



Emotional and psychological impact of infection and postCOVID-19 in older people: beyond the usual symptoms of long COVID

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Mercedes, aged 89 years, has a history of ischemic stroke, acute myocardial infarction, symptomatic degenerative osteoarthritis, type II diabetes mellitus, breast carcinoma 10 years ago with complete remission at present and recurrent urinary tract infections. She needs help for most basic activities of daily living (Barthel index 25) and is on 14 different regular drugs. She was admitted to the hospital in August 2020 for 17 days due to a SARS-CoV2 bilateral pneumonia, complicated with a urinary sepsis. Two days after her hospital admission, her husband was also hospitalized for a COVID-19 bilateral pneumonia, dying 5 days after. For all her hospital stay she remained isolated, with no social contact except for the hospital staff caring for her and five phone calls with relatives, who informed her of her husband's passing away. Once recovered from COVID-19 she was discharged to a nursing home. She was unable to decide herself, so this was arranged by her relatives and the social services. What thoughts and fears can an old, frail person like Mercedes have during such a hectic admission? How deep is the sadness she may have experienced when she learned about her husband's death, after been unable to share his last days, after been unable even to say goodbye? What physical and psychological impacts may emerge be in the days, weeks, months, years after discharge?

Of the factors that may contribute to a deeper global impact of COVID-19 pandemic in older people social isolation, a lower healthcare utilization and the reduction of

physical activity may be relevant, together with the direct impact of the condition on physical and mental health. Long COVID-19 is a condition defined by the persistence of different symptoms (mainly respiratory, cardiovascular, neurological, psychological and musculoskeletal) than three months after COVID acute infection. It is present in around a quarter of those with symptomatic infection [1], although this ratio seems to have decreased along with the lower severity of the latest variants of the virus. The strongest predictors of persistent symptoms are old age, female gender, preexistent health status, comorbidities, number and intensity of symptoms during the acute phase [1]. The seriousness of long COVID-19 is manifest by the fact that most European health services are creating specific clinics to manage it [2]. In a study of COVID-19 survivors aged 60 years and older who required hospitalization, more than 50% reported a decrease in health-related quality of life (HR-QoL) 6 months after the disease, some 30% reported impaired mobility and difficulties to carry out usual activities, and many more pain and discomfort than in their basal health status [3]. A recent study with more than 4000 patients confirm the impact of persistent symptoms on HR-QoL [4].

Although it is essential to consider and explore the persistence of the symptoms months after the infection, emotional aspects during hospitalization and emotional symptoms that persist over time should not be overlooked, especially in older persons, because of their greater vulnerability and mental idiosyncrasies. Data from the Survey of Health, Aging and Retirement in Europe (SHARE) and from a European cross-national panel study show that older people have a significantly higher risk for psychological burden and negative consequences for mental health, influenced by multiple factors such as severity of the infection, previous health status, or financial and sociodemographic aspects [5].

Not many studies have been published specifically related to the psychological or mental aspects or repercussion (including perceptions, perspectives, and emotional experiences) not only after COVID-19 but also during the acute

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disease [6–8]. That is why the study by Heiberg et al. [9] is so interesting. It explores how patients have experienced the global consequences of the disease and how this has affected their lives six months after being hospitalized, through an explorative and qualitative design with semi-structured interviews of 17 participants aged 60 years and older from two Norwegian hospitals. Aside from symptoms traditionally associated with long COVID-19, existential thoughts were explored too. Most of the participants reported various physical and/or cognitive symptoms (with ‘brain fog’ at the front line), and many experienced a sense of guilt but at the same time gratitude for having survived the condition. Some perceived the fear and social stigma from people close to them because of the probability of transmitting the infection. Furthermore, some of them indeed transmitted the disease to relatives and friends, and were only relieved once the disease and its contagiousness had passed. For survivors, the gratitude of being alive was the predominant feeling.

We must be prepared to face not only the mental impact of diseases like COVID-19 in future pandemics, but also to consider the experiences, emotions, psychological repercussions during and after the disease. This is especially true for older people and for vulnerable or disabled persons, who are more likely to bear serious illness, complications and admissions [10]. Strategies that allow continuation of preventive activities, and monitoring and control of multimorbidity and psychological, emotional and experiential aspects must be established [11].

Declarations

Conflict of interest None of the authors has a conflict of interest.

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