Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

THE EXPERIENCE OF HIV/AIDS POSITIVE WOMEN ON THE CLIMATERIC PERIOD: USERS OF A SPECIALIZED SERVICE

A VIVÊNCIA DE MULHERES SOROPOSITIVAS PARA HIV/AIDS SOBRE O CLIMATÉRIO: USUÁRIAS DE UM SERVIÇO ESPECIALIZADO

LA EXPERIENCIA DE MUJERES SEROPOSITIVAS AL VIH/SIDA SOBRE CLIMATERIO: USUARIOS DE UN SERVICIO ESPECIALIZADO

Jaqueline Cardozo Reis Gomes[1], Bianca Dargam Gomes Vieira[2], Ana Beatriz Azevedo Queiroz[3], Valdecyr Herdy Alves[4], Diego Pereira Rodrigues[5], Keitt Martins Santos[6]

ABSTRACT

Objective: to describe how the climacteric period is experienced, under the view of HIV/AIDS seropositive women who use the Specialized Care Service. ***Method:*** a descriptive, exploratory study with a qualitative approach, carried out with 15 users of the Specialized Service for Sexually Transmitted Infections. The data was produced by means of semi-structured individual interviews, which, after recording and transcription, were submitted to the Categorical Analysis Mode content analysis technique. ***Results:*** the following categories emerged << The meaning of the climacteric period >>;<< Experiencing the climacteric period and its repercussions >> and << The care of climacteric women in the public network >>. ***Conclusion:*** the participation of the health professional is indispensable to attend to the woman in an integral way, not only visualizing the seropositivity for HIV/AIDS, but the climacteric issue. ***Descriptors***: Women's Health; Climacteric; HIV; Acquired Immunodeficiency Syndrome.

RESUMO

Objetivo: descrever como é vivenciar o climatério, sob a visão das mulheres soropositivas para HIV/AIDS que utilizam o Serviço de Assistência Especializada. ***Método:*** estudo descritivo, exploratório, com abordagem qualitativa, realizado com 15 usuárias do Serviço de Atendimento Especializado para Infecções Sexualmente Transmissíveis. Os dados foram produzidos por meio de entrevistas individuais semiestruturadas que, após gravação e transcrição, foram submetidos à técnica de Análise de Conteúdo, na modalidade Análise Categorial. ***Resultados:*** emergiram as categorias <<O significado do climatério>>, <<Experienciando o climatério e suas repercussões>> e <<<A atenção à mulher climatérica na rede pública>>. ***Conclusão:*** a participação do profissional de saúde é indispensável para que ele atenda a mulher de forma integral, não apenas visualizando a soropositividade para o HIV/AIDS, mas também a questão do climatério. ***Descritores:*** Saúde da Mulher; Climatério; HIV; Síndrome de Imunodeficiência Adquirida.

RESUMEN

Objetivo: describir que es la vivencia del climaterio, bajo la visión de las mujeres seropositivas para VIH/SIDA que utilizan el Servicio de Asistencia Especializada. ***Método:*** estudio exploratorio descriptivo con un enfoque cualitativo, se realizó con 15 usuarios de servicio especializado para infecciones de transmisión sexual. Los datos fueron producidas entrevistas semiestructuradas individuales que, después de la grabación y transcripción, fueron sometidos a la técnica de Análisis de Contenido en la modadalid de Análisis Categorial. ***Resultados:*** surgieron las categorías << el significado del climaterio >>; << Experimentando el climaterio y sus repercusiones >> y <<< La atención a la mujer climatérica en la red pública >>. ***Conclusión:*** la participación del profesional de salud es esencial para el que atienda la mujer de forma integral, no sola viendo la seropositividad para el VIH/SIDA, pero también la cuestión del climaterio. ***Descriptores***: Salud de la Mujer; Climaterio; VIH; Síndrome de Inmunodeficiencia Adquirida.

[1]Nurse, Graduation, Multiprofessional Residency in Women's Health of the São Francisco de Assis Institute of Health Care / Federal University of Rio de Janeiro/UFRJ. Rio de Janeiro (RJ), Brazil. E-mail: jaque_linereis@hotmail.com; [2]Nurse, MS in Nursing, Aurora de Afonso Costa School of Nursing/Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: biadargam@gmail.com; [3]Nurse, PhD in Nursing, Anna Nery Nursing School / Federal University of Rio de Janeiro / UFRJ. Rio de Janeiro (RJ), Brazil. E-mail: abaqueiroz@hotmail.com; [4]Nurse, Doctor of Nursing, Aurora de Afonso Costa School of Nursing/Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: herdyalves@yahoo.com.br; [5]Nurse, MS in Nursing, Aurora de Afonso Costa School of Nursing, Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: diego.pereira.rodrigues@gmail.com; [6]Nurse, MS in Nursing, Video Endoscopy Center of Rio de Janeiro. Rio de Janeiro (RJ), Brazil. E-mail: martinsks01@gmail.com

INTRODUCTION

The epidemic of Human Immunodeficiency Virus (HIV) infection and getting sick with Acquired Immunodeficiency Syndrome (AIDS) are global phenomena, and, in the case of Brazil, it is mainly due to social inequalities, which is currently characterized by a process of heterosexualization, feminization, internalization and population impoverishment.[1]

The increase in contamination by women, ie the feminization of HIV / AIDS, is occurring through unprotected heterosexual relations, with fixed or occasional partnerships, and, also, by poverty,[2] that can reverberate under conditions of lack of information and health care, as well as in prostitution and drug use.[3]

HIV / AIDS can infect women at any time in their lives, and, thus, reflect on the other stages of their life cycle. The detected cases of HIV / AIDS in the Brazilian population, in the year 2013, were 38,916. In the female group, it was 13,621, but, in the age group of 30 years or more, it was 11,905.[4]

Women, between the ages of 35 and 65, goes through the transition between the reproductive and non-reproductive periods, characterized by the World Health Organization (WHO) as the climacteric, defined as a biological phase of life and not a pathological process.[5] This biological phase brings not only hormonal changes affecting the female emotionally and physically, but also social and behavioral issues facing the world.[5]

For women living with HIV / AIDS, this may be compounded by metabolic complications related to infection and use of antiretroviral drugs.[6] and reflections of their perception of their self-image, such as their well-being. And, in relation to behavior and relationships, being more predisposed to having health problems, due to climacteric hormonal changes, [5] including opportunistic infections and complications associated with HIV / AIDS, [7] and, because, in this age group, the possibility of fecundity is lower, making them less attentive to the use of condoms, and reduced vaginal lubrication by the hormonal fall, has the increased chance of transmitting the infection through sexual intercourse.[5]

It is essential to have a more attentive look of the specialized health professional, member of a multi-professional team, to this client, based on the public policies of women's health / climacteric and STD / AIDS, in favor of women's quality of life. The development of this study is justified by the need to broaden the discussions about women living with HIV / AIDS in the climacteric phase, due to the limited amount of national and international research to subsidize health care for this population group.

OBJECTIVE

- To describe how the climacteric period is experienced under the view of HIV/AIDS seropositive women who use the Specialized Care Service.

METHOD

A descriptive, exploratory study with a qualitative approach, carried out in a Specialized Care Service (SCS) for Sexually Transmitted Infections of the São Francisco de Assis Health Care Institute (SFAHCI)/Federal University of Rio de Janeiro (UFRJ), in the Cidade Nova neighborhood, in the city of Rio de Janeiro (RJ), Brazil, with 15 women using SCS with a diagnosis of HIV/AIDS at the climacteric age.

The eligibility criteria for inclusion of these women in the study were: enrolled and active in the SCS; with a positive diagnosis for HIV/AIDS; in the age range between 35 and 60 years, and who showed interest in participating in the study voluntarily. And the exclusion parameters: those who were not in service at the time of the interviews; they presented cognitive disturbance and/or did not intend to collaborate. The saturation pattern of the data was used when the statements became repetitive.

The women were informed about the research objectives and invited to participate, and, after clarifying the confidentiality of the data obtained, in order to ensure the anonymity, privacy and confidentiality of the interviewees, as well as the importance of reading and signing the Informed Consent Term (ICT), indicated in the resolution number 466/2012 of the National Health Council. The participants were identified by the letter "M", followed by the cardinal numbers, sequencing the statements (M1, M2, M3, ..., M15).

The data collection period occurred between December 2015 and January 2016, when the users were approached in the waiting room of the SCS, individually, and taken to a space previously reserved for the development of the interview.

Based on the characteristics of the object of this investigation, it was chosen, as a technique for collecting a given semi-structured interview, based on a previously established script, and that, with the consent of the users, the statements were recorded in

a digital file (MP3) and transcribed for analysis using content analysis.[8]

Regarding ethical aspects, the study was approved by the Research Ethics Committee of HESFA / UFRJ, on November 03, 2015, under CAAE number: 46890615.4.0000.5238, and whose protocol: 1,305,723 / 2015.

RESULTS

¤ The meaning of the climacteric period

Some women indicate the lack of knowledge about the denomination "climacteric period", expressed in the following speeches:

> *I had not heard anything about the climacteric period. I do not know how to explain.* (M3)
>
> *I had not heard of this climacteric period. I do not know anything about it.* (M7)
>
> *I've never heard anything about the climacteric period. I do not know.* (M9)

Other participants reported having heard about or knowing the term climacteric period, and, sometimes, relating it to menopause.

> *It would be a hormone treatment in the period that the woman is entering the menopause stage. I think this phase starts at age 40.* (M4)
>
> *Yes, I know, I had heard about it. It occurs when you reach a certain age when the woman's hormone decreases.* (M9)
>
> *Yes, in conversations with friends. It's a stage before menopause. It is the phase that the menstruation is getting scarce, it no longer comes every month, it gives space.* (M12)

¤ Experiencing the climacteric period and its repercussions

The participants have some symptoms, as the following statements show:

> *Since 43 years, I feel hot. Like I was on fire. To this day I still feel the heat. [...]. With that my husband complains that it is very cold.* (M6)
>
> *From time to time I have hot flashes, nervousness, agitation.* (M2)
>
> *Dry mouth, swelling, weight gain.* (M8)
>
> *I feel vaginal dryness .* (M14)
>
> *My hair fell, my nails became brittle. I had depression, insomnia. I got fat like a ball.* (M15)

They also mentioned the consequences of this period, affecting their relationships:

> *Yes. Because of my irritation, I'm a little inpatient. A difficult, complicated period. Because I'm pushing away the people I like, I feel very guilty about it.* (M6)
>
> *It's messed up a bit because I'm always very hot. I have to turn on the fan. That got in the way a bit. Because it's unbearable heat.* (M11)

Also reflecting on their sexual relations, as is demonstrated in the following speech:

> *Yes, it interferes, I have lost the desire to have sex.* (M5)

It was sought to know if these women did something to ease the symptoms of the climacteric period, and most pointed out strategies:

> *I took several cold water baths.* (M7)
>
> *For the heat I turn on the fan, I get refreshed there, fanning myself. I drink cold water. For the nervousness there is no way, I stay there quietly waiting.* (M10)
>
> *Read to relax and control my irritation with chamomile tea and fennel.* (M13)
>
> *Exercise and weight training.* (M15)

Regarding the use of anti-retroviral medication alter or increase the symptoms of the climacteric period, the majority of participants said to have no relation:

> *I do not think it has anything to do with anti-retroviral medication.* (M2)
>
> *I do not think it's related. Because the symptoms have started now and antiretroviral therapy has been in use for over ten years.* (M8)
>
> *I do not think so, because I have a friend who does not have HIV and also experiences the same symptoms.* (M12)

For two participants, the use of anti-retroviral may negatively influence climacteric symptoms:

> *I think so. I think somehow yes, because before I already felt some and now I'm feeling more.* (M4)
>
> *I think so. I often say that anti-retroviral medication is like a bomb.* (M6)

¤ The care of climacteric women in the public network

In the women's speeches, the health professionals who performed the care were indicated, and what they advised:

> I talked to the gynecologist, she asked me for some exams and she said she'll get some medicine. (M9)
>
> I spoke with the gynecologist who said that they are menopausal symptoms, he passed exams. (M11)
>
> About the heat I commented with the nurse that I do a preventive, she talked about the hormone therapy. (M15)

Some participants reported that they had not mentioned climacteric symptoms in the HIV / AIDS monitoring service:

> *I did not comment on any symptoms.* (M2)
>
> *I did not tell anyone.* (M7)
>
> *I did not mention it.* (M8)

DISCUSSION

The first category "**The meaning of the climacteric period**" shows the women's knowledge about the climacteric period and the relationships they make with menopause.

The fact that some women are unaware of the meaning of the climacteric concept and others relate it to menopause does not interfere with their experience of this period of the female life cycle, which brings about metabolic and hormonal changes that reverberate in their bodies and in their bodies. Ties and interactions with the environment and society.[5]

This phase is empirically related by women to failures to cessation of menstruation, loss of reproductive capacity, hormonal treatments, and female aging. Women, who experience this moment, talk to their close friends and relatives, expressing concerns about the new, such as body changes such as weight gain and vaginal dryness, and symptoms, which are, sometimes, uncontrollable, such as hot flashes and irritability .[5]

The climacteric is an important and inevitable period in the female life, and even though, sometimes, it brings difficulties to this group, like the loss of youth, but also gains like wisdom, should be regarded as a natural process, not as a disease. [5.9] It is of great value to the woman's identification and understanding of this moment, so that through some adversity or complaint, she may seek the assistance of a Multidisciplinary Health Team, even though there are not many advances in attention to climacteric women in Brazil.[10]

Participants in the study, as users of a follow-up health service, due to being HIV positive, should have more information and care in the case of climacteric period, with a specific approach to these issues. They need guidance to protect themselves from health complications and improve their quality of life, they also do not contaminate their partners because of possible neglect of condom use.

The second category, "**Experiencing the climacteric period and its repercussions**", identifies climacteric symptoms and health consequences, as well as the strategies used by women to minimize discomfort, as well as, the relationship with anti-retrovirals.

The most common signs and symptoms of climacteric are present in the speech, such as hot flashes or hot flashes, being the most uncomfortable, nervousness and agitation, depression and insomnia, which compromise the proper development of daily activities and rest; vaginal dryness, weight gain and brittle hair and nails, reverberating negatively in the quality of life of women.

Hot flashes are the most common symptom in Western women, and can occur at any stage of the climacteric. They manifest as a sudden and intense transient sensation of heat in the skin, mainly of the trunk, neck and face, that can present hyperemia, accompanied, in most cases, of sweating. In addition, palpitation may occur and, more rarely, feeling of fainting, causing discomfort and discomfort. Its intensity varies greatly, from very mild to intense, occurring sporadically or several times a day. Duration can be from a few seconds to 30 minutes.[5]

Emotional lability, anxiety, nervousness, irritability, insomnia, melancholy, low self-esteem, difficulty making decisions, sadness and depression are also symptoms that may present alone or together at some time in the climacteric at varying intensity.[5]

Vaginal dryness, characteristic of climacterium, is caused by the reduction of estrogens, which are, particularly, important in the maintenance of healthy genital tissue, and, vulvae vaginal atrophy is also added to this phase, also leading to increased vaginal pH, reduced lubrication, and changes in genital sensation, and dyspareunia.[11]

Even from the beginning of the climacterium, women present an increase in weight gain, [10] and the possibility of weakening of the hair and nails due to thyroid insufficiency in this phase[5], reflecting in compromises with their self-image. Symptoms, caused by hormonal changes, such as behavioral changes, in the case of irritability, and neural-vegetative symptoms, such as hot flashes and sweating, [5] have repercussions on female quality of life, as they affect their actions and reactions to everyday issues and society.[12]

These actions and reactions, in consequences of the climacteric period, can generate the separation of these women from the social environment, by the people of their surroundings, by generating conflicts, or by themselves, because they feel different, thus bringing negative points to this phase of the female life cycle, which may reverberate to feelings of sadness and depression.[13] This woman, sometimes, does not recognize herself anymore, needing support from family members, friends and health professionals to (re) discover in this new phase with her new possibilities and limits.

Although estimates indicate that about one-third of women will experience at least one episode of depression during life, with a prevalence of 9% in the climacteric, it is perceived that this manifestation is summarized by the feeling of sadness, due to the physical transformations and social conditions.[14]

Loss of libido and climacteric bodily changes may negatively reflect a woman's sexuality and sexual relations, [15] and may cause distress and anxiety.[16] For HIV-positive women in their mature stage with high sexual self-esteem, To be more susceptible to unprotected sexual intercourse, due to the affection of physical and social behavioral changes reflected in a low global self-esteem, and, consequently, a reduction in negotiation capacity to condom use. In order to compose with the quality of life of the woman in the climacteric, the respect, companionship and love shown by the partnership is extremely important.

The strategies to relieve the discomforts of the climacteric are carried out by women empirically, based on their reality, perceptions and sensations, as for hot, cold baths, fans and cold water; and for irritability actions to occupy time, such as reading and physical activity. However, the use of teas to minimize the symptoms was also mentioned. In this way, many women begin to use plants, with an estrogenic and calming effect, [18] not only to minimize the symptoms, but also not to increase the amount of possible medicines used in this phase of life.[19]

The use of alternative therapies among women for the treatment of climacteric symptoms has increased significantly, due to the adverse effects of Hormonal Therapy pointed out in the literature, related to the risk of breast cancer.[20]

This understanding, of not perceiving anti-retrovirals, is associated with climacteric symptomatology, may be related to the fact that they do not have previous parameters, due to the fact that they are seropositive for HIV before the hormonal decline.

Women in the climacteric phase due to hormonal fall, besides the presentation of vasomotor symptoms, neuropsychics and sexual dysfunctions, can also be added to the incidence of systemic arterial hypertension, cardiovascular diseases, osteoporosis, hypothyroidism, obesity, diabetes mellitus and psychosocial disorders , [5.21] which, may possibly, increase the amount of medications used, [19] and possible drug interactions. And being seropositive for HIV, anti-retrovirals, consequently, will corroborate negatively to the quality of life of women, and may even remove them from treatment to reduce viral load.

Climacteric symptoms are common among HIV-positive women, even when they have not yet reached climacterium. And when they are already in this phase of life they may, even, be more serious due to the metabolic complications related to the infection and the use of antiretroviral drugs.[17]

The third category "**attention to the climacteric woman in the public network**" concatenates the information pointed out by the SCS users about the care offered by the health professionals of the public network on the attention in the climacteric phase.

The professionals mentioned were the gynecologist and the nurse, women's health professionals, who make up the multidisciplinary care. They requested tests for a more accurate diagnosis, indicated the prescription of medicines, to minimize the climacteric symptoms, and promoted the orientation on Hormonal Therapy.

The members of the Multidisciplinary Health Team in Gynecology play an important role in the care of these women, requiring them to have a qualified and sensitive listening for this age group, to accept complaints and to stimulate the client in relation to their self-esteem and self-care, [5] always seeking to understand The multiplicity of questions that pervades female living, in favor of comprehensive health care.

The professional nurse is a member of extreme importance in the multiprofessional health team that attends to women in the climacteric, given the diversity of the symptoms of this phase of women's life, when it is necessary to clarify and guide what it consists of, symptomatology and possibilities of coping. [10]

In the women's statements, the guidelines received about the possible positive changes in lifestyle were not related to the reduction of climacteric discomforts or the relation of this stage of the female life cycle with the HIV seropositivity that they experience.

A diet that meets this stage of life, to practice regular physical activity, to stimulate group interaction, for leisure purposes, and to encourage self-esteem are actions that promote healthy life habits that allow for an improvement in quality And the reduction of climacteric symptoms.[22]

The health professional must bring the climacteric relationship, which has its own symptomatology, together with possible chronic-degenerative diseases of

senescence[5,21] and its related medications, [19] with HIV seropositivity and antiretroviral use, [17] in the sense of Clarify behaviors and guide women's actions so that they seek assistance whenever necessary.

The fact that some women did not complain about climacteric symptoms, health professionals at the HIV / AIDS service should be attentive to these issues that permeate the female universe, based, mainly, on the age group of the users, and, in this way, to develop and use specific approaches and strategies for this group, in favor of integral female attention. Assistance to women should be preventive, through the clarification and encouragement of self-knowledge, preparing it for coping with and overcoming the changes and discomforts of the climacteric.[5]

The urgency of actions to promote health to climacteric women is necessary to effectively associate this phase of the life cycle with Brazilian public health policies.[23]

CONCLUSION

Based on the results of this study, it was possible to identify HIV / AIDS seropositive women's experience of the climacteric, which points to the lack of knowledge about this phase of life, symptomatology, and ways of experiencing it with better quality, The scant approach of health professionals on the subject.

Knowledge about this phase of life is necessary so that this woman can seek possibilities to minimize her discomforts and allow her to participate actively in her health decisions.

The support of friends and family is also essential for women living with HIV / AIDS and climacteric, so that they can dialogue and express their questions and gain understanding and exchange of experiences.

The participation of the health professional is indispensable, preferably a member of a Multidisciplinary Team, so that it serves the woman in an integral way, not only visualizing the seropositivity for HIV / AIDS, but her feminine questions, in the case, the climacteric.

The health units must train professionals and provide structure so that they can assist women with quality, offering preventive and specialized care, using strategies with individual and collective actions, reflection groups and multi-professional consultations.

REFERENCES

1. Costa R, da Silva R. Factors related to feminization of the epidemy of aids: an informational study. J Nurs UFPE on line [Internet]. 2013 [cited 2017 Jan 28]; 7(8):5340-4. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4793

2. Luiz AA, Fernandes Junior N. Gênero, adolescências e prevenção ao HIV/aids. Pro-Posições [Internet]. 2008 [cited 2017 Jan 28];19(2):81-97. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73072008000200007

3. Fonseca FF, Sena RKR, Santos LAS, Dias OV, Costa SM. The vulnerabilities in childhood and adolescence and the brazilian public policy intervention. Rev paul Pediatr [Internet]. 2013 [cited 2017 Jan 28]; 31(2):258-64. Available from: http://www.scielo.br/pdf/rpp/v31n2/en_19.pdf

4. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. Boletim epidemiológico: Aids e DST [Internet]. 2014 Jan/June [cited 2017 Jan 28]; 3(1):1-84. Available from: http://www.aids.gov.br/sites/default/files/anexos/publicacao/2014/56677/boletim_2014_final_pdf_15565.pdf

5. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Manual de atenção à mulher no climatério/menopausa [Internet]. Brasília: Ministério da Saúde; 2008 [cited 2017 Jan 28]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/manual_atencao_mulher_climaterio.pdf

6. Silva MCA, Burgos GPA, Silva RA. Alterações nutricionais e metabólicas em pacientes com Aids em uso de terapia antirretroviral. DST j bras doenças sex transm [Internet]. 2010 [cited 2017 Jan 28]; 22(3):118-122. Available from: http://www.dst.uff.br/revista22-3-2010/Alteracoes%20nutricionais%20e%20metabolicas.pdf

7. Felix G, Ceolim MF. The profile of women with HIV/AIDS and their adherence to the antiretroviral therapy. Rev Esc Enferm USP [Internet]. 2012 [cited 2017 Jan 28]; 46(4):884-91. Available from: http://www.scielo.br/pdf/reeusp/v46n4/en_15.pdf

8. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.

9. Monteiro MLS. Como vai a senhora? reflexões sobre as perdas e angústias da mulher madura. Rev IGT na Rede [Internet]. 2010 [cited 2017 Jan 28];7(13):246-77. Available from:

http://132.248.9.34/hevila/IGTnarede/2010/vol7/no13/2.pdf

10. Moraes TOS, Schneid JL. Qualidade de vida no climatério: uma revisão sistemática da literatura. Rev Amazônia Sci Health [Internet]. 2015 [cited 2017 Jan 28]; 3(3):34-40. Available from: http://ojs.unirg.edu.br/index.php/2/article/view/879/378

11. Levine KB, Willians RE, Hartmann KE. Vulvovaginal atrophy is strongly associated with female sexual dysfunction among sexually active postmenopausal women. Menopause [Internet]. 2008 [cited 2017 Jan 28]; 15(4):661-6. Available from: https://www.ncbi.nlm.nih.gov/pubmed/18698279

12. Ferreira RC, Pereira AV, Alves VH, Santos MV, Rodrigues DP, Marchiori GRS. Saúde de mulheres no climatério no sistema prisional. Cogitare enferm [Internet]. 2017 [cited 2017 Jan 28];22(1):1-8. Available from: http://revistas.ufpr.br/cogitare/article/view/48235/pdf

13. Ministério da Saúde (BR). Envelhecimento e saúde da pessoa idosa [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2017 Jan 28]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/abcad19.pdf

14. Polisseni AF, Araújo DAC, Polisseni F, Mourão Junior CA, Polessini J, Fernandes ES, et al. Depressão e ansiedade em mulheres climatéricas: fatores associados. Rev bras ginecol obstet [Internet]. 2009 [cited 2017 Jan 28];31(1):28-34. Available from: http://www.scielo.br/pdf/rbgo/v31n1/v31n1a06.pdf

15. Oliveira DM, Jesus MCP, Merighi MAB. O climatério sob a ótica de mulheres assistidas em uma unidade de Saúde da Família de Juiz de Fora - Minas Gerais. Rev APS [Internet]. 2008 [cited 2017 Jan 12];11(1):42-53. Available from: http://www.aps.ufjf.br/index.php/aps/article/view/201/83

16. Zampieri MFM, Tavares CMA, Hames MLC, Falcon GS, Silva AL, Gonçalves LT. O processo de viver e ser saudável das mulheres no climatério. Esc Anna Nery Rev Enferm [Internet]. 2009 [cited 2017 Jan 12]; 13(2):305-12. Available from: http://www.scielo.br/pdf/ean/v13n2/v13n2a10.pdf

17. Valadares ALR, Pinto Neto AM, Abdo C, Melo VH. HIV em mulheres de meia-idade: fatores associados. Rev Assoc Med Bras [Internet]. 2010 [cited 2017 Jan 12];56(1):112-5. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302010000100025

18. Schulz V, Hansel R, Tyler VE. Fitoterapia racional: um guia de fitoterapia para as ciências da saúde. 4th ed. São Paulo: Manole; 2002.

19. Federação Brasileira das Associações de Ginecologia e Obstetrícia. Climatério: manual de orientação. São Paulo: Febrasgo; 2010.

20. Barra AA, Albergaria DA, Mariano FM, Dantas JB, Pinto KMC, Resende NM. Terapias alternativas no climatério. Femina [Internet]. 2014 [cited 2017 Jan 12];42(1):27-31. Available from: http://files.bvs.br/upload/S/0100-7254/2014/v42n1/a4810.pdf

21. Gelatti GT, Oliveira KR, Colet CF. Potenciais interações relacionadas ao uso de medicamentos, plantas medicinais e fitoterápicos em mulheres no período do climatério. Rev pesqui cuid fundam (Online) [Internet]. 2016 [cited 2017 Jan 12];8(2):4328-4346. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4401

22. Silva AR, Ferreira TF, Tanaka ACA. História ginecológica e sintomatologia climatérica de mulheres pertencentes a uma unidade de saúde pública do estado do Acre. JHGD [Internet]. 2010 [cited 2017 Jan 12];20(3):778-786. Available from: http://www.revistas.usp.br/jhgd/article/view/19986/22072

23. Soares RS, Simões FSM, Fazoli S, Coutinho HF, Cortez EA. O viver de mulheres no climatério: revisão sistemática da literatura. Enferm glob [Internet]. 2012 [cited 2017 Jan 12];11(25):452-63. Available from: http://scielo.isciii.es/pdf/eg/v11n25/pt_enfermeria2.pdf

Submission: 2017/01/29
Accepted: 2017/06/11
Publishing: 2017/07/01

Corresponding Address

Diego Pereira Rodrigues
Rua Desembargador Leopoldo Muylart, 307
Bairro Piratininga
CEP: 24350-450 – Niterói (RJ), Brazil