

# THE IMPACT OF COVID-19 IN OLDER ADULTS: A LITERATURE REVIEW

O IMPACTO DA COVID-19 NA POPULAÇÃO IDOSA: REVISÃO BIBLIOGRÁFICA

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## ABSTRACT

**Objective:** This study aimed to highlight the impact of COVID-19 in older adults, identifying the problems faced by this population during the pandemic. **Methods:** A bibliographic search was performed in the Scielo database in December 2020, using the Portuguese and Spanish languages, resulting in 1,643 studies. The insertion of a new filter, “COVID and elderly population”, resulted in 71 studies. Those that included the terms “elderly people and COVID-19” in the title were selected; after removing duplicates, six studies were selected. **Results:** Older adults with multimorbidities presented an increased risk of severe COVID-19. The information disclosed by the countries was heterogeneous since they present unique characteristics, and the way the governments inform and prepare to receive older adults differs among countries. The pandemic also caused and amplified cases of violence against older adults, including discrimination against them. **Conclusion:** The COVID-19 virus pandemic caused and exacerbated several problems for older adults. The evaluated studies evidenced that older adults are part of the risk group and that the association of age and comorbidities increases the risk of complications. The presence of increased violence in different aspects and inappropriate communication in general, such as cybernetic and television fake news, was also evidenced. The Unified Health System plays an important role in the Family Health Strategy to alleviate social inequities, control chronic diseases and their prevention, reduce comorbidities, and diminish the susceptibility of older adults to diseases. The COVID-19 pandemic brought important reflections on implementing public social and health policies that ensure the clarification and rights of older adults.

**Keywords:** COVID-19; Elderly

## RESUMO

**Objetivo:** O presente estudo buscou evidenciar o impacto da COVID-19 na população idosa, identificando os problemas enfrentados por esse demográfico durante a pandemia. **Método:** Foi realizada busca bibliográfica na base de dados SciELO em dezembro de 2020, nos idiomas português e espanhol, resultando em 1.643 artigos. Após a inserção de novo filtro, “covid e idosos”, o total foi reduzido para 71 artigos. Foram selecionados aqueles que continham no título “idoso e COVID-19” e, após desconsiderar artigos duplicados, foram selecionados 6 trabalhos que atendiam a todos os critérios. **Resultados:** Pessoas idosas com multimorbididades têm risco aumentado de apresentar a forma grave da COVID-19. Cada país veiculava informações heterogêneas sobre o tema, tendo em vista que as características de cada lugar são singulares e que há diferenças no comportamento de cada governo diante das informações e nos preparativos para atender à população idosa. A pandemia também ocasionou e amplificou casos de violência contra a pessoa idosa, inclusive a discriminação. **Conclusão:** A pandemia do vírus SARS-CoV-2 ocasionou e exacerbou diversos problemas na população idosa. Os trabalhos avaliados tratavam do fato de que os idosos constituem parte do grupo de risco e do aumento do risco de complicações com a associação de idade e comorbidades. Dentre os estudos, também foi evidenciado o aumento dos diversos aspectos da violência contra a pessoa idosa e da comunicação inapropriada, como as “Fake News” cibernéticas e televisivas. O Sistema Único de Saúde tem, a partir da estratégia de saúde da família, o importante papel de amenizar as iniquidades sociais e de controlar e prevenir doenças crônicas, diminuindo as comorbidades e a suscetibilidade de idosos a agravos. A pandemia trouxe à tona reflexões importantes sobre a implementação de políticas públicas sociais e de saúde que assegurem o esclarecimento e os direitos da população idosa.

**Palavras-chave:** COVID-19; idoso

## INTRODUCTION

The world has witnessed the evolution of an infectious pandemic named COVID-19, whose etiological agent is the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first reports occurred in December 2019 in Wuhan (Hubei province, China) as a set of acute respiratory diseases that spread globally<sup>1</sup>.

On January 1, 2020, the World Health Organization (WHO) promoted several actions to combat the outbreak due to the seriousness of the disease. On January 30, COVID-19 was already considered a public health emergency, and on March 11, it was characterized as a pandemic after infecting 118,000 people in 114 countries and causing 4,291 deaths<sup>2-7</sup>. This disease is highly infectious, and 20% of those infected develop respiratory problems<sup>3</sup>.

The health systems of several countries collapsed due to a lack of infrastructure, human resources, equipment, and materials for the simultaneous care of thousands of infected people. In addition, the length of stay in the intensive care unit (ICU) has been extended, which increases the waiting time of critically ill patients<sup>2</sup>. This situation requires care protocols and makes health professionals decide who will receive the treatment that can avoid death<sup>2,8</sup>; the recommendation to not provide ventilators to people over 80 years old intensified this situation<sup>2,9</sup>.

The strong impact of COVID-19 on the population living in long-term care facilities is clear. In Brazil, estimates exceed 100,000 older adults affected, potentially the most fragile and vulnerable population. These estimates are based on a conservative assumption of total deaths, the increasing number of deaths, and others<sup>4</sup>.

The high lethality of COVID-19 has been mostly associated with older adults or with the comorbidities most common among them<sup>4,25,26</sup>. Long-term care facilities are the homes of people at the most risk, and their proximity may aggravate the spread of SARS-CoV-2 infections<sup>4,27,28</sup>. During the pandemic, violence against old-

er adults has also been evidenced. Despite this, the discussion about strategies for dealing with it has been scarce worldwide<sup>5</sup>.

The suspension of in-person activities, culminating in the closure of daycare centers, schools, and universities, and the interruption of professional activities and the transition to remote working, leads individuals to accumulate tensions inherent to full-time family life, often in precarious households with many residents<sup>5,7</sup>. The fear of falling ill and losing loved ones, the reduced formal and informal social support, and uncertainty about the future are also concerns<sup>5,7</sup>. Other aggravating factors worth mentioning are pre-existing discrimination against older adults and the lack of multidimensional, dynamic, and integrated protection policies to promote dignified and healthy aging<sup>5,32,33</sup>.

Besides the social and economic vulnerability, most Brazilian older adults are isolated and abandoned by family members, who often lack the structural conditions to shelter and care for their relatives during old age<sup>5,34,35</sup>.

Moreover, the increasing use of widely accessible social media worldwide leads to a quick spread of information, generally without adequate veracity verification<sup>6,42,43</sup>. The COVID-19 pandemic, declared in March 2020 by the WHO, amplified this situation, generating an "infodemic" phenomenon: an overload of information that hinders the disclosure of news from reliable sources<sup>6,44,45</sup>.

This study found that older adults are at risk because of their age, and it increases with comorbidities. Moreover, they are more susceptible to violence in its various aspects and to be victims of the communication failures.

## METHODS

In December 2020, a bibliographic search in Portuguese and Spanish languages was conducted in the SciELO database, resulting in 1,643 studies. After inserting a new filter, "covid and elderly population", the search yielded 71 studies. Studies whose titles included "COVID-19 and elderly population" were selected. After removing duplicates, six studies were selected.

## RESULTS

The studies on multimorbidities showed that older adults and those with chronic diseases were more likely to develop severe COVID-19<sup>3, 10, 11, 12, 13, 14</sup>. Multimorbidity (i.e., the presence of two or more chronic morbidities) is an important risk factor to be considered and is a predictor of risk of death<sup>3, 12, 15</sup>. Social determinants of health, such as male gender and advanced age, seems to be associated with mortality among hospitalized patients with COVID-19<sup>16</sup>. Knowledge about the biological mechanism that increases the risk of infections among people with multimorbidity is still incipient. Despite this, an association exists between increased inflammation and decreased immune response<sup>1, 17, 18, 19</sup>.

In Italy, the ethical issue was most evident, and they recommended the allocation of resources in the ICU; screening related to the age limit, the presence of comorbidities, and the functional status of any critically ill patient upon ICU admission; advanced medical care guidelines for patients with severe chronic diseases; and the application of palliative care after discontinuation of ICU treatment when serious complications arise<sup>2, 20</sup>.

The United States attempted to maximize benefits by treating all patients equally, promoting and rewarding instrumental value, and prioritizing the lower-income population. The specific recommendations for allocating medical resources during the COVID-19 pandemic included maximizing benefits; prioritizing health professionals; avoiding allocating patients in order of arrival so that equality should occur for those with similar prognoses using a random allocation, similar to a lottery; being sensitive to evidence; recognizing participation in research; and applying the same principles to all patients with COVID-19 or not<sup>2, 21</sup>.

Some countries have tried to estimate the impact of mortality<sup>4, 29, 30</sup>. In Brazil, the number of residents in long-term care facilities and the extent to which the disease affected their mortality are unknown<sup>4</sup>.

Violence against older adults is a complex and multi-causal phenomenon. Therefore, the ecological model proposed by the WHO was

used to comprehend the processes involved in the genesis of violence and to understand the possible determinants of the increase in this type of violence during the pandemic<sup>5, 36</sup>.

This model proposes that violence, especially interpersonal, is the result of macro-structural, community, relational, and individual factors that interact and give feedback to each other, promoting scenarios that could facilitate or hinder violence. These factors were impacted by the health and economic crisis caused by the pandemic and prolonged social distancing<sup>5</sup>.

In Brazil, as in other parts of the world, exists a culture of contempt and discrimination based on age, identified as “ageism” or “agism”, more evident in crisis scenarios. Older adults are more vulnerable to developing severe forms of the disease and require ICU admissions<sup>5, 37</sup>, demanding higher health care. As a result, discriminatory and prejudiced attitudes towards this population increased at the beginning of the COVID-19 pandemic.

Among the aspects of physical health, we highlight “immunosenescence” (decreased immune system function), which predisposes older adults to adverse outcomes concerning infectious diseases, such as COVID-19<sup>5, 38</sup>.

Social distancing may also cause mental health problems, such as loneliness, insomnia, anxiety, loss of appetite, and depression, which further debilitate the well-being of this population<sup>5, 37, 39</sup>.

The intentional spread of fake news has become part of the daily routine of older adults. Sharing this information, even if it is untrue, influences public opinion, leads to treatment abandonment, and may lead to drug interactions and aggravate pre-existing diseases, putting at risk their health and their families<sup>6, 46, 47</sup>.

## CONCLUSION

The COVID-19 pandemic has caused and exacerbated various problems among older adults. The studies evidenced that older adults are part of the risk group and the increased risk of complications associated with age and comorbidities. The studies also highlighted the increase in various aspects of violence against older adults and inappropriate communication,

such as cyber and television fake news. The pandemic has led to important reflections on implementing public social and health policies to ensure that the rights of older adults are protected.

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