Impact of COVID-19 in people living with dementia: international evidence

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OUTLINE

- Mortality and vulnerability
- Impact: healthcare & confinement
- Measures and Learnings
# COVIDdementia

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- Mortality and vulnerability
- Impact: healthcare & confinement
- Measures and Learnings
~ 50% Covid deaths in care homes

47-85% Prevalence of people with dementia living in care homes (Europe)
Dementia and Alzheimer disease was the most common main pre-existing health condition in deaths involving COVID-19 in March and April 2020.

Proportion of deaths involving COVID-19 by main pre-existing condition, sex and age, England and Wales, occurring in March and April 2020:

- Dementia and alzheimers disease
- Ischaemic heart diseases
- Influenza and pneumonia
- Chronic lower respiratory diseases
- No pre-existing conditions
- Diabetes

England & Wales:

20% of all COVID related deaths had a diagnosis of dementia.

83% more deaths from dementia than usual in April (England)
Asturias (Spain):

41% of all COVID related deaths had a diagnosis of dementia
COVID-19 dementia specific vulnerability
We have heard of care homes where people with dementia was supported to walk around by making them wearing masks so they could stay safe, walking with the company of a carer, or walk in designated that met safety requirements or in the garden in an open space.

#COVIDdementia

COVID-19 dementia specific vulnerability

**Atypical presentations**

*Table 4*

Symptoms at ER admission among 82 dementia patients consecutively hospitalized for COVID19 pneumonia in two Italian hospitals

<table>
<thead>
<tr>
<th>Symptoms, No (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium</td>
<td>55 (67.1)</td>
</tr>
<tr>
<td><em>Hypoactive</em></td>
<td>41 (50.0)</td>
</tr>
<tr>
<td><em>Hyperactive</em></td>
<td>17 (20.7)</td>
</tr>
<tr>
<td>Functional status worsening</td>
<td>46 (56.1)</td>
</tr>
<tr>
<td>Behavioral symptoms</td>
<td>9 (11.0)</td>
</tr>
<tr>
<td>Fever</td>
<td>39 (47.6)</td>
</tr>
<tr>
<td>Cough</td>
<td>11 (13.4)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>36 (43.9)</td>
</tr>
</tbody>
</table>

*Biachetto et al., 2020. J Nutr Health Aging.*
COVID-19 dementia specific vulnerability

More severe COVID

Risk of death: OR 1.84 [95% CI:1.09-3.13]


APOE e4 genotype predicts severe COVID-19

The Spectrum of Neurologic Disease in the Severe Acute Respiratory Syndrome Coronavirus 2 Pandemic Infection

COVID-dementia

COVID-19 dementia specific vulnerability

Neurological symptoms

e.g: impaired consciousness, acute cerebrovascular disease, seizures...

31% acute ischemic infarct
OUTLINE

- Mortality and vulnerability
- **Impact**: healthcare & confinement
- Measures and Learnings
CLINICS BY PHONE OR VIDEOCONFERENCE
Covid-19: French care homes face ethical crisis over life or death issues as virus takes its toll

The type of Covid-19 cases in care homes were faced with the ethical dilemma of whether to save lives or to save resources. The care homes were struggling to decide whether to prioritize the lives of the elderly or to conserve resources for those who needed them most. The situation led to widespread criticism and calls for better planning and support for care homes.

No-transfer practice at some long-term care homes denies residents rights during pandemic, say advocates

The practice of not allowing residents to transfer to other facilities during the pandemic was criticized for denying residents their rights and autonomy. Advocates called for better support and resources for care homes to ensure that residents were able to make informed decisions about their care and to access the support they needed.
Access to Care for Dementia Patients Suffering From COVID-19

The first known cases of COVID-19 in Italy were observed on January 31, in two Chinese tourists holidaying in Rome. On April 9, 2020, the total number of cases reported by the authorities reached 14,368 thousand.1 The mortality rate of coronavirus arrived at 12.2%, higher than that registered in other countries. This fact may be partially explained by the country’s relatively high proportion of older people. Mortality rate appeared to be higher for the elderly patient.

April. For the containment and management of emergency from COVID-19, government authorities have introduced draconian measures.1 Italy imposed a nationwide lockdown on March 9. However, if it is difficult trying to keep the patient’s daily routine and the structuring of his day as constant, even more, arduous is to obtain from demented people the respect of simple safeguard measures such as wearing masks and washing hands. On March 20, 2020, the Italian Higher Institute of Health reported data about characteristics of coronavirus patients who died in Italy. Dementia was assessed as one of the most common comorbidities (11.9%) among COVID-19 positive deceased patients. This recovery or with few years left to live will be allowed to die. As a result, patients with underlying conditions and elderly patients, such as demented persons may not be treated in favor of healthier and/or younger people who have more chances of recovery. In our opinion, discrimination based on personal characteristics (such as age or disability) is inadmissible, while we believe it is acceptable to say that patients who have no chance of survival receive purely palliative care. When this pandemic ends and humanity survives, how will older adults view the rest of us?

AUTHORS

Letter to the Editor
#COVIDdementia

CONFINEMENT

- Home care
- Day centres
- Therapeutics activities
- Daily social interaction
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<table>
<thead>
<tr>
<th>Symptom</th>
<th>Prelockdown</th>
<th>5 weeks lockdown</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>9.85 (7.75)</td>
<td>10.33 (8.29)</td>
<td>0.554</td>
</tr>
<tr>
<td>Delusions</td>
<td>0.63 (1.90)</td>
<td>0.75 (2.20)</td>
<td>0.565</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>0.20 (0.72)</td>
<td>0.15 (0.70)</td>
<td>0.700</td>
</tr>
<tr>
<td>Agitation/aggression</td>
<td>0.68 (1.50)</td>
<td>1.50 (2.58)</td>
<td>0.020</td>
</tr>
<tr>
<td>Depression/dysphoria</td>
<td>2.25 (3.06)</td>
<td>2.50 (3.49)</td>
<td>0.602</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4.73 (3.92)</td>
<td>5.18 (4.34)</td>
<td>0.458</td>
</tr>
<tr>
<td>Euphoria</td>
<td>0.53 (1.24)</td>
<td>0.43 (1.48)</td>
<td>0.514</td>
</tr>
<tr>
<td>Apathy</td>
<td>3.25 (3.37)</td>
<td>4.75 (3.98)</td>
<td>0.000</td>
</tr>
<tr>
<td>Desinhibition</td>
<td>0.85 (1.62)</td>
<td>0.82 (1.55)</td>
<td>0.852</td>
</tr>
<tr>
<td>Irritability/ability</td>
<td>3.33 (3.14)</td>
<td>3.83 (3.80)</td>
<td>0.278</td>
</tr>
<tr>
<td>Aberrant motor behaviour</td>
<td>1.15 (2.58)</td>
<td>1.83 (2.84)</td>
<td>0.019</td>
</tr>
<tr>
<td>Night-time behavioral disturbances</td>
<td>2.45 (3.57)</td>
<td>2.80 (3.40)</td>
<td>0.548</td>
</tr>
<tr>
<td>Appetite/eating disorders</td>
<td>3.88 (4.88)</td>
<td>4.20 (4.93)</td>
<td>0.537</td>
</tr>
</tbody>
</table>

Table 2. Changes in neuropsychiatric symptoms included in the Neuropsychiatric Inventory from baseline to 5 weeks of lockdown due to the COVID-19 pandemic.

#COVIDdementia

**ISOLATION**

- Ban on visits from partners in care (family)
- Suspension of communal and social activities
#COVIDdementia

**ISOLATION**

- Ban on visits from partners in care (family)
- Suspension of communal and social activities
- Isolation
7% increase in the prescription for antipsychotic in people with dementia from March to April
OUTLINE

Mortality and vulnerability

Impact: healthcare & confinement

Measures and Learnings
Measures and Learnings

Prioritize prevention (anticipation)
Coronavirus: Hong Kong, South Korea and Singapore have had no Covid deaths in care homes- so what can they teach us?

- Early isolation
- 3 moth supply PPE
- Annual emergency outbreak drill
Measures and Learnings

- Prioritize prevention
- Cognitive and psychological health
#COVIDdementia

**REDESIGN**

- Home care
- Day centres
- Therapeutics activities
- Daily social interaction
Measures and Learnings

- Prioritize prevention
- Cognitive and psychological health
- Compassionate isolation/quarantine
Facilities encouraged to engage artists for window therapy

Ascot care home hosts drive-through visit for families

"It was really special to see family and friends who have been there for us," said the home manager.
We have started safe visits to our homes, but not indoors unless there are exceptional circumstances.
their visiting relatives after months apart

A nursing home has installed a plastic curtain

Retirement home in Argentina creates 'hug curtain' - News
Achieving Safe, Effective, and Compassionate Quarantine or Isolation of Older Adults With Dementia in Nursing Homes


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Abstract
Nursing homes are facing the rapid spread of COVID-19 among residents and staff and are at the centre of the public health emergency due to the COVID-19 pandemic. As policy changes and interventions designed to support nursing homes are put into place, there are barriers to implementing a fundamental, highly effective element of infection control, namely the isolation of suspected or confirmed cases. Many nursing home residents have dementia, associated with impairments in memory, language, insight, and judgment that impact their ability to understand and appreciate the necessity of isolation and to vol-
With special thanks to the authors of the Covid-19 Dementia Cross-country report

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