



High-Risk Population (Older Adults) against Covid-19 during Quarantine in Bolivia

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Since we began to know the scope of this pandemic, according to WHO / PAHO recommendations, the elderly were identified as the population most at risk from the contagion of COVID-19, due to the deaths that had been occurring in countries especially Europeans, but unfortunately this scenario also reached Bolivia with human losses.

Now in the face of a possible outbreak, the recommendation continues for them to isolate themselves socially, returning to present psychological affectations that this self-marginalization promotes. Among them, fear, stress, anxiety and irritability, among others. In this context, the challenge is: How do we promote social isolation without transforming it into loneliness for the elderly?

The World Health Organization (WHO) defines stress as a set of physiological reactions that occur when a person is subjected, by internal or external factors, to a state of nervous tension and is not able to handle it in a good way. Dealing with these factors is not easy, also considering the limitations of advanced age, underlying diseases and uncertainty.

It is evident that the coronavirus has not infected the entire Bolivian population, but due to the neglect of the population in recent times, they caused the statistical indicators of infections to increase again, according to information from the Ministry of Health, so that a regrowth can to psychologically impact each one of us and much more to this population considered to be at greater risk. For the moment, fear and uncertainty have decreased and it is thought that the emergency is over. However, in the face of a possible outbreak, what will be its effects on this highly vulnerable population?

In the elderly there were, in the first instance, questions such as: "How much can I do to avoid getting infected? Will I be seen in the hospital on time? How long will I have to

isolate myself? Am I going to get depressed? In this sense, the first advice proposed was to identify which of them can be controlled and which cannot, this meant that in what cannot be controlled, there is nothing left but to look for ways to cope, recognize and finally adjust or adapt to the situation. The main mistake is to deny or avoid the situation.

It is better to allow yourself to feel fear or anguish as an initial part of a process of high emotional stress, and then to socialize these emotions, seek containment and, in this way, begin to regulate them.

It is thought that older adults due to their physical fragility, also have psychological fragility, and this is a common error of society, it can occur at any age. Most of them have psychological resources to face stressful situations. Given the socio-political conditions of Bolivia from years ago like the current ones, they have gone through many more strong episodes during a lifetime, they have more practice and they have been facing situations that cannot change for more years and they have had to adapt to all of them.

Our challenge as mental health professionals was to ensure that the necessary social isolation, which seeks to protect the elderly, does not become a feeling of loneliness. For this, their closest circle has had to have a planned attitude, with systematic contact via telephone with close people of the third age. Establish routines that ensure when and at what time they will be called, find ways to make them feel calm, convey to them that they will not lack food or medicine or oxygen during a possible or eventual contagion, allow themselves to generate spaces for conversation on everyday topics that are not related to the pandemic.

Thanks to technology, being physically isolated does not mean being socially isolated. Having communication there is interaction and social contact. The contact that virtual

communication devices allow, including the telephone, is essential. Helping them maintains routines, taking advantage of fulfilling or to-do tasks at home have kept them active and busy.

Due to the fact that in our environment the coexistence of the family with the elderly is normal, there were other types of conflicts in space during the rigid quarantine, and it was the increase in intrafamily violence. The families had to stay all at home, they did not go out as they did before, the spaces and routines within the home of the elderly were no longer respected. However, as challenges, it was proposed to promote listening to their fears or the externalization of their fears and the expression of affection in order to turn highly dangerous and violent homes into welcoming homes.

One aspect to be considered very carefully is older adults with cognitive disorders such as dementia or Alzheimer's, social isolation in these cases can be particularly difficult,

not only for them, but also for those who accompany them. People with dementia have had difficulties understanding the epidemic and adapting to changes in routine, increasing problems due to anxiety and lack of physical activity or social contacts that could be observed in disorientation, irritability or lack of sleep problems. In this case, the psychology intervention was to facilitate follow-up, encourage participation in activities that interest them and that fit their abilities. It was also recommended to provide them with household chores such as folding clothes, making the bed or sweeping. In addition to validating their actions and giving them positive reinforcements.

The best tools to use with elderly people, whether or not they have cognitive disorders, is the use of humor to cope with this new health and socio-political context that Bolivia experienced, to cushion negative emotions, provide a sense of peace and also the inclusion of music to help with positive memories.

