



EDITORIAL

How the war in Ukraine affects older persons

Cómo afecta a los mayores la guerra en Ucrania

Karolina Piotrowicz^{a,b}, Solomiia Semeniv^{b,c}, Jerzy Gąsowski^{a,b,*}

^a Department of Internal Medicine and Gerontology, Jagiellonian University Medical College, Krakow, Poland

^b The University Hospital in Krakow, Krakow, Poland

^c 2nd Department of Surgery, Jagiellonian University Medical College, Krakow, Poland



As the war in Ukraine entered its seventh week, it became obvious that the crisis it created will have lasting effect not only on Ukraine but also everywhere in Europe and beyond.

The war pushed about 4.5 million persons to seek the safe havens abroad. This aspect has been publicised to a large extent. Over 2.7 million Ukrainians crossed to Poland alone. Many of them chose to stay in this country as the welcoming environment, geographical closeness of Ukraine and cultural similarities between the two nations made Poland a natural destination for the refugees. This clearly requires that the adequate steps be taken to adapt the healthcare systems of the receiving countries to the needs of the refugees, including the older ones.^{1,2}

However, forced migration of elderly within Ukraine may be posing even greater problem. It has been estimated that approximately two million persons had to relocate within Ukraine.³ This mainly included the movement westward away from the theatre of military operations. In a country valiantly fencing off Russian barbaric invasion, the disruption of health care services especially those dedicated to the most vulnerable members of the society i.e., children, older persons, persons with cancer, disability or severely ill, and the poor, would be a grim reality, despite the efforts by the local authorities and the breadth of the international help.²

Among those who had to move there will be tens of thousands of older persons who on top of their chronic diseases would suffer from psychosocial aftermath of war and migration. As we have voiced that before many would suffer from anxiety, depression, sleep disturbances and PTSD.^{1,4} All that would leave a mark on older persons, and their families. Others would suffer from possible exacerbations of chronic diseases prompted by the medication shortages.

Currently, the priority in Ukraine is to survive, to have food and somewhere safe to live. Probably no one is even thinking about the

geriatric preventive measures or addressing the geriatric giants. The wounds inflicted by the war penetrate deeper, as some of the older patients stayed in the territory occupied by the Russian military. There, the atrocities against all segments of the population including older persons were perpetrated. The survivors will no doubt suffer from the psychological and somatic aftermath of that suffering.

Both currently and especially after the war, these problems will need to be addressed by the healthcare system. As the majority of those who fled Ukraine are younger persons including children, and some of them might choose to stay abroad even after the end of war, the population structure of Ukraine may be affected fuelling the ageing of their population.

Another potential threat is that some older persons might be left without support or care precisely since the younger persons left. The healthcare related needs created by the internal and external refugee crisis and the direct impact of the hostilities do not exhaust all the potential impact on older persons created by the war.

A major problem may be famine. Throughout the modern times, Ukraine has been branded as the granary of Europe. However, it is the negative impact on the world cereal market, that has the greatest potential to harm population of older adults even outside of Europe. The exacerbated problem of famine in Sub-Saharan Africa, will again affect the most vulnerable ones, including older persons.

After the war, a lot of attention will be needed to heal the wounds and to re-establish care for older persons that would be addressing the geriatric problems. This will require the financial and organisational effort, training of the staff and increasing awareness on the part of the society, and the policy makers.

Conflict of interest

The authors declare that they have no conflicts of interest.

* Corresponding author.

E-mail addresses: jerzy.gasowski@uj.edu.pl, jerzy.gasowski@gmail.com (J. Gąsowski).

Anexo. Material adicional

Se puede consultar material adicional a este artículo en su versión electrónica disponible en [doi:10.1016/j.regg.2022.05.001](https://doi.org/10.1016/j.regg.2022.05.001).

References

1. Piotrowicz K, Rzeźnik M, Gryglewska B, Grodzicki T, Gąsowski J. Geriatrics in the face of war. *Lancet Healthy Long*. 2022;3:e229–30.
2. Kizub D, Melnitchouk N, Beznosenko A, Shabat G, Semeniv S, Nogueira L, et al. Resilience and perseverance under siege: providing cancer care during the invasion of Ukraine. *Lancet Oncol*. 2022;23:579–83.
3. <https://www.kmu.gov.ua/news/ponad-2-miljoniv-lyudej-zareyestruvalis-yak-vnutrishno-peremishcheni-osobi-pislya-vprovadzhennya-voyennogo-stanu>
4. Piotrowicz K, Parnicka A, Mielimąka M, Walczewska J, Falisz K, Skalska A, et al. Are all the former Siberian deportees with posttraumatic stress disorder patients at risk for unsuccessful aging? *Int J Geriatr Psychiatry*. 2018;33:671–2.