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# Impacts of Alzheimer's disease on the lives of family caregivers: an integrative review

*Impactos da doença de Alzheimer na vida dos familiares cuidadores: revisão integrativa*

*Impactos de la enfermedad de Alzheimer en la vida de los familiares cuidadores: revisión integradora*

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**Abstract:**

Population aging increases the incidence of dementia, particularly Alzheimer's disease (AD), whose progressive dependency places a burden on informal caregivers. This study aimed to analyze the scientific literature on the impacts of Alzheimer's disease on the burden and quality of life of family caregivers of older adults in home settings, and the evidence concerning support provided by healthcare teams. This integrative literature review followed PRISMA recommendations and the framework proposed by Mendes, Silveira and Galvão. Searches covered MEDLINE (via PubMed), LILACS (via the Virtual Health Library) and SciELO, with a supplementary Google Scholar search, for the period from 2021 to 2026. Eleven primary empirical articles were selected following eligibility screening and methodological appraisal using Joanna Briggs Institute (JBI) tools. The results indicate a multidimensional burden borne predominantly by women (daughters and wives), with substantial musculoskeletal strain associated with older adults' physical dependency and psychological distress intensified by behavioral and psychological symptoms of dementia (BPSD). Formal support from healthcare teams was largely incipient or not investigated in a substantial proportion of the studies; where assessed, it was characterized by a biomedical focus on older adults. Nevertheless, psychoeducational interventions and home visits demonstrated significant relief of subjective burden. Formal support for caregivers is essential to the sustainability of home care, requiring their inclusion in primary care plans.

**Keywords:** Alzheimer Disease; Caregivers; Social Support; Primary Health Care; Psychosocial Impact of Disease.

**Resumo:**

O envelhecimento populacional eleva a incidência de demências, destacando-se a Doença de Alzheimer (DA), cuja dependência progressiva sobrecarrega os cuidadores informais. O objetivo deste estudo foi analisar, na literatura científica, os impactos da Doença de Alzheimer na sobrecarga e na qualidade de vida de familiares cuidadores de idosos no contexto domiciliar e as evidências sobre o apoio oferecido pelas equipes de saúde. Trata-se de uma revisão integrativa da literatura guiada pelas recomendações do PRISMA e pelo referencial de Mendes, Silveira e Galvão, com buscas realizadas nas bases MEDLINE (via PubMed), LILACS (via BVS) e SciELO, além de busca complementar no Google Acadêmico, no recorte temporal de 2021 a 2026. Foram selecionados 11 artigos empíricos primários após aplicação dos critérios de elegibilidade e avaliação metodológica pelo Joanna Briggs Institute (JBI). Os resultados apontam que a sobrecarga é multidimensional, recaindo hegemonicamente sobre mulheres (filhas e esposas), com elevado desgaste osteomuscular associado à dependência física do idoso e sofrimento psíquico intensificado pelos Sintomas Comportamentais e Psicológicos da Demência (SCPD). O apoio formal das equipes de saúde mostrou-se predominantemente incipiente ou não investigado em parte expressiva dos estudos, marcado pela centralidade biomédica no idoso quando avaliado, embora intervenções psicoeducativas e visitas domiciliares tenham demonstrado alívio significativo da sobrecarga subjetiva. Conclui-se que o suporte formal ao cuidador é

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

indispensável para a sustentabilidade da assistência domiciliar, demandando a inserção desse público nos planos de atenção primária.

**Palavras-chave:** Doença de Alzheimer; Cuidadores; Apoio Social; Atenção Primária à Saúde; Efeitos Psicossociais da Doença

**Resumen:**

El envejecimiento poblacional eleva la incidencia de demencias, especialmente la enfermedad de Alzheimer (EA), cuya dependencia progresiva sobrecarga a los cuidadores informales. El objetivo fue analizar, en la literatura científica, los impactos de la enfermedad de Alzheimer sobre la sobrecarga y la calidad de vida de familiares cuidadores de personas mayores en el domicilio y las evidencias sobre el apoyo ofrecido por los equipos de salud. Se realizó una revisión integradora guiada por las recomendaciones PRISMA y el marco de Mendes, Silveira y Galvão, con búsquedas en MEDLINE (vía PubMed), LILACS (vía BVS) y SciELO, además de una búsqueda complementaria en Google Académico, para el período de 2021 a 2026. Se seleccionaron 11 artículos empíricos primarios tras aplicar los criterios de elegibilidad y la evaluación metodológica del Joanna Briggs Institute (JBI). Los resultados muestran una sobrecarga multidimensional, que recae predominantemente en mujeres (hijas y esposas), con elevado desgaste osteomuscular asociado a la dependencia física de la persona mayor y sufrimiento psíquico intensificado por los síntomas conductuales y psicológicos de la demencia (SCPD). El apoyo formal de los equipos fue principalmente incipiente o no investigado en una proporción considerable de los estudios; cuando se evaluó, predominó la centralidad biomédica en la persona mayor, aunque las intervenciones psicoeducativas y visitas domiciliarias demostraron alivio significativo de la sobrecarga subjetiva. El apoyo formal al cuidador es indispensable para la sostenibilidad de la asistencia domiciliaria y exige incluir a este público en los planes de atención primaria.

**Palabras clave:** Enfermedad de Alzheimer; Cuidadores; Apoyo Social; Atención Primaria de Salud; Impacto Psicosocial de la Enfermedad.

## 1 Introduction

Rapid population aging has substantially changed the global epidemiological profile, producing a transition toward a continuous increase in chronic degenerative conditions, particularly dementia syndromes (WHO, 2021). Dementias comprise a group of neurocognitive disorders characterized by progressive decline in memory, temporal and spatial orientation, language, reasoning and judgment, gradually compromising individual autonomy (Brasil, 2021). Globally, Alzheimer's disease (AD) is the most prevalent etiology, accounting for approximately 60% to 70% of all diagnosed cases (WHO, 2021).

From a pathophysiological perspective, AD is characterized by extracellular deposition of beta-amyloid peptide plaques and intraneuronal formation of neurofibrillary tangles composed of hyperphosphorylated tau protein, causing synaptic loss and diffuse cell death in the cerebral cortex and hippocampus (Falco et al., 2016). Its clinical course initially involves impaired performance of instrumental activities of daily living (IADLs), such as managing finances and administering treatment regimens. As the disease advances, dependency extends to basic activities of daily living (BADLs), encompassing personal

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

hygiene, dressing, transfers and feeding, often accompanied by behavioral and psychological symptoms of dementia (BPSD), such as motor agitation, apathy, emotional lability, disorientation and sleep disturbances (Brasil, 2021).

Given ongoing dependency, therapeutic support and care fall predominantly to the family in the home setting, establishing the role of the informal caregiver (Sousa et al., 2021). In most families, a single individual assumes direct care responsibilities, often without prior training or emotional preparation, facing uninterrupted monitoring duties that result in substantial physical, psychological and financial burden and restricted social interaction (Sousa et al., 2021; Rebêlo et al., 2021).

Although the literature describes the illness profile of older adults with AD, there is a gap in the systematic empirical examination of the interaction between caregiver strain and the support or reception actually provided by healthcare services, which have historically prioritized the ill individual while rendering caregivers' health needs at home invisible (Rocha et al., 2022). This review is therefore justified by its consolidation of evidence linking dimensions of burden and quality of life with interventions and support from care networks. Guiding question: What scientific evidence exists concerning the impacts of Alzheimer's disease on the burden and quality of life of family caregivers of older adults at home, and what characterizes the support provided to this group by healthcare teams?

General objective: To analyze the scientific literature on the impacts of Alzheimer's disease on the burden and quality of life of family caregivers of older adults in home settings, and the evidence regarding support provided by healthcare teams.

Specific objectives:

1: To identify the main dimensions of burden (physical, psychological, social and financial) experienced by family caregivers of older adults with Alzheimer's disease at home;

2: To analyze the relationship between caregiver burden/quality of life and the clinical stage or functional dependency of the older person receiving care;

3: To map and describe guidance, reception and support activities provided to these caregivers by healthcare teams, identifying reported gaps in care.

## 2 Methods

This is an integrative literature review, a methodological design that enables the synthesis of diverse empirical studies to generate comprehensive conclusions about a health phenomenon. The study strictly followed the six stages recommended by Mendes, Silveira and Galvão (2008): identifying the topic and formulating the research question; searching and sampling the literature; defining the information to be extracted; critically appraising included studies; interpreting and discussing results; and presenting the review.

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

The guiding question was formulated using the PCC strategy: Population (P): family caregivers of older people (aged 60 years or over) diagnosed with Alzheimer's disease; Concept (C): multidimensional burden and changes in quality of life; Context (C): home care and support from healthcare teams.

The literature search covered Medical Literature Analysis and Retrieval System Online (MEDLINE, via PubMed), Latin American and Caribbean Health Sciences Literature (LILACS, via the Virtual Health Library — BVS) and the Scientific Electronic Library Online (SciELO). An exploratory Google Scholar search was also conducted (screening limited to the first 100 records ranked by relevance for supplementary literature, in an incognito tab), along with reverse searching of selected articles' reference lists (pearling). Search strategies combined controlled vocabularies (DeCS and MeSH) and free terms using the Boolean operators AND and OR, as detailed in Table 1.

Table 1 – Search strategies implemented in the information sources

| **Source / Interface** | **Complete search strategy** | **Filters used** | **Search date** | **Records retrieved** |
|---|---|---|---|---|
| MEDLINE (via PubMed) | ("Alzheimer Disease"[Mesh] OR "Alzheimer") AND ("Caregivers"[Mesh] OR "Family Caregivers" OR "informal caregiver") AND ("Cost of Illness"[Mesh] OR "Quality of Life"[Mesh] OR "Caregiver Burden"[Mesh] OR "burden" OR "burnout") | Humans; Period: 2021–2024; Languages: Portuguese, English and Spanish | 15/09/2026 | 142 |
| LILACS (via BVS) | (mh:("Doença de Alzheimer" OR "Alzheimer Disease")) AND (mh:("Cuidadores" OR "Caregivers") OR "cuidador familiar" OR "cuidador informal") AND (mh:("Qualidade de Vida" OR "Efeitos Psicossociais da Doença") OR "sobrecarga" OR "burden") | Database: LILACS; Period: 2021–2024; Languages: Portuguese, English and Spanish | 20/10/2026 | 58 |
| SciELO | ("Doença de Alzheimer" OR "Alzheimer") AND ("Cuidadores" OR "cuidador") AND ("qualidade de vida" OR "sobrecarga") | All indexes; Period: 2021–2024; Languages: Portuguese, English and Spanish | 06/09/2026 | 24 |
| Google Scholar (supplementary) | "Doença de Alzheimer" AND "cuidador familiar" AND ("sobrecarga" OR "qualidade de vida") AND "domiciliar" | Period: 2021–2024; First 100 results screened | 14/09/2026 | 100 |

Source: Prepared by the authors (2026).

Inclusion criteria: primary empirical research articles (quantitative, qualitative or mixed methods) directly examining informal/family caregivers of people aged 60 years or over diagnosed with Alzheimer's disease (or dementia syndrome samples with a predominance of AD or AD-stratified data) receiving home care; published between January 1, 2021 and September 20, 2026; freely available in full in Portuguese, English or Spanish.

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

Exclusion criteria: secondary studies (literature reviews); editorials, letters, conference abstracts and experience reports; studies focused exclusively on formal (paid) caregivers or institutionalized/hospitalized older adults; studies pooling dementias without stratification or clinical predominance of AD; duplicate articles; studies outside the specified period (2021 to 2024).

Initial title and abstract screening used Zotero to detect duplicates, with manual checking before any exclusion. Selected articles were then read in full to assess eligibility based on the PRISMA 2020 flow diagram. Data were extracted using a standardized form (authors, year, location, design, sample characteristics, instruments, clinical staging/dependency, burden/quality-of-life outcomes and characterization of support from healthcare teams).

Methodological quality was assessed using Joanna Briggs Institute (JBI) instruments specific to each study design (Cross-Sectional Studies, Qualitative Research, Quasi-Experimental). As the review used secondary data available in public-domain repositories, submission to the Research Ethics Committee (CEP/CONEP) was waived under CNS Resolution No. 510/2016.

## 3 Results

The initial search identified 324 records. After removing 39 duplicates, 285 studies underwent title and abstract screening, resulting in the exclusion of 241 studies that did not meet the predefined criteria. Forty-four articles remained for full-text assessment; of these, 33 were excluded for the following reasons: no disaggregated AD data (n=14), investigation of paid formal caregivers (n=6), institutionalized older adults (n=5), lack of free full open access (n=4), literature reviews identified during full-text reading (n=3), and publication outside the established period (n=1) [total: 14 + 6 + 5 + 4 + 3 + 1 = 33 excluded articles]. Reverse searching (pearling) identified no additional eligible studies. Thus, 11 primary empirical studies formed the final synthesis.

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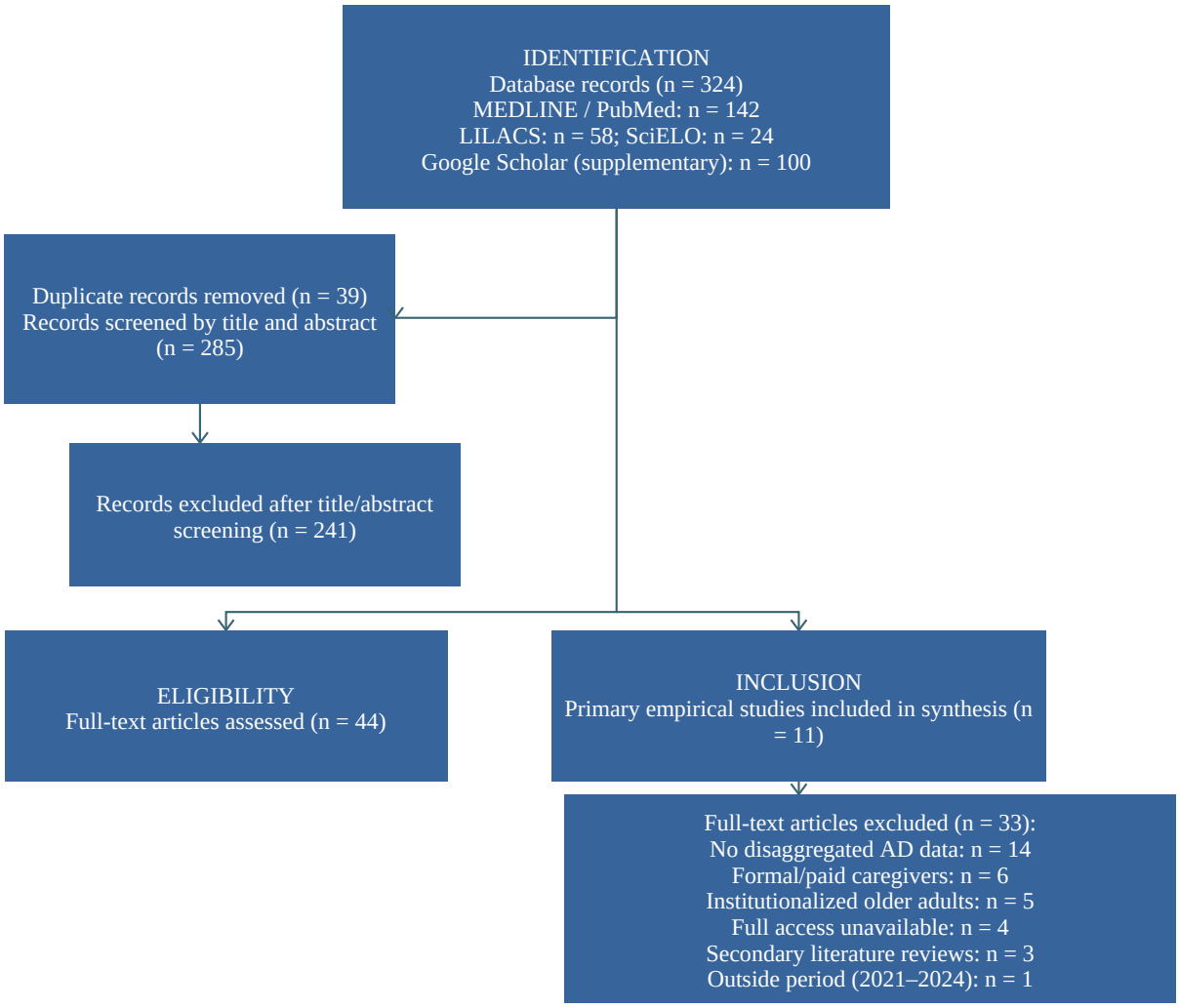
**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

Figure 1 – Selection process flowchart




Source: Prepared by the authors (2026), based on PRISMA 2020 recommendations.

Table 2 presents the summarized characteristics of the 11 included primary studies, with verifiable authorship and bibliographic data.

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

Table 2 – Characteristics of the primary studies included in the integrative review

| Author / Year | Country | Design / Sample | Instruments / Measurement | Disease stage / Dependency | Main findings (burden and quality of life) | Healthcare team support | JBI appraisal |
|---|---|---|---|---|---|---|---|
| Fernandes et al. (2021) | Portugal | Descriptive qualitative (n=15 family caregivers) | In-depth semi structured interviews | Severe BADL dependency | Loneliness, continuous hypervigilance stress and severely restricted social interaction due to home confinement. | Not investigated/not reported (focus on narratives of adaptation and subjective losses). | 9/10 |
| Sousa et al. (2021) | Brazil | Quantitative cross-sectional (n=112 family caregivers) | ZBI; Katz Scale; Lawton and Brody Scale | Greater functional dependency associated with higher ZBI scores | 72.3% with moderate to severe burden; diaper and medication expenses identified as stress aggravators. | Not investigated (data collection instrument did not include healthcare service variables). | 7/8 |
| Kverno et al. (2022) | USA | Analytical cross-sectional (n=95 family caregivers) | Neuropsychiatric Inventory (NPI); ZBI; SF-36 | BPSD measured through NPI frequency and severity | Older adults' neuropsychiatric symptoms strongly associated with caregiver depressive symptoms and low vitality. | Support identified (association between outpatient psychoeducational support and coping strategies). | 8/8 |
| Rebêlo et al. (2021) | Brazil | Descriptive qualitative (n=18 family caregivers) | Semistructured interview guide | Not stratified by formal clinical stage | Conflicts over division of care within families; burden concentrated on women (wives and daughters); social isolation. | Lack of support identified (participants reported insufficient public-service assistance during agitation episodes). | 10/10 |
| Delgado et al. (2023) | Colombia | Correlational cross-sectional (n=84 family caregivers) | Barthel Index; ZBI; SF-12 | Severity of motor dependency (Barthel) | Caregiver physical-component scores significantly inversely correlated with older adults' degree of motor dependency. | Not investigated (focus limited to functional correlation and mechanical stress). | 8/8 |
| Albuquerque et al. (2022) | Brazil | Analytical cross-sectional (n=64 family caregivers) | ZBI; Hamilton Anxiety Scale (HAM-A) | Early to moderate stages | High prevalence of anxiety complaints and chronic sleep deprivation related to reversal of the AD patient's sleep cycle. | Lack of support identified (health unit interaction restricted to bureaucratic prescription renewal). | 8/8 |
| Vázquez-Sánchez et al. (2021) | Spain | Quasi-experimental (n=52 family caregivers) | SF-36; ZBI; Beck Depression Inventory (BDI) | Moderate dementia | Intervention participants showed significantly reduced depression and subjective burden scores after workshops. | Support identified (quasi-experimental structured intervention with psychoeducational workshops and support groups). | 8/9 |

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

| Author / Year | Country | Design / Sample | Instruments / Measurement | Disease stage / Dependency | Main findings (burden and quality of life) | Healthcare team support | JBI appraisal |
|---|---|---|---|---|---|---|---|
| Araújo et al. (2023) | Brazil | Quantitative cross-sectional (n=130 home family caregivers recruited during outpatient follow-up) | ZBI; WHOQOL-Bref; Pfeffer Questionnaire | High instrumental and functional dependency | Lower mean quality of life in psychological and social-relationship domains; restricted time for leisure and self-care. | Not investigated/not reported (psychometric measurement without details of care received). | 8/8 |
| Lloyd et al. (2022) | United Kingdom | Exploratory qualitative (n=20 family caregivers) | In-depth narrative interviews | Advanced AD | Anticipatory grief due to older adults' cognitive decline; psychological exhaustion and lack of backup support. | Lack of support identified (fragmented professional care without listening to caregivers). | 9/10 |
| Camargos et al. (2024) | Brazil | Quantitative cross-sectional (n=90 family caregivers) | ZBI; Epworth Sleepiness Scale; PSQI | Moderate and advanced stages | Older adults' sleep disturbances and sundowning associated with higher caregiver total Zarit scores. | Not investigated (study limited to sleep and burden parameters). | 7/8 |
| Pérez et al. (2022) | Chile | Qualitative intervention (n=16 family caregivers) | Pre- and post-intervention focus groups | Moderate stage | Reported anxiety relief following technical clarification of non pharmacological management and ergonomic care. | Support identified (home follow-up program by a multidisciplinary primary care team). | 9/10 |

Source: Prepared by the authors (2026).

The primary studies detailing sociodemographic profiles (Sousa et al., 2021; Rebêlo et al., 2021; Araújo et al., 2023) consistently identified female predominance in caregiving, with women accounting for over 70% of participants in each sample, predominantly daughters and wives aged over 50. In the quantitative Brazilian study by Sousa et al. (2021), involving 112 caregivers, 72.3% had moderate to severe burden (ZBI > 21). Physical strain was linked to repetitive postural effort (transfers and bathing), while financial impact was documented through ongoing spending on supplies, diapers and supportive medication (Sousa et al., 2021). Psychologically, complaints of anxiety, guilt and social isolation were reported in qualitative and quantitative studies (Fernandes et al., 2021; Albuquerque et al., 2022).

Impacts related to functional dependency and neuropsychiatric symptoms: Outcomes varied according to the clinical manifestations of AD. Studies assessing functional correlations (Delgado et al., 2023) show that older adults' physical inability to perform basic activities of daily living (BADLs) is associated with poorer caregiver physical-component scores and greater overall burden. However, caregiver psychological

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

burden and depressive symptoms were more strongly linked to the presence and severity of BPSD, such as delusions, nighttime agitation and mood changes (Kverno et al., 2022; Camargos et al., 2024).

Characterization of support from healthcare teams: Systematic analysis of the 11 primary studies revealed that:

- 3 studies (Rebêlo et al., 2021; Albuquerque et al., 2022; Lloyd et al., 2022) identified absent or substantially deficient formal support, characterized by bureaucratic consultations focused exclusively on older adults, a lack of home visits and feelings of helplessness during episodes of behavioral agitation;
- 3 studies (Kverno et al., 2022; Vázquez-Sánchez et al., 2021; Pérez et al., 2022) reported supportive activities or interventions (psychoeducational workshops, mutual support groups and multidisciplinary home visits). While the quasi-experimental design of Vázquez-Sánchez et al. (2021) demonstrated efficacy in reducing burden and depression, the observational or qualitative studies (Kverno et al., 2022; Pérez et al., 2022) showed positive associations and favorable perceptions of emotional relief and improved coping, without constituting clinical tests of isolated causal efficacy;
- 5 studies (Fernandes et al., 2021; Sousa et al., 2021; Delgado et al., 2023; Araújo et al., 2023; Camargos et al., 2024) did not investigate variables concerning healthcare team support, restricting their scope to measuring psychometric, clinical or descriptive parameters of caregivers and older adults; this absence of documentation should not be interpreted as a lack of services in the locality.

## 4 Discussion

Comparative analysis of the 11 primary empirical studies in this synthesis confirms that informal home care for older adults with Alzheimer's disease generates multidimensional burden, shaped by gender patterns well established in the scientific literature (Sousa et al., 2021; Rebêlo et al., 2021). The predominance of women (wives and daughters) as primary caregivers in Brazilian and international samples reflects historical social norms assigning unpaid care work to female family members, who frequently combine domestic and professional duties until potentially leaving employment (Sousa et al., 2021; Araújo et al., 2023).

Comparing findings according to the disease's clinical manifestations reveals a relevant conceptual and practical distinction between physical dependency and psychological stress. Functional motor decline, documented by instruments such as the Katz Scale and Barthel Index, was linked to musculoskeletal strain, lower back pain and muscle fatigue among those providing direct assistance in bed or during toileting (Delgado et al., 2023). Conversely, Kverno et al. (2022) and Camargos et al. (2024) show that caregiver

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

psychological instability, chronic sleep deprivation and high anxiety levels were more strongly associated with AD neuropsychiatric symptoms (sundowning, verbal aggression and hallucinations). This divergence suggests that supporting mechanical limitations requires ergonomic adaptations, whereas coping with BPSD demands cognitive behavioral skills and structured psychological follow-up, resources rarely accessible to unsupported families (Fernandes et al., 2021; Lloyd et al., 2022).

Regarding the role of healthcare services and professionals, the empirical literature revealed a complex situation. Three publications (Rebêlo et al., 2021; Albuquerque et al., 2022; Lloyd et al., 2022) found that institutional care still operates within a strict biomedical perspective: clinical attention is directed almost exclusively toward prescription renewal and stabilization of the ill older person, leaving family caregivers' own physical and mental health needs invisible. However, studies examining structured interventions (Vázquez-Sánchez et al., 2021; Pérez et al., 2022) and associations with outpatient management strategies (Kverno et al., 2022) indicate that psychoeducational workshops, reflective focus groups and home visits act as protective factors, suggesting that timely access to care networks substantially alleviates stress and promotes safe caregiving. Methodologically, cross-sectional designs (such as Kverno et al., 2022) show statistical associations rather than intervention efficacy; evidence of efficacy is confined to the quasi-experimental study by Vázquez-Sánchez et al. (2021). Furthermore, the five studies in which the care network was not assessed (Fernandes et al., 2021; Sousa et al., 2021; Delgado et al., 2023; Araújo et al., 2023; Camargos et al., 2024) concern an uninvestigated methodological scope, which cannot be inferred or reported as an actual absence of care support.

Study limitations: This integrative review is limited by the exclusion of articles in paid-access databases or published in languages other than Portuguese, English and Spanish, potentially restricting the mapping of care experiences from other geographical settings. Moreover, variation in measurement instruments (ZBI, WHOQOL, SF-36, HAM-A, among others) prevents statistical pooling or meta-analysis, restricting findings to a descriptive narrative synthesis.

Implications for healthcare practice: Results indicate an urgent need for primary healthcare to adopt formal home-caregiver burden screening protocols, including routine use of brief screening instruments. Family caregivers should be recognized as service users and recipients of care within Brazil's Unified Health System (SUS), requiring postural ergonomics guidance, longitudinal psychological support and therapeutic mutual support groups in primary healthcare units (UBS).

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

## 5 Conclusion

The findings clearly address the proposed objective, demonstrating that Alzheimer's disease imposes severe, continuous and multidimensional burden on family caregivers at home. Such strain is not confined to a single sphere of everyday life, but manifests in interconnected physical dimensions through chronic musculoskeletal pain and motor fatigue resulting from direct assistance with transfers and personal hygiene, and psychosocial dimensions, in which confinement at home and loss of social interaction heighten helplessness and disrupt family routines.

Furthermore, evidence indicates that the emotional dimension is the most vulnerable aspect for those assuming direct care. While patients' loss of motor capacity requires mechanical effort, the syndrome's neuropsychiatric and behavioral manifestations — such as sundowning, delusions, aggression and reversal of the sleep-wake cycle — trigger the highest levels of hypervigilance stress, anxiety and depressive symptoms. This situation reflects the complexity of nonpharmacological crisis management at home, requiring technical skills and psychological preparation rarely provided to families.

Despite the severity of this situation, analysis of primary literature revealed that healthcare networks continue to reproduce substantial care gaps in studies investigating them, predominantly following the traditional biomedical model. Teams tend to focus fragmented efforts on patients and bureaucratic prescription renewal, relegating caregivers to an invisible role executing highly complex care. Conversely, in a substantial proportion of the reviewed sample (5 of 11 studies), formal care was outside the authors' data collection scope, revealing an empirical research gap that should not be confused with an actual lack of support. Despite this structural shortfall, structured intervention studies show that mutual support groups, psychoeducational guidance and multidisciplinary home visits can substantially mitigate perceived burden, improve confidence in daily management and restore caregivers' dignity.

The sustainability and humanization of home care for older people with Alzheimer's disease therefore depend on overcoming family caregivers' invisibility within the care system. Primary healthcare must develop comprehensive care pathways centered on the older adult–caregiver dyad, incorporating early burden screening, ergonomics training and longitudinal psychological support. Finally, longitudinal investigations and community trials are recommended to assess the effectiveness of broader multidisciplinary interventions, consolidating empirical evidence to strengthen public dementia care policies.

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**Ano VII, v.1 2026 | submissão: 13/11/2026 | aceito: 20/11/2026 | publicação: 25/11/2026**

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