

## Home care for the elderly with dementia: a narrative review of the literature\*

*Atención domiciliar a ancianos con demencia:  
una revisión narrativa de la literatura*

*Atenção domiciliar ao idoso com demência:  
uma revisão narrativa da literatura*

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**ABSTRACT:** This is a narrative review of the literature on care for the elderly with dementia in the home environment. The results showed the practical activities, overload and feelings of the caregiver. The national literature presents relevant production on the subject; however, the international literature describes in detail the care activities. One concludes that it is necessary to increase the studies and researches at the national level, showing in detail the activities developed by the caregiver.

**Keywords:** Home care; Elderly; Dementia; Nursing.

**RESUMEN:** *Esta es una revisión narrativa de la literatura sobre la atención a los ancianos con demencia en el entorno del hogar. Los resultados mostraron la actividad práctica, las sobrecargas y los sentimientos del cuidador. La literatura nacional presenta la producción pertinente sobre el tema; sin embargo, la literatura internacional describe en detalle las actividades de atención. Se concluye que existe la necesidad de aumento en los estudios y investigaciones a nivel nacional, muestreando en detalle las actividades desarrolladas por el cuidador.*

**Palabras clave:** *Atención en el hogar; Ancianos; Demencia; Enfermería.*

**RESUMO:** *Trata-se de uma revisão narrativa da literatura sobre os cuidados ao idoso com demência em âmbito domiciliar. Os resultados apontaram as atividades práticas, a sobrecarga e os sentimentos atribuídos pelo cuidador ao processo de cuidar do idoso com demência. A literatura nacional apresenta relevante produção sobre o tema; contudo, a literatura internacional descreve de forma bem-pormenorizada as atividades de cuidado. Conclui-se que há necessidade de incremento em estudos e pesquisas em âmbito nacional, que apresentem de forma bem mais detalhada as atividades desenvolvidas pelo cuidador.*

**Palavras-chave:** *Assistência Domiciliar; Idoso; Demência; Enfermagem.*

## **Introduction**

Currently, the elderly represent about 20 million people, of the total Brazilian population, and, by 2025, one estimates there will be 32 million seniors, making Brazil the sixth country in the world with the highest percentage of the population in this age group (Ministry of Health, 2010; Carvalho & Rodríguez-Wong, 2008).

Chronic and/or chronic-degenerative diseases became more evident with the exponent population growth. With the prevalence of those diseases, there is the encouragement of home care as a way to reduce the cost of hospital admissions, corresponding to R\$93.05 per elderly aged 60 to 69 years, and R\$178.95 in elderly patients aged 80 years or more (Instituto Brasileiro de Geografia e Estatística, 2009).

Among the most prevalent chronic diseases in the elderly, there are the dementia or dementia syndromes. The Ministry of Health (2007, 108) defines dementia as a chronic and progressive syndrome caused by diseases or abnormalities in brain function and changes in cognitive function, preceded by lack of emotional control, changes in behavior and motivation, also being accompanied by intellectual decline, which impairs the performance of basic activities for the maintenance of the individual's life.

In the elderly population, Alzheimer's disease is the most common type of dementia. Dementia syndromes reach 35.6 million people, an amount that may double in 2030, and 70% of new cases correspond to the Alzheimer (World Health Organization, 2012).

For Fonseca and Soares (2008b), the difficulties faced by caregivers of patients with dementia process reflect subjective issues, related, among others, to the reversal of roles and responsibilities and the lack of ability or preparation of the caregiver to perform basic care, such as body hygiene.

Family support in the elderly care is still important, preferably carried out by his wife, eldest daughter, widowed or middle-aged single woman, with or without children, a fact that highlights the importance of nurses to consider the socio-cultural values established in the home environment of their customers for the execution of their assistance (Neri, 2013; Neri, & Carvalho, 2002).

Home care can provide the elderly greater physical and psychological security, due to the knowledge of the environment and the people around them. The permanence of the elderly at home depends on the physical and mental conditions of caregivers, being a contributing factor in the postponement of institutionalization (Born, 2008; Bertolucci, & Okamoto, 2003).

It is important to highlight the complexity of care to elderly patients with dementia, as the family caregiver, most often, does not have the knowledge necessary to take over and perform certain functions and care, because they require technical competence from health professionals, especially nursing care (Marins, 2015).

Given the contextualized problem, the main motivation for conducting this review took place from demands of care to the elderly with chronic diseases, verbalized by their caregivers during extension actions, experienced at the Extension Project: Caring for the elderly and their caregiver (PROECIC/EEAN/UFRJ). It is also noteworthy the need to address this issue during the formation process of the nursing student, particularly during theoretical and practical experiences. The authors observed the lack of qualified and/or specialized professionals in the health care of the elderly population in different scenarios of professional practice of the nurse.

In this sense, reflections and investigations were carried out, such as: What are the care provided to an elderly with dementia in the home environment?, Who does such care?, How is it to perform this care in the home environment?

Thus, the following objective for the development of this study was set: conduct narrative review of the literature on care for the elderly with dementia in the home environment.

## Methodology

This is a study of narrative review of the literature. Articles of narrative review are extensive publications, appropriate to describe and discuss the development or "state of the art" of a particular subject, under the theoretical and contextual point of view. They are analysis of the literature published in books, articles from printed and/or electronic magazines, in the author's personal interpretation and critical analysis. This category of articles has a key role in continuing education, for it enables the reader to acquire and update knowledge on a specific subject in a short time (Rother, 2007).

The narrative review allows the description and theoretical-reflexive discussion of studies produced about a relevant and current issue, in addition to enabling access and processing of the knowledge and new ideas on the studied subject, allowing its framing in an ordered and summarized way, in a short period of time (Rodgers, *et al.*, 2007).

The searches were conducted in August and September 2016, at the electronic databases: Latin American and Caribbean Literature on Health Sciences (LILACS), International Literature on Health Sciences (MEDLINE) and Scientific Electronic Library Online (SciELO). The following descriptors standardized by Health Sciences Descriptors (Decs) were used: nursing, home care, dementia and elderly.

There was inclusion of articles fully available (free full text), from the last five years (2010-2015), in Portuguese, English and Spanish and that addressed the theme: home care for the elderly with dementia.

The titles and abstracts of the publications were reviewed and analyzed, according to the inclusion criteria. Of the 365 references initially obtained in the three surveyed bases, 320 did not relate to the theme. After reading the abstracts, 45 studies were eligible, distributed at the following bases: 27 (MEDLINE), 13 (LILACS) and five (SCIELO). Later, the 45 studies were fully read and 28 were excluded, namely: 20 (MEDLINE), four (LILACS) and four (SCIELO).

The remaining 17 publications were, again, fully read and analyzed according to the central theme.

After refining the material found, 12 studies were included in this narrative review (Figure 1).

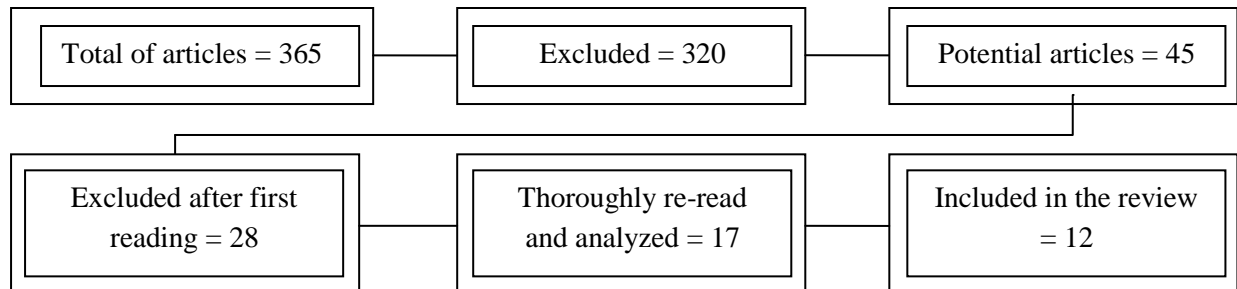


Figure 1: Flowchart of the articles selection. Rio de Janeiro, RJ, 2016

## Results

The 12 selected studies were found in the following electronic databases: four (MEDLINE), seven (LILACS) and one (SCIELO).

In order to clarify better the reader, a table was designed, presenting the findings, described according to their respective titles and authorship, periodicals, year of publication and database in which they were found. (Table 1)

Quadro 1: Descrição dos artigos selecionados sobre o cuidado domiciliar ao idoso com demência. Rio de Janeiro, RJ, 2016

<b>Título e autoria</b>	<b>Periódico, Ano de Publicação e Base de dados</b>
<i>Dementia in Relation to Family Caregiver Involvement and Burden in Long-term Care</i> Cohen, L.W., Zimmerman, S., Reed, D., Sloane, F.D., Beeber, A.S., Washington, T., Cagle, J.G., & Gwyther, L.P.	<i>J Appl Gerontol</i> , 33(5), 522-540, 2014 MEDLINE
<i>Caring for Parents with Neurodegenerative Disease: A Qualitative Description</i> Habermann, B., Hines, D., Davis, L.L.	<i>Clin Nurse Spec</i> , 27(4), 182-187, 2013 MEDLINE
<i>The needs of people with dementia living at home from user, caregiver and professional perspectives: a cross-sectional survey</i> Miranda-Castillo, C., Woods, B., & Orrell, M.	<i>BMC Health Services Research</i> , 13, 43, 2013 MEDLINE
<i>Substantial Changes in Mastery Perceptions of Dementia Caregivers With the Placement of a Care Recipient</i> Infurna, F.J., Gerstorf, D., & Zarit, S.H.	<i>The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences</i> , 68(2), 202-214, 2012 MEDLINE
<i>O Cuidado domiciliar ao paciente idoso com Mal de Alzheimer</i> Barbosa, R.F., Morais, J.M., Resck, Z.M.R., & Dázio, E.M.R.	<i>Rev.Rene</i> , 13(5), 1191-1196, 2012 LILACS
<i>The demands of family caregivers of elderly individuals with dementia</i> Gratão, A.C.M., Vale, F.A.C., Roriz-Cruz, M., Haas, V.J., Lange, C., Talmelli, L.F.S., & Rodrigues, R.A.P.	<i>Rev Esc Enferm USP</i> , 44(4), 873-880, 2010 LILACS
<i>Relação no cuidado entre o cuidador familiar e o idoso com Alzheimer</i> Seima, M.D., Lenardt, M.H., & Caldas, C.P.	<i>Rev Bras Enferm</i> , 67(2), 233-40, 2014 LILACS
<i>Refletindo acerca da doença de Alzheimer no contexto familiar do idoso: implicações para a enfermagem</i> Ilha, S., Zamberlan, C., Nicola, G.D.O., Araújo, A.S., & Backes, D.S.	<i>R. Enferm. Cent. O. Min.</i> , 4(1), 1057-1065, 2014 LILACS
<i>Cuidar de idosos com doença de Alzheimer: um enfoque na teoria do cuidado cultural</i> Ramos, J.L.C., & Menezes, M.R.	<i>Rev Rene</i> , 13(4), 805-815, 2012 LILACS
<i>As repercussões do cuidado na vida do cuidador familiar do idoso com demência de Alzheimer</i> Oliveira, A.P.P., & Caldana, R.H.L.	<i>Saúde Soc.</i> , 21(3), 675-685, 2012 LILACS
<i>Sobrecarga de familiares cuidadores de idosos com doença de Alzheimer: um estudo comparativo</i> Borghini, A.C., Castro, V.C., Marcon, S.S., & Carreira, L.	<i>Rev. Latino-Am. Enfermagem</i> , 21(4), [07 telas], 2013 LILACS
<i>Estimulação Cognitiva para idoso com doença de Alzheimer realizada pelo cuidador</i> Cruz, T.J.P., Sá, S.P.C., Lindolpho, M.C., & Caldas, C.P.	<i>Rev Bras Enferm.</i> , 68(3), 510-516, 2015 SCIELO

For better visualizing the care for the elderly with dementia in the home environment, they were grouped by similarity into three thematic categories defined by the authors: Practical activities developed by the caregiver of the elderly with dementia; Physical and emotional burden of the caregiver of the elderly in dementing process; Feelings and meanings attributed by the caregiver to the process of caring for the elderly with dementia.

### **Practical activities developed by the caregiver of the elderly with dementia**

Among the demands of care to elderly patients with dementia, those relating to bath and body care, including hand hygiene, are prevalent in the caregiver's routine. (Gratão, *et al.*, 2010; Ramos, & Menezes, 2012; Borghi, Castro, Marcon, & Carreira, 2013; Habermann, Hines, & Davis, 2013).

The caregiver also performs other care activities, such as assistance to the elderly to get dressed, such as: buttoning the shirt buttons, preparation and assistance during feeding, elderly supervision, administration of prescribed medications, preparing the elderly to sleep and constant surveillance even at night and help to mobilize the elderly (Ramos, & Menezes, 2012; Borghi, Castro, Marcon, & Carreira, 2013; Cohen, *et al.*, 2014).

In addition to direct care provided to the elderly, the caregiver performs care related to monitoring of finance and/or management income, and household chores (Cohen, *et al.*, 2014; Borghi, Castro, Marcon, & Carreira, 2013).

Caregivers described care related to the leisure of the elderly: watch TV, ride in the car, go shopping, and take care of their beauty (Habermann, Hines, & Davis, 2013).

Discuss and/or chat with the elderly, especially about past events was one of the care pointed out by the caregiver, and were often carried out by the elderly's children or grandchildren (Habermann, Hines, & Davis, 2013; Cohen, *et al.*, 2014).

Spirituality appeared in the form of prayer, pointed out by the caregiver as a daily care (Habermann, Hines, & Davis, 2013).

Cognitive stimulation performed by the caregiver in the home environment was a study object of Cruz, Sá, Lindolpho, & Caldas (2015).

### **Physical and emotional burden of the caregiver of the elderly in dementing process**

Taking care of an elderly with dementia requires full dedication. It is an exhausting and worrying routine, often exhausting because of the intensity of care required by the elderly with dementia (Barbosa, Morais, Resck, & Dázio, 2012; Seima, Lenardt, & Caldas, 2014; Miranda-Castillo, Woods, & Orrell, 2013; Infurna, Gerstorf, & Zarit, 2012).

Therefore, it is common for the caregiver to feel overwhelmed by facing everyday situations involving: the conviviality with anticipatory grief and expected loss, financial difficulties related to supplies needed for the provision and continuity of care, difficulties related to care without relying on others (no rest), difficulties related to the development of tasks without support, preparation and/or specific training, difficult to continue working outside the home and, still, assuming the responsibility of caring for the elderly (Barbosa, Morais, Resck, & Dázio, 2012; Seima, Lenardt, & Caldas, 2014; Ilha, *et al.*, 2014; Borghi, Castro, Marcon, & Carreira, 2013; Habermann, Hines, & Davis, 2013; Miranda-Castillo, Woods, & Orrell, 2013 ).

Especially related to the burden of care, the tasks that involve essential care, such as hygiene and nutrition, can provide greater impact and/or abrasion for the caregiver because they tend to become more complex as the disease progresses and the dependency level increases (Borghi, Castro, Marcon, & Carreira, 2013; Infurna, Gerstorf, & Zarit, 2012).

It is noteworthy that living with behavioral and memory changes of the elderly and the responsibility in providing daily care, particularly with supervision of problematic behaviors, are important overload indicators for the caregiver (Habermann, Hines, & Davis, 2013; Barbosa Morais , Resck, & Dazio, 2012; Borghi, Castro, Marcon, & Carreira, 2013; Infurna, Gerstorf, & Zarit 2012).

The burden of care can bring physical and/or emotional repercussions important for the life of the caregiver, such as: impaired social life (absence or lack of pleasure), health impairment, mental suffering and stress caused by the accumulation of responsibilities (Barbosa, Morais, Resck, & Dazio, 2012; Miranda-Castillo, Woods, & Orrell, 2013; Infurna, Gerstorf, & Zarit, 2012).



For overcoming those issues and/or overloads in the daily lives of those who care, they seek support in faith (Barbosa, Morais, Resck, & Dázio, 2012).

### **Feelings and meanings attributed by the caregiver to the process of caring for the elderly with dementia**

Taking care of an elderly in dementing process may trigger some feelings for those who care, such as: questions, doubts, sadness, helplessness, loneliness, insecurity, anger, fear and shame (Island Zamberlan, Nicola, Araújo, & Backes, 2014; Cruz, Sá, Lindolpho, & Caldas, 2015; Oliveira, & Caldana, 2012).

For some caregivers, care may mean resignation, social deprivation and obligation. However, caring for an elderly with dementia may also bring to the caregiver happiness feelings, satisfaction, consideration, compassion, and gratitude (Ramos, & Menezes, 2012; Oliveira, & Caldana, 2012; Habermann, Hines, & Davis, 2013).

### **Discussion**

The dementing disorders cause significant impact or changes in the life of the individual who experiences the dementing process, and, above all, important changes in the life of the caregiver, especially the family. Those changes bring suffering to caregiving families and impose them a structural and internal reorganization.

The changes introduced by dementia or dementia syndromes affect the family structure because the roles or functions of family members change, causing wear and accumulation of functions for those who care (Marins, 2015).

In this sense, as a synthesis of this narrative review, care activities for the elderly with dementia interfere and/or affect the lives of family caregivers, resulting in physical and/or emotional burden, as well as bringing out feelings and meanings related to the experiences, individually, for each caregiver, which translates into an ongoing process, for it is a multifaceted and unique care.

Although the studies presented indicate that the care activities for the elderly with dementia can affect the life of the caregiver, there are few publications describing and/or

characterizing those care activities. Such finding may indicate and/or suggest the development of researches and studies focusing on a detailed description of care activities.

For this reason, the data on those activities have been described and related to 12 care types or groups, named by the authors (Table 2).

Table 2: Care activities developed by the caregiver and their care types and/or groups. Rio de Janeiro, RJ, 2016

<b>Description of the activities developed by the caregiver</b>	<b>Care types and/or groups</b>
Bath and hand hygiene	Body care
Buttoning buttons	Clothing care
Preparation and assistance during feeding	Feeding care
Supervision	Supervision care
Administration of prescribed medications	Medication care
Elderly preparation for sleep and constant vigilance during the night	Sleep care
Aid for mobilization	Mobilization care
Income monitoring and management	Finances care
Performing household chores	Household chores care
Watching television, going out by car, go to the mall, beautify the elderly	Leisure care
Discuss and/or chat with the elderly	Communication care
Pray daily	Spirituality care

In a study of family caregivers of elderly with Alzheimer's disease, Marins (2012) identified 33 activities developed by the caregiver, related to 12 care domains or properties, namely: feeding, household activities, body, medical assistance, financial issues, supervision, social stimulation, medications, outdoor activities, cognitive stimulation, blood glucose levels and gastrostomy.

Among the activities, those related to body care were the most prevalent, such as: oral and personal hygiene; clothing; diaper change; attention to the skin; cut the nails; assistance during bath; performing the bath; exposing the elderly to the sun. Caregivers also pointed out those care activities as those that require more information and nursing professional guidelines.

Giving emphasis to what was presented in the results by the authors Borghi, Castro, Marcon, and Carreira (2013) and Infurna, Gerstorf, and Zarit (2012), the study of Fonseca and Soares (2008a) also described the personal hygiene of the elderly with dementia as the most difficult activity for the caregiver, compared to seven other care activities: feeding, monitoring and surveillance, physiological needs, teeth brushing, hair care, clothing care and communication.

Body hygiene requires from the caregiver not only knowledge and guidance on how to accomplish it, but also support and emotional ability to handle subjective situations inherent in the care process.

For Santana (2003), bath requires at least three areas of skills and caregiver activities: sexuality and intimacy, issues related to dependency and caregiver wear. The study of Alvarez (2001) referred to body hygiene as the most difficult task for invading the privacy of the elderly, thus being a care that requires learning.

Drawing a parallel with the important findings, Borghi, Castro, Marcon, and Carreira (2013) described tasks involving essential care, such as hygiene and feeding, as those that can bring greater impact and/or wear for the caregiver.

Thus, it was possible to detect that the difficulties related to personal hygiene of the elderly involve important dimensions and/or aspects, such as sexuality, intimacy, disinhibition or hypertextuality of the elderly, being the last one a change in behavior that can cause embarrassment or shame for the caregiver.

Taking care of a dependent elderly by their caregiving family generates tension resulting from biopsychosocial, economic, historical and cultural factors, established in the care situation in its entirety, and in the caregiver relationship with him/herself and with significant others, especially with the one receiving the care and other family members (Fernandes, & Garcia, 2009).

To Perdomo (2008), the caregiver can develop a set of physical, mental and socio-economic problems arising from the position he/she holds, called objective and/or subjective burden. The objective burden refers to the commitment of the social life of the caregiver, as well as the amount of money and time invested in the care. Subjective burden is the perception of caregivers given the emotional repercussions caused by demand and problems brought by the act of caring, having greater impact on the lives of patients and their families.

Contextualizing the study of Perdomo (2008), with the findings in the thematic category "Physical and emotional burden of the caregiver of the elderly in dementing process", there were also activities or situations that generate objective and subjective burden.

Regarding the objective burden, one can mention: financial difficulties related to supplies needed for the provision and continuity of care; impaired social life (absence or lack of pleasure), lack of rest, difficulties related to the development of tasks without support, preparation and/or specific training, full-time dedication and intensity of care to elderly patients with dementia; difficult to continue working outside the home and, still, assuming the responsibility of caring for the elderly.

Related to emotional burden, the examples are the provision of essential care, which become more complex as the disease progresses and the level of dependency increases; responsibility in providing care, particularly with the supervision of problematic behaviors; psychological distress and stress caused by the accumulation of responsibilities and difficulties related to care without relying on others.

Kasuya, Polgar-Bailey, and Takeuchi (2000:19) define overload or burden on the caregiver as a multidimensional, physical, psychological, emotional, social and financial stressors response associated with caregiving experience.

Therefore, caring for an elderly with dementia requires from caregivers persistent and continuing "inner attention" for the "live-with" and (re)mean feelings, attitudes, values, or even (re)mean life (Fonseca, & Smith, 2008b).

The authors Caldeira and Ribeiro (2004) complement when stating that the emotional system of the family is deeply shaken, when deprivations and changes in lifestyle begin to appear in order to include the new needs of their sick member. The family is seen surrounded by intense and conflicting feelings.

As an example of overload and feelings experienced by caregivers of the elderly in dementing process, Miranda and Silva (2010) report that behavioral changes in the elderly with Alzheimer's disease affect the lives of family caregivers and result in emotional distress, suffering, sadness, exhaustion, stressful situations and affect the quality of life. Cognitive changes also affect the life of the caregiver, requiring constant attention, physical and emotional availability (Fonseca, & Soares, 2008b).

Therefore, the caregiver of the elderly with dementia, in order to overcome the daily difficulties resulting from the process of caring, develops strategies, such as: assistance and/or support of a third party for the development and continuity of care to the elderly, hiring a Home Care service, participation in support groups and even the institutionalization of the elderly in LPIE (Oliveira Ferreira Fonseca & Paes, 2016).

In addition to the mentioned strategies, there was another way of handling and/or coping with situations by the caregiver, presented in the thematic category "physical and emotional burden of the caregiver of the elderly in dementing process", and supported in spirituality "to seek support in faith".

Spirituality was also present in the thematic category "practical activities developed by the caregiver of the elderly with dementia", represented in the form of prayer, as a daily care provided by the caregiver along with the elderly.

Thus, both in the way of performing care as in the search for strategies to overcome the difficulties and/or continue the care, each caregiver internally rescued the spirituality. It is a dimension that addresses the possibilities to create, dream, play, imagine, in addition to being free to be; believe, understand and transcend (Lindolpho, Sá, & Robers, 2009:121)

We understand that caring is full of meanings and symbolisms, internally mobilizing caregivers to perform their function and their condition to care for. Specifically about the importance of spirituality for the family caregiver, the literature has shown, for Fortuna, Oliveira, Santos & Yarid (2016: 600) that the spirituality emerges as a positive factor, which reinforces the understanding, solace and acceptance to take care of other.

Therefore, it is essential to observe how the family and the elderly experience the chronic condition of the disease, how and when the care occurs, their strategies and their feelings (Carreira, & Rodrigues, 2010).

Feelings of insecurity, anxiety, emotional distress, gratitude and pleasure may be present in those who care for a person with dementia. There are also other feelings, as related in the thematic category "feelings and meanings attributed by the caregiver to the process of caring for the elderly with dementia".

Thus, we strengthen and agree with Fonseca (2007), that the care/caring has its own, unique characteristics for each being who is involved or get involved with it, which transpose concrete and precise data, leading us to the "unknown" inner world, individual. Caring reveals us the unique world, so proper and so complex that, to understand it, we need to penetrate the subjectivity of the state of being cared and being caring.

It is clear that, in this perspective, the caregiver develop his/her own way to care for, being the protagonist of the care to the elderly in dementing process, and, as he/she experiences the care reality, demands or care needs, objective and subjective, establish. The process of caring for an elderly with dementia can be understood as a care ritual, in which actions are imbued with symbolic values denoting various feelings, according to worldviews (Ramos, & Menezes, 2012).

## **Conclusion**

The form and/or manner in which those activities are developed generate responses that affect the life of the caregiver, and can be translated into overload or burden. Each caregiver handles those demands differently and, particularly, assign and/or express feelings and meanings to each one according to their life story and relationship with the elderly who experience the dementing process.

In this sense, assisting the elderly with dementia and their caregiver family can be challenging for health professionals, particularly nurses, who must equip and empower the development of scientific-technical and also emotional skills, in order to meet the demands or needs of the caregiver and the elderly.

This study contributed to point out important aspects related to basic care provided by the caregiver, especially those relating to the development of body/personal hygiene care, which can generate feelings and emotional burden for the one who cares.

In addition, it was possible to observe that, in order to deal or cope with routine situations, the search and/or support in spirituality served as a management strategy for the caregiver.

The national literature presents relevant production on the researched subject; however, the found international literature describes in detail the care activities performed by the caregiver to the elderly with dementia, contextualizing them in the care scenarios where they present.

One suggests, then, the increase in nursing researches and studies at the national level, which present and discuss, in detail, the practical care activities carried out daily by the caregiver of the elderly in dementing process. It is noteworthy that, in isolation, they must be contextualized according to the environment where the care is developed.

And finally, for it is a narrative review in which the discussion based on a contextual and comprehensive analysis of the scientific production about home care to the elderly in dementing process, there may be biases related to a critical evaluation of the authors, representing a limitation of the study.

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