PriMera Scientific Medicine and Public Health Volume 1 Issue 3 November 2022 ISSN: 2833-5627



# High Demand of Digital Health Technologies for Elderly and Dementia Care during COVID-19 Pandemic

#### Type: Perspective

Received: September 19, 2022 Published: November 12, 2022

### Citation:

Krishna Prasad Pathak., et al. "High Demand of Digital Health Technologies for Elderly and Dementia Care during COVID-19 Pandemic". PriMera Scientific Medicine and Public Health 1.3 (2022): 23-26.

## **Copyright:**

© Krishna Prasad Pathak., et al. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

# Krishna Prasad Pathak<sup>1\*</sup> and Luiz Ramos Robberto<sup>2</sup>

<sup>1</sup>Nepal Open University, Alzheimer Related Dementia Society Nepal. Department of Preventive Medicine, EPM/UNIFESP, Nepal

<sup>2</sup>Department of Preventive Medicine, EPM/UNIFESP

\*Corresponding Author: Krishna Prasad Pathak, Nepal Open University, Alzheimer Related Dementia Society Nepal. Department of Preventive Medicine, EPM/UNIFESP, Nepal.

COVID-19 is a global pandemic, with the highest rates in the US [1]. Many countries have enforced lockdown and social distancing as a process to control the epidemic [2]. Despite such stringent global efforts, the numbers of cases are again continuing to rise [3], and all aspects of society are being impacted [4]. The cases of COVID-19 in South Asian are comparatively less than developed countries, even though poor health care facilities are available [5]. Internationally, health authorities and governments are warning older people (those over 65 years old) of the high risk of negative outcomes associated with COVID-19 [6]. Older people and those with dementia are at high-risk of COVID-19 due to their age and multiple comorbidities.

An important element to consider is that people with dementia may have limited access to information on COVID-19 and experience difficulties in applying safety strategies (social isolation, self-quarantine measures, wearing masks, and personal hygiene). Therefore, people with dementia may be more dependent on family members and social caregivers to support them [7] to live within government guidelines. This is further impounded by the provision of information through social media and the implementation of digital health technologies. Older people with dementia living in residential settings have not been able to engage with their family members due to the banning of visitors and with the cessation of group activities [8], older people, and those with dementia, are becoming further isolated [9].

The consideration of the impact of COVID-19 on older people and those with dementia is essential due to the aging global population [10]. The global population of those over 65 years of age was estimated to be over 562 million in 2012, and the population of older adults rose by 55 million in 2015, which is projected to be double by 2050 [11]. Cognitive impairment is common in the older population, although is not a natural part of ageing [12]. The cognitive function of an individual may decrease with age, but mild cognitive impairment and dementia impacts on the person's ability to independently complete their own activities of daily living, as well as impacting on their memory, language, and orientation. Recent studies showed that the use of computer helped in cognitive stimulation and improved cognitive function with mild cognitive impairment of elderly people [45]. The combined intervention of digital inclusion and physical exercise helped to prevent cognitive and functional loss with elderly [46]. Cognitive decline is a significant issue in aging and it is associated of dementia patients and increases independence, quality of life and falls. Thus, dementia can negatively impact on a person's quality of life and life expectancy [13]. Dementia poses a challenge to the long-term financial sustainability of health systems worldwide [14]. Likewise, the number of people living with dementia in the developing countries will reach to 71% by 2040 [15] in developed countries such as Western Europe 9.9%, in North America 9.2%, and in America 9.1% of the population by 2040 [16] furthermore, older adults with dementia require further care services such as; care delivery, medication management, education and training for family members and informal caregivers, cognitive interventions, but also leisure activities to support a person with dementia to remain independent, all of which are currently extremely limited [17].

Interventions to support people with dementia at home, have begun to use video telehealth, which has been found to be feasible to deliver cognitive rehabilitation [18] and improve cognitive performance [19, 20]. Face to face videoconference [21], pharmacological interventions [22], technology-based behavioral interventions [23] and cognitive assessments [24]. These approaches demonstrate that technology-based interventions for older people and those with dementia appears both affordable [25] and reliable [26]. COVID-19 has forced and enabled the adoption of technology in dementia support and care in the form of prevention, early detection, care, management and diagnosis [27]. The applications of these technologies could support older people and those living with dementia in rural areas, and those who have migrated and may have linguistically diverse languages. The COVID-19 crisis has provided the opportunity to embrace technology, to support older people, and those with dementia to maintain their connections with the outside world during self-isolation. Health policy makers, service providers and clinicians need to consider these innovative opportunities and support the technological transformation of dementia practice in the coming years [28].

Digital health technologies can support a reduction in the provision of care in hospital settings, and support the management of infections [29]. Considering a significant contribution of digital technologies, the American Academy of Neurology has developed guidelines to implement telemedicine services for clinicians to assess and examine their patients, although some limitations have been acknowledged, such as the follow-up appointments [30]. However, this has not been converted into clinical practice as yet. COVID-19 has forced nations to consider the use of digital health, such as telehealth and e-health, which can contribute to the management of communicable diseases during the pandemic and possibly slow the infection rate of COVID-19 through supporting social distancing [31]. Digital health technologies provide and improve patients' health, and reduces expenses and as well as the need for care facilities [32]. Telemedicine and mobile care tele-mentoring, tele critical care were significantly useful to offer care facilities during COVID-19 [33]. Within the specialist field of dementia memory screening tools, care, management of behavioral and psychological symptoms in dementia and consultations [34], have occurred through the use of remote technology. This approach has supported the difficult balance of maintaining social distancing and continuing to support people living with dementia, and those caring for them, but has also enable a significant cost reduction to the health system and decreased the risk of infections [35]. Furthermore, these processes have enabled clinical decisions, diagnoses and outcomes to be supported in a timelier manner, supporting earlier intervention opportunities [36] to support and improve mental health.

Technology can also contribute to the reduction of the burden on healthcare institutions and professionals [37]. Technology has also been applied through satellite monitoring, health sensors and apps, Drones (drones were applied in carrying medicine), spraying disinfectants and 3D Printing which was deployed to mitigate shocks to the supply chain and export bans on personal protective equipment [38]. Digital health technologies have not only supported older people and those with dementia, through remote screening and the facilitation of care during a pandemic [39]. Telehealth played directly and indirectly in reducing the contamination by enabling physical distancing, tracking symptoms and detecting timely using interventions [40]. Further, telehealth supported to bring out put with patients' safety, reliable and flexible regulatory [41]. Virtual care using technologies in home patients and out patients care in health institution, initial COVID-19 hospital surge, and post pandemic recovery was most effective for the care of the dementia patients [42].

Emerging technologies are changing our daily lives under lockdown. The COVID-19 crisis has shown a further way that emerging technologies like the internet and artificial intelligence are not just tools, they are essential to the functioning of our society and econo-

my in this 21<sup>st</sup> century. Thus, such digital tools must adapt as essential developmental procedure as the time progress. It is not only for COVID-19 issues but also should be implemented to make our daily life easiest than before to fight with communicable disease. Digital technology enables to educate from remote to health workers and populations to follow better care in limited resources and accurately using the Chatbots information getting update of current health systems and patients care home location of their activities and protect from the spread of the virus. Also, saved time, money and to all the sectors and will be cost effective [43].

However, is still a gap in the research regarding how and which digital health (DH) technologies can be effective to support older people and those with dementia patients. But the reality is we are seeking more reliable proof to apply and implement the full potential of this growing area in health science [44]. Therefore, supporting older adults with dementia and maintaining their well-being during COVID-19 has become an urgent to apply digital health technology.

## References

- 1. World Health Organization (WHO). Coronavirus disease (COVID-19) Pandemic (2020).
- 2. Pathak KP, Gaire T and Chalise HN. "Novel Coronavirus Disease (COVID-19): Social Distancing, Isolation and Quarantine are Key Success Factors of Nepal's Public Health Practices or Something Else". Kathmandu Univ Med J(KUMJ) (2020): 68-74.
- 3. Pathak KP. "COVID-19 in Nepal: Lower Than Expected Incidence and Mortality". Asia Pacific J Public Health 32.6-7 (2020): 366.
- Pathak KP, Gaire T and Ho MH, Chang HCR. "Why has COVID-19 not hit the countries like Nepal yet?". Rev environ health 36.2 (2020): 185-191.
- 5. Chalise HN and Pathak KP. "Situation of COVID-19 Pandemic in South Asia". J Health Allied Sci 10.2 (2020): 11-14.
- 6. Brooke J and Jackson D. "Older people and COVID-19: Isolation, risk and ageism". J Clin Nurs 29.13-14 (2020): 2044-2046.
- 7. Wang H, Li T and Barbarino P. "Dementia care during COVID-19". The Lancet 395.10231 (2020): 1190-1191.
- 8. US Centers for Disease Control and Prevention. CDC's recommendations for the next 30 days of mitigation strategies for Seattle-King, Pierce, and Snohomish Counties based on current situation with widespread COVID-19 transmission and affected health care facilities (2020).
- 9. Ministry of Civil Affairs. Urgent call for prevention and control of the novel coronavirus pneumonia in nursing homes (2020).
- 10. National Institute of Health 2016. World's older population grows dramatically.
- 11. He W, Goodkind D, Kowal P. An aging world: 2015. International population. P95/16-1 report (2016).
- 12. Soleimani R., et al. "An investigation into the prevalence of cognitive impairment and the performance of older adults in Guilan province". J Med Life 11.3 (2018): 247-253.
- 13. Ramos LR., et al. "Minimum questions to track addiction in activities of daily living in the elderly". Public Health Magazine 47 (2013): 506-13.26.
- 14. Jakovljevic M., et al. "Real GDP growth rates and healthcare spending comparison between the G7 and the EM7 countries". Global Health 16 (2020): 64.
- 15. Ferri CP., et al. "Global prevalence of dementia: a Delphi consensus study". Lancet 366.9503 (2005): 2112-7.
- Rizzi L, Rosset I and Roriz-Cruz M. "Global Epidemiology of Dementia: Alzheimer's and Vascular Types". Biomed Res Int (2014): 1-8.
- 17. Pathak KP and Montgomery A. "General practitioners' knowledge, practices, and obstacles in the diagnosis and management of dementia". Aging Ment Health 19.10 (2015): 912-20.
- Burton RL and O'Connell ME. "Telehealth rehabilitation for cognitive impairment: Randomized controlled feasibility trial". JMIR Research Protocols 7.2 (2018): e43.
- 19. Jelcic N., et al. "Feasibility and efficacy of cognitive telerehabilitation in early alzheimer's disease: A pilot study". ClinInterv Aging 9 (2014): 1605-1611.
- 20. Meyer AM., et al. "Telerehabilitation of anomia in primary progressive aphasia". Aphasiology 30.4 (2016): 483-507.
- 21. Berk C, Paul G and Sabbagh M. "Investigational drugs in Alzheimer's disease: current progress". Expert OpinInvestig Drugs 23.6 (2014): 837-846.

- 22. Boyd HC., et al. "Using simple technology to prompt multistep tasks in the home for people with dementia: an exploratory study comparing prompting formats". Dementia (London) 16.4 (2017): 424-442.
- 23. Yiannopoulou KG and Papageorgiu SG. "Current and future treatments for Alzheimer's disease". Ther Adv Neurol Disord 6.1 (2013): 19-33.
- 24. Poon P., et al. "Cognitive intervention for community-dwelling older persons with memory problems: telemedicine versus faceto-face treatment". Int J Geriatr Psychiatry 20.3 (2005): 285-286.
- 25. Chung J, Demiris G and Thompson HJ. "Ethical considerations regarding the use of smart home technologies for older adults: An integrative review". Annu Rev Nurs Res 34 (2016): 155-181.
- 26. Lancioni GE., et al. "Technology-based behavioral interventions for daily activities and supported ambulation in people with Alzheimer's disease". Am J Alzheimer's Dis Other Dement 33.5 (2018): 318-26.
- 27. Astell A., et al. "Technology and dementia: The future is now". Dementia and Geriatric Cognitive Disorders 47.3 (2019): 131-139.
- 28. Cheung G and Peri K. "Challenges to dementia care during COVID-19: Innovations in remote delivery of group Cognitive Stimulation Therapy". Aging Ment Health 25.6 (2020): 977-979.
- 29. Caso V and Federico A. "No lockdown for neurological diseases during COVID19 pandemic infection". NeurolSci 41.5 (2020): 999-1001.
- Hatcher-Martin JM., et al. "Telemedicine in neurology: telemedicine work group of the American academy of neurology update". Neurology 94.1 (2020): 30-8.
- 31. Xiao Y and Fan Z. "World Economic Forum. 10 technology trends to watch in the covid-19pandemic". World Economic Forum (2020).
- 32. Caffery LJ. "Telehealth interventions for reducing waiting lists and waiting times for specialist outpatient services: a scoping review". J Telemed Telecare 22 (2016): 504-12.
- Scott BK., et al. "Advanced Digital Health Technologies for COVID-19 and Future Emergencies". Telemed e-Health 26.10 (2020): 1226-1233.
- 34. Soares WB., et al. "The Influence of Telemedicine Care on the Management of Behavioral and Psychological Symptoms in Dementia (BPSD) Risk Factors Induced or Exacerbated During the COVID-19 Pandemic". Front psychiatry 11 (2020): 577629.
- 35. Kim H, Jhoo JH and Jang JW. "The effect of telemedicine on cognitive decline in patients with dementia". J Telemed Telecare 23.1 (2017): 149-54.
- Donelan K., et al. "Patient and clinician experiences with telehealth for patient follow-up care". Am J Manag Care 25.1 (2019): 40-44.
- 37. Mitchell M and Kan L. "Digital technology and the future of health systems". Health Syst Reform 5.2 (2019): 113-20.
- 38. Manigandan S., et al. "A systematic review on recent trends in transmission, diagnosis, prevention and imaging features of COVID-19". Process Biochemistry 98 (2020): 233-244.
- 39. Lurie N and Carr BG. "The role of telehealth in the medical response to disasters". JAMA Intern Med 178.6 (2018): 745-746.
- 40. Blandford A., et al. "Opportunities and challenges for telehealth within, and beyond, a pandemic". The Lancet Global Health 8.11 (2020): 1364-1365.
- 41. Agboola S, Kvedar J and Target S. Telemedicine and patient safety. AHRQ patient safety network (2020).
- 42. Wosik J., et al. "Telehealth Transformation: COVID-19 and the rise of Virtual Care". J Am Med Inform Assoc 27.6 (2020): 957-62.
- 43. Bettinger K. COVID-19: Emerging technologies are now critical infrastructure what that means for governance. World Economic Forum (2020).
- 44. Thomas S. Nesbitt; Jana Katz-Bell. Chapter 1: History of Telehealth.
- 45. Krug R. de R., et al. "The effect of using computers and the Internet on the cognitive function of elderly people". Lectures: EducaciónFísica y Deportes 26.275 (2021): 179-195.
- 46. Ana Paula Vicentin., et al. "Effects of combined digital inclusion and physical activity intervention on the cognition of older adults in Brazil". Gerontechnology 19.3 (2020): 1-10.