

Letter to the Editor

The dilemma of prioritizing: are we ignoring the elderly

Sir,

A very well-written article by Rochon et al has brought out the importance of age and sex in the present coronavirus disease 2019 (COVID-19) era.¹ "Prioritisation" is the call of time during this pandemic of COVID-19 and widespread lockdown. As evident on the breakfast table, we have prioritized our daily life where we have moved from pancakes and bacon to just a bowl of oats. As a doctor, we have moved from diagnosing fancy rare diseases or rare manifestation of diseases to just successful intubation of a obese hypothyroid patient with a poor Mallampati score or extubating a young patient. However, are we prioritizing too much?" This question creeps into the heart of every front liner working against COVID-19 with limited resources. Every other day, he is supposed to choose between an elderly and a young.

Are we looking down upon the wiser and the veteran population? The geriatric population is the worst affected, as evident from data across the countries.^{1,2} The associated co-morbidities and the frailty of the geriatric population add to the risk and outcomes. The geriatrics associations have laid down the guidelines to avoid and early recognition of the suspected infections.^{3,4} The main highlights of the recommendation are i) Identifying the high-risk individuals with co-morbidities ii) Taking the illness seriously and early medical consultation with symptoms related to the illness iii) Steps to avoid infections by avoiding contacts and adequate personal hygiene.

In the present age of polypharmacy, the geriatric population is on multiple formulations primarily for diabetes, coronary artery disease, chronic kidney disease, osteoarthritis, and nutritional deficiency. The newer trial drugs for prevention and management of COVID-19 like Hydroxychloroquine or Azithromycin have their share of risk among the elderly with coronary artery disease, so appropriate monitoring and caution must be taken.

A significant population of the geriatric age group requires palliative care, which has become a challenge for the caregivers, as they have limited mobility due to lockdown situations prevailing in many countries and limited availability of medications and supportive aid machines that are even difficult to get repaired. The elderly requiring physiotherapy or chronic oxygen therapy or on home-based dialysis support find difficulties for procurement of the different devices. There is a shortage in the constant availability of trained personnel.

People more than 65 years of age suffered from suicidal tendencies, as evident from the data of the Severe acute respiratory syndrome (SARS) epidemic of 2013.⁵ Majority also suffers from depression and anxiety. The principle of social distancing for control of the spread of COVID-19 infections has poised as more significant harm of causing increased stress and feeling of worthlessness among this subgroup of the population. There is an urgent need for individual volunteers and groups to be recognized as health care workers/supporters for the elderly. Every country needs to address this issue by making dedicated policies to prevent morbidity and mortality among their roots.

The medical world is now buzzing around with various research and management strategies for controlling the pandemic. Still, we need to slow down and look back to think about the needy patients, especially the elderly populations, which make probably the largest cohort of people seeking medical care. Even more in these testing times of social distancing, they still need our care to address their health issues, palliative care, and designing protocol for care if they get infected with COVID-19 or develop any complications due to their prevailing health conditions. We can take the help of teleconferencing and individual-directed sessions to help in their physical and mental health. The geriatric population is not the second option but still a priority for the medical world.

The present era needs prioritization of health care according to the age group and sex of the individual but every decision needs a second thought. More data is coming up from the European and Asian populations, giving a better outlook on Geriatric health in COVID-19.

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