Anxiety in the elderly in the context of the COVID-19 pandemic

Ansiedade em idosos no contexto da pandemia de COVID-19

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ABSTRACT
Anxiety is a complex phenomenon. It involves aversive components in behavioral contingencies and can manifest in both respondent and operant contexts. Anxiety is a common emotion that serves as a warning signal in challenging situations but can become uncontrollable, leading to physical and mental health issues, especially in the elderly. Anxiety disorders are characterized by excessive fear and constant worry, often linked to genetic, environmental, and age-related factors. These disorders can negatively affect the quality of life and increase the risk of suffering and disability, especially in the elderly. Research has shown an inverse relationship between clinical anxiety and the quality of life in older individuals, leading to higher distress levels, functional impairment, and increased healthcare costs. Anxiety is also associated with memory problems in the elderly, further impacting their well-being. The COVID-19 pandemic has
highlighted the impact of anxiety on the emotional well-being of the elderly. Social isolation during the pandemic has led to symptoms of depression, loneliness, and anxiety in both young and older individuals. Changes in daily routines, uncertainty about the future, and grief due to loss of loved ones have intensified these emotional responses. The pandemic has exacerbated the immune system's decline in older individuals, further affecting their emotional well-being. Psychosocial consequences of social isolation are not exclusive to the pandemic and have been observed in previous episodes of isolation. The loss of friends or family members of the same age during the pandemic has intensified emotional responses, including sadness, post-traumatic stress syndrome, and persistent grieving symptoms. In conclusion, anxiety is a multifaceted phenomenon that profoundly impacts the physical, mental, and emotional well-being of the elderly. The COVID-19 pandemic has emphasized the importance of addressing anxiety in this population, not only for their immediate well-being but also for the potential long-term consequences. Targeted interventions and support systems are crucial to help the elderly manage and mitigate anxiety effectively.

**Keywords:** public health, mental health, COVID 19.

RESUMO

A ansiedade é um fenômeno complexo. Ela envolve componentes aversivos em contingências comportamentais e pode se manifestar tanto em contextos respondentes quanto operantes. A ansiedade é uma emoção comum que serve como um sinal de alerta em situações desafiadoras, mas pode se tornar incontrolável, levando a problemas de saúde física e mental, especialmente em idosos. Os distúrbios de ansiedade são caracterizados por medo excessivo e preocupação constante, frequentemente associados a fatores genéticos, ambientais e relacionados à idade. Esses distúrbios podem afetar negativamente a qualidade de vida e aumentar o risco de sofrimento e incapacidade, especialmente em idosos. Pesquisas têm mostrado uma relação inversa entre a ansiedade clínica e a qualidade de vida em idosos, levando a níveis mais altos de angústia, comprometimento funcional e aumento dos custos com cuidados de saúde. A ansiedade também está associada a problemas de memória em idosos, afetando ainda mais o seu bem-estar. A pandemia de COVID-19 destacou o impacto da ansiedade no bem-estar emocional dos idosos. O isolamento social durante a pandemia tem levado a sintomas de depressão, solidão e ansiedade tanto em jovens quanto em idosos. Mudanças na rotina diária, incerteza em relação ao futuro e luto pela perda de entes queridos têm intensificado essas respostas emocionais. A pandemia tem agravado o enfraquecimento do sistema imunológico em idosos, afetando ainda mais o seu bem-estar emocional. As consequências psicossociais do isolamento social não são exclusivas da pandemia e já foram observadas em episódios anteriores de isolamento. A perda de amigos ou familiares da mesma idade durante a pandemia tem intensificado as respostas emocionais, incluindo tristeza, síndrome do estresse pós-traumático e sintomas persistentes de luto. Em conclusão, a ansiedade é um fenômeno multifacetado que afeta profundamente o bem-estar físico, mental e emocional dos idosos. A pandemia de COVID-19 enfatizou a importância de abordar a ansiedade nessa população, não apenas para o seu bem-estar imediato, mas também para as potenciais consequências a longo prazo. Intervenções direcionadas e sistemas de apoio são fundamentais para ajudar os idosos a gerenciar e mitigar eficazmente a ansiedade.

**Palavras-chave:** saúde pública, saúde mental, COVID 19.
1 INTRODUCTION

The concept of anxiety, according to various authors such as Banaco (2001), Zamignani and Banaco (2005), and Côelho and Tourinho (2008), is better understood by considering the complex relationships between the organism and its environment. These relationships may involve corresponding contingencies, operants, and conditionings. Regardless of the approach used, anxiety involves aversive components in the contingencies that generate this state. Estes and Skinner's (1961) conditioned suppression model describes anxiety as a response to conditioned aversive stimuli that can act as motivation for negatively reinforced behaviors. When there is no possibility of escape or avoidance, the process of conditioned suppression is observed, leading to a reduction in positively reinforced behaviors. This definition acknowledges the complexity of behavioral relationships involving anxiety, whether in a respondent or operant context, highlighting the need for a specific functional analysis for each of these relationships.

2 DEVELOPMENT

The description of anxiety presented by Estes and Skinner (1961) is based on two points: (1) the respondent conditioning process that triggers certain physiological responses, and (2) the process corresponding to the effect of this physiological condition (state of anxiety) under operant conditions, thus identifying the process of conditioned suppression. In this way, based on a Skinnerian conception, anxiety can be defined as a term generally attributed to: (A) respondents provoked by a conditioned aversive stimulus; (B) which can serve as a motivating operation for emitting negatively reinforced responses; and (C) but under conditions where there are no possible escape or avoidance responses, the process of conditioned suppression is observed, i.e., a decrease in the emission of positively reinforced operant behaviors (MILLENSON, 1975; BANACO, 2001; QUEIROZ AND GUILHARDI, 2001; ZAMIGNANI AND BANACO, 2005). This definition encompasses the multiple behavioral relationships that make up what is known as anxiety, whether in a respondent or operant context, thus emphasizing the need for a specific functional analysis for each of these relationships.

Anxiety is a common emotion in people's lives and can serve a useful purpose by acting as a warning signal in challenging situations. However, when anxiety levels become uncontrollable, they can lead to unpleasant symptoms such as palpitations, chest pain, abdominal discomfort, and restlessness. This can affect physical and mental health, especially in the elderly,
whose age-related fragility can intensify these symptoms, harming their quality of life (OLIVEIRA ET AL., 2006; UCHMANOWICZ AND GOBBENS, 2015; DELPHIN-COMBE ET AL., 2016; MACHADO ET AL., 2016).

Anxiety disorders are characterized by excessive fear and constant worry about threats, disrupting daily routines. These disorders are complex and can be influenced by environmental and genetic factors, as well as biological changes related to age. Anxiety is also related to mood disorders and can be associated with depression, frailty, and other psychological problems. In general, anxiety affects a large number of people, regardless of their ethnic background, education level, gender, or income, and is particularly prevalent in the elderly population. Furthermore, it can have a negative impact on quality of life and increase the risks of suffering and disability (ANTUNES ET AL., 2005; WOLITZKY-TAYLOR ET AL., 2010; PRINA ET AL., 2011; LAMPL ET AL., 2016).

Pathologically, anxiety can be present in specific disorders such as Generalized Anxiety Disorder (characterized by excessive apprehension or excessive worry about multiple everyday problems), Panic Disorder (unexpected and recurrent panic attacks not related to specific stimuli or situations), Agoraphobia (marked fear or anxiety that occurs in various situations where the individual believes it is difficult to escape or receive help, if necessary, such as using public transportation, being in crowded places, or even being alone outside the home), Specific Phobia (excessive and marked fear or anxiety that occurs after exposure or anticipated exposure to one or more specific objects or situations, e.g., certain animals, air travel, heights, enclosed spaces, blood, or injuries), Social Anxiety Disorder (excessive anxiety that occurs in social interaction or performance situations in front of other people), Selective Mutism (which often occurs in children, causing them not to speak in social situations where there is an expectation or demand that they speak, such as in the school environment. At home, in the presence of immediate family, they speak without a problem, but often do not do so with close friends or more distant relatives, and is associated with other pathologies), and others (O'CONNOR, 2010; ECKHOLDT, WATSON, AND O'CONNOR, 2018, FROTA ET AL., 2022).

Scientific literature has revealed an inversely proportional relationship between quality of life and clinical anxiety in the elderly, as demonstrated by research by Fazzi et al (2015). This means that as clinical anxiety increases, the quality of life tends to decrease in older individuals. Studies have shown that elderly individuals with anxiety experience higher levels of distress.
functional impairment, and seek more medical attention, which can result in higher healthcare costs.

Additionally, memory problems in the elderly are also associated with elevated levels of anxiety and stress, which may be related to psychological changes (LÓPEZ ET AL., 2020; PHILIP ET AL., 2020; RÖHR, REININGHAUS, AND RIEDEL-HELLER, 2020; WHATLEY ET AL., 2020; KNEPPLECARNEY ET AL., 2021).

Quality of life can, therefore, be influenced by different circumstances, leading to varying levels of anxiety, with a growing need to understand how anxiety influences the health of the elderly (LOUREIRO ET AL., 2014). Inappropriate psychological manifestations in terms of intensity, frequency, or duration, such as anxiety, can cause discomfort in well-being and, consequently, interfere with the quality of life, especially by restricting their social life (UCHMANOWICZ AND GOBBENS, 2015).

That is an exceedingly vital and necessary subject for discussion. The Local Government Association (LGA) of England has recognized that social seclusion will have an immediate impact on Emotional Well-being, including unease, brought about by concerns related to the outbreak, potential illness, and the isolation resulting from self-imposed separation and confinement (lga, 2020).

In the longer term, it is also projected that other Emotional Well-being issues will emerge, encompassing post-traumatic stress syndrome, sadness, an increased risk of self-harm, self-inflicted harm, and grief resulting from mourning (O'CONNOR, 2010; ECKHOLDT, WATSON, AND O'CONNOR, 2018).

Once more, as mentioned in the conversation about cognitive consequences, this research did not evaluate Emotional Well-being before the pandemic. Worldwide literature broadly presents the existence of psychosocial consequences in elderly individuals during the COVID-19 pandemic isolation period. Lebrasseur et al (2021) conducted a review comprising 135 papers and noticed, in most investigations, the presence of symptoms such as despondency, worry, fear, and aloneness (these investigations appraised patients with and without previous Emotional Well-being conditions).

Nevertheless, in the majority of studies, symptoms like despair, sorrow, fear, and unease were connected to the isolation experienced during confinement periods in numerous parts of the world: Emerson (2020) demonstrates signs of pressure and solitude in both young and older
individuals in the USA; Wong et al (2020) unveil a substantial surge in solitude, unease, and insomnia since the initiation of the COVID-19 pandemic confinement in a population of 583 elderly individuals in Hong Kong; Bobes-Bascarán et al (2020) present in their Spanish study, which involved 2,194 elderly individuals interviewed over the phone, the existence of avoidant and depressive inclinations; Ekoh et al (2020) illustrate the presence of sadness, unease, fear, and aloneness in the expressions of elderly individuals assessed in their rigorously qualitative study in Nigeria (other investigations with similar findings: Bruine, 2020; Callow et al, 2020; Kwegyir, 2020; Nwachukwu et al, 2020; Picaza Gorrochategi et al, 2020; Zhang et al, 2020).

Likewise, modifications in daily routines can trigger feelings such as dread, aloneness, anger, unease, stress, hopelessness, etc. Periods of uncertainty and a lack of daily control (such as during isolation, or even the pandemic itself, or even the individual's survival through the pandemic) can provoke sensations of apprehension and anxiety (VRACH AND TOMAR, 2020).

In situations where there are fatalities of loved ones and acquaintances, the grieving process becomes more challenging, potentially leading elderly individuals to experience sadness, and in some instances, even self-destructive thoughts (VIANA, LIMA SILVA, AND LIMA, 2020).

Consequently, concerns and doubts about the unpredictability of the future, the cessation of isolation, and when they will indeed be protected can surface (MOREIRA AND SOUZA, 2021), as evident in this study.

Oliveira et al (2021) emphasize the interplay between emotions, sentiments, and the immune system, which are mutually dependent and self-influencing. Favorable or unfavorable emotions can exert a beneficial or detrimental impact on sentiments and the immune system; positive or negative sentiments can have a beneficial or detrimental influence on emotions and the immune system, and the immune system, whether fully operative or debilitated, can directly affect the emotional state and sentiments of these elderly individuals (OLIVEIRA, LIRA, AND ABREU, 2021).

Natural aging already affects the immune system of older individuals, a phenomenon recognized as immunosenescence. This results in a reduced defense against viruses (OLIVEIRA, LIRA, AND CARVALHO ABREU, 2021).

Social isolation during the pandemic has exacerbated this immunological enfeeblement, negatively impacting the emotional well-being of the elderly, causing sensations of
unimportance, unease, sorrow, and sadness. Additionally, exposure to false information and the fear of becoming ill have contributed to a diminished mood (CANALI AND SCORTEGAGNA, 2021).

Studies indicate that the psychosocial repercussions of social isolation are not exclusive to the COVID-19 pandemic, as they have been observed in previous episodes of social isolation, including prior epidemics. Furthermore, the loss of friends or family members of the same age during the pandemic can further intensify the emotional responses of the elderly, encompassing sadness, post-traumatic stress syndrome, and persistent grieving symptoms (VRACH AND TOMAR, 2020).

Another concern resides in the possibility that the psychosocial consequences of social isolation may be profoundly experienced by this age group as a result of the temporary (e.g., hospitalization) or permanent (such as death) loss of friends or family members in the same age group. Older individuals who lose their loved ones are more likely to experience intricate grief responses, including sadness, post-traumatic stress syndrome (PTSD), and protracted grieving symptoms (ALMEIDA COSTA, 2020).

3 CONCLUSION

In summary, anxiety is a multifaceted phenomenon that has profound implications for the elderly, impacting their physical, mental, and emotional well-being. The COVID-19 pandemic underscored the importance of addressing anxiety in older individuals, not only for the immediate well-being of the population but also for the long-term consequences it may entail. As we continue to explore the complexities of anxiety, it is vital to develop targeted interventions and support systems to address the unique challenges faced by the elderly in managing and mitigating anxiety.
REFERENCES


