

Impact of the COVID-19 Pandemic on Alzheimer's Patients

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COMMENTARY

The coronavirus illness 2019 (COVID-19) outbreak occurred and rapidly spread over the world, caused by the new coronavirus SARS-CoV-2, which mostly affects the lower respiratory tract. To combat the pandemic and prevent its spread, various governments, including China's, were forced to implement a range of "lockdown" measures in January 2020. COVID-19 will have created a one-year pandemic by December 2020, affecting the lives and livelihoods of the entire human population.

Dementia sufferers are mostly cared for by their spouses or children, or they live in nursing homes. The lockdown was implemented in order to minimise the spread of COVID-19; thus, patients with dementia and their caretakers remained at home together. Furthermore, persons with dementia may not grasp changes in their lives and may find it difficult to adjust to lockdown due to disrupted routines. The capacity to explain COVID-19 and the lockdown to a dementia patient is dependent on the severity of the disease and the patient's desire to acclimate to a new routine. These changes may have an impact on both the quality of care and the progression of dementia. Because of the pandemic, many chronic diseases, including dementia, have had their follow-up postponed or marginalised.

We conducted the first long-term investigation on the effects of the COVID-19 pandemic on dementia. We followed up with dementia patients who visited Tianjin Dementia Institute's memory clinic from 1 January to 12 December 2019 and evaluated their cognitive and neuropsychological profiles face-to-face during the COVID-19 pandemic to investigate cognitive and neuropsychological changes, as well as the proportion of rapid cognitive decline (RCD). These findings offer clinical support for CI therapies during a public health emergency.

Recent simulation models predict that outbreaks would reoccur after the initial wave of infections, and that physical separation may

be required for more than a year, or until immunisation becomes available, which is likely to take 12 to 18 months or longer. 6 Although these simulation models may be unreliable, it is prudent to treat them as the worst-case scenario. Given the potential that the COVID-19 danger would persist in the medium term, The goal of this study is to look at the relationship between dementia and old age (the largest risk factor for AD and other common dementias) and COVID-19, as well as the relationship between apolipoprotein E (ApoE4) and COVID-19 and the impact of COVID-19 on the brain and cognition. We also highlight the challenges encountered in the care and management of older people with dementia in various settings, and we propose strategies that health-care providers (HCP) can use to address these challenges in regions where outbreaks are ongoing, as well as to improve preparedness for recurrent outbreaks.

The number of illnesses and deaths has increased worldwide, and the World Health Organization has designated the COVID-19 pandemic to begin in 2020. The first coronavirus patient was identified in Spain. Currently, the country is approaching 219 764 cases and 22 524 deaths. There has been no global or uniform reaction to the pandemic, and each country is dealing with the problem based on its unique capabilities, skills, and hypotheses. Although the pandemic is affecting whole populations around the world, elderly persons are at the highest risk of death, with the majority of deaths occurring in those over the age of 70. Alzheimer's disease (AD) is extremely common in this age group. The Spanish government announced a state of emergency, banning most groups of people, including all older people, from venturing out into the streets; this was accompanied by the closure of day centres and cognitive stimulation centres. Patients with Alzheimer's disease had to be at home 24 hours a day, and their caretakers had to stay at home as well. Because these patients frequently have memory issues, they may have difficulty grasping the scenario, causing tension and anxiousness in both the patients and their careers.

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