

Caring for the Spouse of a Person Experiencing Dementia

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Abstract

People with dementia have a higher risk of getting COVID-19, are more likely to require hospitalization, and are more likely to have severe or fatal cases of this disease compared with people without dementia. A person's age and pre-existing health conditions such as asthma, diabetes, heart disease, and obesity are significant risk factors for serious illness from COVID-19 pandemic. Interestingly, these factors are also linked to dementia. However, scientists and doctors have little information about how COVID-19 pandemic affects people who have dementia.

The study found that people with dementia were twice as likely to get COVID-19 pandemic compared with people without dementia, even after adjusting for age, sex, living in a nursing home, and having similar pre-existing conditions. The researchers suggest that the memory problems associated with dementia might make it difficult for patients to stick to safety measures such as wearing masks, washing hands frequently, and social distancing.

Results showed that 73% of Black patients with dementia and 54% of White patients with dementia were hospitalized within 6 months of their COVID-19 pandemic diagnosis, compared with 25% of patients without dementia. Only 20% of Black patients with dementia but not COVID-19 and 12% of White patients with dementia but not COVID-19 pandemic were hospitalized within the same time frame. Patients of either race with dementia were almost four times more likely to die from COVID-19 pandemic than patients without dementia. The researchers also found that vascular dementia, which is caused by damage to the vessels that supply blood to the brain, led to the highest risk of COVID-19 pandemic, suggesting that damaged blood vessels might make it easier for disease-causing bacteria and viruses to get from a person's blood into the brain.

Although their findings need to be replicated using other databases and registries, the researchers note that the study lays the foundation for future research into the interactions between COVID-19 pandemic and brain diseases, including whether COVID-19's pandemic effects on the brain increase the risk of or worsen dementia. The study demonstrates the need for innovative and effective measures to protect older adults with dementia from COVID-19 pandemic as part of controlling the pandemic and highlights the pressing need to address health disparities.

The COVID-19 pandemic has significantly affected the elderly and particularly individuals with Alzheimer's disease and related disorders (ADRD). Behavioral and psychological symptoms of dementia (BPSD) are heterogeneous and common in individuals with ADRD and are associated with more severe illness. However, unlike the cognitive symptoms of ADRD that are usually progressive, BPSD may be treatable. Individuals with BPSD are facing unique challenges during the pandemic due to the inherent nature of the illness and the biological and psychosocial impacts of COVID-19 pandemic. These challenges include a higher risk of severe COVID-19 infection in individuals with BPSD due to their frailty and medical vulnerability, difficulty participating in screening or testing, and adhering to infection control measures such as physical distancing. Further, biological effects of COVID-19 pandemic on the brain and its psychosocial impact such as isolation and disruption

in mental health care are likely to worsen BPSD. In this paper, we discuss these challenges and strategies to manage the impact of COVID-19 pandemic and to

effectively care for individuals with BPSD in community, long-term care, or hospital settings during the pandemic. Despite the ongoing uncertainty associated with this pandemic, we can reduce its impact on individuals with BPSD with a proactive approach.

The COVID-19 pandemic has affected the elderly including those with Alzheimer's disease and related disorders (ADRD), creating numerous challenges to their mental health. Behavioral and psychological symptoms of dementia (BPSD) affect the majority of individuals with ADRD. BPSD are a group of heterogeneous symptoms that include motor disturbances, disinhibition, hyperactivity, psychosis, euphoria, affective symptoms, apathy, eating disturbances, and night-time behaviors. BPSD occur at all stages of cognitive disorders including pre-clinical, mild cognitive impairment, or dementia. Furthermore, specific cognitive disorders may present with different BPSD. BPSD are associated with more rapid cognitive decline and poor functional status. BPSD are widely prevalent in residents of long-term care homes where the current pandemic has had the most devastating effect. Acutely, BPSD may require emergency room assessment and hospital admission, potentially exposing patients to nosocomial COVID-19 pandemic.

The recommended treatment approach to BPSD depends on the presenting symptom or the nature of the underlying disorder. However, individualized non-pharmacologic interventions are typically first line, followed by carefully considered pharmacologic interventions. Furthermore, optimal management of BPSD requires a multidisciplinary collaborative approach between physicians, allied health clinicians, behavioral therapists, and patients' substitute decision makers. Standard interventions for BPSD involve close contact between patients and their caregivers.

Biography:

Bajrangi Yadav is an Assistant professor of Psychology, he started a career at Kamala Nehru Institute Sultanpur, India.

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