



Aging, Social Distancing and COVID-19 Risk

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DESCRIPTION

SARS-CoV-2, also known as COVID-19, is a novel coronavirus disease that has now been identified as one of the most contagious human viral infections. It sparked a global epidemic and a global health emergency, with far-reaching and still-unpredictable long-term social and economic ramifications for our civilization. Elderly people appear to be more susceptible to severe COVID-19 infection, with a higher risk of morbidity and mortality than people of any other age group. Rapid social engineering and early preventative policies adopted by governments and health professionals around the world, such as travel limits, curfews, and social-physical separation, greatly reduced fatalities in the general population. Nonetheless, population-based patterns of COVID-19-related unfavourable health outcomes show that the elderly, as well as those in long-term senior care centres and nursing homes, are more vulnerable [1].

With regard to the COVID-19 pandemic, the significance of social experiences in health outcomes requires special attention. Physical distance was implemented as an effective preventive technique during the COVID-19 pandemic to lower the chance of infection. While this has helped to restrict the global spread of infection, it has also exacerbated social isolation among the elderly, as visitors to nursing homes and long-term care institutions were barred to protect their inhabitants. Due to quarantine, dread, frustration, boredom, insufficient financial resources and supplies, and stigma, the COVID-19 pandemic has increased the prevalence of negative psychological impacts such as Post-traumatic Stress Disorder (PTSD), bewilderment, and anger in people of all ages. PTSD is linked to accelerated ageing and Telomere Length (TL) degradation, a biological indicator of premature senescence, and is mostly induced by acute and traumatic stress. During somatic cell cycle in mammals, telomeres preserve genetic material from destruction. Telomere shortening might be considered a measure of biological ageing because it decreases with proliferation in each normal cell division. More importantly, PTSD in the elderly and its wide-ranging effects on the ageing process follow a complicated clinical path with specific features not found in younger people. As a result, elderly people are especially prone to the negative effects of pressures and traumatic events like social isolation, which could be worsened by the pandemic. Moreover, because there is evidence that social involvement is a predictor of effective ageing, social

frailty as a non-specific condition of vulnerability in older persons has lately garnered attention in the context of psychological disorders generated by COVID-19-related isolation measures [2,3].

Psychological processes that promote healthy ageing through social interactions appear to guard against physical disease states that are maladaptive. Although a comprehensive assessment of research on the impact of social life quality and quantity on the elderly is beyond the scope of this perspective, two key points must be addressed. First, social interactions are multidimensional, based on their cultural factors and conceptualization, and hence their linkages to health (especially in senescence) are multifaceted as well. Because the impact of social interaction on health outcomes is generally dependent on multiple layers of society (e.g., family, friends, colleagues, organisations, and community), extensive policy reform or reconceptualization aimed at improving the social atmosphere and systems for ageing populations is always needed.

Then, as people age, their social bonds shift, because of the preponderance of emerging new wants and goals, ageing may be accompanied with social disengagement or withdrawal. The requirement for a new balance between an ageing individual's social demands and their surroundings may progressively modify the present social interaction, resulting in greater physical distance than in middle age. With increasing age, functional perturbations are thought to occur, resulting in dysfunctional functioning of several endocrine glands and their target organs. Hormonal cross communication between several endocrine axes may be disrupted as a result of these hormonal problems in the aged [4,5].

At all levels and ages, the global COVID-19 epidemic in 2020 has radically altered social interaction and communication. The impact is felt most acutely among the elderly, prompting calls for intergenerational solidarity. Staying socially involved is an important component of ageing well, and staying connected is essential for avoiding loneliness, anxiety, and despair. Maintaining meaningful social relationships has a number of advantages for the aged, including a lower chance of Alzheimer's and Parkinson's diseases, increased cognitive skills, lower blood pressure and cardiac health, a lower incidence of infectious diseases, and longer life expectancy. The COVID-19 pandemic also presents a once-in-a-generation chance to raise public awareness of vulnerable people and provide resources for developing resilience for future generations.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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