Extreme isolation takes toll on seniors

Bay Area’s older adults struggle as pandemic drags on

By Erin Allday

Shirley Drexler died two months into the coronavirus pandemic, but not from COVID-19. She died of despair.

Drexler was 102 years old. She was the “queen of Rhoda Goldman Plaza,” an assisted living facility in the Western Addition where she joined in almost every activity, where she flitted from table to table during the long lunch hours, where she always had a bawdy joke to share.

When San Francisco shut down on March 17, Drexler, along with every other resident, was shut into her room, her world abruptly gone still. Staff visited frequently but it wasn’t the same. She stopped eating. She didn’t want to get out of bed.

“It was like she lost the will to keep going,” said Adrienne Fair, assistant executive director of Rhoda Goldman Plaza.

In the months since her death on May 20, Rhoda Goldman and facilities like it have lifted some restrictions for residents to help reduce isolation and loneliness. And in other places — from community centers and libraries to doctor and dentist offices — those who work with older adults
Shirley Drexler, 102, died two months into the pandemic after feeling cut off by the shutdown.

Photos by Jessica Christian / The Chronicle

Pobed Lavrentjev, 75, who is studying music, practices on one of four pianos inside his Tenderloin home. He says he doesn’t have time to feel lonely. Many of his peers are not so lucky and are suffering from extreme loneliness during the pandemic shutdown.

Effects of isolation

The concern is that the measures put in place to protect the generations of adults age 60 and over may be killing some of them, or profoundly disrupting their quality of life.

Even as much of San Francisco and the rest of the Bay Area starts to reopen, many seniors still feel trapped and unable to go back to anything like normal life. It may be a year or longer before vaccines are widespread and the pandemic is truly over, which means it’s critical for older adults’ mental and physical health that more efforts be made to help them connect with the world outside their homes, advocates say.

“We don’t think about things like how many old people have died of misery in this pandemic,” said Dr. Louise Aronson, a UCSF geriatrician. “We don’t think about the numbers of people just sitting at home weeping, or sitting there doing nothing.

“When it comes to older people we’re not protecting them. We’re barely talking about them,” she said.
Eva Maggard, 70, leaves a ride-hail vehicle for her Tenderloin home after her iPad class at Curry Senior Center. Maggard says she’s relieved to be able to get out and take a class again.

A painting of Maggard hangs in her home. She says she’s a social person and some days alone are good and some are bad.

And not everyone is suffering right now. Some older adults say they are enjoying the solitude. Others who live in multigenerational households say they’ve never had so much quality time with children and grandchildren.

“I don’t feel lonely,” said Pobed Lavrentjev, 75. “I don’t have time for it.” He spends his days alone in his Tenderloin apartment studying music — he’s trying to master Mozart’s Piano Concerto No. 23 on his keyboard — and diving into the YouTube rabbit hole.

But many of his generational peers are not doing so well.

The extended shelter-in-place has been difficult for almost everyone, from children and teens missing school and friends to adults struggling with financial hardships and dozens of other stresses. But older adults can have separate and more profound issues.

They are more vulnerable to severe illness and death if they become infected, and so they are encouraged, or even forced, to take more dramatic steps to protect themselves. Some won’t leave their homes to go shopping. As hair salons, movie theaters and restaurants reopen, seniors are told to remain vigilant and stay home as much as they can.

The needs of older adults in the pandemic are varied, as are their appetite for risk.

People who are otherwise healthy may prefer to keep physically distant from everyone as they look for better means to communicate with video and other technology. Others, who feel like their time is limited, may want to figure out how to balance their safety with the very powerful desire to hug a grandchild or share what could be one of their last Thanksgiving dinners with friends.
Many older adults also are more vulnerable to the secondary effects, physical and emotional, of isolation. A UCSF study released last week reported older adults suffering from loneliness, depression and anxiety related to the pandemic. Only about a quarter of study participants used video technology to socialize, and less than half socialized on the internet.

Doctors report that older adults in isolation may be at greater risk of falls or delirium. They may not be getting proper care for chronic conditions like diabetes or heart disease. Geriatricians report cases of older people arriving in emergency rooms malnourished or dehydrated because they haven’t been eating, either from lack of food or disinterest in it.

“The people in the hospital are just sicker than usual,” said Dr. Wendy Zachary, a geriatrician with Sutter Health who works with elderly patients in intensive care.

She worries too about the mental health of her patients, now and in the long term.

“I know it feels like we’ve been in isolation forever, but we’re relatively pretty early in the game,” Zachary said. “There is already a lot of buzz out there about how important it is that older people have physical touch, physical contact. And when they don’t get that, how they perish.”

**Nursing home risks**

It’s impossible to say that the pandemic alone killed Shirley Drexler. Her health already was starting to decline, said her son Paul Drexler. But she’d been vibrant before the pandemic, her sense of humor fully intact. Her deterioration was so sudden after she was restricted to her room that he feels sure it contributed to her death.

“She wasn’t going to live forever. But she probably would have lasted another year or so. COVID just sped up everything,” her son said.

Rhoda Goldman Plaza has relaxed some restrictions, allowing more family visits and socialization among residents. Some have taken to Zoom for book club meetings and other activities. Others have shifted gatherings outdoors, where it’s safer. A regular bridge group started playing indoors, with masks and lots of hand sanitizer.

Skilled nursing facilities have carried the burden of deaths and serious illness in the pandemic. Roughly 40% of the country’s nearly 225,000 COVID-19 deaths have been in nursing homes; in some counties more than half are in those facilities.

Even as coronavirus cases have come under control through much of the Bay Area, nursing home outbreaks continue to occur, including two this month in Gilroy and Santa Cruz. That’s why many facilities still severely limit visitors. San Francisco only allowed outdoor visits from family last month, and everyone must be masked and stay physically separated. Staff are required to chaperon the visits.

Families are desperate to see and touch their loved ones, many of whom are suffering without that connection. But it’s too easy for family members who may be infected and not know it to unwittingly spread the virus.

Dr. Michael Mason, a Kaiser Permanente geriatrician who regularly visits skilled nursing facilities, said he’s heard of families sneaking in hugs with grandparents when they’re taken off site for dialysis or other
appointments. He knows of one case when a son came to his mother’s nursing home window to sing happy birthday to her — but the window was open, and later she tested positive for the coronavirus.

“We don’t know that it was him,” Mason said. “But it’s these harmless acts that we’ve grown up our entire lives doing that are now causing harm to people.”

Mason and other geriatricians say the pandemic response in many ways has been overly paternalistic toward older adults, who should have more say over the risks they want to take. But in nursing homes, it’s not just the individual at risk, but entire facilities.

“People should have some agency over the risk they’re willing to take, as long as they’re not harming others,” said Dr. Marina Martin, chief of geriatric medicine at Stanford.

**Outside the nursing homes**

Eva Maggard, 70, used to walk most days from her home on Eddy Street to Union Square, where she would sit and watch the tourists get on the double-decker buses or swarm around the plaza. Several times a week she’d go to Curry Senior Center for classes or just to hang out with the staff.

She’s a people person, she says. She’s always been social.

Now, “it’s four walls and a TV,” she said. “Some days is bad, and some days is good. On a bad day, I just feel lonely and nobody cares. But then on a good day, ‘Hey, I’m OK by myself.’ ”

Older adults who live in the community often are alone, and in some ways it can be more challenging to find opportunities for them to socialize than it is for those in skilled nursing facilities. Many seniors say all of their previous options for being around others are now gone, whether it’s exercise classes and gardening clubs or gossiping with their hair stylist once a week.

Staff at the Curry Senior Center said, as months passed and they realized the pandemic was going to drag on indefinitely, they needed to create opportunities for their clients to interact again. In September, they resumed limited in-person technology classes — just three or four students at a time, everyone masked; Maggard is one of them.

The lobby of the center on Turk Street is “Plexiglass heaven,” said Angela DiMartino, the wellness program manager. “The clients who come in are bubbly. They’re so happy to be here,” she said. “One person the other day, I was teaching an iPad class, and she said, ‘This is so wonderful, I’m so grateful I have somewhere to go.’ ”

But many other places that cater to older adults say they’re not yet ready to invite people back inside. “It’s just so tenuous right now. We have to err on the side of conservative, said Paul Hepfer, chief executive of Project Open Hand, which has been delivering meals to thousands of older adults around the Bay Area but has no plans to resume in-person dining.

Maggard said she’s relieved to have her class back at Curry and she’s started taking short walks around her neighborhood. But she still struggles with the isolation, and it’s hard not knowing how long this situation will last.

Union Square is a ghost town, she said. Her residential hotel has started serving coffee and donuts every morning, but her neighbors just grab and go — no one stays to chat. “It’s like, where is everybody?” Maggard said.
Before the pandemic, Maggard regularly visited a neighborhood beauty shop, where she’d have her hair washed and dried, and the woman who worked there would massage her scalp. After San Francisco allowed hair salons to reopen last month, Maggard stopped by again.

The shop was closed. A sign in the window said it was for sale.

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