

Study finds that COVID infection increases risk of new-onset dementia among elderly people

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The release of a study in pre-print form, pending peer review and publication in *The Lancet*, by investigators from the US and UK, found that COVID-19 infections among the elderly, those 60-years-of-age and older, caused a 60 percent increased risk of developing new-onset dementia (NOD) within a year of infection compared to controls without any other respiratory infections.

The systematic review and meta-analysis were conducted by scientists at Columbia's Biobehavioral Sciences Department, the University of Oxford's Department of Psychiatry, and Lancaster University's Centre for Ageing Research, looking at the temporal association between COVID-19 and subsequent development of NOD.

Their review incorporated 11 studies from North America, Europe and Asia, involving close to 940,000 positive COVID-19 cases and more than 6.7 million controls for comparison. Overall, when compared to an elderly population that never contracted COVID-19 or other respiratory infections, those with prior COVID-19 infections had a nearly two-fold increased risk of NOD at one year after infection.

The authors also compared COVID-19 patients to those without a prior COVID-19 infection but who had documented exposure to other respiratory pathogens like influenza or RSV. Significantly, in this comparison there was no difference between the groups regarding developing NOD, underscoring the danger posed by most pathogens considered "endemic" and a permanent feature of society. The implication of this finding is that among the elderly, infection with these respiratory pathogens, including SARS-CoV-2, substantially increases one's risk of developing NOD.

Most disconcerting was the finding that those with severe COVID-19 were much more prone to developing neurocognitive disturbances, with a 17-fold rise in the risk of acquiring NOD compared to non-severe infections. Severe COVID-19 was defined as anyone with COVID-19 who had

a respiratory rate greater than 30 breaths per minute, severe respiratory distress, or oxygen saturation that dropped below 90 percent while on room air.

As the authors note in their discussion, "We believe it is among the first studies to explore the impact of COVID-19 infection on NOD risk in older adults aged 60 and above. It also proposes the protective benefits of being free from COVID-19 and other types of respiratory infections in reducing the risk of NOD."

The study underscores the totally criminal character of the policies pursued by the capitalist ruling elites and the political establishment, who have largely dismantled public health infrastructure, insisting that COVID-19 be accepted as part of the "normal" array of pathogens that infect, sicken, and kill people each year.

The link between COVID-19 infections and Long COVID, also known as post-acute sequelae of COVID-19, has been well established and accepted by all health authorities and sectors of society. Beyond the substantial morbidity and mortality burden, the economic impacts of what they define as "endemic COVID" i.e., perpetual mass reinfection with COVID-19, are forecast to remain colossal for the foreseeable future.

A recent report by McKinsey's COVID-19 Epidemiological Scenario Planning Tool, advising economist and financial shareholders, anticipates that the annual costs of "endemic COVID" could range between \$137 to \$379 billion with estimates of 110 to 220 million COVID infections and 20 million Long COVID cases annually. The long-term health impacts caused by repeated COVID-19 infections, of which the neurocognitive damage is but one, will simply become accepted as the normal state of sickness which are preventable.

From the beginning of the pandemic, it has been understood that COVID-19 infections can cause more than pulmonary complications. The virus' impact on the immune system and pro-inflammatory drive, in particular small

vessel disease and the formation of small blood clots, can wreak havoc on every organ system in the body.

The triggering of autoimmune responses can lead to inflammation in the central nervous system which causes debilitation with symptoms of brain fog, loss of memory, and even psychosis with delusional thoughts and agitation. Other theories speculate that vascular inflammation due to the formation of microscopic blood clots that deprive blood and needed oxygen to parts of the brain can contribute to these symptoms. Previous evidence has demonstrated an association between COVID-19 and the precipitation of Alzheimer's disease and other forms of dementia.

The finding that other respiratory pathogens can cause NOD similar to COVID is in congruence with findings from other researchers who found older adults admitted for flu, whether they had pneumonia or not, had a two- to seven-fold greater risk of developing Alzheimer's disease, all-cause dementia, and vascular dementia. Whether these respiratory infections use similar biological mechanism remains unknown, but studies have shown that vaccinations against these pathogens appeared to reduce the risk of developing neurodegenerative diseases like Parkinson's and Alzheimer's.

Another pressing question that remains to be answered is the impact of repeat COVID-19 infections on younger people in the long-term over the period of their lifetime. Many scientists who have studied the impact of these infections have found that COVID-19 appears to age the organ systems. Will this lead to an epidemic of neurocognitive disease and every other chronic ailment in even younger people? These same principled scientists have warned against following this dangerous track and to attempt to prevent as many COVID infections as possible.

The ongoing global wave of COVID-19 infections caused by the highly infectious JN.1 subvariant of Omicron may well infect over a third of the world's population, virtually all of which are reinfections. Yet not one public entity in any major country has raised a breath to sound the alarm.

Instead of protecting the remaining years of older people, whose lives and experiences should be highly valued by society, the capitalist elites are allowing a virus that can cause them severe cognitive impairment to circulate unimpeded. This is in fact a eugenicist policy that condemns those who are "unproductive" to die off sooner than later, or in the words of Anthony Fauci, to "fall by the wayside."

In the last five weeks in the US, more than 10,000 Americans perished from COVID-19, of which the significant majority were among those 75 years of age and older. With close to 1.2 million official COVID deaths since the start of the pandemic, three-quarter of these have been among older Americans.

A recent CNN report on the state of the pandemic response accurately stated, "The decisive actions that advocates had hoped for haven't materialized. Today, most people—and government officials—appear to accept COVID as part of ordinary life. Many seniors at high risk aren't getting antiviral therapies for COVID, and most older adults in nursing homes aren't getting updated vaccines."

They added, "Efforts to strengthen care quality in nursing homes and assisted living centers have stalled amid debate over costs and availability staff. And only a small percentage of people are masking or taking other precautions in public despite a new wave of COVID, flu, and respiratory syncytial virus infections hospitalizing and killing seniors."

In 2017, neurodegenerative diseases impacted upwards of six million people and were responsible for more than 272,000 deaths and three million disability-adjusted life years. These disabling conditions do not only affect the patients but also families and their caregivers.

As Ken Thorpe, Chairman of the Partnership to Fight Chronic Disease, said back in 2021, at the height of the pandemic, "The vulnerability of people living with these conditions, the increasing demands of their illness and the prevalence projections we are seeing all point to a dire need for reforms to support those diagnosed and their caregivers and to encourage and prioritize research and innovation that leads to new treatments and cures."

However, the call for reforms, especially regarding the pandemic, has simply fallen on deaf ears. The White House summit on improving indoor air in October 2022, and more recently the congressional hearing led by Senator Bernie Sanders in January 2024 on Long COVID, are political theater signifying nothing.

The only solution to these dilemmas is the global elimination of COVID-19 and numerous other pathogens. This requires the immediate redirection of the trillions squandered on the military and financial elite to the health system and public health infrastructure to address this pressing question, which requires the building of a revolutionary socialist movement to confront the financial aristocracy and the state apparatus.



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