

CARE FOR THE ELDERLY BY THE UNIFIED HEALTH SYSTEM: GERONTOLOGICAL REFLECTIONS



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ABSTRACT

Introduction: This article seeks to identify the role of the SUS in the health care of the elderly, with emphasis on gerontological approaches, to critically analyze public policies and legislation related to geriatric care in the SUS, based on existing studies and documents, and to describe the reality of the care of the elderly in the SUS. **Method:** This is a documentary analysis of paramount importance. This type of study is based on theory and reflection to address a specific topic. We used data triangulation based on findings and likelihood, seeking the apex in the consistency of the referent. **Results and Discussion:** The quantitative research analyzed on the reality of the elderly in the SUS shows that, although the system offers free access to health, many elderly people still face significant barriers, such as long waiting lines, difficulties in accessing specialists and medicines, and ineffective communication between professionals and patients. **Conclusion:** The studies analyzed showed that, although the SUS has promoted significant advances, such as the Family Health Strategy and the strengthening of Primary Care, limitations persist that affect the quality of care.

Keywords: Unified Health System. Public health. Old. Health Care.

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INTRODUCTION

In view of the advances in science, relevant changes are observed in the demography of countries, including Brazil, and the elderly population grows every year, which increases population aging. In this context, advancing age demands a routine of care, from adequate nutrition, monitoring of health indicators and disease risks, to monitoring the degree of physical, psychic and social restrictions. The older the person is, the more complex their needs will be and the greater their predisposition to develop chronic diseases, some of which are limiting and/or can become disabling, and this generates a greater demand for care from the health system and families (SCHENKER; COSTA, 2019).

Aging is understood as a cumulative process and elderly is understood to be an individual whose age is equal to or greater than 60 years. According to the World Health Organization (WHO), the elderly population will reach 2 billion by the year 2050. More specifically in Brazil, according to data published by the Brazilian Institute of Geography and Statistics (IBGE), it is estimated that by 2060, the elderly population will be 73 million, and in 2032, Brazil will be considered an old country, when 32.5 million Brazilians will be aged 65 or over. The WHO also states that by 2025, Brazil will be the sixth country in the world in number of elderly people (TORRES *et al.*, 2021).

The complexity of the health demands presented by the elderly requires services to be able to adequately respond to their needs not only for disease prevention and control, but also for the promotion of active and healthy aging, aiming at their greater autonomy and well-being. In the case of the public health system, the inclusion of the individual is through Primary Health Care (PHC), and 75.3% on average of the Brazilian elderly depend exclusively on the services provided in the Unified Health System (SUS) (OLIVEIRA; MATOS, 2023).

It is observed, therefore, that population aging is a growing reality in Brazil, bringing significant challenges to the SUS, which needs to adapt to meet the demands of this age group in an adequate and humanized way. The elderly population has specific health characteristics and needs, including a higher prevalence of chronic diseases, frailty, and the need for continuous care, which requires public policies and effective care practices aimed at health promotion, disease prevention, and rehabilitation.

Despite advances in policies aimed at the health of the elderly, such as the National Health Policy for the Elderly, there is evidence that care still faces barriers, such as lack of training of professionals, inadequate infrastructure and difficulties in access. This scenario

highlights the importance of a critical analysis of the care provided by the SUS, exploring how gerontological practices can contribute to the improvement of the services offered to this population.

In view of these observations, the following question arises: how has the SUS met the needs of the elderly population, and what are the main challenges and opportunities for improving gerontological care in Brazil?

GOALS

- To identify the role of the SUS in the health care of the elderly, with emphasis on gerontological approaches.
- Critically analyze public policies and legislation related to geriatric care in the SUS, based on existing studies and documents.
- To describe the reality of care for the elderly in the SUS.

The realization of this study is justified by the need to reflect on the effectiveness of the SUS in ensuring quality care for the elderly, proposing insights and recommendations based on the existing literature, which can guide future actions and policies aimed at promoting healthy and dignified aging.

METHOD

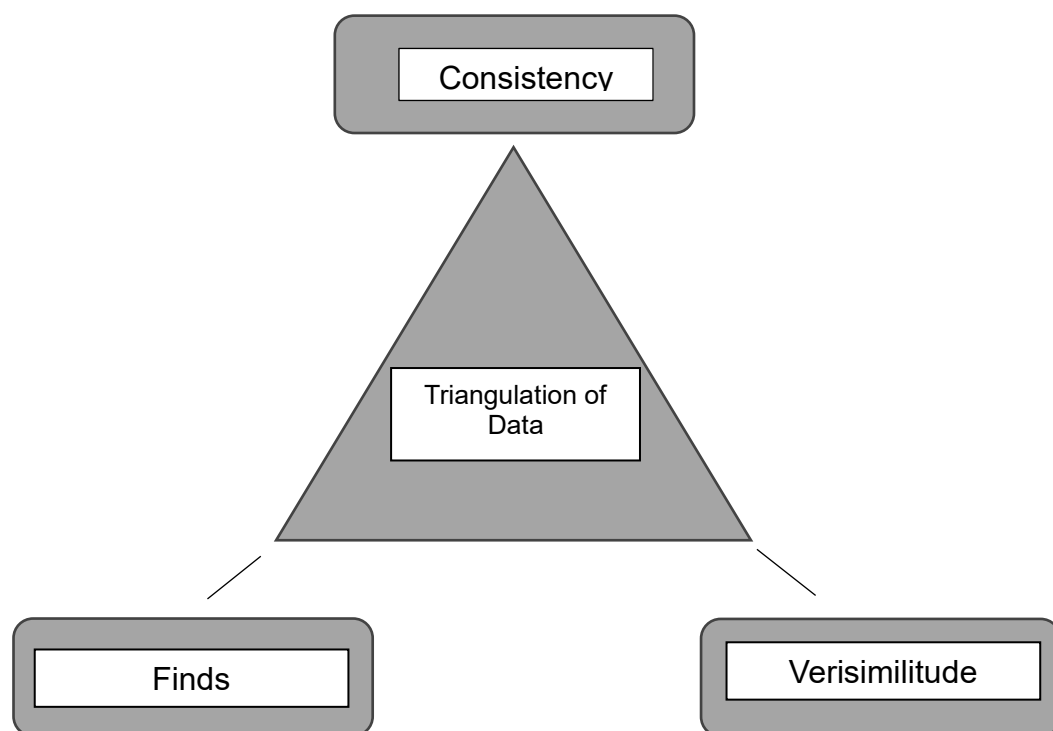
This is a documentary analysis of paramount importance. This type of study is based on theory and reflection to address a specific topic.

In methodological terms, according to Valentim's premise, method is:

[...] the set of techniques and instruments used for the development of a given study; It aims to subsidize and support the researcher in the activities inherent to the realization of the research, outlining in a clear and objective way all its stages and systematizing the way the researcher understands and describes the object of investigation. (VALENTIM, 2005, p. 17)

The following databases are used for the theoretical foundation: PubMed and Scielo. The following search terms were used: Unified Health System; Public health; Old; Health Care.

With extreme bases, the status of the elderly is based on other literature, correlating with existence or reality. For consistency, the data triangulation shown below is related.



In this context, data triangulation stands out as part of the method, where "findings" are the references associated with the research, and where "what is said" refers to the conclusions of the authors and researchers analyzed, as shown in the image.

Regarding the bibliographic context that concerns the "findings" in triangulation, the articles and studies that were used in this research stand out: Andrade et al. (2018); Brito et al. (2022); Chaiwowicz (2010); Dardengo and Mafra (2018); Ferreira and Ferreira (2023); Lima-Costa and Barreto (2003); Lubenow and Silva (2019); Moraes et al. (2019); Oliveira et al. (2022); Oliveira and Matos (2023); Pedraza et al. (2023); Schenker and Costa (2019); Sousa (2021); Teles and Borges (2013); Torres et al. (2024); Veras (2019); Veras and Oliveira (2018). In addition to these authors, whose references are detailed at the end of this study, the Ministry of Health website was consulted to verify the policies associated with the elderly.

Still following the triangulation of data, with regard to the question "what is said", the notes of these authors are diverse, each one in accordance with the guideline given in their research. According to Dardengo and Mafra (2018), the increase in life expectancy is the result of technological and medical advances, which have brought control over infectious diseases, but have led to an increase in chronic diseases. The ability to prevent these diseases through effective measures is essential to avoid high costs and health problems.

Oliveira and Matos (2023) reinforce this idea, pointing out that the growth of the elderly population is driven by the reduction in the birth rate and increase in longevity, emphasizing the need for specific care as the elderly face a greater predisposition to chronic diseases.

The discussion on the quality of life and functional health of the elderly is deepened by Torres et al. (2020), who associate aging with a set of challenges for society, highlighting the importance of policies to promote healthy aging. In this sense, Ferreira and Ferreira (2023) highlight the principles of the SUS — universality, integrality, and equity — as pillars to ensure that the elderly have access to complete and adequate care, without socioeconomic discrimination.

The challenges of caring for the elderly population in the SUS include the lack of adequate infrastructure, difficulties in accessing medicines, lack of continuity in care, and bureaucracy (Coelho et al., 2018). Although the SUS has implemented policies, such as the National Health Policy for the Elderly, and programs aimed at healthy aging (Aguiar and Silva, 2022), problems persist. Studies such as Elsi-Brasil indicate that most elderly people depend exclusively on the SUS, but face difficulties in accessing health services, from scheduling appointments to the shortage of trained professionals.

Dardengo and Mafra (2018) and Oliveira and Matos (2023) focus on the importance of chronic disease control as a central issue for population aging, while Torres et al. (2020) and Ferreira and Ferreira (2023) analyze the impact of this scenario on quality of life and the response of the health system. Coelho et al. (2018) highlight the structural flaws of the SUS, complementing the analysis that the system still does not fully respond to the needs of the elderly, despite advances in public policies. Thus, all authors converge on the idea that, despite improvements and efforts, care for the elderly population in Brazil still faces significant challenges that need to be overcome to ensure comprehensive and efficient care, respecting the complexity of the needs of this age group.

The importance of coordinated and continuous strategies, associated with adequate training of professionals and the elimination of barriers to access to services, is observed as fundamental for a more effective and humanized care for the elderly.

RESULTS AND DISCUSSION

THE HEALTH SYSTEM AND CARE FOR THE ELDERLY

Technological and medical advances have favored the increase in the life expectancy of individuals around the world, and, therefore, the world's elderly population

has started to grow every year, a factor that is often accompanied by a reduction in the birth rate, leading to population aging in several countries. Disease control through advances in science has led to a reduction in infectious diseases, but there has been an increase in chronic diseases, generating long-term morbidities that can bring serious problems and a high cost to treatment and life, an effect that can often be minimized if effective preventive measures are put in place (DARDENGO; MAFRA, 2018).

According to Oliveira e Matos:

Population aging is a global growth that affects an age group from 60 years of age, characterized by an increase in the proportion of elderly people in relation to younger people. This process is the result of the drop in the fertility rate and the increase in people's life expectancy (OLIVEIRA; MATOS, 2023, p. 6709).

In this context, it is worth asserting that advancing age demands a routine of care, from adequate nutrition, monitoring of health indicators and disease risks, to monitoring the degree of physical, psychic and social restrictions. The older the person is, the greater their predisposition to develop chronic diseases, some of which are limiting and/or can become disabling, generating a greater demand for care from the health system and families. In this context, multiple precautions are necessary to ensure the survival and quality of life of the elderly, in a more permanent way (DARDENGO; MAFRA, 2018).

In the case of the elderly, their functional health has been associated with quality of life, social life, intellectual condition, emotional state and attitudes towards the individual and the world. Considering that disability leads to an increase in the number of chronic diseases and loss of autonomy, functional capacity is a relevant factor and is linked to quality of life. The increase in the proportion of older people worldwide presents several challenges for society as a whole and, in particular, for the health system. As a response, several strategies have been developed, including in Brazil, with the aim of improving care for this growing elderly population (TORRES *et al.*, 2020).

From this perspective, according to Torres *et al.* (2021), it is necessary to promote healthy aging and maintain independence. However, with regard to medical care and/or follow-up in the public health network, elderly people point out the difficulties in making an appointment, as well as the demand in the waiting lines for care. It is perceived, therefore, that the reception of the elderly in the public health system still has many flaws.

Until the promulgation of the Federal Constitution of 1988, government actions aimed at the elderly population were predominantly of a care and protective nature. From

this framework, the universal right to health was established and consolidated with the creation of the Unified Health System (SUS), through the Organic Health Law No. 8,080/90. Thus, it became the duty of the family, society and the State to support the elderly, ensuring their active participation in the community, defending their dignity and well-being, and guaranteeing the right to life. (TORRES et al., 2020).

Ferreira and Ferreira (2023) highlight that the SUS is based on three fundamental principles: universal access to health services, with health recognized as a right of all citizens and a responsibility of the State; equality in access to health care; and comprehensiveness and continuity of care. Regarding the principle of universality, it guarantees that everyone, without distinction, has access to health services. For older adults, this means that they should be able to enjoy necessary medical care, treatments, and medications, regardless of their socioeconomic status. Considering the comprehensiveness of care implies that health services must consider the human being holistically. For seniors, this is particularly important since they often face multiple health conditions and social issues that impact their well-being. Care should include everything from preventive care to treatment of chronic diseases. Equity, on the other hand, seeks to ensure that the specific needs of the most vulnerable groups are met. In the case of the elderly, this involves offering services adapted to their conditions and needs, respecting the diversity of this population.

In addition, other guiding guidelines included decentralization, greater social participation, and the prioritization of actions based on scientific evidence. Considering that it is a system developed to serve the population, ensuring universal access, the elderly are included in this environment, that is, this portion of the population is also a public of the SUS. According to Lubenow and Silva (2019), ensuring that the population has access to the various levels of health care represents a challenge for the Unified Health System (SUS). This becomes even more complex in the face of the accelerated aging of the population and the increase in chronic diseases, which result in more frequent visits to health services by the elderly.

Thus, managers and health professionals must not only face the difficulties already present, but also adapt services and train teams to meet the specific demands of the elderly, ensuring quality care that is universal, comprehensive, equitable, continuous and coordinated.

Research carried out by Elsi-Brasil pointed out that 75.3% of the Brazilian elderly depend exclusively on the services provided by the SUS and 83.1% of these elderly have had at least one medical consultation in the last twelve months. This study, in the period of its realization, identified that 10.2% of the elderly were hospitalized one or more times. Regarding chronic diseases, it was identified that almost 40% of the elderly have one chronic disease and 29.8% have two or more, which concludes that about 70% of the elderly treated in the SUS have some chronic disease (FIOCRUZ, 2018).

The SUS has implemented several policies and programs aimed at improving care for the elderly. As already mentioned, the individual's entry into care takes place in Primary Health Care. According to Oliveira e Matos:

In general, it is expected that primary care offers health care that promotes healthy aging and the maintenance of independence and autonomy in old age, as many elderly people report the difficulties of being able to make an appointment and the demand in the SUS waiting list, despite the progress there are still many failures during care (OLIVEIRA; MATOS, 2023, p. 6711).

In parallel, the National Health Policy for the Elderly stands out, which aims to promote healthy aging and quality of life. This policy establishes guidelines that guide the health care of the elderly, addressing aspects such as: disease prevention, such as vaccination, screening for chronic diseases and promotion of healthy habits; home care, providing care at the patient's home, especially in cases of mobility difficulties; mental health, through the development of actions to prevent and treat diseases such as depression and anxiety (AGUIAR; SILVA, 2022).

However, despite the efforts of the SUS, several challenges persist in the provision of health services to the elderly population, which makes the practice of care for the elderly unsatisfactory and leaves gaps. Infrastructure is one of these issues, as many health units are not adequate to serve the elderly, presenting architectural barriers that hinder access. The lack of adequate equipment and the scarcity of specialized geriatric services are also recurring problems. It is also noteworthy that the training of health professionals to deal with the specificities of care for the elderly is still insufficient. Training should include not only clinical aspects, but also social and psychological issues (COELHO et al., 2018).

Coelho *et al* (2018) also report that, in parallel, the following are also problems: access to medicines, since numerous are offered, but there is a lack of continuity in supply, in addition to bureaucracy that generates obstacles; and the lack of articulation between

It is found that care should be broad and complete, however, there are impasses that hinder not only the access of the elderly to the SUS, but also their full care and/or follow-up. The care of the elderly by the SUS is a reflection of the State's commitment to ensuring the right to health for all. While significant challenges persist, developing policies and strategies demonstrate a movement toward more effective and humanized care. The integration of services, professional training and the active participation of the community are key elements to ensure that the elderly have access to quality care, promoting not only the health, but also the dignity and well-being of this portion of the population.

The Brazilian legislation that regulates geriatric care is extensive. Public policies aimed at geriatric care in Brazil are structured in several documents and legislation. Some of the main influential regulations in the health care of the elderly since the implementation of the SUS are outlined in the timeline (FIGURE 1).

	1990	1994	1996	1997	1999	2003	2006
Saúde	Lei Nº 8.080 Lei Nº 8.142				PNSI Portaria Nº 1.395		Pacto pela Saúde Portaria Nº 399 PNSPI Portaria Nº 2.528
Geral		PNI Lei Nº 8.842 Decreto Nº 1.948		Plano de ação conjunta		Estatuto do Idoso Lei 10.741	

The Organic Health Law (Law No. 8,080/1990) is the foundation of the SUS and emphasizes the universality and comprehensiveness of care, being an important pillar for

the care of the elderly. Law No. 8,142/1990, on the other hand, provides for the participation of the community in the management of the SUS.

The creation of the Integrated Government Action Plan for the Development of the National Policy for the Elderly (PNI) in 1997 (BRASIL, 1997) aimed to implement the policy guidelines, aiming to develop preventive, curative and promotional actions in the context of social policies aimed at the elderly population. This Plan was structured with the participation of nine agencies: Ministry of Social Security and Social Assistance; Education and Sports; Justice; Culture; Labor and Employment; Health; Sports and Tourism; Planning, Budget and Management, in addition to the Secretariat of Urban Development (TORRES *et al.*, 2020).

In 1999, the Ministry of Health launched the National Health Policy for the Elderly (PNSI), stipulating that institutions and bodies linked to the theme should develop or adjust their plans, projects and actions in accordance with the established guidelines and responsibilities (BRASIL, 1999). This policy recognized that the greatest challenge faced by the elderly population is the reduction of functional capacity, that is, the reduction of physical and cognitive aptitudes essential to perform both basic and instrumental activities of daily life.

It is worth mentioning that, in the international scenario, the International Plan of Action on Aging, signed in Madrid in 2002 by the UN member countries, established as central principles: (a) the active participation of the elderly in society, in development and in the fight against poverty; (b) the promotion of health and well-being in old age, encouraging healthy aging; and (c) the creation of an environment favorable to aging (TELLES; BORGES, 2013).

In 2003, Brazil approved the Statute of the Elderly (Law No. 10,741, of October 1, 2003), the result of significant collaboration with entities that defend the rights of the elderly. The Statute expanded the response of the State and society to the demands of the elderly population, although it left the financing mechanisms for the proposed actions undefined.

The Pact for Health, since 2006, highlights the elderly as a priority, aiming to establish a specific policy for this group. It is the indicators of the Pact that carry out the monitoring in the care network. At the same time, the National Health Policy for the Elderly (PNSPI), also created in 2006, is an important milestone, with guidelines that aim to promote healthy aging and quality of life. This policy seeks to integrate health care for the

elderly with other areas, such as social assistance and social security, recognizing the need for a multidisciplinary approach (TORRES *et al.*, 2020).

Over six years, indicators and annual targets were defined and adjusted. In 2012, during the transition to the Organizational Contract for Public Health Action (Coap), there was a loss in the prioritization of the elderly, including the definition of specific indicators to monitor SUS care for this population.

Health policies aimed at the elderly have as one of their main positive points the priority to healthy aging. They focus on prevention and health promotion, aligning with the guidelines of the World Health Organization (WHO) and the 2002 Madrid International Plan of Action. Another important advance was the expansion of legal rights with the creation of the Statute of the Elderly, which reinforced the need for integrated and coordinated public policies, aimed at ensuring access to universal and adequate health care for this population. In addition, Primary Health Care, offered by the SUS, plays an essential role in the care of the elderly, promoting actions aimed at the prevention, promotion, and continuous treatment of chronic conditions, ensuring close and comprehensive monitoring (TORRES *et al.*, 2020; OLIVEIRA, MATOS, 2023).

However, when analyzing public policies and legislation aimed at geriatric care in the Unified Health System (SUS), important advances are observed, but there are also several gaps and challenges. According to Pedraza *et al.*:

The Brazilian Unified Health System (SUS) is responsible for ensuring universal access to health services. However, with the continuous social and epidemiological transformations experienced in the country, there is a constant need for changes and adjustments in public policies, in order to reorient health services to the demands of the population (PEDRAZA *et al.*, 2018, p. 924).

These authors also report the persistence of barriers in the process of seeking and using health services. This ends up triggering situations of social injustice, considered problematic around the world regardless of the development and health care model (PEDRAZA *et al.*, 2028).

Financial issues must also be considered, as they hinder the provision of services guaranteed by legislation. The National Health Policy for the Elderly (PNSPI), established in 2006, and the Statute of the Elderly, enacted in 2003, are examples of legal instruments that seek to ensure the right to health of the elderly population. However, its implementation faces significant difficulties, especially with regard to financing, training of

professionals, and the articulation of the different governmental spheres (TORRES et al., 2020).

Specifically considering the demand of the elderly population, there are gaps and contexts where, despite the existence of current legislation, the service leaves something to be desired. The lack of training of personnel for specific care for the elderly is one of these issues and requires reflection. Because this is a population with differentiated and often urgent needs, it is observed that many health professionals lack specific training to meet the complex needs of the elderly, including the management of chronic diseases and psychosocial issues (OLIVEIRA; MATOS, 2023).

In critical terms, it is observed that although Brazil has advanced in the recognition of the rights of the elderly population and in the formulation of public policies aimed at geriatric care in the SUS, there are still many obstacles to be overcome. The absence of sufficient resources, the lack of specialized professionals and the fragmentation of policies compromise the effectiveness of the actions provided for in the legislation. The creation of more efficient monitoring mechanisms, as well as the strengthening of the articulation between the different levels of government, are essential to ensure a more effective and equitable care for the elderly in Brazil.

Considering that population aging in Brazil has increased significantly in recent decades, and that the system leaves flaws in its implementation, as mentioned above, there are several challenges to be solved with regard to the provision of adequate care to the elderly. Public health policies aimed at this group are based on principles of comprehensiveness, universality, and equity, as recommended by the Federal Constitution of 1988 and the Statute of the Elderly (Law No. 10,741/2003). However, the implementation of these policies faces barriers that compromise the quality and accessibility of health services for the elderly.

One of the biggest challenges is the fragmentation of the care provided to the elderly in the SUS. Although there are comprehensive care policies, such as the National Health Policy for the Elderly (PNSPI), implementation is often disjointed between the different levels of care (primary, secondary, and tertiary). According to Veras (2016), this fragmentation results in reactive and episodic care, centered on the disease, instead of continuous and preventive care.

The training of health professionals is another significant obstacle. Many professionals do not receive adequate guidance and/or do not have specific training in

gerontology, which compromises the comprehensive and personalized care that the elderly need. Moraes et al. (2019) highlight in a study carried out that the lack of specific training on aging and its particularities affects the ability of professionals to meet the physical, psychological, and social needs of this group.

The infrastructure of the SUS, especially in remote or less developed areas, is often inadequate to deal with the complexities of elderly health. Hospitals and primary care centers may not have sufficient resources, both in terms of equipment and specialized personnel, to meet the growing demand. Lima-Costa and Barreto (2003) point out that the scarcity of specialized services in geriatrics and gerontology contributes to the increase in unnecessary hospitalization of the elderly, who could be treated with adequate preventive measures in primary care.

Regional inequalities in Brazil represent a constant challenge. More developed regions, such as the Southeast and South, tend to have a more robust and better equipped health service network, while the North and Northeast have greater difficulties in accessing and quality of the services offered. Andrade et al. (2018) state that these regional disparities directly impact the elderly population, making it difficult to access specialized services and continuity of care in more vulnerable regions.

Another important point is the difficulty of implementing prevention and health promotion policies. Although healthy aging is one of the pillars of public policies for the health of the elderly, preventive actions are still underutilized. The prevention of chronic diseases, such as diabetes and hypertension, which affect a large part of the elderly population, requires an integrated and multidisciplinary approach, but, as Chaimowicz (2010) suggests, these strategies are not fully integrated into the daily routine of primary care services.

It is also important to emphasize the need for Integration between the Health and Social Assistance Sectors. Under this premise, the articulation between health and social assistance is fundamental for comprehensive care for the elderly. However, the fragmentation between these sectors generates gaps in care. Often, the social needs of the elderly, such as financial vulnerability and lack of family support, are not adequately considered in care planning. This failure compromises the effectiveness of a care model that includes the promotion of autonomy and quality of life of the elderly.

Considering all the points mentioned, Veras' statement is appropriate here: *"[...] the organization of the system for efficient care for the elderly population appears to be one of*

the main challenges that the health sector has to face, as soon as possible" (VERAS, 2016, p. 550).

The implementation of SUS health policies for the elderly faces complex challenges, ranging from insufficient training of professionals to regional inequalities and fragmentation of care. Overcoming these obstacles requires not only investment in infrastructure and human resources, but also a paradigm shift in relation to aging, promoting comprehensive, preventive, and elderly-centered care.

LEGAL INCONSISTENCIES WITH SOCIAL REALITY

Old age is a phase of the life cycle whose specificity requires care. In Brazil, as in many other countries, attention must be paid to the issue of population aging. It is a challenge for the country to care for the elderly, as well as the responsibility of families and society.

Despite the magnitude of this global event that is population aging, we feel a lack of investment in research and public and private incentives to streamline and optimize policies for this segment of society, which is so lacking in attention in the vast majority of times (MARTINS et al., 2007, p. 375).

Although it dates back to 2007, this consideration by Martins et al., even today, is relevant and current, considering that, even with several changes, including in legislation, care for the elderly population is still inefficient, leaving much to be desired in terms of assistance and practicality. In this context, often at first, the elderly and their families come up against the bureaucracies of the system. The difficulties in accessing health services for older adults in Brazil are multifaceted and reflect structural, socioeconomic, and cultural challenges that directly impact this vulnerable population.

A study carried out by Coelho (2018) showed that there are already difficulties in accessing primary health care. These difficulties descend from several factors, ranging from the lack of information of the elderly themselves, to the difficulty of communication between them and the professionals who provide care. In addition to these factors, there are long waiting lines for care, even if initial, and the inadequacy of the services offered, as these services are often not specific and/or specialized for the needs of the elderly. Veras and Oliveira (2018) share this opinion. From the perspective of these authors, the delay in care and the lack of specialized professionals, such as geriatricians, are critical problems, as well as the high demand for consultations and exams, which usually results in long

waiting times, especially in specialized care units. This delay, consequently, can aggravate the health condition of the elderly.

According to Veras (2019), studies show that the elderly face significant barriers to accessing health services, including geographical, economic, and cultural. Considering the geographical barriers, it is worth noting the disparity in access to health services between regions of the country, with rural and peripheral areas often facing greater difficulty in offering adequate coverage for the elderly (ALMEIDA et al., 2020).

Still dealing with geographical issues, inequality in access to health care between regions of Brazil is a recurring problem, especially for the elderly. More developed regions, such as the Southeast and South, offer better care conditions, while areas such as the North and Northeast have significant deficiencies in terms of infrastructure and human resources in health. This negatively impacts the availability of specialized services for the care of the elderly (ALMEIDA et al., 2020).

In addition, there is a significant gap in health education for older adults, who often face difficulties in understanding and following medical advice, as well as cultural barriers that can prevent them from seeking health services. In some communities, there is a low perception of the need for prevention and regular medical follow-up (ALMEIDA et al., 2020).

At the same time, care for the elderly in Brazil tends to be specifically directed towards the onset and worsening of diseases, without considering that the diseases that most affect the elderly population are chronic diseases, which require management and care in the search for their stabilization and monitoring of their evolution and maintenance of quality of life (VERAS, 2019).

It is worth considering, therefore, that adequate guidance and primary care services are essential to ensure comprehensive care for the elderly, promoting prevention, early diagnosis and appropriate treatment of chronic diseases. However, the response capacity of the SUS still varies considerably.

In Brazil, when an elderly person becomes ill and needs care, the responsibility for this care often falls on family members. Data indicate that, in about 80% of cases, caregivers are family members, especially women, usually daughters or wives, who assume the role of primary caregivers. These caregivers are often professionally unprepared to provide the necessary assistance, which can generate a series of challenges and complications in the care of the elderly (SOUSA et al., 2021).

For Sousa et al (2021), the provision of care to an elderly person involves several factors, such as time, energy, financial resources, preparation, affection, patience, and goodwill. However, these attributes can be quickly exhausted, especially when the caregiver does not find sufficient support in the public sector or in social support networks. Caregiver overload is a recurring problem, which affects both the physical and psychological well-being of those who care. Studies indicate that family caregivers have high rates of stress, anxiety, depression, and physical exhaustion. In addition, Lopes et al (2019) complement this issue by citing that the lack of adequate training is another factor that aggravates overload. Caregivers often do not know how to deal with the particularities of aging, especially in the management of chronic diseases, physical and cognitive disabilities. The absence of adequate training and support programs, both in the public and private spheres, increases the risk of inadequate care, which can further compromise the health of the elderly.

The elderly have specific care demands, which differ from other age groups due to the more frequent presence of chronic diseases, frailties and complex health conditions. These conditions require more intensive and specialized care, such as constant monitoring, correct administration of medications, and emotional support. The natural aging of the human body brings with it not only a functional decline, but also the possibility of the emergence of disabilities and greater difficulties in performing basic daily activities, such as hygiene, eating, and locomotion (VERAS, 2016).

The provision of health services to the elderly is often fragmented, which results in a multiplication of medical consultations with specialists, exams, procedures and prescriptions of medications. The lack of centralized coordination of care can lead to an excess of interventions, without a comprehensive view of the patient. This fragmentation not only increases the costs and complexity of treatment, but also increases the risk of harmful drug interactions, inaccurate diagnoses, and inadequate care (BRITO et al., 2022).

According to Veras (2016), the Brazilian health system lacks an integrated view of care for the elderly, and efforts to ensure adequate continuity of treatment are still insufficient, particularly in situations where there are multiple professionals involved in care. The absence of an integrated network can lead to an overlap of treatments, generating unnecessary costs and worsening the quality of life of the elderly.

Although most elderly people are not dependent or seriously ill, the biopsychosocial transformations resulting from aging can lead to functional, cognitive and emotional

difficulties, increasing the predisposition to diseases. Therefore, it is essential that health professionals are adequately trained to meet the specificities of aging. Professionals without specific training may not recognize typical signs and symptoms of diseases in the elderly, which often manifest differently compared to younger patients (BRITO et al., 2022).

Training in geriatrics and gerontology becomes essential for the quality of care for this population. These professionals need to be prepared to deal with the complexity of aging, which includes not only physical issues, but also psychological and social aspects, such as loss of autonomy, social isolation, and the emotional impact of chronic diseases. The presence of multidisciplinary teams, involving doctors, nurses, physiotherapists, psychologists and social workers, is crucial for the implementation of comprehensive and effective care.

Effective communication is a fundamental tool in the care of the elderly. A good relationship between the health professional and the patient can significantly improve the results of treatments. Studies show that when the professional communicates clearly, using simple language appropriate to the level of understanding of the elderly, and is available to answer questions, the patient feels more confident and secure in following medical recommendations (VERAS, 2019).

In addition, the use of communication strategies that include active listening, empathy, and respect for the individuality of the elderly is essential to ensure humanized and quality care. Lack of adequate communication can result in poor adherence to treatment, errors in the use of medications, and even worsening of diseases (OLIVEIRA et al., 2020).

With the increase in the elderly population in Brazil, which, according to projections, may represent about 30% of the population in 2050 (IBGE, 2021), it is imperative that new models of care be established. These models should prioritize health education actions, promotion of preventive and rehabilitation practices, in addition to strengthening the primary and specialized care network. Preventing preventable diseases and effectively managing chronic conditions such as hypertension and diabetes can significantly reduce the number of hospitalizations and the burden on the health care system.

Another important point is the promotion of active and healthy aging, in which the elderly are encouraged to actively participate in their care process. Health education for this population should include information on self-care, physical activity, adequate nutrition, and the importance of socialization. Elderly care models need to be restructured to ensure

integration between different levels of care, from primary care to specialized care, including rehabilitation and palliative care when necessary (BRASIL, 2021).

Several field studies have examined the access of the elderly to health services in the SUS, highlighting the difficulties faced by this population. A cross-sectional household study conducted by Pedraza et al (2014) collected primary data and was part of a broader research entitled "Multidimensional evaluation of the health of the elderly registered in the Family Health Strategy of Campina Grande/PB and degree of satisfaction with the services offered". The survey was carried out in Campina Grande, a city that, in 2008, had 381,422 inhabitants, of which 36,805 were elderly. The local health system included 63 Basic Family Health Units (UBSF), covering 73.1% of the population. The research aimed to evaluate the accessibility of the Basic Health Units (UBS) of the Family Health Program (PSF) from the perspective of the elderly. The study collected socioeconomic and demographic data and analyzed organizational, sociocultural, and economic accessibility.

Of the 36,805 elderly people, 23,416 were registered in the UBSF. The study involved people aged 60 years or older, excluding those with severe clinical weakness, as informed by family members and confirmed by professional diagnosis, as well as elderly people absent from the city during data collection. A total of 420 elderly people participated in the research, 68.1% of whom were women. As a result, it was observed that the elderly from lower economic classes were more likely to positively evaluate the hours of service. However, they had a lower chance of positively evaluating the number of daily visits and the ease of receiving medications. In addition, women showed a greater tendency to positively evaluate consultations with specialists, indicating a different perception between genders in relation to access to these services. The final results of the research indicate the presence of significant barriers, especially in organizational accessibility, which limits the demand for and effective use of health services by the elderly. This study highlights the need for interventions that improve the access of the elderly to health units, promoting care that is more appropriate to their needs.

Another research, carried out by Schenker and Costa (2019) analyzes the advances and challenges in health care for the elderly population with chronic diseases in Primary Health Care, with a family clinic in Rio de Janeiro as a setting. The research used techniques such as participant observation, interviews with the elderly and family members, and a focus group with the health team. Of the five elderly women interviewed, four had difficulty walking, and one of them was bedridden due to conditions such as

advanced arthritis and Alzheimer's. The age of the participants ranged from 84 to 88 years, and three were accompanied by family members during the interviews.

The authors report that the elderly, their families and caregivers highlighted the importance of home visits made by the health team. Regular visits were seen as essential to improving the wellbeing of the elderly, with one of the participants mentioning: "The presence, a word of comfort for us. All of this helps, right?". It is also noteworthy that most of the interviewees expressed satisfaction with the follow-up received, emphasizing positive changes in the care model. Although they recognize advances, they mentioned problems, such as long waiting periods for specialized care, which compromise integral health. The study identified a strong inequality in access to health services, making respondents feel privileged compared to other older adults who do not have the same level of care. Participants realized that, although the system has evolved, there are still significant gaps in coverage and quality of care (SCHENKER; COSTA, 2019).

The authors reported that the difficulties of access and the lack of human and material resources still compromise the effectiveness of care. Health teams face challenges in dealing with family dynamics and the specific needs of older adults, which must be addressed to ensure more effective care. In summary, the study concluded that, despite advances in health care for older adults with chronic diseases, barriers persist that limit access to and quality of care, indicating the need for a more integrated approach centered on the needs of older adults and their families (SCHENKER; COSTA, 2019).

In another study on the perception of the elderly about access to primary care, Oliveira et al (2022) report that the elderly recognize improvements in public services, but still face difficulties in access and dissatisfaction with the quality of care. Many older adults report that these issues lead them to seek secondary, emergency, or private health services. The research used household interviews to collect data, emphasizing that, although the Family Health Strategy was considered positive, primary care still requires significant improvements

The quantitative research analyzed on the reality of the elderly in the SUS shows that, although the system offers free access to health, many elderly people still face significant barriers, such as long waiting lines, difficulties in accessing specialists and medicines, and ineffective communication between professionals and patients. The fragmentation of health services and the lack of continuity in care are important challenges to be overcome. At the same time, the SUS offers valuable programs, such as the Better at

Home Program, which has shown a positive impact on the quality of life of the elderly served.

CONCLUSION

The present study sought to reflect on the care of the elderly in the Unified Health System (SUS), analyzing the main challenges and advances in the provision of services aimed at this public. With the significant increase in the elderly population in Brazil, it is essential that the SUS adapts to offer comprehensive, humanized and quality care, in line with the principles of equity and universality. Health care for the elderly requires a multidimensional approach, considering not only physical, but also social and psychological aspects, in line with the National Health Policy for the Elderly (PNSPI).

The studies analyzed showed that, although the SUS has promoted significant advances, such as the Family Health Strategy and the strengthening of Primary Care, limitations persist that affect the quality of care. Among the main obstacles are the overload of services, the lack of professionals trained in geriatrics and gerontology, and difficulties in articulating the different levels of care. In addition, the fragmentation of care and the need for greater integration between health and social care were identified as central challenges.

It is concluded that, in order to ensure healthy aging with dignity, it is essential to expand investment in programs aimed at health promotion, disease prevention and rehabilitation, as well as to strengthen the training of professionals in the area. The implementation of person-centered care models and the expansion of strategies such as Longitudinal Care and Lines of Care are also fundamental to ensure the continuity of care and the appreciation of the autonomy of the elderly.

Therefore, the SUS must continue to advance in the consolidation of an integrated and humanized care network, focusing on the needs of the elderly, promoting not only health, but quality of life at all stages of aging. The effectiveness of this comprehensive care requires a joint effort between managers, professionals and society itself, in the construction of inclusive public policies that respect the right of all to full and fair access to health services.

Considering that the reality may be different according to the region of Brazil and the time and/or demand, the study does not exhaust the theme. Therefore, other studies that deal with these issues are always welcome to the scientific and academic communities.

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