



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

ATTENTION TO THE CAREGIVER OF PEOPLE WITH MENTAL DISORDER A ATENÇÃO AO CUIDADOR DE PESSOAS COM TRANSTORNO MENTAL ATENCIÓN A LOS CUIDADORES DE PERSONAS CON TRASTORNOS MENTALES

Misterly Rabelo de Oliveira Silva¹, Claudete Ferreira de Souza Monteiro², Eliana Campelo Lago³, Fabrício Ibiapina Tapety⁴

ABSTRACT

Objective: recognizing the view of mental health professionals about the inclusion of family caregivers as a care subject in the activities developed in the Psychosocial Care Center. **Method:** an exploratory and descriptive study of a qualitative approach conducted with 19 professionals crowded into a Psychosocial Care Center of Piauí/PI. The data were produced from individual interviews with a semi-structured guide then analyzed by the Technical Content Analysis. The study had the project approved by the Research Ethics Committee, CAAE: 18322213.0.0000.5210. **Results:** three categories emerged from the analysis process: 1. Need for more content at graduation about the family caregiver; 2. Inclusion of the caregiver as a subject of care; 3. Activities that include family caregivers. **Conclusion:** professionals consider necessary the inclusion of carers in activities at the Psychosocial Care Center, but resent more information during training to develop their activities. **Descriptors:** Mental Health; Caregivers; Professionals; Psychosocial Care Center.

RESUMO

Objetivo: conhecer a visão dos profissionais de saúde mental sobre a inserção dos cuidadores familiares como sujeito de cuidado nas atividades desenvolvidas no Centro de Atenção Psicossocial. **Método:** um estudo exploratório e descritivo, com abordagem qualitativa, realizada com 19 profissionais lotados em um Centro de Atenção Psicossocial do Piauí/PI. Os dados foram produzidos a partir de entrevistas individuais, com roteiro semiestruturado, em seguida analisados pela técnica de Análise de conteúdo. O estudo teve aprovado o projeto pelo Comitê de Ética em Pesquisa, CAAE: 18322213.0.0000.5210. **Resultados:** três categorias emergiram do processo de análise: 1. Necessidade de mais conteúdo na graduação sobre o cuidador familiar; 2. Inclusão do cuidador como sujeito do cuidado; 3. Atividades que incluem cuidadores familiares. **Conclusão:** os profissionais consideraram necessária a inserção dos cuidadores em atividades no Centro de Atenção Psicossocial, mas ressentem de mais informações durante a formação para desenvolver suas atividades. **Descritores:** Saúde Mental; Cuidadores; Profissionais; Centro de Atenção Psicossocial.

RESUMEN

Objetivo: conocer la visión de los profesionales de salud mental acerca de la inclusión de los cuidadores familiares como sujeto de cuidado en las actividades desarrolladas en el Centro de Atención Psicossocial. **Método:** un estudio exploratorio y descriptivo con enfoque cualitativo realizado con 19 profesionales llenos en un Centro de Atención Psicossocial de Piauí/PI. Los datos fueron producidos a partir de entrevistas individuales con un guión semi-estructurado, luego analizados por la Técnica de Análisis de Contenido. El estudio tuvo el proyecto aprobado por el Comité de Ética en la Investigación, CAAE: 18322213.0.0000.5210. **Resultados:** tres categorías emergieron del proceso de análisis: 1. Necesidad más contenido en la graduación en el cuidador familiar; 2. La inclusión del cuidador como sujeto de la atención; 3. Actividades que incluyen los cuidadores familiares. **Conclusión:** los profesionales consideran necesaria la inclusión de los cuidadores en las actividades en el Centro de Atención Psicossocial, pero resienten más información durante el entrenamiento para desarrollar sus actividades. **Descriptores:** Salud Mental; Los Cuidadores; Profesionales; Centro de Atención Psicossocial.

¹Psychologist, Master's Student, Professional Mastership in Family Health, University Center UNINOVAFAP. Teresina (PI), Brazil. Email: misterly_r@hotmail.com; ²Nurse, Professor, Graduate / Postgraduate Nursing Program, Federal University of Piauí/UFPI. Teresina (PI), Brazil. Email: claudetefmonteiro@hotmail.com; ³Nurse and Odontologist, Professor in Biotechnology, Mastership Program in Family Health, University Center UNINOVAFAP. Teresina (PI), Brazil. Email: eliana@uninovafapi.edu.br; ⁴Dental Surgeon, Professor, Graduate and Postgraduate in Family Health, University Center UNINOVAFAP. Teresina (PI), Brazil. Email: ftapety@uninovafapi.edu.br

INTRODUCTION

The diagnosis of mental disorder always causes a great impact, both for the patient and for the family, given the stigma still present to treatment and acceptance. From the Psychiatric Reform, moved concepts, treatment, relationships of the subjects with family and health professionals. The new policy sought to humanize care institutions to mental health and ensure legal instruments, committed to the civil rights of psychiatric patients and family integration as an important part in the treatment.¹

This psychiatric care model emerges from the importance of the family unit in the care and social reintegration of the subject in mental distress. For this, it is necessary to recognize the family life and the conduct of its members against psychological distress.²

For professional mental health issues related to family and family caregivers are scored as important, but the challenges of entering contents accordingly at graduation have not been far and wide achieved. There needs to be an expansion of information about the subject to the attention of the family with mental disorder, considering its context and the importance of mental health of its components, especially the family caregiver, which carries with it a marked physical and mental workload.³

Interdisciplinary work in mental health becomes important so that they provide a service with more quality and in full the subjects of mental illness and to develop activities that meet the subject requirements, their values and their community and can use the therapeutic alternatives to enrich their work.⁴

The importance of CAPS as an instrument to implement new ways of looking and caring for the subjects, their social environment and family are stressed in some studies.³ Professionals are also essential in this process, with a broader look at the subject and his family. However, I question if they are ready to insert the family caregiver as a subject of care and what actions are developed in the CAPS that include these caregivers.²

Faced with this problem, the study aims to:

- Meeting the vision of mental health professionals on the inclusion of family caregivers and care subject in the activities developed in the Psychosocial Care Center.

METHOD

This is an exploratory and descriptive study of a qualitative approach performed at a

Psychosocial Care Center installed on a capital of Northeast Brazil. The choice of the institution was due to the fact that it meets monthly about 100 people with mental illness, with reference in this region.

Study participants were composed of 19 professionals, including psychiatrists, nurses, physical education teachers, occupational therapists, nutritionists and psychologists, with an average age of 28 years old, selected through simple random sampling process. It was adopted as inclusion criteria: performance in CAPS for at least two years, with some training in mental health.

Data collection took place between May and June 2013, being held individual interviews with the subjects through a semi-structured questionnaire with questions related to the characterization of the participants in socio-demographic and vocational training aspects and issues related to information on family caregivers and activities of the professional/team with the family caregivers of relatives with mental disorders assisted in CAPS. The interview was conducted in a private room of the institution and had an average duration of 20 minutes.

The material obtained by the description of the participants in the interviews was analyzed by Bardin's Content Analysis Technique and organized into analytical categories discussed based on the theme of the literature study.

Participants were assured confidentiality and non-use of information at the expense of people or institution and are identified by dep.1, dep. 2 and so on. We emphasize that we followed all ethical principles contained in Resolution 466/12 of the National Health Council, which regulates research involving human subjects and was approved by the Ethics Committee (CAAE: 18322213.0.0000.5210).

RESULTS AND DISCUSSION

♦ Need for more content at graduation about the family caregiver

The difficulties and conflicts that surround the families of the mentally ill, being a serious and chronic illness, impose on families requiring intense and continuous care, requiring that everyone in the house to redirect their lives, to meet the loved one's needs sick.⁵

The participants in this study, when reporting their academic training, recognize the importance of working with the family and informed of the need for more content and more activities with family caregivers during

graduation and during the training courses in mental health.

The family of the mental health patient suffers and this also needs care, hospitality and guidance. The dynamics of care, the family without this support, he cannot be a good caregiver. However, we have not received this training in the academic period, a fact that only learns with practice. (Dep.1)

On graduation in psychology there are few practical activities and they do not encourage looking at the family caregiver as a care subject, this only learned when I have practice in CAPS. (Dep.2)

Upon graduation there was no approach to the CAPS, the stages were directed only to psychiatric hospitals where there is contact with the caregiver. (Dep. 3)

On stage in spite of always having the presence of caregiver and to observe their physical fatigue and emotional exhaustion, there was no activity aimed at this audience. (Dep.4)

Activities with family caregivers were scarce, considering the caregiver is perceived as a guy who suffers and who has changed his daily life to turn to take care of the other. (Dep.5)

The activities carried out in the probationary period are turned only to users. (Dep. 6)

Recognizing the reality you live with the patient enables the smooth progress of the treatment as well as the guidance and dialogue with the caregiver in their home environment, and make it more at ease to understand the condition of their family and learn the best way to care for; it is also the first step to breaking the "bonds" between the family and the mental health professional.⁶

Other participants stated that the activities performed on the stage of the period in CAPS environment with caregivers, have been through interviews at time of patient inclusion and through meetings with family members.

In family meetings it can be held group dynamics; so that the family can express its emotions, giving its opinion to assist in tracing action plans for future action. (Dep. 3)

Through individual interviews and meetings with family caregivers. (Dep. 1)

Contact with family caregivers without previously acquired knowledge hinders the initial professional periods in this work, as it did not get training so much in the gym.⁶

Professionals interviewed showed that know the importance of a job with the family caregiver; however, recognize that there is still lack of this activity, since the mental health professional, most often, does not

include this category in their professional practice and reported the lack of activities aimed at the gym to work with caregivers of the mentally disturbed.

Respondents pointed out that when the work is extended to family members, to assist in the process of social reintegration of mental patients, success is higher; moreover, point out that when family members remain present in the treatment, the CAPS team can give increased assistance to family and social context of families together. Consistent with data reported by respondents were found in other research conducted.⁷⁻⁹

♦ Caregiver's inclusion as a subject of care

The importance of family in the monitoring of a mental illness treatment and CAPS as of welcome and of experiences among the mentally ill family exchange space should be emphasized the need for a new visibility in the way of seeing and caring for the patient with mental disorder.¹⁰

It is important that families be informed about the disease and to understand the symptoms and the patient's attitudes, avoiding misinterpretations. Family members are essential in the treatment and reintegration of the patient. The initial impact of the news that a family member has mental illness is painful enough. As the disease is poorly understood and subject to much misinformation, people feel perplexed and confused. Often, before the eccentric attitudes of patients, family members also react with inappropriate attitudes, perpetuating a vicious circle difficult to be broken. Hostile attitudes, criticisms and super protective harm the patient. Support and understanding are needed so it can have an independent life and mingle successfully with the disease.⁸

The vision of the participants on the inclusion of family caregivers as a subject of care in CAPS activities, suggests the formation of working groups with them. Others indicate the need for an individualized complement to family caregivers.

The monitoring group is important to understand that the problem is not just him, the workshops help the caregiver understand the problem of their family and to receive and support other caregivers. (Dep.3)

I believe that there could be one (at least) group where caregivers approached their anguish and difficulties in dealing with the patient. (Dep.1)

Treatment should be extended for the whole family, because when a person needs

special care, the whole family has to be involved to make you feel supported, and for this to occur, the caregiver also needs care from the professional staff. (Dep.7)

In order, the user's insertion in the family, at school, in society. (Dep.6)

The care and monitoring group have been advertised as a way to inclusion of family caregivers of patients with mental disorders in CAPS every day in some studies.^{5,11}

Despite the importance of individualized care, studies show that it is important to start caring for the inclusion of the caregiver in meetings and group workshops, to then move on to the individual assistance.^{6,12-3}

In this study, there was the highlight for the inclusion of family caregivers should be held in all the activities of the CAPS routine and put the importance of this integration as well.

With the caregiver inserted in the activities of CAPS, this may have access to all necessary advice and information. (Dep.4)

The inclusion of family caregivers is essential so that it becomes aware of the work and activities proposed for the treatment of the patient and thus to continue in line in the same family environment. (Dep. 13)

The inclusion of family caregivers in activities would be required to strengthen the treatment and at the same time would be the time that would allow be cared for by the staff of CAPS. (Dep.14)

The inclusion of family caregivers in the activities of CAPS is of utmost importance because the family is the core of the social user support network. (Dep.7)

The caregiver needs support, guidance to support the difficulties that surely will face, so the CAPS must be a support to help the family caregiver, so it should be inserted in the activities of CAPS. (Dep.17)

While recognizing the need for family support and the importance of integration of the family, already there are studies showing a concern with how the user and families see the CAPS, and this way influence the adherence and participation in the proposed activities. The logic of supply of CAPS is the "care" and not the "cure". This logic is not comprehensive for some users who want a "crazy to report" to ensure social security benefits; or psychiatric hospitalization of a family or those who desire the "black box" with the intention of relieving their sufferings.¹⁴

Other excelled in their positions the importance of family as a partner in treatment and thus contributing to the therapeutic process.

The family is of essential importance in the patient's treatment, and several issues being addressed: psycho-education about disease characteristics and recognition of crises [...] family being prepared emotionally can be a great psychological support for the patient, reducing its suffering. (Dep3)

The family's role is very important in one's life, over time, with links formed with the family becomes easier to work with users. (Dep.5)

I perceive to be healthy and important factor the caregiver becomes a being participatory in the therapeutic process of the patient, allowing better explanations about the diagnosis, treatment, evolution of the case and tracking for the caregiver, entailing thus a more effective outcome for both. (Dep. 6)

It is essential the presence of familiar with the CAPS, the user is following the consultations during the activities in the services and in family gatherings in order to collaborate with the treatment [...] (Dep. 3)

Without the presence of family caregivers treatment is compromised. (Dep. 18)

♦ Activities that include family caregivers in CAPS

The work of the CAPS is of greatest importance to support mental patients and their families, as does a multidisciplinary work assisting in the acceptance of the disease. At the time that families receive appropriate support and guidance, they can share their problems and difficulties and demonstrate their commitment to the care of their sick relative. It is important, then, to promote care spaces and family care in substitutive mental health services, putting it into the rehabilitation process, taking co-responsibility to the care of his family and giving visibility to the caregiver's action.¹⁵

Accordingly it is part of the routine; the team of the CAPS calls the family for a chat about the patient. Unfortunately, sometimes the family does not attend and responsibility for the care still burdening only one or two close family members. Some of the families participating in the group are already at a rather advanced age, which has been of concern because it comes time to think about who will take care. The presence of the ill family member requires caregivers to remake their life plans and to fully reset their goals. As the age advances the concerns with the patient's destination become inevitable. Over the years and with the proximity of the awareness of death, parents end up trapped by a great distress that is the result of the

uncertainties surrounding the future of the child.¹³

The main activity carried out with the family caregivers in CAPS that carried out the research it is of the group sessions. Result like this had also been found in other studies. However, it is important to highlight the complementary position of the group meetings with other activities related to caregivers, for only then, treatment can succeed.¹⁶⁻⁹

We know the existing therapeutic value in the groups formed by users of CAPS, so in that sense, I believe that the training of carers groups once a week, where they can' re exposing anguish and doubt is very effective, as well as the professionals of psychology were placed at the disposal of these caregivers in order to conduct individual care. (Dep. 6)

Through workshops participants caregivers begin to take better care of its family, a fact that has improved the clinical and social inclusion. (Dep. 17)

Participants also positioned themselves on how to lead the inclusion of carers in the activities of CAPS. Much of the respondents pointed out that take care to have a warm place.

For medical consultation usually have friendly attitude and understanding for the suffering of caregivers. Sometimes forward for medical and psychological treatment, other prescribes initial treatment. (Dep. 1)

[...] Realize these host families through activities that stimulate reason to be creative and persevering always, to contribute to the follow-up treatment in conjunction with the CAPS team. (Dep.7)

I try to hold individual consultations with family members and sessions together between the patient and the family. (Dep. 4)

Other participants of this study points out that at the time of screening take the opportunity to meet some of the patient's history and how it is being cared for at home in order to educate them about the disease and how to care at home.

I try to know the name, the disease and how it is being done treatment at home and always observe the reactions and behavior, taking into account what is transferred into speech, for patients and families. Through educational videos on various topics, and leave them more comfortable at the end making a discussion circle. (Dep. 15)

[...] The family caregiver is the source of information and the closest means by which the effectiveness of programs to be measured in this way, I try to bring them to trial and constant re-evaluation, both in CAPS environment as through home visits. (Dep. 19)

Meet the family and especially the family caregiver becomes one more task for professionals and extends beyond the CAPS and will own the home environment through home visits. For this approach posture requires commitment and responsibility to building a collective care is these actors to promote and maintain user autonomy, regain their citizenship and their place in society.²⁰

Despite the completion of some work for the inclusion of family caregivers in reality CAPS, this study pointed out that there is still much resistance. This resistance to participation in treatment is due to lack of knowledge by the family that generates prejudice and shame of being afflicted with mental disorder, a fact that hinders reintegration into society as it suffers discrimination at its core family.¹³

This type of behavior by family caregivers is more common than you think, there are numerous cases of individuals with mental disorders facing closure, not because they cannot interact with others, but shame the family or by excessive protection.²¹

FINAL NOTES

Participants identified the lack of content about the attention to family caregivers at graduation and the difficulty encountered by the lack of training in dealing with caregivers in the period of the academic training.

The group is aware of the importance of the inclusion of carers in the activities of CAPS; however, data showed that despite that there are few activities, limiting itself more for individualized care or sporadic meetings, not explained the very fact of that position.

The study found the contributions of caregivers' insertion in CAPS activities, since it has the proposal of care to mental patients based on actions aimed at their psychosocial rehabilitation and the pursuit of autonomy of these people.

Despite the enlightening results, it is understood that there is the need for greater theme approach for vocational training in health and more research to unravel about the perception of caregivers and their involvement in activities of CAPS.

REFERENCES

1. Maciel SC, Barros DR, Silva AO, Camino L. Psychiatric Reform and Social Inclusion: a Studywith Mental Patients' Relatives. Psicol ciênc prof [Internet]. 2009 [cited 2015 Jan 08];29(3):436-47. Available from: <http://dx.doi.org/10.1590/S1414-98932009000300002>

2. Mielke FB, Kantorski LP, Jardim VMR, Olschowsky A, Machado MS. O Cuidado em Saúde mental, no CAPS no entendimento dos profissionais. Ciênc saúde coletiva [Internet]. 2009 [cited 2015 Jan 08];14(1):159-64. Available from: http://www.lume.ufrgs.br/bitstream/handle/10183/20758/000691257.pdf?sequence=1&locale=pt_BR
3. Almeida MM, Schal VT, Alberto MM, Modena CM. A sobrecarga de cuidadores de pacientes com esquizofrenia. Rev psiquiatr Rio Gd Sul [Internet]. 2010 Oct [cited 2015 Feb 04];32(3):73-9. Available from: <http://dx.doi.org/10.1590/S0101-81082010005000003>
4. Cardoso L, Galera SAF, Vieira MV. O cuidador e a sobrecarga do cuidado à saúde de pacientes egressos de internação psiquiátrica. Acta paul enferm [Internet]. 2012 [cited 2015 Feb 05];25(4):517-23. Available from: <http://dx.doi.org/10.1590/S0103-21002012000400006>
5. Nunes MO. Anthropological intersections in mental health: from naturalistic regimes of truth to the biopsychosociocultural thickness of mental illness. Interface Comun Saúde Educ [Internet]. 2012 Oct/Dec [cited 2015 Feb 05];16(43):[about 5 p.]. Available from: <http://dx.doi.org/10.1590/S1414-32832012005000045>
6. Brischk CCB, Loro MM, Rosanelli CLP, Cosentino SF, Gentile CS, Kolankiewicz ACB. Convivendo com a pessoa com esquizofrenia: perspectiva de familiares. Ciênc Cuid Saúde [Internet]. 2012 [cited 2015 Feb 05];11(4):657-64. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/21652/pdf>
7. Rosa LCS. A inclusão da família nos projetos terapêuticos dos serviços de saúde mental. Psicol rev [Internet]. 2009 Dec [cited 2015 Feb 05];11(18):205-18. Available from: http://www.pucmg.br/imagedb/documento/DOC_DSC_NOME_ARQUI20060915161333.pdf
7. Borba LO, Schwartz E, Kantorski LP. A sobrecarga da família que convive com a realidade do transtorno mental. Acta Paul enferm [Internet]. 2008 [cited 2015 Mar 05];21(4):588-94. Available from: <http://www.scielo.br/pdf/apv/v21n4/a09v21n4.pdf>
8. Vieira Filho NG, Nóbrega SM. A atenção psicossocial em saúde mental: contribuição teórica para o trabalho terapêutico em rede social. Estud psicol (Natal) [Internet]. 2004 May/Aug [cited 2015 Mar 05];9(2):373-79. Available from:
9. Moreno V. Familiares de Portadores de transtorno mental: vivenciando o cuidado em um Centro de Atenção Psicossocial. Rev Esc Enferm USP [Internet]. 2009 Sept [cited 2015 Mar 05];43(3):566-72. Available from: <http://dx.doi.org/10.1590/S0080-62342009000300010>
10. Ramminger T, Brito JC. “Cada CAPS é um CAPS”. Uma Co-análise dos Recursos, Meios e Normas Presentes nas Atividades dos Trabalhadores de Saúde Mental. Psicol soc (online) [Internet]. 2011 [cited 2015 Mar 10];23(suppl 1):150-60. Available from: <http://dx.doi.org/10.1590/S0102-71822011000400018>
11. Costa LF. A perspectiva sistêmica para a clínica da família. Psicol teor Pesqui (online) [Internet]. 2010 [cited 2015 Mar 10];26(suppl.1):95-104. Available from: <http://dx.doi.org/10.1590/S0102-37722010000500008>
12. Santin G, Klafke TE. A família e o cuidado em saúde mental. Barbarói [Internet]. 2011 Jan/July [cited 2015 Mar 10];(34):146-60. Available from: <http://online.unisc.br/seer/index.php/barbaroi/article/view/1643/1567>
13. Silva NP, Vedana KGG, Miaso AI, Cardoso L, Galera SAF. Esquizofrenia: adesão ao tratamento e crenças sobre o transtorno e terapêutica medicamentosa. Rev Esc Enferm USP [Internet]. 2011 June [cited 2015 Mar 12];45(3):708-15. Available from: <http://dx.doi.org/10.1590/S0080-62342011000300023>
14. Mielke FB, Kohlrausch E, Olschowsky A, Scheneider JF. A inclusão da família na atenção psicossocial: uma reflexão. Rev Eletrônica enferm [Internet]. 2010 [cited 2015 Mar 11];12(4):761-5. Available from: <file:///C:/Users/L/Downloads/6812-51350-1-PB.pdf>
15. Hadryś T, Adamowski T, Kiejna A. Mental disorder in Polish families: is diagnosis a predictor of caregiver's burden? Soc Psychiatry Psychiatr Epidemiol [Internet]. 2011 May [cited 2015 Mar 09];46(5):363-72. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20309676>
16. Paes MR, Maftum MA. Difficulties of nursing team of a general hospital in the care of patient with mental disorder. J Nurs UFPE on line [Internet]. 2013 Sept [cited 2015 Mar 11];7(9):5566-73. Available from: <http://www.revista.ufpe.br/revistaenfermage>

m/index.php/revista/article/view/3756/pdf_3411

17. Sher I, McGinn L, Sirey JA, Meyers B. Effects of caregivers' perceived stigma and causal beliefs on patients' adherence to antidepressant treatment. *Psychiatr Serv* [Internet]. 2014 May [cited 2015 Mar 11];56(5):564-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15872165>

18. Schrank G, OlschowskyA. O Centro de Atenção Psicossocial e as estratégias para inserção da família. *Rev Esc Enferm USP* [Internet]. 2008 [cited 2015 Mar 11];42(1):127-34. Available from: <http://www.scielo.br/pdf/reeusp/v42n1/17.pdf>

19. Murray-Swank AB1, Lucksted A, Medoff DR, Yang Y, Wohlheiter K, Dixon LB. Religiosity, psychosocial adjustment, and subjective burden of persons who care for those with mental illness. *Psychiatr Serv* [Internet]. 2014 Mar [cited 2015 Mar 12];57(3):361-5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16524994>

20. Sant'ana MM, Pereira VP, Borenstein MS, Silva AL. O significado de ser familiar cuidador do portador de transtorno mental. *Texto & contexto enferm* [Internet]. 2011 Jan/Mar [cited 2015 Mar 13];20(1):50-8. Available from: <http://dx.doi.org/10.1590/S0104-07072011000100006>

Submission: 08/07/2015

Accepted: 04/12/2015

Published: 15/01/2016

Corresponding Address

Misterly Rabelo de Oliveira Silva
Centro Universitário UNINOVAFAPÍ
Rua Vitorino Orthiges Fernandes, 6123
Bairro Uruguai
CEP 64073-505 – Teresina (PI), Brazil