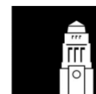

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Title: Life in lockdown: A telephone survey to investigate the impact of COVID-19 lockdown measures on the lives of older people (≥ 75years).

Background

On 23rd March 2020, the UK government imposed a 'lockdown' banning non-essential travel and contact with people outside the home in response to the COVID-19 pandemic. People 70 years and over were classed as an at risk 'Clinically Vulnerable' group and advised to minimise contact with people outside of their household and to remain at home wherever possible.

These measures were introduced to reduce the risk of contracting and spreading COVID-19. However, implementation of these measures may have a potentially negative impact on older people already vulnerable to loneliness and social isolation and who may have challenges accessing services and essential provisions. Furthermore, identification as an 'at risk' group and frequent media portrayal as vulnerable can be patronising [1] and may impact on self-worth and heighten anxiety [2]. COVID-19 is proposed as a 'Perfect Storm' for older people's mental health [2] with isolation measures potentially impacting on physical and mental function [3]. Self-isolation measures may disproportionately affect older people whose social contact is often outside of the home [4, 5].

To date, we have limited evidence on the impact of COVID-19 measures on the lives of older people in the UK.

Objectives

To investigate the immediate impact of social distancing measures on the lives of older people (≥ 75 years) living in Bradford during the COVID-19 pandemic.

Methodology

Participants were identified from the Community Ageing Research 75+ (CARE75+) longitudinal cohort study (ISRCTN16588124) [6]. Telephone survey administered between 14/05/2020 and 01/06/20.

Inclusion criteria

CARE75+ participants resident in Bradford (BD Postcode area) undergoing routine study assessments and consenting to be approached about other studies.

Exclusion criteria

Care home residents, dementia diagnosis, lacking capacity to consent.

Initial contact

Eligible participants were posted study information and informed that a researcher would telephone to discuss participation.

Telephone contact

Researchers provided details of the study, study confidentiality and data storage, and requested verbal consent to proceed.

Survey questions

Topics were identified by the Bradford Institute for Health Research COVID-19 Scientific Advisory Group (C-SAG) [7], with Patient and Public Involvement (PPI) consultation [8].

Included topics:

- Self-isolation/social distancing
- Health anxiety (selected item from Health Anxiety Inventory) [9]
- General health (selected item from RAND Short-Form 36 Survey) [10]
- Physical activity
- Depression (Personal Health Questionnaire Depression Scale, PHQ-8) [11]
- Anxiety (General Anxiety Disorder 2 scale, GAD-2) [12]
- Loneliness (selected question) [13]
- Access to and experience of health, pharmacy, social/council, voluntary services
- Open questions about challenges, concerns and any positive aspects to life during the pandemic.

All questions: https://www.bradfordresearch.nhs.uk/care75/care75-covid-19/.

Data analysis

Descriptive statistics, including frequencies (%), means (standard deviations), or non-parametric equivalents.

Thematic analysis identified themes from three open questions by: coding the data, generating labels for important aspects, constructing and reviewing themes using Braun and Clark's (2006) six step framework [14].

Data input and storage

Data were collected and managed using Research Electronic Data Capture (REDCap) electronic data capture tools hosted at BTHFT [15, 16]. REDCap is a secure, web-based software platform for research data capture. Data was inputted directly into RedCap by researchers.

Safeguarding

We anticipated identifying people who might be struggling during the current COVID-19 situation (e.g. accessing shopping) and had helpline numbers to signpost to services if necessary.

Results

One hundred and eighty four people were eligible. 171 were contacted by telephone. Of those, 142 participants from urban and rural locations across Bradford completed the survey. See Study Flow Diagram (Supplementary data Appendix 1). Participant characteristics are reported in Table 1.

Table 1. Participant characteristics (n = 142) at the time of COVID-19 Survey (14/05/2020 – 01/06/2020) Figures are numbers (% of non-missing values) unless otherwise stated.

Characteristics	**n (%)**
Age Mean (SD) Range	82.4 (4.4) 76-97
Female	71 (50)
Ethnicity	
White	129 (90.8)
South Asian	11 (7.7)
White/Black Caribbean	1 (0.7)
Numbers of comorbidities (General Practice Electronic Patient Record) Median (IQR) Range[a]	3 (4) 0 - 12
Relationship status	
Married/living with spouse	69 (48.6)
Widowed	56 (39.4)
Divorced	9 (6.3)
Single	8 (5.6)
Currently Living alone	70 (49.0)
Decile rank:	
1st (most deprived)	19
2nd	18
3rd	18
4th	10
5th	8
6th	8
7th	24
8th	5
9th	27
10th (least deprived)	5
Access to the internet (including via telephone)	93 (65.5)
Access to outdoor space you can use	134 (94.4)
Type of outdoor space (if applicable)[b]	
Private	123 (91.8)
Shared	11 (8.2)
Someone within the household able to do food shopping	57 (59.9)
Someone external to household to do food shopping[c]	84 (98.8)
Currently self-isolating	89 (62.7)
Reasons for self-isolating (multiple reasons allowed)	
Protect a vulnerable person living in the household/protect spouse	14 (9.6)
Family member advised it	18 (12.7)
Government/General Practice advice	74 (52.1)
Anxiety about catching the virus/fearful of dying alone/spouse frightened of catching the virus	10 (7.0)
Having a chronic health condition/ inability to mobilise	4 (2.4)
Other reasons	9 (6.3)
"Have the terms 'self-isolation' and 'social-distancing' been clearly explained to you in the last few weeks? This does not include my explanation to you now?"	
Yes	120 (84.0)

No	11 (8.0)
Unsure	11 (8.0)
"Do you feel you have had enough information about what you should and should not be doing during the COVID-19 coronavirus situation? For example, if you should go out and if it is acceptable to go?"	
Yes	120 (84.5)
No	11 (7.7)
Unsure	11 (7.7)

[a]identified from most recent routine CARE75+ assessment; [b]n= 134; [c]n =85

Self-isolation

Sixty two percent of participants reported self-isolating (not leaving the house even for shopping) at the time of the survey (reasons for self-isolating reported in table 1).

Health anxiety, general health and physical activity (Supplementary data – Appendix 2)

Most participants (52.1%) did not worry about their health. Participants rated their health as good (35.2%), very good (28.9%) or excellent (12.0%).

Most participants (59.9%) were carrying out physical activities every day. 68.9% undertook physical activity outdoors every day/most days. Many (42.3%) were less active than before lockdown. Some (16.9%) reported exercising more.

Depression

Eleven participants (7.7%) met the criteria indicative of major depression (score 10-19), and two (1.4%) for severe major depression (score ≥20). Invalid score (n =1).

Anxiety

Ten (7.0 %) participants met the criteria indicative of generalized anxiety disorder (≥3).

Loneliness

Less than 5% of participants were lonely most or all of the time. See Appendix 2. (Supplementary data - Appendix 2).

Access to services

Participants were asked if they had *needed* to access health, social/council, pharmacy or voluntary services since the COVID-19 lockdown, if they had been *able to* access the service, and if they received the required support (Table 2).

Table 2. Access to services in Bradford by older people during the COVID-19 pandemic. Figures are number (% of non-missing values) unless otherwise stated. n = 142

Service Type (need) n (%)	Access to appointment or service? n (%)[a]	Appointment format n (%)[b]	Did you receive the support you needed? n (%)[b]
Doctor/general practice nurse Yes 36 (25.4) No 106 (74.6)	Yes 31 (86.1) No 3 (8.3) Haven't tried 2 (5.6)	In person 9 (29.0) Telephone 21 (67.7) Missing 1 (3.2)	Definitely 27 (87.1) Mostly 1 (3.2) No 3 (9.7)

Emergency services Yes 6 (4.2) No 136 (95.8)	Yes 6 (100.0)	NA	Definitely 5 (83.3) Mostly 1 (16.7)
NHS 111 (telephone/on-line) Yes 4 (2.8) No 136 (95.8) Missing 2 (1.4)	Yes 4 (100.0)	Not asked	Definitely 4 (100.0)
Specialist consultant, specialist clinic or outpatient appointment Yes 15 (10.6) No 126 (88.7) Missing 1 (0.7)	Yes 13 (86.7) No 2 (13.3)	In person 7 (53.8) Telephone 7 (46.2)	Definitely 13 (100.0)
Mental health services Yes 1 (0.7) No 140 (98.6) Missing 1 (0.7)	Yes 1 (100.0)	Telephone 1 (100.0)	No 1 (100.0)
Pharmacy services Yes 119 (83.8) No 21 (148) Missing 2 (1.4)	Yes 112 (94.1) No 2 (1.7) Haven't tried 2 (1.7) Missing 3 (2.5)	In person 56 (50.0) Telephone 33 (29.5) On-line 20 (17.9) Missing 3 (2.7)	Definitely 110 (98.2) Mostly 1 (0.9) No 1 (0.9)
Social Services or council services Yes 7 (4.9) No 135 (95.1)	Yes 7 (100)	In person 2 (28.6) Telephone 3 (42.4) On-line 2 (28.6)	Definitely 7 (100.0)
Charity or voluntary service Yes 4 (2.8) No 136 (95.8) Missing 2 (1.4)	Yes 4 (100)	In person 3 (75.0) Telephone 1 (25.0)	Definitely 3 (75.0) No 1 (25.0)

Note: If participants needed to access a service on multiple occasions, they were asked to consider their most recent experience

[a] % calculated from those that needed to access service

[b] % calculated from those that said yes to accessing a service

Worries, concerns and positive experiences

Participants reported their challenges, concerns and positive life aspects. See supplementary data - Appendix 3.

Challenges reported concerned: absence of social relationships; managing activities of daily living; lifestyle and wellbeing priorities; and managing health and wellbeing.

Concerns reported: perceived risks/consequences of contracting the virus; '*avoiding people'* and '*practicing social distancing'*; the permanence of the virus without a vaccine; and their sense of safety in public places; and the impact of lockdown on the personal/family's livelihood and wider economy.

Positive aspects reported: increased sense of community and feeling socially more connected with neighbours; a break from routine; lockdown had made life '*simpler*', '*slower*' and '*easie*r' and removed the pressure of 'having to go out'; gardening and more time for household tasks; and starting or resuming hobbies.

Discussion

Considering the challenges faced during the COVID-19 pandemic, this 'snap-shot' of older people in Bradford, with good socio-demographic representation, suggests a broadly positive picture. Most older people reported low levels of health anxiety, good health, having low levels of depression and anxiety, and good access to services.

Most people did not report worrying about their health. This is reassuring considering the over 70s are considered at increased risk from COVID-19 and regularly portrayed in the media as 'vulnerable'[1]. Nevertheless, health worries were expressed when asked specifically about concerns; some were very aware of their increased vulnerability and spoke of their fear of death from the virus.

The majority of people undertook some physical activity most or every day. Most exercised outside every day or most days and were fortunate to have access to outdoor space; the garden was cited as one of the more enjoyable aspects of lockdown, providing a space for gardening, relaxing, chatting to neighbours and exercise. However, approximately twenty percent reported not doing any physical activity outside and forty two percent were less physically activity than before restrictions were imposed.

Mood outcomes were generally positive. Few participants met the criteria indicative of depression or for anxiety. Our findings indicate that many older people are mentally well-equipped to deal with lockdown scenarios, although this should not negate the impact of social isolation identified in some participants. Possibly, life course experiences, including growing up during the Second World War years, and exposure to previous pandemics (e.g. 1957 and 1968 influenza pandemics) may have contributed to this mental resilience.

Approximately one quarter of the sample reported loneliness some of the time, most of the time, or almost all of the time. When reporting their challenges, many participants reported how the restrictions had impacted on their relationships and how a lack of contact made them feel isolated and lonely.

Service needs were mostly for general practice or pharmacy. Most people that *needed* to access a service were able to do so and subsequently received the required support. For those without household access to food-shopping, the majority had external assistance, mostly from family members.

People reported numerous challenges. Face-to-face contact was missed. Some reported providing support to spouses without family assistance. Worries and concerns were expressed about the virus, in relation to themselves, their family and their family's livelihood, for the national and global economy, and whether a vaccine would be available. However, over half of all participants could identify positive aspects of their experience including having more time, a break from routine and increased engagement with their neighbours.

Strengths of the survey

The sample was recruited from a cohort of community-dwelling older people with broad inclusion criteria, encompassing the least and most deprived areas of Bradford. Seventy seven percent of those eligible consented to participate.

Limitations of the survey

The survey was conducted by telephone, therefore precluded those with severe hearing impairment, who may have experienced different challenges. Additionally, our findings are not generalizable to older people living with dementia. The sample size precluded investigation of sub-populations or of any associations.

Conclusions

This cross-sectional survey suggests older people generally felt in good health with low levels of health anxiety, anxiety and depression during the national lockdown period. The majority of participants reported some positive aspects to their current situation, suggesting many older people may be well-equipped mentally to deal with lockdown. However, some experienced a negative impact on mental health, identifying an area for intervention if social distancing measures continue. Furthermore, many were exercising less than before the pandemic, and some spoke of the lasting impact on their sense of safety in public places. This may not be easily resolved if the threat of COVID-19 continues and as 'normal' life returns it cannot be assumed that older people will resume their previous activities.

Based on our findings, we recommend policy responses that include proactively identifying and addressing COVID-19 related mental health problems in later life for those experiencing negative impact, and public health strategies to promote safe physical activity should be considered to ameliorate the negative impact of ongoing and future COVID-19 restrictions.

Declaration of Sources of Funding

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Conflicts of interest

None

Ethics committee approval

The Bradford and Leeds Research Ethics Committee granted NRES approval for the CARE 75+ study on 10th October 2014 (ref: 14/YH/1120) (this survey is amendment no. 11).

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