

# COVID-19-Related French Lockdown: Impact on the Physical and Psychological Health of Older Adults

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Dear Editor,

Since December 2019, the world has been grappling with the COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1]. Advanced age is associated with developing a severe form of COVID-19, and older individuals are more likely than young people to be hospitalized, especially in intensive care [2, 3]. The mortality rate for COVID-19 is also higher in older adults than in younger individuals [3]. In view of these observations and the high risk of SARS-CoV-2 transmission, some countries, including France, implemented a full lockdown of the population in an effort to curb the spread of this virus.

In this context, we read with great interest the article by Hajek and König [4] investigating the effects of social isolation and loneliness in older adults since the beginning of the COVID-19 pandemic. We agree with the authors that the impact of the pandemic cannot be limited to the physical dimension, and we welcome their suggestion to evaluate the use of social media to prevent the mental health impact of social isolation and loneliness. We would like to further discuss the effects of the COVID-19-related lockdown on older adults across various health dimensions, and not just physical health.

The pandemic caused by the COVID-19 has been dramatic, and it will be recorded as one of the significant health events of our time. COVID-19 poses a risk of serious disease in all age-groups and has a particularly high death rate among older persons. Apart from advanced age, the risk of severe disease and/or death in older persons who contract COVID-19 is due to the accumulation of health issues in this population following the 1 + 2 + 3 pathophysiological model [5], resulting in frailty [6]. In addition, this pandemic has been ongoing for more than a year now [7], and a cyclical sequence can be observed. More specifically, there is an alternation between periods of high viral circulation resulting in high rates of contamination and higher numbers of deaths, and phases of lower circulation. Like many other countries in the world, France has been severely impacted by COVID-19 and thus far has experienced 2 viral peaks – the first and second waves – and a third wave is currently underway.

During the first wave, the French population was under lockdown (confined) for nearly 2 months, similar to the measures applied in many other countries. It is now possible to provide a first assessment of the consequences of the first confinement on the aged population. This impact has 3 dimensions: physical, psychological, and social

[8, 9]. On the somatic level, medical follow-up was generally unreliable during the confinement, and in some cases, it was rare or nonexistent. A certain number of older adults no longer attended medical consultations, whether with their general practitioner or specialist physicians. This renunciation was mostly due to the fear of contamination in health care establishments, and this fear was even greater in older people who self-perceived and/or were identified as being particularly vulnerable and therefore at high risk of contamination. Patients who postponed or canceled medical appointments could no longer be diagnosed with acute illnesses, and the follow-up of chronic diseases, which tend to be numerous in older persons, was also heavily compromised. Indeed, some older adults increased their risk of losing functional capacity, resulting in loss of independence, and/or death. Another factor that has probably had a negative impact on the health of older adults is the fact that many physicians and caregivers (nurses, physiotherapists, or others) with a private practice (intervening at home) or working in nursing homes contracted COVID-19 during the lockdown period, worsening the access to care and patient follow-up. In addition, due to the ban on visits in nursing homes, it was difficult for relatives to monitor their loved one and to alert the staff if they noticed a deterioration in physical and/or psychological health. Regarding the psychological dimension, the interruption of physical contact between older adults and their close relatives induced a loss of bearings for these individuals, whether they were living in a nursing home or in their own home. This resulted in increased anxiety and even the onset or recurrence of depression [8]. Thus, the lockdown, which was designed first and foremost to protect the population and especially older individuals against COVID-19, resulted in a paradoxical feeling of insecurity in many of the people it was supposed to protect. Socially, the lockdown may have led to a loss of independence in certain cases, or even to a turning point in the lives of some older individuals, precipitating their admission to a nursing home due to the onset of total dependency. One of the explanations for this possible change of course is the sudden interruption of motor rehabilitation by a health professional or of regular motor stimulation by close relatives, as well as a decrease in spontaneous physical activity [8, 9].

In order to maintain the link between older adults and their relatives, almost all retirement homes and a large number of families invested in communication devices and internet connections. Internet-based tools such as social media (e.g., Facebook) and video chats (e.g., Skype) are of real interest to combat loneliness and social isola-

tion in older individuals since they make it possible to maintain social contact and emotional ties, even if it is from a distance. Relatives are also able to monitor certain aspects of their loved one's health and to alert the appropriate staff if necessary. Nevertheless, these tools have some limitations. First, they cannot fully replace physical contact and care, especially in frail older individuals. In addition, many older people of the current generation are not familiar with computers and many remain skeptical about these new, virtual means of communication.

This assessment of confinement and its impact on older adults deserves to be weighed since the lockdown made it possible to control the first wave of COVID-19 in France. The ban on visits in nursing homes, for instance, was an important strategy for containing the first wave. It is also worth mentioning the effectiveness of the physical distancing and hygiene measures such as wearing a mask and regular hand washing or disinfection (with hand sanitizer). Finally, the unexpectedly rapid arrival of the first vaccines is an important step towards containing the COVID-19 pandemic. However, the potential effects of these vaccines can only be attained if the vaccine coverage rate is high, and, in the meantime, the population will still need to be vigilant to and to continue to use the appropriate preventive measures.

To conclude, in France the COVID-19-associated lockdown significantly reduced viral spread. However, it also had a negative impact on the physical, psychological and social health of older and/or frail adults, as described above. The use of online social media or video chats as a tool to combat loneliness and social isolation in older individuals is of real interest, but there are certain limitations. In the future, less radical alternatives to a strict lockdown could be envisaged, including maintaining access to care, especially for older and/or frail adults, allowing weekly or bi-weekly visits with a family member who would be tested for SARS-CoV-2 before each visit, and promoting the use of Internet communication for virtual visits.

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## Author Contributions

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