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Boletim BiblioCovid

Boletim BiblioCovid v.1n.3, outubro 2020 | Relações entre COVID-19 e doenças crônicas na população idosa

Boletim destinado a apresentação de estratégias e artigos científicos sobre temas relacionados à Covid-19.
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Relações entre COVID-19 e doenças crônicas na população idosa

Vocabulário controlado

MeSH – Medical Subject Headings (NLM/NIH)

Bases utilizadas

Pubmed/Medline

Termos Utilizados (com base no Medical Subject Headings)

Descritores e/ou palavras-chave

COVID-19
Chronic disease
Coronavirus Infections
SARS Virus
Severe acute respiratory Syndrome

Filtros utilizados

Acima de 65 anos
Acima de 80 anos

Estratégias de busca

("Serviços de Saúde" OR "Serviço de saúde" OR "Serviços de atenção ao paciente" OR "Serviço de atenção ao paciente" OR hospital OR hospitais OR "Centros hospitalares" OR "Centro hospitalar" OR "Unidade de pronto atendimento" OR upa OR emergências OR samu) AND ("COVID-19" OR "Infecções por coronavírus" OR "2019-nCoV" OR "Sars-CoV-2" OR "Coronavírus 2019" OR "Novo coronavírus") AND (db:("MEDLINE" OR "LILACS") AND pais_assunto:("brasil")) AND (year_cluster:[2020 TO 2020])

Seleção dos dez artigos mais relevantes, segundo critérios da base de dados Lilacs e Medline incluindo os filtros, "Acesso aberto", "Ano: 2020", "País como assunto: Brasil"

1. Risk factors for hospital admission among COVID-19 patients with diabetes: a study from Saudi Arabia.

Resumo

OBJECTIVES: To elucidate the risk factors for hospital admission among COVID-19 patients with type 2 diabetes mellitus (T2DM). METHODS: This retrospective study was conducted at the Prince Sultan Military Medical City, Riyadh, Saudi Arabia between May 2020 and July 2020. Out of 7,260 COVID-19 patients, 920 were identified as T2DM. After the exclusion process, 806 patients with T2DM were included in this analysis. Patients' data were extracted from electronic medical records. A logistic regression model was performed to estimate the risk factors of hospital admission. Results: Of the total of 806 COVID-19 patients with T2DM, 48% were admitted in the hospital, 52% were placed under home isolation. Older age between 70-79 years (OR [odd ratio] 2.56; p=0.017), ≥80 years (OR 6.48; p=0.001) were significantly more likely to be hospitalized compared to less than 40 years. Similarly, patients with higher HbA1c level of ≥9% compared to less than 7%; (OR 1.58; p=0.047); patients with comorbidities such as, hypertension (OR 1.43; p=0.048), cardiovascular disease (OR 1.56; p=0.033), cerebrovascular disease (OR 2.38; p=0.016), chronic pulmonary disease (OR 1.51; p=0.018), malignancy (OR 2.45; p=0.025), chronic kidney disease (CKD) IIIa, IIIb, IV (OR 2.37; p=0.008), CKD V (OR 5.07; p=0.007) were significantly more likely to be hospitalized. Likewise, insulin-treated (OR 1.46; p=0.03) were more likely to require hospital admission compared to non-insulin treated patients. CONCLUSION: Among COVID-19 patients with diabetes, higher age, high HbA1c level, and presence of other comorbidities were found to be significant risk factors for the hospital admission.

Referência

AL HAYEK, A. A. et al. Risk factors for hospital admission among COVID-19 patients with diabetes: a study from Saudi Arabia. **Saudi medical journal**, v. 41, n. 10, p. 1090–1097, out. 2020.

2. Mortality from respiratory infections and chronic non-communicable diseases before the COVID-19 pandemic in Cali, Colombia.

Resumo

INTRODUCTION: The COVID-19 disease pandemic is a health emergency. Older people and those with chronic noncommunicable diseases are more likely to develop serious illnesses, require ventilatory support, and die from complications. OBJECTIVE: To establish deaths from respiratory infections and some chronic non-communicable diseases that occurred in Cali, before the SARS-CoV-2 disease pandemic. METHODS: During the 2003-2019 period, 207,261 deaths were registered according to the general mortality database of the Municipal Secretary of Health of Cali. Deaths were coded with the International Classification of Diseases and causes of death were grouped according to WHO guidelines. Rates were standardized by age and are expressed per 100,000 people-year. RESULTS: A direct relationship was observed between aging and mortality from respiratory infections and chronic non-communicable diseases. Age-specific mortality rates were highest in those older than 80 years for all diseases evaluated. Seasonal variation was evident in respiratory diseases in the elderly. COMMENTS: Estimates of mortality rates from respiratory infections and chronic non-communicable diseases in Cali provide the baseline that will serve as a comparison to estimate the excess mortality caused by the COVID-19 pandemic. Health authorities and decision makers should be guided by reliable estimates of mortality and of the proportion of infected people who die from SARS-CoV-2 virus infection.

Referência

BRAVO, L. E. et al. Mortality from respiratory infections and chronic non-communicable diseases before the COVID-19 pandemic in Cali, Colombia. **Colombia medica (Cali, Colombia)**, v. 51, n. 2, p. e4270, jun. 2020.

3. Impact of the COVID-19 pandemic on the management of heart failure outpatient clinics. Lessons during the lockdown restrictions

Resumo

BACKGROUND: During the COVID-19 pandemic, non-urgent outpatient activities were temporarily suspended. The aim of this study was to assess the impact of this measure on the management of the heart failure outpatient clinic at our institution. METHODS: We analyzed the clinical outcome of 110 chronic heart failure patients (mean age 73 ± 9 years) whose follow-up visit had been delayed. RESULTS: At their last visit before the lockdown, 80.9% was in NYHA class II, had an ejection fraction of 37 ± 7%, and B-type natriuretic peptide level was moderately elevated (266 ± 138 pg/ml). All patients received loop diuretics, 97.2% beta-blockers, 64.9% an aldosterone antagonist, 60.9% sacubitril/valsartan (S/V), and 72.2% of the remaining patients were on angiotensin-converting enzyme inhibitor or valsartan therapy. Patients were contacted by phone during and at the end of the lockdown period to fix a new appointment and underwent a structured interview to assess their clinical conditions and ongoing therapy and to verify whether they had contracted SARS-CoV-2 infection. Twelve patients (13.2%) contracted COVID-19. None was hospitalized for worsening heart failure or reported defibrillator shocks and none changed autonomously the prescribed therapy. Overall, 75% of patients reported stable or improved general well-being from the last in-person visit, while 25% described subjective worsening due to the social effect of the pandemic. Unchanged body weight and blood pressure values were reported by 86% and 78.4% of patients, respectively. Lower blood pressure values compared to baseline were recorded in 15.2% of patients on conventional renin-angiotensin system inhibition vs 21% of those on S/V, one of whom had to down-titrate S/V for persistent but asymptomatic hypotension; 4 patients up-titrated S/V to 200 mg/day following phone indications. CONCLUSIONS: Cancellation of scheduled follow-up visits during 3 months did not have significant negative effects in a cohort of stable patients with chronic heart failure on optimized medical therapy. Telephone support was effective in keeping connections with the patients during the lockdown, allowing appropriate management and implementation of drug therapy. In particular, patients who received S/V were not affected by delays in scheduled visits, confirming the tolerability and safety of this novel therapy in terms of both clinical and biohumoral parameters.

Referência

DI TANO, Giuseppe; VERDE, Simone; LOFFI, Marco; DE MARIA, Renata; DANZI, Gian Battista. **Impact of the COVID-19 pandemic on the management of heart failure outpatient clinics. Lessons during the lockdown restrictions] G Ital Cardiol (Rome).** 2020 Oct; 21(10): 750-756 [Article in Italian]

4. Prevalence of Underlying Medical Conditions Among Selected Essential Critical Infrastructure Workers - Behavioral Risk Factor Surveillance System, 31 States, 2017-2018.

Resumo

Certain underlying medical conditions are associated with higher risks for severe morbidity and mortality from coronavirus disease 2019 (COVID-19) (1). Prevalence of these underlying conditions among workers differs by industry and occupation. Many essential workers, who hold jobs critical to the continued function of infrastructure operations (2), have high potential for exposure to SARS-CoV-2, the virus that causes COVID-19, because their jobs require close contact with patients, the general public, or coworkers. To assess the baseline prevalence of underlying conditions among workers in six essential occupations and seven essential industries, CDC analyzed data from the 2017 and 2018 Behavioral Risk Factor Surveillance System (BRFSS) surveys, the most recent data available.* This report presents unadjusted prevalences and adjusted prevalence ratios (aPRs) for selected underlying conditions. Among workers in the home health aide occupation and the nursing home/rehabilitation industry, aPRs were significantly elevated for the largest number of conditions. Extra efforts to minimize exposure risk and prevent and treat underlying conditions are warranted to protect workers whose jobs increase their risk for exposure to SARS-CoV-2.

Referência

SILVER, S. R. et al. Prevalence of Underlying Medical Conditions Among Selected Essential Critical Infrastructure Workers - Behavioral Risk Factor Surveillance System, 31 States, 2017-2018. **MMWR. Morbidity and mortality weekly report**, v. 69, n. 36, p. 1244–1249, set. 2020.

5. COVID-19 Case Report: An 84-Year-Old Man with Exacerbation of Multiple Comorbidities Due to COVID-19 Managed by a Multidisciplinary Team Using Patient-Reported Outcomes.

Resumo

BACKGROUND When treating patients with comorbidities who are infected with severe acute respiratory syndrome as a result of SARS-CoV-2, it is crucial to offer multidisciplinary treatment that takes into consideration all of the health conditions with which they have been diagnosed. In particular, clinicians should not lose sight of the patient experience, which we can be assessed with the help of patient-reported outcomes (PROs). CASE REPORT An 84-year-old man infected with SARS-CoV-2 was already suffering from multiple health conditions, including Type 2 diabetes mellitus. He most likely was receiving cortisone therapy and had chronic pain with spondylosis with radiculopathy, bilateral gonarthrosis following total knee replacement, malaise, and fatigue. The patient received acute inpatient care in a hospital that provides complementary medical therapies. We collected clinical and patient-reported data on quality of life, physical functions, the sensation of pain, psychological well-being, and symptoms while taking into account the degree of chronicity of the conditions, the level of the patient's pain, and his hospitalization in an isolation ward. We stabilized clinical parameters related to the patient's main underlying health conditions (blood glucose and pain levels and oxygen saturation). The PROs we collected demonstrated a significant improvement on discharge. CONCLUSIONS Applying PROs can be helpful in obtaining a more comprehensive picture of a patient with COVID-19, in which "the patient is given a voice," in addition to being assessed by others. The knowledge gained can then be made available to the interdisciplinary treatment team to be incorporated into the treatment plan.

Referência

ROMEYKE, Toabis; NOEHAMMER, Elisabeth; STUMMER, Harald. COVID-19 Case Report: An 84-Year-Old Man with Exacerbation of Multiple Comorbidities Due to COVID-19 Managed by a Multidisciplinary Team Using Patient-Reported Outcomes. *Am J Case Rep* ; 21: e926694, 2020 Aug 21.

6. COVID-19-related perceptions, context and attitudes of adults with chronic conditions: Results from a cross-sectional survey nested in the ComPaRe e-cohort.

Resumo

BACKGROUND: To avoid a surge of demand on the healthcare system due to the COVID-19 pandemic, we must reduce transmission to individuals with chronic conditions who are at risk of severe illness with COVID-19. We aimed at understanding the perceptions, context and attitudes of individuals with chronic conditions during the COVID-19 pandemic to clarify their potential risk of infection. METHODS: A cross-sectional survey was nested in ComPaRe, an e-cohort of adults with chronic conditions, in France. It assessed participants' perception of their risk of severe illness with COVID-19; their context (i.e., work, household, contacts with external people); and their attitudes in situations involving frequent or occasional contacts with symptomatic or asymptomatic people. Data were collected from March 23 to April 2, 2020, during the lockdown in France. Analyses were weighted to represent the demographic characteristics of French patients with chronic conditions. The subgroup of participants at high risk according to the recommendations of the French High Council for Public Health was examined. RESULTS: Among the 7169 recruited participants, 63% patients felt at risk because of severe illness. About one quarter (23.7%) were at risk of infection because they worked outside home, had a household member working outside home or had regular visits from external contacts. Less than 20% participants refused contact with symptomatic people and <20% used masks when in contact with asymptomatic people. Among patients considered at high risk according to the recommendations of the French High Council for Public Health, 20% did not feel at risk, which led to incautious attitudes. CONCLUSION: Individuals with chronic conditions have distorted perceptions of their risk of severe illness with COVID-19. In addition, they are exposed to COVID-19 due to their context or attitudes.

Referência

TRAN, V.-T.; RAVAUD, P. COVID-19-related perceptions, context and attitudes of adults with chronic conditions: Results from a cross-sectional survey nested in the ComPaRe e-cohort. **PloS one**, v. 15, n. 8, p. e0237296, 2020.

7. Covid-19 Infection in Older Adults: A Geriatrician's Perspective.

Resumo

The pandemic of the Covid-19 virus has become the main issue all over the world. In its current form, the disease is more severe in geriatric cases and individuals with chronic disease, even causing death. In older adults and atypical presentations, testing strategies for Covid-19, potential drug interactions of experimental Covid-19 therapies, and ageism are important issues in the course of the disease. Therefore, health-care professionals should be aware of these, and screening policies for Covid-19 should also include atypical presentations with or without classical symptoms of the illness in older adults. Furthermore, evaluation of individuals > 65 years of age from a geriatrician's perspective is very important, because Covid-19 is severe and fatal in seniors.

Referência

ISIK, A. T. Covid-19 Infection in Older Adults: A Geriatrician's Perspective. **Clinical interventions in aging**, v. 15, p. 1067–1069, 2020.

8. Strategies to promote access to medications during the COVID-19 pandemic.

Resumo

BACKGROUND: During the COVID-19 pandemic, vulnerable and older people with chronic and complex conditions have self-isolated in their homes, potentially limiting opportunities for consultations to have medications prescribed and dispensed. OBJECTIVE: The aim of this article is to describe initiatives to ensure ongoing access to medications during the COVID-19 pandemic. DISCUSSION: Cooperation between wholesalers and purchase limits in pharmacies have helped to ensure supply of essential medications. Therapeutic substitution by pharmacists is permitted for specific products authorised by the Therapeutic Goods Administration. Prescribers are permitted to issue digital image prescriptions, and implementation of electronic prescribing has been fast-tracked. Expanded continued dispensing arrangements introduced during the bushfire crises have been temporarily extended. Pharmacists are permitted to provide medication management reviews via telehealth. A Home Medicines Service has been introduced to facilitate delivery of medications to people who are vulnerable or elderly. Anticipatory prescribing and medication imprest systems are valuable for access to end-of-life medications within residential aged care.

Referência

BELL, J. S. et al. Strategies to promote access to medications during the COVID-19 pandemic. **Australian journal of general practice**, v. 49, n. 8, p. 530–532, ago. 2020.

9. Baseline chronic comorbidity and mortality in laboratory-confirmed COVID-19 cases: Results from the PRECOVID study in Spain.

Resumo

We aimed to analyze baseline socio-demographic and clinical factors associated with an increased likelihood of mortality in men and women with coronavirus disease (COVID-19). We conducted a retrospective cohort study (PRECOVID Study) on all 4412 individuals with laboratory-confirmed COVID-19 in Aragon, Spain, and followed them for at least 30 days from cohort entry. We described the socio-demographic and clinical characteristics of all patients of the cohort. Age-adjusted logistic regressions models were performed to analyze the likelihood of mortality based on demographic and clinical variables. All analyses were stratified by sex. Old age, specific diseases such as diabetes, acute myocardial infarction, or congestive heart failure, and dispensation of drugs like vasodilators, antipsychotics, and potassium-sparing agents were associated with an increased likelihood of mortality. Our findings suggest that specific comorbidities, mainly of cardiovascular nature, and medications at the time of infection could explain around one quarter of the mortality in COVID-19 disease, and that women and men probably share similar but not identical risk factors. Nonetheless, the great part of mortality seems to be explained by other patient-and/or health-system-related factors. More research is needed in this field to provide the necessary evidence for the development of early identification strategies for patients at higher risk of adverse outcomes.

Referência

POBLADOR-PLOU, B. et al. Baseline chronic comorbidity and mortality in laboratory-confirmed COVID-19 cases: Results from the PRECOVID study in Spain. **International Journal of Environmental Research and Public Health**, v. 17, n. 14, p. 1–14, 2020

10. One Month into the Reinforcement of Social Distancing due to the COVID-19 Outbreak: Subjective Health, Health Behaviors, and Loneliness among People with Chronic Medical Conditions.

Resumo

We sought to examine how the near-lockdown measures, announced by the Israeli government in an effort to contain the COVID-19 outbreak, impacted the self-rated health (SRH), health behaviors, and loneliness of people with chronic illnesses. An online cross-sectional survey was carried out about one month (April 20-22, 2020) after the Israeli government reinforced the severe social distancing regulations, among a convenience sample of 315 participants (60% women) with chronic conditions (27% metabolic, 17% cardiovascular, 21% cancer/autoimmune, 18% orthopedic/pain, 12% mental-health). Results suggested that about half of the participants reported a decline in physical or mental SRH, and as many as two-thirds reported feeling lonely. A significant deterioration in health behaviors was reported, including a decrease in vegetable consumption (p = 0.008) and physical activity (p < 0.001), an increase in time spent on social media (p < 0.001), and a perception among about half of the participants that they were eating more than before. Ordinal regression suggested that a decline in general SRH was linked with female gender (p = 0.016), lack of higher education (p = 0.015), crowded housing conditions (p = 0.001), longer illness duration (p = 0.010), and loneliness (p = 0.008). Findings highlight the important role of loneliness in SRH during the COVID-19 lockdown period. Future studies are warranted to clarify the long-term effects of social-distancing and loneliness on people with chronic illnesses.

Referência
ELRAN-BARAK, R.; MOZEIKOV, M. One Month into the Reinforcement of Social Distancing due to the COVID-19 Outbreak: Subjective Health, Health Behaviors, and Loneliness among People with Chronic Medical Conditions. **International journal of environmental research and public health**, v. 17, n. 15, jul. 2020.

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Ilustração BiblioCovid: Luciana Rocha Mariz Clua - Multimeios|Icict|Fiocruz
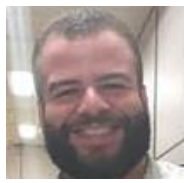**Imagens:** Pixabay

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