



Letter to the Editor

COVID-19 Pandemic and Older People in Bangladesh

Older people are more vulnerable to infections, including coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), which is known to increase mortality and with a fatal outcome [1,2]. Although all age groups are at risk of contracting COVID-19, it is a more significant threat to older people because of their underlying comorbidities [1,2]. Apart from the risk of being exposed to infection and mortality, they are more prone to increased mental health and chronic health issues.

In Bangladesh, the first three patients were reported on March 8, 2020, and as of June 9, 2020, there have been 71,675 confirmed cases of COVID-19 including 975 deaths [3]. Of the total number of COVID-19 patients, about 6.7% were elderly persons (>60 years old), and death in this age group accounted for almost 39% of all deaths [3]. Furthermore, about 71% of all COVID-19 cases were men [3]. Notwithstanding, why men are more susceptible to developing severe COVID-19 is still unclear. However, more than one-fifth of older Bangladeshi people are suffering from diabetes and hypertension [4], which are the predominant risk factors for severe COVID-19 [1]. Moreover, more than half of elderly Bangladeshis have multiple comorbidities, which could put them at risk for the severe form of COVID-19 [5].

The increasing number of confirmed cases and deaths present restrictions to social gathering across the country. Owing to the absence of a vaccine or cure, and the fact that COVID-19 is mainly transmitted person to person, people have been encouraged to stay home to prevent the aggressive and rapid spread of the pandemic. Aside from concerns relating to their age and comorbid conditions, elderly Bangladeshis also have to contend with lack of social contact, as well as fear of an imminent food crisis and a possible deadly famine, which in turn can result in adverse mental health outcomes including fear, stress, anxiety, depression, and suicidal ideation [6].

Elderly abuse is prevalent in Bangladesh, which is a growing problem [7]. In addition, about 26% and 62% of elderly citizens are malnourished and at risk of malnutrition, respectively [8]. Local food production has already been affected by climate change [9]. Moreover, the economic shutdown as a result of the COVID-19

pandemic can exacerbate the food crisis. Family violence can also rise during the pandemic because of the economic crisis [10]. Consequently, the prevalence of undernutrition and abuse of elderly people may also increase [10].

Older people with psychological problems may be at higher risk from social isolation. More than 50% of older Bangladeshi people suffer from some degree of depressive symptoms [11]. Geriatric individuals often feel some degree of loneliness. In Bangladesh, the prevalence of loneliness among elderly people is about 54% [12], and this rate can increase because of social isolation. Dementia is another common syndrome among older people, and individuals with dementia are at increased risk for COVID-19 [13]. Specifically, patients with dementia might have difficulties in remembering safety procedures against COVID-19, such as wearing masks, washing of hands, or practicing social distancing, which could increase their chances of infection [13]. In a recent study of 355 patients with COVID-19 who died in Italy, the mean age was 79.5 years and 6.8% of patients had a history of dementia [14].

With the increased number of COVID-19 patients including doctors and nurses, the number of hospital admissions has increased dramatically, which has added significant strain on the healthcare systems of many countries including Bangladesh [15,16]. Therefore, older people may face unprecedented difficulties while seeking help from healthcare facilities. The present situation may impede and delay regular visits for patients with mental disorders, cancer, stroke, and diabetes who need routine outpatient visits, and this in turn may heighten the severity of their diseases and may even lead to severe disabilities. The imposed restrictions have led them to adopt a sedentary lifestyle, idleness, and physical inactivity, which may increase the incidence of some chronic conditions such as obesity, diabetes mellitus, and cardiovascular diseases, and obstruct rehabilitation practices [17].

Older people are at an increased risk of adverse mental, emotional, and physical consequences because of COVID-19. Community-based programs and strategies are necessary to reduce the negative consequences among elderly people in Bangladesh during and after the COVID-19 pandemic.

CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest.

AUTHORS' CONTRIBUTION

All authors contributed equally to drafting and revising the manuscript. They approved the final version for publication.

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