

LETTER TO THE EDITOR
RESEARCH STUDIES

Restrictions on visits and outings in geriatric care facilities during the COVID-19 pandemic

Dear Editor,

The coronavirus disease (COVID-19) pandemic has put geriatric care facilities in crisis the world over. In Japan, it has been reported that about 80% of the facility residents have dementia with a high risk of COVID-19 infection and death.¹ Geriatric care facilities face challenges such as the difficulties in accessing rapid testing to detect infection and securing personal protective equipment.^{2,3} Many facilities have temporarily restricted visits and outings; however, they have been permitted to ease their restrictions depending on the local infection situation as per the Japanese government’s policy.⁴ Restrictions on them have increased the anxiety and loneliness of people with dementia (PWD) and without dementia, and caused their poor physical health.⁵ In a prolonged infection epidemic, examining the impact of restrictions on them in geriatric care facilities could facilitate future care policies by considering the continuation of social interactions while avoiding the risk of infection among residents, especially PWD.

Hiroshima University and the Japan Geriatrics Society conducted an online self-administered questionnaire survey from October to December 2021 to explore the impact of COVID-19 on older PWD. The participants were the representatives of medical and long-term care facilities for older people throughout Japan registered with the following major organizations: Japan Association of Medical and Care Facilities, Japan Association of Geriatric Health Services Facilities, Japanese Council of Senior Citizens Welfare Service, Japan Group-Home Association for People with Dementia and Japanese Council of Daily Life Long-Term Care Service Facilities. An online document requesting their participation in the study was provided to the facilities via their organizations’ websites and mailing lists. As a part of this large-scale survey, they were asked whether they had eased the restrictions on visits and outings from February 2020 (when the COVID-19 virus began to spread in Japan) to the time of the survey.

The location of the 686 participating facilities included 46 of the 47 prefectures in Japan. Of the 686, 649 (94.6%) answered that more than 25% of all residents had dementia, and

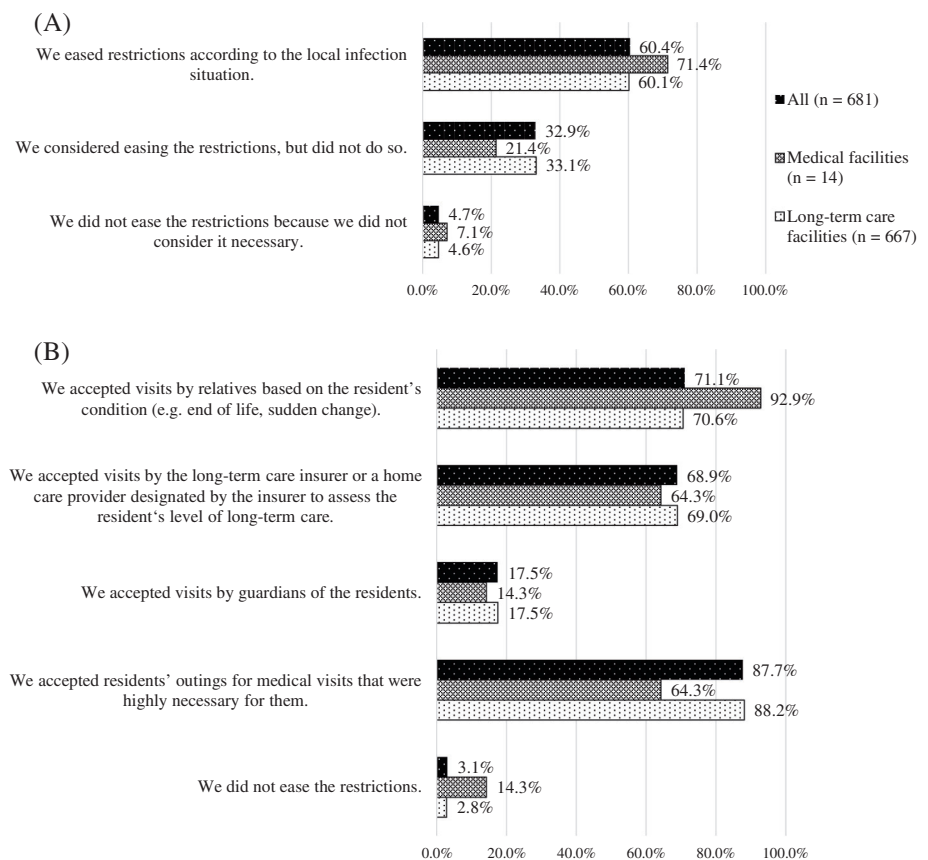


Figure 1 Presence or absence of easing restrictions in geriatric care facilities. (a) Presence or absence of easing restrictions according to the local infection situation. (b) Cases of easing restrictions depending on the resident’s condition. Medical facilities include hospitals specializing in people with dementia treatment and recuperation, mental illness and chronic diseases requiring long-term care.

514 (74.9%) answered that there were over 75% of all residents with dementia; 681 (99.3%) responded that they implemented some form of restriction on visits and outings. Figure 1a illustrates the presence or absence of restrictions according to the local infection situation. The most common response in all facilities was “we eased restrictions according to the local infection situation” (60.4%). In addition, the analysis indicated that 28.6% of medical facilities and 39.9% of long-term care facilities did not ease restrictions on visits and outings during the last 2 years.

Figure 1b illustrates cases of easing restrictions depending on the residents’ condition. For medical facilities, the most frequent response was “we accepted visits by the relatives according to the resident’s condition” (92.9%). Furthermore, visits by the long-term care insurer or a home care provider designated by the insurer to assess the residents’ level of long-term care (64.3%) and residents’ outings for medical visits that were highly necessary (64.3%) were permitted. For long-term care facilities, the most frequent response was “we accepted the residents’ outings for medical visits that were highly necessary for them” (88.2%), followed by permission for visits by relatives according to the resident’s condition (70.6%).

The findings of the current paper reveal that 30–40% of the facilities continued to restrict visits and outings. Infection prevention efforts in geriatric care facilities contribute to reducing the risk of infection among older PWD.^{6,7} However, the isolation associated with infection control and restrictions on interactions with family members have caused a decline in the physical function and worsening of dementia symptom in older PWD.^{8,9} Although remote interaction and cognitive and physical stimulation training have been implemented in many facilities, people with severe dementia have difficulties in understanding remote communication and gaining familiarity with the process.¹⁰ A flexible combination of remote and face-to-face forms of communication comprising a small number of people while maintaining physical distance could be a more viable solution for PWD. Furthermore, to enable geriatric care facilities to make appropriate decisions about easing restriction measures for vulnerable residents, setting optimal standards of restriction measures by infectious disease specialists, dementia specialists and related healthcare professionals may be indispensable.

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Disclosure statement

The authors declare no conflicts of interest.

Data availability statement

The datasets analyzed in the present study are not publicly available. Informed consent for the secondary use of the data was not obtained from the participants.

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