

Self-help guidance and resources should be disseminated to families and caregivers to improve the at-home management of patients and attenuate stress.³

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COMMENTS

Not Wasting a Crisis: How Geriatrics Clinical Research Can Remain Engaged During COVID-19

To the Editor: We applaud Nicol et al. for their timely article highlighting the new norm of “action at a distance” for geriatrics clinical research against the backdrop of the coronavirus disease 2019 (COVID-19) pandemic.¹ Like many countries enforcing physical distancing to flatten the coronavirus curve, Singapore has implemented a critical 8-week circuit breaker period. The apt reminder that we must persist and adapt to help our older patients and study participants reinforces our conviction of “not wasting a crisis” to draw meaningful lessons in an unprecedented calamity.² In this letter, we share our 3Rs perspective of how we remain engaged as a geriatrics clinical research institute during the COVID-19 pandemic.

REFOCUS: EMBRACING TECHNOLOGY AS AN ENABLER

The COVID-19 pandemic has inspired us to refocus on the continuity of our research efforts by improvising current resources and leveraging on technology as an enabler. The confluence of engaging with our Institutional Review Board (IRB) and its supportive guidance has resulted in provisions for the implementation of electronic informed consent (e-consent). This transition to e-consent allows the flexibility of using various platforms to support the continuation of clinical research during this challenging period. By continuing to engage with IRB and taking into consideration potential confidentiality and personal data protection issues, we can optimize the workflows for e-consent implementation.

In addition, we will be leveraging on digital tools to conduct cognitive assessments and data collection remotely for suitable research studies.³ We are mindful that a significant proportion of older adults in Singapore may not be tech savvy and still prefer to use traditional telephone calls for communication.⁴ Hence, we provide assurance through exploration of options with our research participants to match the platform for clinical research assessments with their level of comfort with digital tools. We hope that the accrued insights and experience in our learning journey of adopting and appropriating technology for clinical research will put us in good stead in the post-COVID-19 era, where we anticipate a greater role for technology in the “new normal” of clinical geriatrics research.

RELATIONSHIP: PHYSICAL DISTANCING BUT SOCIALLY CONNECTED

Physical distancing has resulted in social isolation in some of our older adults. However, conducting research remotely has allowed us to continue caring for and connecting with participants and their families, with whom we have built trusted relationships through the research journey. We become an avenue, whereby our participants can obtain accurate and appropriate resources to counter misinformation from unreliable sources, and a medium to allay their fears and uncertainty.⁵ Harnessing the synergy between clinical research and education in our institute, we are developing evidence-based COVID-19 educational materials that will be presented in a concise and captivating manner, taking into consideration language and cultural appropriateness.⁶ Thus, although physical distancing has kept us apart, the greater power of human relationships coupled with digital tools have allowed our participants and the community to stay socially connected and keep abreast with up-to-date and accurate information.

RELEVANCE: RESEARCH AS A CATALYST

Given that COVID-19 disproportionately impacts older people through its direct health impact and the indirect secondary effects of pandemic control measures,⁷ we feel that this crisis presents an opportune moment to conduct use-inspired Pasteur quadrant clinical geriatrics research that combines rigor of fundamental understanding with relevance for immediate application.⁸ Pertinent research relating to COVID-19 geriatrics-specific issues, such as psychosocial impact, influence of frailty on outcomes, caregiver issues, end-of-life issues, and innovations in models of care, can lend precious insights to clinicians and policy makers.⁹

Prior research training also came in handy for the research assistants during command center and visitor screening duties as part of the hospital’s COVID-19 staff augmentation response. We tapped on our clinical research experience in geriatrics and gerontology to attend to the needs of older adults with greater empathy and patience, particularly during volatile circumstances. This experience, in turn, provided fresh perspectives about ground issues and psychosocial dynamics that can

fuel future Pasteur quadrant research about the impact of COVID-19 on older adults.

CONCLUSION: “LET US NOT WASTE A CRISIS”

The 3Rs perspective can serve as a working framework for continuous engagement amidst the challenging pandemic circumstances. Instead of merely being neutral observers, as highlighted by Nicol et al.,¹ clinical geriatrics research can adopt a growth mindset by refocusing efforts with technology as an enabler, maintaining relationships and staying relevant to the needs of our older adults.¹⁰ This pandemic has disrupted many of our lives but let us not waste a crisis as we leverage on this opportunity for the research community to learn and grow collectively with a common goal to provide better care for our patients of tomorrow.

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Using Telehealth Groups to Combat Loneliness in Older Adults Through COVID-19

To the Editor: Loneliness has been a growing public health concern for older adults in recent years. It was suggested that almost one-half of the older adult population will experience chronic periods of loneliness at some point in later life, with about 5% feeling constantly lonely.^{1,2} People in later life who isolate from others and feel lonely are at risk for impaired physical health,³ worsening depression,⁴ and increased cognitive decline.⁵ Lonely older adults can even put additional burden and strain on family caregivers who dedicate a significant amount of time taking care of their needs.

Few group interventions have been developed and validated to help alleviate loneliness in older adults. One psychosocial intervention that has proven effective and sustainable for this population is called Circle of Friends, an evidence-based intervention to socialize older adults through interactive activities.^{6,7} The group protocol meets 12 times over a 3-month period, covering themes that connect lonely people including narrative writing, creative arts, and exercise training. Although this has been an effective group intervention for community-dwelling areas and other communal settings, many older adults may not have the finances, transportation, or family support to get them to sessions in a community group.

Several challenges have been noted for older adult interventions to adapt their approach online. Some have barriers to having the appropriate technology or resources to set up telehealth-type services in their residence. Others may have difficulties with hearing or vision that limits their participation in groups. Incorporating technology innovations into the lives of later life adults is key to help prevent

risk of further loneliness. We believed Circle of Friends would be an appropriate choice to move to telehealth, largely due to the mission of improving socialization in one's community, the ease of conversation in the group, and the flexibility of incorporating activities.

With the advent of the coronavirus disease 2019 (COVID-19) pandemic, we accelerated our development of telehealth to provide social support for older persons at home.⁸ Through COVID-19, we recognized the importance of caregiver involvement to help their loved ones get set up for participation in Circle of Friends groups. Facilitators conduct initial calls with both the participant and caregiver over the phone before the start of the group. The telehealth group allows for separate calls and scheduled Zoom meetings to help check in or follow up on topics discussed at

Table 1. Adapting Circle of Friends Groups from In Person to Telehealth

Theme	In-person activities	Telehealth activities
Creative arts and inspiring activities	<ul style="list-style-type: none"> -Visits from or to artists, musicians, or poets -Attend cultural events or art exhibitions -Group activities such as singing, baking, dancing, or games -Create an art piece of collage 	<ul style="list-style-type: none"> -Bring in guest speakers via video; use chat box for group feedback. Record speakers for playback later. -Show pictures of trips or unique places where one has traveled -Create a simple at-home project (with caregiver assistance if needed)
Group exercise and health-themed discussion	<ul style="list-style-type: none"> -Nature walks -Strength/Balance training -Dancing -Swimming/Pool gymnastics -Yoga/Tai Chi -Light exercise/stretching 	<ul style="list-style-type: none"> -Develop an in-home routine of exercises (floor or chair), where facilitator can demonstrate these live -Share physical therapy/occupational therapy recommendations for exercise and strength building through video
Therapeutic writing and sharing/reflecting	<ul style="list-style-type: none"> -Writing, sharing, and reflecting on the past, dreams, or other feelings of loneliness -Bring in a diary or writings from the previous week -Discussions of loneliness, friendship, and other topics 	<ul style="list-style-type: none"> -Create diaries between sessions either written or on computer -Facilitator shows inspirational quotes or passages via video -Participants encouraged to blog any experiences in their lives, make interactive use of writing with others.