The Effect of Covid–19 on Aging

Research Results

Center of Gerontology and Health Sciences
With the Covid–19 pandemic, older people suddenly were faced with a changed day-to-day life, particularly pertaining to restrictions of social contact and social activities.

This change was especially evident in the phase of lockdown, which saw all Austrian citizens being asked to drastically reduce social contacts and stay in their homes as much as possible.

Such measures, taken in order to protect vulnerable groups, may have had a social, cognitive and emotional impact of the group of the older persons.
A representative telephone survey of community-dwelling individuals aged 60+ years residing in Lower Austria was conducted in April and May of 2020 (while lockdown measures were in place). Sampling was based on municipality size, using stratified random sampling with age screening. In total, 521 persons were surveyed.

Among other questions, individuals were asked about

- the perceived role of elderly citizens in the political and societal response to the pandemic
- changes to their day-to-day life
- their coping strategies during the lockdown.
- socio-psychological indicators (loneliness, social support)

Center of Gerontology and Health Science, Karl Landsteiner University of Health Sciences, Krems, Austria
Role in the pandemic: 70% reported feeling as part of the group at risk. This risk assessment was associated with age and preexisting illness, but not with gender.

Information and involvement in political decisions: the majority of participants reported feeling well-informed (88%) and that their interests were being well-represented by Austrian politicians (76%).
Changes in day-to-day life

- **Physical Activity**: 50% of all participants reported a reduction in exercise, 33% of participants reported an increase in physical activity (shift from outdoor to indoor activity).

- **Volunteering**: volunteering activities were drastically reduced (60% of the active volunteers prior to the pandemic were unable to continue their work).

- **Communication**: increased telephone use (49% communicate with their family every day), other communication technology also used more frequently but to a far lesser extent than the telephone (Whatsapp, Videocalls, Facebook).
Coping with the new normal

- Communication with family and friends were named as the most effective help in coping with the pandemic. Familial support has a larger protective factor, especially in persons assessing as 'at risk' of Covid–19 related illness.

- Work around the house and garden were seen as a helpful in 85% of the sampled populations, outdoor physical activity in 75%.

- Protection versus paternalism: 59% feel protected and not patronized by society, 28% feel protected but also patronized, 7% feel patronized and not protected. A similar picture can be found in analyses regarding relatives (71% feel protected and not patronized).

<table>
<thead>
<tr>
<th>How are Covid-19 measures perceived in the study sample</th>
<th>I feel protected by society</th>
<th>I feel protected by my relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rather agree</td>
<td>rather do not agree</td>
</tr>
<tr>
<td>I feel patronized by society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rather do not agree</td>
<td>59%</td>
<td>6%</td>
</tr>
<tr>
<td>rather agree</td>
<td>28%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Loneliness: on average people were **not very lonely**, only 8% reported feeling rather or very lonely – comparisons pre–peri pandemic were assessed in a secondary study.

Life satisfaction remained stable especially in younger participants and was comparable to measurements prior to the Covid–19 pandemic (measured on a 10–point scale).

Social support: **Almost all surveyed people felt at least somewhat supported (97%)**, again family was the biggest supporting resource.
Conclusion

Even though a big part of the elderly citizens self-assess as being at risk for Covid-19 illness, they exhibit proactive behaviour and overall high well-being while dealing with this new normal. A cause for worry are the decrease in physical activity and volunteering activities, which are both important factors for elderly citizens in achieving healthy aging.

Center of Gerontology and Health Science, Karl Landsteiner University of Health Sciences, Krems, Austria
Extract and Summary of
by T. Heidinger & L. Richter (2020)
Research Question: Are elderly community-dwelling persons experiencing more loneliness during Covid-19 than before the pandemic?

Study design: Two samples matched on covariates of loneliness (age, gender, living arrangement, social support, etc.) via 1:1 propensity score matching (PSM) were compared on the reported loneliness (de Jong Gierveld scale [1–4, higher scores reflecting more loneliness])

- Pre-pandemic survey on health and well-being in people of 60+ years conducted between April and July 2019 (n= 2042)
- Peri-pandemic survey on health and well-being of people 60+ years during Covid-19 measures (n= 521)
Results: Comparative analysis of the two groups showed a small, but significant increase in loneliness among the elderly: $t(851) = -3.17$, $p < 0.001$, $d = 0.22$.

On average persons reported not feeling very lonely in both groups: $M(SD)_{pre-pandemic} = 1.61$ (0.55); $M(SD)_{peri-pandemic} = 1.73$ (0.60)
Conclusion:

The increase in loneliness between the two timepoints, although small, is cause for concern as it could indicate a trend of distancing measures leading to increased loneliness.

Because even small changes in loneliness have been seen to impact physical and mental health (Hawkley & Cacioppo, 2010) this result should draw the attention of scientists and policymakers and must be considered for the handling of this and future crises.
Extract and Summary of
‘Caught between two fronts – Successful aging in the time of Covid-19’
By L. Richter and T. Heidinger (2020)
Rationale: Successful aging (Rowe & Kahn, 1997) is marked by

1. a low probability of disease and (concomitant) disability,
2. high physical and cognitive function
3. engagement with life.

To achieve successful aging, a positive current status of health (*current condition*) plus active action in order to continue aging successfully is needed (*active component*).

Research Question: Can elderly people achieve (continued) successful aging during Covid-19 restrictions?
**Study design:** data of the representative telephone assessment during Covid-19 restrictions was used (n= 521).

**Measures** were chosen in accordance with Rowe & Kahns (1997) theoretical framework of successful aging (avoiding disease, high physical and cognitive function and engagement with life)

- **Current condition:** number of chronic diseases; current health status & memory function; social support
- **Active component:** adherence to hygiene measures; exercise both in and out of the home & television and newspaper consumption; shopping and volunteering & social contact with children and friends
Results:

- The large majority of study participants **adhered to Covid-19 guidelines, which is in accordance with** one dimension of successful aging (**avoidance of disease**).

- Following the restrictions lead to a **decrease in physical activity and most importantly in productive activity** (shopping and volunteering). These results point to **deficiencies** in two of the three dimensions of successful aging (**physical and mental activation and engagement with life**).

- The results paint a **problematic picture**, especially in the activity component of successful aging (activity to achieve or uphold successful aging in the future).
Conclusion:

Regarding successful aging in the time of COVID-19 a conflicting image emerges as elderly people seem to be caught between two fronts: Adhering to hygiene measures can reduce the risk of infection, thereby facilitating successful aging. However, there are negative consequences for the elderly, especially in productive activity and physical activity which were both drastically reduced by participants during Covid-19 safety measures.

The empirical data discussed in this article clearly shows that proactive, successful and active aging is a challenge in the times of the COVID-19 pandemic.
This summary was produced by T. Heidinger using publicly accessible data. For further information regarding the studies please contact the authors of the studies.

- theresa.heidinger@kl.ac.at
- lukas.richter@wu.ac.at
- franz.kolland@kl.ac.at
Conclusion – Media-comment of Prof. Kolland during lockdown

- Time is much more precious the less remains in life
- We may not paint all older persons with the same brush
- Deep discrimination of older people
- General appeal to 65+ staying at home –>
- Dire impacts – “Now I’m old” felt a Lady 76
- Condemnation to inactivity may produce an at-risk group
- External stereotyping often gets internalized – increase depression
- 86 old women: “To be locked up is not protection but torture”

Erika.winkler@sozialministerium.at
“Nobody asked me how I would like to spend my last lifetime”

Meaning of life: In old age cognitive challenges and social contact are essential

Digital contacts to the family – 40% of older persons do not have access

60% of older volunteers were missing

Danger for social cohesion: old and ill people and in need of care – idol of active and independent youngsters

Goal: Personal responsibility, self-determination and autonomy

Round Table against loneliness and social isolation

Dialog healthy and active ageing through social inclusion
Publications by the Center of Gerontology and Health Science:


References in Text:
