

## LETTER TO THE EDITOR

**Correspondence on ‘Loneliness and depression among community older adults during the COVID-19 pandemic’**

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Dear Editor,

We read the publication ‘Loneliness and Depression among Community Older Adults during the COVID-19 Pandemic: A Cross-Sectional Study’ with a great interest.<sup>1</sup> The COVID-19 epidemic has taken a tremendous toll on the mental health of older persons, particularly those with multimorbidity, baseline functional reliance, and a history of depression and cognitive impairment, according to Alhalaseh *et al.*<sup>1</sup> It is critical to target these high-risk groups in order to reduce loneliness, despair, and eventual morbidity.<sup>1</sup> The current study by Alhalaseh *et al.* used a telephone-based survey and it is required to check for its reliability.<sup>1</sup> If based on the standard version of UCLS Loneliness Scale, the accuracy would be fair.<sup>2</sup> But for any modified version/technique, it is necessary to recheck the property of the tool. Since the basic three-item UCLA Loneliness Scale is based on face-to-face interviews, a modification using the instrument via telephone communication has to be verified. We agree that the psychological problem of loneliness among the elderly during COVID-19 is an important public health concern. We agree that it is necessary to manage the problem. How to manage it, however, is the issue that should be further discussed. During the outbreak, the implementation of a lockdown policy is

being commonly used worldwide. Under such a policy, direct mental health support might be difficult and some loneliness due to the lockdown process can be expected.

**DISCLOSURE**

The authors declare that they have no conflicts of interest regarding this research.

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