

Dementia Care Gaps And Strengths in LMIC: Perspectives Of Brazilian People Living With Dementia, Caregivers, And Care Providers

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Key take aways: There is an important lack of structured pathways to dementia diagnosis and care in Brazilian Primary Health Care. Caregivers are submitted to heavy burden, while training initiatives and emotional support can be helpful.

INTRODUCTION	METHODS	RESULTS		CONCLUSIONS
Dementia represents a growing public health challenge in low- and middle-income countries (LMICs), where health systems often struggle to provide timely diagnosis, coordinated care, and adequate support for families. In Brazil, primary health care (PHC) is the cornerstone of the Unified Health System (SUS), yet little is known about how dementia care is experienced by different stakeholders across regions.	We conducted 23 in-depth individual interviews with family caregivers (n=10), PHC professionals (n=3), and health managers (n=10) from four Brazilian regions: North, Northeast, Southeast, and Central-West. Data were analyzed using discourse analysis, focusing on narratives shared across participant categories, and how these narratives reflect regional and systemic inequalities.	Across categories, dementia was constructed as unrecognized, frequently normalized as part of aging until progression to severe symptoms or complete functional dependence occurred. Participants described the diagnostic process as reactive and fragmented, with limited guidance following diagnosis. PHC emerged as central for dementia care, especially considering accessibility, longitudinal relationships, and home visits. Nevertheless, PHC was seen as structurally insufficient, constrained by lack of training, protocols, time, and formal care pathways.	Caregivers emphasized emotional, physical, and financial overload and depended on personal relationships to enable healthcare. Training initiatives were described as transformative for professionals and carers. The North and Northeast regions faced fragile infrastructure, whereas one large city from the Southeast exhibited better-organized referral networks. All regions expressed similar unmet needs: caregiver education and psychological support, clearer PHC-centered pathways, and sustained national public policies.	Dementia care in Brazil remains heavily dependent on informal caregiving and under-resourced PHC teams. Strengthening PHC through training, caregiver-centered interventions, community education, and the establishment of national dementia care pathways is essential to reduce inequities and address unmet needs.
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