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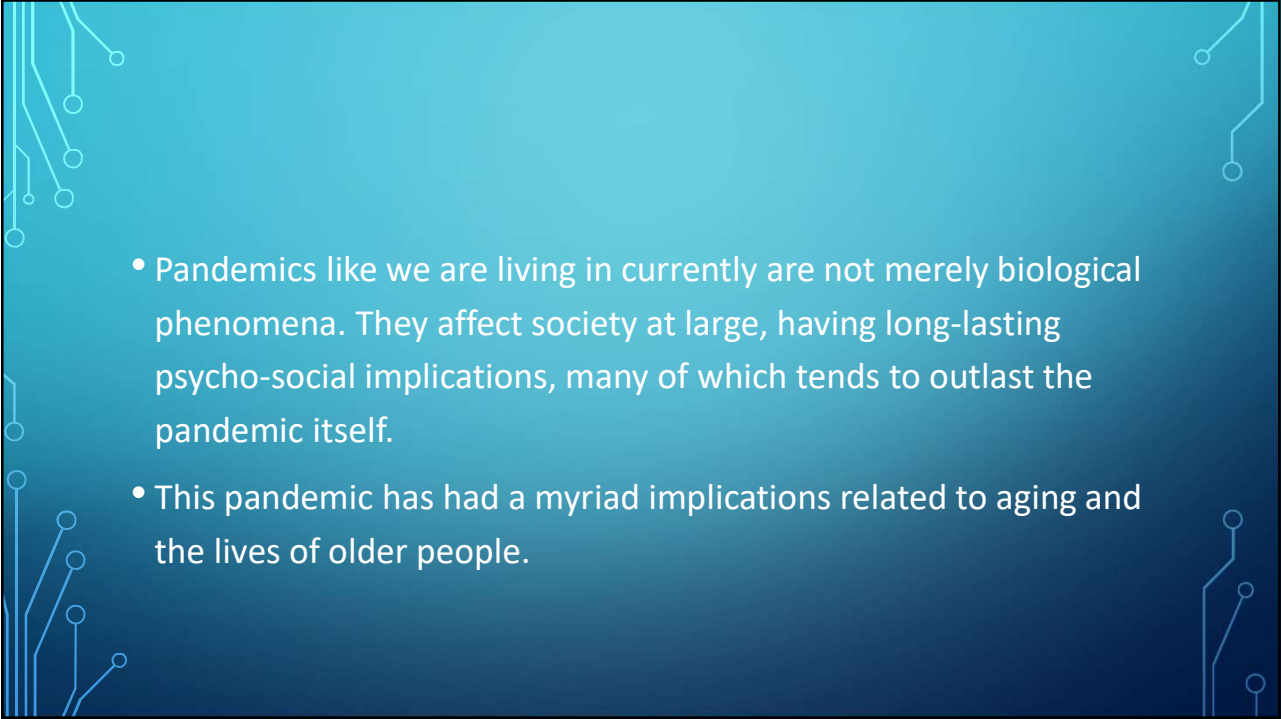
DEPRESSION, DISTRESS, RESILIENCE, JOY: OLDER ADULTS REACTIONS TO COVID

HOT TOPICS

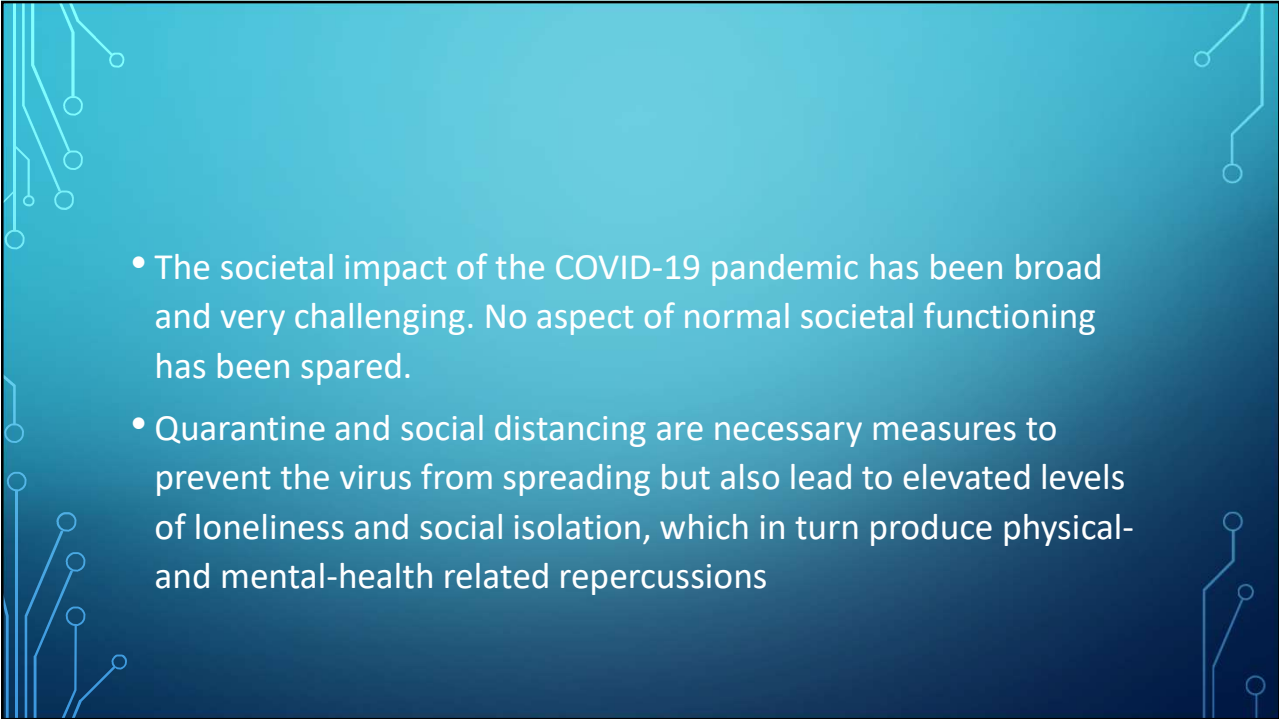
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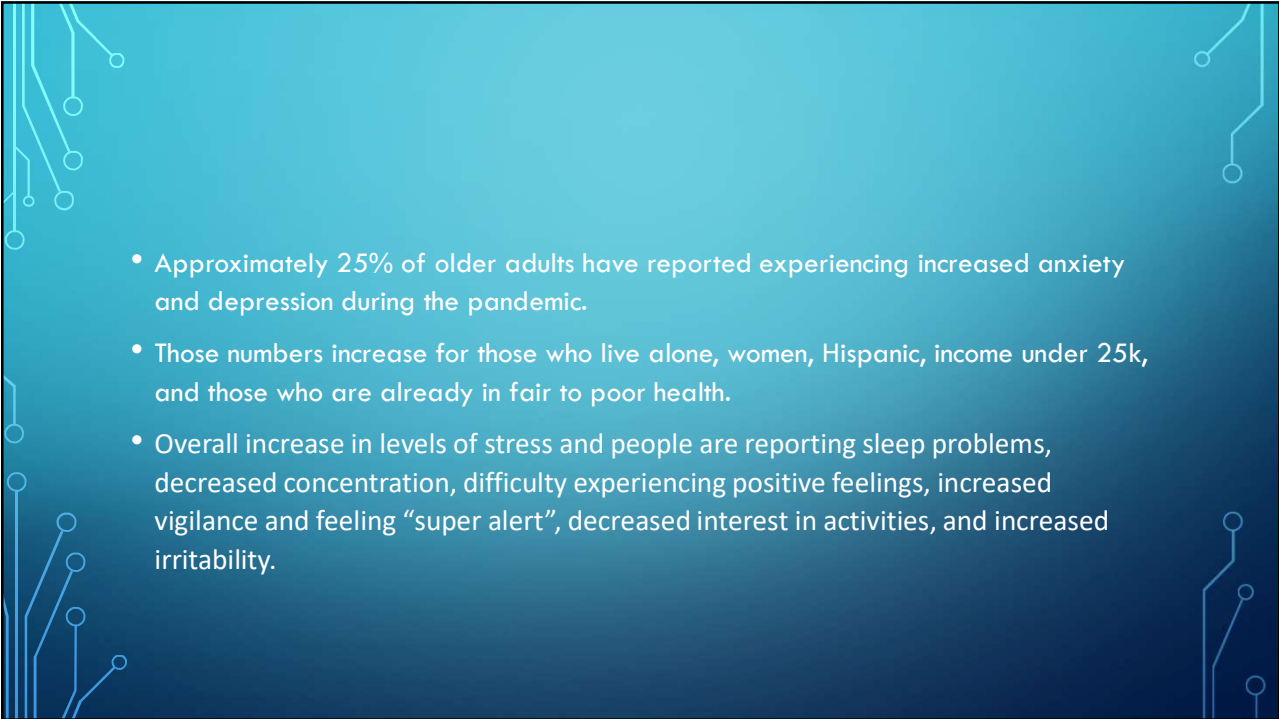
1

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- A decorative graphic on the left and right sides of the slide, consisting of white lines and circles on a blue gradient background, resembling a circuit board or neural network.
- Pandemics like we are living in currently are not merely biological phenomena. They affect society at large, having long-lasting psycho-social implications, many of which tends to outlast the pandemic itself.
 - This pandemic has had a myriad implications related to aging and the lives of older people.

2

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- The societal impact of the COVID-19 pandemic has been broad and very challenging. No aspect of normal societal functioning has been spared.
 - Quarantine and social distancing are necessary measures to prevent the virus from spreading but also lead to elevated levels of loneliness and social isolation, which in turn produce physical- and mental-health related repercussions

3

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- Approximately 25% of older adults have reported experiencing increased anxiety and depression during the pandemic.
 - Those numbers increase for those who live alone, women, Hispanic, income under 25k, and those who are already in fair to poor health.
 - Overall increase in levels of stress and people are reporting sleep problems, decreased concentration, difficulty experiencing positive feelings, increased vigilance and feeling “super alert”, decreased interest in activities, and increased irritability.

4

- Also seeing increased suicidal ideation and other self-harm actions.
- Self-isolation, shielding, fear of engaging with health services.
- Fear of contagion.
- Interrupted bereavement which can be further complicated by distress over loss of income and loss of employment

5

THE PERFECT STORM

- The pandemic has led to a perfect storm of stress reactivity:
 - Reality of a physical threat
 - Sudden onset of the pandemic
 - Profound impact on daily life
 - Uncontrollability

6

DEPRESSION

- Conceptualizing late life depression requires considering the ways psychological, biological, and environmental influences on depression wax and wane – and interact – across the life span and into old age.
- Psychological vulnerability to depression is thought to decrease in late life as older adults become more adept at coping with stressors (resilience).
- Other types of biological vulnerability, however, become more frequent, including age-associated neurobiological changes that may predispose to depression.

7

DEPRESSION CONT.

- We know that there is an intimate relationship between depression and several significant medical issues including:
 - Cardiovascular disease
 - Diabetes
 - Sleep health
 - Cognition

8

DEPRESSION CONT.

- Protective Factors
- Three themes emerge in the research
 - The importance of resources – health, cognitive function, and socioeconomic status
 - Life experiences of older adults have taught them psychological strategies and ways to use social support to manage their health-related stressors
 - The role of meaningful engagement, whether in social activities, volunteer work, or religion.

9

DEPRESSION CONT.

- Protective Factors cont.
- Evidence shows that social support buffers the effect of stressful events in older adults
- Research is demonstrating that engaging in active behaviors to overcome health problems (called health engagement control strategies) is associated with reduced depressive symptoms and reduced cortisol production.
- Positive self-concept, a sense of mastery or self-efficacy is associated with late-life resiliency

10

SUICIDE

- May see some increased suicidality by fostering what is called “thwarted belongingness” and “perceived burdensomeness”
- Thwarted belongingness: loneliness and the absence of reciprocal care
 - People have need to belong (families, social groups, communities).
- Perceived burdensomeness: belief that one is a burden on others or society
 - Pandemic has increased concerns about becoming infected and then being a burden to others.

11

COGNITION

- Most likely, dementia does not increase risk for COVID, just like dementia does not increase risk for the flu (this is current being debated and researched with some indications there could be links related to APOE4)
- However, dementia related behaviors, difficulty following safety protocols, increased age and common health conditions that often accompany dementia may increase risk.
- To prevent infection, people with dementia have gone through confinement and isolation, both in the community and in care homes.

12

COGNITION CONT.

- These measures also involve the removal of essential sources of support, care, and meaningful contact with family members (including spouses and main partners in care) may have long-lasting deleterious effects.
- There are many reports of increased and more rapid deterioration.
- Increased confusion and increased agitation (remember also that agitation is often a precursor to nursing home placement).

13

COGNITION CONT.

- Increased suspiciousness and paranoia – believing that people have abandoned them.
- Increased belief that caregivers are being cruel because they are not taking the person anywhere and confining them.
- Caregivers feeling like they are not getting the support they need and not getting a break. Adds to the feelings of anxiety, uncertainty, and exhaustion.
- Visitation limitations and feelings of guilt.

14

SOCIAL ISOLATION DEFINED

- Social isolation is objective with measurable factors such as:
- Size of one's social network
- Frequency of contact with that network
- Availability of transportation
- Ability to take advantage of support resources

15

LONELINESS DEFINED

- Loneliness is more personal and subjective.
- How people perceive their experience.
- Whether they feel they lack the connections, companionship or sense of belonging we need as humans.
- Subjective distress feeling of being alone or separated.

16

KEY ISSUES

- Chronically lonely older adults turn to isolated activities to cope (eating, watching TV, internet)
- People who are lonely tend not to discuss the issue with their doctors
- Many tend to view the world in ways that reinforce their loneliness

17

KEY ISSUES CONT.

- Those who occasionally or seldom feel lonely are more likely to talk to a friend or go out with family when feelings of loneliness occur.
- Loneliness is not caused by a single event thus presenting multiple opportunities to intervene
- Loneliness affects all of us (same across race/ethnicity)

18

THINGS TO KNOW ABOUT SOCIAL ISOLATION AND LONELINESS

- Social isolation and loneliness increase the risk of mortality
- Loneliness acts as a fertilizer for other diseases
- The biology of loneliness can accelerate the buildup of plaque in the arteries, help cancer cells grow and spread, and promote inflammation in the brain which increases the risk for Alzheimer's disease and other dementias.

19

THINGS TO KNOW CONT.

- Loneliness and social isolation can negatively impact emotional and physical health.
- People with depression and anxiety have high rates of loneliness.
- Loneliness is also associated with high blood pressure, obesity, heart disease, and a weakened immune system.

20

THINGS TO KNOW CONT.

- Loneliness and social isolation are associated with cognitive decline.
- Evidence that this is bi-directional.
- People with cognitive decline can tend to withdraw.
- People who isolate socially are also at higher risk for developing cognitive impairments.

21

THINGS TO KNOW CONT.

- Social isolation makes seniors more vulnerable to elder abuse.
- Again, this is multifaceted.
- Isolated adults appear to be more vulnerable to becoming a victim of abuse.
- There is also evidence to show that abusers make attempts to isolate the elders from others.

22

THINGS TO KNOW CONT.

- Socially isolated adults are more pessimistic about the future.
- They predict that their life will get worse over the next five to 10 years.
- They are more concerned about needing help from others.

23

THINGS TO KNOW CONT.

- Loss of a spouse/partner is a major risk factor for loneliness and isolation.
- Besides the loneliness brought on by bereavement, the loss of a spouse/partner may also mean the loss of social interactions.
- LGBTQ seniors are at high risk for social isolation and loneliness (more likely to be single, more likely to be estranged from family, less likely to have children).

24

THINGS TO KNOW CONT.

- Caregivers are at high risk of social isolation as they often feel less able to set aside caregiving duties to attend/participate in previously enjoyed activities.
- Caregivers are also at risk for high rates of depression.

25

RESILIENCE

- Important to note that most older adults are resilient and able to adjust expectations which helps them withstand occasional isolation or occasional perceived loneliness.
- Part of aging is being able to adjust to changes and the ability to do this impacts whether or not a person ages well.

26

RESILIENCE CONT.

- They are also noticeably resilient and are able to call upon a lifetime of experience and perspective to help them through difficult times.
- The population most at risk is also our toughest.
- Older adults have more life experience, better problem-solving skills, and better developed emotional regulation.

27

RESILIENCE CONT.

- Research is showing that many seniors have changed behaviors – reaching out to family and friends, pursuing hobbies, exercising, and participating in some communities – as they strive to stay safe.
- Problem is you do not hear about these people because the pandemic narrative reinforces stereotypes of older adults as frail, disabled, and dependent.
- Big question is whether these coping strategies will prove effective as the pandemic lingers.

28

RESILIENCE CONT.

- COVID-19 is distinctive from other disasters because of its constellation of stressors, geographic spread, and protracted duration.
- This has cut-off many older adults from the social and psychological resources that enable resilience because of the heightened risk.
- Again, it is important to focus on things we can control and recognize that we still have the agency to change things.

29

KEYS

- In the context of a stressor outside of individual control like COVID-19, resources that serve to address our own mindset and/or behavior – rather than target the stressor itself – will be most effective.
- Want to re-establish a sense of control.
- Lack of control engenders a sense of powerlessness – this can erode ability to act autonomously.

30

EMOTIONAL REGULATION

- We tend to utilize three different “systems” to manage our emotions:
- Drive System: Function is to achieve goals, consume, accomplish tasks
- Soothing System: Function is to slow down, soothe, rest and digest, safeness, kindness, care
- Threat System: Function is to manage threats, protection, survive, seek safety

31

EMOTIONAL REGULATION CONT.

- Although we may not realize it, many of us spend the majority of our time in threat and drive, which can lead to imbalanced emotions and distress.
- It is essential during this pandemic (and at other times), to notice if your soothing system is underdeveloped.
- Part of the goal is to help people nourish their soothing system.

32

WHAT TO DO?

- Important to not assume that people are okay – there is a need to check in with them and ask how they are doing.
- In the time of COVID, we are all caregivers. It takes a village to support each other during challenging times.
- Instead of ask seniors how they are “coping”, ask about their sources of joy and comfort.

33

SOURCES OF STRESS

- Restrictions
- Concern for others
- Isolation/loneliness
- Unknown future
- Shopping
- News
- Government

34

SOURCES OF JOY

- Family/friends
- Digital interactions
- Hobbies
- Pets
- Spouse/partner
- Faith
- Nature
- Exercise/Self-care

35

- Sources of joy and stress paint a nuanced picture of older adults during COVID.
- Sources of joy have tended to be resources, relationships, and activities that pre-date the pandemic.
- The research suggests that the most effective sources of comfort fit into the category of emotion-focused resources – those things that help us adjust our own emotions or perspective of the stressor.

36

REFERENCES

- Julia L Sheffler, PhD, Thomas E Joiner, PhD, Natalie J Sachs-Ericsson, PhD, The Interpersonal and Psychological Impacts of COVID-19 on Risk for Late-Life Suicide, *The Gerontologist*, Volume 61, Issue 1, February 2021, Pages 23–29.
- Brenda R Whitehead, PhD, Emily Torossian, BA, Older Adults' Experience of the COVID-19 Pandemic: A Mixed-Methods Analysis of Stresses and Joys, *The Gerontologist*, Volume 61, Issue 1, February 2021, Pages 36–47.
- de Erausquin GA, Snyder H, Carrillo M, Hosseini AA, Brugha TS, Seshadri S, CNS SARS-CoV-2 Consortium. The chronic neuropsychiatric sequelae of COVID19: The need for a prospective study of viral impact on brain functioning. *Alzheimers Dement.* 2021 Jan 5.
- How does COVID19 affect the brain?, Alzforum.org, Jan. 29, 2021.

37

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38