



Association between period of social isolation and its influence on the demand for clinical attendance in public health cardiology organizations - a state-of-the-art review

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Amáville Ribeiro Morais
Cassiano Merussi Neiva
Fernanda Shinkai de Oliveira

1 INTRODUCTION

Heart Failure (HF) is considered a serious public health problem, since it affects more than 20 million people worldwide, besides causing high numbers of hospitalizations and high health care costs (MASCOTE et al., 2018). HF is usually correlated with other comorbidities, which can also contribute to its chronicity, such as coronary artery disease resulting from vascular incompetence, hypertension, diabetes, heart disease, valvular disease, arrhythmias, and congenital heart defects (HIRAI et al., 2015). Therefore, when analyzing this comorbidity as a result of any structural or functional cardiac disorder that affects blood ejection capacity, the need for prevention measures, control of risk factors, strategies for diagnosis and early treatment becomes evident (MASCOTE et al., 2018).

2 OBJECTIVE

To perform a brief literature review on the scientific production related to the flow of clinical care in the public health network from April 2020 to December 2022 and its possible relations with the worsening of clinical pictures in cardiovascular diseases.

3 METHODOLOGY

This is a narrative literature review study. The selection of articles was guided by some delimitations, involving studies related to the analysis of hospitalizations in the Brazilian public health system, according to the following criteria: Database: PUBMED and Scielo; Period: April 2020 to December 2022; Key Words: Heart Failure(HF), Social Isolation and COVID-19 Pandemic.



4 DEVELOPMENT

Regarding the development of cardiovascular diseases (CVD), there are two types of risk factors: modifiable and non-modifiable. Among the modifiable ones are smoking, alcoholism, bad eating habits, diabetes, dyslipidemias, overweight and sedentary lifestyle. While the second category refers to age, gender and genetic inheritance (SILVA et al., 2015).

It is important to highlight that among CVDs, heart failure is characterized as a syndromic disease, since there is a set of signs and symptoms observable in several different pathological processes and therefore the importance of early identification, diagnosis and treatment, as well as control of its risk factors, in order to prevent new cases, in addition to reducing the number of deaths associated with this pathology (MASCOTE et al., 2018).

Thus, the frequency of consultation and care to patients with HF is an extremely important factor for early diagnosis, follow-up and successful treatment of patients. Periods of social isolation such as those seen during the pandemic period of COVID-19 can represent a serious risk in the detection of new cases, as well as in the follow-up of patients already treated by the Unified Health System (SUS).

In this sense, this heart disease establishes an intrinsic relationship with the new disease first widespread in China in 2019, transmitted by the new coronavirus (Sars-CoV-2), known as COVID-19 (BEZERRA et al., 2020). This new virus, through a variety of mechanisms, is able to cause changes in the cardiovascular system, with the potential to cause or worsen clinical conditions of HF (DEFILIPPIS et al., 2020). With the arrival of the disease in Brazil in February 2020, after the WHO declared an international public health emergency, the most widespread measure by the authorities of the country was the practice of social isolation in order to reduce contagion (BEZERRA et al., 2020). The adoption of this practice brought social, physical and mental consequences.

Isolation has as consequences poor eating habits, increased physical inactivity, which directly affects quality of life, since these are potential aggravators for several chronic diseases, including cardiovascular diseases (ISMAIL et al., 2020).

Studies have reported that the changes of habits in the pandemic period, as well as the contagion or suspicion of infection of COVID-19 can trigger intense emotional and behavioral reactions, such as fear, boredom, stress, insomnia. Such conditions can evolve into depressive disorders, anxiety (ORNELL et al., 2023), which can potentiate the clinical conditions of the heart disease patient, which is often intertwined with mental impacts.

According to the analysis by Tan; Aboulhosn, 2020, patients with cardiovascular diseases accounted for 4.2% of COVID-19 cases, but accounted for 18.3% of COVID-19 deaths. There was also a significant reduction in hospital admissions, as high as 43%, for various cardiovascular disorders (BOLLMANN et al., 2020).



Possibly the delay in seeking care until the symptoms are critical is associated mainly with fear of infection and the isolation order, which theoretically would lead to fewer hospitalizations, but also to a greater severity of the disease in patients who seek the service. Therefore, among the numerous consequences of decreased HF hospitalizations, the adverse impact on patient health is the most concerning (COX et al., 2020). Based on this information, behavioral changes nowadays follow a path towards a consequent worsening of heart diseases.

5 CONCLUDING REMARKS

According to the analysis, it is possible to observe that the growth of cases in the contamination by the pandemic of COVID-19 had an effect on the demand for hospital care by the general population. Such a scenario contributed directly to the worsening of the disease of patients with HF, since they reduced or delayed the search for medical care, leading to a reduction in the number of hospitalizations with consequent decrease in access to specialized treatment.



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