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THE RELATIONSHIPS BETWEEN ISOLATION, ACTIVITIES AND URBAN MOBILITY FOR THE ELDERLY IN THE COVID-19 PANDEMIC

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ABSTRACT

Objective: to identify the impact that the population of elderly people had during quarantine on issues of social isolation, urban mobility and carrying out instrumental activities of daily living. And as specific objectives: to carry out a comparative analysis between the mobility patterns of the elderly in the pre and during the COVID-19 pandemic, to verify the impact of the reduction in urban mobility during the pandemic on the performance of their IADLs and to investigate symptoms of depression. Method: a cross-sectional and quantitative study, carried out with 43 subjects from the interior of the state of São Paulo, with inclusion criteria of active individuals, with chronological age equal to or greater than 60 years, of both genders and, as a diagnostic exclusion criterion related to cognitive or physical impairments that compromised their functional independence. The instruments used for data collection were a questionnaire and the Abbreviated Yesavage Geriatric Depression Scale (GDS-15). Data analysis was performed with statistics using the Statistical Package for the Social Sciences (SPSS version 18)., McNemar tests and Pearson's chi-square, with Yates' continuity correction, with a significance level of 5% ($p < 0.05$). Results: predominance of female participants, 28 (65.12%), most aged between 70 and 79 years, totaling 23 (53.49%) and 25 (58.14%) married. Regarding education, 16 (37.21%) had higher education and 15 (34.88%) had elementary education. For 37 (86.05%) of the elderly, the frequency of visits to the places decreased during the pandemic, while for 4 (9.30%) it remained the same and for 2 (4.65%) it increased. With the pandemic, a smaller number of individuals used the bus as a means of transportation, and the percentage went from 34.88% to 18.6%. Regarding the use of cars, the number went from 72.09% to 79.07%. Regarding essential activities and social interaction, there was a decrease in the number of individuals who attended these places (p-0.04123) and (p-0.37110), respectively. The number of women with some indication of depression was higher during the pandemic (p-0.01333). Of the total number of subjects with depressive symptoms, 41.7% lived alone, while 58.3% lived with someone. Conclusions: The COVID-19 pandemic has changed the daily lives of older people and the present study contributed to the identification of the impact of social isolation on urban mobility patterns and activities for the subjects. Highlighting the importance of seeking strategies and actions to overcome the possible consequences of this context for the health of the elderly.

Keywords: Aging. COVID-19. Occupations. Social participation. Mental health.

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

Certainly, the year 2020 will be marked by all history as the year in which a global pandemic was declared by the World Health Organization (WHO) due to the great spread of COVID-19 (PAHO, 2020). Coronaviruses are a large family of viruses common in many different species of animals. In December 2019, there was the transmission of a new coronavirus, the *Severe Acute Respiratory Syndrome Coronavirus* (SARS-CoV-2), which was identified in Wuhan, China and caused the Corona Virus Disease-19 (Covid-19), being transmitted worldwide, from person to person (BRASIL, 2020).

As intervention measures against COVID-19, many actions were implemented, to a greater or lesser extent, in a different way in each location, and specific to each moment of the pandemic, among them are: the isolation of cases, quarantine, hand hygiene, the use of masks, the closure of places with agglomeration of people, the restriction of travel and use of public transport, the incentive for the population to stay at home, in addition to vaccination as a therapeutic measure (AQUINO et. al, 2020; DOMINGUES, 2021).

In view of the scenario of social isolation imposed due to the COVID-19 pandemic, the occupations of society were also affected, as well as the living spaces of these occupations, that is, daily activities (PAHO, 2020; LIN, FISHER, 2020; CORRÊA, NASCIMENTO, OMURA, 2020).

Occupations can be understood as a variety of intentional activities, which result from the interaction between activity, person and environment. These three factors were influenced by the pandemic context, so the context can compromise the clients' access to occupations in terms of quality and satisfaction with their performance (GOMES; TEXEIRA; RIBEIRO, 2021).

With the isolation measures, activities that were essential for the individual's survival, such as instrumental activities of daily living (IADLs), which are activities that support daily life at home and in the community, were impaired. The American Association for Occupational Therapy (AOTA) (2020), classifies as IADLs, the following activities: caring for others, caring for animals, child education, communication management, community mobility and driving, financial management, managing residence, meal preparation and cleaning, religious and spiritual expression, security and emergency maintenance, and shopping.

Among these activities, some require the individual to move around the community, through the use of public or private transportation (AOTA, 2020). In addition to the physical

Revista ARACÊ
ISSN: 2358-2472

concept, urban mobility can be understood as a social practice, as Gonçalves and Malfitano (2021, p.4) address "defined by the meanings, impacts, and representations of the daily displacements and movements of people and collectives through the urban space, being essential for their social participation and effective citizenship".

Therefore, in addition to the pathophysiological and epidemiological issues, the impact of the COVID-19 pandemic on the integral health of the elderly must be discussed, due to the diversity, plurality, and complexity that is the issue of human aging (HAMMERSCHIMIDT, SANTANA, 2020). The aging of a population has repercussions on the dynamics of the economic, social and political areas, and should always seek to favor the inclusion and urban accessibility of the elderly.

Some public services such as transportation and health are necessary for the best care of the elderly population. Urban mobility is one of the factors that promote the quality of the individual's aging by ensuring the maintenance of daily activity and the autonomy of the elderly (BLANCO, 2014).

The general objective of this study is to identify the impact that the elderly population had during the quarantine on issues of social isolation, urban mobility and the performance of instrumental activities of daily living. And as specific objectives, the comparative analysis between the mobility patterns of the subjects before and during the COVID-19 pandemic, to verify the impact of the reduction in urban mobility during the pandemic on the performance of their IADLs and to investigate symptoms of depression.

METHOD

This is a cross-sectional and quantitative study. The inclusion criteria were: individuals with a chronological age equal to or greater than 60 years, active, of both genders and, as an exclusion criterion, a diagnosis related to cognitive or physical impairments that compromised their functional independence.

Data collection was carried out in person and/or through video call, following the physical distancing protocols, mandatory due to the pandemic, individually with each participant, lasting 30 to 40 minutes.

The following instruments were used for data collection: a questionnaire and the Yesavage Geriatric Depression Scale (GDS).

The questionnaire was prepared by the authors, covering questions about the profile of the participants, related to age group, gender, activity/occupation, marital status, with

Revista ARACÊ
ISSN: 2358-2472

whom they live, education, income and functionality. It also included questions about the mobility patterns of the elderly, such as places frequented before and during the pandemic, type of transport used, frequency of departures and need for help or accompaniment from someone. The questions were closed (MANZINI, 2012).

Depressive symptoms were assessed through an adaptation of the Yesavage Geriatric Depression Scale, and two assessments were carried out, one with reference to the time before the pandemic and the other during the pandemic.

The Abbreviated Geriatric Depression Scale (GDS-15), validated in Brazil, has 15 questions, with binary answers (yes or no) that investigate the presence of depressive symptoms in the elderly. It has a range from zero (absence of depressive symptoms) to fifteen points (maximum score of depressive symptoms), with a cut-off score ≥ 5 to determine the presence of depressive symptoms in the elderly (ALMEIDA and ALMEIDA, 1999).

Data analysis was developed with descriptive statistics made through the Statistical *Package for the Social Sciences* (SPSS version 18). To analyze the relationships between isolation, urban mobility and activities, the tests for paired data and independence were used, using the McNemar test and Pearson's chi-square test, with Yates' continuity correction. The level of significance adopted for the statistical tests was 5% ($p < 0.05$).

The research with CAAE 39603620.9.0000.5406 was approved by the Ethics Committee of the University with opinion No. 4.443.292. All the elderly agreed to voluntarily participate in the research and authorized the use of their data for scientific purposes by signing the free and informed consent form.

RESULTS AND DISCUSSIONS

Of the 43 participants in the research, 28 (65.12%) were female, most aged between 70 and 79 years, totaling 23 (53.49%) and 25 (58.14%) married. Regarding education, the data showed a concentration of responses in people with higher education 16 (37.21%) and elementary education 15 (34.88%). Regarding the presence of diseases, 26 (60.47%) had and 17 (39.53%) did not. The highlight was the presence of arterial hypertension 19 (44.19%). Regarding the income range of the participants, 22 (51.16%) received between one and two minimum wages. Of these, 30.23% had a paid activity before the pandemic, falling to 13.95% during the pandemic. (Table 1).

Revista ARACÊ
ISSN: 2358-2472

Table 1: Sociodemographic profile of the participants.

Variables n %		
Sex		
Female 28 65.12		
Male 15 34.88		
Age		
60 to 69 years 18 41.86		
70 to 79 years 23 53.49		
80 to 89 years 2 4.66		
Schooling		
No schooling 6 13.95		
Fundamental	15	34,88
Medium 3 6.98		
Superior	16	37,21
Graduate 3 6.98		
Marital status		
Single 2 4.65		
Married 25 58.14		
Divorced 5 11.63		
Viúvo 11:25,58		
Offspring		
0	2	4,65
1 to 2 27 62.79		
3 to 4 11 25.58		
5 or more 3 7		
Residence		
Alone 10 23.26		
Cônjuges	25	58,14
Children 6 13.95		
Other family members 5 11.63		
Income		
1 to 2 minimum wages 22 51.16		
3 to 4 minimum wages 12 27.91		
5 to 6 minimum wages 6 13.95		
7 or more minimum wages 3 6.98		
Diseases		
Arterial hypertension 19 44.19		
Diabetes	6	13,95
Bone diseases 4 9.30		
Other diseases 9 20.93		

Source: Authors, 2022.

There was a prevalence of elderly women, corroborating the results of other studies (ABRANTES et al, 2019; BEZERRA, 2020; ROMERO, 2021). This factor may be linked to the phenomenon called feminization of old age, which shows a higher proportion of women than men in the elderly population, due to greater health care (CAMARGOS, 2019; CAPELLOS, 2021). The level of education was an interesting factor, while practically the

Revista ARACÊ
ISSN: 2358-2472

same proportion of elderly people with primary education had completed higher education, diverging from the studies by Abrantes et al (2019) and Pereira (2022), who presented a profile of elderly people with low education.

Most of the elderly were married, 25 (58.14%), followed by widowers, 11 (25.58%), as in the studies by Oliveira et al (2012) and Costa et al (2006). Regarding family dynamics, only 10 (23.26%) lived alone, while 33 (76.74%) lived with a family member. The family played an important role for the elderly, due to the complexity of experiencing a pandemic and being part of the risk group, so all types of support can contribute to coping with the situation, with emphasis on emotional and affective support (PEREIRA-ÁVILA et al, 2021; BLASCOVICH et al, 2022).

Among the research subjects, there was a predominance of patients with Systemic Arterial Hypertension (SAH) and Diabetes, which are common comorbidities in the aging process. Likewise, other studies have had the same finding (FERREIRA, 2011; FREIRE et al, 2015). These pathologies are chronic, requiring continuous treatment, both in the primary care network and in private clinics. It is also essential that the elderly person is accompanied by a multidisciplinary team, which develops therapeutic strategies, based on consultations and equitable actions (QUEIROZ et al, 2020). The study by Rêgo et al (2018) found the need to use transportation to travel to the Basic Health Unit for the treatment of SAH, resulting in complaints from subjects regarding commuting to the service, a factor aggravated by the pandemic.

With regard to activities, three categories were listed: 1) Essential activities, 2) Health care activities and 3) Social interaction activities. These refer to the places that the subjects frequented before and during the pandemic. Within the essential activities, there are trips to the supermarket, bank and work. Health care activities include pharmacies and the public and/or private health network. Finally, in the activities of social interaction, there are places such as gyms, squares, clubs, shops, restaurants, churches, and places of social and family meetings (Table 2).

Revista ARACÊ
ISSN: 2358-2472

Table 2: Results on the places of activities related to essential activities, health care and social interaction, frequented before and during the pandemic.

before the pandemic n (%) during the pandemic n (%)			
Activities	I attended	I didn't attend	I didn't attend
Essentials	38 (88.37)	5 (11.63)	32 (74.42) 11 (25.58)
Health Care	28 (65.12)	15 (34.88)	25 (58.14) 18 (41.86)
Social Interaction	40 (93.02)	3 (6.98)	27 (62.79) 16 (37.21)

Source: Authors, 2022.

To access these places of activity before the pandemic, 38 (88.37%) of the subjects said they did not need help, while 4 (9.30%) needed it and 1 (2.33%) needed it frequently. During the pandemic, 7 (16.28%) needed help and 35 (81.40%) remained independent. In addition, for 37 (86.05%) of the subjects, the frequency of visits to these places decreased during the pandemic, while for 4 (9.30%) it remained the same and for 2 (4.65%) it increased.

The support network of these subjects was mainly linked to their family members (97.67%) and friends (39.53%) before the pandemic and, during this period, there was a slight drop in both aspects, to (95.35%) and (27.91%) respectively. Silva (2020) addresses in his study that the elderly who had more frequent contact with their community, family or friends, in a certain way could better deal with the reality of isolation. And it also highlights on p.37 that "elderly people who live alone or in long-term care institutions, who have their contact reduced with family members or even with society, suffer the consequences of social distancing more intensely".

The sample of the present study did not include institutionalized older adults, but a portion of the interviewees reported living alone and having reduced contact with other people. Showing that they miss being together with loved ones. Also corroborating, Tavares (2022) pointed out that the elderly in the Southern Triangle macro-region of Minas Gerais, who lived alone during the pandemic period, received support to maintain social distancing, especially from children (78.9%) and family members (38.9%). It also showed that the elderly kept in touch during social distancing, with children (69.7%), family members (68.0%), friends (41.2%) and neighbors (19.3%).

The importance of the support network for the elderly, such as professionals and/or family members, is evidenced. Which plays a fundamental role in helping with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health care. (AOTA, 2020; SILVA, 2020; TAVARES, 2022)

For AOTA – American Occupational Therapy Association (2020, p.30), for example,

Revista ARACÊ
ISSN: 2358-2472

mobility is "Planning and moving around the community using public or private transport, such as driving, walking, cycling or accessing and using buses, taxis [...]". In this study, before the pandemic, 31 (72.09%) of the elderly commuted by car and this percentage had a slight increase during the pandemic to 34 (79.07%), as well as the use of private transport apps from 2 (4.65%) to 3 (6.98%). Meanwhile, 15 (34.88%) used public transport, dropping to 8 (18.60%) during the pandemic.

In this scenario, there is generally a preference for individual motorized transport over public transport, as this type of transport promotes agglomeration of people, a factor that caused a feeling of insecurity regarding the spread of the disease, and even with the relaxation of isolation, the demand for public transport is lower. In Brazil, according to a survey by USP, 58% of Brazilians interviewed prefer to move around the city by private car during the pandemic (COUTO, 2020; XIMENES et al, 2020).

Gonçalves and Malfitano (2021, p.3) reflect on urban mobility as a "social practice defined by the meanings, impacts, and representations of the daily displacements and movements of people and collectives through urban space, being essential for their social participation and the realization of citizenship". With aging, organic and functional changes naturally occur, such as changes in gait, range of motion, muscle mass, and strength, which can result in difficulties in coordination, balance, and posture (CASTRO, 2014). In addition to these factors that contribute to the decrease in the functional capacity of the elderly, the pandemic context directly impacted participation in the community and urban mobility.

The authors Corrêa, Nascimento, and Omura (2020, p.297) reported that "*in social isolation, from an occupational point of view, we have observed that there may be changes(es) and adaptation(s) in the way we engage and participate in occupations".* In this sense, to assess the impact of isolation on activities, Pearson's chi-square test was used, with Yates' continuity correction, with a significance level α = 5%. Three categories of activities were considered: essential activities, health care activities, and social interaction activities. A change in the frequency of individuals in these places was observed between during and before the pandemic. In relation to essential activities and social interaction, there was a decrease in the number of individuals who frequent these places. Similarly, the question of whether to engage in any paid activity also changed during the pandemic (Table 3).

Revista ARACÊ
ISSN: 2358-2472

Table 3: Results on essential activities, health care, social interaction and paid activities through the Pearson and Yates test.

P-value activities
Essentials 0.04123
Health Care 0.0008741
Social Interaction 0.37110
Remuneradas 0.0455

Source: Authors, 2022.

Regarding the presence of depressive symptoms in the study population, the proportion of elderly people with suspected depression before and during the pandemic did not reach the level of significance. However, when the tests were applied to gender variables, it was found that for males the proportion of individuals with suspected depression during the pandemic is statistically the same as before the pandemic levels, while for the female group, the number of women with some indication of depression is higher during the pandemic (Table 4).

Table 4: Results on the significance of depressive symptoms by gender using the Pearson and Yates test.

Gender P-value
Female 0.01333
Male 0.4795

Source: Authors, 2022.

The presence of depressive symptoms was evident in the female gender, similar to the studies by Abrantes et al (2019) and Mendes (2019). Of the total number of subjects with depressive symptoms, 41.7% lived alone, while 58.3% lived with someone. This data is in line with the results of the study by Blascovich et al (2022), which tested the relationship between the quality of family relationships and the prevalence of depressive symptoms in older people, in times of the covid-19 pandemic. Contradicting other studies that affirm the prevalence of depressive symptoms in single elderly people who live alone, as they associate being alone with the development of feelings of loneliness. (GULLICH, 2016; PEREIRA-ÁVILA et al, 2021)

Table 5: Results on depressive symptoms according to marital status.

Marital Status Before the Pandemic During the Pandemic
Married 16.67% 25%
Divorced 50% 16.67%
Single 0% 0%
Viúvo 33,33% 58,33%
Total 13.95% 27.91%

Source: Authors, 2022.

Revista ARACÊ
ISSN: 2358-2472

In the correlation between marital status and depressive symptoms, a higher percentage of widowed and divorced subjects with indications of depression can be observed (Table 5). Fernandes and Borgato (2016), in their integrative review, showed that widowhood has an effect on the mental health of older people, with emphasis on depressive symptoms and anger, among other psychiatric conditions. (TRENTINI, 2009)

CONCLUSIONS

The present study aimed to identify the impact that the elderly population had during quarantine on issues of social isolation, urban mobility and carrying out instrumental activities of daily living. In this sense, it was possible to observe that the mobility patterns of the elderly before and during the COVID-19 pandemic underwent changes, mainly related to the decrease in the frequency of leaving home and the types of transport used for locomotion, with preference for private vehicles. Changing the achievement of their IADLs and participation in the community. It is also noteworthy that the increase in depression symptoms in elderly women, in this study, may be linked to social, cultural, economic, and biological factors, aggravated by the pandemic situation. In view of this, there is a need to investigate the trend of possible consequences for the health of the elderly, in the context of the post-COVID-19 pandemic. Highlighting the importance of the elaboration and implementation of public health and urban mobility policies, aimed at the elderly population.

Revista ARACÊ
ISSN: 2358-2472

REFERENCES

1. Abrantes, G. G. et al. (2019). Sintomas depressivos em idosos na atenção básica à saúde. Revista Brasileira de Geriatria e Gerontologia, 22, 1-7. https://doi.org/10.1590/1981-22562019022.190023

2. Almeida, O. P., & Almeida, S. A. (1999). Confiabilidade da versão brasileira da Escala de Depressão em Geriatria (GDS) versão reduzida. Arquivos de Neuro-psiquiatria, 57, 421-426.

3. Aquino, E. M. L. et al. (2020). Medidas de distanciamento social no controle da pandemia de COVID-19: potenciais impactos e desafios no Brasil. Ciência & Saúde Coletiva, 25(suppl 1), 2423-2446.

4. Bezerra, A. C. V. et al. (2020). Fatores associados ao comportamento da população durante o isolamento social na pandemia de COVID-19. Ciência & Saúde Coletiva, 25(suppl 1), 2411-2421. https://doi.org/10.1590/1413-81232020256.1.10792020

5. Brasil, Ministério da Saúde. (2021). O que é coronavírus? (COVID-19). Disponível em: https://coronavirus.saude.gov.br/. Acesso em: 18 de março de 2021.

6. Camargos, M. C. S. et al. (2019). Estimativas de expectativa de vida livre de incapacidade funcional para Brasil e Grandes Regiões, 1998 e 2013. Ciência & Saúde Coletiva, 24, 737-747. https://doi.org/10.1590/1413-81232018243.07612017

7. Cepellos, V. M. (2021). Feminização do envelhecimento: um fenômeno multifacetado muito além dos números. Revista de Administração de Empresas, 61, 1-7. https://doi.org/10.1590/S0034-759020210208

8. Couto, C. F. V. et al. (2020). A pandemia da COVID-19 e os impactos para a mobilidade urbana. In 34º Congresso de Pesquisa e Ensino em Transporte da ANPET. Anais. Fortaleza.

9. Corrêa, V. A. C., Nascimento, C. A. V., & Omura, K. M. (2020). Isolamento social e ocupações. Revista Interinstitucional Brazilian Journal of Occupational Therapy, 4(3), 351-369.

10. Domingues, C. M. A. S. (2021). Desafios para a realização da campanha de vacinação contra a COVID-19 no Brasil. Cadernos de Saúde Pública, 37, 1-5. https://doi.org/10.1590/0102-311X00344620

11. Fernandes, B. L., & Borgato, M. H. (2016). A viuvez e a saúde dos idosos: uma revisão integrativa. Revista Kairós-Gerontologia, 19(3), 187-204. https://doi.org/10.23925/2176-901X.2016v19i3p187-204

12. Ferreira, P. C. S., Tavares, D. M. S., & Rodrigues, R. A. P. (2011). Características sociodemográficas, capacidade funcional e morbidades entre idosos com e sem declínio cognitivo. Acta Paulista de Enfermagem, 24, 29-35.

Revista ARACÊ
ISSN: 2358-2472

13. Freire, G. V. et al. (2015). Perfil de idosos que frequentam um centro de convivência da terceira idade. Revista Interdisciplinar, 8(2), 11-19.

14. Gonçalves, M. V., & Malfitano, A. P. S. (2021). O conceito de mobilidade urbana: articulando ações em terapia ocupacional. Cadernos Brasileiros de Terapia Ocupacional, 29, 1-13. https://doi.org/10.1590/2526-8910.ctoARF1929

15. Gomes, M. D., Teixeira, L., & Ribeiro, J. (2021). Enquadramento da Prática da Terapia Ocupacional: Domínio & Processo (4ª ed.). Versão Portuguesa de Occupational Therapy Practice Framework: Domain and Process 4th (AOTA - 2020). Ed: Escola Superior de Saúde, Politécnico de Leiria. https://doi.org//10.25766/671r-0c18

16. Hammerschmidt, K. S. A., & Santana, R. F. (2020). Saúde do idoso em tempos de pandemia COVID-19. Cogitare Enfermagem. Acesso em 08 de nov de 2022. Disponível em: http://dx.doi.org/10.5380/ce.v25i0.72849

17. Lin, T. T., & Fisher, G. (2020). Aplicando o modelo de ocupação humana durante a ordem pandêmica de estadia em casa. The Open Journal of Occupational Therapy, 8(4), 1-7. https://doi.org/10.15453/2168-6408.1770

18. Manzini, E. J. (2012). Uso da entrevista em dissertações e teses produzidas em um programa de pós-graduação em educação. Revista Percurso, 4(2), 149-171.

19. Mendes-Chiloff, C. L. et al. (2019). Sintomas depressivos em idosos do município de São Paulo, Brasil: prevalência e fatores associados (Estudo SABE). Revista Brasileira de Epidemiologia, 21, e180014. https://doi.org/10.1590/1980-549720180014.supl.2

20. OPAS - Organização Pan-Americana de Saúde - Brasil. (2020). OMS afirma que COVID-19 é agora caracterizada como pandemia. 11 de mar. Disponível em: https://www.paho.org/bra/index.php?option=com_content&view=article&id=6120:omsa firma-que-covid-19-e-agora-caracterizada-como-pandemia&Itemid=812. Acesso em: 18 de março de 2021.

21. Queiroz, M. G. et al. (2020). Hipertensão arterial no idoso-doença prevalente nesta população: uma revisão integrativa. Brazilian Journal of Development, 6(4), 22590-22598.

22. Rêgo, A. S. et al. (2018). Acessibilidade ao tratamento da hipertensão arterial na estratégia saúde da família. Revista Gaúcha de Enfermagem, 39, 1-9. https://doi.org/10.1590/1983-1447.2018.20180037

23. Romero, D. E. et al. (2021). Idosos no contexto da pandemia da COVID-19 no Brasil: efeitos nas condições de saúde, renda e trabalho. Cadernos de Saúde Pública, 37, 1-16. https://doi.org/10.1590/0102-311X00216620

24. Silva, M. V. S. et al. (2020). O impacto do isolamento social na qualidade de vida dos idosos durante a pandemia por COVID-19. Enfermagem Brasil, 19(4), 34-41. https://doi.org/10.33233/eb.v19i4.4337

Revista ARACÊ
ISSN: 2358-2472

25. Silva, D. B. (2020). Terapia Ocupacional, cotidiano e pandemia COVID-19: inquietações acerca do ocupar o tempo-espaço. Revista Interinstitucional Brasileira de Terapia Ocupacional, 4(3), 529-553.

26. Tavares, D. M. S. et al. (2022). Distanciamento social pela COVID-19: rede de apoio social, atividades e sentimentos de idosos que moram só. Cogitare Enfermagem, 27, e78473. http://dx.doi.org/10.5380/ce.v27i0.78473

27. Trentini, C. M. et al. (2009). A relação entre variáveis de saúde mental e cognição em idosos viúvos. Psicologia: Reflexão e Crítica, 22, 236-243. https://doi.org/10.1590/S0102-79722009000200010

28. Ximenes, D. S. S. et al. (2020). Emoções momentâneas: comportamentos e hábitos cotidianos pós-pandemia. São Paulo: Centro de Síntese USP Cidades Globais do Instituto de Estudos Avançados da Universidade de São Paulo.