



Enviado 01/06/2021
Aprobado 10/11/2021
Publicado 03/01/2022

Trascendencia de la comunicación en la calidad de vida del adulto mayor en el distanciamiento social por covid-19

Transcendence of communication in the quality of life of the elderly adult in social distancing by COVID-19.

Julio Hernández Falcón.

Universidad Nacional Autónoma de México. México.

Julio30falcon@comunidad.unam.mx

Araceli Jiménez Mendoza.

Universidad Nacional Autónoma de México. México.

ajimenez55070@comunidad.unam.mx

Iñiga Pérez Cabrera.

Universidad Nacional Autónoma de México. México.

inigapc@comunidad.unam.mx

Cómo citar el artículo

Hernández Falcón, J., Jiménez Mendoza, A. y Pérez Cabrera, I. (2022). Trascendencia de la comunicación en la calidad de vida del adulto mayor en el distanciamiento social por COVID-19. *Revista de Comunicación y Salud, Revista de Comunicación y Salud*, 12, 45-58. <http://doi.org/10.35669/rcys.2022.12.e288>

Resumen

Introducción. La persona adulta mayor ve afectadas sus funciones, auditivas, visuales y de movilidad; enfrenta limitaciones para incorporarse a los grupos sociales y la autodeterminación, que en ocasiones le posicionan en condición de dependencia para cubrir sus necesidades básicas afectando su calidad de vida. La comunicación es fundamental para el desarrollo de sus funciones, en el caso del distanciamiento social por COVID-19, la afectó la relación interpersonal y el intercambio de información. La comunicación evita la disminución de las funciones cognitivas y el deterioro paulatino que propicia la exclusión social. S1 Investigación de revisión evaluativa, documental,

centrada en la comunicación, calidad de vida, adulto mayor. La revisión de la literatura publicada de 2019-2020, en el contexto de la pandemia por Covid-19, con base en los descriptores de "Calidad de vida", "Adulto mayor", "Comunicación", "aislamiento social", "COVID 19", "soledad". La estructura metodológica y conceptual, se basó en el análisis: 7 trabajos: 1 revisión sistemática, 3 estudios descriptivos, 2 ensayos y 1 tesis de grado. Resultados. Con base en los núcleos temáticos, se contrastaron planteamientos teóricos sustentados en el fomento de la comunicación y la diversificación a través de las TICs, calidad de vida, en el distanciamiento social por COVID-19, que constituye un riesgo para la salud y bienestar en el adulto mayor. Discusión. Los recursos tecnológicos para la comunicación son esenciales en la pandemia por COVID-19. Sin embargo, existe la brecha generacional, la carencia de recursos económicos para adquirirlos, entre otros factores que obstaculizan establecer una comunicación satisfactoria.

Palabras clave: Comunicación, Adulto mayor, calidad de vida, distanciamiento social, COVID-19.

Abstract

Introduction. In the larger adult persona their functions, auditory, visual and mobility are affected; it faces constraints in joining social groups and self-determination, which on occasions find themselves in a condition of dependence to cover their basic needs, affecting their quality of life. Communication is fundamental for the development of its functions, in the case of social distancing by COVID-19, the affect on the interpersonal relationship and the exchange of information. Communication prevents the decrease in cognitive functions and the gradual deterioration that leads to social exclusion. Method. Investigation of evaluative, documental, communication-centered review, quality of life, larger adult. The review of published literature from 2019-2020, in the context of the pandemic by Covid-19, based on the descriptors of "Calidad de vida", "Adulto mayor", "Comunicación", "social isolation", "COVID 19", "soledad". The methodological and conceptual structure, based on the analysis: 7 works: 1 systematic review, 3 descriptive studies, 2 essays and 1 grade thesis. Results. Based on the thematic nuclei, theoretical foundations were contrasted based on the promotion of communication and diversification through ICTs, quality of life, and social distance by COVID-19, which constitutes a risk for health and wellness in the major adult. Discussion: Technological resources for communication are essential in the pandemic by COVID-19. However, there is a generation gap, a lack of economic resources to acquire them, among other factors that hinder the establishment of satisfactory communication.

KEYWORD: Communication, Elderly, quality of life, social distancing.

1. INTRODUCTION

The WHO (1996) during the World Health Forum, coined the following definition of quality of life: "An individual's perception of his or her place in existence, in the context of the culture and value system in which he or she lives and in relation to his or her goals, expectations, norms and concerns"; it is certainly a complex definition that includes both objective and subjective elements.

The quality of life associated with personality, the perception of well-being and the degree of life satisfaction has a predominantly subjective character resulting from human interaction with social care for the needs of housing, food, clothing, education and exercise of freedom; as well as autonomy. In the case of the older adult, it means the achievement of recognition based on meaningful human relationships and contrary to social isolation (Vera, 2017). The concept of active ageing, according to the WHO, constitutes "the process of optimising opportunities for health, participation and security in order to improve the quality of life as people age" (Varela, 2016).

In the older adult, taking an active and committed part in their actions through communication is a substantive element of their quality of life and significantly facilitates the relationship with family, friends and environment.

Older adults experience biological, emotional and social changes, which are linked to lifestyles, social and family coexistence that together maintain or undermine their autonomy (Loredo, Gallegos, Xequé, Palomé & Juárez, 2016).

In older adults there are also two subjective elements of importance: cognitive and affective-volitional. The former are related to the meanings that the person attributes to the facts and the latter refer to feelings, moods and aspects that drive them to action.

In this sense, communication is defined as "man's capacity to symbolise and respond in different ways to a stimulus, which leads him to ask, respond, share meanings in a group interaction or in a discourse that sustains and animates his life, as well as being the driving force for the expression of social activity" (Ortiz, 2009).

The full integration of communication into social groups and its active role in them is the social fabric and depends on the functional networks of communication in which the person is immersed. Contrary to the above, massification and indifference break with the human relationship that in many occasions creates stereotypes of the MAs themselves (CEPSIGER, 2001).

In this way, communication turns out to have a vital character linked to the material and immaterial needs of people, their autonomy, freedom and self-esteem, so it not only has a scope of exchange of messages or ideas; in other words, communication also gives meaning and links life stories with the experiences, actions, interests, emotions and cultural experiences of each person and particularly in the MA.

In the study of communication by Arias, et al (2017), its value is centred on the sense

of understanding communicative well-being, which contributes to the quality of life of the older person, while discarding the stigma of "being old", which is the basis of the discrimination to which the MA is condemned.

In older adults, communication is necessary to understand their needs, given that their communicative capacity is reduced (Benítez and Benítez, 2019), and in many cases their hearing function is compromised, which implies a decrease in communication and interaction with their environment and requires patience and willingness on the part of the interlocutors.

In addition, quality communication is necessary in the appropriate care provided by healthcare staff (Serra, 2003), as is humane treatment with empathy, clear and understandable information with sufficient time for each person (Pons, 2006).

In ageing, organic decline increases the disadvantages related to neuropsychological functioning, which is possible thanks to current technology to make up for the various limitations and turn ageing into a possibility to optimise one's own communication resources. Moreover, current scientific advances have provided arguments in favour of brain plasticity associated with reorganisation and modelling (neurochemical and neuroanatomical) that establishes and strengthens synaptic connections and induces true neuronal regeneration (Tirro, 2016).

In addition to the background described above, the implementation of social distancing strategies proposed by the WHO is the norm to prevent the spread of the SARS-CoV-2 virus among the population worldwide (De la Mora, 2020). In this context, social distancing measures and isolation at home have reduced people's economic activities and mobility.

During the COVID 19 pandemic, older adults have been restricted in their social interaction, resulting in involuntary confinement through the prohibition of family visits, which deprives them of personal contact and accentuates inequalities in access to services, including health services.

It is recognised that older adults are one of the groups most vulnerable to the disease not only because of the characteristics of the pandemic, but also because of their own health conditions, which include the existence of chronic diseases, the presence of geriatric syndromes, the need for close interpersonal contact for their care, the situation of confinement with other vulnerable people and the often difficult diagnosis due to the atypical responses typical of this age group (Cataldi, 2020).

In Mexico, Moreno-Tamayo Sánchez-García, & Doubova (2017) state that "various population changes have been experienced that have weakened the structure and dynamics of family and friend networks, making MAs susceptible to social isolation".

The same study highlights the higher prevalence of social isolation for women (40.3 %) than for men (35.5 %). Women showed lower educational level and lower propensity to live with a partner; higher frequency of cognitive impairment, depression, anxiety and disability in basic and instrumental activities of daily living (Ibidem, 2017).

In Mexico, Gonzales (2006) and collaborators have evaluated the impact of some variables associated with the quality of life of elderly Mexicans "who regularly attend four centres of the National Institute for Older Adults (INAPAM) in Mexico City. The study highlights the problem or behaviour oriented strategy (56%), followed by valuation (36.6%), and finally (7.4%) that of emotions; aspects that involve communication and recognition of one's own life possibilities.

For their part, León, Martos, Galiano (2020), through a review study carried out in Spain, affirms the need for communication with the AM person in order to reduce social isolation and loneliness; intervention in the communication process itself being of value in order to favour healthy ageing.

In the case of Herrera, Martínez and Navarrete (2013), when carrying out a community intervention study to improve the quality of life of the MA, they found that group dynamics, good advice techniques and educational talks included in 12 2-hour sessions contributed to improving the self-esteem and quality of life of the 20 participants.

The objective of this review is: To identify the importance of communication in the quality of life of older adults in the context of social distancing derived from the COVID 19 pandemic.

2. METHOD

Evaluative review study that integrates detailed and critical information (Vera CO, 2009) on the quality of life of the elderly, based on the published bibliography (scientific evidence) in 2019-2020, within the framework of the Covid-19 pandemic.

The participants, as experts, contributed their own perspective and that resulting from the review of each of the studies to the study.

Based on the methodology, the search was carried out using the descriptors "Quality of life", "Older adults", "Communication", "Social isolation", "COVID 19", "Loneliness", which were combined for the selection of electronic documents, the criteria for the selection of literature were title, conceptual structure, methodology and results. A total of 7 papers were included: 1 systematic review, 3 descriptive studies, 2 essays and 1 thesis.

In processing the phenomenon studied Tamayo (2006) organised the articles for analysis by: article title, author, year, journal, journal information, research problem,

objectives, type of research, method, description and sample size, instruments used, results and thematic core.

3. Results

Seven papers in Spanish were selected from: Spain, Peru, Cuba and Mexico.

The systematic review of nine articles indexed in PubMed, LATINDEX, Redalyc, Scielo, Scopus, Dialnet and Google Scholar by Vega R.J.A, Ruvalcava L.J.C, Hernández, Acuña, López (2020), in official national and international sources, focused on the main axes related to the economic and employment situation, health, as well as general risk factors for the population and specific risk factors for older adults. The authors conclude that older adults are the group with the greatest negative impact on SARSCov2 and COVID-19, and their vulnerability is based on their age, economic and employment situation and the diseases associated with their age group. Loneliness increases the risk of needing to go out in search of food, and not supporting them increases the potential for damage to their health.

In the cross-sectional analytical study by González, Norabuena, Olortegui. (2020), in which the population consisted of 71 older adults aged between 60 and 100 years. A virtual survey was conducted through social networks from 1 to 31 July 2020 using the Barthel index. The survey was conducted virtually from 1 to 31 July 2020, who voluntarily agreed to answer the questionnaire directly, or through a family member or caregiver, after the 100 days of mandatory confinement decreed by the Peruvian government.

The results show that social confinement leads to a decrease in physical activity, negatively impacting on the personal autonomy of the older adult. 84.5% have experienced musculoskeletal pain during confinement, moderate degree of pain in 66.2%, severe degree of pain in 16.9% of them. Pain is related to factors such as comorbidities, lack of movement, depression, anxiety and sleep disturbance.

Callís, Guarton, Cruz, Armas (2021), in a descriptive, cross-sectional study carried out between April and May 2020, in the "Josué País García" Polyclinic in Santiago de Cuba, in which 154 older adults participated, by means of a semi-structured interview, conclude that social isolation, as a measure to avoid contagion, has had an impact on the mental health of single older adults. Normal and mild levels of anxiety and depression predominated, but they also presented a severe level; and although there was no hegemony of an extreme degree of stress, most of the older adults showed altered levels of stress, which could be due to the awareness of their own vulnerability to the pandemic, because of their age and comorbidity; the uncertainty of when to resume their lives and the knowledge of the social repercussions of COVID-19.

Naranjo, Mayor, Rivera, González (2021), conducted a descriptive, cross-sectional study between May and June 2020 in 100 older adults at the University Polyclinic "Dr. Rudesindo Antonio García del Rijo", Sancti Spíritus. Based on a semi-structured

interview; the application of the Hospital Anxiety and Depression Scale (HAD) by Carmen Terol Cantero M et al and; the online Perceived Stress Scale by Campo Arias, et. al (2017), they conclude that loneliness as an emotion and isolation as a structural condition in which many of the older adults live, play an important role in their ability to respond to contagious diseases such as COVID-19.

Social isolation, as a measure to avoid contagion, has had a significant impact on the mental health of lonely older adults, with emotional responses such as mild anxiety disorders and depression, and markedly altered stress levels.

In the essay by Sánchez R, Sánchez F (2020), whose objective was focused on identifying the problems faced by older adults in confinement and exposing some of the proposals and interventions that have been carried out to protect this sector of the population, they state that the appearance of Covid-19 has had a significant impact on older adults, who have been affected to a greater extent than the rest of the population. Not only have they suffered higher mortality and had greater complications in the development of the disease, but they have also borne the most severe consequences. The loneliness and isolation of the elderly at this time has had devastating effects. The paralysis of all their activities has physical and psychological consequences that have yet to be evaluated. To this end, it is proposed to establish strategies for the integral care of the elderly.

The critical essay by Silva (2020) begins by pointing out that the main systemic risk for older adults in Mexico, Brazil and the USA during the COVID 19 pandemic has been their own governments, because older adults, like the rest of the population, have no influence over the epidemiological decisions of their governments.

The COVID 19 pandemic in Mexico has spread nationwide, and in the case of older adults, the challenge is to seek to protect or control as many systemic risks as possible.

A clinical case study of a female older adult developed by García (2021), through the instrumentation of the clinical history, the Hamilton anxiety test and the Beck Depression Inventory, concludes that the older adult, before social isolation by covid-19, had a different rhythm of life, When she was diagnosed with hypertension and arthritis her life changed, she entered a phase of denial, with the arrival of confinement the situation worsened, due to the emergence of ideas of possible contagion, concern for her family, isolation, loss of appetite and difficulty in falling asleep. Due to the symptomatology, she was assessed using the Hamilton Anxiety Scale, and a score of 19 was obtained, which indicates that she is Mild. In the Beck Depression Inventory, it is assessed as mild depression.

Confinement by Covid-19 influences the depressive disorder of an older adult because it is a recent and unfamiliar problem, in which she is exposed to many changes in her environment, revealing her most vulnerable points.

4. Discussion

Communication is the human capacity to symbolise, respond, and share meanings in a group interaction, in which social networks contribute to the health of the older adult through communication information, needs, interests, culture, knowledge are transmitted. A discourse sustains and animates life, as well as being the motor and expression of the social activity without which the older adult cannot be fulfilled as a human being.

The General Assembly of the Organisation of American States (15 June 2015) highlights the right of older adults to dignity, independence, participation, care and self-realisation. This includes communication (listening) and an enabling environment for conversation (Vallet H.E, 2019).

From the point of view of care, the older adult and the nurse require special attention to communication processes as a substantive element of the quality of the interpersonal relationship and as a bridge with the living reality (Aguirre RDA, Elers MY, Oria SM, & Pascual C Y. 2020).

The evidence reviewed shows that there is an ongoing concern about communication and the impact of covid 19 on the communicative interactions of older adults. Moreover, the SARS-COV2 pandemic has shown the social and digital exclusion of older adults (Ortiz V.JF et al, 2021). Concluding that the digital divide should serve as a stimulus for health services to generate support for the generation gap.

The presence of the pandemic and the most frequent comorbidity in older adults increases psychosocial stress and therefore affects their quality of life. Social isolation and uncertainty are the elements that most affect communication (Velazco RVM, Limones AML, Suarez AGG, Reyes VH and Delgado MVE, 2020) Communication is a primary need in human beings and therefore in older adults in order to maintain socialisation networks, reduce social isolation and loneliness; therefore, intervention in the communicative process is of great value to promote healthy ageing in all spheres of the person.

In the study by (Vera, M., 2007), older adults give meaning to their quality of life by satisfying their communication and information needs.

The full integration to social groups and the active role in them come from communication; as well as the social fabric depends on the functional networks of communication in which the old person is immersed.

In the intervention of the quality of life of older adults, social networks and new communication and information technologies enhance the communicative development of older adults and socialise them.

Intervention programmes to improve the quality of life of older adults should consider as a priority the optimisation of communication processes and self-esteem; as well as

the paradigm shift from the use of print media to new technologies, in the study by Condeza, 2016, older adults stated that they used the internet (16.5%) for news and entertainment or culture (23.3%).

It should be noted that while communication is essential for the dissemination of reliable and trustworthy information during the pandemic, the reality is that different groups and ages are more or less susceptible to its use and appropriation. In such a way that their access and use have an impact on the appreciation that people generate about life, as well as their imaginaries (Quintero DD, 2020). Older adults are thus in a vulnerable situation due to their effective communication and the quality of it.

At present, the quality of life is recognised in its various dimensions for the satisfaction of the needs of older adults, in the face of the COVID-19 pandemic, social networks and ICTs are the essential means to establish communication; However, the generation gap has limited access and use, isolating this population, as also stated by (Botero de Mejía and Pico Merchan, 2007), which calls for a participatory diagnosis in order to design strategies and intervention programmes focused on communication according to their requirements that contribute to their well-being, projects in which governmental and civil institutions participate, listen to older adults and involve them in actions to improve communication, according to their personal, family and community resources to improve their quality of life.

5. Conclusions

From the critical reading of the selected documents it is concluded:

- The quality of life, although it has a subjective component, is subordinated to the material conditions of life and health.
- Communication is intimately linked to the quality of life of the elderly, which favours the full realisation and autonomy in the social-historical context.
- The full exercise of the human rights of the elderly depends on the degree of integrity of the communication processes within the social network.
- The emergency caused by the COVID 19 pandemic has accentuated the process of isolation of the older adult already subjected to generational changes and cultural stereotypes.
- The social isolation resulting from the pandemic compromises the older adult's healthy coping mechanisms and access to services, including health services.
- There are significant underlying differences in the susceptibility of older men and women that reproduce age-old cultural differences.
- Intervention programmes to improve the quality of life of older adults should give priority to optimising communication and self-esteem processes.
- Intervention in the quality of life of older adults should take advantage of social networks and empowerment through new communication and information technologies.
- The loss of functional abilities also includes decreased communication and social interaction.

6. REFERENCES

- Aguirre RDA, Elers MY, Oria SM, & Pascual C Y. (2020). Communication in nursing care with elderly people or their caregivers in a community of 10 de Octubre Municipality, 2018. *Revista Habanera de Ciencias Médicas*, 19(4). http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-519X2020000500015&lng=es&tlng=en
- Botero de Mejía, Beatriz Eugenia; Pico Merchán, María Eugenia, (2007) Calidad de vida relacionada con la salud (cvrs) en adultos mayores de 60 años: una aproximación teórica. Universidad de Caldas Colombia. *Revista Hacia la Promoción de la Salud*. 12, 11-24
- Cervantes N.P (2016) *Calidad de vida y comunicación*. UVM. <https://bit.ly/3y0Npl8>
- Condeza, Ana Rayén, Bastías, Gabriel, Valdivia, Gonzalo, Cheix, Consuelo, Barrios, Ximena, Rojas, Rodrigo, Gálvez, Myrna, & Fernández, Francisco. (2016). Elderly in Chile: describing their needs for preventive health communication. *Cuadernos.info*, (38), 85-04. <https://dx.doi.org/10.7764/cdi.38.964>
- De la Mora D.G (2020) Aislamiento social y vigilancia para contener la pandemia de Covid 19: algunas acciones de gobierno y actores sociales. *Notas de coyuntura del CRIM*, 26. <https://bit.ly/3rpMLel>.
- García S.A.A (2021). *Confinamiento por covid-19 y su influencia en el trastorno depresivo de un adulto mayor*. Universidad Técnica de Babahoyo. Disponible en: <https://bit.ly/3x0KBD9>
- García-Vera, E. M., Robles-Rodríguez, A., Villegas-Bernabé, M. D. L., Figueroa- García, J., & Etzel, A. (2016). La comunicación médico paciente ¿reto para el paciente geriátrico o para el médico familiar? *Atención Familiar*, 23(2), 63-66.
- GEPSIGER (2001). *Comunicación y envejecimiento. Ideas para una política*. Colombia: Centro de psicología gerontológica. <http://bitly.ws/dFRQ>
- González Celis, A L; Padilla, A (2006) Calidad de vida y estrategias de afrontamiento ante problemas y enfermedades en ancianos de Ciudad de México *Universitas Psychologica*, 5 (3), 501-509. <https://bit.ly/3wRsX4x>
- González ME, Norabuena M, Olortegui A. (2020) *Autonomía personal del adulto mayor después de los 100 días de confinamiento por COVID-19*. Perú: CASUS. 5(3), 138-144.
- Herrera S.P.M, Martínez G.N y Navarrete R.C (2013). Intervención comunitaria para mejorar la calidad de vida del adulto mayor. Cuba: *Revista Cubana de Medicina General Integral*; 30(4), 326-345 <http://bitly.ws/dFRR>

- León L.M.I, Martos E.M, Galiano C.T. (2020) Técnicas de comunicación en las personas adultas mayores ante el aislamiento social y la soledad. España: *Revista Española de Comunicación en Salud* 2020, 11(2), 268-277. <http://bitly.ws/dFRY>
- Loredo-Figueroa, M.T., Gallegos-Torres, R.M., Xequé-Morales, A.S., Palomé- Vega, G., & Juárez-Lira, A.. (2016). Nivel de dependencia, autocuidado y calidad de vida del adulto mayor. *Enfermería universitaria*, 13(3), 159-165. <https://doi.org/10.1016/j.reu.2016.05.002>
- Martínez, M. Á. M., & Ibañez, L. M. (2012). La habilidad de comunicar: caminando hacia el paciente. *Revista Española de Comunicación en Salud*, 3(2), 158-166.
- Moreno-Tamayo, K, Sánchez-García, S, & Doubova, Svetlana V. (2017). Factores asociados con el aislamiento social en una muestra de adultos mayores con seguridad social. *Salud Pública de México*, 59(2), 119-120. <https://doi.org/10.21149/8078>
- Naranjo H.Y, Mayor W.S, Rivera G.O, González B.R (2021).: Estados emocionales de adultos mayores en aislamiento social durante la COVID-19. *Cuba Rev Información Científica*. 100 (2). <https://bit.ly/2V8fpV6>
- OMS (1996) La gente y la salud. ¿Qué calidad de vida. Ginebra: Foro Mundial de la Salud • Volumen 17. <https://bit.ly/3eHwgoR>
- Ortiz M.J (2009) *Comunicación interpersonal en el adulto mayor*. Bogotá: Universidad Javeriana: Tesis de grado. <http://bitly.ws/dFSd>
- Ortiz V.JF et al (2021) *Aislamiento y efectos de la comunicación e inequidad en el adulto mayor*. Universidad de Guanajuato. XXVI Verano de la ciencia. V.10 <https://www.jovenesenlaciencia.ugto.mx/index.php/jovenesenlaciencia/article/view/3285/2787>
- Pons X (2006) *La comunicación entre el profesional de la salud y el paciente: aspectos conceptuales y guía de aplicación*. Enfermería Integral. Colegio oficial de enfermería. Valencia N.73 <https://bit.ly/3hVaBM3>
- Quintero DD (2020) *Representaciones de la vejez, en tiempos de pandemia covid-19, en medios de comunicación de Colombia*. Colombia: Pontificia Universidad Javeriana. (Tesis de Grado. Sociología). <https://repository.javeriana.edu.co/bitstream/handle/10554/51969/Trabajo%20de%20grado%20en%20Sociologi%cc%81a%20-%20Daniela%20Quintero%20D%cc%3%adaz.pdf?sequence=2&isAllowed=y>
- Sánchez O.R, Sánchez V.J.F (2020) El aislamiento del adulto mayor por el COVID-19: consecuencias e intervenciones psicosociales durante la cuarentena. Salamanca: *Studia Zamorensia*, XIX [file:///C:/Users/user/Downloads/DialnetElAislamientoDelAdultoMayorPorElCOVID19-7718175%20\(1\).pdf](file:///C:/Users/user/Downloads/DialnetElAislamientoDelAdultoMayorPorElCOVID19-7718175%20(1).pdf)

Trascendencia de la comunicación en la calidad de vida del adulto mayor en el
distanciamiento social por COVID-19

- Serra Rexach, J. A. (2003). *Comunicación entre el paciente anciano y el médico*. In *Anales de Medicina Interna* 20 (2), 7-8. <https://bit.ly/3xXaYLz>
- Silva C.M.D. (2020) *Riesgo sistémico fundamental que el adulto mayor enfrenta ante el COVID 19 en México, Brasil y EUA*. *InterAm J Med Health*. [file:///C:/Users/user/Downloads/190-Article%20Text-1032-2-1020210614%20\(1\).pdf](file:///C:/Users/user/Downloads/190-Article%20Text-1032-2-1020210614%20(1).pdf)
- Tirro V.I (2016) *La vejez y el cerebro*. Venezuela: Revista Nuevo Humanismo. 4(1), 73-80. <https://doi.org/10.15359/rnh.4-1.4>
- Vallet HE (2019) El Derecho de Comunicación entre abuelos y nietos. Algunas consideraciones desde el estudio de la violencia contra el adulto mayor. *Transcontinental Human Trajectories*. 5 <https://www.unilim.fr/trahs/index.php?id=1317&lang=en>
- Varela P.L.F (2016) Salud y calidad de vida en el adulto mayor. Perú: *Rev Peru MedExp Salud Publica* 33 (2) <https://doi.org/10.17843/rpmesp.2016.332.2196>
- Vega R.J.A, Ruvalcava L.J.C, Hernández P.I, Acuña G.M.R, López P.L (2020) La Salud de las Personas Adultas Mayores durante la Pandemia de Covid-19. *Journal* .5(7) 726-739. <https://bit.ly/3iHeh31>
- Velazco RVM, Limones AML, Suarez AGG, Reyes VH y Delgado MVE (2020) *Ansiedad en el adulto mayor durante la pandemia de COVID-19*. *Paraninfo digital* año XIV N.32 <http://www.ciberindex.com/index.php/pd/article/view/e32069d>
- Vera CO (2009) *Como escribir artículos de revisión*. *Rev. Méd. La Paz* 15 (1), 63-69 <https://bit.ly/3xYWHhf>
- Vera M. (2007). *Significado de la calidad de vida del adulto mayor para sí mismo y para su familia*. *Anales de la Facultad de Medicina*, 68(3), 284-290. <http://bitly.ws/dFSi>
- Vera, Martha. (2007). *Significado de la calidad de vida del adulto mayor para sí mismo y para su familia*. *Anales de la Facultad de Medicina*, 68(3), 284-290. http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1025-55832007000300012&lng=es&tlng=es

AUTHORS

Julio Hernández Falcón

Full-time associate professor C of the Open and Distance University System Division of ENEO-UNAM; Master in Health Services Research; Member of the Research Line of Wellbeing and Care, member of the Academy of Humanities and Care.

Orcid ID: <https://orcid.org/0000-0002-0614-4342>

Araceli Jiménez Mendoza

Full-time professor at the Division of the Open and Distance University System at ENEO-UNAM; Member of the Culture and Society Group; Line of Research on Care for Life and Health of People; Sub-line Care in Life Transitions. Member of the Research Academy at ENEO-UNAM. Candidate in the National System of Researchers CONACYT.

Orcid ID: <https://orcid.org/0000-0001-5762-4314>

Iñiga Pérez Cabrera

Full-time associate professor C of the Division of the Open and Distance University System of ENEO-UNAM, Dean of the School, Dr. Member of the Research Line of Wellbeing and Care, member of the Academy of Humanities and Care.

Orcid ID: <http://orcid.org/0000-0002-5068-6325>