 ISSN: 1688-8375 ISSN online: 2393-6606
doi: https://doi.org/10.22235/ech.v9i2.2294

EDITORIAL

Aging on COVID-19 times
Envejecimiento en tiempos de Covid19

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The whole world is experiencing a special time, a time of change where living conditions in times of pandemic have made us rethink our activity and performance in daily-life activities.

If we take into account that there are currently approximately 31.5 million cases of COVID-19 around the world, with almost 1 million deaths of which most of them are over 64 years old, it is time to delve into how this disease affects one of the most vulnerable populations, the elderly (1).

Initial reports from Wuhan revealed that the majority of cases of the disease occurred in people aged 60 and over, and death rates increased exponentially with age, from 3.6% among those aged 60 to 69 and 14, 8% among those over 80 (2). These rates are replicated worldwide where mortality is maintained in different countries, especially in nursing homes.

It is well known that the aging process is associated with body changes as well as a decrease in the immune response, which predisposes to an inadequate response to any stressful process, making them susceptible to infections, as well as developing criteria of severity. The increase in morbidity and mortality in the elderly has also been associated both with comorbidity, especially cardiovascular disease, and with frailty, which leads to a weaker immune response (3). In addition, this pandemic has exposed many of the ethical problems that health professionals face when caring for patients and their families (4).

During the COVID-19 pandemic, many people die in isolation from their loved ones, and end-of-life conversations take place over the phone or "behind the dehumanizing veil of plastic gowns and masks" (5). The challenge for healthcare workers is to moderate these potentially dehumanizing scenarios with imaginative solutions that do not sacrifice compassion and respect for safety and efficiency.

COVID-19 and sanitary system

Although the pandemic began at the end of 2019 in Asia, Uruguay reported its first case in mid-March 2020. The experience of how others parts of the world handled the crisis allowed our country to model its health system to the needs and characteristics of its population. Uruguay with only 3.4 million inhabitants, and with a moderate population density, 20 inhabitants per km2 has reported the existence of 1927 cases, and a mortality of 13 people per million inhabitants, standing out as one of the least affected countries in the world (6).

Uruguay does not have a magic formula that justifies its statistics; despite this we could find an answer in the characteristics of its territory and population. Although it has a metropolitan area that comprises practically half of its population, it has a low density. Another possible explanation could be associated with the high number of tests carried out in relation to confirmed cases, unlike that carried out by other countries in the region (7). One of its strengths is the presence of a health system with universal access in which all its inhabitants have health care coverage.

The government have carried out evaluation, recruitment, monitoring and treatment programs at different levels of care based on the guidance of groups of experts and scientific societies, within which the Uruguayan Gerontology and Geriatric Society (SUGG). SUGG participated directly in the creation of protocols for care, control and monitoring of nursing-homes. Among the proposals made, it was suggested to approach caring through solidarity coverage of care in nursing homes, carried out by all public and private health providers. An initial evaluation, a diagnosis of the situation, an intervention plan and prevention were carried out through multidisciplinary teams.Taking all this into account it became evident that Uruguay had significant social and health deficiencies, and that in some long-term centers basic human rights were violated.

Other of the strategies applied were social distancing, although it has its statistical and probabilistic justification, is associated in elderly with other consequences not initially thought of. The limitation of visits and contact with other people who may be carriers of the disease surely led to a decrease in infections, especially in institutionalized ones.

This relative success focused on the pandemic, hides other less positive effects such as; the decrease in active and independent life, isolation, depression, the manifestation of geriatric syndromes such as frailty, immobility, falls and their worst and most serious consequence, fractures. This other silent pandemic will increase dependence, as well as reduce the ability to identify acute decompensation of chronic diseases, reduce the diagnosis of other diseases or only allow their diagnosis in advanced stages. This pandemic not only brings us a viral disease but it will also leave us with a serious consequence that can only be evaluated in the long term, fundamentally associated with the great adverse effects generated in the elderly; dependency and functional decline.

At a time when the UN promotes the decade of healthy aging, the pandemic seems to bring the opposite; however, this is a great opportunity to generate a deep cultural and structural change in a society that discriminates against them. Perhaps it will be the opportunity to integrate them as the fundamental social piece for future generations.

References

1. Word Health Organization. Who Coronavirus Disease (COVOID 19). [Internet]. [Consultado 20 set 2020]. Disponible en: https://coronavirus.jhu.edu/map.html
2. China CDC Weekly. Vital Surveillances: The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19). [Internet]. [Consultado 20 set 2020]. Disponible en: http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51
3. Bonanad C. et al. Coronavirus: la emergencia geriátrica de 2020. Documento conjunto de la Sección de Cardiología Geriátrica de la Sociedad Española de Cardiología y la Sociedad Española de Geriatría y Gerontología. Rev Esp Cardiol. 2020 ;73(7):569–576
4. Morley G., Grady Ch., McCarthy J., Ulrich C. "Covid-19: Ethical Challenges for Nurses," Hastings Center Report. [Internet] 2020; 50: 35-39. DOI: 10.1002/hast.1110
5. Gray N. "Palliative Care in the Time of COVID," The Ink Vessel, [Internet]. [Consultado 20 set 2020]. Disponible en: https://inkvessel.com/2020/03/18/palliative-care-in-the-time-of-covid/
6. Worldmeter. Uruguay. [Internet]. [Consultado 20 set 2020]. Disponible en: https://www.worldometers.info/coronavirus/country/uruguay/
7. Our World in Data. Coronavirus (COVID-19) testing: Tests per confirmed case. 2020. [Internet]. [Consultado 20 set 2020]. Disponible en: https://ourworldindata.org/coronavirus-testing#tests-per-confirmed-case.