

## Special Concerns for Elderly Persons Hospitalised with COVID-19

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### EDITORIAL

The SARS-CoV-2 virus causes COVID-19. Patients may be asymptomatic or have a range of symptoms ranging from a simple cough to severe pneumonia. The severity and variety of clinical characteristics are especially noticeable in elderly persons. According to the Centers for Disease Control and Prevention (CDC), older persons are responsible for 40% of COVID-19 hospitalizations and 79 percent of COVID-19 fatalities ([www.cdc.gov](http://www.cdc.gov)). Immune senescence and dysregulation, a higher burden of comorbidities, and social behaviours that encourage disease dissemination are all likely contributors to increased disease severity in older persons (e.g. higher proportion of older adults living in congregate housing). Long-term care facilities are an epidemiologic nidus for COVID-19, with nursing home residents accounting for one-third of COVID-19 mortality in the United States.

Although vaccine uptake among the elderly and nursing home residents has been good in the United States, we expect outbreaks to persist until broad immunisation is achieved. Vaccine reluctance, vaccine distribution disparities, and virus mutations are all obstacles to obtaining long-term immunity. Increased globalisation and human-animal contact as a result of environmental changes also raises the risk of future pandemics. It's critical to draw lessons from this pandemic's experiences in order to improve care during future outbreaks.

Delirium is frequently caused by respiratory illnesses. COVID-19 is caused by the new coronavirus SARS-CoV-2. The World Health Organization declared COVID-19 a pandemic. Adults over the age of 65 are at the greatest risk of severe disease, hospitalisation, intensive care admission, and mortality, despite the fact that it affects people of all ages. A high temperature, a new, persistent cough, and a loss or change in the sense of smell or taste are all common symptoms. The presentation in older individuals, on the other hand, may be unusual. The following are some recommendations from Toronto's Regional Geriatric Program: Despite respiratory disease, 'classic' COVID-19 symptoms such

as fever, cough, and dyspnea may be absent in the elderly. Only 20–30% of elderly patients with infection have a fever; unusual COVID-19 symptoms include delirium, falls, generalised weakness, malaise, and functional deterioration in older persons. As the pandemic progressed, clinicians realised that the prevalence of delirium was higher, and the clinical course was more convoluted, than would be expected from more prevalent respiratory viruses like influenza in the past. The high incidence and severity of COVID-19-related problems has sparked interest and study in the area of COVID-19-related encephalopathy.

The novel coronavirus (COVID-19) pandemic puts older persons at a higher risk of serious illness and death. Furthermore, due to the physical separation and mandated shelter in place, the global response to the lockdown has made older persons particularly prone to loneliness and social isolation. During the COVID-19 pandemic, we expected that both of these causes would contribute to an increase in geriatric mental health disorders. Post-acute COVID-19 syndrome (PCS) is characterised as a persistent symptomatic illness in individuals who have recovered from their original COVID-19 infection, according to the CDC/IDSA.

The sort of persisting symptoms, their prevalence, duration, and severity after COVID-19 recovery, as well as the risk factors that cause them, are still being researched. After COVID-19 hospitalizations and outpatient recovery, a few studies have documented a wide range of persisting symptoms. Fatigue, dyspnea, anosmia, sleeping difficulties, chest pain, headache, cough, and mental health issues are among the persistent symptoms. The mechanisms that cause these symptoms aren't fully known. They may be linked to active long-term metabolic and inflammatory response pathways, according to one study. Another explanation is that these symptoms are caused by hypoxia and hypoxemia as a result of capillary damage. However, further research is needed to pinpoint the actual origin of these lingering symptoms. These long-term effects can have a negative impact on one's quality of life and lead to posttraumatic stress disorder (PTSD).

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