

# **Psychosocial Impact of COVID-19 Long term care home restrictions on Visitors and Residents with Dementia**

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# Background

- Visits at NMT
- Restrictions imposed during the pandemic – visitor policy
- Impact on residents and families during the pandemic

**Aim** To study the Psychosocial Impact of COVID-19 Long term care home – visiting restrictions on Visitors and Residents with Dementia

## Methodology

15 families with regular visits to NMT prior pandemic

Mild – Moderate – Severe category

Relationship with the resident - > % spouse followed by immediate family

Impact on residents /Families

Strategies / interventions

Profile of the resident	Duration of stay	Relationship with the carer	Impact on family
K, Male, 85 yrs	8 yrs	Wife /78yrs	Depression, loss of role, Anxiety
D, Female, 77yrs	3 yrs	Daughter / 50yrs	Depression, Anxiety
M, Female, 83yrs	2 yrs	Husband /86yrs	Depression, Anxiety
Y, Female, 90yrs	5yrs	Daughter/ 60yrs	Anxiety, loss of purpose in life
P, Female, 72yrs	4yrs	Husband /80yrs	Anxiety, Insomnia , Loss of purpose in life
R, Female, 90yrs	2yrs	Daughter/ 70yrs	Depression, Anxiety
S, Male, 84yrs	2yrs	Wife/ 80yrs	Irritability, suspicion on care, Anxiety
S, Female, 81yrs	4yrs	Husband/ 83yrs	Depression, Anxiety
C, Male, 75yrs	2yrs	Wife/ 72yrs	Anxiety
S, Male, 85yrs	1yrs	Wife / 80yrs	Panic, Anxiety
J, Male, 82yrs	6yrs	Wife/ 76yrs	Depression, Anxiety
S, Female, 73yrs	2yrs	Husband/ 78yrs	Depression, Anxiety
L, Female, 81yrs	5yrs	Husband/ 85yrs	Personal health affected, loss of

Strategies/Interventions



- 1. Telephone calls**
- 2. Video calls**
- 3. Sending photos and short videos.**
- 4. Visits following COVID Protocols. (Social distancing, PPE, RT-PCR Results)**
- 5. MDT Inputs over the phone to reassure**
- 6. Carer counseling**
- 7. Demands were unreasonable, mitigated with possible changes**

Profile of the resident	Relationship of the carer	Psychosocial impact on the carer/Resident	Strategies/Interventions
<b>CASE- 1</b> Mrs. L, 81/F, Advanced Dementia , 5 yrs	Husband, visits twice a day He rented an apartment close by to have easy access to NMT	Personal health affected, loss of purpose in life , worried and Anxiety.	Facilitated frequent updates over the telephone, video calls, photos and short videos.  Visits following COVID Protocols. (Social distancing, PPE )
<b>CASE- 2</b> Mr. S, 74/M, Moderate to severe Dementia, 4 yrs	Wife , visits every evening	Depression, Anxiety	MDT Inputs over the phone to reassure Video calls  Carer counseling
<b>CASE -3</b> Mrs. N, 59/F, Advanced FTD, 3yrs	Husband , visits every evening.  Husband spending quality time with her and assist her with ADLs.	Anxiety, Irritability, Agitation, Loss of Role  Lack of trust on service provider  No acceptance about wife's illness	Demands were unreasonable, mitigated with possible changes Accommodated small fridge and blender in her room to facilitate provision of nutritional supplements from the family  Visits following COVID Protocols. (Social distancing, PPE )

Impact on residents

- Out of 15 residents, 3 of them were expressive, while others were indifferent due to their advanced cognitive deficits.

How we managed

- Engage those 3 residents purposefully and connect with families virtually

# Conclusion

- Through long-term trust and rapport was helpful, trust rebuilding was required.
- New, clear, honest channels of communication had to be established.
- Regular COVID protocol updating by emails to all families periodically was done.
- Individual needs were addressed. Family centred care plan.
- Good engagement was the key mitigating irrational fears.
- Constant reassurance provision by all MDT staff as the needs arose.
- Facilitating visits with in Covid norms when cases deteriorated was helpful.
- A separate outdoor area in garden was created with social distance and PPE to facilitate visits before vaccination.

# References

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**THANK YOU**