





Impact of Long COVID on the health of the elderly population

Impacto da COVID Longa na saúde do idoso
Impacto del COVID Longa en la salud de los mayores

Francisca Tereza de Galiza¹

 <https://orcid.org/0000-0001-5217-7180>

Jéssica Maria Silva de Carvalho¹

 <https://orcid.org/0000-0001-5245-5291>

Aélya Drisana Dias Gomes de Araújo¹

 <https://orcid.org/0000-0002-6899-5978>

¹Federal University of Piauí.

The vulnerabilities inherent to the aging process make long-lived citizens a risk group for contagion to SARS-CoV-2. The immune system suffers with aging, the so-called immunosenescence, in which there is a reduction in the capacity to respond to infections, promoting an increase in contamination and severity of infectious diseases⁽¹⁾. Thus, there are many uncertainties about this pandemic context for the elderly population, as they are more vulnerable to severe forms of the disease and a greater risk of dying, especially frail elderly people, patients with comorbidities and residents of Long-stay Institutions for the Elderly people (LIEPs) ⁽²⁾.

However, there are significant impacts that COVID-19 has had on the health and quality of life of the elderly people. Losses caused by social isolation on mental health, socioeconomic factors such as reduced income and evidence of ageism. However, the organic consequences caused in seniors, in the so-called post-COVID, have demanded a new configuration of care for this portion of the population.

Residual symptoms in patients recovered from the disease, the so-called long COVID or post COVID syndrome, most frequently reported are fatigue, shortness of breath and neuropsychological symptoms, which may be related to residual inflammation (convalescent phase), sequelae of organ damage, non-specific effects of hospitalization (prolonged ventilation) and social isolation^(3,4).

The researches has categorized these manifestations into: residual symptoms that persist after recovery from the acute infection; organ dysfunction that persists after initial recovery; and new symptoms or syndromes that develop after an asymptomatic or mild initial infection⁽⁵⁾.

Another scientific strand classifies symptoms into "non-neuropsychiatric symptoms" and "neuropsychiatric symptoms" and also separated them

into three groups according to the progression of symptoms over time: 1) symptoms more likely to appear at the onset of the disease and with decreasing progression, 2) symptoms unchanged or with a slow increase or decrease over time, and 3) symptoms that are more likely to increase in the first two months⁽⁴⁾.

Therapeutic management of long COVID involves a supportive approach and one aimed at controlling specific symptoms. The support approach is concerned with caring for decompensated comorbidities (diabetes, hypertension), healthy lifestyle habits (food, physical activity), avoiding smoking and drinking habits, sleep quality and attention to mental health. The approach aimed at the control of specific symptoms, on the other hand, aims at monitoring or basic treatment for the symptoms presented in long COVID, which can be follow-up with radiography or tomography, physical therapy, use of anticoagulant drugs, among others⁽⁶⁾.

It is necessary to systematize and to implement multidisciplinary care for these elderly patients after hospitalization for COVID-19, due to the complexity of their demands, caused by the high rate of post-discharge multiple organ dysfunction; and it is necessary to identify the specific needs of each individual and to plan comprehensive and individualized care.

The predominance of studies with informal evidence and the scarcity of scientific tests make the diagnosis and treatment of this new condition difficult. However, it is important that health professionals are aware of this syndrome and seek to make an immediate diagnosis and with careful management so that there is an efficient recovery of the elderly patients affected by long COVID.

REFERÊNCIAS

1. Nikolich-žugich, J. The twilight of immunity: emerging concepts in aging of the immune system. *Nat Immunol.* [Internet]. 2018; 19 (1): 10-19. doi: <https://doi.org/10.1038/s41590-017-0006-x>.
 2. Galiza FT, Nogueira JM. COVID-19 and aging: challenges in facing the pandemic. *Rev Enf UFPI.* [Internet]. 2020; 9 (1): 1-2. doi: <https://doi.org/10.26694/2238-7234.9111-3>
 3. Garg P, Arora U, Kumar A, Wig N. The “post-COVID” syndrome: How deep is the damage? *J Med Virol.* [Internet]. 2021; 93 (2): 673-674. doi:<https://doi.org/10.1002/jmv.26465>
 4. Davis HE, Assaf GS, McCorkell L, Wei H, Low RJ, Re'em Y, et al. Characterizing long COVID in an international Cohort: 7 months of symptoms and their impact. *MedRxiv.* [Internet]. 2021. doi: <https://doi.org/10.1101/2020.12.24.20248802>
 5. Amenta EM, Spallone A, Rodriguez-Barradas MC, El Sahly HM, Atmar RL, Kulkarni PA. Postacute COVID-19: An Overview and Approach to Classification. *Open Forum Infect Dis.* [Internet]. 2020. 7 (12). doi: <https://doi.org/10.1093/ofid/ofaa509>
 6. UFRGS - Universidade Federal do Rio Grande do Sul. Programa de Pós-Graduação em Epidemiologia. TelessaúdeRS. Avaliação e Manejo de sintomas prolongados de COVID-19. Porto Alegre: TelessaúdeRS-UFRGS [Cited 2021 may 17]; 2020. Disponível em: https://www.ufrgs.br/telessauders/documentos/Avaliacao_e_manejo_de_sintomas_prolongados_covid.pdf.
- Financing source:** No
Interest conflicts: No
Submission date: 2021/09/16
Accept: 2021/10/10
Publication: 2022/03/29

Autor correspondente:

Jéssica Maria Silva de Carvalho

Email: maria.jessicacs0796@ufpi.edu.br**How to cite this article:**

Galiza FT, Carvalho JMS, Araújo ADDG. Impact of Long COVID on the health of the elderly population. *Rev Enferm UFPI* [internet]. 2022 [cited ano mês dia]; 11:e952. DOI: 10.26694/reufpi.v11i1.952