

# Long Term Care, Alzheimer's Disease and COVID-19: Framework of Situation

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## ABSTRACT

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## Editorial

Emergency scenarios, such as the current COVID-19 pandemic, provide unique obstacles to Alzheimer's disease (AD) and dementia in long-term care and community-based settings. Because of their age and other medical issues, patients getting care or using resources in these contexts are highly susceptible to difficulties. In an emergency, staff can be impacted as well. It might be difficult to keep operations running during a pandemic, epidemic, or tragedy due to predicted staffing shortages. Non-clinical employees may be utilized to help with treatment at this time. In order to provide excellent, regular, and appropriate care, it is critical to share info on patients living with AD with the staff. Due to the fact that the care team might shift often during a pandemic or crisis, briefing sessions at the start of the shift will allow personnel to discuss crucial details on those needing treatments [1]. During a crisis, patients in long-term care and community-based AD and/or dementia care may require assistance interacting with their relatives and loved ones. Caregivers can use a range of tools to keep family and friends informed, such as:

- a) Keeping in touch by organizing phone or video calls and/or encouraging family and friends to send letters and images [2];
- b) Giving details on where and how family can get updates or speak with a caregiver about a loved one who has AD [3];

- c) Establishing that adapting technologies, such as cochlear implants and eyewear, are free for users when necessary [4].

Keep in mind that every household is different. Friends or members of the community might just be the strongest advocates for some patients, rather than biological or legal family members. It is critical for patients with AD to preserve their strength, particularly when they are at danger of catching a virus. Patients with eating and drinking disorders can benefit from a variety of treatments, such as:

- a) Staff might become knowledgeable with the person's food and drinking habits as well as their ability; because he or she would not be able to notice appetite or hydration, he or she will need to be encouraged or pushed to drink and eat [5];
- b) Cues that are verbal, visual, or tactile, such as high contrast tableware, adaptable utensils, graduated techniques, and mimicking behavior; can encourage people to eat and drink [5];
- c) Sitting and talking with a dementia patient throughout regular times could help them eat more [6].

Any signs of swallowing difficulties should be evaluated by adequately qualified healthcare experts [7]. All AD patients who have been diagnosed as having a suffocating risk or a tendency of

difficulty swallowing should really be assisted and monitored by authorized or qualified professionals.

Walking is a high-intensity motor activity that improves flexibility and independence [8]. When a patient with AD wanders off, wreaks havoc into prohibited settings, or leaves a secure environment, it is known as unsafe wandering [9]. When a patient is unhappy, angry, or confronted with stressful events, the risk of unsafe wandering increases, which is especially likely in emergency scenarios. When patients with AD have serious illnesses or the potential to hurt themselves or others, drugs may be recommended if non-pharmacological techniques are not effective even after they've been utilized regularly [10]. The requirement for therapeutic intervention should be reevaluated as needed by the pharmaceutical regimen or if the person's condition changes. Considering the fragility of people with AD and other forms of dementia, you should advise visitors to make proper considerations and require safety procedures when visiting care homes, such as:

- a) People who have not been vaccinated may consider being checked before going; the facility should also limit the number of visitors who are unvaccinated at any given moment;
- b) Visitors should be restricted to approved locations only, with no access to other sections of the community; visitors really should maintain as much safe distance from other inhabitants;
- c) Consultations should be held outside whenever possible to reduce the risk of transmission;
- d) Within 14 days following their visit, visitors should notify professionals if they develop a fever or symptoms consistent with COVID-19;
- e) Visitors should carry their own face mask to the facility, put it on before entering, and keep it on at all times; masks should fit snugly over the mouth and nose and be securely fastened;
- f) If at all possible, provide guests with access to a handwashing sink. Should provide and promote the use of an

alcohol-based disinfectant with at least 60% alcohol if hand washing are not accessible.

In conclusion, we feel that vaccines are a crucial step in safeguarding the health and safety of residents and employees in long-term care facilities, and we highly recommend their use.

## Disclosure Statement

The author declare that there are no conflicts of interest.

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