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Factors associated with the demand for specialized services in the covid-19 according to age

Fatores associados à busca por serviços especializados no atendimento da covid-19 segundo idade

Factores asociados a la búsqueda de servicios especializados en la covid-19 según edad

RESUMO

Objetivo: avaliar os fatores associados à busca pelo serviço especializado de triagem para a Covid-19 em âmbito hospitalar, segundo estrato etário. Método: Estudo quantitativo, transversal, com amostra de 358 pacientes que buscaram o serviço de referência Covid-19, de abril a maio de 2020. Os dados foram analisados pelo teste qui-quadrado. Resultados: Do total de avaliados 84,1% (n=301) eram adultos e 15,9% (n=58) idosos. Os idosos apresentavam mais doenças crônicas não transmissíveis; chegaram consideravelmente mais por transporte de emergência, de forma referenciada; buscaram previamente outro serviço de saúde; apresentaram mais sintomas respiratórios, dentre eles a dispneia; necessitaram significativamente mais por atendimento médico (p<0,05). Apenas os adultos referiram contato com casos suspeitos ou confirmados, apresentaram expressivamente mais sintomas como dor de garganta, congestão nasal, dificuldade de deglutição e coriza (p<0,05). Conclusão: Os idosos procuraram a assistência na existência de sintomas mais agravados, configurando uma busca mais assertiva e consciente em comparado aos adultos.

Descritores: Triagem; Serviço Hospitalar de Admissão de Pacientes; Infecções por Coronavírus; Perfil de Saúde; Idosos.

ABSTRACT

Objective: to evaluate the factors associated with the search for a specialized screening service for Covid-19 in the hospital, according to age group. Method: Quantitative, cross-sectional study, with a sample of 358 patients who sought the Covid-19 referral service, from April to May 2020. The data were analyzed using the chi-square test. Results: Of the total number evaluated, 84.1% (n=301) were adults and 15.9% (n=58) elderly. The elderly had more significantly chronic noncommunicable diseases; they arrived considerably more by emergency transport, in a referenced manner; previously sought another health service; had more respiratory symptoms, including dyspnea; needed more medical care (p<0.05). In contrast, only adults reported contact with suspected or confirmed cases, had significantly more symptoms such as sore throat, nasal congestion, difficulty in swallowing and runny nose (p<0.05). Conclusion: The elderly sought assistance in the presence of more worsening symptoms, configuring a more assertive and conscious search compared to adults.

Descriptors: Triage; Admitting department, hospital; Coronavirus Infections; Aged.

RESUMEN

Objetivo: evaluar los factores asociados a la búsqueda del servicio de cribado especializado de Covid-19 en el ámbito hospitalario, según edad. Método: Estudio transversal, realizado con todos los pacientes (n=358), que acudieron al servicio de referencia para la Covid-19, de abril a mayo de 2020. Los datos fueron recolectados durante la atención por formulario electrónico y analizados por el prueba cuadrada. Resultados: Del total evaluado, el 84,1% (n=301) eran adultos y el 15,9% (n=58) ancianos. Los ancianos tenían más enfermedades crónicas no transmisibles; llegaron considerablemente más en transporte de emergencia, de manera referenciada; buscó anteriormente otro servicio de salud; tenía más síntomas respiratorios, incluida disnea; necesitó significativamente más para la atención médica (p<0.05). En contraste, solo los adultos reportaron contacto con casos sospechosos o confirmados, tenían significativamente más síntomas como dolor de garganta, congestión nasal, dificultad para tragar y secreción nasal (p<0.05). Conclusión: Los ancianos buscaron asistencia ante la existencia de síntomas más agravados, configurando una búsqueda más asertiva y consciente en comparación con los adultos.

Descriptores: Triaje; Servicio de admisión em hospital; infecciones por coronavirus; Anciano.

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INTRODUCTION

In December 2019, the first cases of pneumonia of unknown origin were identified in Wuhan, capital of Hubei. The etiologic agent identified is a new beta-coronavirus RNA, called SARS-CoV-2, which causes Covid-19. The infectious disease has spread exponentially across the People's Democratic Republic of China, and in the first six weeks of 2020 it had spread to 20 other countries. On January 30, 2020, following recommendations of the Emergencies Committee, the Director General of the World Health Organization decreed a Public Health Emergency of International Concern (PHEIC) as a result of the outbreak. 1,2

Due to the geographical distribution of cases, on March 11th, 2020 WHO characterized Covid-19 as a pandemic. On May 22nd, 2020, South America was declared by the WHO as the epicenter of the disease. Considering its high transmissibility, global circulation, mortality rate above that of a common flu, the new disease was equated with the 1918 Spanish flu outbreak. 3,4

Given the spread of the SARS-CoV-2 virus, health services needed to create or reformulate approaches, behaviors and flows in order to serve the population. Commonly, the Primary Health Care/Family Health Strategy (PHC/ESF) will be the gateway for some patients with Flu Syndromes and suspected cases of Covid-19. Case management is defined in accordance with the clinical picture presented and/or risk conditions, thus, mild cases point to home isolation, while severe cases require referral to reference centers, urgent/emergency services or hospitals. PHC/ESF coordination of care until the outcome. 5

In the hospital environment, it is mandatory to program actions aimed at interrupting the community-hospital--community viral transmission cycle, such as prior screening of suspected patients in external stations, called tents or shelters. 4

Several factors led the population to seek the aforementioned services, including symptoms such as fever, cough, dyspnea, myalgia, fatigue, upper respiratory symptoms and gastrointestinal symptoms such as diarrhea. The focus on groups with clinical risk conditions is remarkable, that is, the elderly and people of any age with underlying diseases, however, pathophysiological and epidemiological data inherent to Covid-19 point to the increased risk of mortality in the elderly, especially in the most older people affected by chronic non--communicable diseases (NCDs), which require extra care.5,6,7

Considering the severity of the disease, it is essential to carry out studies that assess whether individuals consciously seek health services, in order to guide the population about the flows in health services and, therefore, avoid the transmission of Covid-19 in these spaces. Thus, the present study aimed to evaluate the factors associated with the search for a specialized screening service for Covid-19 in the hospital environment, according to age group.

METHOD

This is a cross-sectional, quantitative study, and this research is part of an umbrella project entitled "COVID-19: health profile and perceptions of patients from different settings at the HU-UEPG" ("COVID-19: perfil de saúde e percepções de pacientes de diferentes cenários do HU--UEPG").

The research was carried out in the service of the specialized reference center for care at Covid-19, called Tenda Covid-19, installed outside a reference hospital in the Campos Gerais region, located in the municipality of Ponta Grossa, Paraná. More information about the service can be found in the article by Brasil et al., 2021. 8

The sample of this research consisted of 667 patients who sought the service from April 16th to May 24th, 2020. It was considered as an inclusion criterion to go through the Covid-19 tent service and have their information registered in the service's online form. As exclusion criteria, employees of the institution and children were considered (n=309). The final sample consisted of 358 subjects.

Data were collected through the HU--UEPG online form, created especially to feed information inherent to the care of suspected and confirmed patients of Covid-19 who passed through the tent, based on the recommendations of the Ministry of Health. 5

The form has sociodemographic characteristics, lifestyle, history of chronic diseases, history of recent travels to regions with a large number of cases, previous contact with a suspected or confirmed case of Covid-19, form of search for specialized service, search prior to other health services, presence of signs and symptoms of Covid-19, description of vital signs measured by nursing, description of nursing and medical care and clinical conduct of care developed by the team.

Age was considered as a dependent variable, being dichotomized into adults (up to 59 years old) and elderly (60 years old or more). As independent variables, sociodemographic and health characteristics, travel history and access to other health services, form of search, contact with suspects of the disease, signs and symptoms of Covid-19, clinical conduct of care developed were considered. To assess the association between the dependent and independent variables, the chi-square was used at a significance level of 5%.

The research was approved by the Human Research Ethics Committee of a Higher Education Institution (CAAE: 31524820.9.0000.0105), respecting the dictates of Resolution 466/12 of the National Health Council and the Declaration of Helsinki.

RESULTS

The final sample consisted of 358 subjects. Of the total evaluated, 84,1% were adults and only 15,9% were elderly. It was observed that among the risk factors, the elderly had significantly more chronic non--communicable disease (NCD) than adults ($p<0,001$) and adults had significantly higher contact with suspected or confirmed than the elderly ($p<0,009$). Still, it was found that the elderly arrived significantly more by some emergency transport (ambulance or SAMU), and in a referenced way ($p<0,001$) (Table 01).

Regarding the signs and symptoms self-reported by the patients, it was found that the elderly had significantly more respiratory symptoms, including dyspnea ($p<0,001$), while adults had more symptoms such as sore throat ($p<0,001$), nasal congestion ($p<0,001$). <0,005), difficulty in swallowing ($p<0,031$) and runny nose ($p<0,050$). Regarding the conduct of the team during care, the elderly needed significantly more for medical care ($p=0,003$), with medical behaviors of observation of 4 hours and hospital stay being considerably higher to the detriment of adults ($p<0,001$) (Table two).

DISCUSSION

The search for specialized screening services for Covid-19, in the hospital environment, was significantly higher in the group of adults than in the elderly. It was expected that this search would be more intense in the elderly population, since immunosenescence, that is, the decrease in the immunological capacity inherent to natural aging itself, makes the elderly more susceptible to infectious diseases, such as the common flu and colds. 9

According to studies, all individuals are susceptible to infection, however, the elderly are the most vulnerable to the development of the most severe form of Covid-19, and, if they present morbidities such as high blood pressure, heart disease and lung diseases, complications they are more pronounced and with a greater need for specialized care, which is the scope of that service, including the need for admission to intensive care units.10,11

Table 1. Risk factors for Covid-19 and means of accessing the reference service used by those assisted by Tenda COVID-19, according to age group. Ponta Grossa, Paraná, 2020, (n=358).

VARIABLES	CLASSES	ADULT N(%)	ELDERLY N (%)	TOTAL N(%)	P VALUE
AGE		301(84,1)	57(15,9)	358(100)	
NCD	None	78(25,9)	2(3,5)	80(22,3)	p<0,001
	One	36(12,0)	10(17,5)	46(12,8)	
	Two or more	18(6,0)	23(40,3)	41(11,5)	
	Did not answer	169(56,1)	22(38,6)	191(53,4)	
TRAVELED IN EPIDEMIC PLACES	No	260(86,4)	45(78,9)	305(85,2)	0,147
	Yes	41 (13,6)	12(21,1)	53(14,8)	
CONTACT WITH SUSPECTED OR CONFIRMED	No	268(89,0)	57(100,0)	325(90,8)	0,009
	Yes	33(11,0)	0(0,0)	33(9,2)	
TRANSPORT	Own transport	221(73,4)	31(54,4)	31(54,3)	p<0,001
	Ambulance/SAMU	36(12,0)	21(36,8)	21(36,8)	
	Other	44(14,6)	5(8,8)	5(8,8)	
RESEARCH	Direct	223(74,1)	30(52,6)	253(70,7)	p<0,001
	Referenced	78(25,9)	27(47,4)	105(29,3)	

(The authors, 2021).

Tabela 2. Sinais e sintomas referidos por atendidos na Tenda COVID-19 e conduta da equipe, segundo grupo etário. Ponta Grossa, Paraná, 2020, (n=358).

VARIABLES	CLASSES	ADULT N(%)	ELDER N(%)	TOTAL N(%)	P VALUE
FEVER	Não	175(58,1)	39(68,4)	214(59,8)	0,147
	Sim	126(41,9)	18(31,6)	144(40,2)	
RESPIRATORY SYMPTOMS	Não	90(29,9)	9(15,8)	99(27,7)	0,029
	Sim	211(70,1)	48(84,2)	259(72,3)	
COUGH	Não	98(32,6)	17(29,8)	115(32,1)	0,685
	Sim	203(67,4)	40(70,2)	243(67,9)	
DYSPNEA	Não	201(66,8)	25(43,9)	226(63,1)	0,001
	Sim	100(33,2)	32(56,1)	132(36,9)	
NASAL WING BEAT	Não	284(94,4)	53(93,0)	337(94,1)	0,687
	Sim	17(5,6)	4(7,0)	21(5,9)	
SORE THROAT	No	162(53,8)	44(77,2)	206(57,5)	0,001
	Yes	139(46,2)	13(22,8)	152(42,5)	

NASAL CONGESTION	No	185(61,5)	46(80,7)	231(64,5)	0,005
	Yes	116(38,5)	11(19,3)	127(35,5)	
DIFFICULTY IN SWALLOWING	No	231(76,7)	51(89,5)	282(78,8)	0,031
	Yes	70(23,3)	6(10,5)	76(21,2)	
RUNNY NOSE	No	170(56,5)	40(70,2)	210(58,7)	0,050
	Yes	131(43,5)	17(29,8)	148(41,3)	
INTERCOSTAL DRAWING	No	286(95,0)	53(93,0)	339(94,7)	0,53
	Yes	15(5,0)	4(7,0)	19(5,3)	
MEDICAL EVALUATION	No	213(70,8)	29(50,9)	242(67,6)	0,003
	Yes	88(29,2)	28(49,1)	116(32,4)	
CLINICAL CONDUCT	Orientação e alta	265(88,0)	32(56,1)	297(83,0)	p<0,001
	Observação 4h	16(5,3)	10(17,5)	26(7,3)	
	Internação	20(6,6)	15(26,3)	35(9,8)	

(The authors, 2021).

In this sense, it is worth noting that when assessing the presence of non-communicable chronic diseases, the vast majority of elderly people who sought the service had one or more CNCDs, this proportion being significantly higher to the detriment of the adult public. Despite being a well-established condition in the literature, in which the elderly have greater chances of being affected by CNCD, this greater search for multimorbid conditions, 12 reinforces public concern about the influence of these diseases on Covid-19 complications.

The greater search for young and adult individuals can be explained by the fear of being contaminated due to significantly greater contact with suspected or confirmed cases of Covid-19. It should be noted that a portion of the population is unable to adhere to the recommendations of social isolation, especially those who perform "essential services", and for some professional categories the activities have become even more intense. 13

In this scenario, organizational changes in various areas and health measures, provided for in Ordinance No. 454 of March 20, 2020, as a recommendation for social distancing and strictly necessary displacements, especially for individuals over 60 years old, could provide the lowest public exposure elderly to SARS-CoV-2 infection. 14

However, in addition to the adults having more intense access to the specialized service, the factors linked to the search were clinical signs of low complexity, such as sore throat, nasal congestion, difficulty in swallowing and a runny nose. Other explanations related to the greater demand for health services by adult individuals can be added, such as anxiety 15 and/or difficulty in differentiating symptoms of the common flu from those of the new coronavirus. 16

On the other hand, the elderly sought care provided in Tenda Covid-19 significantly more in the presence of respiratory symptoms and more aggravated, such as dyspnea. They even arrived significantly more in a referenced way, by ambulance and needed more medical care and behaviors such as observation and hospitalization, to the detriment of adults.

Elderly people with chronic non-communicable diseases (NCDs) demand greater monitoring in health services, and, therefore, seek more often Basic Health Units, Emergency Care Units, and Medical Specialties Centers. 17 Based on this observation, it is understood that the familiarization of this group with such services favored the correct search, through referral.

Given the above, it is believed that this portion of the population was aware of the correct demand for health services and the importance of social isolation, due to the information campaigns carried out by the media, based on official information, as well as the dissemination of manuals and protocols focused on the theme.

Furthermore, the remote assistance carried out by Telehealth, as a Covid-19's coping strategy, exceptionally, is also an important tool to minimize the mass search for health establishments and favor social isolation. 5 In due course, it is up to the professional to instruct about which establishment should be sought, when, which is the adequate transport and the necessary precautions. 5

In this aspect, the approach of the elderly to interactive technological means, already recommended in public policies, favors real access to information, causing positive impacts and, in the presence of difficulty in digital literacy by the elderly, family members with greater abilities can make the service, being moderators. 18

The elderly required significantly more medical care, observation and hospitalization, thus corroborating the need to uniquely instruct the adult population about the flows in health services. Primary care has the capacity to assist Covid-19 cases in

the initial symptoms, that is, the demand of adults with mild symptoms could receive assistance at this level of care, avoiding the overcrowding of hospital services. 5

Studies that analyze the profile of the search for health services during a pandemic provide diagnoses that can support coping strategies, that is, prior planning in different areas, such as the recruitment of prepared and protected health professionals; and adequate units for care, isolated and with specific transit for suspected and/or confirmed cases, as well as the one observed in the study. Furthermore, it is essential to reinforce society in general regarding the responsibility for preventing the spread of the disease, as well as the political duty to strengthen the Unified Health System, which is responsible for Health Surveillance actions. 17, 19, 20

A limitation of the study is the loss of some sociodemographic data from the first month of investigation. However, the purpose of this study was aimed at investigating factors associated with symptoms, risk factors for exposure and means of search, thus not impacting the scope of the study.

CONCLUSION

It is concluded that among the risk factors, the elderly had more non-communicable chronic diseases than adults; arrived considerably more by emergency transport, in a referenced way; had more respiratory symptoms, including dyspnea; needed more for medical care. In contrast, adults reported contact with suspected or confirmed cases, had more symptoms such as sore throat, nasal congestion, difficulty in swallowing and runny nose.

It is also inferred that the elderly sought assistance in the presence of more aggravated symptoms, configuring a more assertive and conscious search. The concern with the worsening of Covid-19 in elderly people with chronic diseases is evident, however, there is a need for guidance and guidance to the general public, regarding the correct search for health services in accordance with levels of care.

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