**Review Article**

**IMPACT OF THE COVID-19 PANDEMIC ON MONITORING CHRONIC DISEASES OF THE ELDERLY IN PRIMARY CARE**

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**ABSTRACT**

**Objectives** This study aims to identify, in scientific productions, the main impacts of the COVID-19 pandemic on the monitoring of chronic diseases in the elderly in Primary Health Care (PHC). **Methodology:** The search was carried out using the VHL database, applying inclusion criteria and descriptors. The initial search found 96 articles. A total of 95 full-text articles were selected, 34 of which were in Portuguese. After analyzing the title and abstract, 23 articles were chosen, 11 excluded, resulting in 10 final articles for analysis. **Results:** The analysis of the articles indicated that the pandemic has hampered the monitoring of chronic diseases in the elderly, with interruptions in care and an overload of health services. Primary Health Care faced difficulties in providing adequate follow- up for these conditions, which negatively affected the health of the elderly. **Conclusion:** The study highlights the need to strengthen the health system in order to guarantee continuous follow-up of the chronic diseases of the elderly, especially in public health crises. PHC must be strengthened, with a focus on health promotion and prevention of complications, and more robust public policies are essential to ensure the care and quality of life of the elderly in health emergencies.

***Keywords****:* Chronic diseases, Elderly, Covid-19, Nursing care.

**INTRODUCTION**

In December 2019, a severe respiratory disease of unknown etiology was identified in the city of Wuhan, China. It was later recognized as an infectious disease caused by the novel coronavirus (Severe Acute Respiratory Syndrome Coronavirus-2 or SARS-CoV-2) and named Coronavirus Disease 2019 (COVID-19). Due to the rapid spread of the virus and the increasing number of cases worldwide, on March 11, 2020, the World Health Organization (WHO) declared the COVID-19 pandemic (WHO, 2020).

The pandemic caused by the novel coronavirus is one of the most significant public health challenges of the past 100 years. The challenges faced by countries include defining measures that ensure health protection while minimizing economic and social harm, all while respecting human rights (WHO, 2020a). The entire global population is susceptible to the disease, but countries with older populations have experienced greater impacts from the pandemic, particularly regarding morbidity and mortality. Studies show that older adults are at a higher risk of developing severe forms of COVID-19, which may lead to death (Wang D et al., 2020). This is related, among other factors, to immunosenescence, a process characterized by the progressive decline of immune function and a consequent increase in susceptibility to infections. In addition to age, other factors such as the high prevalence of multimorbidity, frailty, and inflammatory changes make this age group more vulnerable and can complicate the course of the disease (Aprahamian; Cesari, 2020).

The number of comorbidities tends to increase with age, leading to greater vulnerability to various health conditions. The word "comorbidity" is composed of two terms that, together, explain its meaning: “co” (together, union) and morbidity (a set of causes capable of producing a disease). In other words, comorbidities refer to the set of diseases a person has at a given moment. The issue is that individuals with comorbidities may not be aware of their condition, as they can live for many years without showing symptoms (asymptomatic patients). Anyone, regardless of age, can have multiple comorbidities, but due to the longer lifespan, they are more common among older adults (SES-MG, 2019).

Among individuals over 60 years old, chronic pulmonary diseases, chronic kidney diseases, diabetes mellitus (especially if not well controlled), chronic liver diseases, and obesity are commonly present. It is essential to clarify that aging should not be seen as a disease but as a natural process of life (Brazil, 2021).

One of the vulnerabilities associated with the aging process is the reduced activity of the immune system, making the elderly population naturally more susceptible to infections and their severe consequences. Chronic comorbidities, such as diabetes mellitus and obesity, keep the patient in a state of chronic inflammation, making them more vulnerable to other inflammatory or infectious conditions with an exaggerated immune response, as seen in COVID-19 (SES-MG, 2019).

Due to the association between comorbidities and infection with the novel coronavirus, as of April 20, 2020, 72% of COVID-19 deaths were among individuals over 60 years old, and 70% of them had at least one risk factor, with the most common being diabetes, obesity, and hypertension (WHO, 2020).

Given this context, the present study aims to identify, through scientific literature, the main impacts of the COVID-19 pandemic on the monitoring of chronic diseases in elderly individuals within primary healthcare, using an integrative literature review.

**METHODS**

This study was conducted using the Integrative Literature Review (ILR) method, which involved bibliographic consultations of scientific articles to provide a theoretical foundation on the main impacts of the COVID-19 pandemic on the monitoring of chronic diseases in elderly individuals within primary healthcare.

The term "integrative" originates from the integration of opinions, concepts, or ideas derived from the studies used in the method, a point that "highlights the potential for building science" (Botelho; Cunha; Macedo, 2011).

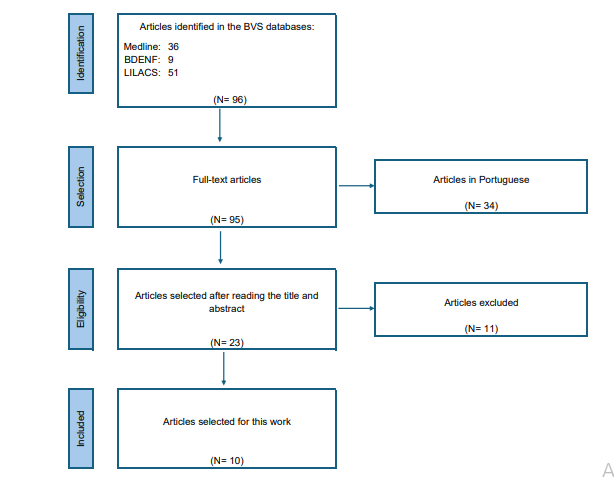
According to Mendes, Silveira, and Galvão (2018), this research method follows six (06) stages: identification of the topic and selection of the research question; establishment of inclusion and exclusion criteria for sample selection; identification of pre-selected and selected studies; categorization; analysis and interpretation of results; and presentation of the review. The authors state that the integrative literature review involves a broad analysis of the literature, contributing to discussions on research methods and results, as well as reflections on future studies.

Bibliographic consultations of scientific articles were conducted to provide a theoretical foundation on the nurse's approach to caring for patients with chronic diseases. The following databases were used: the Virtual Health Library (BVS), including BDENF (Nursing Database), SCIELO (Scientific Electronic Library Online), and LILACS (Latin American and Caribbean Literature in Health Sciences).

For scientific data collection, the Boolean operator “AND” was used along with Health Sciences Descriptors (DeCS), namely: “Chronic diseases,” “Elderly,” “COVID-19,” and “Nursing care.” Data collection for this study took place between July and November 2024.

The flowchart below (Image 1) presents the data collection process carried out in the BVS. In the initial general search, 96 articles were identified, with 36 from the Medline database, 9 from BDENF, and 51 from LILACS. A total of 95 articles with full text were selected, 34 of which were in Portuguese. After reviewing the titles and abstracts, 23 articles were chosen, and 11 were excluded, leaving 10 articles selected and included in the development of this research.

**Image 1**: Reserach flowchart



Source: prepared by the authors.

Based on the application of inclusion and exclusion criteria, articles will be selected through the reading of titles and abstracts, organizing them as pre-selected publications. After this initial reading, they will be evaluated based on their main elements: objectives and results, focusing on the primary impacts of the COVID-19 pandemic on the monitoring of chronic diseases in the elderly within primary health care.

The inclusion criteria adopted for the development of this Integrative Literature Review (ILR) will be as follows: complete scientific articles and works, available in Portuguese, addressing the topic, and published within the last five (5) years, covering the period from 2019 to 2023.

The exclusion criteria will be: incomplete texts, foreign-language publications, works that do not contain information relevant to the research topic, those outside the established time frame, and publications that do not meet the defined inclusion criteria.

The research was conducted in accordance with the ethical principles outlined in Resolution No. 466 of December 12, 2012, by the National Health Council, which establishes research guidelines on autonomy, beneficence and beneficence, non-maleficence, justice, and equity. Since this is an integrative literature review, submission to an Ethics Committee is not required.

As an Integrative Literature Review (ILR), the research presents minimal risks, which may arise from the misinterpretation of information or the inappropriate use of sentences or phrases from the authors. The benefits include updated information on the nurse’s approach to caring for patients with chronic diseases, resulting in a work that provides relevant and reflective insights for future studies on the topic.

1. **RESULTS**

The 10 (ten) selected articles were evaluated based on their main elements: objectives and results, focusing on the primary impacts of the COVID-19 pandemic on the monitoring of chronic diseases in the elderly within primary health care. The table below identifies the author, year of publication in descending order, title, objectives, and main results of the selected articles that were analyzed to obtain the findings.

**Table 1**- Description of the selected articles

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| --- | --- | --- | --- | --- |
|  | AUTHOR / YEAR | TITLE | OBJECTIVES | MAIN-RESULTS |
| A1 | SILVA C, et al. (2024) |  | To assess the quality of primary health care for older people during the COVID-19 pandemic through evaluation studies | The primary care services evaluated were mostly outpatient, with different quality assessment parameters related to individual care. The quality assessment identified a decrease in in-person consultations and visits and an increase in the use of telehealth, with a good satisfaction rating among the elderly. |
| A2 | DAY CB, et al. (2024) | Vulnerability of the elderly to Covid-19: an approach to community health services | to analyze the perception of the multidisciplinary team about the comprehensive health care practices for elderly people, in vulnerable situations, that were offered in PHC in times of Covid-19. | The results of the study demonstrated that PHC professionals understand the concept of vulnerability, offering care based on the principles of equity and comprehensiveness, and organizing the work process in an interprofessional manner. |
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| A3 | PEREIRA JR, et al. (2022) | Assessment of the quality of life of diabetic elderly people during the new coronavirus pandemic | To assess the quality of life of elderly people with type 2 diabetes mellitus during the new coronavirus pandemic. | Most of the interviewees were elderly women aged between 60 and 64, widowed, with low levels of education, retired between 1 and 10 years after diagnosis, using antiglycemic agents as a form of treatment. The elderly consider their quality of life to be good. Among those who were infected with the new coronavirus, it was shown that there was no interruption in the treatment for Diabetes, however, a minority reported some sequelae of the new coronavirus (fever, muscle weakness and decreased appetite). Functional overload and sexual functioning were the most affected dimensions, with all items negatively impacted. |
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| A4 | ARIAS JMV (2021) | Nursing actions in chronic diseases in people diagnosed with Covid-19: a retrospective study | Analyze nursing actions for patients with chronic respiratory diseases associated with COVID-19 infection | Regarding nursing actions, 16 diagnoses according to the NANDA-I taxonomy and 48 interventions according to the NIC taxonomy were described by nursing professionals in the records, most of them aimed at identifying, controlling and reducing respiratory problems and/or those resulting from infection, as well as preventing possible risks. No description of the results was found according to the NOC taxonomy. |
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| A5 | MADRUGA JS, et al.(2021) | The Covid-19 pandemic and its impact on the monitoring of chronic non-communicable diseases | establish a relationship between the COVID-19 pandemic and the repercussions on the monitoring of NCDs by assessing this impact | It is essential to develop alternatives for this monitoring, such as telecare, in order to allow continued care for these patients, reducing their access to emergency services due to exacerbations and complications generated by irregular care for NCDs |
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| A6 | AZEVEDO SLA (2021) | Ccovid-19: the situation of the elderly and the role of Primary Health Care | understand the differentiated impacts of the pandemic on the elderly and the role of Primary Health Care | Elderly people who reported having three or more diagnoses, which is considered multimorbidity, were 10 times more likely to have had COVID-19, and obese elderly people were eight times more likely3. The presence of multimorbidity also influenced adherence to social isolation measures. People over 50 with multimorbidity went out less, and when they did go out, it was mostly for essential activities. |
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| A7 | ALVES TOA, et al. (2021) | Impact of the Covid-19 pandemic on the health of the elderly and intervention by the nursing team | discuss the impact of the global pandemic on the health of the elderly and the need for professional intervention to maintain quality of life | The elderly face more threats and challenges in the face of reality, as the physiological changes caused by the aging process directly affect their immune function and possible underlying health conditions. In addition, temporal factors and typical pathologies, such as dementia, stroke and fractures, the elderly have increased their susceptibility to infection and embolism, which is related to the current infection caused by the pandemic |
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| A8 | BORGES KNG, et al. (2020) | The impact of the covid-19 pandemic on individuals with chronic diseases and its correlation with access to health services | Present the impact of the COVID-19 pandemic on patients with chronic diseases and its correlation with access to health services during this period | The survey obtained a sample of 45,161 individuals, in which there was a higher prevalence of individuals who considered that their health status remained the same. The majority of respondents who sought health services were able to receive care. Major depressive disorder had the greatest impact during the pandemic. There was an impact on access to health services |
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| A9 | HAMMERSCH MIDT, et al. (2020) | Elderly health in times of the Covid-19 pandemic | to reflectively and critically address aspects related to the health of the elderly in times of the COVID-19 pandemic. | There is a need for robust, qualified and safe Gerontological Nursing Care, through fundamental professional training, and it is necessary to redefine the actions of care for the elderly, respecting plurality, focusing on the pandemic moment and envisioning future scenarios. |
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| A10 | MOREIRA VG, et al. (2020) | SARS-CoV-2: the first wave of contamination and its barriers to the management of chronic diseases | Describe contamination barriers and barriers to chronic disease management | The presence of creativity and innovation in the management of chronic diseases will be a major challenge for all medical specialties. This new phase will require unity and joint thinking. In addition to identifying the pathophysiology, diagnosis and treatment of the new coronavirus, we are facing a major challenge to be faced for NCDs. |

**Source:** Santos GR, et al., 2024.

# DISCUSSION

After reading and analyzing the articles and addressing the objectives of this work, the discussion was divided into three topics, namely: Main chronic diseases affecting the elderly; The relationship between chronic diseases and the low monitoring of evasion during the COVID-19 pandemic; and the impact of elderly evasion on the monitoring of chronic diseases and the quality of life of the elderly.

MAIN CHRONIC DISEASES AFFECTING THE ELDERLY

Population aging is a growing global phenomenon, and with it, the incidence of non-communicable chronic diseases (NCDs) has significantly increased among the elderly. These diseases include conditions such as hypertension, diabetes mellitus, cardiovascular diseases, osteoarthritis, and dementias, which impair quality of life and increase the demand for healthcare services (A10).

Hypertension is one of the most prevalent conditions among the elderly and is often associated with an increased risk of cardiovascular diseases, such as myocardial infarction and stroke. During the COVID-19 pandemic, many elderly people with hypertension faced difficulties in regular disease monitoring due to the closure of clinics and the need for social distancing (A1). Additionally, studies indicate that the presence of multimorbidity, especially hypertension combined with other diseases, can worsen the impacts of infection with the new coronavirus, increasing vulnerability and the need for intensive care (A6).

According to the authors of A5 and A3, type 2 diabetes mellitus is one of the most common chronic diseases among the elderly, characterized by insulin resistance. The disease can lead to serious complications, such as cardiovascular diseases, neuropathy, and retinopathy. The COVID-19 pandemic had a significant impact on diabetes management among the elderly. Although many continued their treatment with antihyperglycemic medication, the quality of life of elderly diabetic patients was affected, especially in relation to functional overload and sexual functioning, which were the most impacted dimensions during the pandemic. The use of telehealth and other remote consultation methods became essential strategies to ensure continuous monitoring of these patients, minimizing complications.

Osteoarthritis, characterized by joint wear and tear, is another common chronic disease among the elderly. It compromises mobility and can lead to a significant loss of quality of life. Treatment involves pain management, physiotherapy, and, in severe cases, surgical interventions. The pandemic also affected the monitoring of this condition, with a reduction in in-person consultations and an increase in the use of telehealth, which was well received by elderly patients (A1).

For A9, dementias, including Alzheimer's disease, affect a significant portion of the elderly population, impairing memory, cognition, and behavior. During the pandemic, social isolation and changes in healthcare services negatively impacted the mental health of many elderly people, exacerbating dementia symptoms and hindering monitoring and treatment. The inability to maintain care routines, combined with the lack of social interaction, increased the emotional and cognitive burden of this population. The need for specialized gerontological nursing care was widely highlighted as a strategy to ensure the well-being of elderly people with cognitive diseases during the pandemic.

The COVID-19 pandemic exacerbated the challenges in managing chronic diseases among the elderly. Many patients faced interruptions in treatment and difficulty accessing healthcare services, especially at the onset of the pandemic when healthcare units were overwhelmed. The use of new technologies, such as telehealth, emerged as a crucial solution to ensure continuity of care, reducing the need for in-person visits and allowing remote monitoring of health conditions (A5). However, despite technological advances, social isolation and limitations in accessing healthcare services negatively impacted the physical and mental health of the elderly, increasing the risks of complications and worsening of chronic diseases (A8).

Managing chronic diseases in the elderly requires integrated care, especially in times of health crises such as the COVID-19 pandemic (A7). Strategies such as telehealth, strengthening Primary Health Care, and adapting healthcare services to meet the needs of this population are essential to mitigate the negative impacts of these conditions. Continuity of treatment and psychosocial support are crucial to ensure that the elderly can maintain a good quality of life, even in the face of the challenges imposed by the pandemic (A6).

RELATIONSHIP BETWEEN CHRONIC DISEASES AND THE LOW MONITORING OF EVASION DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic had a profound impact on various aspects of public health, particularly in the management of chronic diseases such as diabetes, hypertension, and cardiovascular diseases. With the overload of the healthcare system and the social distancing imposed by control measures, the monitoring of patients with chronic diseases became a significant challenge. This scenario resulted in a loss of regular care, worsening the situation of many patients and contributing to the increase in complications associated with these conditions (A1, A2, and A3).

With the closure of clinics, overloaded hospitals, and the transition to alternative forms of follow-up, such as telehealth, many patients with chronic diseases faced difficulties in regularly managing their conditions. According to the study by A5, the pandemic resulted in a significant disruption in the monitoring of Non-communicable Chronic Diseases (NCDs), leading to complications and worsening health conditions for these patients. The lack of continuous monitoring, coupled with the fear of exposure to the virus in healthcare units, led many elderly individuals to avoid in-person consultations and neglect the management of diseases like diabetes, hypertension, and cardiovascular diseases.

The evasion of care had a direct impact on the health of the elderly, especially those with multimorbidity, a common condition in the older population. According to A6, the presence of multiple chronic diagnoses significantly increased the risk of COVID-19 infection, as elderly individuals with these conditions were more vulnerable to complications from the disease. The lack of continuous monitoring, combined with social isolation, also hindered adherence to treatments and the regular use of medications, exacerbating comorbidities and making it harder to manage diseases such as hypertension and diabetes. This resulted in a cycle of worsening health, increasing the risk of hospitalizations and severe complications.

The authors of A1 describe that during the pandemic, the use of telehealth was one of the alternatives adopted to minimize evasion and ensure the continuity of monitoring patients with chronic diseases. The research by Silva et al. (2024) revealed that, despite the decrease in in-person consultations, the use of telehealth was well accepted by the elderly, with many reporting satisfaction with how healthcare services adapted to the new reality. However, this alternative was not always sufficient to meet the follow-up needs of patients, especially those with complex comorbidities. Furthermore, the lack of access to technology for a significant portion of the elderly population further hindered adequate monitoring.

Diabetic patients, particularly the elderly, suffered from the interruption of their care during the pandemic. The authors of A3 observed that, despite the continuation of medication use, many elderly individuals experienced a deterioration in quality of life due to the impact of social isolation and lack of medical follow-up. The lack of proper monitoring resulted in worsened glycemic control, which may have contributed to an increase in complications associated with the disease, such as neuropathy and renal failure (A5).

The pandemic also highlighted the vulnerability of elderly individuals with multimorbidity, a condition increasingly prevalent among the elderly. In the study by A2, it was shown that elderly individuals with more than three chronic diseases were ten times more likely to contract COVID-19, putting them at high risk during the pandemic. For A6, evasion of care in this context had an aggravating impact, as managing multiple chronic conditions requires continuous and specialized medical monitoring. Social distancing, restricted access to services, and the overload of the healthcare system further complicated adherence to treatments and the monitoring of this population's health conditions.

According to A1, A3, A6, A8, and A9, the COVID-19 pandemic exposed the fragility of the healthcare system regarding chronic disease monitoring, especially among the elderly. Care evasion, whether through reduced in-person consultations or inadequate adaptation to telehealth, resulted in worsened health for many patients, particularly those with multimorbidity. The lack of regular monitoring of these conditions, coupled with treatment interruptions and difficulty accessing healthcare services, led to additional complications that put elderly individuals at high risk. Therefore, it is essential that, in times of crisis, innovative and inclusive strategies are developed to ensure continuous monitoring of chronic diseases and elderly health care, so that care is not interrupted and patients are not harmed. The implementation of telehealth technologies and strengthening primary care are crucial to ensure proper care during and after the pandemic.

IMPACT OF THE EVASION OF THE ELDERLY IN MONITORING CHRONIC DISEASES ON THE QUALITY OF LIFE OF THE ELDERLY

The COVID-19 pandemic created a series of challenges for public health, especially for the elderly population, which is more vulnerable to the complications of the disease and also to the consequences of social distancing. Among the most significant impacts observed, the evasion of regular medical care stands out, which directly affected the monitoring of chronic diseases in the elderly population. This phenomenon had negative repercussions on the quality of life of the elderly, contributing to the worsening of health conditions and the increased burden of chronic diseases (A9).

During the pandemic, many elderly individuals chose to delay or avoid in-person medical consultations due to the fear of COVID-19 infection and limitations in healthcare services. According to the study by A6, elderly individuals with multimorbidity, that is, with more than three chronic diseases, were particularly affected, as they were more likely to contract COVID-19 and had greater difficulty adhering to social distancing measures. The lack of proper monitoring of these conditions exacerbated risks, such as the decompensation of diseases like diabetes and hypertension, directly impacting the quality of life of these individuals.

On the other hand, the pandemic also led to a transformation in the way healthcare services were provided. The adaptation of primary healthcare with the use of telehealth was an alternative to mitigate the evasion of care, as highlighted by A5 in its study on the quality of primary healthcare for the elderly during the pandemic. While telehealth was an effective option for continuity of care, adherence to this model was variable. Elderly individuals with less access to technology or difficulties in adapting to digital platforms continued to have their follow-up care hindered, which resulted in insufficient continuity in the monitoring of chronic diseases (A1).

Inadequate control of chronic diseases directly impacts the quality of life of the elderly. In the case of diabetic patients, for example, the study by A7 and A3 showed that, despite many elderly diabetic individuals continuing to take their medication during the pandemic, functional overload and a decrease in sexual functioning were the dimensions of quality of life most affected, particularly among those who contracted COVID-19. The lack of regular follow-up and the interruption of preventive care may have contributed to the worsening of these aspects.

In addition, chronic respiratory diseases, such as asthma and Chronic Obstructive Pulmonary Disease (COPD), were also aggravated by care evasion. The study by A5 and A5 on nursing actions in patients with chronic respiratory diseases revealed that the lack of monitoring and proper control of respiratory conditions, exacerbated by COVID-19 infection, led to additional complications for many elderly individuals. This intersection between the pandemic and care evasion contributed to a general deterioration in the health of the elderly, affecting their ability to perform daily activities and compromising their autonomy (A4).

Primary Health Care (PHC) played a crucial role in mitigating the effects of care evasion, especially through alternatives such as telehealth and strengthening the bond with patients. However, the increased workload and limitations imposed by the pandemic affected the quality of the services provided, as evidenced by the study of A1 on the quality of primary care during the pandemic. The shift to the telehealth model, while positively evaluated in terms of elderly satisfaction, was not sufficient to meet the needs of all patients, especially the most vulnerable (A5).

Furthermore, the study of A2 on the vulnerability of the elderly during the pandemic revealed that healthcare teams in PHC, although aware of the needs for interprofessional care, faced difficulties in providing effective follow-up due to changes in care practices. This resulted in a significant reduction in in-person visits and increased difficulties in monitoring the health conditions of the elderly, further harming their quality of life.

The evasion of care also had a negative impact on the mental and social health of the elderly, who, in addition to physical conditions, faced social isolation and an increase in issues such as depression. Research by A8 and A9 highlighted that, although many elderly individuals did not perceive a significant change in their physical health, mental health, especially due to the lack of social interaction and reduced physical activity, was deeply affected during the pandemic. Major depressive disorder was the mental health issue that most affected the elderly, intensifying complications associated with chronic diseases (A8).

The impact of care evasion on the monitoring of chronic diseases has profound consequences on the quality of life of the elderly, with repercussions not only on physical conditions but also on their mental and social health (A8 and A9). The COVID-19 pandemic, exacerbating difficulties in accessing healthcare services and interrupting regular follow-ups, led to a significant worsening of the health of the elderly. Primary health care, although attempting to mitigate these effects with the adoption of telehealth, was not able to effectively attend to all elderly individuals, especially those with multimorbidity or difficulties in accessing technology. Therefore, it is essential that, in future scenarios, the healthcare system is better prepared to ensure the continuous monitoring of chronic diseases, using technology inclusively and training healthcare professionals to adequately serve this vulnerable population (A10).

**CONCLUSION AND FINAL CONSIDERATIONS**

The COVID-19 pandemic had a profound impact on the monitoring of chronic diseases in the elderly, especially in Primary Health Care (APS). The interruption of in-person consultations and the overload of healthcare systems made it difficult to monitor conditions such as hypertension, diabetes, and respiratory diseases, resulting in an increased risk of complications and a decline in the quality of life of this population. The evasion of medical care, driven by the fear of contamination and insecurity during in-person visits, worsened the scenario, leading to decompensations in chronic diseases and an increase in hospitalizations and deaths. The lack of access to telehealth and social isolation also limited continuous care, affecting the physical, psychological, and social health of the elderly. This context highlighted the importance of strengthening APS and implementing public policies that ensure the monitoring of chronic conditions, even in public health crises.

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