

Covid-19: Lessons and Challenges for health care for older adults

Psychosocial and emotional impact of COVID-19 visitor restrictions to nursing homes on families of residents with cognitive impairment: A cross-sectional study as part of the Engaging Remotely in Care (ERiC) project

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CONFLICT OF INTEREST DISCLOSURE

The authoring team have no potential conflict of interest to report



Background

- Covid-19 is disproportionately affected older adults (Davies et al., 2020).
- Nursing home residents are a vulnerable subgroup 40% of confirmed deaths have occurred in residential care facilities (RCF) (*Comas-Herrera et al.*, 2020).
- Covid-19 has a more negative impact on people with dementia: Countries with a higher burden of dementia (GBD data) having higher mortality rates (*Azarpazhooh et al.*, 2020).
- Concerns that people with dementia are at risk of compromised care and reductions in quality of life during the pandemic (Wang et al., 2020)
- RCF visitation restrictions have been implemented in Ireland and across Europe to limit transmission and protect residents & staff (Wallace et al., 2020).



Major Covid-19 events in Ireland (Kennelly et al., 2020)

First case of Covid-19 29 February

Mandatory closures of schools, large gatherings 12 March







Major closures businesses,

sports,

activities, travel

merged

private/public

hospitals

24 March







Additional garda

(police) power,

fines (up to

€2500).

imprisonment

(up to 6 months)

8 April





Phase 2

reopening 20km

travel

funerals (up to

25 people)

8 June





Mandatory

mask on public

transport (TFI,

2020)

13 July



Mandatory

masks in shops

15 July



Phase 4

reopening all crèches,

weddings (with

limited

attendance)

10 August



Schools

St. Patrick's day parade cancelation 9 March

Pubs closed 15 March

2 km travel outside gatherings

restriction, no 27 March

reopening 5km travel outdoor work/activities resume

Phase 1 18 May

Phase 3 reopening any domestic travel, food-serving establishments. some crèches

29 June

Reopening 31 August

RCF visitor restrictions

Decided by facility on compassionate grounds 3 March (Pierce et al., 2020)

Comfort Words

National initiative encouraging children to write to RCF residents 23 March (Pierce et al., 2020)

Visits to RCF with 0 covid-19 cases

Max 2 named visitors (>16 yrs old) 1-person visit weekly (30 min max) 15 June (HIQA, 2020)

Visitors allowed

Must wear masks and generally 1-person visit 21 July (HIQA, 2020)



Loneliness and mental health impacts

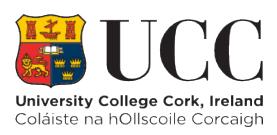
- There are few data on the impact of these restrictions on the psychological and mental well-being of residents, visitors and carers (*Holmes et al.*, 2020).
- Visits particularly important for residents with dementia (Cohen et al., 2014).
- Also affects visitors disrupting bonds, coping mechanisms, identities (*Yamamoto-Mitani et al.*, 2002, *Whitlatch and Orsulic-Jeras*, 2018).

Objective/Hypothesis

- To examine the impact of visitor restrictions on RCF visitors (family/friends/carers).
- We hypothesized that the impact of Covid-19 restriction would be disproportionally worse for visitors of residents with cognitive impairment.









Methods

- Part of the Engaging Remotely in Care (ERiC) project.
- Cross-sectional online survey using Google Docs.
- Convenience sampling technique advertised through university mailing lists, social media, local and regional newspapers. Targeted a national sample.
- Two weeks data collection period until the 30th of June 2020.
- Visitors (family members, friends and legal guardians) of residents currently residing in RCFs
 in Ireland were eligible to complete the survey.

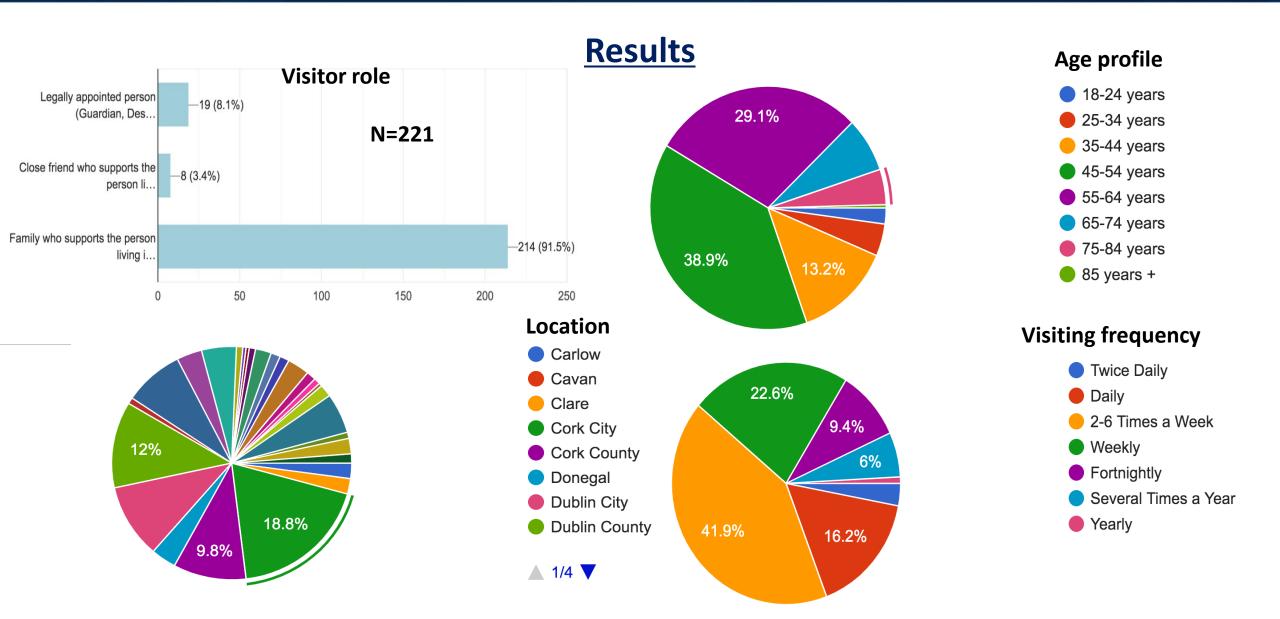




Mental health scales

UCLA brief loneliness scale (Hughes et al., 2004)	WHO-5 Well-being Index (Topp et al., 2015)	Adult Carer QoL Questionnaire ('support for caring' sub-scale) (Elwick et al., 2010)
 Measures if people feel disconnected from others. 3 Items from this 20-item scale used. Three-point Likert scale from 'hardly ever' (1), 'some of the time' (2) and 'often' (3). Combined these produced a score from 3 to 9. Higher scores indicating more frequent loneliness. 	 Measures subjective psychological wellbeing/depression. Sum of five Likert-scale questions exploring the frequency of depressive symptoms in the last two weeks: 0 'all of the time' to 5 'none of the time' total score ranged from 0 to 25. Rescaled as a percentage 0-100% (multiplied by 4). Higher scores represent greater wellbeing. 	 Measures the extent of support adult carers perceived from the RCF staff & QoL. It includes emotional, practical and professional support measured using five questions. Each question is scored using a four-point Likert scale (from 0 'never' to 3 'always'). Range of scores from 0 to 15. Higher scores indicate high QoL.

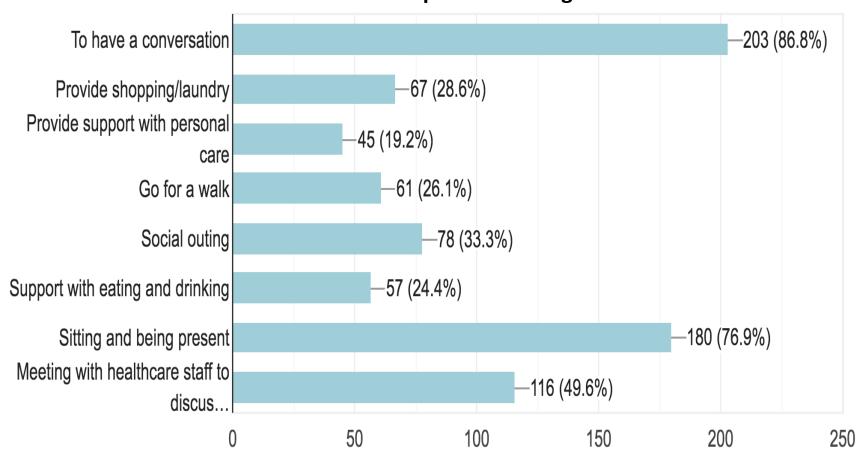






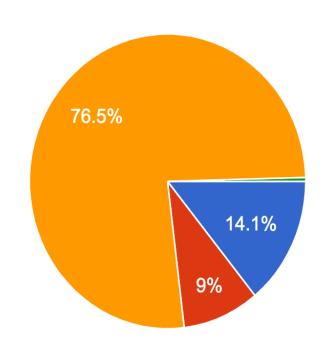
Results

Purpose of visiting





Results



Covid-19 testing

- No
- Yes, tested and result was POSITIVE
- Yes, tested and result was NEGATIVE
- Yes, tested and AWAITING result



Results

Characteristics	% or median
Immediate family	92%
Close friend or legal guardian	8%
Female	81%
Male	19%
Age 45-64	69%
Aged ≥65	12%
Restrictions impaired communication	35%
Restrictions did not impair communication	65%
UCLA brief loneliness scale	4/9
WHO-5 Well-being Index	56/100
Adult Carer QoL Questionnaire	9/15
Total	N=221

- Most (81%) reported their resident had cognitive impairment (CI).
- Visitors of those with CI compared to those without reported:
 - Lower well-being: 56% vs 76% (p=0.009)
 - Similar Ioneliness (p=0.2)
 - Similar quality of life (p=0.4)
- Linear regression modelling (adjusting for age, sex, setting, dementia stage, satisfaction with care, & perceived support from the RCF) found that CI independently predicted lower well-being (p=0.04).



Strengths and Limitations

Strengths	Limitations
Mainly 45-64 and female correlating with the true demographics of Irish carers	Low proportion of respondents from the West and North of Ireland
Mostly close family which is an important group for visitation restrictions	Respondents were likely more motivated and computer literate than average
Number of missing values was low	Small sample size [approx. 1% of RCF residents in Ireland (<i>Wren</i> , 2009)]
Testing for multi-collinearity using variance inflation factors indicated low risk	Multiple respondents may have been from the sample family
	Self-reported and could not be verified
	Survey was cross-sectional & causation could not be determined
	Scales were truncated, reducing their accuracy & reliability



Conclusions and Next Steps

- This pragmatic hypothesis-generating survey suggests that many visitors to RCF have experienced low psychosocial and emotional well-being during the Covid-19 outbreak.
- Visitors of residents with cognitive impairment reported significantly poorer well-being which may be due to (1) disruption of caregiving roles from Covid-19 restrictions & (2) greater concerns that visitors have for the effects of social isolation on residents with CI.
- Results should be interpreted with caution until replicated in other countries and settings.
- Further research is needed to understand the impact of Covid-19 restrictions on the residents and RCF staff.
- The role of RCFs in maintaining the wellbeing of visitors as well carers and residents also needs to be assessed.



Thank you

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