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Presence of depressive feelings in primary health care users who seek integrative and complementary health practices

Presencia de sentimientos depresivos en usuarios de atención primaria de salud que buscan prácticas de salud integradoras y complementarias

Presença de sentimentos depressivos em usuários da atenção primária em saúde que buscam as práticas integrativas e complementares de saúde

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Abstract

The aim was to trace the sociodemographic, clinical, and psychological profile of people who seek PICS and identify the prevalence of depressive symptoms. Cross-sectional study with descriptive analysis. Carried out in three UBS that offer PICS in Lagarto/SE, Brazil, between September 2019 and March 2020. The instruments were the Characterization of Patients on the Use of Integrative Practices and Depression Scale (CES-D), applied in 95 volunteers. The research approved at the UFS CEP in August 2019, opinion No. 3,511,917. Following CNS Resolution No. 466/12. It was observed that 77.9% were female and the average age was 38.25 years, 83.2% in urban areas, 67.4% self-dwelling; receive up to 1 minimum wage (50.5%). 54.7% declare themselves brown. Prevalence of depression varies between 6 and 50, with a mean of 25.43 ± 12.4. It is necessary to carry out new scientific studies to search for people with depressive symptoms who use PICS in UBSs, for better management of professionals towards this population, developing promotion, prevention, and public policy actions.

Descriptors: Depression; Complementary Therapies; Primary Health Care.

Resumén

El objetivo fue rastrear el perfil sociodemográfico, clínico y psicológico de las personas que buscan PICS e identificar la prevalencia de síntomas depresivos. Estudio transversal con análisis descriptivo. Realizado en tres UBS que ofrecen PICS en Lagarto / SE, Brasil, entre septiembre de 2019 y marzo de 2020. Los instrumentos fueron la Caracterización de Pacientes en el Uso de Prácticas Integrativas y Escala de Depresión (CES-D), aplicada en 95 voluntarios. La investigación aprobada en el CEP de la UFS en agosto de 2019, opinión N ° 3.511.917. Siguiendo la Resolución CNS No. 466/12. Se observó que el 77,9% eran mujeres y la edad promedio fue de 38,25 años, 83,2% en áreas urbanas, 67,4% autónomos; reciben hasta 1 salario mínimo (50,5%) El 54,7% se declara moreno. La prevalencia de depresión varía entre 6 y 50, con una media de 25,43 ± 12,4. Es necesario realizar nuevos estudios científicos para la búsqueda de personas con síntomas depresivos que utilicen PICS en SBU, para un mejor manejo de los profesionales hacia esta población, desarrollando acciones de promoción, prevención y políticas públicas.

Descriptores: Depresión; Terapias Complementarias; Primeros Auxilios.

Resumo

Objetivou-se traçar o perfil sociodemográfico, clínico e psíquico das pessoas que buscam as PICS e identificar a prevalência de sintomas depressivos. Com estudo transversal, com análise descritiva. Realizado em três UBS que ofertam as PICS em Lagarto/SE, Brasil, entre setembro de 2019 a março de 2020. Os instrumentos foram a Caracterização dos Pacientes Sobre o Uso das Práticas Integrativas e Escala de Depressão (CES-D), aplicados em 95 voluntários. A pesquisa aprovada no CEP da UFS em agosto de 2019 parecer n.º 3.511.917. Seguindo a Resolução n.º 466/12 do CNS. Observou-se que 77,9%eram do sexo feminino e a média de idade 38,25 anos, 83,2% zona urbana, 67,4%moradia própria; recebem até 1 salário-mínimo (50,5%).54,7% autodeclaram-se pardos. Prevalência de depressão varia entre 6 e 50, com média 25,43 ±12,4. É necessário a realização de novos estudos científicos para a busca de pessoas com sintomas depressivos que utilizam as PICS nas UBSs, para melhor manejo dos profissionais para com essa população, desenvolvendo ações de promoção, prevenção e políticas públicas.

Descritores: Depressão; Terapias Complementares; Atenção Primária à Saúde.

Introduction

The World Health Organization (WHO) says that depression tends to become the most common and disabling illness in the next 20 years, affecting more people than cancer and heart disease. Depressive disorders are associated with increased morbidity and mortality as they increase the risk of heart disease and type 2 diabetes mellitus, along with the risk of suicide. Depression affects about 11.5 million people in Brazil[1,2].

WHO believes that by 2030, it will be the most common disease in the world, being considered more harmful than angina, arthritis, asthma and diabetes. Currently, it is considered one of the biggest public health problems[3,4].

The National Health Survey in 2019 showed that problems related to mental health are the sixth health reason that prevents the performance of usual tasks, behind cardiovascular and respiratory diseases, bone, and joint pain and gastrointestinal problems[5].

The criteria for diagnosing depression, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), are being depressed most of the time; anhedonia: decreased interest or loss of pleasure in performing routine activities; feeling of uselessness or excessive guilt; difficulty concentrating; fatigue or loss of energy; sleep disorders; psychomotor problems; significant weight loss or gain[6].

In addition to these symptoms, distress, emptiness, crying, desolation and pessimism, restlessness, anxiety or nervousness, lack of meaning in life, hesitation, fears and insecurity, low self-esteem, decreased libido, chronic pain or extensive and persistent physical symptoms are present, fear of illnesses, delusions, and hallucinations, in more serious cases, thoughts or attempted death or suicide[7].

Depression continues to be underdiagnosed which leads to inadequate treatment. The WHO states that 75% of individuals with depression have never received adequate treatment[3,4].

The main treatments for depressive disorder are psychotherapy, psychotropic drugs, as well as Integrative and Complementary Practices, which can be applied by nurses or other professionals through their training[8-10].

The PICS in Brazil gained strength in 1986, with the Eighth National Health Conference, becoming a recognition policy and then an investment policy, with the ratification of the National Policy on Integrative and Complementary Practices (PNPIC) by the Ministry of Health in 2006 and successive Ordinances[11-13].

Integrative and Complementary Practices in Health (PICS) come to integrate and have a holistic view of the patient, based on the biopsychosocial model with the guarantee of communication and access to different levels of health care[13,14].

In addition to these benefits, the low cost of its implementation is important for the public health system, as it combines its therapeutic efficiency as it is greater than or equal to other treatments. By the SUS, the practices are seen as successful experiences, as some unconventional therapeutic methods are culturally rooted in people, being used both in prevention, promotion, maintenance, and health recovery[15,16].

The last update, in 2016, shows that more than 1,708 municipalities offer PICS, present in almost 30% of Brazilian municipalities and distributed in all Brazilian capitals and the Federal District. More than 7,700 establishments offer PICS, 78% concentrated in primary care, 18% in specialized care and 4% in hospital care; about 28% of the Basic Health Units offer some practice[13-17].

With Ordinance No. 702/2018, the Ministry of Health expanded the PNPIC in public health services, offering a total of 29 practices, including auriculotherapy, massage therapy and reiki, which are offered in Basic Health Units (UBS) of the municipality of Lagarto/SE.

Therefore, this study aims to identify the sociodemographic profile and the presence of depressive symptoms of people who seek PICS in primary care.

Methodology

This is a cross-sectional study with a quantitative approach of the descriptive exploratory type with a non-probabilistic convenience sample. Held between September 2019 and February 2020, in three UBS in the municipality of Lagarto/SE, the only ones that offer PICS. Eligibility criteria were people who sought the service to perform the therapies, over 18 years old, who were able to answer the questionnaires.

Data collection was carried out using two questionnaires, the first dealing with sociodemographic characteristics, which sought to know the profile of the population, gender, age, marital status, education, family income, origin. The second, Center for Epidemiological Studies Depression Scale (CES-D) - Center for Epidemiological Studies - Depression, a 20-item self-administered instrument developed by Radloff in 1977 to detect depressive symptoms in adults. It includes questions about mood, behavior and perceptions about yourself. The answers to each of the questions are given according to the frequency with which each symptom was present in the week before the instrument was applied: 0 = never or rarely; 1= for a little or a while; 2= occasionally or for a moderate time, 3= for most of the time or all the time. The final score can range from 0 to 60 (score from 0 to 3 for each of the 20 items). The cutoff point adopted was above 16 points to identify the increased risk of having depression[18].

The CES-D is a screening scale, so positive scores do not determine the cases of depression, but an increased risk of developing the disorder. As it is short-lived, it is suitable for an initial assessment[19].

Descriptive statistical techniques (mean, standard deviation, minimum and maximum) and inferential statistical techniques were used, adjusted to the nature of the data, characteristics of the variables and sample and considering the analysis of the normality of the sample.

Descriptive data analysis was performed with presentation of results for categorical variables in absolute frequency. To verify the normality of the data, the Kolmogorov-Smirnov test was applied. For variables with non-normal distribution, the Mann-Whitney (for

dichotomous independent variables) and Kruskal-Wallis (for polychotomous independent variables) tests were performed.

For all analyses, a significance level of 5% ($p \leq .05$) was considered. The statistical treatment of the data was performed using SPSS (Statistical Package for Social Sciences) software for Windows, version 23.

The research was approved by the Research Ethics Committee of the Federal University of Sergipe in August 2019, under opinion No. 3.511.917. All ethical aspects were respected, the subjects who agreed to participate in the research signed the Informed Consent Term and the guidelines and regulatory norms recommended in Resolution No. 466/12 of the National Health Council on research involving human beings.

Results and Discussion

The present study was carried out with 95 participants. Female participants prevailed (77.9%) and the mean age of volunteers was 38.25 years.

It is observed that 83.2% of volunteers come from the urban area, 67.4% have their own house; 50.5% are single, but 51.6% live with a partner and 64.2% have a steady relationship. Regarding family income, 50.5% receive up to 1 minimum wage and only 11.3% receive above 3 minimum wages. As for religion, most are Catholic, 64.2%, followed by Evangelical with 15.8, and in relation to "type of relationship with religion", 65.3% are participants. When asked about color, 54.7% declared themselves brown (Table 1).

Table 1. Descriptive data on the sociodemographic profile of people seeking PICS at UBS. Lagarto, SE, Brazil, 2020

Variables	n	%
Sex		
Feminine	74	77,9
Masculine	21	22,1
Origin		
Rural	15	15,8
Urban	79	83,2
Did not answer	1	1,1
Education		
Elementary incomplete	15	15,8
Complete elementary	7	7,4
Incomplete high school	5	5,3
Complete high school	26	27,4
Incomplete higher	15	15,8
Graduated	18	18,9
Postgraduate	9	9,5
Marital status		
Single	48	50,5
Married	19	20,0
Stable union	14	14,7
Detached	13	13,7
Widower	1	1,1
Marital status		
Live with the partner	49	51,6
Live without a partner	41	43,2
Did not answer	5	5,3
Affective relationship		
Has a fixed relationship	61	64,2
There is no fixed relationship	28	29,5
Did not answer	6	6,3
Home		
Own	64	67,4
Leased	22	23,2
Assigned	7	7,4

Did not answer	2	2,1
Total household income		
Up to 1 minimum wage	48	50,5
Between 1 and 2 minimum wages	22	23,2
Between 2 and 3 minimum wages	11	11,6
More than 3 minimum wages	11	11,6
Did not answer	3	3,2
Religion		
Does not have	7	7,4
Catholic	61	64,2
Evangelical	15	15,8
Afro-Brazilian	3	3,2
Spiritist	4	4,2
Does not know	5	5,3
Type of relationship with religion		
Participant	62	65,3
Militant	7	7,4
Non-practitioner	24	25,3
Did not answer	2	2,1
Skin color		
White	17	17,9
Yellow	4	4,2
Brown	52	54,7
Black	14	14,7
Does not want to answer	2	2,1
Does not know	6	6,3

The National Health Survey conducted in 2019 to assess Primary Health Care found that 17.3 million people sought PHC in the last 6 months, 69.9% of them women. It is notorious that the female presence in health services is much higher compared to males, a study that characterized the main users of Primary Health Care showed that of the 8,676 people interviewed, 75.8% were women[5,20].

Care for health and life has historically focused on interventions in children and women to ensure the capacity for pregnancy, practices for intense care from an early age, due to the stereotype of "weaker sex", with vulnerable bodies and future reproductives. Men grow up conditioned by a notion of masculinity in which weaknesses and emotions cannot be exposed, characterized as "strong men", which makes them neglect their health[21].

Even with the National Policy for Integral Attention to Men's Health, the male presence in health units is scarce. A study that evaluated the policy states that there is a significant presence of men in health services, but they do not have visibility, reflecting the absence of broader prevention actions, which prevents the achievement of comprehensive care[22,23].

A survey published in 2016 brought some reasons for the low adherence of males to health services, such as: unpleasant situations of inappropriate behavior by health professionals (36%), fear of discovering diseases (20%), impatience to wait attendance (52%) and impossibility of missing school/work (44%)[24].

According to the 2019 PNS, 77.5% of people in the urban area went for consultations in the last 6 months, and on average 60% of the rural population had access in the last six months. In Brazil, according to the IBGE, 16% of the population is from rural areas, and this has a direct impact on the relationship of access to health, prioritizing the notion of geographic accessibility, valuing time and the difficulty of traveling over the distance which separates the service from the user. This distances the user from the rural area of the health service[5,25,26].

The prevalence of depressive symptoms in volunteers was identified from the cutoff point > 16 points. The scores ranged between 6 and 50, with a mean of 25.43 ± 12.41 (Table 2).

Table 2. Center for Epidemiological Studies Depression Scale Mean (CES-D) - Center for Epidemiological Studies – Depression. Lagarto SE, Brazil, 2020

Variables	Mean	SD
CESD	25,43	12,41

To verify the normality of the data, the Kolmogorov-Smirnov test was applied and the variables with non-normal distribution were performed using the Mann-Whitney test, and the Kruskal-Wallis test for the polychotomous independent variables between the Center for Studies Depression Scale Epidemiological and sociodemographic data of people seeking PICS (Table 3).

It was then noted that there is no significant difference between the independent variables with the Depression Scale scores. The average scores on the depression scale are higher in women (25.35), coming from rural areas (31.31), with incomplete high school (34.80), the population with income lower than the minimum wage. (27.02), Afro-Brazilian religion (24.64), black (29.36), with some illness (28.90), in pain (26.38). The civil and marital status are well divided between the variables, as well as own and assigned housing, smokers, and alcoholics.

Table 3. Mean of the Center for Epidemiological Studies Depression Scale scores according to the independent variables. Lagarto, SE, Brazil, 2020

Variáveis	CESD	
	Média ± DP	*p*
Sex		
Feminine	25,35 ± 13,07	0,477[ǂ]
Masculine	22,89 ± 11,82	
Origin		
Rural	31,31 ± 13,54	0,059[ǂ]
Urban	23,84 ± 12,48	
Education		
Elementary incomplete	26,07 ± 13,56	0,058[ǂǂ]
Complete elementary	29,86 ± 8,86	
Incomplete high school	34,80 ± 11,56	
Complete high school	22,08 ± 13,48	
Incomplete higher	29,73 ± 13,19	
Graduated	20,78 ± 10,01	
Postgraduate	20,25 ± 13,69	
Marital status		
Single	25,28 ± 13,45	0,915[ǂǂ]
Married	23,88 ± 10,99	
Stable union	24,36 ± 11,38	
Detached	23,58 ± 14,88	
Marital status		
Live with the partner	25,35 ± 12,68	0,768[ǂ]
Live without a partner	24,70 ± 13,00	
Home		
Own	26,18 ± 12,93	0,236[ǂǂ]
Leased	20,64 ± 11,26	
Assigned	26,14 ± 15,02	
Total household income		
Up to 1 minimum wage	27,02 ± 14,01	0,229[ǂǂ]
Between 1 and 2 minimum wages	23,48 ± 10,53	
Between 2 and 3 minimum wages	20,27 ± 12,39	
More than 3 minimum wages	19,80 ± 10,71	

Religion		
Does not have	29,50 ± 11,36	0,151⊥⊥
Catholic	24,76 ± 13,13	
Evangelical	24,64 ± 12,86	
Afro-Brazilian	39,67 ± 4,51	
Spiritist	14,25 ± 7,18	
Does not know	20,20 ± 9,83	
Skin color		
White	18,94 ± 9,43	0,571⊥⊥
Yellow	23,00 ± 8,16	
Brown	25,71 ± 13,46	
Black	29,36 ± 15,22	
Does not want to answer	19,00 ± 2,83	
Does not know	26,00 ± 10,06	
Have any disease		
Yes	26,90 ± 11,91	0,095⊥
No	23,37 ± 13,40	
Feel pain		
Yes	26,38 ± 13,02	0,059⊥
No	19,53 ± 10,14	
Smoker		
Yes	24,00 ± 11,55	0,988⊥
No	25,15 ± 12,92	
Alcoholic		
Yes	24,56 ± 16,99	0,406⊥
No	25,11 ± 12,33	

Note: ⊥ Mann-Whitney test; ⊥⊥Kruskal-Wallis test.

Just as the present research that identified the highest prevalence of depressive symptoms in women, the PNS, carried out in 2013 in Brazil with 60,202 volunteers, showed that the prevalence of depressive symptoms is more significant in women (10.7%) against 3.9 % in men[27,28]. In a study published in 2018 that evaluated 1,958 women, about 19% had positive scores for depressive symptoms using the PHQ-9 questionnaire[2].

The PNS also brought people with a low level of education (10.2%), black skin color (8.6), without a partner (8.2%) with more than 3 multimorbidities (26.3%)[2,26] also had a high rate of depressive symptoms as in the present study[29].

Depressive symptoms were greater in urban area dwellers (8.1%)[2,26], unlike what was observed in this study, in which these symptoms are greater in rural area dwellers. Perhaps the difference is due to the sample size or cultural aspects of the population.

Due to the great psychosocial impact and high prevalence of depression, medicalization with the use of psychotropic drugs comes as a solution to minimize the problems faced in daily life, but some therapies within the PICS have the same effect and have fewer adverse reactions[12]. Some practices that have this therapeutic effect are offered in the basic units that were part of the research: reiki, auriculotherapy and massage therapy.

Final Considerations

It was possible to identify in this research that the health services still have most females, from urban areas and with a family income below the minimum wage, as observed in people who sought integrative and complementary health practices in the units. basic health care.

Although the relationship between the variables of the sociodemographic profile and depressive symptoms is not significant, the high score of these symptoms in the population that sought complementary treatment at that time is notorious.

PICS are easily accessible therapies that are offered in basic health units and other levels of care and that can be used in a complementary way for both the prevention and treatment of depression, among other health problems.

It is necessary to carry out new scientific studies to search for people with depressive symptoms who use PICS in UBSs, for better management of professionals towards this population, developing promotion, prevention, and public policy actions. It is beneficial for both the population and the network's professionals, as it reduces

medicalization, the number of invasive interventions and procedures, ensuring quality of life and well-being for the population.

References

1. World Health Organization (WHO). Depression and other common mental disorders: global health estimates. World Health Organization; 2017.
2. Gonçalves AMC, Teixeira MTB, Gama JR de A, Lopes CS, Silva GA, Gamarra CJ, et al. Prevalence of depression and associated factors in women covered by Family Health Strategy. Jornal Brasileiro de Psiquiatria. 2018;67(2):101–9.
3. World Health Organization (WHO). Mental health atlas 2017: resources for mental health in the Eastern Mediterranean Region. 2019;
4. Oliveira EN de. Prevalência de sintomas depressivos em estudantes de Medicina da Universidade Federal da Bahia. 2013;
5. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional de Saúde. Rio de Janeiro; 2020. 1–89 p
6. Psychiatric Association A. Manual diagnóstico e estatístico de transtornos mentais: DSM-5 - 5ª Edição. 2014
7. Santiago JO. Os benefícios do exercício físico no controle e prevenção da depressão e ansiedade. 2017;
8. Lannes AS. Uso de antidepressivos na infância e adolescência. Monografia (graduação em farmácia) –Universidade Federal de Juiz de Fora, Juiz de Fora. 2018;
9. Ministério da Saúde (BR). Portaria n.° 702, de 21 de março de 2018. Distrito Federal; 2018.
10. Ministerio da Saúde (BR). Portaria n.º 849, de 27 de março de 2017. Distrito Federal; 2017.
11. Telesi Júnior E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. Estudos avançados. 2016;30(86):99–112.
12. Orlandi SR, Acorsi AC. A importância da inserção das práticas integrativas e complemetares na atenção básica como tratamento coadjuvante da depressão em mulheres. 2019.
13. Dacal M del PO, Silva IS. Impactos das práticas integrativas e complementares na saúde de pacientes crônicos. Saúde em Debate. 2018;42:724–35.
14. Rocha SA, Bocchi SCM, Juliani CMCM. O princípio da integralidade no Sistema Único de Saúde (SUS). Utopia? INTERthesis: Revista Internacional Interdisciplinar. 2011;8(1):120–32.
15. Matos P da C, Laverde CR, Martins PG, de Souza JM, de Oliveira NF, Pilger C. Complementary and integrative practices in primary health care. Cogitare Enferm. 23 de maio de 2018;23(2).
16. Lessa AM, Nascimento IS dos S, Nascimento FS do, Ribeiro LG. Experiência exitosa: Implantação das Práticas Integrativas e Complementares (PICs) na rede municipal de Duque de Caxias (RJ). Brazilian J Heal Rev. 24 de maio de 2019;2(4):2847–50.
17. Brasil. Portal da Secretaria de Atenção Primária à Saúde. 2016
18. Silveira DX da, Jorge MR. Escala de Rastreamento Populacional para Depressão CES-D em populações clínicas e não clínicas de adolescentes e adultos jovens. Escalas de avaliação clínica em psiquiatria e farmacologia São Paulo: Lemos Editorial; 2000
19. Gorenstein C, Wang Y-P, Hungerbuhler I. Instrumentos de avaliação em saúde mental. Artmed Editora; 2015.
20. Guibu IA, de Moraes JC, Junior AAG, Costa EA, Acurcio F de A, Costa KS, et al. Main characteristics of patients of primary health care services in Brazil. Rev Saude Publica. 2017;51:1s-13s.
21. Botton A, Cúnico SD, Strey MN. Diferenças de gênero no acesso aos serviços de saúde: problematizações necessárias. Mudanças–Psicologia da Saúde. 2017;25(1):67–72.
22. Pereira J, Klein C, Meyer DE. PNAISH: uma análise de sua dimensão educativa na perspectiva de gênero. Saúde e Sociedade. 2019;28:132–46.
23. Couto MT, Pinheiro TF, Valença O, Machin R, Silva GSN da, Gomes R, et al. O homem na atenção primária à saúde: discutindo (in) visibilidade a partir da perspectiva de gênero. Interface-Comunicação, Saúde, Educação. 2010;14(33):257–70.
24. Teixeira DBS. Atenção à saúde do homem: análise da sua resistência na procura dos serviços de saúde. Revista Cubana de Enfermería. 2016;32(4).
25. Garnelo L, Lima JG, Rocha ESC, Herkrath FJ. Access and coverage of Primary Health Care for rural and urban populations in the northern region of Brazil. Saúde em Debate. 2018;42:81–99.
26. Pessoa VM, Almeida MM, Carneiro FF. Como garantir o direito à saúde para as populações do campo, da floresta e das águas no Brasil? Saúde em Debate. 2018;42:302–14.
27. Lopes ACS, Toledo MTT de, Câmara AMCS, Menzel H-JK, Santos LC dos. Condições de saúde e aconselhamento sobre alimentação e atividade física na Atenção Primária à Saúde de Belo Horizonte-MG. Epidemiologia e Serviços de Saúde. 2014;23:475–86.
28. Mota LEP, Branco JGO, Costa FBC, Oliveira FA, Torres ACS, Ataíde KMN. Desenvolvimento de Transtornos Mentais Comuns em mulheres em situação de violência sexual: revisão integrativa. Glob Acad Nurs. 2020;1(3):e54. https://doi.org/10.5935/2675-5602.20200054
29. Lopes CS, Hellwig N, e Silva G de A, Menezes PR. Inequities in access to depression treatment: results of the Brazilian National Health Survey–PNS. International journal for equity in health. 2016;15(1):1–8.