The term ‘geriatrics giants’ was first coined by late Prof Bernard Issacs. Geriatrics giants include four common syndromes of older adults, namely intellectual impairment, instability, immobility, and incontinence. Under intellectual impairment, there are three ‘Ds’: dementia, depression, and delirium. These conditions may be a single pathology entity or as manifestations of frailty secondary to increased impairment of multiple systems. In this issue, Ho et al and Dehghankar et al report that intellectual impairment is a common manifestation of diseases in older adults.

In the COVID-19 pandemic, as of December 2022, >600 million people were infected and >6 million deaths were recorded worldwide. Older people aged >65 years are particularly vulnerable, with higher mortality rates. Earlier studies on COVID-19 have focused on differences between middle-age and older patients in typical features of infection and biochemical markers of inflammatory and radiological findings. Later studies have reported that older people can present atypically with or be complicated by intellectual impairment (delirium) and immobility (lethargy). Delirium and frailty status are important predictors for adverse outcomes and mortality.

About 5% of older adults aged >65 years meet the diagnostic criteria for major depression, and 8% to 16% meet the criteria for subsyndromal depression. Sleep disorder is common in older adults, with about 50% having a sleep complaint. Most studies of risk factors for depression have focused on chronic medical diseases or physical functions. There are few studies on sleep quality and depression among older people living at residential home. In this issue, Dehghankar et al report that 36.3% of community-living older adults in Qazvin, Iran are positive for depression, and that the risk of depression increases 2.5 fold among those with poor sleep quality. As physical limitations and social isolation are common risk factors for both conditions, there are grounds to support the bio-physical-psychosocial model for care and support to maintain wellbeing of older adults. This study illustrates the importance of combining geriatric medicine and gerontology on care of older adults.

At the time of writing this editorial, the world is working towards ‘living with the virus’. Previous mitigating policy has led to worsening of physical functioning, social isolation, anxiety, and subsyndromal depression in older adults. With the high vaccination rate among older adults and the change of policy, it is hoped that excessive mortality from COVID-19 is contained and that overall wellbeing of older adults is restored.

REFERENCES


