Challenges of Older Adults Facing Alzheimer’s Disease

Social Implications, Coping Strategies, and Perspectives on Comprehensive Care

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Abstract:

Alzheimer’s disease is one of the leading public health challenges of the 21st century due to its clinical, social, emotional, and economic impact. This literature review analyzes challenges faced by older adults with Alzheimer’s disease, explores coping strategies used by caregivers, and examines perspectives on comprehensive, nursing-led care. A bibliographic search was conducted in PubMed, SciELO, Dialnet, Google Scholar, and institutional sources (2021–2025). Selected studies highlight that non-pharmacological therapies—such as cognitive stimulation, music therapy, occupational therapy, and adapted physical activity—support quality of life and may help slow cognitive decline. Caregivers experience high emotional and physical burden, reinforcing the need for structured education, respite, and psychosocial support. Comprehensive geriatric assessment supports individualized care planning, while advances in biomarkers provide opportunities for earlier diagnosis. Alzheimer’s care should integrate medical, social, and emotional strategies that strengthen both patients and their support networks.

Keywords—Alzheimer’s disease; nursing; aging; comprehensive care; non-pharmacological therapies; public policy

I. INTRODUCTION

Aging is a natural process that involves physical, psychological, and social changes, with wide variability among individuals. Within this context, Alzheimer’s disease—the most common form of dementia—has become one of the greatest public health challenges, particularly among older adults. Its impact goes beyond the clinical domain, profoundly affecting patients’ quality of life, family dynamics, caregiver burden, and the broader social fabric.[1]

Globally, the World Alzheimer Report 2023 highlights the need to promote healthy lifestyles as a preventive strategy, integrating active aging into public policies.[1] Similarly, the National Institute on Aging (NIA) promotes interdisciplinary research ranging from basic biology to the social impact of Alzheimer’s disease.[2] In addition, the World Economic Forum has identified recent advances such as artificial intelligence and blood-based biomarkers to improve early diagnosis and personalize care plans.[3]

From a theoretical perspective, frameworks such as continuity theory (Atchley) [4] and disengagement theory (Cumming & Henry) [5] offer conceptual lenses to understand how older adults cope with changes associated with cognitive decline. Continuity theory proposes that individuals attempt to preserve roles and behavioral patterns to maintain identity—an ability that becomes increasingly compromised in advanced stages of Alzheimer’s disease. Disengagement theory describes progressive separation from the social environment, observable in both patients and caregivers.

In nursing, Hildegard Peplau’s interpersonal relations model is relevant for addressing the challenges of Alzheimer’s disease.[6] This approach emphasizes the therapeutic relationship between the professional and the patient, promoting a safe, empathetic, and communicative environment that addresses not only physical needs but also the emotional well-being of those living with the disease.

II. METHODOLOGY

This literature review was conducted to identify theoretical and practical approaches to Alzheimer’s disease and its impact on older adults and family caregivers, with emphasis on non-pharmacological interventions, caregiver burden, comprehensive geriatric assessment, and public policies. The search was performed in PubMed, SciELO, Dialnet, Google Scholar, and institutional sources.

Inclusion criteria:

- Publications between 2021 and 2025
- Studies in English or Spanish
- Articles addressing at least one of the following topics: non-pharmacological therapies, caregiver stress/burden, comprehensive geriatric assessment, biomarkers, public policies

Exclusion criteria: Studies focused exclusively on pharmacological or biomedical aspects without relevance to caregivers or comprehensive care

Ten relevant studies were selected and analyzed using thematic coding. The topics were grouped by frequency of emphasis in literature: non-pharmacological therapies (95%), caregiver burden (85%), comprehensive geriatric assessment (80%), biomarkers and early diagnosis (60%), and public policies and comprehensive care (55%).

III. LITERATURE REVIEW

Recent literature on Alzheimer's disease and its impact on older adults and family caregivers addresses multiple dimensions, ranging from emotional support and functional dependence to coping strategies and health-system responses.

Mittelman, Haley, et al. (2021) explored the experiences of family caregivers of older adults with Alzheimer's disease, focusing on emotional, social, and practical challenges. Social support from family, friends, community groups, and institutional services was identified as a key protective factor that reduces stress and improves caregiver resilience. Active coping strategies such as cognitive reframing, humor, spirituality, and information seeking were also documented.

Ponce Bernal et al. (2021) analyzed the degree of dependence among older adults with Alzheimer's disease in a hospital setting. Most patients had severe dependence in basic activities of daily living, and caregivers reported high emotional stress and physical fatigue, highlighting the need for caregiver training and support programs.

Díaz Cortés (2022) examined coping strategies used by family caregivers and their relationship with sociodemographic variables. Caregivers tended to use adaptive, problem-focused strategies, although maladaptive strategies were associated with greater overload. The predominant caregiver profile was a cohabiting woman caregiver, often facing employment limitations.

Vilchez Mendoza (2023) described family accompaniment in hospital settings, emphasizing emotional support, medication management, and hygiene assistance as central caregiving roles.

A 2023 review from the Revista Médica del Instituto Mexicano del Seguro Social highlighted early detection strategies, including systematic cognitive screening from age 55, biomarkers, and neuroimaging. Although there is no cure, pharmacologic and non-pharmacologic strategies—cognitive stimulation, physical activity, psychosocial support—remain essential.

García-Molina et al. (2023) reviewed non-pharmacological therapies in primary care, finding that continuous and combined interventions (physical activity, cognitive stimulation, occupational therapy, music therapy, art therapy, animal-assisted therapy) improve quality of life and slow symptom progression.

Ruíz-Hernández, Mur-Gomar, & Montejano-Lozoya (2024) concluded that non-pharmacological therapies significantly improve autonomy, emotional well-being, and caregiver burden, especially in early stages.

Albiac Cubeles et al. (2025) emphasized comprehensive geriatric assessment as a key tool for personalized care planning, integrating functional, cognitive, emotional, social, nutritional, and pharmacological dimensions.

At AAIC 2025, major advances were presented in detection, prevention, and personalized care, including evidence-based guidelines for blood-based biomarkers.

Overall, the 2021–2025 evidence base reflects a shift toward multidisciplinary, person-centered, and humanized models of care.

TABLE I. Emphasis of Themes in Alzheimer's Studies (2021–2025)

Theme	Percentage (%)
Non-pharmacological therapies	95
Caregiver burden	85
Comprehensive geriatric assessment	80
Biomarkers and early diagnosis	60
Public policies and comprehensive care	55

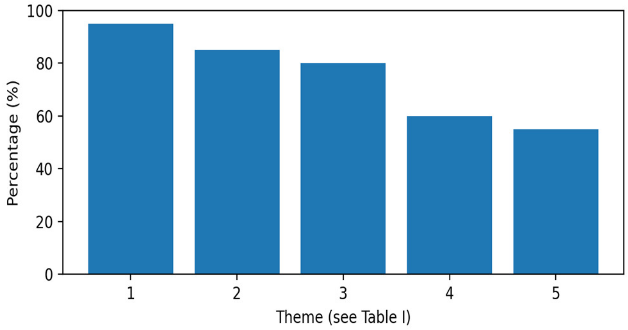

Fig. 1. Visual representation of theme emphasis in Alzheimer's studies (2021–2025)

IV. DISCUSSION

The literature reviewed between 2021 and 2025 reveals a significant evolution in the approach to Alzheimer's disease, with an increasingly multidisciplinary, humanized, and person-centered focus. The analyzed studies consistently highlight five recurring thematic axes: non-pharmacological therapies [7,8], caregiver stress [9], com-prehensive geriatric assessment [10], biomarkers for early diagnosis [11], and inclusive public policies [12].

These findings reflect a transformation in the understanding of Alzheimer's disease that goes beyond clinical treatment and recognizes the importance of social, emotional, and community dimensions in care. Notably, there is a growing emphasis on the role of the family caregiver as a key figure in patient support [9], as well as the need to pro-vide structured assistance and institutional recognition [12,20].

Moreover, the use of biomarkers and early diagnostic tools (60%) [11] represents an opportunity to improve prognosis and personalize care plans [16–19]. In contrast, public policies (55%) [12] still show limited presence in literature, suggesting an area for improvement in the articulation between research, clinical practice, and institutional design.

Overall, the reviewed studies propose a comprehensive care model that combines medical strategies, complementary therapies, emotional support, and inclusive policies [7,8,10,11,17]. This multidimensional vision enables progress toward more dignified, equitable, and effective care for individuals with Alzheimer's disease and their families.

Alzheimer's disease represents a complex challenge that transcends the clinical domain, profoundly affecting the lives of older adults, their caregivers, and the social environment [9,13,14]. The studies reviewed between 2021 and 2025 demonstrate a shift toward more integrated care models, centered on the individual and sensitive to the emotional, functional, and community aspects of caregiving [7,8,10].

Non-pharmacological therapies have proven effective in slowing cognitive decline and improving quality of life [7,8], while comprehensive geriatric assessment enables the design of personalized plans that respond to the patient's real needs [10]. Caregiver stress emerges as a constant theme in the literature [9,13], underscoring the urgency of implementing emotional support programs, specialized training, and institutional recognition of the informal caregiver's role [12,20].

Likewise, advances in biomarkers and early diagnosis open new possibilities for intervention in early stages [11,16–19], and inclusive public policies are emerging as an essential com-ponent to ensure equitable access to quality services [12]

V. RECOMMENDATIONS

Based on the findings of this review, the following recommendations are proposed to strengthen comprehensive care for older adults with Alzheimer's disease and to support the role of family caregivers.

A. Clinical and Community Practice

- Integrate non-pharmacological therapies—such as cognitive stimulation, music therapy, occupational therapy, and adapted physical activity—into routine care across primary care settings, geriatric services, and community programs.
- Implement comprehensive geriatric assessment as a standard diagnostic and follow-up tool to guide individualized care plans that address functional, cognitive, emotional, social, and nutritional needs.
- Provide structured training for family caregivers focused on patient management, emotional self-care, and strategies to prevent caregiver burden.
- Strengthen community-based support networks, including mutual aid groups, intergenerational initiatives, and respite services that offer temporary relief to caregivers.

B. Public Policy

- Formally recognize the role of informal caregivers through policies that provide financial support, access to mental health services, and free or subsidized training programs.
- Develop inclusive active-aging policies that promote social participation, cognitive health, and community integration of older adults.
- Implement national awareness campaigns aimed at reducing stigma, promoting early detection, and fostering a culture of empathy and respect toward individuals living with Alzheimer's disease.
- Guarantee equitable access to complementary therapies, particularly in rural or underserved areas, through interinstitutional collaborations and public funding mechanisms.

C. Future Research

- Conduct longitudinal studies to examine the progression of caregiver stress, the long-term effectiveness of non-pharmacological therapies, and the impact of comprehensive geriatric assessment on quality of life.
- Explore the potential of emerging care-related technologies—such as mobile applications, monitoring devices, and teleassistance platforms—evaluating their usability, accessibility, and effectiveness in family settings.
- Investigate intercultural and intersectional perspectives to understand how gender, ethnicity, socioeconomic status, and geographic context influence the experience of Alzheimer's disease and caregiving.
- Evaluate integrated care models that coordinate medical, social, and community services within a person-centered framework.

VI. CONCLUSION

In summary, the findings of this review confirm that Alzheimer's care requires effective coordination between medical, social, and emotional strategies. Promoting active aging, strengthening support networks, and recognizing the value of family caregiving are fundamental steps toward building a dignified, humane, and sustainable care model [13,14].

Nursing Implications: These findings highlight nursing's central role in delivering comprehensive, person-centered Alzheimer's care across clinical and community settings. Nurses are positioned to lead early identification of cognitive and functional changes, coordinate Comprehensive Geriatric Assessment components, and implement evidence-based non-pharmacological interventions (e.g., cognitive stimulation, music-based activities, occupational engagement, and adapted physical activity) to preserve function and quality of life. Equally important, nursing practice should prioritize caregiver education, emotional support, and linkage to respite and community resources to reduce caregiver burden and prevent burnout. Strengthening interdisciplinary communication and advocating for accessible services and supportive public policies are essential nursing actions to improve outcomes for both older adults and their families.

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