

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **COVID-19 AND THE ELDERLY: TESTING MUST GO BEYOND SYMPTOMATIC PEOPLE**

FOR IMMEDIATE RELEASE

COMMUNITY surveillance of COVID-19 must go beyond the testing of only symptomatic individuals in order to protect Australia's elderly, particularly those in aged care facilities, according to the authors of an article published online today by the *Medical Journal of Australia*.

Released via the MJA's rapid publication process for COVID-19 articles, the paper is a comprehensive review of the implications of COVID-19 in an ageing population.

The main points:

- COVID-19 encompasses a broad spectrum of clinical presentation and disease severity. Globally, case fatality rates demonstrate a strong age-related gradient.
- Baseline medical comorbidities present in patients with severe disease and death include hypertension, cardiovascular disease, and diabetes. Importantly, causative association for individual comorbid conditions have not been established. There is inadequate evidence regarding either beneficial or harmful effects of angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and non-steroidal anti-inflammatory drugs (NSAIDs).
- Non-COVID medical issues of concern in the elderly include a trend to delayed presentation and management of other acute medical issues, including acute coronary syndromes and stroke, and the sequel of elective surgery postponement.
- While residential aged-care facilities remain a particularly vulnerable setting for COVID-19 transmission, health policies of social distancing and visitor restriction aimed at limiting transmission also increase risk of symptoms of depression and anxiety in susceptible individuals. Adaptive models of care such as telehealth consultations can facilitate ongoing management of regular comorbidities and maintain contact between patient, family, and clinicians when isolation is imposed.
- SARS-CoV-2 vaccine may not translate into lasting immunity in an elderly population due to immunosenescence. The indiscriminate use of non-validated therapies to treat COVID-19, such as hydroxychloroquine and azithromycin, should be discouraged in the elderly outside a registered clinical trial due to increased risks of adverse effects common to most drugs when used in the elderly (eg. QT-interval prolongation, ventricular tachyarrhythmia, and sudden cardiac death).
- Asymptomatic transmission remains a constant threat to the elderly population and has implications for infection control measures; community surveillance must go beyond targeting only symptomatic individuals.

All MJA COVID-19 articles are available at <https://www.mja.com.au/journal/covid-19> and are open access. All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

**Please remember to credit *The MJA*.**

The *Medical Journal of Australia* is a publication of the Australian Medical Association.