Older adults and Post-Covid-19 Care

In December 2019, the world was caught unawares by the discovery of a new virus in the city of Wuhan in China, previously referred to as SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) and the disease secondary to this new pathogen designated Covid-19 (Coronavirus Disease 2019). The emergence of Covid-19 became a major public health problem worldwide owing to its highly transmissible nature and lethality. Since the outbreak, nations have remained in a state of alert in an attempt to combat the virus and control the spread of the disease.1,2

The virus started spreading exponentially and, on 11th of March 2020, the World Health Organization (WHO) declared the Covid-19 epidemic as having pandemic status.3

The consequences of Covid-19 are not limited to human infections and deaths, but include associated social repercussions, such as racial and xenophobic attacks and negative economic impacts.4

Although the virus does not target specific victims – Covid-19 has proven a disease with no predilection for age, race, socioeconomic status or nationality – incidence among adults is high and the lethality rate is greatest in individuals aged over 60 years.5

Older adults are a high-risk population for serious acute respiratory syndromes, calling for close vigilance regarding the health of this group.6 The literature reports different degrees of physical, respiratory and psychological dysfunction in Covid-19 patients, especially among older individuals.7,8

Given that Covid-19 is a recent disease, scant knowledge is available on its behavior, particularly with respect to its long-term complications and outcomes, posing a challenge for researchers. The possibility of complications or impairments in survivors of the disease must be considered, particularly among postacute patients that received intensive care.9

A study was conducted in Italy prior to the development of a vaccine involving patients who had recovered from acute Covid-19 after a hospital stay. Results showed that, irrespective of participant age, at least one symptom persisted after the hospital stay in 87.4% of cases, predominantly fatigue and dyspnea.10 Similarly, the results of a study conducted in Israel showed that 79.8% of patients presenting complications post-Covid-19 were aged over 60 years.11 The studies note that numerous investigations have focused on the acute period of infection, but studies monitoring patients over time are required to identify long-term effects in disease survivors.
Although great strides in vaccinating the older population have been made, including application of a third booster shot, the longer term impact of the disease on the health of older people remains unclear.

In this context, there is a need to (re)recognize the long-term behavior of Covid-19, especially in the older population, a more vulnerable group.

The Covid-19 pandemic has, especially in Brazil, brought inequalities to the fore and exposed the high level of discrimination in the country, predominantly against women, the disabled and Afro-Brazilians. Thus, there is a pressing need to produce scientific knowledge on the consequences of Covid-19 so that health actions can be implemented in an effective, efficacious and resolutive fashion that cater to health needs, especially those of the older population.

International experiences have shown that Covid-19 strategies aimed solely at hospital care are insufficient for the integrated care of patients. This situation highlights the need to strengthen Primary Care, given this is the key point of entry to the health system of most patients and where care is delivered on a continual basis. Examining the attributes of Primary Care reveals the potential of the care provided at this level for following and monitoring the health of Covid-19 survivors.

Therefore, recognizing the health status of older Covid-19 patients is pivotal in determining the true magnitude of the disease’s impact on people’s health over time, enabling care to be planned and delivered in an integrated and resolutive fashion.

Arthur de Almeida Medeiros

REFERENCES


