An evaluation of the epidemiological profile of the leading causes of hospitalization in the elderly population in Brasil shows us, first and foremost, how much health policies contribute to the quality of life of these individuals. Based on such an evaluation, it is possible to understand, too, how we are aging, i.e., the price we pay for longer survival in a context somewhat unfavorable.

By studying the morbidities that lead to the hospitalization of elderly individuals, we notice that, in their majority, they are represented by diseases or injuries that should be prevented and treated in Primary Health Care (PHC). Therefore, studies of this nature show that primary care is often not able to fulfill its role in the face of the complexity of elderly individuals\(^1\).

Santos et al.\(^2\) strengthen these findings by arguing that the hospitalization rates among the elderly population are much higher than that of other age groups, precisely on account of the high prevalence of chronic-degenerative diseases and of multi-morbidities that are frequent in these individuals. Thus, we can see that health policies are still unable to meet, in full, the demands generated by the Brazilian demographic/epidemiological transition.

Regarding the costs, Góis, and Veras\(^3\) found that the average cost of hospitalizations in the Unified Health System (SUS) is higher in the age range of 60 to 69 years, and it decreases with the increase of age. These findings, curiously, show that the cost of medical/hospital care by elderly Brazilians is not directly related to increased costs of procedures, but with their use rate.

Therefore, to meet the demands from the increasing elderly Brazilian population, it is not necessary to raise expenditure on health, but improve the quality of procedures already offered and invest in the PHC, so that elderly individuals would need to use these services less frequently.

In this context, we can understand how important it is to investigate and discuss the causes of hospitalizations of the elderly individuals due to primary care sensitive conditions, especially in the Northeast of Brasil, where the population is extremely vulnerable and aged.

**REFERENCES**