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Challenges faced by family caregivers of older adults with Alzheimer's disease

Desafios enfrentados pelos cuidadores familiares de pessoas idosas com Alzheimer

Desafíos enfrentados por los cuidadores familiares de ancianos con enfermedad de Alzheimer

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ABSTRACT

Objective: To understand the challenges faced by family caregivers of older adults with Alzheimer's disease (AD). **Method:** This was an integrative literature review with a qualitative approach. Searches were conducted in LILACS and BDENF, both available through the Virtual Health Library. Studies published between 2019 and 2023, available in full text and written in Portuguese, were included. After applying the previously established inclusion and exclusion criteria, the final sample consisted of 11 studies. **Results:** Family caregivers of older adults with AD were found to face challenges related to physical and emotional burden due to the continuous demands of caregiving, directly affecting family dynamics and social relationships. Difficulties in managing the cognitive and behavioral changes of older adults were highlighted, particularly when associated with insufficient preparation and limited knowledge about the disease. In this context, the quality of life of family caregivers is negatively affected, contributing to physical and mental health problems over time. **Conclusion:** Family caregivers of older adults with AD face numerous challenges characterized by physical, emotional, and social burden, difficulties in managing the cognitive manifestations of the disease, and insufficient family support. These factors compromise caregivers' quality of life and highlight the need for health promotion strategies, continuous support, and strengthened care networks to minimize the impacts of caregiving and improve the quality of care provided to older adults with AD.

Descriptors: Alzheimer's Disease; Older Adults; Quality of Life; Family Caregiver.

RESUMO

Objetivo: *Compreender os desafios enfrentados pelos cuidadores familiares de pessoas idosas com Alzheimer.* ***Método:*** *Trata-se de uma revisão integrativa da literatura, de abordagem qualitativa. A busca foi realizada nas bases de dados denominadas Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Base de Dados de Enfermagem (BDENF), ambas pertencentes à Biblioteca Virtual em Saúde (BVS). Foram incluídos estudos publicados no período de 2019 a 2023, disponíveis na íntegra, no idioma português. Após a aplicação dos critérios de inclusão e exclusão previamente estabelecidos, a amostra final foi composta por 11 estudos.* ***Resultados:*** *Verificou-se que os cuidadores familiares de pessoas idosas com Doença de Alzheimer (DA) enfrentam desafios relacionados à sobrecarga física e emocional, em razão da dedicação contínua ao cuidado, impactando diretamente a estrutura familiar e o convívio social. Destacam-se dificuldades no manejo das alterações cognitivas e*

comportamentais da pessoa idosa, associadas à falta de preparo e de informações adequadas sobre a doença. Nesse contexto, a qualidade de vida do cuidador familiar é impactada, contribuindo para o adoecimento físico e mental ao longo do tempo. ***Conclusão:*** *Apontou-se que os cuidadores familiares de pessoas idosas com Doença de Alzheimer (DA) enfrentam inúmeros desafios, marcados pela sobrecarga física, emocional e social, pela dificuldade no manejo das manifestações cognitivas da doença e pela insuficiência de apoio familiar. Esses fatores comprometem a qualidade de vida dos cuidadores, evidenciando a necessidade de estratégias de promoção da saúde, apoio contínuo e fortalecimento das redes de cuidado, minimizando os impactos do cuidar e qualificando a assistência à pessoa idosa com Alzheimer.*

Descritores: *Doença de Alzheimer; Idoso; Qualidade de vida; Cuidador familiar.*

RESUMEN

Objetivo: *Comprender los desafíos enfrentados por los cuidadores familiares de ancianos con enfermedad de Alzheimer.* ***Método:*** *Se trata de una revisión integradora de la literatura, con enfoque cualitativo. La búsqueda se realizó en las bases de datos denominadas Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS) y Base de Datos de Enfermería (BDENF), ambas pertenecientes a la Biblioteca Virtual en Salud (BVS). Se incluyeron estudios publicados entre 2019 y 2023, disponibles en texto completo y en idioma portugués. Tras la aplicación de los criterios de inclusión y exclusión previamente establecidos, la muestra final estuvo compuesta por 11 estudios.* ***Resultados:*** *Se constató que los cuidadores familiares de ancianos con enfermedad de Alzheimer (EA) enfrentan desafíos relacionados con la sobrecarga física y emocional, debido a la dedicación continua al cuidado, lo que impacta directamente la estructura familiar y la convivencia social. Se destacan dificultades en el manejo de las alteraciones cognitivas y conductuales de la persona mayor, asociadas a la falta de preparación y de información adecuada sobre la enfermedad. En este contexto, la calidad de vida del cuidador familiar se ve afectada, contribuyendo al deterioro de la salud física y mental a lo largo del tiempo.* ***Conclusión:*** *Se identificó que los cuidadores familiares de ancianos con enfermedad de Alzheimer (EA) enfrentan numerosos desafíos, caracterizados por la sobrecarga física, emocional y social, por las dificultades para manejar las manifestaciones cognitivas de la enfermedad y la insuficiencia de apoyo familiar. Estos factores comprometen la calidad de vida de los cuidadores, evidenciando la necesidad de estrategias de promoción de la salud, apoyo continuo y fortalecimiento de las redes de cuidado, con el fin de minimizar los impactos del cuidado y mejorar la atención brindada a los ancianos con Alzheimer.*

Descriptores: *Enfermedad de Alzheimer; Anciano; Calidad de vida; Cuidador familiar.*

INTRODUÇÃO

Aging is a natural and inherent process of human life, characterized by different stages of development. In Brazil, aging has become increasingly significant, accompanying the demographic transition observed over recent decades. Data from the population projections of the Brazilian Institute of Geography and Statistics indicate that between 2000 and 2023, the proportion of individuals aged 60 years or older in the population nearly doubled, increasing from 8.7% to 15.6%. In absolute numbers, this population grew from 15.2 million to approximately 33.0 million older adults, highlighting the rapid population aging process in the country and reinforcing the need to address the specific demands of this age group[1].

The human body undergoes physiological and functional changes inherent to the senescence process, understood as the set of natural and progressive changes associated with advancing age. In this context, these changes become more evident and are associated with an increased risk of developing several chronic conditions, such as cardiovascular diseases, type 2 diabetes mellitus, arthritis, neoplasms, and cognitive disorders, with direct repercussions on mobility, cognitive function, and overall health status[2,3].

An older adult is defined as any individual aged 60 years or older, and the growth of this age group has generated new demands in the field of public health. Population aging, combined with increased life expectancy, contributes to the rising prevalence of neurodegenerative diseases such as Alzheimer's disease (AD). From this perspective, AD is one of the most recognized conditions affecting a large proportion of the older population and is characterized as a degenerative, progressive, irreversible, and multifactorial condition associated with advanced age, environmental factors, and traumatic brain injuries that may trigger its manifestations[4,5].

AD is estimated to account for approximately 70% of dementia cases worldwide, affecting nearly 55 million people globally, with projections indicating substantial increases in the coming decades due to ongoing population aging. In Brazil, it is estimated that more than 1.2 million people live with the disease, highlighting its importance as a major public health issue. Given its functional and social impact, AD requires continuous health promotion strategies aimed not only at older adults but also at their families and communities[6].

Although the disease has not yet been fully understood, several risk factors have been associated with its development, including environmental factors, stress, genetic predisposition, infectious diseases, depression, and low cognitive reserve. Many of these factors are amenable to intervention through health promotion actions, such as encouraging cognitive stimulation, providing psychosocial support, promoting health education, and reducing stress-related factors[7].

Thus, health promotion in the context of caring for older adults with AD constitutes a strategic approach for addressing the challenges experienced by family caregivers. Beyond disease prevention, health promotion encompasses the creation of conditions that support physical, mental, and social well-being, considering that caregiving requires substantial emotional involvement and responsibility, as well as constant attention, dedication, and concern[8].

Depending on the stage of AD, the individual requires a caregiver who is consistently present and capable of managing all phases of the condition. In many situations, this caregiving role is assigned to a single family member, who becomes responsible for all aspects of care, resulting in a significant physical and emotional burden[5].

The challenges faced by family caregivers begin with understanding AD, extend to the need to maintain patience with their relative, and culminate in the physical and mental exhaustion acquired throughout the caregiving process. As a result of this burden, many caregivers experience worsening health conditions or become ill themselves, frequently presenting stress-related conditions that negatively affect the care provided[7,9].

The quality of life of family caregivers is affected by the changes resulting from the diagnosis of AD in their loved one, leading to modifications in socioeconomic, psychological, and family-related dimensions. Family members represent an important source of support for older adults, as they are directly involved in the caregiving and coexistence process[9].

During treatment and follow-up, family caregivers are often responsible for carrying out health care-related activities and providing continuous attention, transforming family life into an experience marked by stress, anxiety, and, frequently, frustration associated with the caregiving role[7].

Therefore, demographic transition and increased longevity pose challenges to health promotion policies, particularly regarding disease prevention and the strengthening of social support networks, which are essential to ensuring a better quality of life for older adults[5].

In this context, the present study is justified by the need to highlight caregivers as the primary individuals responsible for providing direct assistance to older adults with AD, recognizing them as a fundamental part of the caregiving process. Physical, emotional, and social demands experienced by family caregivers may compromise their own health and, consequently, affect the quality of care provided to older adults.

Considering this reality, the study is relevant because it contributes to strengthening health promotion practices by supporting health professionals and managers in the development of strategies aimed at improving the quality of life of both caregivers and older adults with AD.

Furthermore, the study contributes to strengthening health promotion practices by supporting professionals and managers in developing strategies focused on improving the quality of life of caregivers and older adults with AD.

Therefore, the aim of this study is to understand the challenges faced by family caregivers of older adults with AD.

METHOD

This study is an integrative literature review, a method that enables a rigorous analysis of data and allows for the expansion of knowledge regarding a given topic. In addition to presenting an appropriate cost-benefit ratio, this methodology facilitates the identification and synthesis of existing scientific evidence, contributing to a deeper understanding of the investigated phenomenon, the consolidation of the theoretical framework, and the development of new lines of research[10].

To conduct the integrative literature review, a methodological framework composed of six stages was adopted: development of the guiding research question; definition of the literature sample; data collection; critical analysis of the included studies; synthesis and discussion of the results; and presentation of the review[11].

To formulate the guiding review question, the PVO (Population, Variables, and Outcomes) strategy was used. This strategy enables the identification of appropriate answers to research questions and facilitates understanding of the aspects inherent to the study variables.

The guiding question may be defined by focusing on a specific intervention or, more broadly, by examining different interventions or practices in the fields of health or nursing[10]. This framework is presented in Box 1.

Quadro 1. Definição da pergunta norteadora de pesquisa, em uso do PVO. Juazeiro do Norte, Ceará, Brasil, 2025.

Item da estratégia	Componentes	DeCS	*MeSH*
Population	Idosos	Idoso	*Aged*
Variables	Portadores de Alzheimer	Doença de Alzheimer	*Alzheimer disease*
Variables	Qualidade de vida dos portadores e familiares cuidadores	Qualidade de vida	*Quality of life*
Outcomes	Cuidado ao portador de Alzheimer	Cuidador	*Caregiver*

DeCS: Descritores em Ciências da Saúde; *MeSH: Medical Subject Headings.*
Fonte: elaboração própria, 2026.

Based on the need to expand knowledge regarding the challenges faced by family caregivers of older adults with AD and using the PVO strategy, the following research question was formulated: What challenges are faced by family caregivers of older adults with AD?

For the search and selection of studies and publications, the following databases were used: LILACS and BDENF, both accessed through the Virtual Health Library. Regarding the study period, the search was conducted between February and April 2024. The following Health Sciences Descriptors (DeCS) and equivalent Medical Subject Headings (MeSH) terms were combined to retrieve the studies: Doença de Alzheimer (Alzheimer Disease) AND Idoso (Aged) AND Qualidade de Vida (Quality of Life) AND Cuidador (Caregiver), using the Boolean operator AND.

Regarding publication selection, the inclusion criteria were as follows: full-text articles available free of charge, published in Portuguese, and published between 2019 and 2023. The exclusion criteria included duplicate articles, secondary studies, expert opinions, letters to the editor, dissertations, theses, and non-scientific works.

RESULTS

The study findings were organized into tables and categories identified according to author and year of publication, title, objective, method, main results, and journal. To organize and qualitatively synthesize the included studies[9,14-23], categorization was performed according to the proposed theme.

To illustrate the process of article search and selection as well as to present the number of studies identified through descriptor combinations, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework was used, as presented in Figure 1[12].

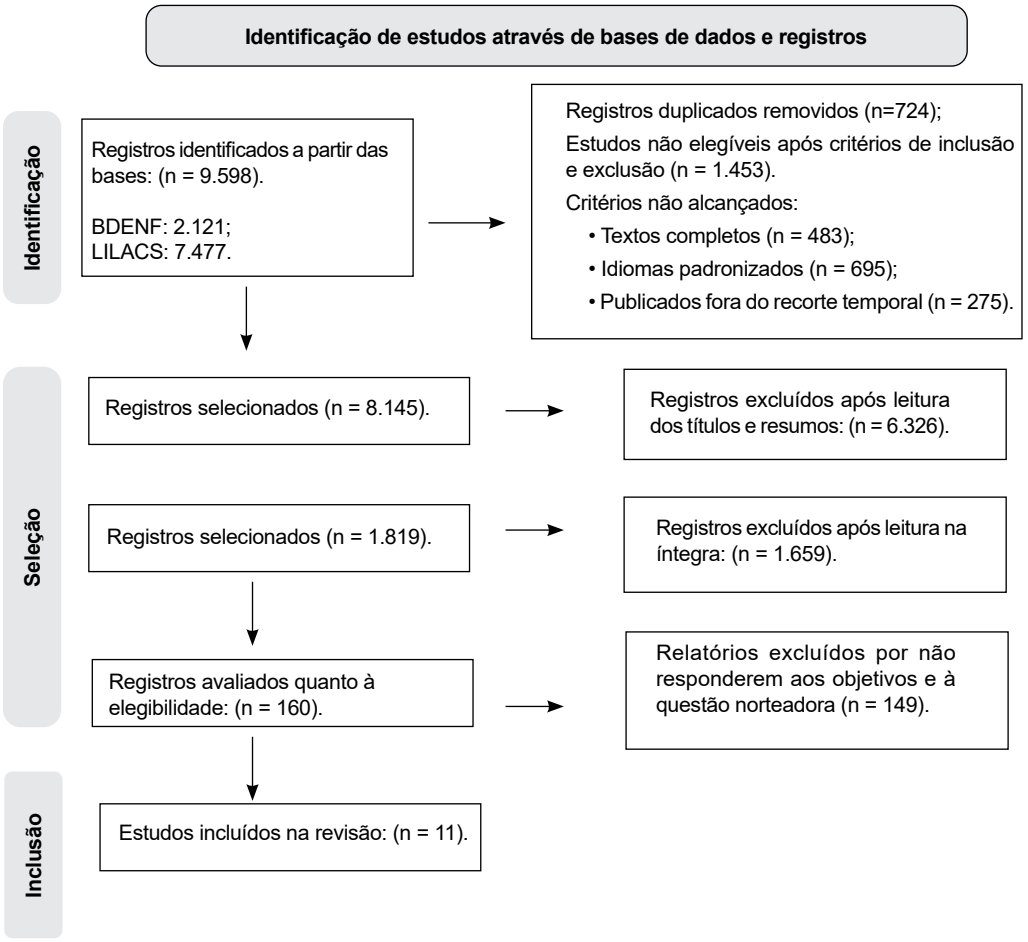

Figure 1. Flowchart of the identification, selection, and inclusion of studies using the adapted Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. Juazeiro do Norte, Ceará, Brazil, 2026.
Source: Based on the data search (adapted from PRISMA), 2026.

Following the stages of the integrative literature review, consultation of the databases resulted in 160 studies potentially eligible for inclusion. After applying the inclusion and exclusion criteria, the final study sample consisted of 11 articles, based on the full analysis of the selected studies.

To organize the research findings, the studies were classified according to Levels of Scientific Evidence (LSE). This approach establishes the classification of LSE into seven levels[13].

During the organization of the research findings, synthesis of the results was performed through the preparation of a summary of the studies included in the review, considering the following aspects: coding, country and year of publication, journal and database, methodological approach, and LSE (Box 2).

Box 2. Synthesis of the studies selected for the integrative literature review. Juazeiro do Norte, Ceará, Brazil, 2026.

Study ID	Country of origin and year of publication	Journal/Database	Method	LSE
A1[19]	(Brasil, 2019)	Rev. Cuidado é fundamental (*online*) (BDENF)	Cross-sectional study	4
A2[18]	(Brasil, 2020)	Rev. Nursing (BDENF)	Qualitative study	5
A3[20]	(Brasil, 2020)	Rev. Cuidado é fundamental (*online*) (BDENF)	Qualitative study	5
A4[21]	(Brasil, 2020)	Psicologia USP (LILACS)	Qualitative study	5
A5[16]	(Brasil, 2020)	Bioscience Journal (LILACS)	Qualitative study	5
A6[22]	(Brasil, 2020)	Dement Neuropyschol (LILACS)	Quantitative study	5
A7[17]	(Bogotá, 2021)	Avances en Enfermería (BDENF)	Qualitative study	5
A8[9]	(Brasil, 2023)	Acta Paulista de Enfermagem (BDENF)	Cross-sectional study	4
A9[14]	(Brasil, 2023)	Journal of Nursing and Health (LILACS)	Qualitative study	5
A10[23]	(Brasil, 2023)	Rev. Enfermagem UFPI (BDENF)	Descriptive qualitative study	5
A11[15]	(Brasil, 2023)	Escola Anna Nery (BDENF)	Quantitative study	5

Source: Prepared by the authors, 2026.

To provide a better understanding of the objectives and findings of the selected studies included in the review, an individual analysis of these aspects was conducted, enabling the development of Box 3, as detailed below.

Box 3. Objectives and findings by study. Juazeiro do Norte, Ceará, Brazil, 2026.

Study ID	Objective	Main findings
A1[19]	To analyze the effects of burden, stress, and depressive symptoms on the health characteristics of older adults caring for older adults.	Based on a sample of 70 older adults and their respective family caregivers enrolled in the Family Health Program, with data collected through structured interviews, the study showed that the burden level among older adults caring for older adults was considerably high. This result negatively affected several aspects of physical and emotional health.
A2[18]	To identify in the literature instruments used to assess quality of life and caregiver burden and their applicability to this population.	In this integrative review, 106 full-text articles were analyzed, of which 62 met the inclusion criteria, resulting in the identification of 80 instruments applied to caregivers. Among these, 28 had been validated in the Brazilian context, with seven specifically designed for caregivers to assess quality of life and burden. Appropriate instruments, some already validated, were identified as available and applicable for this population.
A3[20]	To evaluate the quality of life of family caregivers and its relationship with socioeconomic, health, and caregiving conditions.	This integrative review considered 783 articles identified in the SciELO and LILACS databases, of which 13 met the inclusion criteria, providing data on caregivers of older adults. A correlation was identified between economic factors, caregiving characteristics, and caregivers' quality of life, indicating that variables such as income, support, and socioeconomic conditions influence perceived quality of life in this population.

A4[21]	To identify the main difficulties experienced by informal caregivers of older adults receiving home care and enrolled in the Health Program.	The sample consisted of nine family caregivers of older adults with AD, and data were collected through qualitative interviews using a phenomenological approach to understand the caregiving experience. Difficulties in dealing with cognitive and behavioral changes in older adults, as well as the lack of knowledge and preparation to provide appropriate care, were identified as factors negatively affecting caregivers' routines, well-being, and emotions throughout the caregiving process.
A5[16]	To analyze the main challenges and care provided by the nursing team during the caregiving process for older adults living with AD and their family caregivers.	A total of 20 family caregivers of older adults with AD participated in this study, with data collected through recorded semi-structured interviews and analyzed using Descending Hierarchical Classification and the Collective Subject Discourse technique. The findings demonstrated that the lack of specialized knowledge among some nursing professionals hindered the relationship between older adults and their family caregivers, negatively affecting the quality of care provided and caregivers' perceived quality of life.
A6[22]	To investigate the quality of life of informal caregivers of older adults with AD during the COVID-19 pandemic.	This qualitative descriptive study was conducted with informal caregivers of older adults with AD during the COVID-19 pandemic, with data collected through semi-structured qualitative interviews. The study showed that the pandemic led to significant changes in caregivers' routines, including task reorganization, increased dedication to caregiving, reduced personal activities, and changes in social interaction. These consequences have persisted over time, influencing caregivers' physical and emotional well-being.
A7[17]	To present the state of the art regarding nursing care for individuals with Alzheimer's disease.	This integrative review included seven studies published between 2016 and 2020 and identified in the SciELO and LILACS databases through systematic searches using combined descriptors related to nursing and AD. The study highlighted the nurse's role in assisting both caregivers and individuals with AD, emphasizing the importance of health promotion actions, family guidance, and disease prevention, reinforcing the need for integrated and educational nursing practices in this context.
A8[9]	To understand care for older adults with AD and the resilience of informal caregivers.	This study included 12 family caregivers of older adults with AD, with data collected through interviews. The complexity, uniqueness, and duality of feelings involved in caring for older adults with AD were observed. Although caregivers did not spontaneously identify the term "resilience," the study demonstrated the development of coping skills to manage daily caregiving demands, including emotional adaptation and cognitive strategies to overcome everyday challenges.
A9[14]	To understand unique aspects of the caregiving experience from the perspective of family caregivers of older adults with AD.	This qualitative study involved 20 caregivers of older adults, with data collected through a sociodemographic questionnaire and interview guides with open-ended questions. The findings highlighted caregivers' needs from the early stages of diagnosis through the creation of spaces for listening, emotional support, and welcoming, in response to the gradual losses experienced throughout the caregiving process. The study emphasized the need for psychosocial support, information, and strengthening of family and professional support networks.
A10[23]	To identify factors associated with the quality of life of caregivers of older adults diagnosed with AD.	This qualitative descriptive study was conducted with 12 caregivers using semi-structured interviews analyzed through the IRaMuTeQ software and the Strauss and Corbin method to group categories of meaning. The findings demonstrated that the lack of harmony among the analyzed factors negatively contributed to imbalances in the quality of life of both caregivers and their family members.
A11[15]	To evaluate symptoms of burden, stress, depression, and anxiety among caregivers of older adults with AD.	This qualitative study was conducted with family caregivers of older adults with AD participating in support groups coordinated by a multidisciplinary team, with data collected through group participation, observation, and caregiver reports. Participation in multidisciplinary support groups was found to contribute to reducing caregivers' physical and emotional burden by promoting the sharing of experiences and access to information.

Regarding the research objectives, most of the selected articles supported the implementation of practices and protocols aimed at preventing physical, mental, and emotional health problems among caregivers of older adults with AD, with a particular focus on family caregivers.

DISCUSSION

The frailty associated with aging has a significant impact on family organization and social relationships. Because of the vulnerabilities related to aging, especially in cases of dementia, responsibility for care is progressively transferred to the family. Female family members often assume the role of informal caregivers, becoming responsible for providing comprehensive home care[14]. This scenario reflects a family-centered care model that although widely adopted is not always accompanied by the necessary institutional support.

In this context, AD is characterized by progressive clinical stages classified as mild, moderate, and severe, which are directly associated with increasing care demands and greater caregiver burden. As the disease progresses, older adults require constant supervision and assistance with activities of daily living, demanding greater investment of time, physical effort, and emotional involvement from caregivers. This process contributes to mental health consequences, such as anxiety and depressive symptoms, initially mild in intensity but tending to worsen as the disease advances. Consequently, caregivers of individuals in the severe stage experience higher levels of physical and emotional burden, indicating that disease progression is a relevant factor affecting caregiver well-being[15].

Caring for a family member with AD therefore requires almost exclusive dedication, frequently compromising the time allocated to self-care. Faced with the continuous demands imposed by the disease, many caregivers completely reorganize their routines, neglecting personal needs and giving up social, occupational, and leisure activities to meet caregiving demands. This process becomes profoundly exhausting, as caregivers, predominantly family members, experience progressive burden resulting from the physical, emotional, and social demands imposed by disease progression, favoring the development of chronic stress, physical fatigue, emotional distress, social isolation, and financial difficulties, ultimately compromising their quality of life.

This systematic renunciation of one's own life highlights the invisibility of caregivers within health policies and health care services, a reality supported by prior research[16,17]. In this context, authors emphasize that the role of nursing and the multidisciplinary health care team, through health education, guidance regarding care practices, and emotional support, represents a fundamental strategy to minimize caregiver burden and improve home care quality. Nevertheless, studies demonstrate that these actions remain insufficient or poorly accessible, revealing a gap between health care recommendations and everyday practice[9,18].

In this sense, there is a clear need for care models that move beyond an exclusive focus on dependent older adults and incorporate caregivers as central subjects in the care process. Conversely, the absence of structured professional support and effective public policies directed toward family caregivers contributes to their physical and emotional illness, compromising the sustainability of home care. This reality reinforces the urgency of health care actions based on continuing education, longitudinal follow-up, and psychosocial support in order to reduce the isolated responsibility placed on families[9,18].

From this perspective, caregiver burden is not solely the result of the older adult's progressive functional dependence, but also of the fragility of institutional support, which reinforces the central role of the family as the primary care provider[19,20]. This scenario reveals a structural contradiction in which home care is encouraged, yet sustained by caregivers who remain insufficiently supported by health care services[21].

Within this framework, burden, stress, and depressive symptoms may compromise caregivers' health and quality of life since these factors coexist and reinforce one another over time, intensifying physical and emotional illness[15]. These findings are consistent with studies identifying a direct association between high caregiver burden and poorer perceived quality of life, especially in psychological and social domains, demonstrating that the impacts of caregiving extend beyond the daily physical effort involved[16,22].

The subjective experience of caregiving also contributes to understanding the caregiver experience, considering that family caregivers experience ambivalent feelings ranging from affection and a sense of moral responsibility to psychological suffering, particularly in the face of the progressive loss of identity experienced by individuals with AD[21]. This emotional dimension, frequently neglected in health care practice, contributes to the development of anxiety and depression, which are widely reported among family caregivers[22].

Despite the documented negative impacts, some recent studies identify resilience as a protective factor in coping with caregiving demands, demonstrating that caregivers with greater adaptive capacity are better able to manage the adversities imposed by the disease while preserving aspects of emotional well-being[14]. However, resilience should not be interpreted as an isolated individual attribute, but rather as a competence that can be strengthened through systematic professional interventions, particularly within the field of nursing.

The importance of systematically assessing caregiver burden and quality of life is also discussed in the literature. In this regard, some studies emphasize that the use of validated instruments enables the early identification of risk situations, supporting more targeted and effective health care interventions[17]. This approach becomes even more relevant in contexts of social vulnerability, such as during the COVID-19 pandemic, a period marked by increased burden and deterioration in the quality of life of caregivers of older adults with AD[23].

Thus, care for older adults with AD cannot be understood separately from the reality experienced by informal caregivers. Neglecting the physical, emotional, and social needs of caregivers compromises not only their own health but also the quality of care provided to older adults.

Social assistance and support services, such as paid home caregivers, respite care, day care centers, and peer support groups, are strategies predominantly adopted in countries outside the Brazilian context and are recognized as fundamental for enabling people with dementia and their caregivers to maintain a better quality of life while sharing caregiving responsibilities. These services contribute not only to continuity of care, but also to reducing caregivers' physical and emotional burden by offering structured support and spaces for emotional support and exchange of experiences, positively affecting the daily management of the disease[24,25].

Thus, it is essential that health professionals expand their roles beyond direct care by incorporating structured support strategies, health education, and continuous follow-up for caregivers, recognizing them as an inseparable part of the caregiving process.

CONCLUSION

In conclusion, family caregivers of older adults with AD face complex and multidimensional challenges that extend beyond physical caregiving and encompass emotional, social, financial, and health-related dimensions. Disease progression imposes continuous and increasing demands, often assumed in isolation, resulting in caregiver burden, caregiver illness, and compromised quality of care provided to older adults.

The role of the multidisciplinary health care team in providing comprehensive care for older adults with AD and their caregivers was highlighted, contributing to the clinical, functional, and emotional management of the disease. Nursing plays a central role in this process by integrating direct care, health education, and support for family members.

Despite the relevance of the findings, this study presents some limitations that should be considered. Literature searches were conducted in specific databases within the Virtual Health Library, which may have restricted the identification of studies indexed in broader international databases, thereby limiting the diversity of analyzed contexts.

The established time frame may also have excluded earlier studies of substantial theoretical and methodological relevance regarding care for older adults with AD, limiting the historical and evolutionary understanding of the investigated phenomenon. Furthermore, the small number of studies included in the final sample reflects the rigorous application of eligibility criteria; however, it may limit the generalizability of the findings.

A predominance of qualitative and cross-sectional studies classified at moderate levels of scientific evidence was observed, making causal relationships difficult to establish and requiring caution in interpreting the findings. In addition, the methodological heterogeneity of the analyzed studies, particularly regarding study designs, data collection instruments, and caregiver profiles, may hinder direct comparison among results.

Finally, although studies from different contexts were included, most investigations were conducted within the Brazilian setting, which may limit the extrapolation of the findings to different sociocultural realities and health care systems.

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