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Repercussions of social isolation in elderly people during the COVID-19 pandemic

Repercussões do isolamento social em pessoas idosas durante a pandemia da COVID-19

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ABSTRACT | OBJECTIVE: To identify in the scientific literature the repercussions of social isolation in old people during the COVID-19 pandemic. **METHOD:** Integrative literature review developed from February to March 2021 in the databases Scielo, LILACS, MEDILNE, PubMed, CINAHL and Web Of Science. The filtering process followed the PRISMA model. Only primary studies that investigated the object in question were included. The results were categorized and analyzed according to Bardin's content analysis. **RESULTS:** From the analysis and synthesis of the included articles it was possible to outline four categories, i.e.: Negative impacts on mental health; Lifestyle changes; Economic crisis and challenges in seeking medical support. Social isolation generated negative psychosocial consequences in the old, with loneliness, anxiety and depression being the main repercussions. Other impacts were stress and insomnia, changes in lifestyle that caused sedentary behavior and dietary changes, concern for economic well-being, as well as the challenge of seeking medical support. **CONCLUSION:** Social isolation during the pandemic caused negative impacts on the mental health and quality of life of old people. It points out the need for studies that address these long-term repercussions, as well as coping strategies.

KEYWORDS: Coronavirus infections. Aged. Social isolation.

RESUMO | OBJETIVO: Identificar na literatura científica as repercussões do isolamento social em pessoas idosas durante a pandemia da COVID-19. **MÉTODO:** Revisão integrativa de literatura desenvolvida no período de fevereiro a março de 2021 nas bases de dados *Scielo*, LILACS, MEDILNE, PubMed, CINAHL e *Web Of Science*. O processo de filtragem obedeceu ao modelo PRISMA. Foram incluídos somente estudos primários que investigaram o objeto em questão. Os resultados foram categorizados e analisados conforme a análise de conteúdo de Bardin. **RESULTADOS:** A partir da análise e síntese dos artigos incluídos foi possível delinear quatro categorias, a saber: Impactos negativos na saúde mental; Mudanças no estilo de vida; Crise econômica; e Desafios em buscar suporte médico. O isolamento social gerou consequências psicossociais negativas em pessoas idosas, sendo solidão, ansiedade e depressão as principais repercussões. Outros impactos foram estresse e insônia, mudanças no estilo de vida que provocaram comportamento sedentário e alterações alimentares, preocupação com o bem-estar econômico, assim como no desafio em buscar suporte médico. **CONCLUSÃO:** O isolamento social durante a pandemia causou impactos negativos na saúde mental e qualidade de vida das pessoas idosas. Aponta-se a necessidade de estudos que tratem dessas repercussões a longo prazo, bem como estratégias de enfrentamento.

PALAVRAS-CHAVE: Infecções por coronavírus. Idoso. Isolamento Social.

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Introduction

Coronavirus disease 2019 (COVID-19) is a severe acute respiratory condition caused by SARS-Cov-2. It was first identified in December 2019 in Wuhan City, China, and spread rapidly across continents, and was declared a pandemic by the World Health Organization (WHO) in March 2020.¹ As of October 4, 2022, worldwide records were 615,777,700 confirmed cases and 6,527,192 deaths, a scenario in which Brazil is the third country with the highest number of cases (34,679,533) and the second country with the highest number of deaths (686,320).²

According to epidemiological data from 2020, the elderly were the most vulnerable population group to develop the most severe forms of the disease, and this risk increased as the patient's age progressed. In 2020, there were 1.1 billion elderly people worldwide, which validates the dimension of how these individuals are at the center of the discussion of the pandemic and need specialized attention in order to minimize disastrous consequences in society and health systems.³

In the stratification of mortality among the older people, studies indicate that the highest mortality rate occurred in people aged 80 years or older, reaching a rate five times higher than the global average; 66% of older adults aged 70 years or older have at least one underlying condition, favouring the severe risk of COVID-19; in the group over 60 years of age, the mortality rate was 3.82 times higher than the general average.^{4,5}

The majority of deaths in elderly people are associated with immunosenescence, which increases their vulnerability, especially those with chronic diseases such as cardiovascular diseases, obesity, diabetes, hypertension and lung diseases.⁶

The most effective way to prevent COVID-19 in the elderly population was social isolation. However, this measure compromised the promotion of the well-being of the old person, since it restricted the performance of physical activities, participation in social and leisure activities, as well as maintaining eating habits.⁷

The social isolation caused by the COVID-19 pandemic affected the physical and mental health of the old person, since it favored sedentary lifestyle, triggering

the emergence of other diseases or even the complication of preexisting ones; predisposing to the onset of anxiety, fear and depression.⁷ Associated with these issues, the elderly still faced uncertainty about the future, fear of falling ill, dying, losing loved ones, reduction of formal and informal social support, as well as the limitation of regularly monitoring pre-existing clinical conditions, which may aggravate them.⁸

Given the scenario in which the pandemic of the new coronavirus exerts unique threats to the health and well-being of the elderly, this study is justified by the relevance of synthesizing the main findings about the repercussions of social isolation in elderly people. And, in view of the findings, contribute to the care actions of health professionals, for the promotion, prevention and protection of the health of the elderly, as well as to launch strategies and actions so that the well-being of the elderly is a priority to age well, improving the lifestyle, becoming physically active, participating in social and leisure activities, maintaining healthy eating habits and having lifelong goals.⁹

Thus, this study aims to identify, in the scientific literature, the repercussions of social isolation in the old people during the COVID-19 pandemic.

Method

This is an integrative literature review, a method that allows the analysis and synthesis of relevant research and allows general conclusions about the current state of the theme investigated.¹⁰

The construction of this study was structured in five stages of investigation: elaboration of the research question and/or identification of objectives; search in the literature; evaluation of data; analysis of the studies; presentation of the results of the integrative review.¹¹

The research question was elaborated through the PICO strategy (Population, Interest/Phenomenon of Interest and Context)¹², defining as a population the elderly, as a phenomenon of interest the repercussions of social isolation and as a context the pandemic of COVID-19. Thus, this study was conducted by the following question: what are the repercussions of social isolation in the old people during the COVID-19 pandemic?

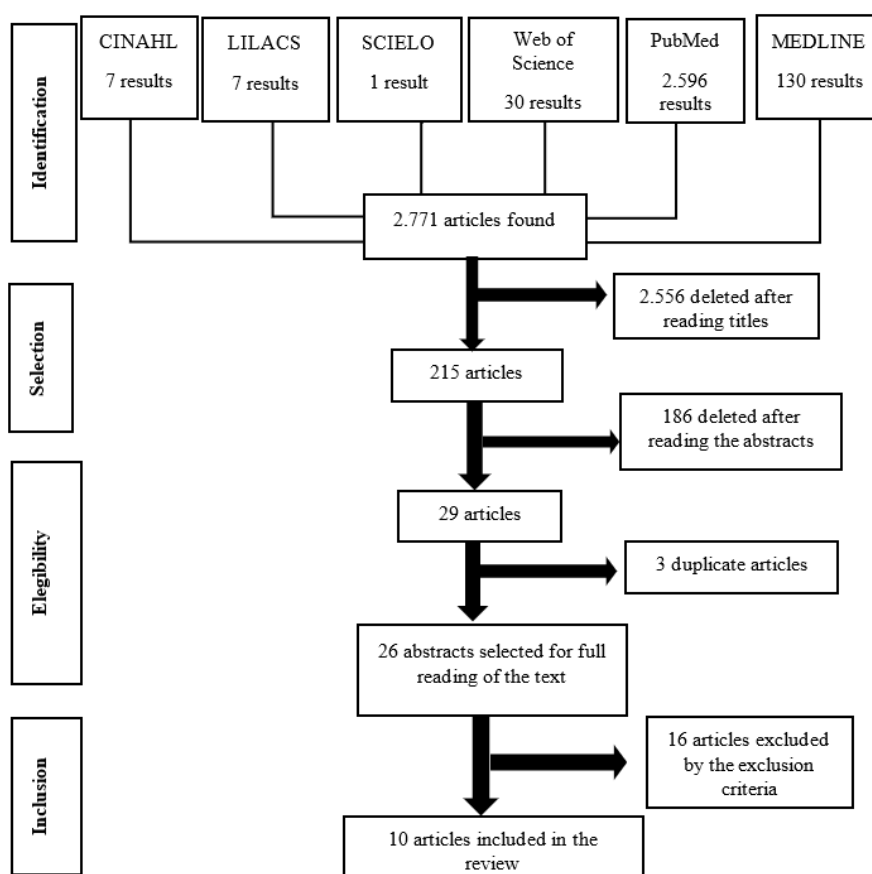
The bibliographic survey was conducted from February to March 2021, in the following databases: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web Of Science. This search was carried out via the CAPES Journal Portal, using the Proxy of the State University of Bahia (UNEB).

To operationalize the search, descriptors in English extracted from the vocabularies of Medical Subject Headings (MeSH) and Descriptors in Health Sciences (DeCS) were used. Thus, the strategy for consultation was based on the combination of the terms “Coronavirus Infections”; “Aged”; and, “Social Isolation” and with the Boolean operator “AND” to associate them. Thus, the search implemented for crossing on all bases was as follows: “Coronavirus Infections” AND “Aged” AND “Social Isolation”.

Primary studies that investigated the repercussions of social isolation caused by COVID-19 in the old people were included. Articles published in all languages between 2020 and 2021 were considered eligible, with full text available and open access. Exclusion criteria were: editorials, review articles, letters to the editor, expert opinion, dissertations, thesis and abstracts in events’ anais; repercussions of isolation in long-term care institutions for the elderly and in patients with previous cognitive impairment. Duplicate articles were considered only once.

The path of this data collection followed four phases: identification, selection, eligibility and inclusion, according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹³, as shown in Figure 1.

Figure 1. Selection of articles to determine the final sample by adapting the PRISMA flowchart. Guanambi, Bahia, Brazil (2021)



Source: The authors (2023).

The stages of the literature selection process were performed by two reviewers independently, taking into account the object of study, the research question and the inclusion and exclusion criteria. When emerged doubts about eligibility, there was a consensus meeting.

The critical analysis and qualitative synthesis of the studies selected in this review were based on Bardin’s Content Analysis, following three steps: pre-analysis; the exploitation of the material; and the treatment of results, inference and interpretation¹⁴, from the thematic categories.

Because it is an integrative review, this study was not submitted to the Research Ethics Committee. However, the national and international ethical principles were respected, and the ideas of the authors of the publications used in the development of this study were maintained.

Results

A total of 10 articles were selected in the final sample, indexed in lilacs (n=1), MEDLINE (n=1) and PubMed (n=8) databases. The total number of older people who participated in the studies was 6,950, 2,564 (37%) men and 4,386 (63%) women. All articles were written in English, and among the journals found, the International Journal Environmental Research and Public Health was highlighted, with three of the studies published (30%), as presented in Frame 1.

Frame 1. Characterization of the publications included in the integrative review, according to author/year/location, title, journal and main repercussions of social isolation, Guanambi-BA (2021) (to be continued)

Author/Year/Country	Title	Periodic	Main repercussions of social isolation
Emerson ¹⁵ 2020 United States	Coping with being cooped up: Social distancing during COVID-19 among 60+ in the United States	Pan American Journal of public Health (PAJPH)	Suffering; loneliness, especially in the elderly living alone; the younger, more stressed, they sleep less and eat more; the older they practice less physical activity and eat less.
Baker; Clark ¹⁶ 2020 United Kingdom	Biopsychopharmacosocial approach to assess impact of social distancing and isolation on mental health in older adults	British Journal of Community Nursing	Challenge to seek medical support; loneliness; sedentary behavior; anxiety; feelings of negativity; anxiety; depression.
Wong; Zhang; Sit; Yip; Chung; Wong <i>et al</i> ¹⁷ 2020 China	Impact of COVID-19 on loneliness, mental health, and health service utilization: a prospective cohort study of older adults with multimorbidity in primary care	British Journal of General Practice	Loneliness; anxiety; insomnia; elderly people who lived alone were more likely to have social loneliness; increase in the number of scheduled medical appointments missed; women were more likely to suffer from insomnia and anxiety.
Röhr; Reininghaus; Riedel-Heller ¹⁸ 2020 Germany	Mental wellbeing in the German old age population largely unaltered during COVID19 lockdown: results of a representative survey	BMC Geriatrics	Loneliness was more pronounced in women; experiencing partially altered access to health services was associated with greater global psychological distress; concern with COVID-19 increased depressive symptoms, anxiety, somatization and suffering. Overall, the mental well-being of the elderly population in Germany remained virtually unchanged.
Gustavsson; Beckman ¹⁹ 2020 Sweden	Compliance to Recommendations and Mental Health Consequences among Elderly in Sweden during the Initial Phase of the COVID-19 Pandemic - A Cross Sectional Online Survey	International Journal Environmental Research and Public Health	Change in daily routine; concern for loved ones; trouble sleeping; concentration difficulties; concern about economic crises and consequences for society; single people and women reported greater symptoms of mental health; felt bad and depressed; have given up physical activities and sports.

Frame 1. Characterization of the publications included in the integrative review, according to author/year/location, title, journal and main repercussions of social isolation, Guanambi-BA (2021) (conclusion)

Author/Year/Country	Title	Periodic	Main repercussions of social isolation
Bobes-Bascaran; Sáiz; Velasco; Martínez-Cao; Pedrosa; Portilla et al ²⁰ 2020 Spain	Early Psychological Correlates Associated With COVID-19 in A Spanish Older Adult Sample	The American Journal of Geriatric Psychiatry	Fear of falling ill and sadness; depression, anxiety and stress, which had as main risk factors being female and having current or forward mental disorder.
Ekoh; Agbawodikeizu; Ejimkararonye; George; Ezulike; Nnebe ²¹ 2020 Nigeria	COVID-19 in Rural Nigeria: Diminishing Social Support for Older People in Nigeria	SAGE Gerontology & Geriatric Medicine	It affected economic well-being; changes in nutrition; loneliness.
Figuren; Idoiaga; Berasategi; Picaza ²² 2021 Spain	Exploring the Social and Emotional Representations Used by the Elderly to Deal With the COVID-19 Pandemic	Frontiers in Psychology	Fear; nervousness; uncertainty; restlessness; anxiety; insecurity; loneliness; high impact on the lifestyle of the elderly; concern for the family and the economic crisis.
Suzuki; Maeda; Hirado; Shirakawa; Urabe ²³ 2020 Japan	Physical Activity Changes and Its Risk Factors among Community-Dwelling Japanese Older Adults during the COVID-19 Epidemic: Associations with Subjective Well-Being and Health-Related Quality of Life	International Journal Environmental Research and Public Health	Less active elderly and decreased physical activities; depression; anxiety and other negative emotions indicated by the decline in subjective well-being.
Schorr; Yehuda; Tamir ²⁴ 2021 Israel	Loneliness, Malnutrition and Change in Subjective Age among Older Adults during COVID-19 Pandemic	International Journal Environmental Research and Public Health	Stress; the lonelier, the higher their subjective age; loneliness can affect appetite, nutrient intake, which leads to malnutrition.

Source: The authors (2021).

It was possible to identify that the main repercussions of social isolation in the elderly are associated with loneliness (70%), anxiety (60%) and depression (50%).

From the analysis and synthesis of the included articles it was possible to outline four categories:

Negative impacts on mental health

Among the negative impacts on the mental health of the older person, the feeling of loneliness was the most reported among studies^{15-18,21-22,24}, since the decrease in support and social contact caused older people to lose many potential channels of interaction, causing not only social but emotional loneliness. This feeling is already a particularly important concern when it comes to the old people, and tends to be enhanced by the measures of distancing themselves caused by the COVID-19 pandemic.

Depression was also highlighted^{16,18-19,20,23} as well as stress^{15,20,22,24}, insomnia^{15,17,19}, and anxiety^{16-18,20,22-23}, as impacts of social isolation in the old person during the pandemic. These were affected psychologically and emotionally, emerging negative emotions and psychological suffering marked by fear of some family member becoming infected, age-related mortality, coverage of bad news in the media, uncertainties, among others. It is also emphasized that living alone or being single^{15,17,19,24}, made the elderly feel more vulnerable to increased loneliness and mental health problems.

Lifestyle changes

The COVID-19 pandemic caused changes in the lifestyle of the old people, among them the sedentary behavior^{15-16,19,23}, because the restrictions of social contact caused them to practice less physical activity, and thus become less active, which has repercussions not only on physical health, but also on physical and social health.

Another change occurred in the lifestyle of the old people is related to negative dietary changes, such as changes in the quantity and quality of food ingested.^{15,21,24}

Economic crisis

The pandemic generated a crisis not only in the health sector but also in the social and economic sector^{19,22}, which directly affected the entire world population, especially the economic well-being of the elderly who depend on the financial assistance of family members²¹, who were also affected by the reduction in income. Thus, as a result of these issues, these individuals also had their psychosocial well-being affected.

Challenge in seeking medical support

Given the overcrowding of health services, targeting of care for patients with COVID-19 and the need for social isolation, the elderly had difficulties in seeking medical support.¹⁶⁻¹⁸ It is worth mentioning that the old people are considerably affected by chronic diseases, thus, the pandemic compromised their treatments and increased psychological suffering for this difficulty in taking care of health.

Discussion

This review identified that the main repercussions of social isolation in the healthy people are associated with: negative impacts on mental health such as loneliness, anxiety, depression, stress, insomnia; lifestyle changes such as sedentary behavior and negative changes in eating habits; financial crisis; and challenges in seeking medical support.

National and international studies²⁵⁻²⁸ confirm these findings when they state that older people are more susceptible to psychological effects in a pandemic, caused by social isolation, and can easily trigger emotions such as loneliness, sadness, anxiety, depression, stress, anger, fear and crying. It is observed that these negative factors in mental health presented by the old people are related to the exposure to information received by the Internet²⁹ and limited access to mental health services.²⁷

Given the strategy of social isolation imposed by the COVID-19 pandemic, the elderly person, faced with the limitation of coming and going, this fact presented negative repercussions in the psychosocial sphere, because it caused a change in the daily routine of this population and, consequently, the need for adaptation emerges in the face of the removal of significant people in their lives and different social activities developed as attending masses, religious services, social groups, parties, talking in public squares, seeing friends and family, shopping and group gymnastics classes, among others, which consequently caused a reduction in social contacts.^{15,30}

Feeling alone is not only a consequence of the absence of company at home. Elderly people may be socially isolated without feeling loneliness, and may feel alone even without being isolated, but both conditions can cause damage to the physical and mental health of these individuals. Some factors that were aggravated during the pandemic contribute to this feeling of loneliness, such as collective mourning, social abandonment, stigma of old age and the high lethality of its age group.³¹ However, it is important to highlight that the isolated old person does not present homogeneous characteristics and that social isolation is multifaceted.³²

The incidence of depression is higher in the elderly than in other age groups, and due to the pandemic, estimates increased five times more.³³ Periods of uncertainty and lack of daily control already cause anxiety, but the conditions brought by the pandemic aggravate this scenario.³⁴ The complexity of living in a pandemic, with the abrupt interruption of ties and interactions with the family, puts the elderly in a situation of greater psychological vulnerability.³⁵ The fear and anguish of the loss of family members and/or life itself make the elderly more vulnerable to anxiety, depression and stress. Sleep quality is also affected, reflecting the quality of life of these individuals.³⁶

The articles indicated that women are more likely to suffer these negative impacts on mental health¹⁷⁻²⁰, because they feel more alone, develop more negative feelings, have more sleep-related problems, and feel a significantly greater threat by COVID-19. These results may be a consequence of the increased burden of care that women have faced during the pandemic, because they are at home and have to take care of grandchildren, husbands, children or other elderly.³¹

Social distancing measures exacerbate anxiety and insomnia especially in women, as they are more likely to have social and health concerns.¹⁷

The situation of the old people who are not married is also highlighted, as this fact can cause loneliness, especially in this period of social isolation and consequently generate depressive symptoms.³⁵ It is important to point out that in the current pandemic scenario, the impact on mental health in elderly people living alone is even more significant.³⁷

Faced with this situation, the family and health professionals need to give the necessary support and stimulate the reading of texts, to watch religious programs on television, stimulate the formation of groups of friends with meetings through video call (with discussion topics of interest, connections of family, especially grandchildren, for daily conversations and stimulus to exercises), with the aim of reducing the gaps imposed by isolation.³⁰

The social isolation resulting from the COVID-19 pandemic affected the lifestyle of the old person, since there was a decrease or interruption of physical activities, a fact that causes a compromise in the skeletal muscle system, directly affecting muscle strength and fatigue resistance, which increases the risk of falls and fractures. In addition, the lack of exposure to sunlight decreases vitamin D production, which is fundamental for the maintenance of muscle strength, and consequently in postural balance.³⁸

The practice of regular exercises improves the immune system and protects the elderly from infections, in addition to relieving depressive symptoms, increasing self-confidence and self-esteem.³⁹ Thus, it is believed that long-term social isolation can cause damage to mental health, physical and the perception of quality of life.³³

Social isolation also affected the eating habits of the elderly person, since these changes in their daily activities triggered, in some cases, decreased appetite, which is a risk factor for malnutrition, and in other cases there is an increase in the consumption of caloric foods, which can lead to changes in blood glucose and lipid profile.³⁸

It is important to emphasize that the elderly who live, or eat, alone, have a greater tendency to have worse eating habits, due to the lack of motivation to prepare the meal³⁸ and difficulty in acquiring healthy foods, depending on other people so that this need is met³⁰, thus, due to social distancing, they choose to use ready-made or easily prepared foods, that are usually more caloric. Another important need is hydration, since the urge to drink water decreases with aging, and the elderly may not have someone to motivate them to do so.³⁰ Thus, these changes in eating habits may present a higher risk of malnutrition, dehydration and decompensation in pre-existing diseases, which contributes to the worsening of the immune system.³⁸

It also stands out as an impact of social isolation for the old the economic crisis, since the sanitary measures resulting from social isolation increased unemployment, financial insecurity and poverty. Thus, financial frailty directly affected mental health, especially of people in vulnerable groups, such as the elderly. A study conducted in China showed that people who did not suffer economic losses during the pandemic showed significantly lower levels of anxiety and depression when compared to the others.³⁵

The covid-19 pandemic blockade measures severely impacted the global economy, so many people lost their jobs, had business losses and others struggled to receive pensions.⁴⁰

It should be noted that the pandemic caused a reduction in the income and living standards of the elderly, because their sources of income such as paid work, savings, financial support from families and pensions were at risk. This impact is greater in women, as they already have limited access to income and represent almost 65% of people over retirement age without any regular pension.⁵

Measures to limit the spread of COVID-19 have reduced care to health services, causing older adults to face challenges in accessing medical treatment and health care. This is a population that is more likely to have ongoing needs for medication, care, routine home visits and community care. Therefore, the barriers created in obtaining health services for the existing

underlying conditions may increase the vulnerability of the elderly to COVID-19.⁵ It is noteworthy that periodic consultations are fundamental for patients with multimorbidity and the fact that they do not perform them generates complications, producing in the long term an additional burden in the already overloaded health system.¹⁷

In this sense, nursing teams can assist these individuals through virtual consultations, identification of body changes, correct use of medications, stimulation of self-care, and recommendation, when necessary, face-to-face care services.⁴¹ Since the elderly have characteristics different from other age groups, it is necessary that their health assessment be broader and multidisciplinary.⁴²

This study brings contributions to knowledge in the area of health of the elderly, since, by identifying the repercussions of social isolation in elderly people during the COVID-19 pandemic, it was possible to reveal the impact on the health and well-being of this group. With information that can help health professionals and managers to direct care strategies and public policies in coping with moments of crisis, as well as investing in actions to promote the health and well-being of the old and their families, so that they can resignify their lives in this context of pandemic.

The limitations of this study are related to the use of secondary data, since it is an integrative literature review, and the information is already previously constructed. In addition, these data are limited to the initial fifteen months of the pandemic (January 2020 to April 2021), since there was still a continuous progression of COVID-19 in the world, with the emergence of new variants and new scenarios, the old person may have suffered new impacts and/or adaptations different from those presented in this study. It should also be noted that the results presented did not assess the repercussions of social isolation in the medium and long term on the lives of the healthy.

Conclusion

The main repercussions of social isolation in the old people during the COVID-19 pandemic were related to psychological impairment, especially loneliness, anxiety and depression. However, it was very important at that time, which does not mean abandoning the old person, but potentiating their remote support network, in order to mitigate these negative impacts. It is also worth mentioning that, due to the conditions imposed by the pandemic, many elderly no longer attend health services, which compromised the number of those with chronic conditions.

It points out the need to deepen studies on the long-term impacts of social isolation, as well as the coping strategies used by the old and their support network in the face of these impacts. In this context, the importance of nursing gerontological care in the health promotion of the elderly in social isolation is evidenced.

Thus, the data of this study can support nursing professionals, who were driven to reinvent their practice in this unprecedented scenario, in order to ensure the monitoring of these elderly and assist them in their self-care.

Authors' contribution

Sasaki R participated in the search and statistical analysis of the research data, interpretation of the results and writing of the scientific article. Aguiar ACSA participated in the conception of the research question, methodological design, search and statistical analysis of the research data, interpretation of the results and critical review of the manuscript. Martins LA participated in the writing and critical review of the manuscript.

Conflict of interest

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and financing, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

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