ISSN 2175-5361

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Perfil de cuidadores de idosos atendidos em Unidades de Saúde no município de João Pessoa-PB

Profile of caregivers of elderly patients in Units of Health in the city of João Pessoa - PB

Perfil de los cuidadores de pacientes ancianos em los centros de salud en la ciudad de João Pessoa-PB

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ABSTRACT

Objective: To describe the profile of informal careers of elderly patients in health facilities in the city of João Pessoa. **Method**: Study of quantitative, observational and cross through interviews the careers from April to June 2011, using a script data for socio-demographic characteristics of caregivers, information related to health/disease of the elderly and whether they have help in caring for the elderly. We considered as caregivers of elderly people living in the city of João Pessoa-PB and treated at these institutions, making a total of 251 caregivers, which after analysis of the consistency of data collected sample of 219 caregivers. **Results:** There was a caregiver for the elderly is mostly female, aged between 41 and 50 years, lives with spouse or partner, has twelve or more years of study, is the son of the elderly, but not live with it. They consider themselves informed about health / disease of the elderly and how to care for them, despite not having done any training or specific course. Need help and / or help others to provide nutritional care through the use of medication and takes them to the query returns. **Conclusion:** However, the results of this study could provide information to health services, so that strategies are formulated and implemented continuing education in health. **Descriptors**: Nursing; Elderly; Caregiver; Primary Care.

RESUMO

Objetivo: Traçar o perfil dos cuidadores informais de idosos atendidos em unidades de saúde do município de João Pessoa-PB. **Método**: Estudo de natureza quantitativa, observacional e transversal realizado por meio de entrevista aos cuidadores, no período de abril a junho de 2011, utilizando um roteiro de dados para a caracterização sócio-demográfica dos cuidadores, informações relacionadas à saúde/doença do idoso e se conta com ajuda para cuidar do idoso. Foram considerados como população os cuidadores de idosos residentes no município de João Pessoa-PB e atendidos nas referidas instituições, perfazendo um total de 251 cuidadores, que após análise da consistência dos dados coletados a amostra constituiu por 219 cuidadores. **Resultados:** Evidenciou-se que o cuidador de idosos é na sua grande maioria do sexo feminino, com idade entre 41 e 50 anos, mora com esposo ou com companheiro, tem de doze ou mais anos de estudo, é filho do idoso, mas não vive com o mesmo. Consideram-se informados com relação à saúde/doença dos idosos e de como cuidar deles, apesar de não terem realizado nenhum treinamento ou curso específico. Precisam de auxílio e/ou ajuda de outros para prestar cuidados com a alimentação, com o uso das medicações e para leva-los aos retornos de consultas. **Conclusão:** Contudo, os resultados desse estudo poderão trazer subsídios aos serviços de saúde, para que, sejam formuladas e implementadas estratégias de educação permanente em saúde. **Descritores**: Enfermagem; Idoso; Cuidador; Atenção básica.

RESUMEN

Objetivo: Describir el perfil de los cuidadores informales de pacientes ancianos en los centros de salud en la ciudad de João Pessoa. **Método:** Estudio de la cuantitativa, observacional y transversal a través de entrevistas los cuidadores, de abril a junio de 2011, con un guión de los datos de las características socio demográficas de los cuidadores, la información relacionados con la salud/enfermedad de los ancianos y si tienen ayuda en el cuidado de los ancianos. Hemos considerado como los cuidadores de personas mayores que viven en la ciudad de João Pessoa-PB y tratados en estas instituciones, haciendo un total de 251 cuidadores, que tras el análisis de la consistencia de los datos recogidos de la muestra consistió en 219 cuidadores. **Resultados:** Hubo un médico para los ancianos es en su mayoría mujeres, con edades comprendidas entre 41 y 50 años, vive con su cónyuge o pareja, tiene doce o más años de estudio, es el hijo de los ancianos, pero no vivir con él. Ellos se consideran informados sobre la salud/enfermedad de los ancianos y cómo cuidar de ellos, a pesar de no haber hecho ningún entrenamiento o curso específico. Necesitas ayuda y/o ayudar a otros a proporcionar atención nutricional a través del uso de los medicamentos y los lleva a la consulta devuelve. **Conclusió**n: Sin embargo, los resultados de este estudio pudrían proporcionar información a los servicios de salud, por lo que las estrategias se formulan e implementan la educación permanente en salud. **Descriptores**: Enfermería, Ideosos, Cuidadores, Atención primaria.

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INTRODUCTION

It is known that demographic changes in Brazil, mainly due to increased life expectancy, are, today, the existence of an increasingly elderly population with a corresponding increase in situations of dependency by generating new needs in health. This situation raises-if the actual and potential demand of complex care for long periods of time, where informal networks occupy a privileged place in care to the elderly person, for which the contribution of the informal caregiver is essential in maintaining your quality of life.[1]

The improvements in living conditions are responsible for a significant expansion of the elderly population, which introduces greater vulnerability, evidenced by an increased prevalence of diseases and disabilities. These transformations of the demographic and epidemiological profile of the brazilian population have caused the increase of chronic degenerative diseases, which eventually may compromise the autonomy of the elderly, requiring permanent care for the family caregiver.[2] The integral promotion of the health and support for family caregivers represent new challenges for the Brazilian health care system.

Informal care arises from the care of dependent persons by family, friends, neighbors or other groups of people, unpaid economically for the care they provide, assuming the role of informal caregiver.[1] By becoming the "professional" of the elderly dependent care, going on to experience consequences that are reflected in their quality of life. However, care for the elderly is not a dependant only exhausting experience, and identify the positive dimension of care represents an asset for the informal caregivers, to the extent that the relationship can be strengthened, when is reinforced a feeling of gratification.[3]

The caregiver is a human being of special qualities, expressed the strong dash of love for humanity, solidarity and donation. The occupation of the caretaker is part of the Brazilian Classification of Occupations (CBOS) under the code 5.162, which defines the caregiver as someone who “[...] take care from goals set by specialized agencies or direct, wholly responsible well-being, health, food, personal hygiene, education, culture, recreation and leisure of the assisted person”. [4:25] Is the Member of the family or of the community, which provides care to the other person of any age who are in need of care to be bedridden, with physical or mental limitations, with or without remuneration.

It is known that become caregiver consists of a task that runs in time not being planned, anticipated, or chosen. Evolution depends on factors objectives relating to the characteristics of the disease of the elderly, caregiver skills and the position of this family.[5] However, the experience given to family caregivers of the elderly has been pointed to as a responsibility of exhaustive and stressful task, since, as a result of the relationships and the changing of a relationship of reciprocity to a dependency relationship, in which the

caregiver happens to perform tasks that provide biopsychosocial well-being ultimately restrict the elderly regarding their own person.[6]

You must know the caregiver of a holistically, taking biopsychosocial aspects, to develop actions that contribute to improve the quality of their lives. The informal caregiver, for the most part, works in detail, without help and without relevant guidelines, interfering with your quality of life and in the life of being careful. Often, it is observed that the home caregiver does not have another person who share your tasks, leading to the accumulation of activities. His work turns out to be characterised to be repetitious and incessant which may cause you a task overload and take him to an affective and social isolation. Moreover, because of the large number of shares of the elderly care, these end up causing the lack of awareness about their needs, which in the long run, can bring physical, emotional, economic losses and social.[7] In this sense, the family health Program has been a major ally of the caregivers to that end, it must add mutual support groups , should detect in the community resources needed to help improve the quality of care and life of the caregiver.[8]

Therefore, the technical preparation of the caregiver at home causes can not reconcile the care of themselves the care of another, this action it is essential to provide the elderly with quality care. The absence of care towards you makes you end up getting sick due to excessive activities and that this health problem, often was already exists.[7]

Of course the relevance in developing studies related to population aging, whereas the frames, and a national epidemiological and reality with a social demand characterized by the presence of the elderly and their caregivers in the daily life of all generations.[9] When it comes the time of demographic transition in recent times and the transformations within the families with few children and the insertion of women in the labour market has decreased family support to the elderly.

Given the above questions is that the profile of informal caregivers of elderly patients in the Family Health Units in CAIS and CAISI municipality of Joao Pessoa? To address this question, this article aims to trace the profile of the informal caregivers of elderly in family health Units, in the dock and in the CAISI municipality of João essoa.

METHOD

Research of quantitative nature, observational and cross-sectional, developed with the interest of the profiles of informal caregivers of elderly patients in the Family Health Units, held in municipality of João Pessoa - PB, in Basic Health Units in CAIS and CAISI the five health districts of the city of João Pessoa - PB. They were considered as population caregivers of elderly residents in municipality of João Pessoa - PB and served in these health institutions, for a total of 251 caregivers, which after analysis of the consistency of data collected sample consisted of 219 caregivers.

Prior to conducting the research project was evaluated by the Research Ethics Committee of the University Hospital Lauro Wanderley/UFPB, being approved under the number of the Protocol nº. 261/09. The ethical principles were assured by informed consent.

The data were collected through interview health institutions to caregivers, in the period from April to June 2011, with an average duration of 50 minutes. This collection was performed by all the researchers of the specialization course in health and aging, making a total of 25 researchers. The instrument includes a roadmap of data for demographic characterization of carers, showing the following variables: sex (male and female); age (in full years); marital status (single, married, separated or widowed); Education (in years of formal study); number of children and with whom they live. It also contains information related to the health/disease of the elderly, how to take care of the elderly, training and/or training to take care of the elderly, long dedicated to the elderly and if has help to take care of the elderly in the following aspects: personal hygiene, oral hygiene, eliminations, skin care, diet, medication, sleep and rest, physical activity, recreation, physiotherapy service, returns at the queries and others.

The data were entered into a database in Excel and then the second typing and data validation, transported to the program SPSS 17.0, when was held the descriptive statistics of the data.

RESULTS

The results will be presented and discussed following the script of the instrument used in data collection. With regard to the profile of carers of elderly people table 1, shows that 197 (90,0%) are female; in relation to the age group 70 (32,0%) meets the 50-41 years, being 65 (29,7%) of these were female. Still with respect to age group shows that the 219 caregivers, 129 (59,0%) meets with age ranging from 41-70 years. With regard to marital state 80 (36,5%) live with spouse or partner, being 72 (32,9%) female. As regards education, measured by years of study, 76 (34,7%) have 12 or more years of study, and 70 (32,0%) female. It was evidenced that 159 (72,6%) of the caregivers reported do not live with the elderly, of which 145 (66,2%) are women. The data from this study show that 113 (51,6%) are children, of whom 102 (46,6%) are female.

Table 1 - Demographic profile of caregivers of elderly people according to gender, age group, marital status, education, live with the elderly and degree of kinship. João Pessoa, 2011 (n = 219).

Variables	Male		Female		Total	
	N	%	N	%	N	%
Age group (years)						
17 to 20	0	0,0	6	2,7	6	2,7
21 to 30	7	3,2	35	16,0	42	19,2
31 to 40	5	2,3	32	14,6	37	16,9
41 to 50	5	2,3	65	29,7	70	32,0
51 to 60	2	0,9	40	18,3	42	19,2
61 to 70	0	0,0	17	7,8	17	7,8
71 to 80	3	1,4	6	2,7	9	4,1
Marital State						

Never married or lived with a partner	7	3,2	61	27,9	68	31,1
Live with spouse or partner	8	3,7	72	32,9	80	36,5
Separated/Apart/Divorced	4	1,8	37	16,9	41	18,7
Widower	0	0,0	16	7,3	16	7,3
Don't know/respect	3	1,4	11	5,1	14	6,4
Schooling (years)						
Illiterate	0	0,0	6	2,7	6	2,7
Read/write informal	3	1,4	9	4,1	12	5,5
1 to 4 years of study	0	0,0	13	5,9	13	5,9
5 to 8 years of study	2	0,9	41	18,7	43	19,6
9 to 11 years of study	10	4,6	54	24,7	64	29,2
12 or more years of study	6	2,7	70	32,0	76	34,7
Don't know/respect	1	0,5	4	1,8	5	2,3
Living with the elderly						
Yes	8	3,7	47	21,5	55	25,1
No	14	6,4	145	66,2	159	72,6
Don't know/respect	0	0,0	5	2,3	5	2,3
Degree of kinship						
Spouse	4	1,8	13	5,9	17	7,8
Son	11	5,0	102	46,6	113	51,6
Brother	1	0,5	9	4,1	10	4,6
Grandson	1	0,5	15	6,8	16	7,3
Son-in-law/daughter-in-law	2	0,9	5	2,3	7	3,2
Brother-in-law	0	0,0	1	0,5	1	0,5
Other	3	1,4	52	23,7	55	25,1

Table 2 confirms that 123 (56,2%) of the informal caregivers consider themselves well and very knowledgeable about the health/disease of the elderly; 132 (60,3%) consider themselves well and very well informed about how to take care of those elderly, while 77 (35,2%) consider “and insuficiente” or “little, but enough” informed about care of the elderly. Of all investigated 205 (93,6%) autorreferiram not have held course in formal institution to care for elderly and 206 (94,1%) did not do any kind of training. When asked about the days and hours devoted to care of the elderly 182 (83,2%) claim devote 4 to 6 days in a week; 99 (45,2%) of 19 to 24 hours/day to take care of these elderly; 156 (71,2%) claim to devote the weekend and 92 (42,1%) dedicated to 19 and 24 hours/day of the weekend taking care of these elderly.

Table 2 – Characterization of the caretaker of elderly second: do you consider yourself informed with respect to the health/disease of the elderly, it is informed as to how to take care of the elderly, formal course to take care of the elderly, had some training and days and hours devoted to care of the elderly. João Pessoa, 2011 (n = 219).

Variables	**N**	**%**
Do you consider yourself informed with respect to the health/disease of the elderly		
No	12	5,5
Little and inadequate	26	11,9
Little, but enough	58	26,5
Well	68	31,1
Very well	55	25,1
Do you consider yourself informed about how to take care of the elderly		
No	10	4,6
Little and inadequate	23	10,5
Little, but enough	54	24,7
Well	74	33,8
Very well	58	26,5
Formal course to take care of the elderly		
Yes	13	5,9
No	205	93,6
Don't know/respect	1	0,5

Had some kind of training		
No	206	94,1
Yes	13	5,9
Days of the week devoted to care of the elderly		
No	1	0,4
1 to 3 days	34	15,6
4 to 6 days	182	83,2
7 to 9 days	2	0,9
Hours a day of the week are dedicated to care of the elderly		
1 to 6 hours	55	25,1
7 to 12 hours	60	27,4
13 to 18 hours	5	2,3
19 to 24 hours	99	45,2
How many days are dedicated to weekend		
No	20	9,1
1 day	43	19,7
2 days	156	71,2
How many hours a day weekend		
No	20	9,1
1 to 6 hours	31	14,1
7 to 12 hours	62	28,3
13 to 18 hours	7	3,2
19 to 24 hours	92	42,1
25 to 48 hours	7	3,2

Table 3 shows the frequency distribution of help needed to the caregiver to take care of the elderly. With regard to personal hygiene, 106 (48,4%) of caregivers say they don't need help to assist the elderly, while 103 (47,1%) claim to need "sometimes" and "always/almost always" help in body care of the elderly. Regarding oral hygiene 125 (57,1%) say they don't have the help needed to perform the oral hygiene of elderly and 84 (38,3%) referred to "sometimes" and "always/almost always" help, 120 (54,8%) of caregivers don't need help to assist the elderly in their eliminations, but 87 (39,7%) referred to "sometimes" and "always/almost always" help. With respect to skin care 123 (56,2%) mention do it without your support and/or help of others, while 86 (39,2%) referred to "sometimes" and "always/almost always" help. With regard to supply care 123 (56,2%) of the caregivers relate to need "sometimes" and "always/almost always" help to feed the elderly. With respect to the activity (61,2%) of 134 medication caregivers referred to need "sometimes" and "always/almost always" help with the use of medications in the elderly. As for sleep and rest activity (59,4%) commented 130 don't need support to preserve the sleep and rest of the elderly. With respect to physical activity, 124 (56,6%) of caregivers mentioned don't need help to perform the physical activities in seniors. With respect to leisure activity, 105 (47,9%) of the caregivers reported do not need any help to the development of this activity, while 98 (44,8%) reported having to "sometimes" and "always/almost always" help. As for the physiotherapy service, 112 (51,1%) caregivers reported do not need help to take the elderly to the physiotherapy service and with regard to the return of the consultations, 158 (72,2%) of caregivers mentioned always or almost always need help to take the elderly to query returns.

Table 3 - Help frequency distribution necessary for the caregiver to take care of the elderly in the aspects of personal hygiene, oral hygiene, eliminations, skin care, food, medication, sleep and rest, physical activity, leisure, physiotherapy service, returns ace queries. João Pessoa, 2011 (n = 219).

Variables	No		Sometimes		Always/Almost always		Not applicable	
	N	%	N	%	N	%	N	%
Body hygiene	106	48,4	40	18,3	63	28,8	10	4,6
Oral hygiene	125	57,1	36	16,4	48	21,9	10	4,6
Eliminations	120	54,8	37	16,9	50	22,8	12	5,5
Skin care	123	56,2	34	15,5	52	23,7	10	4,6
Alimentation	87	39,7	58	26,5	65	29,7	9	4,1
Medication	80	36,5	50	22,8	84	38,4	5	2,3
Sleep and rest	130	59,4	34	15,5	44	20,1	11	5,1
Physical Activity	124	56,6	32	14,6	33	15,1	30	13,7
Leisure	105	47,9	44	20,1	54	24,7	16	7,3
Physiotherapy service	112	51,1	33	15,1	47	21,5	27	12,3
Return to queries	54	24,7	67	30,6	91	41,6	7	3,2

DISCUSSION

Was evidenced in the results of the study that the caregiver of elderly in the basic attention in the city of João Pessoa – PB is characterized by being female, being aged 41-50 years, living with spouse or partner, you have 12 or more years of study, is the son of the elderly, but does not live with the same.

The elderly that feature some functional incapacity or dependence have a caregiver, whether formal or informal.[10] This caregiver is characterized by being a spouse and/or children and in their vast majority are with over 60 years of age. This result is consistent with the data presented in Table 1 in which 51,2% are aged between 41 and 60 years and 46,6% are characterized by being children of the elderly. However, the study[11] conducted with family caregivers of seniors served by basic health units in Sao Paulo showed that the average age of informal caregivers is 50 years old, with a predominance of the female and of marital status married, these being mostly daughters of the elderly.

The findings related to the female of most caregivers will reinforce the social role of women, historically constructed, when she is expected to be the primary caregiver and the care to dependent persons stay in charge of the next of kin. The data in this study are similar with the study[12] developed in the city of São Carlos-SP and another study[12] developed in Porto Alegre-RS, in both the main caregiver predominantly pointed to was the child. However, results of studies that show the spouse as the primary caregiver, and this gave the matrimonial obligation and duty established socially.[14]

With regard to changes in the family system, highlight is the fact that women, caretakers of the study, they don't live in the homes of elderly, which leads to infer that they have an accumulation of functions, since they are, daughters, mothers, wives, homemakers and caregivers still informal. The findings of another study[14] conducted with elderly feature data that corroborates with this study the care provided to the elderly at home are performed generally by spouses and daughters referring the role of “major caregivers” to women, who have been assigned this cultural and social role, to take care of the children, husband and family. Assigns women the task of caring for the husband, since they are more enduring.

One of the things that harm the daily life of most families caregivers of seniors with regard to schooling, however, in this study it was found that 37,4% of carers self-reported

twelve or more years of study. These data differ from the findings in other studies[11,15], when was identified the predominance of low level of education of caregivers reflecting aspects of social inequality in the country.

Some authors[15] point the caregiver of elderly people occupation as an activity exercised predominantly within the informal sector work, family and female.

In the study, it was evidenced that the caregivers of the elderly consider themselves informed regarding health/disease and how to take care of these elderly people, but mentioned not have held any course where formal institution to take care of the elderly and had not received any training. Other authors[17,18] claim that the vast majority of informal care givers never had any kind of career guidance and no training on the implementation of activities relating to care; having acquired knowledge in practice based on mistakes and successes. Still support with this assertive, the authors[18] say that care and promote health education at home is one of the biggest tasks for the nurse and the multidisciplinary team specialized in health, because health education is a dynamic process which aims at the empowerment of individuals and/or groups in pursuit of improving the health conditions of the population.

About the number of days and hours devoted to care of the elderly, there is a dedication of 4-6 days a week, with 19 of the 24 hours/day to take care of these elderly; dedicates the weekend and dedicate to 19 and 24 hours/day of the weekend taking care of these elderly. The vast majority of caregivers[15] dedicates itself continuously to the attention of the elderly, investing all his time in daily activities of direct care to the elderly.

How to help the caregiver needs to take care of the elderly, caregivers reported do not need help regarding personal hygiene, oral hygiene of elderly, deletions, skin care, sleep and rest, physical activities and recreation and to take him to the physiotherapy service. Authors[20] claim that the tasks of care depend on the condition of the elderly, and features the same disease stage, presence of cognitive, behavioral changes, motor and sensory.

The caretakers of the study referred to need assistance and/or help from others to provide the care of feeding, with the use of medications and to take the elderly to query returns, being such given also found in another study.[17]

The overload of the caregiver is considered as a negative acute care, which arises when new demands are made or when care demands of existing care intensifies. Caregivers unable to adapt or modify their strategies to meet the demands of care experience the experience of overload. The overload of care is positively correlated with depression, and nearly half of the caregivers have potential risk of developing clinical depression.[20]

Some authors report that encourages caregivers to express themselves, the same show that the experience of care is replete with antagonistic feelings: love and anger, patience and intolerance, affection, sadness, discouragement, irritation of pity, anger, self-doubt, negativity, loneliness, doubt as to the care, fear of getting sick, too, fear the patient be suffering, fear of the patient die, fault.[22]

While it is appropriate to consider that some caregivers are led to assume this role because it is the only option available when it comes to the feelings of identity of the caregiver on the activities of caring for the elderly, the data show that most realize that the care credit as a person or as a moral and religious principles, satisfaction with the expressions of gratitude for the elderly, family and community recognition.[15]

CONCLUSION

The results of the study show that the caregiver of elderly, health units, at the pier and CAISI, in the city of João Pessoa – PB, are mostly female, are aged 41-50 years, living with spouse or partner, has twelve or more years of study, is the son of the elderly, but does not live with the same. Evidence that caregivers of seniors consider themselves informed regarding health/disease and how to take care of those elderly, despite not having done any course where formal institution nor any kind of training. With regard to help to care for elderly caregivers mentioned don't need help related to personal hygiene, oral hygiene, the eliminations, the skin care, sleep and rest, physical activities, leisure activity and to take him to the physiotherapy service. But, need assistance and/or help from others to provide the care of feeding, with the use of medications in the elderly and to bring the elderly in queries returns.

However, in countries such as Brazil, becomes necessary, the re-evaluation of educational strategies of care for nurses, along with the team of health, seek steps to go beyond the State of health of the elderly, taking a focused look also for the health of the caregiver, your perception, your needs and your knowledge regarding the experience of care. Therefore, the results of this study may bring benefits to health services, to be formulated and implemented strategies of permanent education in health, since the need pointed to reinforce the nurse's role as educator and processing agent. It is suggested an effective and cheap strategy would involve some type of training for these informal caregivers together with the nurses of the Family Health Strategy.

It is known that is of great importance to pay attention to caregivers be it formal or informal, to identify their needs in order to promote health, to prevent an overload of work. Thus, there would be the expansion of the knowledge of caregivers making them aware, about the dynamics of the informal care at home, so they could meet the needs of older persons, the family and its better, and may for this use the caregiver's Guide prepared and distributed by the Ministry of health.

It is believed that more studies are needed with this population to validate the results of this research and foster the development of other to evaluate the strategies of training of caregivers and, consequently, the qualification of the same.

REFERENCES

1. Cruz DCM, Loureiro HAM, Silva MANCGMM, Fernandes MM. As vivências do cuidador informal do idoso dependente. Rev Enf Ref [periódico na internet]. 2010 [acesso em 2011 set 10]; 3(2): 127-36.Disponível em: http://www.scielo.oces.mctes.pt/scielo.php?script=sci_pdf&pid=S0874-02832010000200014&lng=pt&nrm=iso&tlng.

2. Nascimento LC, Moraes ER, Silva JC, Veloso LC, Vale ARMC. Cuidador de idosos: conhecimento disponível na base de dados LILACS. Rev Bras Enferm, 2008; 61(4): 514-17.

3. Araújo O. Idosos dependentes: impacto positivo do cuidar na perspectiva da família. Revista Sinais Vitais [periódico na internet]. 2009 [acesso em 2011 set 10]; 86: 25-30. Disponível em: http://www.scielo.br/scielo.php?pid=S0034-71672008000400019&script=sci_arttext.

4. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Secretaria de Gestão do Trabalho e da educação na saúde. Guia Prático do Cuidado. 2 ed. Brasília: Ministério da Saúde, 2009.25p.

5. Valente GSC, Sá SPC, Chrisóstimo MM, Lindolpho MC, Bom FS, Barreto PA. Oficina terapêutica com idosos portadores de demência e suporte aos seus cuidadores: a atuação da enfermagem. Rev enferm UFPE on line [periódico na internet]. 2010 Jul/Set[acesso em 2011 Nov 22]; 4(3):1450-456. Disponível em: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1023/pdf_127.

6. Garcia TR, Fernandes MGM. Determinantes da tensão do cuidador familiar de idosos dependentes. Rev Bras Enf. 2009; 62(1):57-63.

7. Scholler T, Crossetti MG. Cuidador domiciliar do idoso: cuidando de si e sendo cuidado pela equipe de saúde: uma análise através da Teoria do Cuidado Humano de Jean Watson. 2007. Texto Contexto Enferm [periódico na internet]. 2008. 17(2): 280-7. Disponível em: http://www.scielo.br/pdf/tce/v17n2/09.pdf.

8. Nardi EFR, Oliveira MLF. Conhecendo o apoio social ao cuidador familiar do idoso dependente. Rev Gaúcha Enferm [periódico na internet]. 2008. [acesso em 2011 set 10]; 29(1): 47-53. Disponível em: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5263.

9. Flores GC, Borges ZN, Denardin-Budó ML, Mattion IFC. Cuidado intergeracional com o idoso: autonomia do idoso e presença do cuidador. Rev Gaúcha Enferm [periódico na internet]. 2010 [acesso em 2011 set 10]; 31(3):467-74.Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000300009.

10. Rodrigues SLA, Watanabe HA, Derntl AM. A saúde de idosos que cuidam de idosos. Rev Esc Enf USP [periódico na internet]. 2006. [acesso em 2011 set 13]; 40(4): 493-500. Disponível em: http://www.ee.usp.br/reeusp/upload/pdf/281.pdf.

11. Amendola F, Oliveira MAC, Alvarenga MRM. Qualidade de vida dos cuidadores de pacientes dependentes no programa saúde da família. Texto Contexto Enferm [periódico na internet]. 2008[acesso em 2011 set 13]; 17(2): 266-72.Disponível em: http://www.scielo.br/scielo.php?pid=S0104-07072008000200007&script=sci_arttext.

12. Feliciano AB, Moraes AS, Freitas ICM. O perfil do idoso de baixa renda no Município de São Carlos, São Paulo, Brasil: um estudo epidemiológico. Cad. Saúde Pública [periódico na internet]. 2004. [acesso em 2011 set 13]; 20(6): 1575-85.Disponível em: http://www.scielo.br/pdf/csp/v20n6/15.pdf.

13. Luzardo AR, Gorini MIPC, Silva APS. Características de idosos com doença de Alzheimer e seus cuidadores: uma série de casos em um serviço de neurogeriatria. Texto contexto Enferm [periódico na internet]. 2006. [acesso em 2011 set 13]; 15(4).Disponível em: http://www.scielo.br/pdf/tce/v15n4/v15n4a06.pdf.

14. Karsch UMS. Idosos dependentes: famílias e cuidadores. Cad Saúde Pública [periódico na internet]. 2003. [acesso em 2011 set 15]; 19(3):861-866. Disponível em: http://www.scielosp.org/pdf/csp/v19n3/15890.pdf.

15. Gonçalves LHT, Alvarez AM, Sena ELS, Santana LWS, Vicente FR. Perfil da família cuidadora de idoso doente/fragilizado do contexto sociocultural de Florianópolis, SC. Texto Contexto Enferm [periódico na internet]. 2006. [acesso em 2011 set 15]; 15(4):570-577. Disponível em: http://www.scielo.br/pdf/tce/v15n4/v15n4a04.pdf.

16. Resende MC, Dias EC. Cuidadores de idosos: um novo/ velho trabalho. Physis Revista de Saúde Coletiva [periódico na internet]. 2008. [acesso em 2011 set 15]; 18(4): 785-800. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312008000400010.

17. Almeida TL. Características dos cuidadores de idosos dependentes no contexto da Saúde da Família. 2005. [Dissertação] Ribeirão Preto/SP: Faculdade de Medicina de Ribeirão Preto (Mestrado em Saúde na Comunidade); 2005 [acesso em 2011 set 15]. Disponível em: http://www.teses.usp.br/teses/disponiveis/17/17139/tde-03102006-144231/pt-br.php.

18. Gratão, ACM. Demanda do cuidador familiar com idoso demenciado. 2006. [Dissertação] Ribeirão Preto/SP: Escola de Enfermagem de Ribeirão Preto (Mestrado em Enfermagem Fundamental); 2006 [acesso em 2011 set 28]. Disponível em: http://www.teses.usp.br/teses/disponiveis/22/22132/tde-25052007-161750/pt-br.php.

19. Martins JJ, Albuquerque GL, Nascimento ERP, Barra DCC, Souza WGA, Pacheco WNS. Necessidades de educação em saúde dos cuidadores de pessoas idosas no domicílio. Texto Contexto Enferm [periódico na internet]. 2007. [acesso em 2011 set 17]; 16(2): 254-262. Disponível em: http://www.scielo.br/pdf/tce/v16n2/a07v16n2.pdf.

20. Pereira MJSB, Filgueiras MST. A dependência no processo de envelhecimento: uma revisão sobre cuidadores informais de idosos. Rev APS [periódico na internet]. 2009. [acesso em 2011 set 17]; 12(1):72-82. Disponível em: http://www.aps.ufjf.br/index.php/aps/article/viewArticle/174.

21. Cerqueira ATAR, Oliveira NIL. Programa de apoio a cuidadores: uma ação terapêutica e preventiva na atenção à saúde dos idosos. Psicol USP [periódico na internet]. 2002. [acesso em 2011 set 24]; 13(1):133-50. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-65642002000100007.

22. Silveira TM, Caldas CP, Carneiro TF. Cuidando de idosos altamente dependentes na comunidade: um estudo sobre cuidadores familiares principais. Cad Saúde Pública [periódico na internet]. 2006. [acesso em 2011 set 24]; 22(8):1629-38. Disponível em: http://www.scielo.br/pdf/csp/v22n8/11.pdf.

Received on: 01/09/2015
Required for review: no
Approved on: 12/11/2015
Published on: 30/12/2015

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