**Ageism and age discrimination among COVID-19 pandemic**

Vahid Rashedi 1, Vahidreza Borhaninejad 2\*

1 School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran

2 Social Determinants of Health Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

\* Corresponding author: Dr. Vahidreza Borhaninejad. Email: v.borhaninejad@kmu.ac.ir

Dear Editor,

The pandemic of novel coronavirus (COVID-19) has expanded from Wuhan throughout China and is being exported to a growing number of countries ([1](#_ENREF_1)). This infection occurs through exposure to the virus and is impacting the global population ([2](#_ENREF_2)). Although all age groups are at risk of contracting COVID-19, older people are facing the most threats and challenges. Based on The Centers for Disease Control and Prevention (CDC) report, 8 out of 10 deaths reported in the U.S. have been in adults 65 years old and older ([3](#_ENREF_3)). This group is facing the risk of severe illness if they contract the disease due to physiological changes that come with aging and potential underlying health conditions ([4](#_ENREF_4)). Therefore, the global recommendation for older populations includes social isolation, which involves staying at home and avoiding contact with other people, possibly for an extended period of time, currently estimated to be between three and four months ([5](#_ENREF_5)).

The elderly are the primary recipients of health care and, due to their complex conditions, require high-quality, specialized care ([6](#_ENREF_6)). Responses to the pandemic will depend on the national and local context, so it must be considered how the COVID-19 pandemic and measures taken by governments affect the human rights of older persons ([7](#_ENREF_7)). It seems negative perceptions and stereotypes of aging and the elderly are diminishing. However, there are still some cases of discrimination and ignorance of the elderly due to the negative attitude that should be considered ([8](#_ENREF_8)). The exclusion of older persons from medical treatments has been studied, but without considering the health consequences for older adults ([9](#_ENREF_9)).

Ageism is defined as a systematic stereotyping of and discrimination against people because they are old. Ageism and discriminatory practices toward the elderly are not only prevalent in the general population, but also health care personnel are more likely to have this attitude due to the long-term and continuous contact with the elderly. Many studies have shown that there is a direct relationship between belief, attitude, and quality of health services provided ([10](#_ENREF_10)). Negative attitudes lead to inadequate training of health service recipients, and as a result, adverse effects on the health care outcomes ([11](#_ENREF_11)). Also, perceived discrimination in health-care settings may have long-lasting adverse effects on patients’ interactions with the health-care system ([12](#_ENREF_12)).

Older adults have the same rights as others, and these must be equally protected during the pandemic. Older people are more vulnerable and are less well informed or equipped to defend themselves and to be assertive, when it comes down to receiving optimal medical care. To maintain efficiency in the elderly caring, it should be insured that health care providers provide high-quality care. Older persons are at higher risk of hospitalization and serious complications due to COVID-19, so negative attitude towards the elderly makes it difficult to work in this area and reduces the number of nurses needed in this field. Given the extent of ageist attitudes and stereotypes and the negative consequences of ageism for health and quality of care, developing effective interventions to reduce ageism is a priority.

**References**

1. Lipsitch M, Swerdlow DL, Finelli L. Defining the epidemiology of Covid-19—studies needed. New England Journal of Medicine. 2020;382:1194-6.

2. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. New England Journal of Medicine. 2020;382:1199-207.

3. Centers for Disease Control and Prevention. People Who Are at Higher Risk for Severe Illness 2020 [Available from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

4. World Health Organization. Supporting older people during the COVID-19 pandemic is everyone’s business 2020 [Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/4/supporting-older-people-during-the-covid-19-pandemic-is-everyones-business>.

5. Brooke J, Jackson D. Older people and COVID‐19: Isolation, risk and ageism. Journal of Clinical Nursing. 2020.

6. Rejeh N, HERAVI‐KARIMOOI M, Montazeri A, Foroughan M, Vaismoradi M. Psychometric properties of the Iranian version of the Kogan's attitudes toward older people scale. Japan Journal of Nursing Science. 2012;9(2):216-22.

7. AGE Platform Europe. COVID-19: Older persons’ rights must be equally protected during the pandemic 2020 [Available from: <https://www.age-platform.eu/policy-work/news/covid-19-older-persons%E2%80%99-rights-must-be-equally-protected-during-pandemic>.

8. Nooritajer M, Hossein R, Haidari S. Models and systems of elderly care: factors associated with abuse in the elderly. Middle East Journal of Age and Ageing. 2011;83(2263):1-10.

9. Chang E-S, Kannoth S, Levy S, Wang S-Y, Lee JE, Levy BR. Global reach of ageism on older persons’ health: A systematic review. PloS one. 2020;15(1):e0220857.

10. Mohammadi MM, Esmaeilivand M. Attitudes toward caring of the elderly from the perspective of nursing and midwifery students in Kermanshah Province in 2015. Iranian Journal of Ageing. 2017;11(4):476-83.

11. Karlin NJ, Emick J, Mehls EE, Murry FR. Comparison of efficacy and age discrimination between psychology and nursing students. Gerontology & Geriatrics Education. 2006;26(2):81-96.

12. Flores-Sandoval C, Kinsella EA. Overcoming ageism: critical reflexivity for gerontology practice. Educational Gerontology. 2020;46(4):223-34.