

出國報告（出國類別：開會）

第 22 屆世界老年學與老年醫學大會
壁報發表與實際參與

服務機關：高齡醫學中心

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摘要（含關鍵字）

背景：COVID-19 疫情不僅影響醫療保健系統，也很大的影響了整個社會的行為模式。這項研究旨在評估參與日間照顧服務的老人，在疫情期間關閉與開放，對其日常生活功能和心理健康的變化。

方法：在研究中，我們利用周全性老人評估，分別在關閉前與開放後對老人進行一系列評估，評估內容認知功能障礙是通過簡易精神狀態檢查(MMSE)評估，生活功能則以巴氏量表(Barthel Index)評估，營養狀況用迷你營養評估簡表(MNA-SF)，和下肢功能的活動度則由起立行走測試(TUG)試驗確定。

結果：總共 17 名參與老人，中位年齡為 81.0 歲(四分位數範圍為 74.5 至 86.0 歲)，58.8% 為女性。根據臨床失智症分級，疾病分期非常輕度 6 人，輕度 7 人，中度 3 人，重度 1 人。巴氏量表的評估在關閉開放前後無顯著差異，但營養狀況及下肢功能活動度則有顯著惡化。

討論：在日間照顧服務中止期間，老人可能會因此行為調整，例如停止進行平常的日常活動，並且可能採取被動的態度。此外，即使是短期的活動減少也被證明會導致肌肉質量迅速下降和身體衰退，起立行走測試比較容易受到干擾，但對於基本的生活活動，可能因持續停止時間不足以降低巴氏量表分數。營養不良的機制可能是多因素，包括心理社會方面，口腔疾病，多種藥物治療和其他相關合併症。

結論：我們的研究結果，可以藉由老人的活動及營養狀況變化發現，持續支持的系統，對這群老人很重要。

關鍵字：COVID-19、失智、失能、日間照顧

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一、目的：

拓展個人國際視野與研究方向。

二、過程：

於 2022 年 6 月 12 日至 16 日期間線上參與，在阿根廷布宜諾斯艾利斯舉行的第 22 屆世界老年學與老年醫學大會，該大會是目前老年醫學領域最高層級且規模最大的學術會議，此次由世界衛生組織下屬的國際老年學與老年醫學協會主辦，阿根廷老年學與老年醫學協會，阿根廷老年學協會協辦，各大洲巡迴每四年舉行一次，其使命是在提升全球老年醫學研究和培訓，並與其他國際、政府和非政府組織進行交流，促進老年醫學的發展，有超過 6000 名以上來自老年學領域的專業人士參加。

三、心得：

有鑑於 COVID-19 的關係，此次會議期間，多著重在疫情與老年相關的議題。職也利用本院日間照顧中心的資料，探討 COVID-19 疫情期間，中心開放與關閉各階段對失能或失智長者的身心影響，並將其成果撰寫成摘要，以壁報形式發表於該大會，疫情的肆虐凸顯了年齡歧視的問題，在社會歧視氛圍、擔心染疫及避免子女困擾的各種原因下，老人心理健康需要受到重視，甚至出現孤獨感及自我傷害等現象。加以當所有關懷據點、社團班隊都取消或停止活動，老人更是缺乏與人互動的機會，綜合前述種種，擔心被歧視，被指責，不會上網，沒有替代性活動時，老人更趨向自我與社會隔離。有研究發現，當自我功能受到限制，且家庭支持較低時，更容易產生孤獨感，同時也會導致罹患慢性病的機會上升，如失智症的風險。

四、建議（包括改進作法）：

研究的範疇，不單單只有小至細胞內的分子領域，也可以大至人體外的公衛及環境醫學，高齡醫學的領域，以世界衛生組織對健康老齡化十年計畫（2021-2030）作結：

1. 改變我們對年齡和衰老的思考、感受和行為方式；
2. 確保社區培養老年人的能力；
3. 為老年人提供以人為本的綜合護理和初級保健服務；
4. 和為有需要的老年人提供獲得長期護理的機會。

Study of impact of day care service closure by covid-19 pandemic on older people with dementia in a day care center in Taiwan

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Background:

The coronavirus disease 2019 (COVID-19) pandemic not only affects medical care system, but also has great impact on daily living and psychological health in the society. This study aimed to evaluate possible changes in cognition and physical function before and after restriction due to COVID-19 pandemic in older people receiving day care services.

Methods:

In the study, we examined a sample of comprehensive geriatric assessment data from older adults in our day care center before and after lockdown of day care center service due to COVID-19 outbreak. The cognitive dysfunction was assessed by the mini-mental state examination (MMSE), and functional disabilities by the Barthel index of activities of daily living (ADL) questionnaires. Moreover, nutritional status by the mini-nutritional assessment-short form (MNA-SF), and lower extremity function mobility by timed up and go (TUG) test were determined.

Results:

The 17 participants with a median age of 81.0 (interquartile range (IQR) 74.5 – 86.0 y/o) and 58.8% were female enrolled. Based on the clinical dementia rating, disease stage was very mild in 6 participants, mild in 7, moderate in 3, and severe in 1. The ADL was decline without significant difference between closure and resumption of day care center for three months but MNA-SF and TUG were deteriorated significantly while COVID-19 restriction.

Discussion:

During discontinuation of day care service, older people might develop the behavior adjustment such as stopping performing everyday activities that they had done previously and might adopted a passive attitude. Further, even short-term of activity reduction has been shown to result in the rapid muscle mass loss and physical decline. It was possible that physical parameters, such as TUG may be more vulnerable to interruption, but for basic activities of living, this duration may not be long enough to reduce ADL score significantly. The mechanisms of malnutrition may be multifactorial, including psychosocial aspects, oral disorder, polypharmacy, and the other associated comorbidities.

Conclusions:

Our findings suggested that it is important for day care facility to plan continuous support in older adults during confinement to reduce functional and nutritional consequence.

Table 1 Baseline characteristics of the participants

Age (years)	81.0	(74.5-86.0)
Sex, n(%)		
Male	7	(41.2%)
Female	10	(58.8%)
Height (cm)	156.0	(150.0-161.0)
Weight (kg)	59.2	(51.8-65.0)
Body Mass Index (kg/m ²)	24.3	(22.8-25.3)
Educational level, n(%)		
Illiterate	2	(11.8%)
Literate	15	(88.2%)
Marital Status, n(%)		
Married	6	(35.3%)
Widowed / Divorced	11	(64.7%)
Comorbidities, n(%)		
Hypertension	8	(47.1%)
Diabetes mellitus	5	(29.4%)
Parkinson's disease	4	(23.5%)
Cerebrovascular accident	3	(17.6%)
Cardiovascular diseases	2	(11.8%)
Clinical dementia rating, n(%)		
0.5	6	(35.3%)
1	7	(41.2%)
2	3	(17.6%)
3	1	(5.9%)

Table 2 CGA in different period of COVID-19

	Before closure		After resumption		P value
	Median	IQR	median	IQR	
Body Mass Index (kg/m ²)	24.3	(22.8-25.3)	23.7	(22.1-25.3)	0.074
Mini-mental state examination	21.0	(18.5-28.5)	19.0	(17.0-27.5)	-
5-item Geriatric Depression Scale	0	(0-0)	0	(0-0.5)	-
Barthel Index for Activities of Daily Living	85.0	(72.5-95.0)	85.0	(70.0-95.0)	0.332
Timed Up and Go test	12.8	(10.5-19.4)	16.3	(11.8-21.0)	0.019
Mini Nutritional Assessment Short-Form	13.0	(12.0-13.0)	12.0	(10.5-12.0)	0.005

Key words: COVID-19; day care service; functional decline; cognitive impairment; nutritional status

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