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The role of nursing in a day center for patients with Alzheimer

Abstract

Introduction: This article addresses the complex composition of the diagnosis of probable dementia caused by Alzheimer's disease, as well as the course of action necessary to access the subjects.

Objective: to analyze the trajectory of the disease and/or care through re-reading reference materials for the pathology, considering the trajectory of the disease and care. Methodology: The literature review focused on the phenomenon of dementia and the care of elderly patients with Alzheimer's, their caregivers, and family members. The research supports the writing that was carried out through observations and experiences with the elderly and families who attend the institution Day Center for the Elderly (DCE). This institution receives elderly people with this diagnosis and offers day care through an individual plan related to personal care, medications, food, and therapeutic and memory activities aimed at elderly patients with Alzheimer's.

Results and discussion: Next, the care itineraries adopted by the families with the mediation of the CDI, inserted in a broad and unequal context to gender in Brazil, were analyzed. From there, we start with the descriptions and interpretations of the so-called "perceptual dilemmas", faced by those with dementia, both in terms of memory and reasoning disorientations and in terms of everyday skills with their own body.

Conclusion: After defining the particularities of subjects with dementia, an analysis of the inter-subjective relationships of care has been proposed, perpetrated in the constant exercise of the caregiver in establishing perceptual alterities to understand the demands of the other to meet them.

Keywords: elderly, alzheimer, nursing, care

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Introduction

Alzheimer's disease (AD) is a challenge to current society and Public Policies. The carrier of this disease faces changes in personal life, behavior, and difficulties in family life that generate stress for their caregivers due to lack of knowledge of pathology, in addition to many other problems not knowing how to deal with the patient. In the population aging process, there is a significant increase in chronic-degenerative diseases, dementia, and Alzheimer's, which are not part of healthy aging.

In this sense, the main objective is to provide adequate care and guidance in the handling of elderly people with Alzheimer's developing a support protocol based on theoretical and practical knowledge to achieve quality in routine activities at the institution's Day Center for the Elderly. It is a public unit dedicated to specialized care for the elderly and people with disabilities, who have some degree of dependence on care. These centers have sought to avoid social isolation, abandonment, and the need for care.

Materials and methods

This is descriptive and exploratory bibliographic review research. For its developments, a bibliographic survey was carried out through the VHL, BIREME in the Lilacs and Scielo databases, and Revista Brasileira de Enfermagem. About 40 scientific articles were found. The search was performed using the following descriptors: Alzheimer's disease, Elderly Care, Caregivers, Nursing, and Day Center for the Elderly (DCE). To reflect on AD in the context of the Elderly Family, the Implications for Nursing, Aging, the Characteristics of the Elderly with AD and their Caregivers were considered, in addition to a series of cases in a Neurogeriatrics service, Multidimensional Assessment of Elderly People in Primary Care (AMPI-AB), caregiver burden relatives of elderly people with AD for a comparative study.

The inclusion criteria were working with scientific articles published in Portuguese, written by nurses, and matters that corresponded to the research objectives. After a thorough reading of the materials, this bibliographic reference search was developed with 10 scientific articles. On the topic of research development, materials published in the period from 2013 to 2017 were selected.

Results

The phenomenon of population aging has been observed all over the world and verified, not only by the productions of the scientific communities, but there has been a significant increase in chronic-degenerative diseases, including AD, considering that dementia is a resulting clinical syndrome. Of disease or brain dysfunction, usually of a chronic and progressive nature in which there is a disturbance of multiple cognitive functions including memory, attention, learning, thinking, orientation, understanding, calculation, language, and judgment, and produces an appreciable decline in the intellectual functioning of its patients and interferes with day-to-day activities, such as personal hygiene, clothing, food, physiological activities.

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In the city of São Paulo, a Project of the Secretariat of Social Development was implemented in partnership with the City Hall, under the supervision of the Specialized Reference Center for Social Assistance (SRCSA) and Municipal Secretariat for Assistance and Development, called CDI to serve elderly with dependency and who cannot be alone, due to lack of physical conditions or health. At the Day Care Center, AD appears in considerable numbers with more than 50% of the elderly assisted carriers. According to the Brazilian Institute of Geography and Statistics, population aging is a worldwide phenomenon, evident in both developed and developing countries. In Brazil, the contingent of elderly people totals around 21 million, approximately 13.5% of the population. It is expected that by 2025, Brazil is going to be the sixth country in the world with the largest number of elderly people among its inhabitants.

Ordinance no. 249 of 12/04/2002 established the norms for the registration of reference centers in healthcare for the Elderly, considering that AD is the main cause of dementia, being a primary degenerative brain disease, of not fully known etiology, with neuropathological aspects and characteristic neurochemicals. The SES Resolution no. 1,141 of 8/26/2002 was responsible for creating the Elderly Care Coordination, which implies the demand for new instruments, tools, and technologies for this approach. Hence the a need to improve the quality of services provided by the public system, rethink how actions are offered and the role of each professional within the new context, and organize flows and guidelines to renew the role of care in elderly care as an integrated care process.

The World Health Organization defines health as "the state of complete physical, mental, and social well-being, not just the absence of disease" that depends on medical and social factors. Thus, people's health status depends significantly on the allocation of resources in sectors such as education, food, health, and housing infrastructure, work incentives, promotion of a healthy lifestyle with leisure activities, and care for the environment. There are several types of aging, from normal, pathological, active, successful, and/or healthy. Pathological aging is accompanied by physical, cognitive, and behavioral deficits, which result from a set of biological changes that trigger cascades of molecular and cellular events, which generate apoptosis, free radicals, protein changes, and other secondary damage.[1]

AD was named in honor of the physician Alois Alzheimer, who observed and described changes in the brain tissue of a woman who showed her first dementia symptoms at around 51 years of age. At that time, the cause of death was considered a hitherto unknown mental illness. There was an assumption that AD was restricted to a disease category called pre-senile dementia, as it affected individuals under 60 years of age.[2]

According to the Ministry of Health, AD is the most common form of neurodegenerative dementia in elderly people. The cause is unknown, but it is believed to be genetically determined. The disease sets in when the processing of certain proteins in the central nervous system starts to go wrong. Then, fragments of ill-cut, toxic proteins appear within neurons and in the spaces between them. As a consequence of this toxicity, there is a progressive loss of neurons in certain regions of the brain, such as the hippocampus, which controls memory, and the cerebral cortex, essential for language and reasoning, memory, recognition of sensory stimuli, and abstract thinking.

In this service, AD indicates a percentage of more than 50% of pathologies related to progressive cognitive loss, as brain cells undergo a reduction in size and number, forming neurofibrillary tangles in their interior through senile plaques in space existing exterior between them. This disease was related to progressive cognitive loss that leads to functional decline and gradual loss of autonomy, as a result, causing total dependence on others.[3] In addition to the loss of independence and autonomy, and the greater need for care associated with the advancement of the disease, these elderly people may have impaired consciousness, defined as the ability to perceive changes in themselves and/or in the ADLs caused by deficits associated with the process of illness.[4]

According to the Brazilian Alzheimer's Association (BAA), AD is dementia characterized by three major phases. It starts with subtle forgetfulness loss of memory and difficulties at work. AD tends to evolve slowly and, from diagnosis onwards, average survival varies between 8 and 10 years. The clinical picture is usually divided into four stages. In Stage 1 (initial), changes in memory, personality, and visual and spatial skills are observed, in Stage 2 (moderate form), difficulties in speaking, performing simple tasks and coordinating movements arise, in addition to agitation and insomnia. On Stage 3 (severe form), there is resistance to performing daily tasks, urinary and fecal incontinence, additional difficulty eating, and progressive motor impairment. On Stage 4 (terminal), bed restriction, muteness, pain in swallowing, and inter-current infections occur.

According to Forlenza5, there are four levels of AD treatment: at level 1, therapy aims to reverse the pathophysiological processes that will lead to dementia and neuronal death; at level 2, the prophylactic approach aims to prevent cognitive decline or delay the onset of dementia. At level 3, there is a symptomatic treatment that will partially or provisionally restore the functional abilities, cognitive abilities, and behavior of patients with dementia and, finally, at the fourth level, there is a complementary therapy, which seeks the treatment of dementia for non-cognitive manifestations, such as psychomotor agitation, psychosis, aggression, depression, and sleep disturbance.[5]

These disturbances in perception are called "anosognosia" and can directly affect the performance of everyday functions. Furthermore, it has been known that perception, as well as the recognition of information from the environment and/or the internal environment, are the basis of cognition.[6] Prospective studies reveal that in 2050, AD could reach 14 million people worldwide. It was considered the fourth leading cause of death in adults.[7] The main symptoms are related to a lack of memory for recent events, repeating the same question, difficulty following complex conversations or thoughts, inability to develop strategies to solve problems, difficulty driving a car, and finding familiar paths. Besides, we can observe the difficulty in finding words that express personal ideas or feelings, irritability, unjustified suspicion, aggressiveness, passivity, misinterpretations of visual or auditory stimuli, and the tendency to isolate.

The classification of gait disorders in the elderly is based on hierarchical sensorimotor levels and classifies gait disorders into lower, middle, and upper-level disorders. Although this classification is widely accepted, a classification of gait disorders based on the main determinants of gait and balance will be used, namely, sensory information from the afferent pathways, the central nervous system that integrates sensory stimuli and coordinates motor responses, and the effectors, that is, peripheral motor nerves, muscles, and joints.[8]

Vision contributes to normal balance and frail elderly people become more dependent on vision as aging determines a dysfunction in other components of the postural control system. The Romberg test provides important information about the patient's degree of visual dependence. Pathologies that compromise visual acuity, contrast

sensitivity, and depth perception were related to postural instability and falls. It is also important to point out that 70% of vision changes in the elderly can be corrected with relatively simple interventions such as correction of refractive errors and cataract surgery.

Magnetic Resonance Imaging is a diagnostic technique that uses a magnetic field to produce images of structures located inside the body. It should be ordered in patients with clinical evidence of spinal cord compression. Vitamin B12 deficiency, another extremely common condition in the elderly, can lead to sub-high spinal cord degeneration, even without the presence of a classic clinical picture, related to loss of proprioception. In this sense, the training of professionals and the implementation of AMPI-AB in the region was fundamental for the implementation of RASPI in the region and today, one of the main challenges to face. Today, about 95% of the units already have trained professionals and are involved in its implementation and 583 AMPI-AB were carried out in the region, with the following proportions being identified: 32.4% Healthy, 46.2% Pre-fragile, and 21.4% Fragile.8

The Figure Test is quick to apply and simple to interpret and is of interest in individual examinations, but it is even more important for epidemiological studies of the prevalence of dementia, it is a sheet of paper containing ten figures and asks the patient “Which figures are these?” The figure test is also simple to apply and depends little on education level. The score is given by the number of identified figures, even if they were not named correctly. (Visual perception and naming) If the patient cannot identify a figure, it is necessary to explain what it represents.[9]

In the Katz Test, the Basic ADLs have been evaluated, which include the analysis of the elderly’s conditions to perform them and, thus, assess their degree of independence and autonomy. The objective is to assess the person’s ability to perform their daily activities, the basic activities of life, indicating whether there is independence or a partial or total dependence on their performance. In terms of procedure, the activities considered basic are bathing, dressing, toileting, transferring, continence, and feeding.

For each detail, there is standardization. It indicates independence, partial dependence, or total dependence to carry out basic activities that should be asked of the elderly and marked according to the answer presented. The Katz test can be performed by any member of the multidisciplinary technical team in the Basic Health Unit who has been trained in the service. Results evaluation: the score ranges from 0 (zero) to 6 (six) points, where 0 (zero) indicates total independence to perform the activities and 6 (six), dependence (total or partial) in carrying out all proposed activities.

The intermediate score indicates total or partial dependence on any of the activities and should be assessed individually. Preparation of the specific care plan according to the changes presented. The test result will also serve for the evolutionary follow-up of the elderly person.[10] As this is an incurable disease, the objective is to delay its evolution and preserve intellectual functions for as long as possible. The best results were obtained when treatment started at the earliest stages, but in progressive disease, it is not always easy to assess these results. For this reason, family members must use a diary to record the evolution of symptoms, including better memory conditions, if daily tasks are performed more easily, and if the condition remains stable.

The accurate diagnosis of AD has been made through the analysis of brain tissue, obtained through biopsy/necropsy, but it can also be identified by blood analysis, with a marker test for the gene found on chromosome 19, which produces the apolipoprotein E (ApoE4), which indicates the individual’s risk of having the disease. Exclusion tests can be made, such as blood tests (hypothyroidism, vitamin B deficiency), history of dementia (depression, age-related memory loss), and CT or MRI (multiple infarctions, hydrocephalus), cognitive tests, lumbar puncture, and other exams.[11] Acetylcholinesterase inhibitors have been used as a pharmacological treatment for cognitive impairment, showing benefits in terms of cognition, function, and behavior, whose substantial improvement is evidenced by physicians and caregivers.

The Brazilian market currently has four drugs with these characteristics and benefits. All of them have been licensed by ANVISA, namely: tacrine, rivastigmine, donepezil, and galantamine.[12] another agent proposed to improve cognition and neuroprotection is Ginkgo Biloba, which promotes increased cerebral blood supply through vasodilation and decreased blood viscosity, in addition to reducing free radicals in nervous tissue, which improves speed in the brain’s cognitive processing.[5]

Once the disease is diagnosed and treatment is instituted, there is a need for constant care, as the complicated management of behavioral and psychiatric manifestations, together with the experiences of emotional, positive, and negative bonds through living before the onset of the disease, produce physical wear, mental and emotional.[12] As a watershed, the Brazilian Alzheimer’s Association (Abraz) brings together family members, family caregivers, and professional caregivers in its membership, to, from their experiences and knowledge, develop actions in favor of people affected by AD and offer support to the family caregiver, offering information and guidance so that people can deal more adequately with the disease.

It also supports actions aimed at the well-being and the defense of the rights of patients, families, and caregivers. They can share their anxieties and experiences and have the opportunity to look at their problems from new perspectives, exchange solutions, and find a more effective way to deal with daily life, as well as for the integration between professionals who work with the Association and the articulation with the Network for the Protection of the Elderly.

Action with caregivers favors Alzheimer’s patients as, from this more appropriate interaction, they start to have their needs met. By participating in Support Groups, caregivers can acquire preparation and security to offer more adequate stimulation to the elderly, to preserve, for as long as possible, a greater degree of patient autonomy, improving the relationship between them. The Association also promotes care and cognitive stimulation groups for elderly people with Alzheimer’s and other dementias. Physical stimulation groups were also offered through physical exercises and social interaction opportunities.

These measures are of fundamental importance, as they are part of the non-pharmacological treatment, which aims to increase the patient’s quality of life and delay the degenerative process, based on better use of available resources and recovery of the patient’s self-esteem. The association promotes articulations for the development of public policies that benefit the elderly, highlighting the need for greater investment in the area of health aimed at this audience and accumulating important achievements in the main national and international Alzheimer’s commissions, including participation in Municipal Councils, State, and National Health and the National Council for the Rights of the Elderly.

The role of caring is directly related to stress, as it promotes impacts on health, family balance, and the quality of life of those who perform it, while it also reflects on the acceptance of the patient’s

condition and the care to be developed.[13] According to Horiguchi & Lipp[14] a study of women who took care of people diagnosed with AD found that 75% of them had stress, among which 70% were in the resistance phase and 40% had a predominance of psychological symptoms.

While pathologies are emerging among caregivers, the prevalence of the almost exhaustion phase of stress stands out, as identified in this study, which is characterized by the beginning of an illness process, causing, among those who perform the care, the deterioration of more vulnerable organs, which justifies the compromise of the various domains of quality of life. These data demonstrate the multidimensionality of a framework of stress, which involves the physical and emotional conditions of individuals in their relationship with society, reaffirming the issue of the need for support for caregivers, who change their entire lives due to this new assignment. This condition of patient dependence can compromise all family members, particularly those who directly assume the care.

In this sense, there are two types of caregivers: the main caregiver - who has all or most of the responsibilities for the care of the elderly at home, and the secondary - family, volunteer, and occupational caregiver who assists in complementary activities.[15] The caregiver burden can lead to acute and chronic diseases and, consequently, the use of different medications, making them as sick as the elderly with Alzheimer's.[16] It is noteworthy that caregivers are generally not prepared to assume all the responsibilities required of them, needing to be properly prepared to assume, and also needing support to perform this task. The impacts that come from providing such care can have both negative and positive consequences.[17] Body hygiene is referred to as the most difficult task, as it invades the privacy of the elderly, being, in turn, care that requires learning.[18]

Some nursing courses are implementing specific topics related to the theme of human aging, thus contributing to the construction of references that guide the education of nurses in the elderly area as well. According to Elsen19, her academic background guides her towards a cure and individual view of health. It is necessary to break with the hegemony of technician training, where state-of-the-art technology is valued, and seek ways to humanize and politicize nursing professionals. According to him, Brazilian nurses must engage with care for the elderly population, seeking to become "experts" in the area of human aging.[19]

The Specific Care and Nursing Guidance has a list of knowledge and practices aimed at understanding human beings and their pathologies as limitations, potentials, immediate needs, and developing skills to cope with suffering in an attempt to preserve the human being faces the pathology.[19] The Systematization of Nursing Care (SNC) is based on five steps: data collection, diagnosis, planning, implementation, and evaluation. These steps were integrated by establishing actions that allow nurses to apply their technical-scientific knowledge during the execution of their activities, contributing to the care provided and to the organization of the essential conditions for the assistance to be put into practice.

This instrument should favor the performance of nurses in their different ways of working, ensuring better care. In the context of care for the elderly, the use of SAE can be adapted to facilitate their attendance at the Day Center, and long-stay institutions, as well as to guide family members, directing them in the provision of care. According to Neta et al.,[20] in the nursing analysis of Alzheimer's patients, cognitive, abstract thoughts, concentration, verbal ability, and memory should be verified, observing changes in the ability to perform their motor activities, going to the bathroom, dressing and taking a shower, as well as paying attention to weight, nutrition, muscle tone, and strength. For this reason, the elaborated nursing prescriptions are intended to help the patient stabilize an ideal cognitive function, ensure physical safety, encourage independence in self-care activities, reduce agitation and anxiety, improve communication, guide and give support to family members, in addition to treating disorders of sleep habits, socialization, and intimacy.[20]

Nursing professionals involved in the management of elderly care must develop an interactive process between the elderly and their families, aiming at their understanding and understanding of the heterogeneities of natural aging and differentiating it from a pathological situation, seeking to develop care quality, and encouraging health benefits for these elderly people.[21] Also in this context, the activity of planning, executing, and evaluating the care provided to the elderly stands out as a responsibility inherent to the nurse, who supports the family to achieve the desired goals, achieving quality in daily life activities, providing less burden for the family and caregiver.[22]

From cognitive functional and behavioral disorders, dependence has been installed, and the demented individual needs a caregiver, who must be guided and supported at all stages of the disease. Thus, we can affirm that lay, informal, or non-professional caregivers have been primarily, in our culture, the family itself. As a result of cognitive, functional, and behavioral disorders, dependence has been installed, and the demented individual needs a caregiver, who must guide and support in all stages of the disease. Thus, we can affirm that lay, informal, or non-professional caregivers have been primarily, in our culture, the family itself. Community members also appear as caregivers, such as neighbors, godmothers/godfathers, co-workers, volunteers, or even hired companions, such as attendants, nursing assistants, and maidservants.[23]

Discussion

Population aging has been growing around the world over the last few decades. This significant increase in the elderly brings as a consequence a greater number of people affected by dementia, among which AD stands out, as one of the most important public health problems today and in the CDI.[17] The CDI is an equipment of the SP Friend of the Elderly Program in partnership with the Municipal Secretary of Social Assistance, designed to offer the Medium Complexity special protection service to receive elderly people aged 60 or over during the day years in a situation of vulnerability or social risk. It includes requiring personal care, strengthening bonds, autonomy, and social inclusion through the actions of acceptance, listening, information, and guidance.

The institution can serve 30 elderly people of both sexes. It has been characterized as being a space to welcome those who have limitations to carry out activities of daily living. Its objectives are to prevent situations of personal and social risk, avoid isolation, and institutionalization, reduce the number of medical admissions, and accidents, strengthen family bonds, with the provision of essential care, encourage and promote the participation of the family and the community in the care old man. On-site, food, leisure activities, and culture were offered in a physical space that has adapted restrooms, a rest area, a cafeteria, and a living room with TV/DVD and an infirmary.[24]

The Elderly Friend Program was created in 2012 and aims to carry out effective and integrated actions to ensure active aging of the elderly strengthens their social role, resulting in a new attitude towards aging. It proposes inter-secretariat actions aimed at protection,

education, health, and the participation of the elderly population of the State. There are 11 State Secretariats involved and the Social Solidarity Fund, under the coordination of the Secretariat for Social Development. This daily coexistence with a multidisciplinary team and people of the same age brings countless benefits to the elderly and their families. For the family, in addition to the tranquility of having an appropriate place to leave the elderly person during the day, while the other adults work, there are great savings, as they no longer hire caregivers or other professionals.

It is important to understand that it is not an open-door service, free on-demand. Elderly people have been referred by the Specialized Reference Center for Social Assistance (SRCSA) and by the Judicial Protection Center (JPC). Requests for assistance by the Judiciary (elderly people who are being exposed to life risk) are indicated after a social and health assessment, which is performed by the user's UBS, Multidimensional Assessment of the Elderly (MAE), and when necessary, use Figure Test, Geriatric Depression Scale, and Katz Test.

The Multidimensional Assessment of Elderly Primary Care is the result of the Pact for Life. It considers the elderly population as one of the six priorities of the HUS, aiming to promote active and healthy aging and comprehensive and integrated health care for an elderly person. Reference geriatric units, with staff, specialized in the areas of geriatrics and gerontology. AMPI-AB aims to equip Basic Health Units (BHS) to qualify the demand, planning, and management of health care for the elderly in the Elderly Health Care Network – EHCN. Elderly people (60 years old or more) have chronic conditions, with a high prevalence of disabilities and dependence on ADLs, and present an increased need for continuous and permanent care.

In this sense, the assessment of their health-disease and psychosocial conditions and the elaboration of a Unique Therapeutic Project – UTP and a specific Care Plan are essential to improve and maintain the best possible functional capacity and promote active aging. The AMPI-AB allows knowing the health needs of the elderly population, classifying it according to the degree of frailty, and categorizing the elderly into "healthy", "pre-frail" and "frail", allowing the organization of care in the network and the elaboration of Care Plans.

The scores for the questions were divided into three categories: 0 to 5 points: healthy elderly. 6 to 10 points: pre-frail elderly and equal to or greater than 11 points: frail elderly. The AMPI-AB was created based on the National Health Policy for the Elderly, in the Primary Care Booklet 19 – Aging and Health of the Elderly Person and the Health Booklet of the Elderly Person of the Ministry of Health. It was organized in an initial questionnaire with 17 questions with self-reported answers, covering the main dimensions for assessing the health conditions of the elderly: social, physical, cognitive, and functional.

The 17 dimensions of the aging process addressed in the initial questionnaire are age, self-perception of health, family arrangement, chronic conditions, and medications used, number of hospitalizations in the last twelve months, falls in the last twelve months, visual acuity, hearing acuity, limitations physical, cognition, mood, and performance in Basic ADLs. It was performed in Instrumental ADLs, urinary and fecal incontinence, unintentional weight loss, and oral conditions.

Conclusion

With the arrival on the market of specific medicines for the treatment of mild Alzheimer's, early diagnosis of the disease becomes more urgent. More recent research concluded that nilvadipine, an antihypertensive calcium channel blocker, was able to act on the hippocampus, reducing blood pressure and regulating blood flow in the region and, probably, stabilizing the functioning of the area in selected patients. The existence of protective effects with the use of simvastatin, a statin to treat dyslipidemia, in middle age against the later development of AD was verified. Treatment with a transdermal rivastigmine patch in conjunction with cognitive therapy proved to be more effective than using medication alone.[25]

Namely, new research into Alzheimer's attempts to improve research methods for early diagnosis and treatment, to facilitate and increase investigation of the disease in the population. It is also important to work on the prevention of modifiable risk factors, such as diabetes and hypertension, and on the technology that emerges as an ally of new research that seeks to identify signs manifested before severe memory loss, expanding the therapeutic window and, consequently, postponing the decline cognitively.

The support group is a collective space for building knowledge and knowledge in which health professionals have a great opportunity to demonstrate their knowledge and improve their scientific knowledge. Therefore, through this study, we are interested in contributing, albeit on time, to care. For this purpose, this study aimed to provide adequate care and guidance for the handling of elderly patients with Alzheimer's and to develop a protocol based on a support group with theoretical and practical knowledge to achieve quality daily life activities in the Day Center and the family.

Therefore, the caregivers of Alzheimer's patients, who are mostly family members, for not having systematized knowledge, as well as the lack of support and support for the provision of care, suffer serious impacts on their personal life, family, economic, and social. In this context, the need for the performance of a health professional for relevant guidance is clear.

The inclusion of Nursing in the service of the Social Development Secretariat is a new look since professionals in this area have to be trained for population changes. Despite not being a recent disease, there is still a great lack of specific knowledge to work with Alzheimer's patients. Therefore, new ordinances or updates are needed, in addition to the existing ones, to address the real needs and guarantee the rights of the demented elderly.

Finally, new research into Alzheimer's attempts to improve research methods for early diagnosis and treatment, to facilitate and increase investigation of the disease in the population. It is also important to work on the prevention of modifiable risk factors, such as diabetes and hypertension, and on the technology that emerges as an ally of new research that seeks to identify signs manifested before severe memory loss, expanding the therapeutic window and, consequently, postponing the decline cognitive.

In this sense, we suggest carrying out further studies on the topic addressed here, which may include a broader and more representative population of family caregivers of elderly people with Alzheimer's in Brazil. In conclusion, we realize that in the current context of Public Policy, there is a long way to guarantee the elderly their rights and dignity. We experience the loss of their identity, their projects, their clothes, and religions, and the violence suffered due to the abuse of financial value and other types of aggression when there is no knowledge about this specific pathology.

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Conflicts of interest

The authors declare to have no conflict of interest.

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