

EDITORIAL

The COVID-19 pandemic and the repercussions on health care of the Brazilian elderly

In mid-December 2019, a new coronavirus infection appeared in Wuhan, China. Since then it has been shown that such infection has spread to several countries and has become an issue of International Public Health^{1,2}. Designated by Severe Acute Respiratory Syndrome Coronavirus-2 (Sars-Cov-2) the virus is the cause of Corona Virus Disease-19 (COVID-19)³. The transmissibility situation of this virus has been a concern for local health services around the world in an attempt to prevent its spread. In March 2020, the World Health Organization, after analyses and concern about the dissemination and severities of cases of COVID-19 infection characterized the current state of the pandemic⁴.

Because it is a virus that presents dynamic characteristics in each locality, it presents different propagation behaviors⁵. The Brazilian Society of Infectious Diseases points out three epidemiological phases of propagation: imported cases, local transmission and community transmission⁶. On March 20, 2020, through ordinance 454, the Ministry of Health of Brazil, began to consider community transmission phase of COVID-19 and establishes guidelines and actions to reduce transmission and guidance for the management of cases in health services in view of the possible impact on health services^{3,4}.

As to date there are no specific pharmacological therapeutic measures that avoid the transmissibility of COVID-19, the Brazilian health authorities have adopted as a containment measure for its propagation, the adoption of social isolation^{3,7}, given a concern about the impacts that this new situation can cause to health services⁶.

COVID-19 may affect any individual of any age group, however, evidence indicates that the elderly population (60 years or older) and patients with chronic diseases have a higher risk of developing a more severe state of manifestation of COVID-19^{4,8}. Recent data indicate a higher probability of deaths in elderly octogenarians (80 years or older) and with comorbidities⁹.

The clinical manifestations of COVID-19 represent important challenges to the Brazilian public health system, considering a possible lack of beds, equipment and professionals to serve a country with an extensive territorial proportion such as Brazil¹⁰. Thus, the long-distance population emerges as a priority public in this context due to the present particularities in their organism stemming from the process of senility and sensence⁹. During this moment of epidemic, at the world level, the strategies of isolation and social distancing show direct impact to various areas such as the economy, education and even the environment of people's domestic coexistence.

Community contamination prevention measures have impacted everyone, but they have further influenced the elderly population, with regard to changes in family relationships and regular life habits and intergenerational conflicts. Given the number of people affected and lethal cases affect more people over 60 years of age, social isolation and the impossibility of maintaining the autonomy of the elderly has been presented as a challenging aspect in contemporary circumstances.

The impossibility of face-to-face living and the limitation of physical contact has been faced by a large part of the Brazilian population by the use of new technological tools, such as the use of mobile phones and computers through the Internet. Such technologies, although potentiating at this time, are historically little used by the elderly, due to low schooling and access to such resources.

It is also worth mentioning the Brazilian context of conformation of household arrangements in which the elderly are inserted. Multigenerational cohabitation is also a worrisome factor, considering that a large part of this population needs support from family members for instrumental activities of daily living and emotional issues.

Another relevant aspect involves the institutionalized elderly population. This general population is more vulnerable than the elderly in the community, since the context of institutionalization is at high risk for infection due to the situation of agglomeration, presence of chronic comorbidities, high dependence for routine daily activities and constant contact with several professionals.

Although common sense directs the belief that the Brazilian elderly are retired and enjoying a more "quiet" life with quality of life, in practice there is often the need to continue in the labor market, since many cannot receive social security assistance or need complementation. In the economic context of wage reduction and increased unemployment, the impact for the elderly who still remain inserted in the labor market is great, adding to the fact that in some situations he is the main family provider.

Considering the current Brazilian epidemiological scenario and the adoption of public policies to cope with the COVID-19 pandemic, much has been discussed about the availability of intensive care beds and their occupancy rate. Although this is an important indicator, actions developed by Primary Health Care can positively influence the closer proximity of these services to the reality experienced by the elderly and multisectoral work and articulated with other instances and sectors of social care that guarantee protection to the elderly¹¹.

Thus, the COVID-19 pandemic brings to the fore the need for greater economic investments, skilled labor, health service infrastructure and scientific production related to the Brazilian elderly population. Contrary to the non-recognition of the best scientific evidence, the political decision-making at the federal level is based¹², materialized by the resistance of adoption of social isolation, minimization of the real situation of the pandemic and political instability, the Brazilian scenario of pandemic coping is challenging, especially aimed at the elderly population.

Good Reading!

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