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ASPECTS RELATED TO THE ABUSE AND DEPENDENCE OF ALCOHOL BY ELDERLY PEOPLE

ASPECTOS RELACIONADOS AO ABUSO E DEPENDÊNCIA DE ÁLCOOL POR IDOSOS

ASPECTOS RELACIONADOS AL ABUSO Y DEPENDENCIA DE ALCOHOL POR ANCIANOS

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ABSTRACT

Objective: to understand the aspects related to alcohol abuse and dependence by the elderly population. ***Method***: this is a descriptive, exploratory study with a qualitative approach, carried out with three elderly patients under treatment for alcohol dependence in a Psychosocial Care Center. The data were collected through an interview with a structured script and the discourses analyzed according to the Content Analysis Technique. ***Results***: it was possible to identify the category "History of alcohol dependence" and its respective subcategories: Time of use; Reasons influencing the consumption of alcohol; and Frequency of consumption of the alcoholic beverage. ***Conclusion***: knowing the aspects related to alcohol dependence in old age allows the identification of situations of vulnerability and risk provided by the abuse and dependence of this substance, subsidizing new reflections about adequate and humanized care for this people. ***Descriptors***: Elderly; Alcoholism; Abuse and Dependence.

RESUMO

Objetivo: compreender os aspectos relacionados ao abuso e dependência de álcool por idosos. ***Método***: estudo descritivo, exploratório, com abordagem qualitativa, realizado com três idosos em tratamento para dependência de álcool em um Centro de Atenção Psicossocial. Os dados foram coletados por meio de entrevista com roteiro estruturado e os discursos analisados de acordo com a Técnica de Análise de Conteúdo. ***Resultados***: foi possível identificar a categoria "Histórico da dependência do álcool" e suas respectivas subcategorias: Tempo de uso; Motivos que influenciaram no consumo do álcool; e Frequência de consumo da bebida alcoólica. ***Conclusão***: conhecer os aspectos relacionados à dependência de álcool na velhice possibilita a identificação de situações de vulnerabilidade e risco proporcionadas pelo abuso e dependência dessa substância, subsidiando novas reflexões acerca de uma assistência adequada e humanizada para esse público. ***Descritores***: Idoso; Alcoolismo; Abuso e Dependência.

RESUMEN

Objetivo: comprender los aspectos relacionados al abuso y dependencia de alcohol por ancianos. ***Método***: estudio descriptivo, exploratorio, con enfoque cualitativo, realizado con tres ancianos en tratamiento para dependencia de alcohol en un Centro de Atención Psicosocial. Los datos fueron recogidos por medio de entrevista con guía estructurado y los discursos analizados de acuerdo con la Técnica de Análisis de Contenido. ***Resultados***: fue posible identificar la categoría "Histórico de la dependencia del alcohol" y sus respectivas subcategorías: Tiempo de uso; Motivos que influyen en el consumo del alcohol; y Frecuencia de consumo de la bebida alcohólica. ***Conclusión***: conocer los aspectos relacionados a la dependencia de alcohol en la vejez posibilita la identificación de situaciones de vulnerabilidad y riesgo proporcionadas por el abuso y dependencia de esa substancia, subsidiando nuevas reflexiones acerca de una asistencia adecuada y humanizada para este público. ***Descriptores***: Ancianos; Alcoholismo; Abuso y Dependencia.

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INTRODUCTION

Population aging is a global phenomenon, with rapidly growing in developed countries and associated with economic development and the level of well-being.[1] Following the worldwide trend of aging, there is a reversal in the pyramid of Brazilian population distribution, evidencing an increase in the elderly and a strong decline in the number of births.[2]

The increase in the life expectancy of the elderly population can be explained by the gradual decrease of the mortality coefficients. The social changes experienced in the twentieth century, such as improvements in the conditions of urbanization, food, hygiene, housing, and work were reflected in the increase in the life expectancy of people, contributing to the aging of the population.[3]

Epidemiological data show that the elderly population is growing exponentially when compared to other age groups. In 2011, there were 120 elderly people for every 100 young people under the age of 15, and estimates indicate that in 2044, there will be 231 every 100 young people.[4]

The aging process is a phenomenon affecting all human beings, independently, provoking anatomical and functional changes, which may or may not be accompanied by innumerable complications, involving social, psychic, environmental and biological intrinsically factors, accelerating this process, causing repercussions on the health conditions of the elderly.[5]

Associated with aging changes such as retirement, loss of friends, loneliness and social isolation, leave the elderly vulnerable and more likely to intensify harmful habits such as abusive consumption of alcohol and other substances.[6-7]

Alcohol consumption is a public health problem due to its wide complexity, magnitude and transcendence in the current context of society, given that the absence of an established profile of susceptible individuals refers to the need to research consumption abusive behavior in populations considered “immune”, such as the elderly.[8]

Alcohol abuse strongly influences the morbidity and mortality of this group of individuals, due to aging and still characterized as a silent epidemic. Also, the dependence, use and abuse of psychoactive substances by this population has a strong economic impact on the health systems of developed countries and growing among emerging countries.[9]

The interest in this subject was due to the affinity with the area of geriatrics and gerontology, and from a period of experience with the elderly during the participation in an extension project, allowing to observe the reduced number of studies that provide more details on the consumption in this population. Often, the elderly become more vulnerable to the use of alcohol, this fact could gradually generate a great health problem, and the use of harmful substances by this group of individuals can cause a worsening of pathologies already installed in the elderly. Therefore, questioning about alcoholism in the elderly and reflecting on the difficulties encountered with addiction, also considering the exclusion involved in this process, are sources that allow basing proposals to improve the care given to the elderly in a situation of alcohol abuse, reducing the social impact caused by dependency.

Thus, this study aims to understand aspects related to alcohol abuse and dependence by the elderly.

METHOD

This study is a descriptive, exploratory research with a qualitative approach, carried out at a Psychosocial Alcohol and Drug Care Center (CAPS Ad) in the city of Cajazeiras/PB, between May and June 2014. The population was comprised of all the elderly attending the institution with three individuals in the collection period.

Inclusion criteria were: age greater or equal to 60 years old and treatment for alcohol dependence. Older people with oral and cognitive communication deficits were excluded, measured from the Mini-Mental State Examination.[10]

Data collection took place in the elderly´s home, through a recorded interview, with a previously prepared script, containing sociodemographic data and the following questions: How long have you been using alcohol? What reasons led to your drinking? How often do you drink alcohol?

The interviews were transcribed in full, and the data were analyzed through Content Analysis in the Thematic Analysis modality.[11] Then, it was sought to identify the relevant themes and standards. The speeches were identified by the letter "E" followed by the ordinal number corresponding to the interview order (E1, E2...), to preserve the participants' anonymity.

The research project was approved by the Research Ethics Committee of the Alcides Carneiro University Hospital/Federal

University of Campina Grande under CAAE nº 14235513.0.0000.5182 and opinion number 386.297.

RESULTS

♦ Characterization of the sample

Three elderly men, aged between 60 and 66 years old and living in the urban area of the city of Cajazeiras - PB, two were married, and one was single. A low level of education was observed, characterized by only one individual presenting complete elementary education, the other being illiterate. As for religion, two individuals claimed to be Catholic and one Evangelical. Regarding the occupation of the participants, two reported being retired, and one acts as driver and machine operator. The average individual income of the elderly was a minimum wage, and the average number of children per individual was three.

♦● Elderly speeches

♦ Category - History of alcohol dependence

From the analysis of the interviews, it was possible to identify the category "History of alcohol dependence" and its respective subcategories.

♦ Time of use

The period of use of the alcoholic beverage mentioned by the elderly shows that everyone started drinking during adolescence, a habit accompanying them to the present day, in their old age. Also, it was also observed that the dependency over the years was intensifying and the elderly were losing control over the addiction, as observed in the following sections:

> *I started drinking with my fifteen years, and today I am sixty, so many years I drink without stopping [...]. (E1)*
>
> *I started drinking when I was about 12 years old, I stopped drinking and then continued [...]. When I got older, I started to lose control, and I was drinking more and more [...]. (E2)*
>
> *I started drinking after I was 16 years old and today I've been 49 years old drinking [...]. (E3)*

♦ Reasons that influenced alcohol consumption

As for the reasons that influenced the consumption of alcoholic beverages, it was observed that a family environment encouraging the consumption of the drink, the search for a greater interaction of the workplace and the "benefits" promoted by alcohol, especially in the interaction and development of social relationships, were determinant for the early onset of dependence.

> *When I was young, my father ordered him to buy some liquor for him, and he always gave me some to taste, then I started to drink his drink. When I was single I drink as something funny; I was controlled. After I had got married, I started to drink more and lost control [...], it was when I got drunk because when I went to work in the cooperative, everybody drank a lot and I drank with them after work (E1)*
>
> *This problem with drinking is family stuff, I always saw my dad drinking, and I did like him. When I went to work, I took the cachaça to the fields, on Saturdays and Sundays I drank without stopping. It started as a joke; I liked to drink because I felt happy, without it nothing was funny, all I saw was sadness [...]. (E2)*
>
> *I drank to dance, to date, to have fun, I felt good drinking [...]. I was ashamed to call the girls to dance, and with the drink, I created the courage, it made everything easier. (E3)*

● Frequency of consumption of alcoholic beverage

The daily consumption of alcoholic beverage reveals the dependence experienced by these individuals, who felt the constant need to ingest alcohol, not refraining from doing so in the work environment and during office hours.

> *I drink every day and every hour. Before going to work I drink a little, to create the courage to do the services. After a couple of hours of work, I take a little more time, and when I finish my job, I go home drinking. (E1)*
>
> *I drank daily, every day, every hour, I had no appointment, no anger or joy, it was because I liked it, I go to sleep drunk and wake up drunk, that was my daily satisfaction. (E2)*
>
> *I drink every weekend, Friday, Saturday, and Sunday, drinking without stopping [...]. Now I can control myself more, I stay up to fifteen days without drinking, but before I could not take any day, I had to drink [...]. (E3)*

DISCUSSION

The percentage of alcohol dependence is estimated at 11.2% in the Brazilian population, 17.1% of males and 5.7% for females.[12] It is noteworthy that with a low socio-economic level and education level, males are more vulnerable to substance abuse and addiction, and these elements are considered as potential risk factors for abuse and dependence on any psychoactive substance.[13-5] With increasing age, the elderly

have the highest average alcohol consumption time.[14-5]

The literature shows that when compared to women, men consume alcoholic beverages in greater quantities and frequencies, exposing them to more risky situations that can lead to death. Also, men are twice as likely to consume alcoholic beverages at abusive levels, which favors possible addiction.[9]

The early onset of alcohol consumption leads to the development of numerous biological, psychological and social changes, associated with the development of mental disorders and greater complexities in the treatment of dependence when compared to those who began consumption during maturity.[16] Also, the adolescents' consumption of alcohol is a predisposing factor for the consumption of other drugs, given that at this stage the subject is more vulnerable to psychoactive substances dependence.[17]

Alcohol dependence is a multifactorial syndrome because it is accompanied by problems causing organic, social and mental disorders. Thus, alcohol abuse and dependence interfere with the quality of life of the elderly, increasing the frequency of morbidities, causing functional restrictions or even death, and interfering in the lives of those who live with the alcoholic person.[14,18-9]

Alcohol has numerous distilled and fermented variants, having great popularity among individuals of different age groups, gender, education levels and social classes, being the drug most chosen for several factors, mainly because of the low cost and because it is a drink easily found for sale and distribution in shops, bars, parties, ceremonies, gatherings, among others.[20-1]

The motivations for the consumption of alcoholic beverages can be explained by four reasons directly influencing the decision of the individual: 1) social reasons - to make better use of the celebration, the environment or people; 2) reasons for enhancement - to increase or induce positive feelings, thus raising “fun”; reasons for coping - as an escape strategy to avoid or reduce negative memories or experiences; and 4) reasons for compliance - to join the group that is using the alcoholic beverage.[22-3]

When analyzing the frequency of alcohol consumption, it was verified that the individuals surveyed do not have control of the addiction, a dependency that has been getting worse over the years. This fact corroborates with study findings[15] performed with 227 individuals attended at the CAPS Ad in Teresina/PI, which identified that 55% of the participants use alcohol daily and 35.2% more than three times a week. For the authors, the early onset of alcohol consumption associated with the history of substance abuse results in a higher prevalence of unfavorable prognoses, to the detriment of increased dependence, and the ongoing commitment of daily activities and biopsychosocial functions.[15]

According to the World Health Organization[24], acceptable alcohol consumption is a maximum of 15 doses per week for men and 10 for women, each dose being equivalent to approximately 350 mL of beer, 150 mL of wine or 40 mL of distilled beverage, as a result of each type present between 10 and 15 g of ethanol.

Alcoholism in the elderly may be associated with health complications, smoking, the greater frequency of stressful events due to old age, financial difficulties, and, as a consequence, the difficulty of stopping alcoholic beverages, increasing to seek for health services for the monitoring or treatment of problems arising from their consumption. Also, alcohol use is a risk factor for several complications in the health of the elderly, such as hypertension and diabetes mellitus.[14-5]

Alcohol abuse is related to negative consequences for public health, such as the development of cardiovascular and cerebrovascular diseases, fatal events and psychiatric disorders, traffic accidents, domestic violence, neoplasias, contamination by sexually transmitted infections, liver cirrhosis, among others. [25]

Thus, alcoholism in the elderly represents a condition increasing the risk factors associated with aging, since it exacerbates the isolation and social distancing of these individuals, especially in the family environment. In addition, the consumption of alcoholic beverages by elderly people predisposes to the use of other drugs and the affection by incapacitating diseases, injuries and sequels, causing deterioration of the functional capacity and resulting in damages for the whole society, since it requires greater availability of human and financial resources to provide adequate support to this population of alcohol users.

CONCLUSION

With the development of this study, it is possible to add the theme to the literature, a broader view on the health of the elderly, identifying situations of vulnerability and risk with aging, as the case of alcoholism. At the same time, it contributes to the greater

visibility of alcohol and drug consumption by the elderly, encouraging reflections on adequate and humanized assistance to the long-time alcohol-consuming population, respecting their anatomical, physiological, biological, psychic and social limits, and aiming to increase the quality of life of these individuals.

It is expected that the approaches shown by the results of this study will awaken in health professionals, especially nurses working in primary care services, a differentiated view on the elderly alcohol user, promoting the adoption of practices keeping with the reality of these subjects, and actions and strategies are developed that seek to eliminate or reduce the harmful effects of alcohol use in this population.

REFERENCES

1. Cardoso JH, Costa JSD. Características epidemiológicas, capacidade funcional e fatores associados em idosos de um plano de saúde. Ciênc Saúde Coletiva [Internet]. Rio de Janeiro, 2010 [cited 2015 Feb 02];15(6):2871-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000600024

2. Takemoto AY, Okubo P, Bedendo J, Carreira L. Avaliação da qualidade de vida em idosos submetidos ao tratamento hemidialítico. Rev Gaúcha Enferm [Internet]. Porto Alegre, 2011 [cited 2015 Feb 02];32(2):256-62. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472011000200007

3. Oliveira AG, Souza MLR, Karnikowski MGO, Taco PWG, Motta RA. Direitos dos idosos relacionados à sua mobilidade. Revista dos Transportes Públicos – ANTP [Internet]. 2012 [cited 2015 Feb 04];34:85-100. Available from: http://www.antp.org.br/_5dotSystem/download/dcmDocument/2013/01/10/9C9DAB79-74AB-456E-AE2A-C8C1D15AFDFD.pdf

4. Aboim S. Narrativas do envelhecimento: ser velho na sociedade contemporânea. Tempo Soc [Internet]. São Paulo, 2014 [cited 2015 Feb 04]; 26(1):207-32. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-20702014000100013

5. Dias DSG, Carvalho CS, Araújo CV. Comparação da percepção subjetiva de qualidade de vida e bem-estar de idosos que vivem sozinhos, com a família e institucionalizados. Rev Bras Geriatr Gerontol [Internet]. Rio de Janeiro, 2013 [cited 2015 Feb 10]; 16(1):127-38. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1809-98232013000100013

6. Senger AEV, Ely LS, Gandolfi T, Schneider RH, Gomes I, Carli GA. Alcoolismo e tabagismo em idosos: relação com ingestão alimentar e aspectos socioeconômicos. Rev Bras Geriatr Gerontol [Internet]. Rio de Janeiro, 2011 [cited 2015 Feb 10];14(4):713-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1809-98232011000400010

7. Aalto M, Alho H, Halme JT, Seppä K. The alcohol use disorders identification test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. Int J Geriatr Psychiatry [Internet]. 2011 [cited 2015 Feb 11];26(9):881-5. Available from: http://www.ncbi.nlm.nih.gov/pubmed/20661878

8. Campos JADB, Almeida JC, Garcia PPNS, Faria JB. Consumo de álcool entre estudantes do ensino médio do município de Passos - MG. Ciênc Saúde Coletiva [Internet]. Rio de Janeiro, 2011 [cited 2015 Feb 11];16(12):4745-54. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011001300023

9. Pillon SC, Santos MA, Kano MY, Domingos JBC, Santos RA. Registros de óbitos e internações por transtornos relacionados ao uso de álcool em idosos. Rev enferm UERJ [Internet]. Rio de Janeiro, 2011 [cited 2015 Feb 11];19(4):536-40. Available from: http://www.facenf.uerj.br/v19n4/v19n4a05.pdf

10. Folstein MF, Folstein SE, Mchugh PR. Mini-Mental state: a practical method for grading the cognitive state for the clinician. J Psychiatr Res [Internet]. 1975 [cited 2015 Feb 11]; 12(3):189-98. Available from: http://www.ncbi.nlm.nih.gov/pubmed/1202204

11. Bardin L. Análise de conteúdo. 3. reimp., 1. ed. São Paulo: Edições 70; 2011.

12. Ferreira Filha MO, Sá ANP, Rocha IA, Silva VCL, Souto CMRM, Dias MD. Alcoolismo no contexto familiar: estratégias de enfrentamento das idosas usuárias da terapia comunitária. Rev Rene [Internet]. 2012 [cited 2015 Feb 16];13(1):26-35. Available from: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/13

13. Pillon SC, Cardoso L, Pereira GAM, Mello E. Perfil dos Idosos atendidos em um centro de atenção psicossocial – álcool e outras drogas. Esc Anna Nery [Internet]. 2010 cited 2015 Feb 16]; 14(4):742-8. Available from: http://www.scielo.br/pdf/ean/v14n4/v14n4a13

14. Souza AAM, Sales LR, Gonçalves MS, Botelho TV, Xavier VLL. O idoso alcoolista

assistido pelo CAPS: papel da equipe de enfermagem. RevNome [Internet]. 2014 [cited 2015 Feb 16]; 3(2):79-89. Available from: http://www.renome.unimontes.br/index.php/renome/article/view/77

15. Monteiro CFS, Fé LCM, Moreira MAC, Albuquerque IEM, Silva MG, Passamani, MC. Perfil sociodemográfico e adesão ao tratamento de dependentes de álcool em CAPS ad do Piauí. Esc Anna Nery [Internet]. 2011 [cited 2015 Feb 16];15(1):90-5. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000100013

16. Faria R, Vendrame A, Silva R, Pinsky I. Association between alcohol advertising and beer drinking among adolescents. Rev Saúde Pública [Internet]. 2011 [cited 2015 Feb 16]; 45(3):441-7. Available from: http://www.scielo.br/pdf/rsp/v45n3/en_1827.pdf

17. Strauch ES, Pinheiro RT, Silva RA, Horta BL. Alcohol use among adolescents: a population-based study. Rev Saúde Publica [Internet]. 2009 [cited 2015 Feb 17];43(4):647-55. Available from: http://www.scielo.br/scielo.php?pid=S0034-89102009000400011&script=sci_arttext&tlng=en

18. Oliveira AS, Kersul AP, Prado JP, Oliveira JÁ, Romão MOC, Terra FS et al. Efeitos do alcoolismo crônico na morfologia renal de ratos Wistar. Rev Bras Clín Med [Internet]. São Paulo, 2011 [cited 2015 Feb 17];9(1):46-9. Available from: http://files.bvs.br/upload/S/1679-1010/2011/v9n1/a1723.pdf

19. Kano MY, Santos MA, Pillon SC. Uso de álcool em idosos: validação transcultural do Michigan Alcoholism Screening Test - Geriatric Version (MAST-G). Rev Esc Enferm USP [Internet]. 2014 [cited 2015 Feb 17];48(4):648-55. Available from: http://www.revistas.usp.br/reeusp/article/view/88479

20. Malta DC, Mascarenhas MDM, Porto DL, Duarte EA, Sardinha LM, Barreto SM, Morais Neto OL. Prevalência do consumo de álcool e drogas entre adolescentes: análise dos dados da Pesquisa Nacional de Saúde Escolar. Rev Bras Epidemiol [Internet]. 2011 [cited 2015 Feb 05];14(1):136-46. Available from: http://www.scielosp.org/pdf/rbepid/v14s1/a14v14s1

21. Gomes BMR, ALves JGB, Aquino JM, Medeiros SEG, Lima FM. Fatores associados ao consumo de álcool entre estudantes escolares. Rev enferm UFPE on line [Internet]. Recife, 2014 [cited 2015 Feb 02]; 8(5):1164-70. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/4776

22. Cooper ML. Motivations for alcohol use among adolescents: development and validation of a four-factor model. Psychological Assessment [Internet]. 1994 [cited 2015 Feb 16];6(2):117-28. Available from: http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1994-40642-001

23. Cox W, Klinger E. A motivational model of alcohol use. J Abnormal Psychol [Internet]. 1988 [cited 2015 Feb 10]; 97(2):168-80. Available from: http://www.ncbi.nlm.nih.gov/pubmed/3290306

24. World Health Organization (WHO). Global status report on alcohol and health. Genebra: WHO; 2014 cited 2015 Feb 10]. Available from: http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf

25. Guimarães VV, Florindo AA, Stopa SR, César CLG, Barros MBA, Carandina L et al. Consumo abusivo e dependência de álcool em população adulta no estado de São Paulo, Brasil. Rev Bras Epidemiol [Internet]. São Paulo, 2010 [cited 2015 Feb 17];13(2):314-25. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2010000200013

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