

## Caring for dependent older adults and their caregivers: a challenge for societies

Gerlany Leal Cronemberger

(<https://orcid.org/0000-0001-7783-1054>)<sup>1</sup>

Rachel Cassiano de Sousa

(<https://orcid.org/0000-0002-4849-1502>)<sup>1</sup>

<sup>1</sup> *Programa de Pós-Graduação em Saúde Coletiva, Universidade de Fortaleza, Fundação Edson Queiroz, Fortaleza CE Brasil.*

The work<sup>1</sup> inevitably leads readers to a deep reflection on the challenges of aging, the consequences of caring for dependent older adults (DOA) for caregivers. The need to (re)construct social and health policies contributes to expanding knowledge and thus filling important scientific gaps.

It contemplates the demographic changes arising from longevity and especially the rethinking about the future of communities<sup>2</sup>, mentioning that societies need to redirect the focus of their actions towards a long-lived society.

The publication, when reiterating Minayo's statement<sup>3</sup> that it is urgent that DOA and their caregivers are protected effectively, prompts new social, public actions and investigations.

His precious studies are recommended reading for family members, caregivers, researchers, managers, professionals, university students and, especially, all those who wish to grow old.

We use a qualitative approach, which gives voice to older adults and caregivers to talk about their feelings and experiences, in addition to listening attentively to understand their needs, and a quantitative approach, which facilitates replicating the study and comparing it with similar ones<sup>4</sup>, enriching the publication quality.

Older adults' fear of old age is not associated with advancing age, but with loss of autonomy, abandonment, lack of access to care, and the burden they may cause to their families.

Waiting for biological death to remedy the suffering of social death of old age reported by DOA evokes readers to greater engagement with intergenerational empathy.

The increase in the feeling of loneliness in institutionalized Portuguese older adults reported in the work during the COVID-19 pandemic was also observed by Shrira *et al.*<sup>5</sup>, who also add anxiety crises and behavioral changes in DOA in nursing homes with restrictions on visits during the period.

It alerts readers to the appreciation of DOA perceptions by professionals and, wisely, suggests older adults' involvement in their care process. This

attitude allows older adults to recognize themselves as autonomous and part of society.

The timid implementation of public policies aimed at supporting DOA and their caregivers by government agencies is demonstrated throughout the book. Discrepancies between international policies for DOA home care are also emphasized.

The European Union, by publishing the *Green Paper on Ageing - Fostering solidarity and responsibility between generations*, demonstrates concern to ensure access to and quality of care and admits the lack of social and economic protection for poor older adults.

The word immobility, used in this work, is impeccable to describe Brazilian public policies, centered on existing institutions that cannot guarantee home care for activities of daily living. Chile, on the other hand, stands out in South America for providing home care for older adults with moderate and severe dependence.

In Portugal, the population of older adults exceeds that of young people. Although life expectancy is higher in females, quality of life is better in males. A fact that raises the need to assess Portuguese women's well-being. The country has a comprehensive support program for older adults that promotes autonomy, mobility, accessibility to benefits and services, intergenerational solidarity and prevention of isolation of older adults and the Informal Caregiver Statute.

The care of Spanish, American and Canadian DOA is centered on caregivers, or rather, on family caregivers. This condition leads to gender inequality in care and a greater chance of illness among working women, caring for older adults and children, simultaneously.

The economy of US\$ 25 billion, currently identified in Canada, by supporting the care of older adults in family members, constitutes a risk for future public expenditures with the assistance of these caregivers, since the exercise of this activity can lead to physical, psychological and social illness of these people.

The strong activism of the USA associations that demand recognition, rights and tax exemption deserves to be highlighted for causing social mobilization that generally produces public policies.

DOA's situation is discussed and deepened from caregivers' perspective. Caregivers of older adults have a well-defined profile: women aged between 30 and 49 as well as older adults who care for others. The secular social determinations of gender are taken into account to understand the determination of this profile.

The role of caregivers of older adults represents a worldwide concern, since, despite the social rec-



ognition of the importance of this role, there is a low appreciation of these people, lacking broad support for the best exercise of this role.

Another important aspect highlighted in the book is related to quality of life and the multiple challenges that affect caregivers' lives, such as fatigue, daily physical and psychological effort, sleep deprivation, lack of leisure and time for self-care, in addition to the burden of additional household care generated by older adults' family members. According to Pereira and Duke<sup>6</sup>, providing care to DOA is fundamental, however, it is necessary that the quality of life of persons cared for and caregivers is guaranteed.

Among the many themes necessary to deepen the discussion from the perspective of those who care for, two factors caught readers' attention, SUS (*Sistema Único de Saúde* - Unified Health System) health professionals, who focused on the fascinating reading of this book.

The first one would be the fact that the authors raised the need for adequate training for caregivers on fall prevention, medication management, diet and hygiene of DOA. This demand reminds us of the importance of permanent education strategies and guidelines for formal and informal caregivers.

Strengthening this debate, the authors propose an analysis of health professionals' practices in the care of older adults in Primary Health Care (PHC) and the methods used for this purpose, prioritizing the performance of multidisciplinary teams. According to Magalhães *et al.*<sup>7</sup>, the multidisciplinary team valorization in the scope of older adult care management has been a major challenge for public health policies.

The second factor that is abundantly evidenced in the book would be related to the challenges faced by informal caregivers in DOA care as well as the importance of the existence of a support network to support caregivers. Here are some challenges faced: arduous, solitary and invisible financial and social limitations that caregivers and family members have to ensure the maintenance of a routine of caring for DOA; caregivers' physical and psychological exhaustion is much greater when they take care of older adults with cognitive and behavioral demands; the greater the degree of

dependence of older adults, the greater the burden on caregivers; lack of support from other family members, lack of guidance to meet the needs of loved ones and lack of time for themselves were reiterated as obstacles faced by caregivers.

In order to mitigate the circumstances that caregivers go through, it is necessary to create and strengthen a support network. Support from health services, social assistance, family members, neighbors and friends are cited by the authors.

This important contribution of the authors brings to discussion the technical and human perspective that society should cast on caregivers of DOA. Due to the obstacles experienced by caregivers, it is necessary for the family, support network and health services to create coping strategies for the challenges mentioned during the reading of the book.

Lastly, after a deep immersion in reading the work, we list here the possible gaps that can be filled in other scientific constructions about DOA, such as: prevention of abuse and violence against DOA, digital inclusion of older adults and the use of artistic tools (dance, music, visual arts) in maintaining older adults' health.

## References

1. Minayo MCS, Silva RM, Brasil CCP, organizadoras. *Cuidar da pessoa idosa dependente: desafios para as famílias, o estado e a sociedade*. Fortaleza: EdUECE; 2022.
2. Scott AJ. Health policy in the longevity society. *Lancet Healthy Longev* 2021; 2(12):e820-e827.
3. Minayo MCS. Cuidar de quem cuida de idosos dependentes: por uma política necessária e urgente. *Cien Saude Colet* 2021; 26(1):7-16.
4. Sampiere RH, Collado CF, Lucio MPB. *Metodologia de pesquisa*. 5ª ed. Porto Alegre: Penso; 2013.
5. Shrira A, Hoffman Y, Bodner E, Palgi Y. COVID-19-Related Loneliness and psychiatric symptoms among older adults: the buffering role of subjective age. *Am J Geriatr Psychiatry* 2020; 28(11):1200-1204.
6. Pereira S, Duque E. Cuidar de idosos dependentes: a sobrecarga dos cuidadores familiares. *Rev Kairos* 2017; 20(1):187-202.
7. Silva RM, Brasil CC, Bezerra I, Fortes ML, Santos MC, Gonçalves J, Jardim MHA. Desafios e possibilidades dos profissionais de saúde no cuidado ao idoso dependente. *Cien Saude Colet* 2021; 26(1):89-98.