

COVID's deadly toll on people with Alzheimer's and dementia

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25 October 2020

On October 23, the Centers for Disease Control and Prevention (CDC) estimated that excess deaths from late January through October 3 had reached close to 300,000 cases, of which 198,000 (66 percent) were attributed to COVID-19. There have been over 61,000 deaths in the US attributed to dementia from June to September, 11,000 more than usual in this timeframe, according to Politico.

One of the hidden tragedies of this preventable health crisis has been the deadly toll on the elderly who suffer from dementia, a general condition of the brain (and not a normal part of aging) that leads to a long-term and gradual decrease in the ability to think and remember. When the condition becomes severe enough—changes in mood, difficulty with speech and decline in motivation—it leads to the inability to conduct normal daily functions of life. Consciousness, however, is not affected.

Of deaths not directly attributed to COVID-19, heart disease and Alzheimer's and dementia were the two leading causes that saw spikes initially in March and April, then again in June and July, as the pandemic shifted to the Sunbelt states.

A *Washington Post* analysis of CDC data found that there were about 13,200 excess deaths attributed to Alzheimer's and dementia from March until mid-August. Physicians treating these patients are reporting increased cases of falls (from lack of nursing home staffing), more pulmonary infections (some attributable to aspiration of food from swallowing difficulties), rapid onset of depression, and frailty among those that had been stable over several years.

Sharon O'Connor, who runs a program for dementia patients at Iona senior Services in DC, told the *Post*, "We have clients who have lost almost 30 pounds. Some just don't have reason to get up anymore, so they

stay in bed all day. Others sit by themselves in a dark room." Patients that can still communicate explain they have a sense of foreboding from being cut off from everything they knew. Dining facilities are closed for nursing home residents. Music therapy, games and various forms of exercise have abruptly ended. Worse, families who were essential components of the care they received are no longer allowed to enter the premises.

This is, however, not a phenomenon limited to the United States. A recent editorial published in *Lancet Neurology* cited a report by the International Long-term Care Policy Network that focused on the high death rates among people with dementia worldwide during the COVID pandemic.

It wrote, "Deaths linked to SARS-CoV-2 infection in care homes, 29 to 75 percent occurred in people with dementia across Australia, Brazil, India, Ireland, Italy, Kenya, Spain, the UK, and the USA. The disproportionate effect on people with dementia is being exacerbated by restricted access to health care services, removal of face-to-face support, and interruptions to diagnoses and research." A critical aspect in the stark neglect of people with dementia has been the disproportionate lack of funding for much needed research in this field.

Alzheimer's is the most common form of dementia, contributing to 60 to 70 percent of people with the disease. Globally, there are almost 10 million cases diagnosed annually and the prevalence of the disease is around 50 million, up from 20 million in the 1990s. Life expectancy after a diagnosis of dementia is usually five to 10 years. Though associated with the elderly, 9 percent of cases affect those under the age of 65.

Factors known to mitigate and reduce the risk of dementia include regular exercise, a healthy diet,

abstaining from smoking and drinking alcohol, and controlling blood pressure, blood sugar levels and cholesterol levels. Risk factors for dementia that have been heightened by the pandemic include depression, social isolation and cognitive inactivity. Additionally, poverty plays a significant factor in exacerbating risks for dementia.

A longitudinal study conducted in England with 6,200 subjects across the span of 12 years noted that the risk of dementia was 50 percent higher among the poorest as compared to the richest people. According to the author, Dr. Dorian Cadar, “We found a positive association between lower wealth and dementia incidence that was independent of education, area-level deprivation. ... This suggests a higher risk for individuals with fewer financial resources.” Wealth provides access to adequate nutrition, cultural outlets and increased social networks of which the working class is deprived.

The social impact of the condition cannot be overstated. Even among health care providers, there is a lack of awareness and appreciation for dementia which leads to stigmatization and delay in diagnosis and necessary referrals and care. Its emotional, physical and financial pressures and stresses on families and caregivers are considerable. To place this in economic terms, the direct medical and social care costs worldwide has been estimated at \$818 billion, or 1.1 percent of gross domestic product.

The response by governments in protecting and caring for nursing home residents has been nothing short of disastrous. Despite all the promises made, shortage of testing, staff and personal protective equipment has turned nursing homes into solitary confinement prisons for the elderly who have been left to rot in their beds completely forgotten.

The pandemic in the United States is seeing daily cases surge passed their summer highs as the death rate is beginning to uptick. The policy of “focused protection” has been exposed for the fraud it is. The idea that somehow the most vulnerable will be protected is leading to their deaths. Either COVID-19 will kill them, or the isolation will.

Beth Kallmyer, vice president of care and support for the Alzheimer’s Association, told Politico, “Protecting these vulnerable people has not been a priority. We’ve been through two waves and we haven’t made any real

changes. Why has this not been sped up in long-term care?”

Fundamentally, the rational and sane public health measures to mitigate, contain, trace and quarantine clusters of infection and drive infection rates down until the disease is eradicated are not a far-fetched concept and would allow the necessary breathing room to address these critical immediate medical concerns being raised as trials on vaccines are allowed to be completed.

The World Health Organization has even reasserted that the world still has time to turn this around. However, it requires placing the social well-being of all people ahead of the narcissistic needs of a financial system that can only thrive on the acquisition of ever more surplus value.

Because this layer of the population that has contributed their entire lives to maintaining the present financial infrastructure is no longer productive, they matter little in the policies being adopted to confront the pandemic. And, in fact, the culling of this layer has significant rewards for a ruling class bent on curtailing all expenditures that do not contribute to their future dividends.



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