



The impact of social quarantine during the COVID-19 pandemic on mental and physical health

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Abstract:

Background: This study investigates the effects of quarantine on mental health.

Objective: To examine the effects of social isolation during the COVID-19 pandemic on the mental and physical health of the general population, as well as provide recommendations for patients, caregivers, and healthcare professionals.

Methods: The present study reviewed articles published during and after the pandemic.

Result: This study explores quarantine's impact on mental and physical health. Various factors, such as infectious diseases, stress, and anxiety, can negatively affect mental health. The recent COVID-19 pandemic and resulting social quarantine have significantly impacted people's mental health within the community. Additionally, the closure of schools and the temporary loss of jobs have caused people to lead a sedentary lifestyle, harming their physical health. As a result, quarantine has been shown to affect mental and physical health adversely. Experts suggest that improving physical health through exercise can positively impact mental health.

Conclusion: During the COVID-19 pandemic, social distancing measures harmed older people's mental and physical health. To alleviate these effects during times of confinement, it is essential to implement a comprehensive program that includes exercise and psychological strategies. Additional research is necessary to explore this topic further.

Keywords: Mental Health, Physical Health, Exercise, COVID-19

Introduction

A man is distinguished from all other more complex life forms and homo culinarians in his survival strategy by eating natural organic substances like "food" (fruits and vegetables) [1]. The lowest consumption of edible and non-edible portion like stalk and peels of vegetables results in significant food waste [2]. The loss of edible food parts can also be due to the reduction in the edible food mass during the processing, washing, slicing or peeling. Almost 1.3 billion tons of wastage of food occurs from the production till the end of the use of consumers per annum [3]. In many vegetables, the curd is being consumed and the stalk is thrown away which is also account for the remarkable nutritional values[4].The loss of stalk and other edible parts of vegetables is a problem to industrial development as well as environmental protection. So, there is a need for the research on the utilization of vegetables stalk. The development of value-added stalk portion of the vegetables is the main focus of attention due to the presence of phytochemicals and metabolites which can also help to promote the wellbeing of mankind and improvement of human health [1].

The world has experienced a rapid spread of the COVID-19 pandemic caused by SARS-CoV-2 since December 2019. Despite the uncertainty surrounding the prevalence of the disease in the community due to asymptomatic cases, all age groups seem to be similarly affected (1). Nevertheless, the elderly population is at a greater risk of experiencing adverse effects, resulting in a mortality rate that is five times higher than the global average for individuals over the age of 80 years (2). According to statistics, COVID-19 has caused more than 95% of deaths in Europe and around 80% in China, with the elderly above 60 being the most vulnerable (3). Within the United States, the proportion of deaths involving adults aged 65 and over amounted to 80% (4). Consequently, it is crucial to implement health strategies, such as quarantine and social distancing, to prevent the spread of coronavirus (5, 6).



The level of self-governance and social participation in the community has been linked to physical and mental functions, as per the World Health Organization (WHO) (7). Being involved in religious, sports, cultural, recreational, political, and volunteer organizations is called social participation (8, 9). Social participation has been linked to health benefits in numerous studies conducted on the elderly population, with enhanced physical activity and cognitive functions being cited as potential outcomes (8, 10, 11). Research has shown that social participation is linked to improved quality of life, increased muscle mass and balance, enhanced cognition, and lower levels of comorbidities and disability in older individuals (8, 10, 12, 13). Social meetings and activities stimulate sensory systems, self-esteem, and affectivity and provide emotional and psychological support while increasing physical activity levels through interaction with other older adults (14). Community organizations have ceased operations as a preventative measure during the COVID-19 pandemic. Social participation of elderly individuals has been restricted as a result of their inability to visit family members due to constraints (6). Consequently, the reduction of social interaction resulting from social distancing measures may have adverse effects on the mental and physical well-being of elderly individuals (15, 16), as it has restricted their participation in community organizations and family events (17, 18).

The World Health Organization (WHO) has defined 'intrinsic capacity' as a combination of an individual's physical, functional, and mental capabilities, shifting the attention from negative aging (disability) to positive aging (optimal aging). This concept is associated with the onset of a decline in autonomy, falls, and mortality (19-21). The positive impact of physical activity on health and quality of life is evident in its ability to decrease the risk of functional and cognitive impairment, falls and fractures, depression, geriatric syndromes, hospitalization rates, and mortality among older adults (22). The quarantine has had an impact on both physical activity and mental health. There have been numerous studies examining the mental health effects of past quarantines. These investigations have revealed an increased susceptibility to depression, emotional disturbance (23), stress (24), low mood, irritability, and insomnia (25). Additionally, these outcomes have been linked to a higher incidence of suicide among the elderly population (26).

The impact of COVID-19 quarantine on the general population's health has yet to be extensively researched. Therefore, this review aims to analyze the potential effects of social isolation during the COVID-19 pandemic on mental and physical health.

Mental health

Mental health is not a self-contained entity. Being healthy means different things, such as not being ill, having all body functions work well, or having a balanced state of mind and body about the environment (27). The selection of one definition out of the three is contingent on the degree of satisfaction with the primary health requirements. The fundamental requirements consist of food, shelter, survival, protection, community, social support, liberation from pain, environmental hazards, unwarranted stress, and exploitation in any form (28).

The condition of one's mental health suggests one's capability to establish and sustain cordial associations with individuals, engage in customary social roles within their society, handle modifications, recognize, acknowledge, and convey optimistic actions and thoughts, and regulate emotions like grief. Individuals' mental health gives them a perception of value, authority, and comprehension of their internal and external workings. SHEPS (1997) (29), an organization dedicated to health education and promotion, suggests that mental health involves positive sentiments towards oneself and others, including joy and affection. The biological, social, psychological, and environmental factors impact mental health and mental illness. The social world significantly influences the individual at the core of functioning - the proximal environment comprising family, kinship, employers, peers, colleagues, and friends, and the distal context, including society and culture (30).

Healthy communities can promote mental health by encouraging positive interactions between individuals and society.

The impact of COVID-19 on mental health

Studies show that COVID-19 strongly correlates with mental health issues due to physical disruptions. The etiology of mental disorders in individuals infected with SARS-CoV-2 remains unclear, as it is uncertain whether the virus itself or antiviral treatment is responsible. Individuals who have survived COVID-19 reportedly face various long-lasting effects, such as anxiety, depression, confusion, and less frequent symptoms like brain pressure, phantom smells, irritability, and sleep disorders. Despite this, the expansive decline in the general population's mental health has been attributed to various psychological stressors that have emerged due to the COVID-19 pandemic (31). Psychologists describe the COVID-19 outbreak as a dual pandemic, an



unexpected development. Lockdowns to contain the disease increase mental health risks while healthcare workers treat patients and develop vaccines. Outbreaks of infectious diseases cause the general population to feel more anxious and fearful (32). A study highlighted the stressors of the COVID-19 pandemic, which may lead to or exacerbate adverse mental health outcomes, including infection, economic hardships, job layoffs, stigma, and quarantine restrictions (33). The COVID-19 pandemic's psychological stressors impact mental health outcomes, and the immune system is further suppressed by loneliness, anxiety, and depression, which reduce resistance to disease and infection (34).

Anxiety increases during global pandemics, representing a significant mental health issue. In past outbreaks of infectious diseases, individuals who experienced anxiety related to pandemics often demonstrated elevated levels of post-traumatic stress, health-related anxiety, and suicidal tendencies (35). Suicidal behavior or suicidality is frequently preceded by anxiety. The incidence of suicide appears to rise with pandemics, as was observed during the Great Influenza Epidemic (Spanish Flu) of 1918-19 in the United States and the Ebola infection in Africa (36, 37). The COVID-19 pandemic has revealed the vulnerability of specific populations, such as the elderly, homeless, frontline workers, migrants, victims of abuse and violence, the unemployed, and stigmatized groups to suicidality (38).

Furthermore, individuals impacted by losing a beloved one amid the pandemic face a higher likelihood of deteriorating mental well-being. Advanced age represents a severe risk factor for mortality associated with SARS-CoV-2 infection. Nonetheless, the elderly experience increased loneliness, depression, and suicidal tendencies because of natural aging processes such as cognitive and sensory impairment, neglect, overcrowding, and abuse in group or nursing homes (18).

Prevalence of mental health problems during COVID-19 pandemic

COVID-19-positive patients experienced mental health problems, according to research. Guo et al. conducted a mixed-method study that evaluated and compared the mental status and inflammatory markers of 103 COVID-19-positive patients against 103 matched COVID-19 negative controls. According to the findings of this study, individuals diagnosed with COVID-19 displayed significantly higher levels of depression ($p < 0.001$), anxiety ($p < 0.001$), and post-traumatic stress symptoms ($p < 0.001$) as opposed to non-COVID controls. A positive correlation was observed between the PHQ-9 total score and the peripheral inflammatory indicator, C-reactive protein (CRP) ($R = .37$) (39). The overall prevalence of Generalized Anxiety Disorder (GAD), depressive symptoms, and deteriorated sleep quality was identified as 35.1%, 20.1%, and 18.2%, respectively, in a web-based cross-sectional survey of 7,236 Chinese individuals (40). Another mental health concern is suicidal behavior among individuals who tested positive for COVID-19. Based on an Indian case, it appears that COVID-19 could significantly impact individuals' psychosocial well-being, potentially leading to suicidal attempts, particularly if the patient has other comorbidities (41). Mental health in 976 COVID-19 patients was evaluated through a meta-analytic review of 12 studies. The majority of the cases stemmed from Wuhan and other cities throughout China. Neuropsychiatric problems, including delirium, have been evidenced by these studies. One study reported confusion in 65% of intensive care unit patients and agitation in 69% of the same group of patients, as an example. Furthermore, an alternate study reported that 21% of patients who later passed away had experienced altered consciousness. An investigation revealed that 33% of COVID-19 patients experienced the dysexecutive syndrome upon discharge from the hospital (42).

Many studies have analyzed the impact of COVID-19 on the mental well-being of healthcare providers. A cross-sectional survey was conducted at a single center, which included 2299 participants comprising 2042 healthcare providers and 257 administrative staff from the same institution. The survey employed a numeric rating scale (NRS) to gauge fear, as well as the Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD). The results showed notable differences in the severity of fear, anxiety, and depression among the two groups. Moreover, healthcare providers working at the frontline of COVID-19 treatment, with close contact with infected patients, were 1.4 times more likely to experience fear and nearly twice as likely to experience anxiety and depression than non-clinical personnel. Several studies have examined how COVID-19 has impacted the mental well-being of healthcare workers. In one particular study, a cross-sectional survey was conducted at a single center, involving 2299 participants, consisting of 2042 healthcare providers and 257 administrative staff from the same institution. The survey utilized the Numeric Rating Scale (NRS) to measure fear, as well as the Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD). The findings indicated significant differences in the severity of fear, anxiety, and depression between the two groups. Additionally, healthcare providers working at the frontline of COVID-19 treatment and having frequent contact with infected patients were 1.4 times more likely to experience fear and nearly twice as likely to experience anxiety and depression



than non-clinical staff (43). According to a study conducted by Cao and his team, only 6.3% of the participating doctors felt nervous upon hearing news from mass media that some doctors had tested positive for COVID-19. However, 52.6% of the participating nurses reported experiencing negative emotions such as worrying about their families, fear of infection, and stress due to their heavy workload (44).

Several studies have found that mental health problems increased in the general population during COVID-19. Lei et al. conducted a study in Southern China that involved 1593 participants aged 18 years and older. The purpose of the study was to assess the participants' mental health status using the self-rating anxiety scale (SAS) and the self-rating depression scale (SDS). The study's results showed a prevalence rate of 8.3% and 14.6% for anxiety and depression, respectively. Additionally, the frequency was considerably more significant (12.9%, 22.4%) in those whose social network included someone who had been placed under quarantine in comparison to the other participants (6.7%, 11.9%) (45). Liang et al. conducted an additional cross-sectional study to determine the mental health of 584 young individuals. The study employed the General Health Questionnaire (GHQ-12), Negative coping styles scale, and PTSD Checklist-Civilian Version (PCL-C). According to the findings of the study, psychological problems were reported by nearly 40.4% of the participants, while 14.4% of them exhibited symptoms of post-traumatic stress disorder (PTSD) (46). Chinese students were evaluated for depression and anxiety using two questionnaires in a study with parallel goals. According to this study, the occurrence rate of depression, anxiety, and a mix of both was 43.7%, 37.4%, and 31.3%, respectively (47).

Several studies have shown that public health measures such as quarantine and isolation during COVID-19 may have affected mental health. Tang and their colleagues conducted a survey to assess post-traumatic stress disorder (PTSD) and depressive symptoms in 2485 individuals quarantined at home from 6 universities. The study used the PTSD Checklist Civilian Version and PHQ-9 to collect data on mental health and sleep duration. The results showed that the prevalence of PTSD and depression was 2.7% and 9.0%, respectively. Other mental health problems reported included extreme fear and inadequate sleep (48).

The effect of COVID-19 quarantine on mental health

Research shows that quarantine and social distancing during the outbreak of epidemic diseases increases the possibility of mental illness. Although home quarantine is considered an excellent opportunity to be together and increase the amount of conversation and interaction of family members, in case of lack of social life skills, weakness, and inability to control incidents or face failures, it is evident that just being together is not only helpful. It does not improve the quality of family life, but spending more time together can cause tension even in the most minor matters, and in acute situations, it can cause more family violence, especially child abuse. The closure of schools and educational centers and the presence of more children at home, significantly when children can't benefit from educational, sports, and recreational facilities and services, are among the factors that can lead to the emergence and increase of tension between parents in the absence of careful planning by the family and children. When schools are closed, children no longer have the motivation and sense of structure that a school environment provides, and they have less opportunity to be with friends and gain social support. Staying at home can put some children at greater risk, and in the absence of a safe home, they may witness interpersonal violence and experience child abuse, which is very worrying (49). The extended quarantine period may negatively impact children and teenagers, causing fatigue, impatience, fear of illness, inadequate information, limited communication with classmates, friends, and teachers, and insufficient personal space at home.

Furthermore, the correlation between modifications in lifestyle and psychological stress caused by confinement at home can intensify the detrimental repercussions on the child's physical and mental well-being (49). Social isolation and lack of support systems during quarantine can result in acute stress reactions. According to research findings, the pandemic can cause anxious thoughts, obsessive behaviors, and increased negative emotions (such as anxiety, depression, and anger), as well as sensitivity to social risks, even among individuals with pre-existing mental health conditions. As a result of reduced physical activity, extended screen exposure, irregular sleep patterns, and unhealthy eating habits, individuals are at risk of developing weight gain and reduced cardiovascular and respiratory health. Conversely, the prolonged duration of home quarantine has given rise to psychological effects such as anxiety, depression, and other related symptoms, owing to the fear of contracting the virus, fatigue, and despair (50).

Quarantine can be harmful in two ways. First, we must stay at home, limiting our ability to go out and interact with others. Second, we may have reduced physical activity levels due to staying inside (51). The current situation can harm our body's movement and musculoskeletal system, increasing the chances of muscle and fat



atrophy. Additionally, being in quarantine can lead to a loss of emotional support from family and friends, resulting in heightened pressure and psychological distress (52).

The impact of physical activity and exercise on both mental and physical health

Staying active through regular exercise is a great way to avoid the adverse effects of being passive and inactive at home. Exercise not only helps maintain physical health but also has a strong correlation with mental well-being and can help prevent mental health issues (53, 54). Regular exercise can positively impact mental health by reducing anxiety and depression and boosting self-confidence (55, 56). Physical activity, particularly during childhood and adolescence, can provide a sense of relaxation and enjoyment by releasing stored energy (57). Exercise can also improve overall health and fitness, emotional balance and stability, attention, self-confidence, body image, and safety. A psychological feeling of comfort towards oneself and others is characterized by success, emotional balance, adaptability to the environment, realism, and a sense of worth. By promoting these factors, exercise can benefit both physical and mental health, significantly reducing anxiety (49). Recently, researchers have become increasingly interested in the psychological benefits of exercise. Many individuals who engage in regular physical activity have reported decreased anxiety levels. When they stop exercising, they often experience feelings of boredom and anxiety again (58). Psychiatrists often suggest low-intensity aerobic exercises like walking to help alleviate their patients' anxiety. Evidence shows that regular physical activity can positively impact one's mood, self-image, relaxation, and cognitive development. Research has also demonstrated that anxiety can be reduced between 5 to 30 minutes after exercise, a short-term effect (59). Studies have shown that exercise can trigger the release of endorphins, which are feel-good hormones in the brain. This can help reduce stress and promote positive feelings (60, 61).

On the other hand, when anxiety and worry increase, the concentration of cortisol, a stress hormone, also increases in the blood. However, engaging in mild physical activities can help reduce cortisol secretion through a negative feedback mechanism, ultimately promoting better mental and physical health (49). The importance of exercise in promoting overall health and fighting off diseases, including the recent COVID-19 outbreak, highlights the need to establish an exercise culture at home and within families. This new experience should be studied and continued, as it benefits individuals and society. Exercising at home saves time, reduces financial costs, and promotes personal hygiene, making it a safer and more convenient option during this pandemic. Additionally, it provides an opportunity to bond with family members and encourage them to participate in sports and physical activities (62).

Health and sports authorities in the country must continue to stress the importance of exercising at home as needed. Families should also be regularly reminded of its significance. Starting with the initial experience of exercising at home can be beneficial. Therefore, a comprehensive study should be conducted on this essential campaign, and more initiatives should be taken to promote and extend it. This would enable it to serve as a potent defense against Corona and other viruses in the future.

Advice on increasing physical activity

Due to social distancing measures, physical activity levels have decreased, which may negatively impact physical health (63, 64). To counteract this, we have gathered recommendations from eight global organizations, including the American College of Sports Medicine (ACSM), American Heart Association (AHA), American Physical Therapy Association (APTA), International Association of Physical Therapists Working with Older People (IPTOP), World Health Organization (WHO), World Confederation for Physical Therapy (WCPT), and International Network of Physiotherapy Regulatory Authorities (INPTRA). These organizations suggest engaging in 150-300 minutes per week of moderate-intensity aerobic physical activity and two sessions per week of muscle strength training (65). Additionally, it is recommended to perform exercise circuits at home, which involve cardio and strength exercises in short, 30-second bursts for up to three minutes. Coordination, mobility, and cognitive exercises are also necessary (66). During quarantine, caregivers oversee exercise routines for patients with unstable chronic diseases (67). Health professionals must consider exercise modality, frequency, volume, and intensity when designing workout plans for older people stuck at home (66). Telehealth is recommended and can be accessed through online videos, apps, and platforms for phones and tablets that use the internet (68, 69). IPTOP suggests several apps, including the "Otago exercise program," "Clock Yourself," and "iPrescribe Exercise". APTA, ACSM, and AHA recommend various online videos and websites.

Discussion



In this review, we explore the impact of COVID-19 quarantine on both mental and physical health. Multiple studies were conducted on various populations and age groups, including children and adolescents. Some studies focused on specific aspects, while others had a more generalized approach.

Mental health

The importance of healthcare providers acknowledging that older adults are more susceptible to mental health concerns during isolation and that they may have fewer resources to address these issues cannot be overstated (70). Adolescents appear to struggle with processing the stressors and motivations for practicing social distancing during the COVID-19 pandemic, leading to adverse mental health outcomes (71). Negative coping skills are risk factors for depression, stress, and trauma in adolescents of various ages, resulting in an inefficient ability to handle challenging situations, such as the pandemic (72). Research has shown that social support plays a significant role in determining the mental well-being of adolescents during critical periods such as epidemics. Furthermore, a study revealed that the absence of positive coping skills among teenagers was concerning as they should have the means to handle difficult situations to adapt well and maintain good mental health.

Nevertheless, developing and utilizing positive coping skills can benefit adolescents greatly by enabling them to quickly adjust to rapid changes and overcome mental challenges (73). Unfortunately, during the pandemic, adolescents experienced limited social support, resulting in heightened levels of anxiety and depression (74). Even though adolescents may express their views on social support in a biased manner, they still face genuine psychological challenges, such as anxiety and depression, due to the lack of social support and the pandemic. Therefore, it is crucial to provide support within homes to help them cope. Research has demonstrated that giving social support can lead to positive mental health outcomes (74). The pandemic has brought about concerns for adolescents' mental health, with addiction being one of them. With the implementation of stay-at-home orders, school closures, and new at-home learning methods, students are looking for ways to connect and socialize, often resorting to means that are not beneficial for their overall health. This has resulted in the rise of smartphone and internet addiction, which can negatively affect adolescents' mental health. Despite being confined to their homes, adolescents have been found to use drugs during the pandemic. Shockingly, 49.3% of adolescents have turned to alcohol and cannabis use alone. A previous study has also shown a possible link between the lack of positive coping mechanisms and the neurobiological pathways that may lead to stress-induced drug cravings (72, 73, 75).

Mental health disorders such as anxiety, depression, and fatigue have also been subject to investigation in children.

The prevalence of depressive symptoms among primary school students was 17.3%, close to the pooled prevalence reported in a recent systematic review for Chinese primary school students (17.2%; 95% CI: 14.3%-20.5%). However, it was lower than reported for primary school students in Wuhan and Huangshi, both in Hubei Province, during the same period (22.6%). This could be because Hubei was China's most severely affected area during the COVID-19 pandemic (76, 77). The rate of depression among secondary school students was found to be 20.5%, slightly lower than the combined rate of 24.3% reported in a systematic review on depression among Chinese secondary school students (with a confidence interval of 95% between 21.3% and 27.6%). However, this rate is lower than observed during the COVID-19 pandemic (78, 79).

Physical health

Limited opportunities for exercise during quarantine have contributed to decreased physical activity levels and a potential increase in sedentary behaviors. The COVID-19 pandemic's implementation of social distancing measures may negatively impact the physical well-being of elderly individuals. The reduction of physical activity levels results from the pandemic-induced limitations on social participation in community groups and family activities, resulting in this problem.

Participating in social activities can significantly improve the physical well-being of older people. Studies have shown that older adults who engage in social activities experience better dynamic balance and muscle strength, healthier lung function, and lower levels of disabilities and chronic inflammation than those who do not participate. Attending social activities is crucial for successful aging (11, 80).

A study showed that spending around 10 hours a day sitting down can increase the chances of experiencing psychological distress by 29%, regardless of physical activity levels or other factors. On the other hand, physically active people have a 27% lower risk of psychological distress, regardless of their sedentary behavior



or other variables that could affect the results. The findings hint that a direct link could be between higher levels of sedentary behavior and an increased risk of psychological distress (81). According to a recent study of a large group of US adults, those who had previously battled cancer were more likely to experience severe psychological distress (SPD) and seek mental healthcare services than those who had never had cancer. Interestingly, the study also found that physical activity positively impacted both cancer survivors and those without a cancer history. More physical activity was linked to a lower prevalence of SPD and a decrease in the use of mental healthcare services. However, the reduction in the majority of SPD was more significant in cancer survivors, decreasing from 12.9% to 4.9% compared to non-cancer patients, whose prevalence decreased from 6.0% to 2.8% (82). A study by Sagatun et al. found that for boys, engaging in physical activity for a few hours every week at the age of 15-16 was linked to lower levels of emotional symptoms and peer problems at the age of 18-19. This was even after accounting for other factors that could affect mental health. Prosocial behavior in boys also varied with physical activity, but there wasn't a clear trend. However, for girls, physical activity at the age of 15-16 didn't have an independent effect on mental health at the age of 18-19 after accounting for other factors. Participants who reported doing 5-7 hours of physical activity per week at the age of 15-16 had the lowest average score for the Strengths and Difficulties Questionnaire (SDQ) total difficulties and the lowest percentage with a high impact score at follow-up. However, after accounting for other factors, these differences were not statistically significant (83).

Given the current empirical evidence indicating the positive effects of regular physical activity and exercise on mental health outcomes during COVID-19 quarantine, leading a sedentary lifestyle could exacerbate an already complex situation (66, 84). Regular exercise can help control symptoms for individuals with mental illness and serve as a protective factor for those without psychological disorders (85, 86). Physical activity has numerous positive effects on psychological health, including boosting self-esteem and promoting well-being. Additionally, exercise can reduce stress, anxiety, and depression by regulating the hypothalamic-pituitary-adrenal axis and mediating the endogenous opioid system. Moreover, exercise can upregulate various trophic factors, such as brain-derived neurotrophic factors (87). The intensity and volume of exercise should be individually adjusted and controlled by professional counseling to optimize stimulus effectiveness despite the potential for increased mental health benefits with higher intensity levels (88).

Conclusion

To sum up, our research indicates that social distancing for COVID-19 has a detrimental impact on individuals' mental and physical health. Anxiety, depression, reduced sleep quality, and physical inactivity were the main consequences reported during the period of isolation. Various expert organizations and the WHO have provided different recommendations to promote good health. Therefore, a comprehensive evaluation involving geriatricians, psychiatrists, and physiotherapists may be required.

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