Silent Survivors of Disasters: Older Adults

At the site of any disaster, there are a multitude of survivors, the challenges of caring for them, and, frequently, not enough caretakers to meet their needs. One group that is often not planned for and whose needs are generally not well understood is the older population, particularly those in long-term living facilities. The purpose of this article is to look at this special-needs population and review some aspects of planning and response that will facilitate their proper care and treatment during and after disaster.

On any given day, there are approximately 1.6 million people residing in 17,000 nursing homes and another 900,000 to 1 million who are living in 45,000 long-term care facilities. By the year 2025, there will be more than 4 million people in nursing homes. The fastest growing population in America is the age 85 and older group. Older adults already may be suffering from preexisting trauma related to changes in living situations, chronic health problems, and reduced personal freedom. When yet another traumatic event occurs, such as a hurricane, tornado, flood, heat wave, or devastating cold spell, their trauma is compounded.

Given this already complex psychological picture, several things are important to consider. First, older people in nursing homes often struggle with change, particularly sudden change. Therefore, the rapid changes that occur in time of disaster are even more traumatic. Demands to move quickly, change locations, and leave treasured things behind are made, and often older people lack a clear understanding of what is transpiring. In light of this, every effort should be made to reassure older adults, explain why changes are necessary, tell them where they are going, and most importantly, reassure them that they will be safe and cared for. Older people's need for reassurance cannot be underestimated. This population has grown used to rigid routines with regard to virtually every phase their lives: when to eat, when to bathe, when they get their medications, and who will care for them. When these routines are disrupted, their anxiety increases greatly. Any semblance of routine and structure that nursing home residents can realize is invaluable in minimizing the shock of sudden upheaval.

The individual needs of residents, such as medications, oxygen, and wheelchairs must be carefully considered. Most Americans now die of chronic illnesses rather than acute illnesses.

Nursing home residents typically have 2–3 serious chronic illnesses, and some have 10–12 chronic conditions. Therefore, it is imperative that serious consideration and plans for the appropriate continuation of medical care be incorporated into disaster planning. The provision and availability of medications alone poses a serious, often critical problem in a catastrophic situation. Access to medical records is also critical. Arrangements for alternate placement, medical assistance, and mental health assistance should all be in place. The more comprehensive a disaster plan is for this population, the smoother the appropriate response will be. This is a very vulnerable population, and often a silent one.
Their care and well-being is a tremendous challenge, especially during a disaster when there are so many other pressing demands and emergencies at hand. The time to plan for the proper provision of services is prior to an emergency. This planning can only be done if there is a comprehensive knowledge of this special population and the unique challenges they present.

Another complicating factor facing disaster relief workers and planners is the mental health status of this population. Various studies estimate that 51 to 94 percent of this group exhibits psychiatric symptoms. The most common maladies encountered are depression, delirium, dementia, and anxiety. Very probably, the residents who will have the hardest time with the sudden upheaval and rapidly changing situations that occur in times of disaster will be those with some degree of dementia. Dementia is one of the most devastating and dreaded psychiatric diseases. Taking a quick glimpse into the future of just one of these dementias, Alzheimer’s disease, is quite sobering and, once again, emphasizes the need for special planning for this population. At current prevalence rates, approximately one-half of the population older than 85 years of age will have Alzheimer’s disease. By 2050, we will have 19 million people older than 85. This translates to approximately 9.5 million people who will have this condition.

Another mental health and social issue that is often overlooked, and one in which this population differs from other victims of disasters, is that the vast majority of older adults who are in nursing facilities will remain there for the rest of their lives. They will not get to go home, to rebuild, or to start over. Their “going home” will likely be to another long-term care facility. This is a challenge for mental health professionals because this is quite different from helping those survivors who will get to start life anew. In addition, many nursing home residents suffer from varying degrees of anxiety and depression. Residents who have dementia will likely be the most afflicted during a disaster. As long as they possess cognitive abilities, they are aware of their gradual decline and are devastated by the process. During a disaster, the negative impact on this population is significant. The demands, confusion, sudden changes, and vast unknowns, coupled with the inability to accurately and rapidly process all of this imposed chaos is simply overwhelming, resulting in an exacerbation of their emotional instability.

In addition, professionals trained in geriatric medicine and geriatric psychiatry are increasingly scarce. The latest numbers available indicate that approximately 330 physicians completed geriatric medicine residencies and 86 psychiatrists completed geriatric residencies in psychiatry last year. This indicates at least two critical issues for
future planning. First, there may not be professionals who are trained in geriatrics available to provide guidance and care. Second, the burden falls on the first responder to become more proficient in and cognizant of the special needs of this population, both for service provision purposes and formulating comprehensive disaster plans.

One final issue bears serious consideration. This population, like other trauma victims, will be in a state of shock for days, weeks, or even months after a disaster. First responders are generally most helpful with initial triage, placement, and identifying special needs. However, most of them go home shortly after the major issues surrounding the disaster have been handled. The mental health issues will be just beginning and the posttraumatic stress will last for many months, if not longer. Further problems will arise if there is a severe shortage of trained professionals to provide the appropriate long-term care after the first responders are gone. The end result is that many survivors may get no care. This is especially true for those people who are dependent on others for their care. A critical aspect of disaster planning and intervention has to be to ensure that long-term mental health help is available for all the survivors who are in need of such care.

In summary, there is a very large and rapidly growing older population in this Nation. The first Baby Boomers turned 62 in January 2008, and this group will stretch the capacity of all types of healthcare systems in the next 10–20 years. The average life expectancy is increasing at a steady pace. It is obvious that any future disaster plans must factor in the aging population. This means that there must be a clear understanding of the special needs and challenges posed by this group. Given the medical, psychiatric, and social issues of this growing population, there is an urgent need for serious, comprehensive disaster plans that take into account the vast array of special needs of this group. It is important that planning and preparedness measures be put in place quickly. The challenges are great and complicated, but so are the ingenuity and resourcefulness of those who work in this difficult field. These challenges too will be met, and the care and safety of the silent older population will be assured.

This article was contributed by John G. Jones, Ph.D.