

Advisory for medical professionals regarding covid-19 in older persons
Association of Gerontology (INDIA)
CONSENSUS STATEMENT

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Statement:

Are elderly more affected by COVID-19?

In the reported studies and government data, the elderly are more affected by COVID-19.

Are older persons at higher risk for more severe disease?

Although data regarding severity is incomplete, from mortality data it may be interpreted that elderly have more severe COVID-19 disease.

Are older persons at higher risk of mortality?

Most deaths in COVID-19 have been reported in individuals who were in the seventh decade of life. Most of these individuals also had comorbid illness in the form of diabetes, hypertension, and chronic kidney disease. After adjusting for these diseases, advancing age does increase chances of mortality. This indicates that older persons are at higher risk of COVID-19 mortality.

Should older persons take additional precautions?

Older persons, especially those with comorbid illness like diabetes, hypertension or other diseases should avoid unnecessary movement and interaction with people outside their homes. They should only undertake travel in times of emergencies or to meet unavoidable needs groceries,

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medications etc. However, emotional deprivation due to seclusion from children and grandchildren is not recommended. General hygiene should be maintained.

Should older persons be advised to refrain from going outdoors and avoid physical activity?

Routine physical exercise is essential to maintain an active independent functional ageing. Older persons should continue walking outside, yoga, exposure to sunlight while avoiding crowded places and minimizing personal interaction. Older persons should not visit closed spaces like gym and spa.

Are there any special features to look for in older persons affected with disease?

The usual presentation of disease is with fever, myalgia, fatigue, weakness, and features of respiratory infection. The disease may present like seasonal flu and patients could have features of cough, running nose and headache. Some people present with loss of ability to smell (called anosmia). Most individuals will recover within two weeks of symptom onset. Some patients may progress to have breathlessness and a more severe disease complicated by pneumonia. Older persons present with similar features as younger persons.

The signs of sepsis may be masked in older persons due to their compromised immune system and clinical decisions should be taken judiciously. Elderly may present with no fever, early onset of delirium, and symptoms in organ systems different from the affected one (in this case pulmonary).

Is there a need to modify antihypertensive medications in older persons in view of the infection?

No. Anti-hypertensive medicines should be continued as before. If the blood pressure was controlled on a given regime, the same should be continued. If the blood pressure is not controlled, appropriate medications can be added to control blood pressure to target levels.

Is there a need to modify anti-diabetic medications in view of the infection?

No changes in regimen need to be made for patients staying at home in isolation or in quarantine. In case the patient acquires moderate-severe disease and is hospitalized, insulin regimens should be initiated and titrated appropriately to control blood sugar.

What should be the policy on ACE inhibitors and angiotensin receptor blockers (ARB)?

ACE inhibitors and Angiotensin receptor blockers should be continued in elderly patients already on these medications due to no evidence of increased mortality. These drugs may have mortality benefit in patients with hypertension who are affected by COVID-19. However, usual contraindications and cautions should be followed.

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What is the policy on using steroids in older persons?

Steroids have shown benefit in reducing mortality due to cytokine storm. They should be used in elderly COVID-19 patients only by medical practitioners as per latest guidelines.

What is the psychological impact of disease on older persons?

Isolation and loneliness leads to aggravation of psychosomatic symptoms and flare up of previous conditions in elderly. Older adults should not be isolated and excluded from the family because of their age. They should be treated like any other member of the family.

What is the advice on dietary intake in these times?

The older adults should continue to take a healthy, balanced, and nutritious diet. Adequate fluid intake should be maintained. Daily supplementation of calcium, vitamin D and vitamin B-complex may be advised as appropriate.

What is the advice on use of sanitizers, face masks, gloves, and other protective equipment?

Proper hand and respiratory hygiene is paramount. Everyone should maintain proper hand hygiene and wearing face mask cannot be over-emphasized.

While inside homes, they may continue to lead normal lives taking adequate care of personal hygiene and avoid prolonged and close contact with other family members. Wearing gloves and other protective equipment inside homes might make some individuals more worrisome and is hence discouraged.

Should older persons avoid visiting hospitals? Should older persons adopt telemedicine for consultation?

Hospital visits except for emergencies should be avoided for elderly. Prescriptions with longer follow-up gaps are advised. Contact telephone numbers should be provided to patients for guiding them in case of non-emergent worsening of symptoms.

For stable chronic disease and prescription refill, telemedicine is effective. Adopting technology in the form of video calls can help in early identification of warning symptoms and initiation of hospital visit when needed.