

Journal of the American Geriatrics Society

guide to our top 10 articles of 2020

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COVID-19 Infections and Deaths among Connecticut Nursing Home Residents: Facility Correlates (*Li, Temkin-Greener, Shan, & Cai*)

Addressing a need to understand COVID-19 transmissions in long-term care facilities and identify facility characteristics associated with the spread of the virus and case fatalities, this cross-sectional analysis linked county data on early COVID-19 cases and associated deaths in Connecticut nursing homes with data the homes submitted to the Centers for Medicare and Medicaid. The study found that nursing homes with higher registered nurse staffing and quality ratings have the potential to better control the spread of the virus and reduce deaths.

Social Isolation and Loneliness Among San Francisco Bay Area Older Adults During the COVID-19 Shelter-in-Place Orders (*Kotwal et al.*)

This mixed-methods longitudinal study investigated older San Franciscans' experiences of social isolation and loneliness and their unmet health needs during shelter-in-place orders. Using a phone survey, researchers measured social isolation and loneliness among community-dwelling participants and solicited open-ended comments about their experiences during the lockdown. More than half reported increases in loneliness due to COVID-19, but rates of loneliness improved over time as older adults adjusted to the new restrictions. Those experiencing persistent loneliness described challenges with emotional coping and new technologies.

2

Characteristics of U.S. Nursing Homes with COVID-19 Cases (*Abrams, Loomer, Gandhi, & Grabowski*)

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Using regression analysis, authors of this study examined the characteristics of nursing homes with documented COVID-19 cases to investigate any associations between them and the likelihood of having a documented COVID-19 case. Larger facility size, urban location, greater percentage of African American residents, and state were significantly associated with a higher likelihood of having a COVID-19 case; five-star rating, prior infection violation, and Medicaid dependency were not.

Cannabis: An Emerging Treatment for Common Symptoms in Older Adults (*Yang et al.*)

While cannabis use is increasing in the U.S. across age groups, little is known about how and why cannabis is used in older populations. A survey of 500 adults ages 65 and older revealed that only 15 percent had used the drug within the past three years. The majority of these respondents (78%) used cannabis for medical purposes only, most (94%) said their family knew about their cannabis use, and many (61%) reported using the drug for the first time after age 60.

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Lifestyle Risk Factors and Cognitive Outcomes from the Multidomain Dementia Risk Reduction Randomized Controlled Trial, Body Brain Life for Cognitive Decline (BBL-CD) (*McMaster et al.*)

Participants in the control arm of this proof-of-concept RCT, which evaluated the efficacy of a multi-part intervention to reduce lifestyle risk factors for Alzheimer's disease (AD) and improve cognition in individuals with mild or perceived cognitive impairment, completed online educational models. Those in the experimental arm also took part in practical activities designed to help them implement learnings. Results support the hypothesis that AD secondary prevention programs may modify the course of the disease's progression.

Nothing Much Has Changed: COVID-19 Nursing Home Cases and Deaths Follow Fall Surges (*Konetzka & Gorges*)

In this research letter published in November, authors assess whether nursing homes have become better equipped to handle outbreaks nine months into the COVID-19 pandemic. They conclude that gains in knowledge about best practices during this crisis have done little to mitigate the risk of COVID-19 to nursing home staff and residents in virus hotspots, due to insufficient and/or ineffective, sporadic policy efforts to address resource gaps.

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Disability and Recovery After Hospitalization for Medical Illness Among Community-Living Older Persons: A Prospective Cohort Study (*Dharmarajan et al.*)

New disabilities are common after hospitalization for acute medical illness in older adults, often associated with adverse outcomes such as re-hospitalization, nursing home placement, and death. Researchers studied medical hospitalizations from the Precipitating Events Project (PEP), a longitudinal study of older community-living persons initially non-disabled in their basic activities. They found that after hospitalization, disability was common for a variety of activities and often prolonged, with lengthy recovery times.

Frailty Combined with Loneliness for Social Isolation: An Elevated Risk for Mortality in Later Life *(Hoogendijk et al.)*

Frailty, loneliness, and social isolation are all associated with adverse outcomes in older adults, but little is known about their combined impact on mortality. In this study, frailty was measured with the frailty phenotype (using the Fried criteria), loneliness was assessed with the De Jong Gierveld Loneliness Scale, and social isolation was assessed using information on a person's partner status, social support, and network size. The highest risk of mortality was found in people with a combined presence of frailty and loneliness or social isolation, highlighting the need for targeted intervention.

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Air Pollution and the Dynamic Association Between Depressive Symptoms and Memory in Oldest-Old Women *(Petkus et al)*

In this longitudinal study of over 1,500 geographically diverse, cognitively normal women over age 80, higher pollutant level exposure was associated with larger increases in depressive symptoms, although more research is needed to assess the impact of the magnitude of the difference. Study findings highlight how the role of physical environments and their impact on the oldest-old has been understudied.

Association Between Exposure to General Versus Regional Anesthesia and Risk of Dementia in Older Adults *(Velkers et al)*

This retrospective cohort study examined the associations between exposure to general anesthesia, compared with regional anesthesia administered for elective surgical procedures, and the development of dementia in individuals with no evidence of dementia prior to surgery. Researchers found no association between anesthesia and dementia in most analyses, but they note that future studies need to determine whether surgery is a risk factor for dementia, irrespective of anesthetic technique.

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