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Editorial

Older adults and COVID-19 pandemic: Resilience matters



The coronavirus disease 2019 (COVID-19) pandemic has become a global public health crisis that results in a great variety of challenges to the world, and the rapidly escalating case load overwhelmed health care systems (Servello & Evaristo, 2020; Wu & McGoogan, 2020). The mortality rate of COVID-19 varied greatly between countries, but it may reach approximately 10 % in European countries (Omer, Malani, & Del Rio, 2020). Yet, the case fatality rate may reach 20 % among people aged over 80 years (Onder, Rezza, & Brusaferro, 2020), or with multimorbidity (Jordan, Adab, & Cheng, 2020; Logar, 2020; Niu et al., 2020). Until now, no effective therapeutics is available, so public health approach remained to be the most important strategy for COVID-19 control, including lockdown of communities or even cities, face mask ordinances, quarantine, and cordon sanitaire, and so on (Hartley & Perencevich, 2020). However, these public health actions may disproportionately impact vulnerable older adults in health, social, and economic dimensions (Lloyd-Sherlock, Ebrahim, Geffen, & McKee, 2020). Despite that the COVID-19 pandemic remains to be a public health threat, many countries are trying to restore social and economic activities gradually. In the process of recovering from COVID-19 pandemic, resilience of older adults, communities or a country may lead to different outcomes that deserves further attentions.

Resilience is described as the capacity to cope with difficult situations, which usually fluctuates across the lifespan and is often interrelated with some psychological conditions. A similar but different term, “coping”, defined as the behavior to protect oneself by avoiding psychological harms from bad experiences, is also an important characteristic when older adults are experiencing stressful life events (Pearlin & Schooler, 1978). In the life course approach, aging, health, stress and coping heavily interact with each other and further change health outcomes of an individual. The salutogenic theory suggested that stressors violating one’s sense of cohesion may comprise his/her comprehensiveness, manageability, and meaningfulness of a person if no appropriate coping strategy was developed. The control belief, or the sense of mastery, has been recognized as an indicator of resilience (Skinner, 1996), and people may demonstrate better abilities to manage unexpected situations and related adversity if they possess greater controls of themselves. For older adults, resilience represents the ability to return to the equilibrium when difficulties occur (Windle, Woods, & Markland, 2010), and has been found as a predictor for health status (Yang, Smith, & Liu, 2013), especially mental health. With better resilience, older adults may compensate their loss of functional capacity and physical health. Moreover, older adults with better resilience tend to attain better health outcomes, such as successful aging, less depressive mood, and longevity (MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016). It has been reported that strong social ties were the key feature of resilience (Wells, 2010), which may be improved by appropriate intervention activities (Meléndez, Fortuna, Sales, & Mayordomo,

2015). The COVID-19 pandemic has caused widespread fear and stress, which extensively challenges the resilience of older adults.

The fear, stress, loneliness, and social isolation of older adults during COVID-19 pandemic may undermine their resilience and further jeopardize their health and well-beings as the consequence (Plagg, Engl, Piccoliori, & Eisendle, 2020). Older people used to receive various home or community services and were encouraged to interact with their relatives, friends, or neighbors in the daily living, but the COVID-19 pandemic suspended most of these activities due to lockdowns and social distancing. Preventing functional declines, frailty, anxiety, depressive moods, and social isolation has become important but challenging tasks during COVID-19 pandemic (Chhetri et al., 2020; Lim et al., 2020). Older people with multiple comorbid health conditions are the most vulnerable populations during the COVID-19 pandemic (Jordan et al., 2020; Logar, 2020; Niu et al., 2020), so the heavy psychological burden may result in excessive health risk for older adults. Older persons with cognitive impairment or dementia may have difficulties to comprehend information related to COVID-19, to conduct self-protection, and their mood, behavioral and psychotic symptoms may aggravate when their usual care services are absent (Lim et al., 2020). As the lockdown, social distancing, and holdup of community activities continue, older adults are of greater risk of frailty, sarcopenia, anxiety, depression, and cognitive declines that challenges their capacity of returning to normal daily living.

Although resilience has strong impacts on the recovery of physical, cognitive, and mental health during the COVID-19 pandemic, resilience was usually worse among older adults with chronic conditions or functional limitations (Lee et al., 2020). Lower resilience in older adults with multiple comorbid conditions make them even more vulnerable. However, recovery of an individual needs more than one’s own resilience, which also requires strong resilience of communities, health care system resilience, economic systems, or even the whole country. To respond further challenges, mobile technology and web-based services may become the fundamental component and may re-shape our definitions of care for older adults. The health and social care sectors should modify their service delivery with more assistance from the internet and mobile technology. The World Health Organization proposed “mobile aging” (mAging) to facilitate the implementation of integrated care for older people (ICOPE) (Thiyagarajan et al., 2019; Tung et al., 2019), but it also inspires health and social care service reforms after the COVID-19 pandemic. To employ more mobile and internet technology in the new health and social care scheme, the digital divide of older persons should be bridged as soon as possible.

Natural disasters, infectious diseases, or extreme climate substantially increase the burden of care for older adults with multiple complex comorbid conditions. This “double-burden” model may become common scenarios in the future, so the health care systems need

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corresponding modifications to cope with these challenges (Michel, Graf, Ma, & Ecarnot, 2020). Traditionally, health care professionals are used to provide home-based programs specifically for older people with frailty, disability, or dementia, but now we need to develop home programs for relatively healthy older adults when outdoor activities are restricted. Older people receiving any forms of long-term care services were all strongly influenced by the COVID-19 pandemic because home and community-based services are suspended, and nursing homes have become the hotspots of COVID-19 infections (Logar, 2020). The above-mentioned disease control measures were accompanied by loneliness, social isolation, functional declines, and cognitive declines. Although the human remains as the core of senior care, incorporating more internet and mobile technology may become the fundamental component in the visible future (Bhattarai & Phillips, 2017). With these modifications, we may be able to maintain or even enhance the social ties, and resilience of older persons facing difficulties like COVID-19 pandemic or other conditions.

To conclude, the COVID-19 pandemic may have declared the opening of a new era of care for older people that applications of telecommunication technology, more home-based programs, and enhancing the resilience of older adults to cope with stresses may become the key features. Painful experiences of COVID-19 pandemic will drive the world to re-think for the future, and resilience should play an essential role in the scheme of healthy aging for well-being of older persons.

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