

FREE COMMUNICATION

HEALTH OF THE OLDER ADULTS IN TIMES OF THE COVID-19 PANDEMIC

Karina Silveira de Almeida Hammerschmidt¹, Rosimere Ferreira Santana²

ABSTRACT

Objective: This is a free release with the intention to reflect and critically address aspects related to the health of older adults in the times of the COVID-19 pandemic.

Development: Older adults are in the spotlight in the COVID-19 pandemic, especially those with chronic diseases and, with this, concerns arise with the diversity of aging and with the older population. Thus, the actions adopted must be based on the pillars of gerontology, maintaining autonomy and independence; avoiding ageism; with adjustment of social distance actions, preventing the geriatric syndrome of social isolation. There was no specific emphasis for the older adults in the Coronavirus Clinical Management Protocols, being essential to include this population in the Brazilian Ministry of Health's guidelines.

Final considerations: There is an urgent need for robust, qualified, and safe Gerontological Nursing Care by means of essential professional training, and it is necessary to reframe the actions of care for the older adults, respecting their plurality, focusing on the pandemic moment, and envisioning future scenarios.


DESCRIPTORS: Geriatric Nursing; Coronavirus Infections; Coronavirus; Geriatrics; Older Adults.


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¹Nurse. PhD in Nursing. Nursing Professor at the Federal University of Paraná. Curitiba, PR, Brazil. 

²Nurse. PhD in Nursing. Nursing Professor at the Fluminense Federal University. Rio de Janeiro, RJ, Brazil. 

SAÚDE DO IDOSO EM TEMPOS DE PANDEMIA DO COVID-19

RESUMO

Objetivo: trata-se de comunicação livre com intenção de abordar de forma reflexiva e crítica aspectos relacionados à saúde do idoso nos tempos de pandemia COVID-19.

Desenvolvimento: os idosos são destaque na pandemia COVID-19, especialmente aqueles com doenças crônicas e, com isso, ascendem-se preocupações com a diversidade do envelhecimento e com o idoso. Logo, as ações adotadas devem se fundamentar nos pilares da gerontologia, com manutenção da autonomia e independência; evitando ageísmo; com ajuste das ações de distanciamento social, impedindo a síndrome geriátrica de isolamento social. Não se verificou ênfase diferenciada para os idosos nos Protocolos de Manejo Clínico do Coronavírus, sendo essencial inclusão deste público nas diretrizes do Ministério da Saúde. *Considerações finais:* urge a necessidade do Cuidado Gerontológico de Enfermagem robusto, qualificado e seguro, mediante fundamental capacitação profissional, sendo necessário ressignificar as ações de atenção ao idoso, respeitando a pluralidade, com foco no momento pandêmico e vislumbrando cenários futuros.

DESCRITORES: Enfermagem Geriátrica; Infecções por Coronavírus; Coronavírus; Geriatria; Idoso.

LA SALUD DE LAS PERSONAS MAYORES EN TIEMPOS DE LA PANDEMIA DEL COVID-19

RESUMEN:

Objetivo: el presente es un comunicado de libre difusión que pretende abordar de manera reflexiva y crítica diversos aspectos relacionados con la salud de las personas mayores en los tiempos de la pandemia del COVID-19.

Desarrollo: las personas mayores son el foco de atención en la pandemia del COVID-19, especialmente quienes padecen enfermedades crónicas y, con ello, surgen inquietudes con respecto a la diversidad del envejecimiento y las personas mayores. En consecuencia, las acciones que se adopten deben fundamentarse en los pilares de la gerontología, con la debida conservación de la autonomía y de la independencia; evitando la discriminación basada en la edad (o "edadismo"); con un ajuste en las acciones de distanciamento social, impidiendo así la aparición del síndrome geriátrico del aislamiento social. No se verificó énfasis diferenciado alguno en relación con las personas mayores en los Protocolos de Manejo Clínico del Coronavirus, siendo esencial que se incluya a esta población en las directrices del Ministerio de Salud.

Consideraciones finales: urge la necesidad de implementar Cuidados Gerontológicos de Enfermería robustos, calificados y seguros, por medio de una capacitación profesional fundamental, con la necesidad de ressignificar las acciones de atención para las personas mayores, respetando la pluralidad, con el movimiento pandémico como centro de atención, y vislumbrando escenarios futuros.

DESCRIPTORES: Enfermería geriátrica; Infecciones por coronavirus; Coronavirus; Geriatria; Personas mayores.

INTRODUCTION

The new coronavirus named Severe Acute Respiratory Syndrome Coronavirus-2 (Sars-Cov-2)⁽¹⁾, and Coronavirus Disease-19 (Covid-19) for the disease^(2,3), promotes acute infection, there is no chronic state of infection, and human beings are not its natural hosts; in 2 to 4 weeks, the virus is eliminated by the human body; if the virus does not find a host, the disease ends; thus, the success of the fight depends on the inflection of the pandemic⁽²⁻⁴⁾.

The first case of the new coronavirus was reported in Wuhan, China, on December 31st, 2019 and the World Pandemic was declared on March 11th, 2020⁽⁵⁾, responsible for more than 1,350,523 confirmed total cases, and for 74,856 deaths worldwide as of April 6th, 2020. In Brazil, the first positive case announced on February 26th, 2020 was a 61-year-old man from São Paulo who had gone to Italy⁽⁶⁾. The first confirmed Brazilian death, on March 17th, 2020, was a 62-year-old man, diagnosed with diabetes and hypertension, and admitted to a specialized health care network for the older population⁽⁷⁾. Therefore, older adults are at the center of the discussion about the COVID-19 pandemic and need specialized nursing and health care to minimize disastrous effects on the health system and on society.

In 2020, there are 1.1 billion older adults in the world, with a projection of 3.1 billion by 2100, which converges with the Brazilian scenario, which has 29.9 million older adults in 2020 and a forecast of 72.4 million in 2100⁽⁸⁾. Data on COVID-19 indicates a higher mortality rate among people aged 80 and older, where 14.8% of those infected died, compared to 8.0% among individuals aged 70 to 79 years old, and to 8.8% among those from 60 to 69 (a rate 3.82 times higher than the general mean)^(5,9,10), reinforcing apprehensions with the older population.

The risk of dying from COVID-19 increases with age, as most deaths occur in older adults, especially those with chronic illnesses^(2,11). Immuno-senescence increases the vulnerability to infectious diseases, and the prognosis for those with chronic diseases is unfavorable^(2,12).

During this pandemic, the world and Brazil adopted isolation and social distancing measures, closed schools and universities, and people started working from their homes, generating, in addition to suffering with the news of deaths and hospitalizations, emotional and financial harms⁽²⁾, which affected each generational group differently. Therefore, in addition to the patho-physiological and epidemiological issues, the impact of the COVID-19 pandemic on the integral health of older adults, family, health professionals, and society should be discussed.

This free release is intended to reflect and critically address aspects related to the health of older adults in the times of the COVID-19 pandemic.

DEVELOPMENT

Concerns with the older adults

The older population is in the spotlight in the COVID-19 pandemic, especially for presenting changes related to senescence or senility^(13,14). Despite population aging, unfortunately there is little visibility and appreciation for this segment of the population. There is a continuous prejudiced, stigmatized, and stereotyped view, instigating ageism, which legitimizes chronological age as a class differentiator, including beliefs and attitudes that ridicule older adults⁽¹⁵⁾. The COVID-19 pandemic directed attention to the older adults, mainly due to the vulnerability of this population, setting forth social distancing actions and

strategies specifically for this group.

The actions to protect the older population in the pandemic included age stratification, which, although positive as a service organization, reinforced society's prejudices through the creation of many videos, images, phrases, and music exposing older adults and overvaluing characteristics that are predominantly negative. As an example, the emblematic Brazilian case of the "*carro do 'cata véio'*" (car to pick up old people walking on the streets) can be highlighted, which, in addition to ageism, highlights the older adults' difficulty to comply with social distancing. These situations also affected family relationships, with intergenerational conflicts, mainly due to the measures taken by the family members to impose social distancing.

The learning reinforced in this pandemic is that older adults have their own characteristics and singularities, in addition to the diversity/plurality/complexity of human aging. In this scenario, despite the fundamental concepts of epidemiology, virology, immunology, and many other necessary and recurring ones, one cannot abstain from the fundamentals of the gerontological theory and practice, which provides the advantage for the adoption of effective measures to protect the risk group of older adults.

A good example is social distancing, determined as a measure to prevent the spread of COVID-19⁽¹⁶⁾, which could have been discussed at the political-ministerial level with the support of gerontology in order to minimize its effects in the daily habits of the older adults⁽¹⁷⁾; avoiding social isolation considered a geriatric syndrome⁽¹⁸⁾; and the fears surrounding death⁽¹⁹⁾. Probably, those who work with older adults or who have family members in this condition witnessed situations with the older population reticent to social distancing, which reinforces the need to understand the measures to contain the spread of COVID-19 and to ensure its treatment considering the specificities of the gerontological area.

Another concern is the configuration of family arrangements. There are older adults who live alone or with their spouses, and others with sons and daughters, involving an active or passive co-generation family environment for social support. The agents that make up the family group can include children, grandchildren, great-grandchildren, spouses, and other relatives; the support received can be instrumental (directed to basic, instrumental, and advanced activities of daily living), emotional (involving alleviating stress), and/or financial⁽²⁰⁾.

In cohabitation, older adults can assume the role of caregivers for others, including children, adolescents, adults, or dependent older individuals. This requires skills to meet the particularities of different generations, as well as overload. There is a higher level of overload in older adult caregivers who live with children, mainly due to the mandatory daily care⁽²¹⁾. One of the care actions instructed during the COVID-19 pandemic is social distancing, mainly from children, due to their potential for transmission⁽⁴⁾.

Another concern involves the institutionalized older population. Preliminary studies indicate that, in these cases, infection by SARS-CoV-2 is high, with a suggested mortality rate greater than 15%⁽²²⁾ for individuals over 80 year old. This context is considered of high risk for infection, as it involves predominantly older adults, many of them with chronic comorbidities and difficulties in performing daily activities; frequent contact with caregivers, professionals, and visitors; and coexistence in clustered places⁽¹²⁾.

There is also concern about older working adults, who, in several families, are the only source of income. In Brazil, many older adults have this financial responsibility⁽²³⁾, despite common sense estimating them as retirees and pensioners.

Another hesitation is in encouraging the older population to use technological tools. Although these tools enable social contact, historically the older Brazilian population has low schooling and difficulty in accessing technological resources. Unfortunately, this fact interferes with the acquisition of knowledge about the pandemic, as well as it limits the possibilities of communication, especially during distancing, making it difficult to guide

individual and collective behaviors^(3,5).

Individual and collective preventive behavior

One of the recommended guidelines for the safety of older adults during the pandemic is social distancing and isolation^(4,5). Social distancing represents the need to (re) think behaviors, with a priority for constant hygiene actions, such as hand-washing, use of an alcohol-based solution or gel, distancing from other people, respiratory etiquette, and environmental and emotional care⁽²⁴⁾. In the meantime, family and society can be a support system for the older population⁽²⁰⁾; a relationship is recommended permeated by respect, truth, information, and joint agreement of daily activities and support.

It is essential to define and defend that social distancing is not abandonment; therefore, together with the older adults, each family needs to reflect and discuss the strategies important to their context. In this moment of the COVID-19 pandemic, physical distancing is an act of love, affection, and consideration, in addition to being a protection strategy.

Another preventive behavior is awareness about vaccination, considered the achievement of humanity for the control and eradication of infectious diseases⁽²⁵⁾. Despite the efforts, so far there is no vaccine for COVID-19 but, in Brazil, due to the period of the active pandemic, other vaccines are relevant, such as the one for Influenza. This year (2020), the demand for this vaccine was massive, and the doses ran out within hours in some cities, and within days in the national territory⁽⁷⁾.

Despite being a procedure aimed at provoking a beneficial reaction in the body, vaccination can result in adverse events, which may be related to contamination, adulteration, or other problems resulting from the production and/or application process⁽²⁵⁾. In 2020, in Brazil the difficulties during the Influenza campaign involved the extensive and unexpected demand of the older population, in addition to the shared environments. In this way, the Brazilian Ministry of Health quickly reorganized vaccination by age stratification, enabling reinforcement in the credibility of the vaccine and joint responsibility for immunization in times of the COVID-19 pandemic.

Although necessary, this strategy of early and grouped vaccination of older adults revealed once more the need to understand the behavior pattern of this population. The contradiction between the request for distancing and the call for the vaccination campaign stimulated older adults to leave their homes, contradicting the recommendations of the health professionals not to stay on the streets or in the health services. In addition, the spread of fake news stimulated the understanding by the older adults that they would be taking the vaccine against COVID-19.

The statistical data and the individual and collective behaviors during this pandemic reinforce the essentiality of valuing human beings⁽²⁶⁾. Therefore, the health system needs to be prepared to care for older adults in times of the pandemic but also when it is over, being essential to create strategies aligned with a safe and qualified gerontological nursing care.

Gerontological nursing care

To stop the pandemic, it is essential to control the source of infection, interrupt the transmission route, and protect vulnerable people⁽²⁾. In this understanding, during the crisis of the new coronavirus, several health professionals stood out for their work, among them nurses, who are working on the front line. This phase of the fight against the new coronavirus involves not only courage, but rationality, patience, and science⁽²⁾; thus, gerontological nursing care is paramount as a stronghold of science^(27,28).

During the period of the pandemic, there was a wide search for knowledge among health professionals, including documents and courses offered free of charge by the

Brazilian Ministry of Health, by Federal and Private Universities, by Scientific Societies, and by other institutions^(24,29,30). However, especially the materials and official documents of the Brazilian Ministry of Health had little emphasis on the older population, with predominance of issues involving children, adults, and pregnant women. In view of the complexity of the human aging process, with its own peculiarities, combined with the high incidence of chronic diseases and their repercussions on the human body, the need is highlighted for specific care for the older adults, including prevention, treatment, and rehabilitation actions⁽³¹⁾.

For this, qualified nursing training is essential: investing in these professionals will contribute not only to health, but also to education, work, and economic growth⁽³⁰⁾. In addition to the global focus on nursing professionals, with appreciation of their work in the pandemic, 2020 was designated by the 72nd World Health Assembly as the International Year of Nursing; converging with the strategy of the World Nursing Agenda for 2030, which endorses investments in nursing education (faculty, infrastructure, and students) to meet the global needs and the domestic demands, and to respond to the technological changes and advanced models of integrated health and social assistance⁽³⁰⁾.

Certainly, specialized training in gerontological nursing will undergo deep changes after the COVID-19 pandemic, as the essentiality of gerontological nursing care, strengthened, robust, and prepared for emerging and reemerging needs, was experienced in the practice.

The demand for gerontological care was evident among institutionalized older individuals, due to their vulnerability during the pandemic. Thus, to meet the demand in Long-Term Care Institutions for Older Adults (*Instituições de Longa Permanência para Idosos*, ILPIs), the Brazilian Nursing Association, through the Scientific Gerontological Nursing Department, prepared a document⁽³²⁾ with specific guidelines for these institutions. The Brazilian Society of Geriatrics and Gerontology also gave a position on COVID-19⁽³³⁾; and the National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária*, ANVISA) issued a technical note with guidelines for health services⁽³⁴⁾ and another specific note for ILPIs⁽¹⁾.

Future scenarios: re-signifying relations and actions

The experience of the COVID-19 pandemic gave a new meaning to conducts and knowledge and brought the community closer to the scientific community, since individual and collective behavioral changes are necessary to control diseases, but not only during the pandemic period. Learning about hand-hygiene, respiratory etiquette, and cleaning of rooms and materials⁽³⁵⁾ should be incorporated in daily life as attitudes of collective cooperation, as they are strong measures to prevent new diseases. It is essential that the experiences provided by this turbulent moment of crisis strengthen and prepare society for other situations of tension.

Another important factor in the learning of this period and in the projection for future scenarios is the care and attention provided to the older adults, by means of support and alert strategies for signs and symptoms. Even those who live alone need to have reference individuals to report their needs, feelings, or news of health and illness to. In addition to giving a new meaning to the bonds with the older adults, attitudes of respect and consideration for this population are also important.

These moments of social distancing are precautionary measures for health, with the intention of preservation and protection; however, the autonomy and independence of the older adults are the basis for a healthy aging. Thus, they need to be free to exercise them, respecting what is possible when recommended. Society needs to pay attention to avoid prejudice, which infantilizes and ridicules older adults. Society cannot go back on this point; dignity for the older adults should prevail.

Emphasis is also placed on the relentless search by professionals and the population

for knowledge during the COVID-19 pandemic. Several virtual learning environments were created and/or made available, with varied content and language. Timely appreciation, with emphasis on geriatric and gerontological education in professional training, should be a mandatory item in the nursing curriculum. Knowledge is essential for evolution and, in the professional sphere, it is necessary for the qualification and safety of the care provided to the older adult. Hopefully, this learning movement will be constant and perennial, strengthening gerontological nursing as a science.

FINAL CONSIDERATIONS

The COVID-19 pandemic highlighted the health of the older adults, urging the need for protection, respect, care, dignity, and a support network; however, ageism, judgments, and parodies also surfaced. The protective action of distancing should maintain the autonomy and independence of older adults, and the professionals need specific knowledge about this population.

The pandemic moment reinforced the need for robust, qualified, and safe Gerontological Nursing Care by means of essential professional training; also being necessary to re-signify the care actions for the older adults, respecting plurality and envisioning both the present and future scenarios.

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Corresponding author:

Karina Silveira de Almeida Hammerschmidt

Universidade Federal do Paraná

Av. Prefeito Lothário Meissner, 632 - 80210-170 - Curitiba, PR, Brasil

E-mail: ksalmeidah@yahoo.com.br

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