

Posters

Clinical Quality: Patient Centredness

132 PHYSICAL FUNCTION COMPARISON OF ACUTELY UNWELL COVID-NEGATIVE OLDER ADULTS PRE-PANDEMIC AND THROUGH-PANDEMIC; “COVID-PROTECTED”

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Introduction: The risk of severe morbidity after COVID-19 infection is high in older adults (Lithander et al, 2020). Subsequent responsive UK Government guidance for older adults included self-isolation during the pandemic. It is therefore hypothesised that during the pandemic older adults are inadvertently deconditioned due to iatrogenic factors such as inactivity, social isolation, hospital-avoidance and malnutrition, and present with reduced resilience to illness and lower levels of function. The OPU continued to admit COVID-negative, or recently termed “COVID-protected”, patients throughout the pandemic. Data

captured prior to, and during the COVID-19 pandemic has been compared to explore the implications on older adults, and elicit whether they are protected from the consequences of the pandemic?

Method: Demographic and physical function data (average 6 m gait-speed, Elderly Mobility Scale) were captured pre- and through-pandemic for all patients admitted to a COVID-negative OPU ward over a one month period. Ethical review was provided through local Trust governance process.

Results: Pre-pandemic 2019 (n = 67, mean(±SD) age 82.7(±8.2) years, 61% hospital length-of-stay (LOS) 7.9(±7.3) days, hospital mortality-rate 7.2%) and through-pandemic 2020 (n = 73, 83.1(±8.3) years, 59%♀, LOS 9.0(±9.1) days, hospital mortality-rate 7.5%) data were captured during July 2019 and May 2020 respectively. There were no between-group differences in age [$t(-.313) = 138$, $p = 0.755$], gender [X^2 , 1 df, $p = 0.782$], LOS [$t(0.78) = 134$, $p = 0.44$], or hospital mortality-rate [X^2 1 df, $p = 0.96$]. Through-pandemic patients had a significantly slower 6 m gait-speed (0.11(±0.05) m.s-1) than pre-pandemic (0.16(±0.24) m.s-1); [$t(2.74) = 93$, $p = 0.007$] and lower median (IQR) Elderly Mobility Scale (4(6 IQR) vs 9 (12 IQR) [$u = 866$, $p = 0.015$]).

Conclusion: Our data indicates this relatively short period of self-isolation might have significant implications on the physical function of older adults. The likely mechanism is iatrogenic deconditioning. Critical Public Health and policy responses are required to mitigate these unforeseen risks by deploying prehabilitative counter-measures and accurately targeted hospital and community rehabilitation.