38 - THE ROLE OF THE FAMILY CAREGIVER: A LITERATURE REVIEW

ILLA DANTAS CIRINO SELDA GOMES DE SOUSA ALVES FERNANDA DE MEDEIROS FERNANDES LUCIANE PAULA BATISTA ARAÚJO DE OLIVEIRA REJANE MARIA PAIVA DE MENEZES Universidade Federal do Rio Grande do Norte. Natal,RN, Brasil illa_dantas@hotmail.com

INTRODUCTION

Demographic changes caused by the increase of aging population have been accompanied by a change in the epidemiological profile of the elderly, where there are the chronic diseases at the expense of infectious diseases. Currently the population of older people is that proportion has shown more growth around the world, which implies the need for further adjustments of society. Given this context, in Brazil, you see it, increasingly, a framework for older people who acquire illnesses and become dependent, often going to need one or more persons to meet their functional impairments at home, preventing them from perform activities of daily living. In this sense, policies aimed at this population group recommend that the elderly remain living at home with their families instead of institutionalization. This measure promotes intergenerational living and maintenance of the elderly in their home environment, allowing you a greater chance of social interaction. However, for some families, caring for the elderly at home can become somewhat burdensome as they are needed, such as adapting the environment to prevent falls, and the existence of someone who is responsible for elderly care.

According to Neri (2005, p. 44), in all societies, care of the older generation is considered an obligation of the subsequent generation, and a responsibility that belongs to the family sphere, which accounts for the so-called informal care, formal a social norm. In order to disseminate and discuss about the caregiver of the elderly who have dependence, this study aims to identify how the role of caregiver has been described in literature.

METHOD

Descriptive study literature review, carried out a literature review on the theme of carers of dependent elderly in the electronic databases LILACS (Latin American and Caribbean Health Sciences) and BDENF (Database of Nursing) gathering information of the major issues for health professionals, especially nurses, seeking to update their knowledge in the field of human aging. As descriptors, we used the "carers" and "dependent elder, including studies published in the last four years (between 2006 and 2009), from which were found respectively 667 and 99 articles, remembering that these Keywords are indexed in MEDLINE under the Health Sciences (DeCS).

Inclusion criteria are the articles published in that period, jobs that are available for reading publications related to the objectives proposed by this study. We excluded 725 articles that were not related to the theme of this study, items with text not available (book chapters, dissertations, theses), articles published outside the period for collection, in addition to those that appeared repeatedly in the descriptors, arriving at the end, a corpus of 41 studies.

Following the methodological steps, was made an initial exploratory reading and knowing the selective items of interest by identifying the title and read the summary by applying the inclusion criteria. Next, we conducted an analysis of the contents of the selected publications, identifying the contextual meanings and starting to define the categories. At the end, there was one interpret the results, considering the descriptors set that highlighted the most used approaches. The discussion of the results was based according to the literature on the central theme, plus topics related to the descriptors more frequently in the study.

ANALYSIS AND DISCUSSION OF RESULTS

The results of the bibliographic search, we found 667 publications on the descriptor caregivers, and 505 in the electronic database 162 in LILACS and BDENF. In relation to the descriptor dependent elderly, we found 95 publications in 04 in LILACS and BDENF. After an initial analysis of these studies, 41 publications were used, which means only about 5.4% of the total. These data show, the principle that the number of items found is substantially higher than the number of items used. It was felt that they did so because the role of caregiver can not be played exclusively with the elderly, since it covers also the child at different stages of childhood, the adult dependent for installation in some chronic condition, in addition to individuals with disabilities or mental, which can also produce dependence and need for caregivers at home. There was, moreover, that the database with a vast collection in respect of descriptors is based on LILACS database were not found publications from such descriptors on databases as SciELO (Scientific Electronic Library Online) and indexed for (Database of Nursing). This can be justified by the fact that this database is responsible for most of the records of scientific health literature produced in Latin America and the Caribbean, and publications since 1982.

Among the 41 articles used in this study, 22 were of a qualitative approach, 18 were quantitative approach and Article 01 had qualitative and quantitative approach. Regarding the thematic focus of the sample, ie the category when you consider all the publications selected from the descriptors used to identify the prevalence of category "The caregivers of the elderly with dementia, with 10 published studies, followed the category "s caregiver for the elderly, with 08 publications.

THE CAREGIVERS OF THE ELDERLY WITH DEMENTIA

In this category were grouped publications dealing with everyday life, problems and obstacles faced by caregiver of elderly patients with dementia. According Celich; Batistella (2007), the aging increases the incidence of chronic-degenerative and disabling, with possible physical dependence, cognitive and emotional. Dementia is a major cause of morbidity and mortality among chronic diseases and disorders among dementia, Alzheimer's disease (AD) is the most frequent. According to these authors, it is undeniable the impact of this disease in our society today as it already is the epidemic of the century, attributing suffering significant to its bearer and his family, caring, demanding new adjustments in its dynamics of operation, causing physical and emotional burden to family members.

Corroborating with these authors, Freitas et al (2008) states that many family caregivers who deal daily with Alzheimer's disease - because they are unaware about the disease or often do not accept that his family was affected by this disease - become depressed, anxious, seeing his family, father and mother mostly with this incurable and debilitating. This author

conducted a qualitative research with eleven family caregivers of patients with Alzheimer's and can see that the feelings generated by the coexistence between the old and the family are the most mixed, being present in his speeches emotions, diseases, problems, wear, and above all dedication. In most cases, the fine line of division between the life of the patient and the caregiver disappears because the caregiver is to experience the life of her sick family intensely, so that nothing is missing.

It can be seen that a significant number of articles on this theme, however, and said Luzardo, Gorini and Silva (2006) there is a lack of studies characterizing the conditions of care in many different regions of the country in order to institutionalization of planning and health interventions. Thus, it is necessary to rethink how the health system of the country is meeting the needs of these caregivers, as well as states and Celich Batistella (2007), the family caregiver of the holder of Alzheimer's disease deserve support and appreciation by health professionals in an attempt to reduce vulnerability to both being charged. Thus, the strategy of the Family Health Foundation (ESF) is a media that presents itself to this population. The nurse, as a member of this team, can develop support groups or be part of networks that support these families, in order to alleviate or minimize the suffering as the main caregiver.

CAREGIVERS' PROFILE FOR ELDERLY

In this category are the articles that presented in the text discussions about the profile of caregivers of elderly persons. In relation to family caregivers of dependent elderly, in a study by Gonçalves et al (2006), shows that care is being taken by family and community, and usually focuses on one of its members, which is called the main caregiver. In this sense it is observed that in most countries throughout the history of elderly care is exercised by women and, in our country, the caregivers are mainly the wives, daughters and granddaughters.

In a study by Guerreiro et al (2007), to evaluate the definition of a profile of the ideal caregiver for the elderly from the perspective of their own caregivers, health professionals and the elderly, we obtained the following results: The caregivers preferred a professional female, younger than the elderly, which is a person connected with the family and devoted entirely to care. Health professionals have preferred the caregiver, dedicated to the elderly according to their needs, being indifferent to sex, marital status and age. Finally, the very elderly showed a preference for male caregivers, married, young and less tied to the family of the elderly (especially children), dedicated to the care sporadically.

Trelha et al (2006) conducted a study about an aging population, focusing also on the profile of caregivers in this population. They identified, for the degree of relationship with the elderly, most caregivers were 18 children (78.4%), spouses of the elderly 2 (8.7%) and nephew 1 (4.3%), housemaids 1 (4.3%) and neighboring 1 (4.3%). This finding points to the continued prevalence of caregiver submit a family profile, generally attributed to children or spouses. Thus, there is generally that, in Brazil, the family caregiver is still predominant, although in other countries already be in the ascendancy caregiver. This proves the idea apud camper Caldas et al (2006) that the care of dependent elderly have always played the Brazilian family.

Another important result of the same author is in relation to time spent by caregivers in caring for the elderly. It was observed that the number of hours of care to the elderly every day, 15 (65.2%) caregivers provided care for more than 8 hours, 3 (13.1%) caregivers of 5 to 8 hours per day and 5 (21.7%) caregivers providing care for up to 4 hours. It is noteworthy that there was no report of rotation with other people in carrying out care for the elderly, among 15 (65.2%) caregivers (TRELHA et al, 2006). Thus, there is a tendency to direct the caregiver to gradually to a heavy workload that may result in high levels of stress and even illness. Would be necessary, so a division of labor, so that the health of the caregiver also be maintained, and that the high-quality work is guaranteed.

Corroborating these authors, Gonçalves et al (2006) and Vilela et al (2006) state that caring for an elderly person for a long time requires constant exposure of caregivers to the risk of disease, especially for those who are the sole caregivers assume total responsibility and, that are always overloaded. When it comes to women, they accumulate various roles such as mother, wife and caregiver for other dependents, among others.

There are still some caregivers, who often have other activity that is not merely to look after, a factor more potential to increase the workload. In the aforementioned study, there was also that 21 (91.3%) caregivers have another activity: 1 (4.3%) studied, 11 (47.8%) exerted some professional activity, ie, working, and 9 (39.1%) were housewives, work hard and also considered extremely important for maintaining the axle family.

CAREGIVER STRESS

In selected articles, were found two that were directly related to caregiver stress generated in the elderly, a theme that was maintained because of the importance of the discussion just to reflect on the health of the caregiver. For the care of dependent elderly, chronic diseases, Simonetti and Ferreira (2008) argue that this allocation may lead to situations of stress, if not prepared properly, may bring inconvenience to both the caregiver and for the individual patient and their families. This fact often directly affects the quality of the relationship between caregiver and elderly, and therefore the quality of care provided.

In addition, sometimes the greatest stress of caregivers is related to lack of support to the division of responsibilities with other family members, as well as the number of hours worked and not only with the care itself (SIMONETTI; FERREIRA, 2008). Another important aspect verified by Cassis et al (2007) is that the greater the time spent in care for the elderly, the greater the caregiver burden, which may converge directly to the increased stress. Thus, in general, you can see the stress of the caregiver directly influences the health care management, family relationships and the health of the elderly with chronic conditions. Arises, therefore, the significance of these actions for individuals in the family and the elderly in order to check the quality of life also for the caregiver and prevent further occurrence of the disease.

THE PROFESSIONAL CAREGIVER FOR THE ELDERLY IN HOMES FOR THE AGED

About the formal care for the elderly, a study by Brooks et al (2008) showed that despite the appreciation of the care for dependent elderly within their family environment is still perceived a trend of increased rates of institutionalization, appearing as causes of phenomenon itself changes in family structure, such as reducing the number of children, and the level of dependency of the elderly.

Given this situation, quoted Duarte Ribeiro et al (2008) describes the caregiver and the professional who lives daily with the elderly, giving you hygienic care, assisting with feeding, administering medication and encouraging him with rehabilitative activities, interacting, and with the therapy team. In terms of technical knowledge necessary to care for the elderly, Miguel Pinto and Marcon (2007) showed that few formal caregivers show to notions about the elderly care in courses outside the institution in which they work. This is deemed critical to the quality of care provided, as present or clinical expertise, knowledge of physical and psychosocial changes of aging, is essential to provide a holistic care.

In relation to what they think the formal caregivers, Ribeiro et al (2008) argue that often, such activity creates feelings of anxiety, insecurity and discouragement. However, also realize that there is great variation in relation to the feeling produced by

labor, since for some professionals, it also noted that the care of dependent elderly can also be a source of pleasure and comfort, when you get good results, independent of physical and mental effort required in daily life.

Thus, it was noticed that there is a wide variation in performance among studies, which indicates that the role of caregiver while practice is still unclear, especially with regard to staff who work with this function in long-stay institutions.

THE CAREGIVERS OF ELDERLY CANCER

Among the articles related to issues of family caregivers of the elderly, the number of items found in caregivers of clients affected with breast cancer, was relevant, since according to INCA, 2005, the cancer it is a highly prevalent disease global and, in our country, there is significant increase in mortality from thirty years of age, especially in the geriatric population, in which the highest concentrations.

Accordingly, the family is often surprised by the diagnosis and about the same time, informed bout poor prognosis, characterized by the absence and therapeutic possibilities and the short time of life, leaving her cope with the extent of chronic disease and its sequelae, including continuity of care within the home, often without being sufficiently informed about the care that is required, the features and functions of the prescribed drugs and situations where you should seek health services (VIEIRA, MARCON, 2008).

Floriani (2006) also highlights the importance of the implementation of administrative measures and techniques compatible with the reality experienced by the elderly with cancer and their families and for this to occur effectively, even Floriani, (2006) states that it is necessary that further studies family caregivers of elderly with advanced cancer, are performed in our country so that, knowing the problems most appropriate measures can be taken.

HEALTH EDUCATION FOR CAREGIVERS

This category includes publications that addressed the education and training for informal caregivers of dependent elderly. In Martins et al (2007), the health education action is a dynamic process that aims to enable people and / or groups in search of improving the health of the population.

In a study by Martin et al, (2007) a Local Health Unit (ULS), in Florianópolis, state of Santa Catarina, as well as the homes of the elderly, it was observed that the caregivers did not have any formal training in caring the elderly. However, it is known that even in the condition of caregivers, each one has a stock of knowledge from their previous experiences, information already acquired, whether empirical or not, that will differentiate the actions to care for the elderly.

ELDERLY CAREGIVERS OF ELDERLY

Rodrigues, Watanabe and Derntl (2006)say there is a hierarchy of who is the source of care: first the spouse, followed by children, relatives and friends finally. Married people have lower rates of institutionalization and it appears that spouses provide care for spouses with greater disability and illness that another type of caregiver.

According to Braz, Ciosak (2009) the increase in the elderly due to aging population, added to changes in disease patterns, causes increases the possibility that, in families and within them, women of different age groups, but more specifically the elderly and middle-age, start to engage the attention of senescent at home. These women who will take care of parents, husbands, in-laws, or even other relatives, exercising, thus, many roles.

Finally the authors of the publications in this category say that to improve the situation of the elderly, assistance for the family caregiver should be prioritized in order to strengthen this relationship of care, since the senescent caregiver is an individual with individual needs and particular health care (Braz; Ciosak, 2009).

CONSIDERATIONS

The condition of caring for an elderly requires sensitivity, preparation and mainly involved with what you do. Often this involvement is so intense that directly affects the quality of life and caregiver's health, culminating in situations of illness and disability to continue providing care.

Studies have shown that in the daily caregiver for an elderly dependent, the risk of being affected by disease is relatively strong. Depression, stress and some chronic diseases are reported in enough caregivers for the elderly. The emotional and physical burden the caregiver interferes generated in various ways in their health condition, which often causes as well as by physical problems, some stamp psychosocial problems.

Therefore, it is essential that there be actions on the part of health team to monitor elderly family, carers and their families, to direct the care relationship, and promoting interaction with the community in order to prevent social isolation to which many Sometimes the caregiver and the elderly undergo. Moreover, these actions are essential to the health of the caregiver, as a concept of psychosocial well-being, is preserved and that the care provided is of quality, so that the elderly will not be affected by an overload of caregivers who could be at least, minimized.

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THE ROLE OF THE FAMILY CAREGIVER: A LITERATURE REVIEW

ABSTRACT

Currently in Brazil, increasingly, there is a framework for older people who acquire illnesses and become dependent, and need, often in one or more persons to meet their functional impairments at home, so that they can perform their activities of daily living. In this sense, willing to discuss and disseminate the available literature on the caregivers of dependent elderly at home, this study aims to identify how the role of caregiver has been described in literature. This is a descriptive study literature review, carried out a literature on the theme of caregivers of dependent elderly in electronic databases LILACS and BDENF. After applying the criteria for inclusion and exclusion, has become a sample of 41 studies, among them, the more thematic approach that has been brought on to the "Caregivers of elderly with dementia, followed by "Caregiver's profile for the elderly", and others such as" Stress on the caregiver, caretaker of elderly patients with cancer, "Caregiver age in LPI," among others. After the analysis of these studies, we noticed that it is essential that corporate actions on the part of health team to monitor elderly family, carevigers and their families, to direct the care relationship, and promoting interaction with the community, avoid physical harm and social isolation which often the caregiver and the elderly undergo.

KEYWORDS: Nursing; family caregiver, elderly dependents.

LE RÔLE DU SOIGNANT FAMILIAL: UNE REVUE DE LA LITTÉRATURE

RESUMÉ

Actuellement, au Brésil, vous le voyez, de plus en plus, un cadre pour les personnes âgées qui contractent des maladies et de devenir dépendant, et le besoin, souvent dans une ou plusieurs personnes pour répondre à leurs déficiences fonctionnelles à la maison, afin qu'ils puissent exercer leurs activités de la vie quotidienne. En ce sens, désireux de débattre et de diffuser la documentation disponible sur les soignants de personnes âgées dépendantes à domicile, cette étude vise à déterminer comment le rôle de dispensateur de soignant a été décrite dans la littérature. Il s'agit d'une revue descriptive étude de la littérature, a réalisé une documentation sur le thème des soignants de personnes âgées dépendantes dans les bases de données électroniques LILACS et BDENF. En conséquence, 667 publications ont été trouvés sur les soignants descripteur, et 505 dans la base de LILACS et 162 en BDENF. En ce qui concerne le descripteur de personnes âgées dépendantes, nous avons trouvé 95 publications en les LILACS et 04 dans BDENF. Après application des critères d'inclusion et d'exclusion, est devenu un échantillon de 41 études, parmi eux, l'approche plus thématique qui a été porté vers le "les soignants naturels de personnes âgées atteintes de démence", suivie d'une approche "un profil des soignants pour les personnes âgées dans LPI', entre autres. Après l'analyse de ces études, nous avons remarqué qu'il est essentiel que les actions entreprises sur la partie de l'équipe de santé pour suivre âgés de la famille, les soignants et leurs familles, pour diriger la relation de soins, et promouvoir l'interaction avec la communauté, éviter les dommages physiques et l'isolement social qui, souvent, le soignant et les personnes âgées subissent.

MOTS CLÉS: Soins infirmiers; Soignant familial; Les personnes âgées dépendantes.

EL PAPEL DEL CUIDADOR DE FAMILIA: UNA REVISIÓN DE LA LITERATURA RESUMEN

Actualmente en Brasil, usted lo ve, cada vez más, un marco para las personas de edad que adquieren la enfermedad y se vuelven dependientes y necesitan, a menudo en una o más personas para satisfacer sus discapacidades funcionales en el hogar, para que puedan realizar sus actividades de la vida diaria. En este sentido, dispuesto a discutir y difundir la literatura disponible sobre los cuidadores de personas mayores dependientes en su hogar, este estudio trata de identificar cómo el papel de cuidador que se ha descrito en la literatura. Esta es una revisión de la literatura descriptiva del estudio, llevado a cabo una literatura sobre el tema de los cuidadores de ancianos dependientes en bases de datos electrónicas de LILACS y BDENF. Como resultado, 667 publicaciones fueron encontradas en descriptor "los cuidadores", y 505 en la base de datos electrónica de LILACS y 162 en BDENF. En relación con el descriptor de personas mayores dependientes, hemos encontrado 95 publicaciones en el LILACS y 04 en BDENF. Después de aplicar los criterios de inclusión y exclusión, se ha convertido en una muestra de 41 estudios, entre ellos, el enfoque más temático que se ha introducido en el "cuidadores de ancianos con demencia, seguido por el enfoque de" 's cuidador de ancianos ", y otros como" El estrés en el cuidador", "cuidador de los pacientes ancianos con cáncer", " cuidador del anciano en la LPI", entre otros. Tras el análisis de estos estudios, nos dimos cuenta de que es esencial que las acciones de las empresas por parte del equipo de salud para controlar ancianos de la familia, los cuidadores y sus familias, para dirigir la relación asistencial, y promover la interacción con la comunidad, evitar el daño físico y el aislamiento social que a menudo el cuidador y los ancianos sufren.

PALABRAS CLAVE: Enfermería; Cuidador de família; personas mayores dependientes;

O PAPEL DO CUIDADOR FAMILIAR: UMA REVISÃO DA LITERATURA RESUMO

Atualmente, no Brasil, visualiza-se, cada vez mais, um quadro de idosos que adquirem morbidades e tornam-se dependentes, passando a necessitar, muitas vezes, de uma ou mais pessoas para suprir suas incapacidades funcionais no domicílio, de modo que possam realizar suas atividades da vida diária. Nesse sentido, buscando discutir e divulgar a bibliografia disponível sobre o cuidador do idoso dependente no domicílio, este estudo tem por objetivo identificar como o papel desempenhado pelo cuidador tem sido descrito na literatura atual. Trata-se de um estudo descritivo do tipo revisão de literatura, realizado através de levantamento bibliográfico acerca da temática cuidadores de idosos dependentes nas bases de dados eletrônicas LILACS e BDENF. Após aplicar-se os critérios de inclusão e exclusão, consolidou-se uma amostra de 41 estudos, dentre os quais, o enfoque temático mais abordado foi o referente ao "Cuidador do idoso com demência", seguido do enfoque "Perfil do cuidador de idosos", além de outros como o "Estresse no cuidador", Cuidador de idosos com câncer", "Cuidador de idoson a ILPI", entre outros. Ao final da análise desses estudos, percebeu-se que é essencial que sejam incorporadas ações, por parte da equipe de saúde da família que acompanhe idosos, cuidadores e suas famílias, que direcionem a relação do cuidador, promovendo a interação com a comunidade, a fim de evitar o dano físico e o isolamento social ao qual muitas vezes o cuidador e o idoso se submetem.

PALAVRAS-CHAVE: Enfermagem; cuidador familiar; idosos dependentes.

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