North Simcoe Muskoka
Specialized Geriatric Services

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Confinement Syndrome

Origin of the Concept

An Article from France

During COVID-19, the term "Confinement Disease" was used in a paper in the Journal of the American Medical Directors Association. The authors reviewed the deaths of 24 residents (over 5 days) in a 140-bed LTC facility in France. Hypovolemic shock (vs acute respiratory distress syndrome) was identified as a main cause of death. "Most of the victims had been left alone in their rooms ... for many days without help because of the lack of protective masks and the work overload for caregivers affected by a 40% staff absenteeism rate".

A search for "Confinement Syndrome" leads to literature focused on symptoms experienced by prisoners from solitary confinement due to intense anxiety and sensory deprivation. Solitary confinement in the prison system is deliberate with confinement intended to impose punishment and reform behaviour. While this was not the intent underlying COVID-19 restrictions, some parallels can be made in regard to clinical outcomes.

Stories and Evidence

Since the outset of COVID-19, news and social media have focused on the impact of social isolation on older adults and caregivers. Stories have emerged from *some* LTCHs around residents experiencing dehydration. Anecdotally, local hospitals have reported increased admissions for "Failure to Thrive/ Cope". Our team has heard about an increase in requests for MAID. We have received more referrals for responsive behaviours and have seen an increase in caregiver stress. In May 2020, the Canadian Armed Forces published a report capturing observations in five Ontario LTCHs hardest hit by COVID-19. They noted, among other things: inadequate psychosocial support; disregard for routine orders like vital signs; lack of proper positioning and increased pressure ulcers; inadequate hydration and nutrition; medication use to sedate responsive behaviours like agitation; multiple falls; and the inconsistent and suboptimal assessment and management of pain.

Connecting the Dots

In considering the article from France and the stories and evidence, a constellation of clinical issues begins to emerge in older adults and their caregivers that could be directly or indirectly linked to the confinement associated with COVID-19. NSM SGS first used the term "Confinement Syndrome" locally in a Discussion Paper suggesting a multi-dimensional strategy to address the care of older adults in COVID-19. While there may be more evidence for Confinement Syndrome in congregate settings, it could be applicable to older adults and caregivers across settings.

Contributing Factors

The protection measures put in place to enhance safety during COVID-19 have led to either the directed or chosen confinement of many older adults and caregivers. As a result, the risk of Confinement Syndrome in these individuals is increased because:

- Social networks and support systems have been disrupted, including the support provided by essential caregivers and visitors in hospitals and congregate settings.
- Access to health and/or social programming has been reduced, including less in-person contact/assessment and fewer activities/ programs.
- Less mobilization and activity is occurring due to fear of contracting the disease, physical distancing across settings and reductions in programming.
- Usual staff who 'know' the older adult (their needs and their environment) have been less available to provide care due to staffing challenges and IPAC demands, including additional time required for PPE.

Potential Clinical Issues

The constellation of clinical issues that could be associated with Confinement Syndrome will vary in older adults as a result of their level of frailty, underlying medical conditions, their baseline functional and cognitive status, their social networks and the degree of disruption in their 'usual' activities and supports.

> "The challenge for us, as individuals and as a society, is that two contradictory realities are simultaneously true. Our approach to pandemic containment works, but our approach to pandemic is causing suffering, eroding physical and mental health, and increasing the deaths of old people."
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> *Louise Aronson, NY Times June 8, 2020*

Examples of clinical issues could include new or worsening conditions, some of which may lend to ED visits and/or hospitalization:

- **Physical health & well-being**
  - Preventable acute illnesses
  - Acute exacerbation of, or deterioration in, chronic conditions
  - Dehydration
  - Malnutrition (under or over nutrition)
  - Inadequate pain management
  - Pressure ulcers
- **Mental health & cognition**
  - Loneliness
  - Anxiety, apathy, mood disorders, depression or other mental health issues including reduced sense of purpose, PTSD and/or suicidal ideation
  - Substance use
  - Cognitive changes, including delirium
  - Responsive behaviours
- **Functional status**
  - Reduced mobility, fall risk and/or falls
  - Bladder and/or bowel incontinence
  - Loss of functional abilities (i.e. ADLs and/or IADLs)
- **Caregiver health & well-being**
  - Caregiver stress accompanied by physical, mental and/or emotional health issues.
  - Active or passive elder abuse, which can include physical abuse, financial abuse, emotional abuse, sexual abuse and/or neglect

Interventions for Consideration

It is imperative that we find the right balance between keeping older adults and caregivers safe from COVID-19 and reducing the risk of Confinement Syndrome. Ongoing assessment of the possible clinical issues associated with Confinement Syndrome must be part of a new paradigm of care amid this pandemic. Identification of issues and (ideally) early intervention will lend to better outcomes for older adults and their caregivers, including reduced morbidity and mortality. This, in turn, will lend to improved health system outcomes. Here are examples of interventions that could be considered:

Clinical Assessment

- Develop/implement a checklist for regular assessment of clinical issues that could be associated with Confinement Syndrome; consider baseline status prior to March 2020.
- Leverage Comprehensive Geriatric Assessment (CGA) resources, including the Competency Framework developed by the Regional Geriatric Programs of Ontario.
- Ensure older adults have a recreation and exercise plan in place; evaluate success.
- Use standardized measurement tools for key indicators to support trending and communication within/between teams.
- Update and USE care plans so that all staff are aware of the unique needs of the older adult and his/her caregivers.
- In hospitals and congregate settings:
  - Place a fluid and nutrition tracking sheet on room doors to support quick-reference visual tracking of intake across shifts.
  - Ensure an effective shift communication tool is in place.
  - Leverage existing risk rounds to regularly monitor and review potential risk issues (i.e. falls, responsive behaviours, pressure ulcers, hydration/nutrition, mood, etc.)

Education / Coaching

- Provide education (single event or a series) to health care providers to raise awareness about Confinement Syndrome; use creative ways to help staff translate knowledge to practice.
- Encourage self-care among both informal and formal caregivers to help reduce caregiver stress and compassion fatigue.

Leadership

- Within organizations, identify a leader accountable for tracking and trending key indicators related to Confinement Syndrome.
- Develop a Family Presence Policy within the organization that safely enables the role of essential caregivers.
- In preparation for potential future COVID-19 waves, advocate for change in clinical practice and policy to better consider risks associated with Confinement Syndrome.
- Leverage local community supports and committee structures to promote a collaborative approach to reducing risks associated with Confinement Syndrome across the continuum of care.

Research

- Complete a research study using available data (i.e. RAI data) to assess the impact of Confinement Syndrome on older adults and caregivers across the continuum using pre-COVID-19 data as baseline data.