
Key Findings

Chapter 2: Methodology

- This COVID-19 study was carried out by The Irish Longitudinal Study on Ageing in Ireland.
- TILDA participants were recruited from the nationally representative sample of community-dwelling adults aged 60+ in Ireland.
- The sample size for this report was 3,677.
- Self-Completion Questionnaires (SCQs) were posted to participants home addresses and returned by pre-paid post.
- TILDA is co-funded by the Government of Ireland through the Department of Health, by Atlantic Philanthropies, and by Irish Life PLC. The COVID-19 study described in this report is funded the Health Research Board under the Rapid Response Research and Innovation Fund.

Chapter 3: Changes to everyday activities in response to COVID-19 restrictions

- There is a high level of compliance with Government advice in relation to COVID-19, with a large majority of the participants engaging in protective behaviours to prevent the spread of COVID-19.
- Eighty percent of the over-60s are adhering to social distancing guidelines, 98% are washing their hands more frequently than before and 74% report wearing a protective face mask when outside.
- The COVID-19 pandemic has changed the social behaviour of adults aged 60 years and older. Sixty-nine percent of participants report leaving the house less often than before, and 53% report doing grocery shopping less often than before as a result of the COVID-19 pandemic. Furthermore, 62% of participants report not travelling to visit family members at all, and 80% not to visit friends, since the outbreak of the COVID-19 pandemic.

- Older women report higher levels of changed behaviours in response to Government recommendations compared to men.
- Adults aged 60-69 report higher levels of changed behaviours in different settings (at work, in outdoor places and indoor public places) compared to adults aged 70 and older.
- National television is rated the most trusted source for COVID-19 information, followed by the Health Service Executive website and the official Irish government website.
- A large majority of participants report getting up-to-date news on COVID-19 from national television (72%) and national radio (61%), while two fifths of participants report getting news from Irish newspapers (39%) and other television stations (37%).
- With respect to understanding Government guidance on COVID-19, half of people over 60 years find it extremely easy to understand (51%) and 39% find it very or somewhat easy to understand.
- Only 27% of adults aged 60 and over report that their level of knowledge on COVID-19 is extremely good, while 54% consider their level of knowledge somewhat good.

Chapter 4: COVID-19 concerns, exposure, symptomology and mortality

- The combined prevalence of a positive PCR test, doctor-suspected cases and self-suspected cases of COVID-19 infection among adults aged 60 and over is 5%.
- The prevalence of a confirmed or suspected case of COVID-19 infection is three-times higher in the 60-69 compared to the 70 and over age group (6% versus 2%). The same prevalence rates by age group are observed among those who live alone.
- The prevalence of a confirmed or suspected case of COVID-19 infection is 70% higher in males versus females.
- The highest prevalence of confirmed or suspected cases of COVID-19 infection is among those with a third level education (6%) compared to those with secondary (4%) or primary level (5%). Non-response to the question is 11%, 5% and 3% among primary, secondary and third level educated participants respectively.
- The prevalence of a confirmed or suspected case of COVID-19 infection is almost twice as high in Dublin (7%) compared to other cities (4%) and towns or rural areas (4%).

- The older adults most concerned about the COVID-19 pandemic are aged 70 and over and live alone (54%), are female (52%), are educated to primary level (56%), and live in rural areas (51%).
- The prevalence of COVID-19 infection by relationship to older adults is low but is highest among friends and neighbours (0.8%), followed by children (0.7%) and spouses or partners (0.6%), relatives and siblings (0.3%), and grandchildren and parents (0.2%).
- The most prevalent symptoms reported by older adults during the COVID-19 pandemic are: muscle and joint pain (17%), cough (9%), shortness of breath (6%), sore throat (5%), diarrhoea (4%), fever (2%), loss of smell or taste (2%), nausea or vomiting (1%).
- Since the start of the pandemic, 1 in 20 (5%) adults aged 60 and over have lost a family member or friend due to COVID-19 infection.
- Of those adults who lost a family member or friend due to COVID-19, almost two-thirds were neighbours or friends, 30% were relatives and 5% were a close family member.
- Among adults who lost someone close due to COVID-19 the majority are: aged 60-69 years (55%), live alone aged 70 and over (56%), female (55%), third level educated (44%) and live in Dublin (50%).

Chapter 5: Loneliness during the COVID-19 pandemic

- COVID-19 restrictions have greatly reduced opportunities for social participation and interactions. This poses a risk of increased loneliness among older adults.
- Loneliness is associated with poorer physical and psychological wellbeing as well as premature mortality.
- One-in-ten adults aged 60 years and older feel that they often lack companionship (9%) and/or often feel isolated from others (9%), while 11% hardly ever or never feel in tune with the people around them.
- Five percent of older adults often feel left out and 7% often feel lonely, while 30% feel lonely at least some of the time.
- During the COVID-19 pandemic, average loneliness scores on the University of California, Los Angeles Loneliness scale were 4.5 from a maximum of 10. This is more than double the average score in 2018/19.
- Women and older adults who live alone were the loneliest, while those who completed third level education were least lonely.

- Despite greater restrictions on the over 70s, there was little difference in the levels of loneliness reported by older adults aged 60 to 69 or over 70 years of age.
- Loneliness is associated with poorer overall Quality of Life (QoL) as well as the domains of QoL captured by the CASP-12 QoL measurement tool (Control, Autonomy, Self-realisation, and Pleasure).
- Loneliness is associated with both self-rated physical health and self-rated mental health.
- Increased loneliness and social isolation due to COVID-19 restrictions will have negative consequences for the physical and mental wellbeing of older adults.

Chapter 6: Physical activity, sedentary behaviour and mental health

- Almost a quarter (22%) of older adults in Ireland did not meet minimum recommended levels of physical activity during the COVID-19 pandemic; 43% were minimally active; a third (34%) report engaging in “health enhancing” levels of physical activity.
- Physical activity levels differed by age: Inactive (60-69 years: 19%; 70+ years: 26%); Minimally active (60-69: 41%; 70+: 47%); Active (60-69: 40%; 70+: 27%)
- Women (25%), older adults aged 70+ (26%), and those with primary education or none (27%) are more likely to be physically inactive.
- Most older adults exercise at home about the same amount of time during the COVID-19 pandemic as before the pandemic; 17% increased their exercise at home, while 16% decreased it.
- A third (36%) walk as often during the COVID-19 pandemic as before the pandemic; a quarter (25%) walk less often and a quarter (27%) walk more often.
- A large proportion (45%) of older adults increased DIY at home or gardening.
- A substantial proportion (37%) watch TV more often.
- 37% of older adults report low levels of life satisfaction.
- 21% report potentially clinically meaningful levels of depressive symptoms.
- 29% report high levels of stress and 11% have moderate-to-severe anxiety levels.

- Adults aged 60-69, those who have a third level of education or higher and those who live in urban areas are more likely to be the least satisfied with their life.
- Women, adults with a primary level of education and those who live alone are more likely to report the highest levels of stress, anxiety and depressive symptoms.
- Adults who live in urban areas also more likely to have depressive symptoms.
- Low levels of physical activity are associated with lower levels of life satisfaction, higher levels of stress, anxiety and depressive symptoms.
- Strategies to address the high levels of poor mental health among older adults in Ireland throughout the COVID-19 pandemic, including the promotion and facilitation of physical activity, should be developed as a matter of urgency.

Chapter 7: Use of healthcare services, medications, and health supplements

- Restrictions due the COVID-19 pandemic have had a dramatic effect on non-COVID-19 related healthcare services in Ireland. This has resulted in an array of healthcare needs being unmet. As older adults have greater healthcare needs, they are likely to be the most affected by this.
- Nearly one-third of adults aged 60 years and older (30%) delayed or did not get medical care that they needed.
- The most common reasons for delaying or cancelling healthcare appointments were: deciding that the appointment could wait (39%), the clinic/hospital/doctor's office cancelling the appointment (25%), the appointment being rescheduled (21%), being unable to get an appointment when needed (21%), being afraid to attend an appointment (18%), other unspecified reason (6%), and being unable to afford the appointment (3%).
- Forty three percent of participants delayed dental care, followed by delayed appointment with a GP (31%), an optician (19%), other services (12%), and minor surgery (10%).
- Not being able to get an appointment (57%) was the primary reason for delaying dental care.
- Among those who delayed a GP appointment, being afraid to go to the appointment was the primary reason (53%).

- Many adults aged 60 and older attended online or telephone consultations with healthcare services. Forty-six percent of older people availed of a telephone or online appointment with a GP, 39% with a pharmacist, 21% with a hospital doctor and 10% with another health professional.
- A large majority of older adults could access hygiene products (gloves; hand sanitiser; masks; and soap) when needed. Among those who reported difficulty in purchasing these products, the main reason given was that they were not available in retail outlets.
- The pandemic had little impact on the use of prescribed medications, with a large majority of older adults (94%) continuing to take the same medications as before the beginning of the pandemic.
- Almost one in seven (14.5%) adults aged 60 years and older have started taking Vitamin D supplements since March 2020. This is in addition to the 9% of TILDA participants who took supplements before the pandemic.
- This chapter provides valuable information on healthcare utilisation in the older population in Ireland, including the effect of the pandemic on the delivery of services and the challenges faced by older people in accessing these services. Furthermore, the findings provide an important baseline for identifying and evaluating the long-term impact of COVID-19 on health outcomes, which may be of particular importance for older people with pre-existing conditions.

Chapter 8: Changes to caregiving roles

- During the COVID-19 pandemic 15% of the population aged 60 and older report that they cared for someone, more than double the proportion (6%) who report caring in 2018.
- A similar proportion of women (19%) and men (16%) are carers, increased from 7% of women and 5% of men in 2018.
- The average age of carers is 69 for women and 71 for men.
- Carers are more likely to be married, and women who are carers are more likely to have a tertiary education.
- Women who live in Dublin are more likely to report they had cared for someone during the pandemic (23%) compared to women (15%), and men (12%) who live in a rural area.

- More than 50 hours of care per week is provided by 27% of women and 25% of men who are carers aged 60-69 years and 36% of women and 41% of men who are carers aged 70 years and older.
- 43% of women and 48% of men carers aged 60-69 years report that the main recipient of care was their spouse.
- Carers aged 60-69 years also provided care for other family members: among, carers 14% of women and 15% of men report that they provide care for parents, 12% of women and 6% of men report they provide care for other relatives, 14% of women and 8% of men report they provide care for children and 10% of women and 12% of men report they provide care for grandchildren 6% of women and 10% of men also provide care for friends and neighbours.
- Among carers aged 70 years and older, the main recipient was their spouse (71% of women and 88% of men)
- Women aged 70 years and older who provided care during the pandemic also provided care to children (10%) and grandchildren (14%).
- 4% aged 60 years and older stopped caring since 2018, 2% have continued caring since 2018 and 13% of adults aged 60 years and older who report caring during the COVID-19 pandemic are new carers.
- Women aged 70 years and older who continued as carers during the pandemic have a higher purpose in life than women who report either no caring or who became a new carer during the COVID-19 pandemic in the same age group.
- Men aged 70 years and older who became a new carer during the COVID-19 pandemic report lower quality of life, higher depressive symptoms and higher perceived stress compared to non-carers.
- Becoming a new carer was associated with worse self-rated mental health than non-carers for men aged 60-69 years and 70 years and older.
- Women aged 70 years and older who became new carers during the pandemic had increased depressive symptoms and higher anxiety compared to those who were not carers in the same age group.
- Many of the older population took on new caring roles during the COVID-19 pandemic. To enable family caring to continue, state-provided home support must also be available to facilitate and support carers.