



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Editorial

A Methodological Advance Leads to Surprising Findings in Understanding, Older Adult Trauma Survivor's Responses to Pandemics

Joan M. Cook, Ph.D.

ARTICLE INFO

Article history:

Received November, 10 2020

Accepted November, 10 2020

Older adults are often viewed as a vulnerable population susceptible to viral infection from pandemics, such as the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, more commonly known as COVID-19), and to potential negative mental health consequences of public health crises. Indeed, older adults are a large proportion of severe and fatal COVID-19 cases and may experience declines in physical health, disruptions in medical care for pre-existing conditions, declining quality of life, and losses in their social support networks. In addition, there is concern that older adults might be less likely to seek medical attention for routine, preventive or ongoing care due to their perceived vulnerability to COVID-19.

It has been anticipated that the impact of COVID-19, as well as social distancing and stay-at-home orders instituted to mitigate the spread of the pandemic, might be disproportionately experienced by

older adult trauma survivors with chronic post-traumatic stress disorder (PTSD), and that the physical and mental health risk factors associated with the pandemic might worsen or retrigger their trauma-related emotional distress.

While research on psychological and coping responses of adults in the face of infectious disease outbreaks, such as SARS, Ebola, Zika, and COVID, is relatively limited,¹ the scientific literature that has been the closest, in terms of trigger-response understanding and lessons learned on older adults, are mental health studies related to other natural, man-made and technological disasters. Many disaster mental health studies, however, have significant methodological limitations. For example, in an examination of over 225 distinct samples composed of over 85,000 individuals across the lifespan who experienced a disaster, Norris et al.² found that most studies were cross-sectional, after-only designs that used

From the Department of Psychiatry, Yale School of Medicine, New Haven, CT. Send correspondence and reprint requests to Joan M. Cook, Ph.D., Department of Psychiatry, Yale School of Medicine, Department of Psychiatry, 300 George Street #901, New Haven, CT 06511. e-mail: joan.cook@yale.edu

© 2020 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jagp.2020.11.002>

convenience sampling and had small samples. Indeed, less than 5% of studies included a predisaster measure. In a more recent review, Lowe et al.³ found that only 7% of 100 studies included predisaster data. Lack of predisaster data has led to methodological challenges for assessing the effects of a disaster on the subsequent physical and mental health in older adults and in all populations. It seems obvious to say, but if differences between exposed and nonexposed older adults exist predisaster or pandemic, they are likely to differ on mental health outcomes even in the absence of a traumatic event. Without accounting for predisaster distress and functioning, the estimate of the impact of a disaster is likely to be inflated.

Rutherford et al.⁴ investigation in this issue of the *American Journal of Geriatric Psychiatry* represents a significant advance in methodological rigor and confirms how pre-event data is imperative in getting a more accurate picture of functioning and event-related impact. The authors capitalized on data from an ongoing study of brain aging among men and women with PTSD in New York City. In the early stages of the COVID-19 pandemic (April-May 2020), the investigators conducted telephone interviews with 76 older adults in their parent study to examine how, among other things, those with PTSD were faring regarding their mental health and if they were disproportionately experiencing symptom increases when compared to nontrauma controls. Even though participants with PTSD were more socially isolated, more physically ill, and engaged in greater pandemic media exposure, PTSD symptoms *declined* among them relative to trauma-exposed healthy controls.

As the authors point out, these findings are a reminder that a diagnosis of PTSD should not be assumed to always confer vulnerability or worse

outcomes in older adult populations. Relatedly, there were similar findings from a recent study⁵ that aimed to understand the effects of the pandemic on the mental health of older adults with pre-existing major depression. In a sample of 73 community-living older adults with pre-existing depression, there were no differences in depression, anxiety, and suicidal ideation symptoms during the first 2 months of the pandemic when compared to data before COVID-19.

Importantly, Rutherford et al. caution that a different pattern of results might emerge as the pandemic progresses. It is possible that in the initial months of the pandemic, older adults with PTSD might have been doing well and were hopeful that things would change, but now with no foreseeable end and infections getting worse again, the results might be different. Indeed, online surveys conducted at two different time points on a convenience sample of Chinese adults, as the COVID epidemic evolved, showed that older participants in the second wave were more worried than both young adults and older adults in the first wave.⁶

Finally, the information from this investigation is crucial to not only better understand our theories about mental health distress and resilience, but also to help inform pandemic or disaster preparedness, response, and recovery. Identification of those particularly at risk among the older adult population will assist hospitals, health systems, and policymakers in prioritizing how limited resources are allocated and used during a pandemic.⁷ Furthermore, methodological advances like those described in this study can assist other researchers who want to build an empirical roadmap of effective coping and prevention tools that will help people who do and do not contract the disease deal with their intense emotions

References

1. Garcia-Fernandez L, Romero-Ferreiro V, Lopez-Roldman PD, et al: Mental health in elderly Spanish people in times of COVID-19 outbreak. *Am J Geriatr Psychiatry* 2020; 28:1040-1045
2. Norris FH, Friedman MJ, Watson PJ, et al: 60,000 disaster victims speak: part I. An empirical review of the empirical literature, 1981-2001. *Psychiatry* 2002; 65:207-239
3. Lowe SR, Bonumwezi JL, Valdespino-Hayden Z, et al: Posttraumatic stress and depression in the aftermath of environmental disasters: a review of quantitative studies published in 2018. *Curr Environ Health Rep* 2019; 6:344-360
4. Rutherford BR, Choi CJ, Chrisanthopolous M, et al: The COVID-19 pandemic as a traumatic stressor: mental health responses of older adults with chronic PTSD. *Am J Geriatr Psychiatry* 2021; 29: 105-114. doi:10.1016/j.jagp.2020.10.010
5. Hamm ME, Brown PJ, Karp JF, et al: Experiences of American older adults with pre-existing depression during the beginnings of the covid-19 pandemic: a multicity, mixed-methods study. *Am J Geriatr Psychiatry* 2020; 28:924-932
6. Jiang W, Sun F, Prieto L, et al: Worries, strategies, and confidence of older Chinese adults during the 2019 novel coronavirus outbreak. *Int J Geriatr Psychiatry* 2020;doi:10.1002/gps.5430
7. Farrell TW, Ferrante LE, Brown T, et al: AGS position statement: resource allocation strategies and age-related considerations in the COVID-19 era and beyond. *J Am Geriatr Soc* 2020; 68:1136-1142