

Table II - Characterization of the sample regarding authorship, year and Country of publication, study focus, method and population, main findings and evidence level of studies. (n= 16).

Authorship Year of publication and Country of origin	Study focus	Method and population	Main findings	Evidence Level
Amagasa <i>et al.</i> , 2017 Japan	Social participation and psychological distress in the elderly.	A 5-year prospective, cohort study with 2700 randomly selected elderly people from three Japanese cities.	Involvement in the community provides the elderly woman psychological benefits. Besides, to promote the involvement of the elderly who lives alone can be configured as an important strategy for maintaining mental health in aging.	IV
Perseguido <i>et al.</i> , 2017 Brazil	Family dynamics in front of the elderly living alone.	Qualitative study, based on Symbolic Interactionism, with six families of elderly people who decided to live alone.	The possibility of living alone is facilitated by family arrangements during the family life cycle. Still, it gives a sense of freedom and quality of life for all Family members.	VI
Reher, Requena, 2017 Spain	The relationship between fertility and the chance of an elderly woman living alone at the end of life.	Exploratory, retrospective research, with secondary data from 2011 Spanish Census.	A woman's fertility history was strongly associated with living alone at the end of life.	VI
Mouodi <i>et al.</i> , 2016 Iran	Differences between gender in the health status of the elderly living alone or not.	A prospective cohort study with 1544 elderly from Amirkola, Babol.	Several health disorders and disabilities were more significant in the elderly population who lived alone. Among them are the risk of falls to women and headaches and depressive symptoms in men.	IV
Teguo <i>et al.</i> , 2016 France	Feelings of loneliness and living alone as predictors of mortality in the elderly.	A prospective cohort study with 3,777 elderly people.	Living alone and having feelings of loneliness was independently associated with greater risk of death in elderly.	IV
Fan Ng, Northcott, 2015 Canada	Familiar arrangements and feelings of solitude self-reported by elderly immigrants.	A descriptive study, with semi-structured questions, applied to 161 elderly immigrants from South Asia to Canada.	To the elderly immigrant, the fact of living alone was associated with self-reported solitude; on the other hand, living with others, especially family members, gives the elderly a certain grade of protection against loneliness.	VI
Miranda <i>et al.</i> , 2015 Brazil	Presence of family caregiver in the elderly with cognitive and functional deficits.	Cross-sectional study with secondary data of 91 elderly people.	Was found that 25% of the elderly interviewed presented a score of 18 points on Mini-Exam of the Mental State application, indicating cognitive impairment. Of these, 80% were women, 12% lived alone and 85% did not have a family caregiver	VI
Soon <i>et al.</i> , 2015 Singapore	Perceptions of couples living alone in relation to general life and health.	Qualitative study, through a semi-structured interview, with 15 elderly couples living alone.	Couples living alone were generally happy about maintaining independence and complementary social roles.	VI
Zhou <i>et al.</i> ,	Socioeconomic	An exploratory,	The elderly living independently in	IV

2015 China	factors related to the subjective well-being of elderly people living independently.	population-based study of Wenzhou, a relatively developed city in China, with 536 randomly selected elderly people.	the rural area of Wenzhou City have unfavorable subjective well-being; as well as low socioeconomic status, that are impacting negative factors; but the support of the children can aid in improvements in well-being.	
Figueiredo <i>et al.</i> , 2013 Brazil	Cognitive and functional changes in the elderly.	A longitudinal, observational study with 167 elderly people.	Living alone and work status have been associated with changes in the instrumental activities of daily living. Still, there was a reduction of functional capacity for basic and instrumental activities of daily living.	IV
Liu <i>et al.</i> , 2013 China	Health-related quality of life and need for long-term care of the elderly living alone.	Exploratory, correlational study with 424 elderly individuals, randomly selected and stratified in three rural regions of Shaanxi Province, China.	For elderly people living alone, factors such as presence of chronic disease, low socioeconomic status and living in rural areas, far from large centers, reduce or limit the ability of social relationships. Aiming to reduce feelings of loneliness, it is suggested to improve family support and from healthcare professionals to the elderly that lives alone.	IV
Nicholson <i>et al.</i>, 2013 United Kingdom	Experience of older people.	Psychosocial narrative and psychodynamic observation. With 15 elderly people aged 85 years or over.	Fragility can be understood in terms of potential capacity - a state of disequilibrium, where people experience cumulative losses, while working to maintain or perhaps create new connections.	VI
Moliterno <i>et al.</i>, 2012 Brazil	Quality of life of elderly participants of an University Open to the Elderly.	A descriptive, exploratory study with 67 elderly people.	Social participation emerges as a protection factor, contributing to the achievement of quality of life. However, the values of domains independence in old age and satisfaction over achievements decrease when the elderly reside only with their spouse.	VI
Camargos <i>et al.</i>, 2011 Brazil	Reasons for the elderly to live alone and family relationships.	Narrative review.	Better socioeconomic status and health conditions; older age and absence of children contribute to the elderly to live alone.	VI*
Birkeland, Natvig, 2009 Norway	Coping in aging and decreases in health among the elderly living alone.	Qualitative study, with a hermeneutic approach, with 20 patients aged 80 years and over.	The elderly in the study made use of the acceptance of the condition of living alone as the main coping strategy; being able to adapt to the condition and perform different activities of daily life, despite their disabilities.	VI
Camargos <i>et al.</i>, 2007 Brazil	Relationship between income and living alone for the elderly.	Retrospective, correlational study with analysis of secondary data from a census of São Paulo, Brazil.	There is a significant association between higher income and living alone in the elderly in São Paulo. The possibility to choose to live alone is more feasible for older people with higher educational and income levels.	IV

Source: authors. *The authors classified the narrative review as level VI of evidence since it is a qualitative method.

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