EDITORIAL

COVID-19 and Older Adults with Knee Osteoarthritis in the Community

The world could not have predicted of a newly discovered infectious disease caused by coronavirus disease 2019 (COVID-19). It is also known as acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), first reported as an outbreak of the respiratory disease in Wuhan, China (1). The affected province has been controlled, quarantined and lockdown to prevent further spread. The World Health Organization (WHO) proclaimed COVID-19 which caused a deadly pandemic, a global health emergency on January 30th, 2020. In Malaysia, the first detected case of COVID-19 was reported on 24 January 2020 (2). Studies have shown that this virus causes poorer outcome, resulting in higher mortality rate among older adults and those with comorbidities (3,4).

The implementation of area controlled, quarantined and lockdown may create an increased risk of ignoring those in needs particularly older adults with chronic diseases when their wellbeing requirement is paramount. For older adults with chronic joint problem such as knee osteoarthritis, periods of inactivity are known to aggravate symptoms such as pain and stiffness in the joints. For them, regular treatments can lessen these symptoms and may even slow the progression of the disease. However, the control, lockdown and quarantine cause social isolation have complicated the regular treatment of knee osteoarthritis including other musculoskeletal disorders, imposed by COVID-19.

The experience of social isolation during control, quarantine and lockdown can have negative blows on the wellbeing and condition of older adults with knee osteoarthritis. Older adults who were previously active may have reduced their physical activity, become anxious and lack of self-motivation which can cause symptoms to flare. The ability to exercise is likely to be limited, whereas mental health is likely to be affected by pandemic fear, as well as health concerns including the effects of social isolation. A study by Endstrasser et al. indicated that the COVID-19 lockdown significantly affects the function of joints, level of physical activity, and physical function among people living with hip and knee osteoarthritis (5). However, their findings reported that mental health remained unchanged during the period of lockdown although their study was not meant to detect significant changes for mental health which contradict with another study in China (6).

Self-management of knee osteoarthritis could be done during the period of control, quarantine and lockdown by performing a home-based exercise, healthy diet, prescribed physical therapy at home and use of any necessary devices (7). Meanwhile, the implementation of control, quarantine or lockdown has increased appreciation of telemedicine in many developed countries to utilise remote consultations (8). It could minimise the risk of infection not only for older adults but also for healthcare professionals. Within the local context of Malaysian older adults, it is important to note the disadvantages of the use of technology and to take steps to mitigate these issues. Therefore, a study on how to better integrate the use of telemedicine into a routine in the Malaysian healthcare system is currently essential to facilitate the people in needs.

A working example of self-managing knee osteoarthritis in the community using a modified ESCAPE-pain programme (9) is worth discussed for the implementation during control, quarantine or lockdown. The programme which consists of an integration of exercise and education components are individually tailored to meet the needs of older adults with knee osteoarthritis. No sophisticated equipment is needed for exercise, but special consideration with safety measures should always be emphasised for older adults with knee osteoarthritis. Education and discussion could be implemented through phone calls or possible the use of video call for those with the facility. Within this period, further modifications to home-based exercises could be suggested. Linking the Malaysian older adults with their faith, belief and health are always reasonable during the period of isolation to promote better self-management of knee osteoarthritis.

To keep older adults engaged with the exercises, further assessment of their daily routine during control, quarantine or lockdown may help to identify the best activity and time to perform the exercises. Additional discussion for self- managing of the symptoms within this period could be facilitated to make every older adult with knee osteoarthritis aware of it. Family members are the keys to observe and support the older adults in self -managing their symptoms. Support is always needed to help the older adults to remain active and engage with the self-management of knee osteoarthritis (10), while the success appeared to be facilitated by the support of family, and cultural sensitivity of the participants (11).

In sum, COVID-19 pandemic which causes control, quarantine or lockdown affect older adults with knee osteoarthritis in the community, restricting them from performing a routine of treatment. It is an unexpected challenge for everyone but could happen again in the future, added to another point of challenges in managing knee osteoarthritis (12). The study of health, experiences and anticipated care needs during the period of control, quarantine or lockdown is required. In-depth interviews with some survey could be conducted among older adults in the community.

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