

The COVID-19 pandemic and the all-around upheaval it has wrought on our lives have been difficult for everyone—but seniors have been hit the hardest by far. A demographic that makes up only 1% of the U.S. population has seen 60% of the coronavirus deaths, said Dr. Charles Pu, medical director at Massachusetts General’s Brigham Center for Population Health, on the [SOAP Notes podcast](#) with Dr. Jay LaBine, chief medical officer for naviHealth. But the pandemic’s impact on this most vulnerable group extends well beyond mortality.

We have seen a severe worsening in what U.S. Surgeon General Vivek Murthy referred to as a “[loneliness epidemic](#).” He made that remark in October 2017, more than two years before the coronavirus arrived to change everything. Since then many older Americans, whether living alone or in a nursing home or skilled nursing facility, have experienced [extreme loneliness and isolation](#).

“If we didn’t know it or believe it before the pandemic, the hard reality is now unavoidable: Social isolation cripples and it kills,” geriatric psychologist Marc Agronin [wrote](#) in *The Wall Street Journal*.

May, incidentally, is Mental Health Awareness Month. As we begin to take tentative steps toward lives in which COVID-19 is a less daunting factor in nursing homes, payers and providers can have an impact on how best to help seniors reconnect with family and friends.

## **The pandemic effects**



The pandemic created a “perfect storm” for what happened in nursing homes, Pu said. The people who live there are “the oldest, frailest people of our society,” he said. “Yet, for decades, nursing homes have been under-resourced and ground down. The people who live there need very close contact to do their ADLs (activities of daily living). They live very closely together.” This closeness made nursing homes a hotbed for the spread of COVID-19 among those least equipped to resist it.

At the same time, physical distancing and stay-at-home measures put in place to slow transmission of the coronavirus exacerbated another problem. Many seniors suffered [intense loneliness and isolation](#) as contact with family and friends was restricted during the pandemic.

“These characteristics may help identify priorities for targeting interventions to reduce loneliness...(a)ddressing loneliness is important because of its profound impact on health and well-being, including increased risk for premature death, cardiovascular disease, depression, dementia and even suicide,” according to the study.

Mood changes, weight loss and increased frailty can also be byproducts of isolation and loneliness, Stacey Burling [reported](#) in *The Philadelphia Inquirer*. Nursing home residents also got less exercise and mental stimulation as they stayed in their rooms and ceased communal dining and other group activities.

### **Strategies for moving forward**

A published [review](#) in the National Institutes of Health shows that the main outcomes reported during isolation were anxiety, depression, poor sleep quality and physical inactivity. Its main recommendations for reversing these outcomes were cognitive strategies and increasing physical activity levels using apps, online videos and telehealth services.

The study recommends keeping patients connected with relatives, preventing overexposure to media, using self-help guidance tools such as relaxation or meditation exercise (delivered through electronic media) and a combination of health education with psychological counseling.

Geriatricians Marla Berg-Weger and J.E. Morley [emphasized](#) the uniqueness of individual responses to loneliness and isolation, adding that “our responses must be tailored to meet those individual needs (in a way) that is grounded in evidence-based practice.”

Geriatric psychologist Agronin lamented the “disproportionate psychological impact” on those who by staying home avoided the disease but not the suffering. He pointed to three lessons from the pandemic that should guide future actions:

- **Technology is not a replacement for human contact.**
- **Loneliness needs to be taken seriously.**
- **Technology can help, but it needs to be better designed for seniors.**

“(S)miles, touches, greetings, social pleasantries and face-to-face talks, with all of their sensory elements, are the currency of a healthy mind and body,” Agronin wrote. “The physicality of these interactions taps into the most primal centers in our brains that serve to reassure and soothe us. They relax muscles, lower blood pressure and stress hormones, and increase endorphins. ...

“We eat and sleep better when we eat and sleep with others. ... We are filled with more purpose and joy when we pray, sing and congregate together.”

### **Sharpening dulled skills**

A [report](#) in the *Philadelphia Inquirer* fielded expert recommendations that, while many older Americans are craving human contact, it is best—once restrictions are lifted—to ease them back into social situations. In an April 2021 AARP [story](#), experts suggested being open about your needs, continuing to wear a mask if it makes you feel safer and feeling free to meet only one-on-one or in other small groups if that’s your preference.

AARP suggested five tips for sharpening social skills after isolation:

- **Communicate about your (and others’) comfort level with social gatherings.**
- **Don’t shy away from awkward moments. Your social skills may be rusty, but that’s OK.**
- **Extend grace to others about their awkwardness.**
- **Listen to your body. See a doctor if you feel unwell or particularly stressed.**
- **Don’t give up. Be willing to try again.**

If you are a caregiver or family member of a vulnerable senior, keep these guidelines in mind when making social arrangements for them as well as for yourself. As the time comes to reconnect, let’s do it wisely. While public and personal health and safety must remain at the forefront of all efforts, payers and providers must continue and expand their outreach and opportunities for seniors to reenter the healing embrace of family and friends.

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**Hear from Dr. Charles Pu, medical director at Mass General Brigham Center for Population Health, on the culture of aging in the United States and the role it**

**played during the pandemic in this episode of SOAP Notes with Dr. Jay LaBine.**

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