information: Giorgio Di Gessa et al. Changes in health and social well-being in the COVID-19 clinically vulnerable older English population during the pandemic, *Journal of Epidemiology and Community Health* (2021). [DOI: 10.1136/jech-2021-216405](https://doi.org/10.1136/jech-2021-216405)

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