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In Hong Kong, the fifth wave of the COVID-19 pandemic has resulted in >9000 deaths, of which >87% involved older adults aged ≥70 years, and more than half of these older adults were living in residential care homes for the elderly.1 Frailty is a major risk factor for the high mortality in older adults. In this issue, Miu2 reports that ≥70% of community-dwelling older adults are frail or prefrail and that pain management may help to prevent progression of frailty.

Patients with COVID-19 infection may deteriorate quickly and require cardiopulmonary resuscitation (CPR). Proper infection control measures and personal protective equipment (PPE) are necessary to minimise infection risk to clinical staff during CPR. Donning PPE and performing CPR are stressful tasks for healthcare professionals, particularly during the pandemic. In this issue, Chan et al3 report that simulation training on donning PPE and performing CPR with PPE significantly improve the knowledge and confidence of nurses in a geriatric step-down hospital.

Inpatient falls are common for older adults and may complicate and lengthen hospital admissions. Cognitive impairment is a risk factor for falls. In this issue, Dai et al4 report that fall prevention education delivered through a video may be better retained by individuals with cognitive impairment, compared with the standard practice of verbal presentation.

In Hong Kong, nasogastric tube feeding is commonly performed for older adults who had a stroke, advanced dementia, neurologic degenerative disease, or sarcopenic dysphagia. Careful hand feeding is advocated as an alternative. In this issue, Luk et al5 report that careful hand feeding is feasible and safe in a geriatric step-down hospital, even during the COVID-19 pandemic.5 It fosters comfort and dignity of the dying patients and respects the views of patients and family members.

REFERENCES