Dear Editor,

The coronavirus disease (COVID-19) pandemic has put geriatric care facilities in crisis the world over. In Japan, it has been reported that about 80% of the facility residents have dementia with a high risk of COVID-19 infection and death.1 Geriatric care facilities face challenges such as the difficulties in accessing rapid testing to detect infection and securing personal protective equipment.2,3 Many facilities have temporarily restricted visits and outings; however, they have been permitted to ease their restrictions depending on the local infection situation as per the Japanese government’s policy.4 Restrictions on them have increased the anxiety and loneliness of people with dementia (PWD) and without dementia, and caused their poor physical health.5 In a prolonged infection epidemic, examining the impact of restrictions on them in geriatric care facilities could facilitate future care policies by considering the continuation of social interactions while avoiding the risk of infection among residents, especially PWD.

Hiroshima University and the Japan Geriatrics Society conducted an online self-administered questionnaire survey from October to December 2021 to explore the impact of COVID-19 on older PWD. The participants were the representatives of medical and long-term care facilities for older people throughout Japan registered with the following major organizations: Japan Association of Medical and Care Facilities, Japan Association of Geriatric Health Services Facilities, Japanese Council of Senior Citizens Welfare Service, Japan Group-Home Association for People with Dementia and Japanese Council of Daily Life Long-Term Care Service Facilities. An online document requesting their participation in the study was provided to the facilities via their organizations’ websites and mailing lists. As a part of this large-scale survey, they were asked whether they had eased the restrictions on visits and outings from February 2020 (when the COVID-19 virus began to spread in Japan) to the time of the survey.

The location of the 686 participating facilities included 46 of the 47 prefectures in Japan. Of the 686, 649 (94.6%) answered that more than 25% of all residents had dementia, and

![Figure 1](https://example.com/figure1.png)

**Figure 1** Presence or absence of easing restrictions in geriatric care facilities. (a) Presence or absence of easing restrictions according to the local infection situation. (b) Cases of easing restrictions depending on the resident’s condition. Medical facilities include hospitals specializing in people with dementia treatment and recuperation, mental illness and chronic diseases requiring long-term care.
Kana Kazawa,1 Tatsuhiko Kubo,2 Masahiro Akishita,3 Shinya Ishii1
1Department of Medicine for Integrated Approach to Social Inclusion, Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan
2Department of Public Health and Health Policy, Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan
3Department of Geriatric Medicine, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan

References
1 Ministry of Health, Labour and Welfare. Survey on the provision of long-term care insurance services to elderly people with dementia. 2016. Available from: https://www.mhlw.go.jp/content/12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihosoutantou/000016472.pdf
2 McCgary BE, Grabowski DC, Barnett ML. Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic. Health Aff 2020; 39: 1812–1821. https://doi.org/10.1377/hlthaff.2020.01269
3 Ouslander JG, Grabowski DC. COVID-19 in nursing homes: calming the perfect storm. J Am Geriatr Soc 2020; 68: 2153–2162. https://doi.org/10.1111/jgs.16784
4 Ministry of Health, Labour and Welfare. Visits and outings at geriatric care facilities. 2020. Available from: https://www.mhlw.go.jp/content/109000000000682605.pdf (in Japanese).
5 Paananen J, Rannikko J, Harju M, Pirhonen J. The impact of Covid-19-related distancing on the well-being of nursing home residents and their family members: a qualitative study. Int J Nurs Stud Adv 2021; 3: 100031. https://doi.org/10.1016/j.ijnsa.2021.100031.
6 Calcaterra L, Cesari M, Lim WS. Long-term care facilities (LTCFs) during the COVID-19 pandemic-lessons from the Asian approach: a narrative review. J Am Med Dir Assoc 2022; 23: 399–404. https://doi.org/10.1016/j.amerdia.2022.01.049.
7 Dykgraaf SH, Matenge S, Desborough J et al. Protecting nursing homes and long-term care facilities from COVID-19: a rapid review of international evidence. J Am Med Dir Assoc 2021; 22: 1969–1988. https://doi.org/10.1016/j.amerdia.2021.07.027.
8 Pereiro AX, Dosi-Díaz C, Mouris-Corbelle R et al. Impact of the COVID-19 lockdown on a long-term care facility: the role of social contact. Brain Sci 2021; 11: 986. https://doi.org/10.3390/brainsci11080986.
9 Sizoo EM, Thunnissen JA, van Loon AM et al. The course of neuropsychiatric symptoms and psychotropic drug use in Dutch nursing home patients with dementia during the first wave of COVID-19: a longitudinal cohort study. Int J Geriatr Psychiatry 2022; 37: 10. https://doi.org/10.1002/gps.5693.
10 Giebel C, Hanna K, Collaghan C et al. Navigating the new normal: accessing community and institutionalised care for dementia during COVID-19. Aging Ment Health 2021; 26: 1–6. https://doi.org/10.1080/13607863.2021.1914545.

How to cite this article: Kazawa K, Kubo T, Akishita M, Ishii S. Restrictions on visits and outings in geriatric care facilities during the COVID-19 pandemic. Geriatr. Gerontol. Int. 2022;22:982–983. https://doi.org/10.1111/ggi.14484