

Editorial Note on Gerontology Applications in COVID-19 Pandemic

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EDITORIAL

As global health advances, the risks of contracting many chronic diseases by old age rise, as do the demands for complex treatment for those nearing the end of their lives. Aging populations are burgeoning in comparison to the younger generations that historically contribute to their care, leading economies to fail to satisfy demands for more nuanced care at higher costs with less resource due to dwindling fertility and mortality rates. As a result, parallel advancements in disease prevention, adaptation, and coping are needed.

Academics and health associations have recently recognised the role of durability as a tool in ageing models. "The ability to plan and brace for, withstand, heal from, and respond to traumatic events," according to the National Academies of Sciences (NAS). Resilience is depicted in this definition as the decline and regeneration of vital functions after adversity. Resilience differs from risk and vulnerability in that it considers the mechanisms that take place when a disturbance occurs. Recovery, which includes adaptation, is an essential component of resilience that emerges when such threats and vulnerabilities cannot be completely eliminated due to their unforeseen existence or under reasonable cost constraints.

The NAS resilience model and its phases (planning, absorbing,

rehabilitation, and adaptation) were created for crisis relief, but they can also be extended to elderly adults facing challenges (i.e., the death of a partner). Resilience in older adults refers to their ability to bounce back from setbacks, with some recovering more than others. As a part of normal ageing, essential tasks tend to deteriorate visually. Individuals of resilience are able to deal with adversity and successfully regain vital functions. A resilience viewpoint, in relation to paradigms based on the absence or treatment of disease (or other crippling challenges), acknowledges that trauma is a natural occurrence and aims to understand constructive solutions to disturbances. Early definitions of resilience were often psychological, but recent developments have broadened the concept's breadth to encompass human and environmental domains, life course temporal aspects, and applications of particular types of adversity.

The strategies for predicting or quantifying resistance vary significantly across health sectors. We contend that the well-developed principle of catastrophe resilience may fill these holes by transforming resilience into a device property that can change based on a number of factors. We study resilience modelling in catastrophe and health literature, point out emerging limitations and challenges in quantifying ageing and resilience, and present a dynamic processes structure for quantifying resilience in older adults in the sections below.

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