

# Dementia and COVID: from pandemic to syndrome

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The ISS report of July 2021 shows that in Italy **23.6% of patients who died SARS-CoV2 positive in hospital also had dementia** (34% of those over 80). Studies have measured a **higher risk of contracting the virus and mortality** from Covid-19 in patients with dementia than in the general population - also in **relation to age and a clinical picture often complicated by other pathologies** (more than 67% of positive decedents in Italy since the start of the epidemic had 3 or more pathologies). The WHO immediately warned about the effects of the disease on mental health and identified people with dementia as particularly fragile, in whom **confinement can aggravate anxiety, anger and agitation** (an Italian study showed a **worsening of neuropsychiatric symptoms** in about **60%** of cases).

Complex comorbidities, atypical manifestations of SARS-CoV2 disease, difficulty in accessing accurate information, inability to understand containment measures and hygiene precautions combined with lack of memory resources to apply them effectively are all conditions that make **people with dementia particularly vulnerable and more exposed to infection**.

Confinement and isolation, at home or in medical care facilities, are a certain factor in aggravating the symptoms of dementia: difficult to implement, quarantine is for the dementia patient an abrupt **alteration of the life picture** with consequent accentuation of stress and agitation. Dementia prevents a correct description of

symptoms and is a critical factor in the event of admission: anxiety, confusion and delirium increase because the patient is in an unfamiliar environment, is unable to make decisions independently or communicate with healthcare professionals, and is **deprived of any physical contact or based on facial expressions**. The **neurological symptoms of long Covid** (such as fatigue, anxiety, depression, insomnia, brain fog, cognitive or memory disorders) and the ability of infection-related brain inflammation to accelerate the progression of dementia where it is already present are also alarming and being actively studied.

The effects are also important on the care system in terms of both the role and safety of carers, who may feel disarmed as dysfunctional behaviour becomes more acute, and the tension experienced in medical care facilities as a result of the **drastic reduction in family visits**, the increased risk of accidents and the **increased use of drugs** as a response to the difficulties in applying isolation and containment measures.

In a situation that can now be defined as syndemic, it is important to implement **long-term solutions** to protect people with dementia through **timely access to vaccination** (regardless of age and also extended to caregivers), analysis of the lived experience, and a **general reflection on the balance between the health and dignity of the individual and the safety of the community**.

*SARS-CoV2 effects on dementia*



SOCIAL DISTANCING



LIFESTYLE CHANGES



INCREASED USE OF DRUGS



LONG COVID SYMPTOMS

WORSENING OF NEUROPSYCHIATRIC SYMPTOMS IN  
**60%**  
OF DEMENTIA CASES

+

ANXIETY

+

ANGER

+

AGITATION



**23.6%**  
HAD  
DEMENTIA

**34%**  
OVER-80s



COLISEE

