The pain in elderly caregivers: an integrative review

A dor em idosos que cuidam: uma revisão integrativa

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RESUMO

Objetivo. Analisar as produções científicas sobre a dor em cuidadores idosos. Métodos. Foi realizada uma revisão integrativa que investigou a produção do conhecimento sobre a dor em cuidadores idosos. Foram pesquisadas nas bases de dados LILACS, MEDLINE, PUBMED e BDENF publicações entre 2011 e 2017 e a coleta de dados for realizada em abril de 2017, através dos termos de busca: "idoso" AND "cuidador" AND "dor". Resultados. Foram selecionados e analisados 32 artigos que preencheram os critérios de inclusão. Os artigos foram sistematizados em 3 categorias: Fatores que alteram a saúde do cuidador; Influência do estado de saúde do idoso cuidado sobre a saúde do cuidador; Queixas de saúde provenientes da atividade de cuidador. No decorrer da atividade de cuidador, foi mencionada a deterioração da saúde dos cuidadores em relação a fatores psicológicos ou físicos. Embora o foco principal seja cuidadores idosos, os estudos que retratavam cuidadores de outras faixas etárias não foram excluídos para comprovar a importância de mais estudos com essa população idosa. Conclusões. À medida que a população envelhece, há necessidade de cuidadores, muitos dos quais também idosos, e por isso é pertinente desenvolver pesquisas voltadas para a necessidade do idoso que cuida de pessoas idosas.

Descritores: Idoso; Cuidador; Dor

ABSTRACT

Objective. To analyze the scientific productions on pain in elderly caregivers. Methods. An integrative review was conducted to investigate the production of pain knowledge in elderly caregivers. We searched the databases LILACS, MEDLINE, PUBMED and BDENF publications between 2011 and 2017 and the data collection was performed in April 2017, through the search terms: "elderly" AND "caregiver" AND "pain". Results. We selected and analyzed 32 articles that met the inclusion criteria. The articles were systematized in 3 categories: Factors that alter the health of the caregiver; Influence of elderly health status on caregiver health; Health complaints from the caregiver activity. During the caregiver activity, the deterioration of caregivers' health was mentioned in relation to psychological or physical factors. Although the primary focus is elderly caregivers, studies that portrayed caregivers of other age groups were not excluded to substantiate the importance of further studies with this elderly population. Conclusions. As the population grows older, there is a need for caregivers, many of whom are also elderly, and for this reason it is pertinent to develop research aimed at the need of the elderly caring for other elderly people.

Descriptors: Elderly; Caregiver; Pain

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INTRODUCTION

Aging may be accompanied by the incidence of chronic and degenerative diseases, which increase the indices of chronic dependence and pain among the elderly from long-term pathological processes for months or years that can cause functional limitations[1].

Because of its multifactorial nature involving the interaction between the physical, psychological and social domains, the treatment of chronic pain can be made even more difficult by the variation between individuals and also in the same individual over time[2].

An important public health problem is centered on the loss of the functional independence of the elderly, requiring studies that address this issue so that public policies are focused both on the health of the elderly and their caregivers. It is also important to ensure support to caregivers, to understand the health needs of this population and specially to know the causes that cause them to become ill[3].

With a high dependency ratio, caregivers may feel overwhelmed, and this leads them to feel higher levels of tension and, consequently, perceive performance of functions beyond their abilities, which can result in an unbalance of care together with unsatisfactory results. This overload can be presented either by physical problems such as painful complaints in the musculoskeletal system, headache, chronic fatigue, sleep disorders or psychic problems expressed by depression, anxiety, and insomnia, symptoms that cause emotional discomfort to the caregiver [4].

This overloading of caring activities can also lead to acute and chronic illnesses and, as a consequence, increased use of medications, making the caregiver as sick as the person in need of care. It is important to preserve the health of the caregiver by the health team involving the psychological, spiritual, technical and operational aspects, establishing an active and sensitive listening during the home care so that the actions are effective[5].

In the family context, the person who assumes the role of caregiver is subject to the production of care demands that affect their physical, mental and social dimension. Disclaimers appear as a significant rebound of care in their current life. The caregiver has a clear perception of what they have kept themselves from doing in their private, professional and social life due to the care of the elderly[6].

The task of caring requires a radical change in the lives of those who care and also demands the execution of complex and delicate tasks. In many cases, the caregiver is also a fragile person, already in the age of aging or about to become ill. This caregiver, if he or she does not have support, may be the future elderly dependent on care, since the experience of being incapacitated or of becoming a caregiver generates changes that can be followed by suffering due to chronic illness or some physical dependence[7].

Devido ao aumento da expectativa de vida e, consequentemente, o número de morbidades incapacitantes e presença quase que obrigatória do cuidador, é necessário que se conheça a sobrecarga desses cuidadores para orientar o planejamento de ações da enfermagem voltadas a eles e aos idosos[8].

Sendo assim, com este artigo tem-se como objetivo realizar um levantamento bibliográfico acerca da dor vivenciada por idosos que desempenham a atividade de cuidados a outros idosos.

METHOD

As a method, the present study uses the integrative literature review, since it allows the search, critical evaluation and synthesis of available evidence of the investigated theme[9]. The purpose of the study besides knowing the current state of this knowledge, identify gaps that may direct to the development of future research on the subject.

The research came from the following guiding question: What has been produced about pain in elderly caregivers? The search for the publications was made in April 2017 and the reading lasted until the month of May. We used the databases: MEDLINE, BDENF, LILACS AND PUBMED and as descriptors, “elderly”, “caregiver” and “pain” with Boolean operator AND between them. The search had a time cut including the years between 2011 and 2017.

The inclusion criteria were: articles in full, published in Portuguese, English and Spanish. As criteria for exclusion: papers that were not relevant to the topic proposed from the reading of the abstracts, studies that escaped the theme and are not available in full.

After evaluating the abstracts and selecting the productions that fit the previously established criteria, these studies were read in full and organized into an instrument in which data such as: year, author and title, type of publication and methodological approach were included, essence of content , production of knowledge, database and recommendations of the authors. After reading the selected research, we continued with the analysis and organization of the themes in categories, namely: Factors that alter the health of caregivers, Influence of the health status of the elderly care on the health of the caregiver and Pain complaints from the caregiver activity.

RESULTS AND DISCUSSION

329 studies were found, and after the abstracts were read, 32 publications that dealt with the proposed theme were listed according to the flow chart below.

For the categorization of the studies a table was prepared containing information such as title, authors, year of publication and database detailed below.

Table I below shows the distribution of the selected studies according to the databases.

According to the date of publication, we highlight the year 2015, which obtained the highest number of publications and what could seem an increase in research on

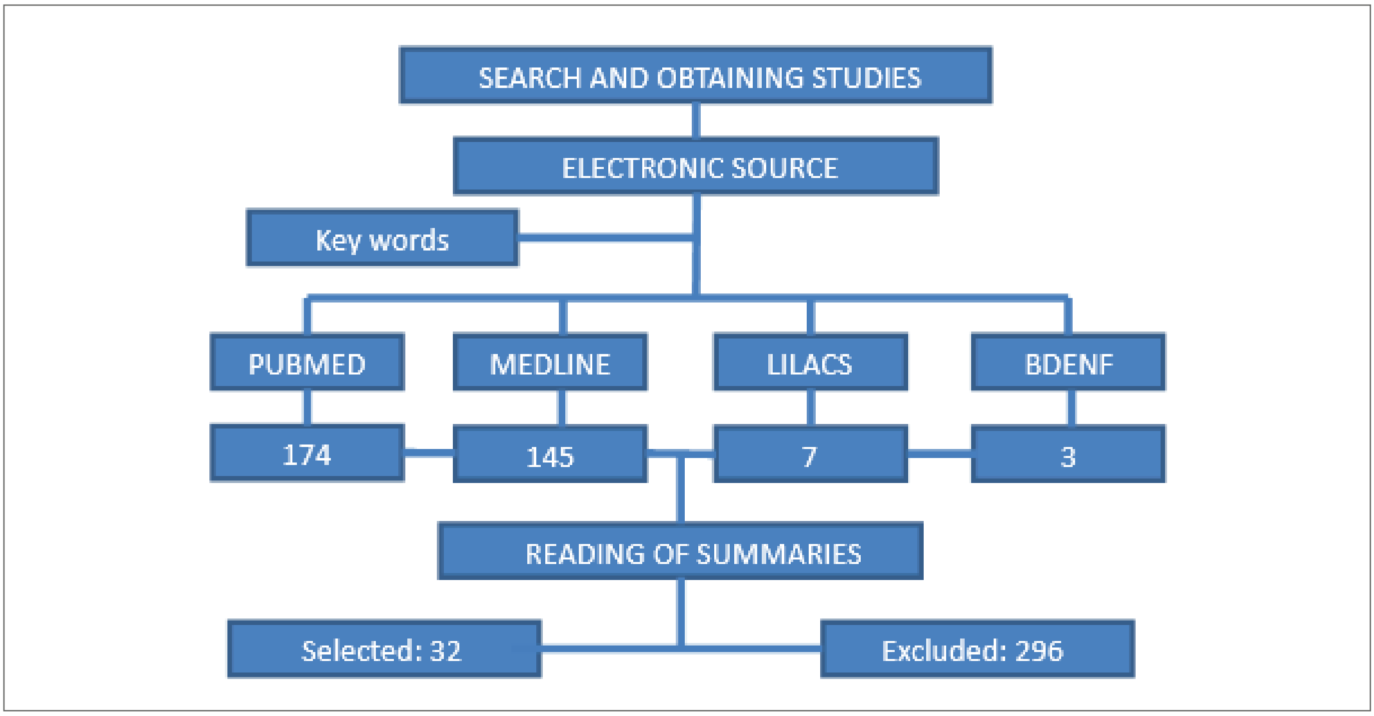


TABLE 1 – categorization of the 32 studies included for the critical analysis -rio de janeiro, 2017

N	Name of the Study	Author(s)	Year	Database
1	*Factors associated with the quality of life of caregivers of the elderly in home care*	Caroline Gomes Ferreira; Tiago da Silva Alexandre; Naira Dutra Lemos	2011	LILACS
2	*Does the cancer patient's disease stage matter? A comparative study of caregivers' mental health and health related quality of life.*	Grov, Ellen Karine; Valeberg, Berit Taraldsen.	2012	MEDLINE
3	*Factors contributing to work related low back pain among personal care workers in old age.*	Yeung, Simon S.	2012	MEDLINE
4	*Depression and grief in Spanish family caregivers of people with traumatic brain injury: the roles of social support and coping.*	Calvete, Esther; de Arroyabe, Elena López.	2012	MEDLINE
5	*Perception of quality of life of octogenarian caregivers*	Nogueira, Camila Alves; Alves, Fabiana Paulino; Coura, Alexsandro Silva; Vieira, Caroline Evelin Nascimento Kluczynik;Enders, Bertha Cruz; França, Inacia Sátiro Xavier	2013	BDENF
6	*Anxiety, depression and related factors in family caregivers of newly diagnosed lung cancer patients before first treatment.*	Lee, Yun-Hsiang; Liao, Yu-Chien; Liao, Wei-Yu; Shun, Shiow-Ching; Liu, Yu-Chun; Chan, Jui-Chun; Yu, Chong-Jen; Yang, Pan-Chyr; Lai, Yeur-Hur.	2013	MEDLINE
7	*Caregivers of patients with disorders of consciousness: coping and prolonged grief.*	Elvira de la Morena, M J; Cruzado, J A.	2013	MEDLINE
8	*Care recipient agreeableness is associated with caregiver subjective physical health status.*	Riffin,Catherine; Löckenhoff, Corinna E; Pillemer, Karl; Friedman, Bruce; Costa, Paul T.	2013	PUBMED
9	*Fatigue in family caregivers of adult intensive care unit survivors.*	Choi J, Tate JA, Hoffman LA, Schulz R, Ren D, Donahoe MP, Given BA, Sherwood PR.	2014	PUBMED
10	*The influence of patients' quality of life at the end of life on bereaved caregivers' suicidal ideation.*	Abbott CH, Prigerson HG, Maciejewski PK.	2014	PUBMED
11	*A qualitative investigation of the roles and perspectives of older patients with advanced cancer and their family caregivers in managing pain in the home.*	McPherson CJ, Hadjistavropoulos T, Devereaux A, Lobchuk MM.	2014	PUBMED
12	*Effect of an integrated cancer support team on caregiver satisfaction with end-of-life care.*	Douglas SL, Daly BJ.	2014	MEDLINE
13	*Musculoskeletal Discomfort, Physical Demand, and Caregiving Activities in Informal Caregivers.*	Darragh AR, Sommerich CM, Lavender SA, Tanner KJ, Vogel K, Campo M.	2015	PUBMED

14	*Caregiving reduces mortality risk for most caregivers: a census-based record linkage study.*	O'Reilly, Dermot; Rosato, Michael; Maguire, Aideen.	2015	MEDLINE
15	*Quality of life of caregivers of individuals with stroke: association with characteristics and overload*	Costa, Tatiana Ferreira da; Costa, Kátia Nêyla de Freitas Macêdo; Fernandes, Maria das Graças Melo; Martins, Kaisy Pereira; Brito, Silmery da Silva.	2015	LILACS
16	*Prolonged grief in caregivers of community-dwelling dementia patients.*	Passoni, Serena; Toraldo, Alessio; Villa, Barbara; Bottini, Gabriella.	2015	MEDLINE
17	*Attachment style dimensions can affect prolonged grief risk in caregivers of terminally ill patients with cancer.*	Lai, Carlo; Luciani, Massimiliano; Galli, Federico; Morelli, Emanuela; Cappelluti, Roberta; Penco, Italo; Aceto, Paola;Lombardo, Luigi	2015	MEDLINE
18	*Pain in cancer patients: pain assessment by patients and family caregivers and problems experienced by caregivers.*	Ovayolu, Özlem; Ovayolu, Nimet; Aytaç, Sema; Serçe, Sibel; Sevinc, Alper.	2015	MEDLINE
19	*Assessing quality of life in Welsh carers with and without back pain.*	Shiue, Ivy.	2015	MEDLINE
20	*Cancer caregiving predicts physical impairments: roles of earlier caregiving stress and being a spousal caregiver.*	Kim Y, Carver CS, Shaffer KM, Gansler T, Cannady RS.	2015	PUBMED
21	*Comparing the health state preferences of older persons, informal caregivers and healthcare professionals: a vignette study.*	Hofman CS, Makai P, Blom JW, Boter H, Buurman BM, Olde Rikkert MG, Donders R, Melis RJ.	2015	PUBMED
22	*Informal carers' health-related quality of life and patient experience in primary care: evidence from 195,364 carers in England responding to a national survey.*	Thomas GP, Saunders CL, Roland MO, Paddison CA.	2015	PUBMED
23	*The pain of a heart being broken: pain experience and use of analgesics by caregivers of patients with Alzheimer's disease.*	Wojtyna E, Popiołek K.	2015	PUBMED
24	*Back Massage to Decrease State Anxiety, Cortisol Level, Blood Prsessure, Heart Rate and Increase Sleep Quality in Family Caregivers of Patients with Cancer: A Randomised Controlled Trial.*	Pinar R, Afsar F	2015	PUBMED
25	*Quality of life impairment in patients with head and neck cancer and their caregivers: a comparative study.*	Rigoni L, Bruhn RF, De Cicco R, Kanda JL, Matos LL.	2015	PUBMED
26	*Correlation between patient quality of life in palliative care and burden of their family caregivers: a prospective observational cohort study.*	Krug K, Miksch A, Peters-Klimm F, Engeser P, Szecsenyi J.	2016	PUBMED
27	*Caregiving activities closely associated with the development of low-back pain among female family caregivers.*	Suzuki, Kishiko; Tamakoshi, Koji; Sakakibara, Hisataka.	2016	MEDLINE
28	*Impact of caring for persons with Alzheimer's disease or dementia on caregivers' health outcomes: findings from a community based survey in Japan.*	Goren A, Montgomery W, Kahle-Wrobleski K, Nakamura T, Ueda K	2016	PUBMED
29	*Low back pain among workers in care facilities for the elderly after introducing welfare equipment.*	Iwakiri K, Takahashi M, Sotoyama M, Liu X, Koda S	2016	PUBMED
30	*Quality of life in Chinese family caregivers for elderly people with chronic diseases*	Hui Xie, Cheng Cheng, Yisheng Tao, Jie Zhang, Delprino Robert, Jihui Jia, and Yonggang Su	2016	PUBMED
31	*Condition of informal caregivers in long-term care of people with dementi.*	Malak RE, Krawczyk-Wasielewska A, Głodowska K, Grobelny B, Kleka P, Mojs E, Keczmer P, Samborski W.	2016	PUBMED
32	*Chronic pain in elderly caregivers at different levels of frailty.*	Morais D, Terassi M, Inouye K, Luchesi BM, Pavarini SC	2017	PUBMED

the subject in relation to the years prior to 2015, in the year 2016 the number of publications fell considerably.

To better distinguish and visualize in the discussion of the selected studies, a table was prepared which includes the following data: year, authors, title, database, methodological approach, knowledge production and authors' recommendations. From the same emerged 3 categories expressed in the discussion.

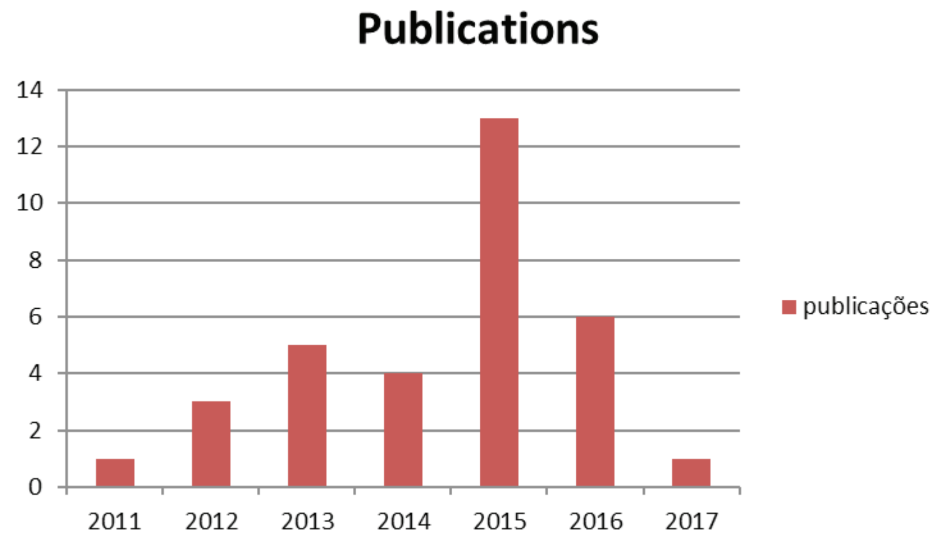
After reading the selected publications, it was evidenced that in most of the studies the subjects were the elderly recipients of the care and not the elderly as caregiver of another elderly person, representing the minority in the approach of the studies. Studies that did not involve elderly care, but other age groups and diseases, were used to justify the overload that caregivers suffer, besides justifying the low publication on the elderly as caregiver of another elderly person and their peculiarities.

Among the selected studies, there was a concern to analyze the health demand of caregivers even though the

TABLE 1 – distribution of selected publications in the databases, Rio de Janeiro, 2017.

Database	Caregiver / Elderly / Pain	Selected publications	
		N	%
PUBMED	174	17	53,12
MEDLINE	145	12	37,50
LILACS	7	2	6,25
BDENF	3	1	3,12
TOTAL	**329**	**32**	**100**

GRAPH 1 – Distribution of selected publications in relation to the year of publication, Rio de Janeiro, 2017



prevalence of elderly caregivers is lower in relation to adult caregivers in general.

Subsequently, the concepts of interest addressed in each article were highlighted. The work was compared and grouped by content similarity in the form of categories, and three categories for analysis are presented: Factors that alter the health of the caregiver, Influence of the health status of the elderly care on the caregiver's health and Health complaints from the caregiver activity.

Category I - Factors that alter the caregiver's health

Knowing that there has been an increase in life expectancy, many older people find themselves caring for other elderly people who depend on care. In a survey carried out with caregivers, they were questioned about chronic pain and 38.6% of the sample classified as intense, persistent, painful and uncomfortable affecting mainly lumbar region and lower limbs. Together with the natural process of aging, these factors may contribute to the fragility syndrome. This study showed that fragile elderly people have a higher pain intensity score and in more places of the body demanding the attention of health professionals of the elderly in the control of chronic pain and in the reduction of the overload to which these elderly people are exposed in order to improve the physical well-being and psychological[10].

Elderly people with chronic diseases have comorbidities and the factors of the disease influence in the decrease of the quality of life of their caregivers. In the study, factors such as the age of the caregivers, comorbidity, perceived effects on social life, marital status and the age of the elderly were associated with the physical component score, in which physical function and body pain of the caregivers were significantly higher while emotional problems were children. Although the age of the elderly is perceived as an important factor in the assessment of caregivers' health, the greatest burden for them is dependent on the elderly because as care was demanded, the burden of daily care increased, causing deterioration of their health . Another relevant factor in the study is depression and other negative emotions experienced by caregivers, since most are also elderly and support their own physical pain to care for their family members and thus, long-term care activities affect quality of life, social activities, bring fatigue, withdrawal from the social environment, including loss of employment[11].

By associating caregivers and non-caregivers with the burden they suffer, the results of this study reveal that caregivers experience it more significantly with more frequent comorbidities, including depression, insomnia, anxiety, and pain. Also, when care is given to the elderly with dementia, there are physical, psychological, social and financial burdens increasing the comorbid risk and comorbid risk[12].

In another study comparing informal caregivers with caregivers of the same age, gender, ethnicity and social deprivation, the quality of life of the caregivers was lower and the poorer quality of life among caregivers is associated with an increase in the commitment to care among those with more of 50 hours a week for care, which is equivalent to 18 less health days annually[13].

In the study of the fatigue of the caregiver, the study highlights some of the findings, such as the association of fatigue with the prolonged requirement of institutional care and gradual worsening as hospitalization time increases, caregivers of individuals with chronic illnesses report a high fatigue intensity and most caregivers with fatigue, also reported depressive symptoms, excessive burden, health risk behaviors and poor sleep quality[14].

Many of the caregivers of the elderly, usually elderly and spouses, and in study, as these caregivers perceive that the quality of life of their loved ones is bad, they are faced with a greater risk of suicidal idea in the death. Knowing that the suicidal idea results from serious psychological problems and may be modifiable, it is important to identify risk factors for interventions to reduce such risk. In a study with caregivers of cancer patients it was evidenced that they should be examined for suicidal ideation and if the diagnosis is positive they should be referred for support or intervention in order to reduce the risk of suicide in this vulnerable group. Among the risk factors is the perception of decreased quality of life in daily activities and the intensity of care provided[15].

Due to the need to be physically fit to perform care with the dependent patient, the reduction of the functional capacity of the caregiver may present as a constraint on the care provided and this situation can affect both the rehabilitation of the patient and the health of the caregiver, evidenced by the the highest level of overload. Caregivers older than 60 years have decreased functional capacity and greater evidence of pain compared to younger age[16].

Caregiver activity was classified as a “high burden” being reported by caregivers with high levels of physical tension and musculoskeletal discomfort. Among the most physically demanding activities, they pointed to those related to mobility and self-care. Thus, factors that affect physical demand included the characteristics of caregiver and care, activity needs and the physical environment. Inadequate postures and overwork are risk factors for musculoskeletal disorders and the frequency and duration of these efforts increase the risk of injury[17].

The caring process may have some obstacles for the caregiver, such as the impossibility of leaving home, performing leisure activities, as they are responsible for caring for the elderly and concerned about the disease. Caring for a dependent person modifies the caregiver’s lifestyle based on the needs of the other. Regardless of the age of the caregiver, the social life ends up being altered and this is perceived without autonomy to manage one’s own life and having to adapt to the life of the other. The lack of preparation to face the difficulties of caring makes the activity even heavier[18].

The severity of low back pain was significantly and positively associated with difficulty in daily activities, especially flexion and extension of the lower back. As for care situation factors and caring activities, night care, help the family member get up and lie down, are associated with the development of lower back pain. Low back pain in family caregivers negatively affects their daily activities and certain caring activities are impaired. For the labor demand factors, the perceived physical demands on lifting and reducing heavy objects, awkward neck and back posture, back strain, and perceived cleaning effort contributed to the occurrence of low back pain. Health professionals can prevent the development of back pain with early intervention with strategies appropriate to alleviate the burden of identified care activities triggering back pain[19-20].

Category 2 - Influence of elderly health status on caregiver’s health

On a comparative study between personality traits of the individual being cared for and the state of health of his caregiver, it was pointed out that poor disposition can impair the physical health of the caregiver, aggravating stress and accelerating the body deterioration. On the other hand the trust and conformity of the coexistence were related to a better physical health of the caregiver. Regarding the mental health of the caregiver, no harmful effects were detected and further studies on psychological issues between the caregiver and the recipient of the care were suggested[21].

An individual with dementia develops problems in consciousness and communication and because it is difficult to have a conversation, and this situation can trigger symptoms of depression in the caregiver who most of the time is a member of the family, as well as loss of motivation to care for the person when perceiving the progression of the disease, a factor that is inevitable. In the present study, the progression of the patient’s disease had no impact on the clinical characteristics of the caregivers. However, some side effects may vary depending on the type of relationship with the sick family member. There was no statistically significant correlation between pain and depression level although caregivers reported physical and psychological symptoms such as pain and depression at the same time. Despite having evidence between the exercise of care with depression, the advancing age itself can also bring this consequence to the caregiver[22].

Comparing patients 'complaints with the family members' well-being, it was verified that there is no association between the decrease in the overall quality of the patient's life and the increase in the caregiver load. Although insomnia, fatigue and pain, symptoms present in the life of patients at the end of life show influence on the well being of caregivers, they were not responsible for the development of a higher load index in family caregivers. This may be due to the coping of family caregivers in relieving symptoms in patients so that they are not perceived to be burdened and thus the caregiver burden can be alleviated[23].

When the family patient discovers a cancer, there is a concentration on symptom management and how to deal with increased psychological concerns around the time of diagnosis and treatment. In the same way, health programs should also turn their attention to caregivers and their physical and emotional health as they are facing the stress that a progressive disease can cause. Health monitoring is important not only for cancer patients but also for family caregivers regarding changes in caregiver roles and their health consequences[24].

In a study of cancer patients, two main results were found. Before the first treatment of the patients, 50.9% and 32.1% of the Family Caregivers were at risk of anxiety and depression, respectively. The anxiety and depression of both family caregivers were significantly related to four factors: caring for another sick family member, younger age, having pain problems, and less self-efficacy in managing the symptoms. This means that family caregivers of patients newly diagnosed with advanced cancer had anxiety and depression before the first treatment of patients[25].

In another study with the same theme, there were no significant differences in the quality of life related to the mental health of caregivers of cancer patients in the palliative and curative phases, nor did the functional status of the patients influence the mental health or quality of life of caregivers[26].

The comparison between patients and caregivers showed that the two groups presented similar quality of life impairment: physical fitness, mental health, daily activities, social activities, changes in health and general health. From the application of identification questionnaires and quality of life, the study showed that the quality of life of patients with head and neck neoplasias and their caregivers presented impairment, without significant differences for both groups. This means that the caregivers present a decrease in the quality of life proportional to the patients, demonstrating that the disease does not only affect the patient himself, but also the people who are around him. Patients report pain, fatigue, and sleep disturbances as major factors that alter quality of life, while caregivers present a high level of related stress and a sense of incapacity for wanting to help the patient without adequate means[27].

In a study to evaluate low back pain among caregivers of the elderly after the introduction of social welfare equipment, according to participants, 89.9% of care workers reported having no back pain or only mild pain. The remaining 10.1% reported having severe low back pain that interfered with the work. Lumbar pain was associated with the following variables: failure to provide the appropriate method of care for each patient, failure of colleagues to discuss methods to improve care, lack of instructions on the use of wellness equipment, and inappropriate work rotation. An association was also found between low back pain and wrong posture, poor patient lifting technique, insufficient time to complete work, and lack of workers to assist patient transfer or bath[28].

Having a family member with a chronic illness is associated with some effects that may vary according to the type of relationship with the sick family member. It is important that the caregiver is aware of the risk that they are not only in reduced physical health, but also a mental condition and consequently a decrease in the quality of life. Although there is no relationship between the level of depression and the demographic characteristics, the problem with the quality of life, concerns and suffering that may appear seems to be enough reason to organize the prevention of depression for all informal caregivers of people with dementia[22].

Category 3 - Health complaints from the caregiver activity

Care for a dependent elderly person can bring some pain to the caregiver and low back pain has been highlighted in studies with caregivers. Lumbar pain in caregivers was associated with inadequate care for each patient, lack of instruction on the use of wellness equipment and inappropriate work rotation, poor posture, poor patient handling technique, insufficient time to complete work and lack of workers to help transfer or bathe the patient[28].

The severity of low back pain is significantly associated with difficulty in daily activities, especially flexion and extension of the lower back. In relation to caring activity, these pains appear in situations such as night care, helping the family member to get up and lie down, repositioning, managing self-care, and inappropriate repositioning of the body and static position. Activities like bathroom and bath, climbing stairs and raising the recipients of care after a fall are physically difficult. These tasks require the caregiver to assume odd postures and while assisting a care recipient with physical and / or cognitive impairments, often daily and in a challenging environment[20-17].

Another common problem reported by caregivers is musculoskeletal discomfort in at least one part of the body during care activities. The lower back is the most commonly reported site of musculoskeletal discomfort and the symptoms affect work, care and other life activities[17].

In addition to physical complaints, caregivers also care about their social health, followed by emotional health, cognitive health, and feelings of loss related to changes in the future. Still among the main complaints is the feeling of loss, anxiety related to the role of caregiver, concern with the patient, tension in relation to the load, stress, among others[29].

The perception of caregivers of octogenarians regarding quality of life is marked by dissatisfaction, providing subsidies to believe that care activities can negatively affect the life of caregivers[30].

CONCLUSION

When the elderly caregiver and their caring activity are brought to the discussion in studies, they are usually in the background regarding the issues and demands of the elderly who receive the care, such as loss of autonomy and independence, deteriorating pathology among others. And when the caregiver is also an elderly person, studies are even scarcer, as discussed.

One of the common situations experienced by caregivers is the overload of elderly care activity, especially if they are also elderly, because together with the activity developed, they are experiencing their own aging and canceling their self-care deteriorating their health.

Among the characteristics of pain, I highlight lumbar pain due to weight management and patient mobility and psychological pain due to proximity to death and mourning. Caregivers end up neglecting their own health in favor of care activities and therefore it is necessary to implement interventions that physically and psychologically assist their health.

Of the studies analyzed, those who addressed the pain issue felt by caregivers, most of them showed that caregivers feel the pain of working with other elderly people, but in the age profile, these caregivers are adults, many of them children. So I stress the need for more studies on the care of the elderly that cares for another elderly person, since with the demographic transition the population has aged more year after year. As a contribution to nursing, it provides a subsidy for an investigation with these elderly caregivers regarding their health, as well as a more effective role for nurses in order to ensure health care for both care subjects.

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