

Repercussions of Covid-19 for the everyday of elderly people

Repercussões da Covid-19 para o cotidiano da pessoa idosa

Repercusiones de Covid-19 para todos los días de personas mayores

Jemima Raquel Lopes Santos¹, Nayara Silva Lima², Thais Moreira Peixoto³, Júlia Renata Fernandes Magalhães⁴,
Fernanda Matheus Estrela⁵, Nadirlene Pereira Gomes⁶, Joana D'arc Ferreira Lopes Santos⁷

How to cite: Santos JRL, Lima NS, Peixoto TM, Magalhães RF, Estrela FM, Gomes NP, Santos JDFL. Repercussions of Covid-19 for the everyday of elderly people. REVISA. 2020; 9(Spe.1): 576-82. Doi: <https://doi.org/10.36239/revisa.v9.nesp1.p576a582>

REVISA

1. Universidade Federal da Bahia, Nursing School, Nursing Graduate Program. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0002-9466-0936>

2. Municipal Health Secretariat. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0002-6070-1779>

3. Universidade Estadual de Feira de Santana. Health Department. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-5395-0905>

4. Universidade Federal da Bahia, Nursing School, Nursing Graduate Program. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-0631-2374>

5. Universidade Estadual de Feira de Santana. Health Department. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-7501-6187>

6. Universidade Federal da Bahia, Nursing School, Nursing Graduate Program. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0002-6043-3997>

7. Universidade Federal da Bahia, Nursing School, Nursing Graduate Program. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-5373-1585>

Received: 19/04/2020
Accepted: 22/06/2020

RESUMO

Objetivo: refletir sobre as repercussões da COVID-19 para a vida da pessoa idosa. **Método:** Trata-se de um estudo de abordagem reflexiva, embasado em publicações obtidas na plataforma PubCovid e em canais oficiais do Ministério da Saúde, sobre a temática da Covid-19 relacionada a pessoa idosa. **Resultados:** A pandemia do coronavírus trouxe repercussões para a saúde, vida social, familiar e econômica da pessoa idosa. Este grupo apresenta uma série de especificidades, que os vulnerabilizam frente à doença causada pelo vírus SARS-CoV-2. **Considerações finais:** Considerando a heterogeneidade deste grupo, é necessário que sejam desenvolvidas ações específicas para cada um deles, a fim de garantir a eficácia do cuidado.

Descritores: Saúde do Idoso; Pandemias; Enfermagem.

ABSTRACT

Objective: to reflect on the repercussions of COVID-19 for the life of the elderly. **Method:** This is a study with a reflective approach, based on publications obtained on the PubCovid platform and on official channels of the Ministry of Health, on the theme of Covid-19 related to the elderly. **Results:** The coronavirus pandemic had repercussions for the health, social, family and economic life of the elderly. This group has a series of specificities, which make them vulnerable to the disease caused by the SARS-CoV-2 virus. **Final considerations:** Considering the heterogeneity of this group, it is necessary to develop specific actions for each one of them, in order to guarantee the effectiveness of care.

Descriptors: Health of the Elderly; Pandemics; Nursing.

RESUMEN

Objetivo: reflexionar sobre las repercusiones de COVID-19 para la vida de los ancianos. **Método:** Este es un estudio reflexivo, basado en publicaciones obtenidas en la plataforma PubCovid y en canales oficiales del Ministerio de Salud, sobre el tema de Covid-19 relacionado con los ancianos. **Resultados:** la pandemia de coronavirus tuvo repercusiones en la salud, la vida social, familiar y económica de los ancianos. Este grupo tiene una serie de especificidades que los hacen vulnerables a la enfermedad causada por el virus SARS-CoV-2. **Consideraciones finales:** Considerando la heterogeneidad de este grupo, es necesario desarrollar acciones específicas para cada uno de ellos, a fin de garantizar la efectividad de la atención.

Descriptores: Salud de los Ancianos; Pandemias; Enfermería

Introduction

COVID-19 became a worldwide known disease in December 2019, when the first cases occurred in China. Since then, this pathology has aroused concern among the population and the scientific community due to the high rates of morbidity and mortality, especially among the elderly, as well as its diverse economic and social impacts, showing itself as a serious public health problem.

It is a pathology caused by the etiological agent SARS-CoV-2, which is transmitted through the respiratory tract through aerosols, droplets and direct contact with infected people. Despite having a behavior similar to that of flu-like illnesses, its dissemination is very fast, which can generate overload in hospitals.¹

Among the vulnerable groups, the World Health Organization (WHO) highlights the elderly population as at greatest risk in the face of this disease. Epidemiological data corroborate, revealing that individuals over 70 years of age are more likely to progress to severe cases and death, when compared to deaths of young individuals.² In Brazil, the statistics presented until the 20th of April showed that among 2,575 confirmed deaths, 1,792 (70%) were aged over 60 years old.³

The aging process itself, which is permeated by several anatomical, physiological and psychosomatic changes, combined with changes in the immune system and the presence of comorbidities, favor the manifestation of the severe form of the disease.⁴ Considering the growing population aging in Brazil and in the world, it is evident the importance of studies that discuss the specific needs of this group in the context of COVID-19. From this perspective, this article aims to reflect on the repercussions of COVID-19 for the life of the elderly.

Method

This is a study with a reflective approach that deals with the repercussions of the Covid-19 pandemic on the life of the elderly, with an emphasis on health impacts. In order to support the reflection, documents from official bodies and scientific publications that dealt with Covid-19 and the elderly were used. The materials were selected from a systematic search on official channels of the Ministry of Health and on the PubCovid-19 platform, which was created with the aim of compiling publications concerning Covid-19 and which are indexed in recognized databases, such as Pubmed and EMBASE. The research was carried out from March to April 2020, with the inclusion criterion for articles that presented the theme of Covid-19 related to the elderly.

After reading and analyzing the selected publications, the central theme of the article was defined, understanding that the Covid-19 pandemic brought with it a series of changes in the elderly's daily life, and that these can cause repercussions. After defining the theme, an intense discussion was continued among the researchers, in order to add the personal, professional and academic experiences to the present study.

Results and Discussion

The new Coronavirus pandemic is a dynamic phenomenon, with several repercussions for the elderly population, both for health and for family, economic and social life. With regard to the characteristics of this population, it is noted that it is marked by its heterogeneity.⁵ Within this group it is possible to find people who have chronic comorbidities; who reside in Long Term Care Institutions (ILP); who live alone; others who live with other elderly people or caregivers; those who live with the family and are responsible for supporting the house through retirement; in addition to those who are active in services considered essential.

Despite the particularities and diverse contexts, when it comes to the prevention of COVID-19, the guidelines are similar for everyone, encompassing, among other habits, the frequent practice of hand hygiene with water and soap; use of 70% alcohol gel; social distance, including family members; in addition to the use of respiratory labels such as sneezing covering the nose and mouth with the elbow flexed or using the disposable handkerchief. It also highlights the importance of wearing masks when leaving home and in contact with other people to avoid self-exposure.⁶ Nurses assume a primary role for the information dissemination, especially through health education activities.⁷

In relation to the elderly with comorbidities, it is noted that the impacts of COVID-19 infection have been more severe in this group, as there is an association of two complicating factors: the advanced age group and the chronic disease.⁸ This population therefore requires more detailed care, both at home and in health units, and actions to promote healthy eating habits and conditions for a regular sleep routine should be intensified.

Elderly people living in long-term care facilities also demand differentiated care, especially due to the frail elderly syndrome, which leaves them susceptible to the occurrence of disabilities.⁹ In addition, the concern with this class is also growing due to the fact that close contact may favor the spread of the virus, causing the contamination of an elderly person to have consequences for everyone else. Therefore, the implementation of sanitary measures is essential, including: restriction of visits; prohibition of group activities and leaving the institution; internal access only to health professionals in practice; in addition to the hygiene care mentioned above.¹⁰

In the home context, it is necessary to think about the limitations experienced by elderly people who live alone. These, in addition to meeting your regular needs, will now also have to acquire knowledge and create mechanisms to protect themselves from COVID-19. An equally challenging reality is experienced by those elderly people who live at home with other elderly people, since, in addition to self-care practices, they also need to take care of others, which can generate an overload of responsibilities, reverberating in physical and mental health.

The caregivers of the elderly, in turn, represent a professional category of extreme relevance for the control of the pandemic, since, they must give priority to their protection in the sense of not becoming a vehicle of contamination for the people they care for. It should also be noted the existence of caregivers who are also part of the risk group, whether due to the presence of comorbidities or even by the age group itself.

In relation to the professionally active elderly, we highlight those who work in the so-called frontline, such as health professionals, hygiene, those who work in commercial establishments considered essential, among others. In such cases, relocations are required for remote work at home or for less exposed sectors.¹¹ It is noteworthy, however, that the absence of managers quick positioning with regard to relocations can increase the contamination risks, in addition to generating stress, fear and insecurity.

Emphasis should be given to the relocation of the elderly who work in the field of nursing, as it is one of the main professional categories in facing this pandemic and at the same time experiencing the old problem of undersizing staff. With COVID-19, there is a strong tendency to increase the number of consultations, which also requires an increase in the number of professional. The need to transfer the sector of workers over 60 years old only intensifies the gap in human resources, which triggers a series of other problems, such as the overload of those who continue to work in healthcare.

As previously mentioned, the institution's authorization to change the workplace often takes a long time to arrive, which, associated with the scarcity of PPE, considerably increases the risk of illness among the elderly. These are often the main responsible for the family support, being necessary to consider the social and economic impacts resulting from the possible deaths resulting from the infection.

In addition to the repercussions for the elderly, the impacts experienced by family members are also highlighted, such as insecurity and fear of losing a loved one, as well as the blame for the probable illness. It is also considered that if the disease manifests itself, a complete reorganization of the family dynamics is necessary to promote contact isolation. Some doubts may also be present, among them, regarding the permissiveness and / or mandatory accompaniment in the hospital environment, considering the high transmissibility of the pathology.

The elderly person is guaranteed the right to a companion, but it is the duty of the institution that he is hospitalized, to ensure his safety.¹² Thus, in cases of highly contagious diseases such as COVID-19, it is recommended to avoid the presence of companions so that the infection is not spread. However, it is important that the health team is prepared to provide holistic and humanized care, not only to the patient, but also to his family network, who, in a way, is also sick, including due to the social discrimination suffered in due to the disease.

Reflecting on the behavior of society in the context of the pandemic, it is noted that the conduct is contradictory. At the same time that there are prejudiced attitudes towards people who are in contact with the disease, on the other hand, the attitude of nonchalance towards SARS-CoV-2 is frequent, under the belief that only the elderly can be affected by the severe form of the infection. Many, in fact, are indifferent to the illness of the elderly, considering this portion of the population as inactive and with greater proximity to death.

This behavior of devaluation of the elderly body is present in many countries. In Italy, for example, when it was still considered the epicenter of the disease, rules were created that excluded elderly people over 80 years of age from accessing health services in severe cases, causing them to die violently in their own houses.¹³

In Brazil, maneuvers have been created to reduce the transmissibility of the disease in general, but there is a certain concern with the elderly population through the implementation of measures, such as: anticipation of influenza vaccination; increasing the expiration date of prescriptions for medications for chronic use, preventing the elderly from seeking health services for routine consultations; beyond social distance.¹⁴

Regarding isolation, it is important to highlight that, despite its contribution to disease control, it can also have negative consequences for the mental health of the elderly, such as feelings of loneliness, sadness, stress, anxiety and depression.¹⁵ Psychic illness is also linked to the uncertainties generated in this pandemic period; fear of death, as they are the main risk group; as well as the feeling of emptiness, by the deprivation of contact with family members.

This social distance, however, can be mitigated through the use of social networks, especially through video calls. Strategies like these have been used satisfactorily in an attempt to reduce the damage caused by the pandemic, promoting greater attention to the elderly population, albeit in a virtual way.

Final Considerations

Through the critical reflection on the repercussions of COVID-19 for the life of the elderly, it was possible to verify that, as it is a population with unique characteristics, the impacts are varied, requiring different care and attention depending on the context experienced. In general, the repercussions passed through the sphere of physical health, due to the very manifestation of the disease; the mental illness linked to the uncertainties, fears and social distance resulting from the pandemic; in addition to economic and social commitment, associated with absences from work and deaths.

It is expected that the study will contribute to directing an attentive look at the elderly population, raising the recognition of its value before society and the urgency of a holistic and humanized care for this group. It is believed that nurses can be protagonists in facing this phenomenon, considering the relevance of their preventive actions, through health education, as well as in direct assistance to patients affected by the disease, especially the elderly.

References

1. Jiang F, Deng L, Zhang L, Cai Y, Cheung CW, Xia Z. Review of the Clinical Characteristics of Coronavirus Disease 2019 (COVID-19). J Gen Intern Med [Internet]. 2020 [cited 2020 Apr 26]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/32133578>
2. Korean Society of Infectious Diseases and Korea Centers for Disease Control and Prevention. Analysis on 54 Mortality Cases of Coronavirus Disease 2019 in the Republic of Korea from January 19 to March 10, 2020. J Korean Med Sci [Internet]. 2020 [cited 2020 Apr 26]; 35(12):e132. Available from: <https://jkms.org/DOIx.php?id=10.3346/jkms.2020.35.e132>
3. Brasil. Ministério da Saúde. Centro de Operações de Emergências em Saúde Pública. Boletim Epidemiológico Diário. Semana Epidemiologia 17 [Internet]. 20 de Abril de 2020a [cited 2020 Apr 26]. Available from: https://www.saude.gov.br/images/pdf/2020/Abril/20/20.04.2020_COVID1.pdf
4. Dorrington MG, Bowdish DM. Immunosenescence and novel vaccination strategies for the elderly. Front Immunol [Internet]. 2013 [cited 2020 Apr 26]; 4:171. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23825474> [10.3389/fimmu.2013.00171](https://doi.org/10.3389/fimmu.2013.00171)
5. Faller JW, Teston EF, Marcon SS. Old age from the perspective of elderly individuals of different nationalities. Texto contexto - enferm. [Internet]. 2015 [cited 2020 Apr 26]; 24(1):128-137. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072015000100128&lng=en <https://doi.org/10.1590/0104-07072015002170013>
6. Brasil. Ministério da Saúde. Agenda saúde: Saúde anuncia orientações para evitar a disseminação do coronavírus [Internet]. 21 de Março de 2020b [cited 2020 Apr 26]. Available from: <https://www.saude.gov.br/noticias/agencia-saude/46540-saude-anuncia-orientacoes-para-evitar-a-disseminacao-do-coronavirus>
7. Moraes AL, Costa SCS, Silva SS, Boulhosa MF, Feitosa ES, Costa CML. Teenager and his sexuality: an approach on education and health in school. Enferm Foco [Internet]. 2019 [cited 2020 Apr 26]; 10(2):149-154. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/1443/536>
8. Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. The Lancet [Internet]. 2020 [cited 2020 Apr 26]; 395(10223):470-473. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30185-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30185-9/fulltext)
9. Diagnósticos de enfermagem da NANDA-I: definições e classificação 2018-2020 [recurso eletrônico] / [NANDA International]. 11. ed. Porto Alegre: Artmed; 2018 [cited 2020 Apr 26]. Available from: http://nascecme.com.br/2014/wp-content/uploads/2018/08/NANDA-I-2018_2020.pdf
10. Brasil. Ministério da Saúde. Secretaria de atenção primária à saúde: Nota Técnica Nº 8/2020-COSAPI/CGCIVI/DAPES/SAPS/MS. 8. ed. Brasília: Ministério da Saúde; 2020c. Available from: <http://189.28.128.100/dab/docs/portaldab/documentos/notatecnica82020COSAPICGCIVIDAPESSAPSMS02abr2020COVID-19.pdf>
11. Brasil. Ministério da Saúde. Boletim Epidemiológico nº 8. Doença pelo

Coronavírus 2019. 09 de Abril de 2020d [cited 2020 Apr 26]. Available from: <https://www.saude.gov.br/images/pdf/2020/Abril/09/be-covid-08-final-2.pdf>

12. Brasil. Estatuto do Idoso. Lei 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Diário Oficial da União. Brasília; 2003 [cited 2020 Apr 26]. Available from: http://www.planalto.gov.br/ccivil_03/leis/2003/110.741.htm

13. Blasi E. Italians over 80 'will be left to die' as country overwhelmed by coronavirus. The Telegraph. 14 March 2020 [cited 2020 Apr 26]. Available from: <https://www.telegraph.co.uk/news/2020/03/14/italians-80-will-left-die-country-overwhelmed-coronavirus/>

14. Brasil. Ministério da Saúde. Secretaria de atenção primária à saúde. Nota Técnica Nº 6/2020-COSAPI/CGCIVI/DAPES/SAPS/MS. 6.ed. Brasília: Ministério da Saúde; 2020d. Available from: <http://189.28.128.100/dab/docs/portaldab/documentos/notatecnica62020COSAPICGCIVIDAPESSAPSMS02abr2020COVID-19.pdf>

15. Azeredo ZA, Afonso MAN. Loneliness from the perspective of the elderly. Rev. bras. geriatr. gerontol. [Internet]. 2016 [cited 2020 Apr 26]; 19(2):313-324. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S180998232016000200313&lng=en

Correspondent Author

Jemima Raquel Lopes Santos
79 Independência St., Block 2, CIA 1. ZIP: 43700-000.
Simões Filho, Bahia, Brazil.
jemima.raquel03@outlook.com