The COVID-19 pandemic has caused all of us to adapt to new realities like social distancing and sheltering in place. In addition, many health care clinics and facilities are consulting with patients by phone or through telemedicine; churches, hobby groups and social organizations have taken their activities to Facebook and YouTube and schools, businesses and restaurants can only be accessed online.

For school-aged children, college students and working adults, technologies like FaceTime and Zoom have eased some of the hardships created by the necessary public health responses. However, John Culberson, M.D., director of clinical geriatric programs at the Texas Tech University Health Sciences Center (TTUHSC) Garrison Institute on Aging, said making such adjustments to daily routines has not been quite so simple for elderly individuals.

Culberson said the situation is especially difficult for individuals with dementia who live with family members. Rather than spending a structured day with their caregiver or at an activities center, many are now in a home environment, which potentially includes individuals working from home and even grandchildren adapting to home school.

To help seniors deal with the isolation and frustration these changes can cause, Culberson recommends families set up a call schedule to consistently stay in touch. The calls should involve as many people and times as possible so that during the course of a normal day they get five or 10 phone calls from different family members.

“If you can come up with a telephone schedule where they know that every two hours someone's going to call, they'll be looking forward to it,” Culberson explained. “They might even think of a question or they may try to plan for something they want to tell you they heard about. Set up some
activities and accept that some may work better than others. Structure, structure, structure and contact with family members is a good thing.”

More time at home means many seniors are watching more TV, where COVID-19 stories and warnings seem to never end. Because of that, Culberson said they may bring up advanced directives like wills, do-not-resuscitate wishes and other end-of-life scenarios younger people can be uncomfortable discussing.

“For many it's probably one of the most important things to talk about now,” Culberson emphasized. “They might feel one way and you might feel another way; so you need to get that discussion out of the way. It's been shown over and over again that they want to talk about those things.”

With media reports often focusing upon mortality rates, the shortage of health care resources and the number of nursing home patients who are sick, seniors can start to equate COVID-19 with death. While it is true that older people, especially those with multiple medical problems, experience higher mortality rates Culberson said it’s equally true that the majority survive.

“That's something I haven't really heard much; however, it’s true,” he added.

Culberson said it’s equally important to let seniors to know the virus doesn’t travel more than a few feet in the wind and it’s ok to spend time in the garden or backyard as long as they keep their distance from people other than their spouse. It also is important to reassure them they won’t necessarily be forced to separate from their spouse if one of them gets sick.

“Having their spouse there is an important part of their life and in some cases, its essential that they stick together,” he added. “Let them tell you what they're thinking, respecting their dedication to each other and their willingness to be together to the very end.

At the end of the day, Culberson said it’s important to let seniors know they still have some control over their life and that their family supports them.

“Lecturing them and trying to teach them doesn't work very well and tends to distance your relationship with them when they need you the most. So let them tell you what they think; that's the best medicine for them.”