



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document—including a complete list of sources consulted—please see our [National Health Library and Knowledge Service Summary of Evidence Protocol](#).

YOUR QUESTION

What is the evidence for the impact of closures of day-care centres and resumption of day care services for older people during COVID-19?

IN A NUTSHELL

In a recent report² looking at the impact of day care closures on older people, one in five clients expressed feelings of loneliness or isolation. The closure of nine day services in Co. Kerry, Ireland, has highlighted the vulnerability of older adults, but new repurposed services—including the provision of meals on wheels, telephone calls, and laundry services—are having a positive impact on the quality of life of clients with 50% of clients availing of new repurposed services.

The Alzheimer Society of Ireland produced a report⁴ in July 2020 which explored how people with dementia and their carers are coping during COVID-19, and to understand their challenges and needs. The findings point to their growing vulnerability arising from the cessation of services and supports. According to carers, significant challenges include the cancellation or postponement of medical appointments, a marked decline in dementia symptoms coupled with an increase in responsive behaviours, the loss of routine for the person for whom they care, and boredom and anxiety. Those with dementia who took part in surveys echoed many of the concerns and challenges of carers. Additional difficulties include loneliness, social isolation, anxiety and worry, and increasing stress resulting from workload leading to burnout and crisis. The need to re-open day care and the impact of cessation of day care on the person with dementia and the carer is a strong theme throughout recent research.

Suarez-Gonzalez reviewed the emerging evidence on the impact of COVID-19 on the cognitive and psychological health of people living with dementia and found that confinement can harm people living with dementia, leading to a

worsening of both cognitive and psychological symptoms²⁶. Continuity of support and access to therapeutic services may mitigate the negative effects of confinement on the cognitive and psychological health of people living with dementia in the community in future waves of COVID-19.

Inclusion Ireland surveyed service users and their families on the impact that the closure of services has had on them and the supports they have received during the pandemic⁵. A significant number of respondents reported increased loneliness, anxiety and challenging behaviour or anger. At the same time, more than 20% of people reported being happier during the lock down.

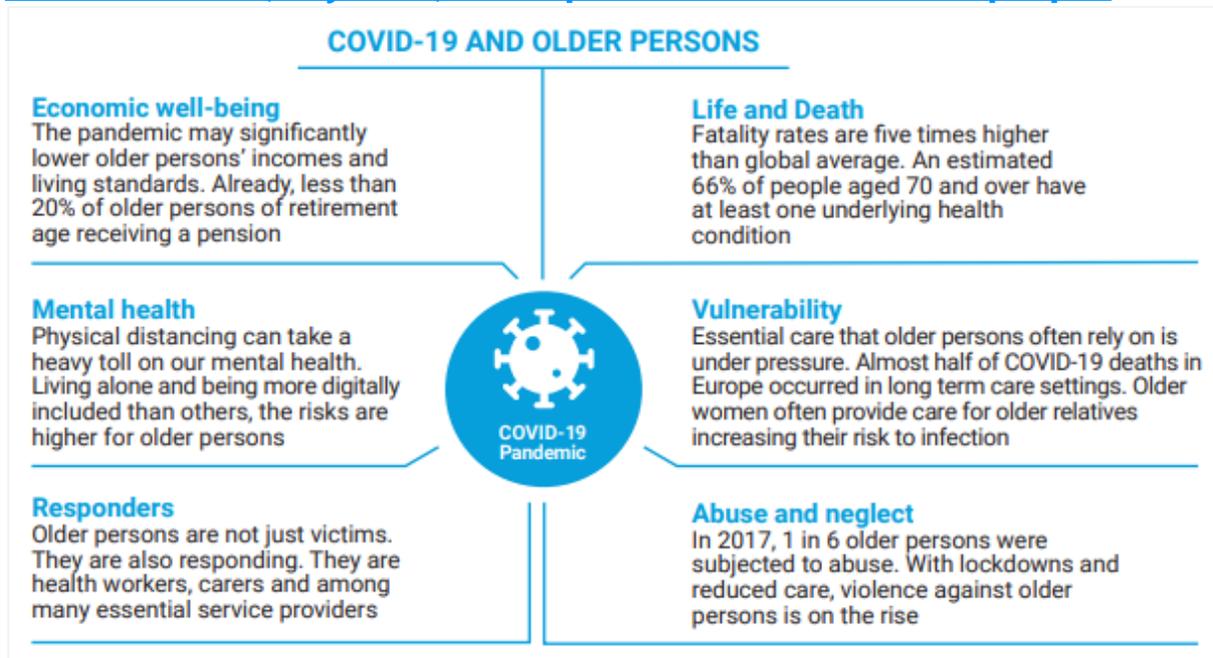
A joint report from TILDA and ALONE³ examines the issues of loneliness and social isolation with specific reference to the COVID-19 pandemic in Ireland. Current measures such as social distancing and cocooning in response to the COVID-19 pandemic are likely to increase level of loneliness and social isolation. This may have a negative effect on the wellbeing of older adults. This report indicates that public policies should be developed to ensure that these issues are addressed.

There are limited qualitative data at present on the impact of COVID-19 on older people. Robinson et al⁶ published a protocol for a longitudinal exploratory qualitative study that will explore the in-depth experiences and beliefs of older Irish adults during the COVID-19 pandemic. Several international reviews have been registered with PROSPERO, the international prospective register of systematic reviews, that will look at the impact of the COVID-19 pandemic on older people^{27,28,29,30}.

On 19 October 2020, the Taoiseach's announcement of a move to level 5 restrictions nationwide included provision for social bubbles to form for older people living alone in order to allow visits to or social alliances with one other family. The concept of a social bubble also specifically included carers of people with dementia who are allowed to nominate another household with whom they can secure social contact and support. Such provision may be interpreted as a recognition by the government of the very real dilemma of social isolation — particularly among older people and people with dementia.

INTERNATIONAL GUIDANCE

[United Nations \(May 2020\) The impact of COVID-19 on older people¹](#)



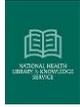
This policy brief outlines the impact that COVID-19 has had on older people, and offers recommendations based on the following chapter headings:

1. The impact on health, rights and long-term care services for older persons
2. The effects of physical distancing and stigma
3. Integrate a focus on older persons in the overall socio-economic and humanitarian responses to COVID-19
4. Harness knowledge and data, share good practices, and expand participation by older people

IRISH LITERATURE

[Kerry Day Service Survey Steering Committee \(2020\) COVID-19: The impact of the closure of day services on older people in Kerry²](#)

Research was commissioned to assess the impact on the quality of life of day care service users including older people that were attending day services in Kerry. Nine day services participated in the study and a sample of 200 service users completed interviews. One in five clients expressed feelings of loneliness or isolation as a result of the closure of day services.



The closure of the day service has had a clear impact on both the lives of the carers and people with dementia.

Those with dementia are missing social interaction, personal care and, importantly, structure and routine that the service brought.

Almost half (49%) of existing clients are availing of the new or repurposed meals on wheels service. Almost all existing clients (90%) are happy to return to the day service once restrictions are lifted.

The study also looked at day service providers and conducted an online survey to determine how their service will evolve or adapt as restrictions begin to be lifted and what supports they would need. A third survey sent to Public Health Nursing Department (PHND) and the Community Work Department (CWD) aimed to assess the impact of the closure of day services.

[The Irish Longitudinal Study on Ageing \(TILDA\) and ALONE \(July 2020\) Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing \(TILDA\) and ALONE³](#)

This joint report from TILDA and ALONE examines the issues of loneliness and social isolation with specific reference to the COVID-19 pandemic in Ireland. It is clear from this report that older adults enjoy good quality of life, and that a majority is socially integrated and never or rarely lonely. It also shows that an absence of social ties and dissatisfaction with the quality and quantity of social contacts is associated with poorer wellbeing.

[Alzheimer's Society of Ireland \(July 2020\) Caring and Coping with Dementia During COVID-19⁴](#)

This report presents the findings of national research undertaken by the Alzheimer Society of Ireland (ASI) between 8 and 26 June 2020, which explored how people with dementia and their carers are coping during COVID-19, and their challenges and needs. The current report consists of online and telephone surveys completed by 126 carers and 15 people with dementia. The research findings clearly demonstrate how the COVID-19 pandemic is shaping the lived experiences of carers and people with dementia.



[**Inclusion Ireland \(July 2020\) COVID-19 and the impact of the closure of day services on people with intellectual disabilities⁵**](#)

Inclusion Ireland surveyed people with intellectual disabilities who use day services and their families to investigate the impact that closure of service has had on them, and any additional supports they may have received during the pandemic. In total, 291 family members answered the survey and 55 people with intellectual disabilities responded to an easy-to-read version of the survey, giving a total response of 346. Engagement with services over the COVID period has been variable, with some people reporting regular contact, daily online activities and some face-to-face support, while more than half of respondents have had very little meaningful contact at all.

[**Robinson et al \(2020\) Exploring the beliefs and experiences of older Irish adults and family carers during the novel coronavirus \(COVID-19\) pandemic: A qualitative study protocol⁶**](#)

This study aims to explore the in-depth experiences and beliefs of older Irish adults during the COVID-19 pandemic through qualitative methods. Findings will have implications for health and community services and public policy. Methods: A longitudinal exploratory qualitative study will be conducted using repeated semi-structured telephone interviews with a convenient sample of older adults recruited from participants of an older adult and family carer stakeholder panel for health services research established by the Ageing Research Centre (ARC) at the University of Limerick and through known older adult contacts of ARC academic members. Interviews will be audio recorded, transcribed and analysed using a reflexive approach to thematic analysis.

[**Noone et al \(2020\) Video calls for reducing social isolation and loneliness in older people: a rapid review⁷**](#)

The primary objective of this rapid review is to assess the effectiveness of video calls for reducing social isolation and loneliness in older adults. The review also sought to address the effectiveness of video calls on reducing symptoms of depression and improving quality of life.

Based on the findings of the review there is currently very uncertain evidence on the effectiveness of video call interventions to reduce loneliness in older adults. The review did not include any studies that reported evidence of the effectiveness of video call interventions to address social isolation in older adults. The evidence regarding the effectiveness of video calls for outcomes of symptoms of depression was very uncertain.



[Carragher et al \(July 2020\) Dying to Belong: The Importance of Familiarity in Later Life⁸](#)

Despite the large amount of research into loneliness, the evidence base around effective ways of tackling loneliness among older adults is limited. Up to one-half of all older adults regularly feel lonely, negatively impacting physical and mental health. In light of population aging, family dispersal, and in the aftermath of COVID-19, it is vital that we grow the evidence base around the lived experience of older people, knowing what they want and why, and ensuring community services and supports are meaningful to them. Method: Three focus groups were held with community-dwelling older adults in Ireland. Results: Loneliness is associated with the loss of familiarity and connection to community. Conclusions: Understanding loneliness in later life is increasingly important with population aging. As plans for ending confinement linked to COVID-19 are devised, a mechanism is urgently needed to sustain the positive changes to communities which have meaningfully connected with older adults.

INTERNATIONAL LITERATURE

What does the international literature say?

[Armitage et al \(May 2020\) COVID-19 and the consequences of isolating the elderly⁹](#)

Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home such as at day-care venues, community centres and places of worship. Those who do not have close family or friends and rely on the support of voluntary services or social care could be placed at additional risk, along with those who are already lonely, isolated, or secluded.

[Cohen et al \(July 2020\). Living with dementia: increased level of caregiver stress in times of COVID-19¹⁰](#)

Our objective was to study how social isolation affected caregiver stress and burden of care of family members of subjects living with dementia in the community after an initial 4 weeks of quarantine. We carried out a questionnaire among 80 family caregivers of persons with Alzheimer's



disease (AD) or related dementia collected in April 2020. We designed a visual analog scale to test the level of the burden of care. Characteristics of people with dementia and their caregivers were analyzed with descriptive and inferential statistics. The sample included older adults (mean age: 80.51 ± 7.65) with different stages of dementia. Family was the primary provider of care in 65%. Overall, COVID-19 confinement increased caregiver stress independent of the stage of dementia, but those caring for severe cases had more stress compared to milder forms of the disease. Half of the subjects with dementia experienced increased anxiety. Most family members discontinued cognitive and physical therapies. Family members' main concerns in respect of severe dementia cases were fear of absence of the paid caregiver during the epidemic; and, for mild cases, fear of spreading the disease while assisting patients with instrumental activities. A partnership between departments of public health, care workers and families must be planned to guarantee continuity of care during the COVID-19 crisis.

[**Cudjoe et al \(June 2020\) "Social Distancing" Amid a Crisis in Social Isolation and Loneliness¹¹**](#)

The authors present an approach to identify older adults most at risk during prolonged distancing and suggest strategies that could ameliorate the effects of sustained social distancing.

[**Goodman-Casanova et al \(May 2020\) Telehealth Home Support During COVID-19 Confinement for Community-Dwelling Older Adults With Mild Cognitive Impairment or Mild Dementia: Survey Study¹²**](#)

Background: The public health emergency of coronavirus disease (COVID-19) is rapidly evolving worldwide; some countries, including Spain, have implemented restrictive measures. Populations that are vulnerable to this outbreak and its physical and mental health effects include community-dwelling older adults with mild cognitive impairment or mild dementia. Telehealth is a potential tool to deliver health care and decrease exposure risk.

Objective: The aims of this study were to explore the impact of confinement on the health and well-being of community-dwelling older adults with mild cognitive impairment or mild dementia, to provide television-based and telephone-based health and social support, and to study the effects of a television-based assistive integrated technology, TV-AssistDem (TeleVision-based ASSistive Integrated Service to support European adults living with mild DEMentia or mild cognitive impairment).



Methods: A telephone-based survey was administered in Spain to 93 participants in the TV-AssistDem clinical trial from March 25 to April 6, 2020. **Results:** Of the respondents, 60/93 (65%) were women. The mean age was 73.34 (SD 6.07), and 69/93 (74%) lived accompanied. Lockdown measures forced 17/93 respondents (18%) to change their living arrangements. Health status was found to be optimal in 89/93 respondents (96%), with no COVID-19 symptoms. Grocery and pharmacy outings were performed by family members of 68/93 participants (73%); 57 (61%) reported overall well-being, and 65 (70%) maintained their sleep quality. However, participants living alone reported greater negative feelings and more sleeping problems. Regarding leisure activities, 53/93 respondents (57%) took walks, 32 (35%) played memory games, 55 (60%) watched television, and 91 (98%) telephoned relatives. 58/93 (64%) respondents reported accessing moderate or too much COVID-19 information, 89 (97%) received it from television, and 56 (62%) stated that their understanding of the information was extreme. 39/93 (39%) respondents had contacted health and social services, while 29 (31%) requested information regarding these services during the telephone call. There were no significant differences in health and well-being between the intervention and control groups. Respondents with TV-AssistDem performed more memory exercises (24/93, 52% vs 8/93, 17.4%; $P < .001$) than control respondents.

Conclusions: Our findings suggest that during COVID-19 confinement, the physical and mental health and well-being was optimal for the majority of our vulnerable population. However, those living alone reported greater negative psychological effects and sleeping problems. Measures adopted to address the negative experiences of confinement included keeping informed about the situation, accessing health and social services, having a support network that prevents risk of exposure to COVID-19 and that guarantees food and medical supplies, a daily routine with maintained sleeping habits and leisure activities, staying physically and mentally active with cognitive stimulation exercises, and ensuring social connectedness using technology. Television sets were preferred technological devices to access COVID-19 information, watch television as a recreational activity, and perform memory exercises as an intellectual activity. Television-based telehealth support using TV-AssistDem demonstrated potential for cognitive stimulation.



[Greenberg et al \(2020\) Impact of COVID-19 Pandemic Restrictions on Community-Dwelling Caregivers and Persons With Dementia¹³](#)

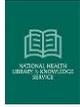
Restrictions related to the 2019 novel coronavirus (COVID-19) pose unique and significant challenges for community-dwelling caregivers and people with dementia, including disrupted routines, a lack of structure, decreased access to respite care, and new or worsening safety issues related to interpersonal violence and hygiene. In addition to identifying issues confronting caregivers, the authors also describe possible ways to address some of these pressing concerns.

[Haines et al \(April 2020\) National UK programme of community health workers for COVID-19 response¹⁴](#)

The coronavirus disease 2019 (COVID-19) pandemic threatens to kill large numbers of people in the UK and to place unprecedented demands on the National Health Service (NHS). The case fatality rate is increased in older people and those with pre-existing disease and is reported to be about 20% in people with COVID-19 who are older than 80 years, although this does not take into account the under-reporting of mildly affected cases. There are about 8.8 million people aged 70 years or older in the UK and many others with health conditions that increase their vulnerability to COVID-19. In the face of the rapid spread of severe acute respiratory syndrome coronavirus 2, older people and other vulnerable groups are being asked to self-isolate for a considerable time to reduce the risks of infection, with potential adverse effects on physical and mental health. We propose a large-scale emergency programme to train community health workers (CHWs) to support people in their homes, initially the most vulnerable but with potential to provide a long-term model of care in the UK.

[Hamm et al \(Sept 2020\) Experiences of American Older Adults with Pre-existing Depression During the Beginnings of the COVID-19 Pandemic: A Multicity, Mixed-Methods Study¹⁵](#)

Objective: To determine the effect of the COVID-19 pandemic on the mental health of older adults with pre-existing major depressive disorder (MDD).
Participants: Participants were 73 community-living older adults with pre-existing MDD (mean age 69 [SD 6]) in Los Angeles, New York, Pittsburgh, and St Louis.
Design and Measurements: During the first 2 months of the pandemic, the authors interviewed participants with a semistructured qualitative interview evaluating access to care, mental health, quality of life, and coping. The authors also assessed depression, anxiety, and suicidality



with validated scales and compared scores before and during the pandemic. Results: Five themes from the interviews highlight the experience of older adults with MDD: 1 they are more concerned about the risk of contracting the virus than the risks of isolation; 2 they exhibit resilience to the stress and isolation of physical distancing; 3 most are not isolated socially, with virtual contact with friends and family; 4 their quality of life is lower, and they worry their mental health will suffer with continued physical distancing; 5 they are outraged by an inadequate governmental response to the pandemic. Depression, anxiety, and suicidal ideation symptom scores did not differ from scores before the pandemic. Conclusion: Most older adults with pre-existing MDD show resilience in the first 2 months of the COVID-19 pandemic but have concerns about the future. Policies and interventions to provide access to medical services and opportunities for social interaction are needed to help to maintain mental health and quality of life as the pandemic continues.

Lai et al (August 2020) The Protective Impact of Telemedicine on Persons With Dementia and Their Caregivers During the COVID-19 Pandemic¹⁶

Objectives: Social distancing under the COVID-19 pandemic has restricted access to community services for older adults with neurocognitive disorder (NCD) and their caregivers. Telehealth is a viable alternative to face-to-face service delivery. Telephone calls alone, however, may be insufficient. Here, we evaluated whether supplementary telehealth via video-conferencing platforms could bring additional benefits to care-recipient with NCD and their spousal caregivers at home.

Participants: Sixty older adults NCD-and-caregiver dyads were recruited through an activity center.

Design, Intervention: The impact of additional services delivered to both care-recipient and caregiver through video conference (n = 30) was compared with telehealth targeted at caregivers by telephone only (n = 30), over 4 weeks in a pretest-post-test design. Interviews and questionnaires were conducted at baseline and study's end.

Measurements, Results: Supplementary telemedicine had averted the deterioration in the Montreal Cognitive Assessment evident in the telephone-only group ($\eta_p^2 = 0.50$). It also reversed the falling trend in quality of life observed in the telephone only group (QoL-AD, $\eta_p^2 = 0.23$). Varying degrees of improvements in physical and mental health (Short-Form 36 v2), perceived burden (Zarit Burden Interview Scale) and self-efficacy (Revised Caregiving Self-Efficacy Scale) were observed among caregivers in the



video-conferencing group, which were absent in the telephone-only group ($\eta_p^2 = 0.23-0.51$).

Conclusion: Telemedicine by video conference was associated with improved resilience and wellbeing to both people with NCD and their caregivers at home. The benefits were visible already after 4 weeks and unmatched by telephone alone. Video conference as the modus operandi of telemedicine beyond the context of pandemic-related social distancing should be considered.

[Lopez et al \(May 2020\) Psychological well-being among older adults during the COVID-19 outbreak: a comparative study of the young-old and the old-old adults¹⁷](#)

The COVID-19 outbreak could be considered as an uncontrollable stressful life event. Lockdown measures have provoked a disruption of daily life with a great impact over older adults' health and well-being. Nevertheless, eudaimonic well-being — or the type of happiness or contentment that is achieved through self-actualization and having meaningful purpose in one's life — plays a protective role in confronting adverse circumstances, such as the COVID-19 situation. This study aims to assess the association between age and psychological well-being. Young-old (60-70 years) and old-old (71-80 years) community-dwelling Spaniards (N = 878) completed a survey and reported on their sociodemographic characteristics and their levels of health, COVID-19 stress-related, appraisal, and personal resources. Old-old did not evidence poorer psychological well-being than young-old. Age has only a negative impact on personal growth. The results also suggest that the nature of the COVID-19 impact except for the loss of a loved one may not be as relevant for the older adults' well-being as their appraisals and personal resources for managing COVID-related problems. In addition, these results suggest that some sociodemographic and health-related variables have an impact on older adults' well-being. Thus, perceived-health, family functioning, resilience, gratitude, and acceptance had significant associations with both personal growth and purpose in life. Efforts to address older adults' psychological well-being focusing on older adults' personal resources should be considered.

[Lum et al \(May 2020\) COVID-19 and Long-Term Care Policy for Older People in Hong Kong¹⁸](#)

Hong Kong is a major international travel hub and a densely populated city geographically adjacent to Mainland China. Despite these risk factors, it has



managed to contain the COVID-19 epidemic without a total lockdown of the city. Three months on since the outbreak, the city reported slightly more than 1,000 infected people, only four deaths and no infection in residential care homes or adult day care centers. Public health intervention and population behavioral change were credited as reasons for this success. Hong Kong's public health intervention was developed from the lessons learned during the SARS epidemic in 2003 that killed 299 people, including 57 residential care residents. This perspective summarizes Hong Kong's responses to the COVID-19 virus, with a specific focus on how the long-term care system contained the spread of COVID-19 into residential care homes and home and community-based services.

[Mok et al \(August 2020\) Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future¹⁹](#)

We have provided an overview on the profound impact of COVID-19 upon older people with Alzheimer's disease and other dementias and the challenges encountered in our management of dementia in different health-care settings, including hospital, out-patient, care homes, and the community during the COVID-19 pandemic. We have also proposed a conceptual framework and practical suggestions for health-care providers in tackling these challenges, which can also apply to the care of older people in general, with or without other neurological diseases, such as stroke or parkinsonism. We believe this review will provide strategic directions and set standards for health-care leaders in dementia, including governmental bodies around the world in coordinating emergency response plans for protecting and caring for older people with dementia amid the COVID-19 outbreak, which is likely to continue at varying severity in different regions around the world in the medium term.

[Nicol et al \(May 2020\) Action at a Distance: Geriatric Research during a Pandemic²⁰](#)

Background: Action at a distance may be the new norm for clinical researchers in the context of the COVID-19 pandemic that may require social distancing for the next 18 months. We must minimize face-to-face contact with vulnerable populations. But we must also persist, adapt, and help our older patients and study participants during the pandemic.



Methods: Clinical researchers have an obligation to help, and we can. Recommendations for clinical researchers working with older adults during the COVID-19 pandemic are discussed.

Results: Implement technology now: Minimize face-to-face contact with participants by utilizing digital tools, such as shifting to electronic informed consent and digital HIPAA-compliant tools such as e-mailed surveys or telehealth assessments. Assess the psychological and social impact of COVID-19: How are participants coping? What health or social behaviors have changed? How are they keeping up with current events? What are they doing to stay connected to their families, friends, and communities? Are their healthcare needs being met? Current studies should be adapted immediately to these ends. Mobilize research platforms for patient needs: Leverage our relationships with participants and rapidly deploy novel clinical engagement techniques such as digital tools to intervene remotely and reduce the negative effects of social isolation on our participants. Equip research staff with tangible resources, and provide timely population-specific health information to support patients and healthcare providers.

Conclusions: We have an opportunity to make an impact on our older adult patients now as this pandemic continues to unfold. Above all, clinical researchers need to continue working, to help as many people as possible through the crisis.

[Pestine-Stevens et al \(July 2020\) The Need for Community Practice to Support Aging in Place during COVID-19²¹](#)

The COVID-19 pandemic has disrupted systems that support older adults, including older adults aging in their own homes and communities. While much of the calls for gerontological social work practice in response have rightfully focused on direct service provision for health care and basic needs, innovative responses from advocacy and professional organizations, as well as grassroots community groups, have demonstrated the importance of community practice in aging as well. Social work leadership in aging and communities is especially important for addressing issues of equity, inclusion, and meaningful participation across diverse stakeholder groups as local and regional authorities, as well as grassroots groups and community-based organizations, respond to the pandemic. Heightened involvement of social workers in leading place-based communities during this crucial moment has the potential to address long-standing issues within systems to support aging in place and healthy aging, especially with and on behalf of those most directly disadvantaged from multiple forms of injustice.



[Son et al \(2020\) Promoting Older Adults' Physical Activity and Social Well-Being during COVID-19²²](#)

Staying healthy while following social distancing protocols is of great importance to older adults due to increased risk of serious complications from COVID-19. Mild to moderate physical activity improves immune system responses to viral respiratory infections. Additionally, social engagement has cumulative health protective benefits across the lifespan. At present, active and social recreation opportunities have been drastically reduced or disbanded due to group size limitations, stay-at-home orders, and reductions in services and facilities. As a result, community dwelling older adults are homebound and need alternative exercise and social opportunities to maintain their health during this time. Leisure professionals can promote physical activity and social well-being among older adults by increasing home-based opportunities, including offering additional online leisure services, opportunities for volunteerism, and social interactions.

[Brooke et al \(Sept 2020\) Older people's early experience of household isolation and social distancing during COVID-19²³](#)

Background: Public health guidance for those aged 70 or older was predominantly to undertake stringent social distancing within their household. Little is known about older people's experience of these measures. This paper explores changes experienced by those over the age of 70 during the first two weeks of household isolation, social distancing and shielding in the UK and the Republic of Ireland, and their early perceptions and plans to support them through the pandemic.

Methods: An inductive phenomenological study. University staff posted the study invitation flyer on social media, such as WhatsApp neighbourhood groups, the Nextdoor App and Twitter. Qualitative semi-structured interviews were undertaken with 19 participants and repeated at 2-week intervals for 10 weeks; further data collection is still in progress. This paper presents the findings from the baseline interviews, which showed older peoples' early responses. The COREQ (COnsolidated criteria for REporting Qualitative research) checklist was adhered to in the reporting of this study.

Results: Three themes emerged from older people's early experiences of social distancing: protective measures; current and future plans; and acceptance of a good life, but still a life to live.



Conclusion: People over 70 adapted to household isolation, social distancing and shielding, by using social media and neighbourhood resources. Nurses and other professionals can develop holistic care for older people by listening to their experiences of what works for them, helping them link to local and distant supports. Understanding the holistic life view of older people, including death anxiety, is an important element of care planning; to help older people access the protective resources, they need to reduce the serious risks associated with coronavirus.

Relevance to clinical practice: Older people engage with social media, and during the current pandemic and beyond nurses can engage with this medium to communicate with older people. The importance of nurses to understand some older people consider quality of life to be more important than longevity, which may impact on their adherence to health advice.

OTHER

[Socail Care Institute for Excellence. How to approach re-opening day care services: Where to start and planning for the future²⁴](#)

This guide is about face-to-face adult day care provision in England. It applies to community-based day services with and without personal care, including specialised day centre environments, and those with provision in outdoor spaces.

[Suárez-González et al \(2020\) Impact and Mortality of COVID-19 on People Living With Dementia: Cross-Country Report²⁵](#)

This report brings together international evidence on the impact of the COVID-19 pandemic on people living with dementia and an overview of international policy and practice measures to mitigate the impact of COVID-19 among people living with dementia.

[Suárez-González \(July 2020\) Detrimental effects of confinement and isolation in the cognitive and psychological health of people living with dementia during COVID-19: emerging evidence²⁶](#)

This report contains a short review of the emerging evidence on the impact of COVID-19 on the cognitive and psychological health of people living with dementia and the reported mitigating measures.



[Qin et al \(2020\) \[Study Registered on Prospero. Not Yet Completed\] A meta-analysis of the impact of COVID-19 on the mental wellbeing of elderly population²⁷](#)

Review Question: What is the impact of COVID-19 on the mental wellbeing of elderly, non-clinical population? We will focus on prevalence rates of the mental wellbeing disturbances of elderly population samples as a result of COVID-19.

[Aravena et al \(2020\) \[Study Registered on Prospero. Not Yet Completed\] Drawing on wisdom to cope with adversity: a systematic review protocol of older adults' mental and psychosocial health during acute respiratory disease propagated-type epidemics and pandemics \(COVID-19, SARS-CoV, MERS, and influenza\)²⁸](#)

Review Question: What are the associations between acute respiratory disease propagated pandemics and older adult's mental and psychosocial health? What are the differences between older adults and other age groups in the effects of mental health factors related to acute respiratory disease propagated-type epidemics and pandemics? What are the effects of interventions in the older adult's mental health associated to respiratory propagated-type epidemic and pandemics? What are the moderators of the impact of pandemics on older adults' mental health?

[Sousa Pegorari et al \(2020\) \[Study Registered on Prospero. Not Yet Completed\] Effects of social distancing in older adults during COVID-19 pandemic: rapid systematic review²⁹](#)

Review Question: What are the effects of social distancing in older adults during COVID-19 pandemic?

[Routhier et al \(2020\) \[Study Registered on Prospero. Not Yet Completed\] Impacts of COVID-19 on the elderly: a rapid review³⁰](#)

Review Question: What are the impacts of the COVID-19 pandemic and its related isolation and protective measures on the elderly?



Produced by the members of the National Health Library and Knowledge Service Evidence Team[†]. Current as at 23 SEPTEMBER 2020. This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

The following PICO(T) was used as a basis for the evidence summary:

Population P person location condition/patient characteristic	OLDER PEOPLE ATTENDING DAY CARE CENTRES
Intervention I length location type	DAY CARE CLOSURES
Comparison C another intervention no intervention location of the intervention	
Outcome O	

The following search strategy was used:

```
((2019-NCOV OR 2019NCOV OR COVID-19 OR SARS-COV-2 OR ((WUHAN AND CORONAVIRUS) AND 2019/12[PDAT]:2030[PDAT])) OR ("SARS VIRUS"[MESH])) OR (SARS[TITLE/ABSTRACT] OR "SEVERE ACUTE RESPIRATORY SYNDROME"[TITLE/ABSTRACT])

AND

(ELDER*[TITLE/ABSTRACT] OR OLDER[TITLE/ABSTRACT] OR GERIATRIC[TITLE/ABSTRACT] OR AGEING[TITLE/ABSTRACT] OR AGED[TITLE/ABSTRACT]) OR ("AGED"[MESH])

AND

("DAY CARE"[TITLE/ABSTRACT] OR DAYCARE[TITLE/ABSTRACT] OR RESPITE[TITLE/ABSTRACT] OR "COMMUNITY CARE"[TITLE/ABSTRACT] OR "COMMUNITY SERVICE*" [TITLE/ABSTRACT] OR "SUPPORT GROUP*" [TITLE/ABSTRACT]) OR ("ADULT DAY CARE CENTERS"[MESH])
```

[†] Marie Carrigan, St. Luke's Radiation Oncology Network, Rathgar [Author]; Brendan Leen, Area Library Manager, HSE South [Editor].





- ¹ WHO (2020) The impact of COVID-19 on older people. <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf> [Accessed 22 September 2020]
- ² Kerry Day Service Survey Steering Committee (2020) COVID-19: The impact of the closure of the Day Services on older people in Kerry <https://www.hse.ie/eng/services/news/media/pressrel/COVID19-the-impact-of-the-closure-of-the-day-services-on-older-people-in-kerry.pdf> [Accessed 22 September 2020]
- ³ The Irish Longitudinal Study on Ageing (TILDA) and ALONE (July 2020) Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE https://tilda.tcd.ie/publications/reports/pdf/Report_COVID19SocialIsolation.pdf [Accessed 22 September 2020]
- ⁴ The Alzheimers Society of Ireland (July 2020) Caring and Coping with Dementia During COVID-19 <https://alzheimer.ie/wp-content/uploads/2020/07/ASI-Follow-Up-COVID-Report-Final.pdf> [Accessed 22 September 2020]
- ⁵ Inclusion Ireland (July 2020) COVID-19 and the impact of the Closure of day services on People with intellectual disabilities <http://www.inclusionireland.ie/sites/default/files/attach/basic-page/1655/day-services-final.pdf> [Accessed 22 September 2020]
- ⁶ Robinson K, O'Neill A, Conneely M, et al. Exploring the beliefs and experiences of older Irish adults and family carers during the novel coronavirus (COVID-19) pandemic: A qualitative study protocol. HRB Open Res; 2020. DOI: 10.12688/hrbopenres.130311. <https://europepmc.org/article/ppr/ppr152670>
- ⁷ Noone C, McSharry J, Smalle M, Burns A, Dwan K, Devane D, Morrissey EC. Video calls for reducing social isolation and loneliness in older people: a rapid review. Cochrane Database of Systematic Reviews 2020, Issue 5. Art. No.: CD013632. DOI: 10.1002/14651858.CD013632. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013632/full>
- ⁸ Carragher L, Ryan C. Dying to Belong: The Importance of Familiarity in Later Life. Gerontol Geriatr Med. 2020 Jul 22;6:2333721420941976. doi: 10.1177/2333721420941976. PMID: 32743025; PMCID: PMC7376373.
- ⁹ Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. Lancet Public Health. 2020 May;5(5):e256. doi: 10.1016/S2468-2667(20)30061-X. Epub 2020 Mar 20. PMID: 32199471; PMCID: PMC7104160. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7104160/>
- ¹⁰ Cohen G, Russo MJ, Campos JA, Allegri RF. Living with dementia: increased level of caregiver stress in times of COVID-19. Int Psychogeriatr. 2020 Jul 30;1-5. doi: 10.1017/S1041610220001593. Epub ahead of print. PMID: 32729446; PMCID: PMC7453351.
- ¹¹ Cudjoe TKM, Kotwal AA. "Social Distancing" Amid a Crisis in Social Isolation and Loneliness. J Am Geriatr Soc. 2020 Jun;68(6):E27-E29. doi: 10.1111/jgs.16527. Epub 2020 May 15. PMID: 32359072; PMCID: PMC7267573. <https://pubmed.ncbi.nlm.nih.gov/32359072/>
- ¹² Goodman-Casanova JM, Dura-Perez E, Guzman-Parra J, Cuesta-Vargas A, Mayoral-Cleries F. Telehealth Home Support During COVID-19 Confinement for Community-Dwelling Older Adults With Mild Cognitive Impairment or Mild Dementia: Survey Study. J Med Internet Res. 2020 May 22;22(5):e19434. doi: 10.2196/19434. PMID: 32401215; PMCID: PMC7247465. <https://pubmed.ncbi.nlm.nih.gov/32401215/>
- ¹³ Greenberg, N. E., Wallick, A., & Brown, L. M. (2020). Impact of COVID-19 pandemic restrictions on community-dwelling caregivers and persons with dementia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), S220-S221. <http://dx.doi.org/10.1037/tra0000793>
- ¹⁴ Haines A, de Barros EF, Berlin A, Heymann DL, Harris MJ. National UK programme of community health workers for COVID-19 response. Lancet. 2020 Apr 11;395(10231):1173-1175. doi: 10.1016/S0140-6736(20)30735-2. Epub 2020 Mar 24. PMID: 32220277; PMCID: PMC7146683. <https://pubmed.ncbi.nlm.nih.gov/32220277/>
- ¹⁵ Hamm ME, Brown PJ, Karp JF, Lenard E, Cameron F, Dawdani A, Lavretsky H, Miller JP, Mulsant BH, Pham VT, Reynolds CF, Roose SP, Lenze EJ. Experiences of American Older Adults with Pre-existing Depression During the Beginnings of the COVID-19 Pandemic: A Multicity, Mixed-Methods Study. Am J Geriatr Psychiatry. 2020 Sep;28(9):924-932. doi: 10.1016/j.jagp.2020.06.013. Epub 2020 Jun 20. PMID: 32682619; PMCID: PMC7305766.
- ¹⁶ Lai FH, Yan EW, Yu KK, Tsui WS, Chan DT, Yee BK. The Protective Impact of Telemedicine on Persons With Dementia and Their Caregivers During the COVID-19 Pandemic. Am J Geriatr Psychiatry. 2020 Aug 8;S1064-7481(20)30438-3. doi: 10.1016/j.jagp.2020.07.019. Epub ahead of print. PMID: 32873496; PMCID: PMC7413846. <https://pubmed.ncbi.nlm.nih.gov/32873496/>
- ¹⁷ López J, Perez-Rojo G, Noriega C, Carretero I, Velasco C, Martinez-Huertas JA, López-Frutos P, Galarraga L. Psychological well-being among older adults during the COVID-19 outbreak: a comparative study of the young-old and the old-old adults. Int Psychogeriatr. 2020 May 22:1-6. doi: 10.1017/S1041610220000964. Epub ahead of print. PMID: 32438934; PMCID: PMC7324658. <https://pubmed.ncbi.nlm.nih.gov/32438934/>
- ¹⁸ Lum T, Shi C, Wong G, Wong K. COVID-19 and Long-Term Care Policy for Older People in Hong Kong. J Aging Soc Policy. 2020 Jul-Oct;32(4-5):373-379. doi: 10.1080/08959420.2020.1773192. Epub 2020 May 31. PMID: 32476597. <https://pubmed.ncbi.nlm.nih.gov/32476597/>
- ¹⁹ Mok VCT, Pendlebury S, Wong A, Alladi S, Au L, Bath PM, Biessels GJ, Chen C, Cordonnier C, Dichgans M, Dominguez J, Gorelick PB, Kim S, Kwok T, Greenberg SM, Jia J, Kalaria R, Kivipelto M, Naegandran K, Lam LCW, Lam BYK, Lee ATC, Markus HS, O'Brien J, Pai MC, Pantoni L, Sachdev P, Skoog I, Smith EE, Srikanth V, Suh GH, Wardlaw J, Ko H, Black SE, Scheltens P. Tackling challenges



in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimers Dement*. 2020 Aug 12;10.1002/alz.12143. doi: 10.1002/alz.12143. Epub ahead of print. PMID: 32789951; PMCID: PMC7436526.

<https://pubmed.ncbi.nlm.nih.gov/32789951/>

²⁰ Nicol GE, Piccirillo JF, Mulsant BH, Lenze EJ. Action at a Distance: Geriatric Research during a Pandemic. *J Am Geriatr Soc*. 2020 May;68(5):922-925. doi: 10.1111/jgs.16443. Epub 2020 Apr 3. PMID: 32207542; PMCID: PMC7228241.

<https://pubmed.ncbi.nlm.nih.gov/32207542/>

²¹ Pestine-Stevens A, Greenfield EA. The Need for Community Practice to Support Aging in Place during COVID-19. *J Gerontol Soc Work*. 2020 Jul 7:1-4. doi: 10.1080/01634372.2020.1789258. Epub ahead of print. PMID: 32635828.

<https://pubmed.ncbi.nlm.nih.gov/32635828/>

²² Julie S. Son, Galit Nimrod, Stephanie T. West, Megan C. Janke, Toni Liechty & Jill J. Naar (2020) Promoting Older Adults' Physical Activity and Social Well-Being during COVID-19, *Leisure Sciences*, DOI: [10.1080/01490400.2020.1774015](https://doi.org/10.1080/01490400.2020.1774015)

<https://eurompmc.org/article/ppr/ppr152670>

²³ Brooke J, Clark M. Older people's early experience of household isolation and social distancing during COVID-19. *J Clin Nurs*. 2020 Sep 5. doi: 10.1111/jocn.15485. Epub ahead of print. PMID: 32891063.

²⁴ Social Care Institute for Excellence. How to approach re-opening day care services: Where to start and planning for the future <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/day-care/safe-delivery/re-opening> [Accessed 22/09/2020]

²⁵ Suárez-González A, Livingston G, Low LF, Cahill S, Hennelly N, Dawson WD, Weidner W, Bocchetta M, Ferri CP, Matias-Guiu JA, Alladi S, Musyimi CW, Comas-Herrera A. (2020) Impact and mortality of COVID-19 on people living with dementia: cross-country report. LTCCOVID.org, International Long-Term Care Policy Network, CPEC-LSE, 19 August 2020.

²⁶ Suarez-Gonzalez A (2020) Detrimental effects of confinement and isolation in the cognitive and psychological health of people living with dementia during COVID-19: emerging evidence. LTCCOVID, International Long-Term Care Policy Network, CPEC-LSE, 23 June 2020.

²⁷ Li Qin, Yuqiu Zhou, Weiliang Wang. A meta-analysis of the impact of COVID-19 on the mental wellbeing of elderly population. PROSPERO 2020 CRD42020185409 https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020185409

²⁸ Jose Aravena, Cristopher Aceituno, Kate Nyhan, Kewei Shi, Sten Vermund, Becca Levy. Drawing on wisdom to cope with adversity: a systematic review protocol of older adults' mental and psychosocial health during acute respiratory disease propagated-type epidemics and pandemics (COVID-19, SARS-CoV, MERS, and influenza). PROSPERO 2020 CRD42020190059 https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020190059

²⁹ Maycon Sousa Pegorari, Daniela Gonçalves Ohara, Areolino Pena Matos, Natalia Camargo Rodrigues losimuta, Vânia Tie Koga Ferreira, Elane Priscila Rosa Santos, Caroline de Fátima Ribeiro Silva, Nara Loren de Oliveira Santos, Aline Pereira Rocha, Álvaro Nagib Atallah, Ana Carolina Pereira Nunes Pinto. Effects of social distancing in older adults during COVID-19 pandemic: rapid systematic review. PROSPERO 2020 CRD42020192559 https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020192559

³⁰ Francois Routhier, Audrey Lebrasseur, Noémie Fortin-Bédard, Josiane Lettre. Impacts of COVID-19 on the elderly: a rapid review. PROSPERO 2020 CRD42020201814 https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020201814