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PATTERN OF ALCOHOL CONSUMPTION AND THE PROFILE OF USERS IN PRIMARY HEALTH CARE

PADRÃO DO CONSUMO DE ÁLCOOL E O PERFIL DOS USUÁRIOS NA ATENÇÃO PRIMÁRIA À SAÚDE

PATRÓN DE CONSUMO DE ALCOHOL Y PERFIL DE LOS USUARIOS EN ATENCIÓN PRIMARIA A LA SALUD

Milena Riêra Lopes[1]
Janaina Soares[2]
Nicole Teixeira Xavier Lima[3]
Maria José Silva Souza[4]
Amanda Márcia dos Santos Reinaldo[5]
Teresa Cristina da Silva Kurimoto[6]

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Objective: relating the pattern of alcohol consumption with the profile of primary care users. Method: a cross-sectional study was conducted in two basic health units in Minas Gerais, with a sociodemographic, clinical and behavioral questionnaire and the Alcohol use Disorders Identification test. Descriptive statistics and logistic regression with significance of 5% were used. Results: four-hundred fifteen users were interviewed, with a predominance of women, mixed race, married, with own/rented house, evangelicals, with a high school diploma and family income belonging to class E, with more than one morbidity and sedentary. Problematic consumption was identified in 21.3% of the participants. In regression analysis, there was an inverse association for women, evangelicals and non-smokers, while marital status cohabitating was associated with problematic use. Conclusion: the profile found aligns with the sociodemographic, clinical and behavioral data of users of Brazilian primary care services, including the patterns of alcohol consumption.

Descriptors: Primary Health Care. Mass Screening. Alcohol Drinking. Risk Factors. Socioeconomic Factors

Objetivo: relacionar o padrão de consumo de álcool com o perfil dos usuários da atenção primária. Método: estudo transversal realizado em duas unidades básicas de saúde em Minas Gerais, sendo aplicado questionário sociodemográfico, clínico e comportamental e o Alcohol use disorders identification test. Foram utilizadas estatísticas descritivas e regressão logística com significância de 5%. Resultados: foram entrevistados 415 usuários, com predomínio de mulheres, pardos, casados, com casa própria/alugada, evangélicos, com 2º grau completo e renda familiar pertencente à classe E, com mais de uma morbidade e sedentários. Consumo problemático foi identificado em 21,3% dos participantes. Em análise de regressão, houve associação inversa para mulheres, evangélicos e não tabagistas, enquanto estado conjugal amasiado mostrou associação ao uso problemático. Conclusão: o perfil

Corresponding author: Milena Riêra Lopes. milenamica.lopes@gmail.com

[1] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0002-9991-654X
[2] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0002-9991-654X
[3] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0003-3301-1796
[4] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0002-1640-7441
[5] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0003-0283-2313
[6] Universidade Federal de Minas Gerais. Belo Horizonte, MG, Brazil. https://orcid.org/0000-0002-4577-8532

encontrado alinha-se aos dados sociodemográficos, clínicos e comportamentais dos usuários dos serviços de atenção primária brasileira, inclusive aos padrões de consumo de bebidas alcoólicas.

Descritores: Atenção Primária à Saúde. Programas de Rastreamento. Consumo de Bebidas Alcoólicas. Fatores de Risco. Fatores Socioeconômicos.

Objetivo: relacionar el patrón de consumo de alcohol con el perfil de los usuarios de la atención primaria. Método: estudio transversal realizado en dos unidades básicas de salud en Minas Gerais, siendo aplicado cuestionario sociodemográfico, clínico y comportamental y el Alcohol use Disorders Identification test. Se utilizaron estadísticas descriptivas y regresión logística con significación del 5%. Resultados: fueron entrevistados 415 usuarios con predominio de mujeres, pardos, casados con casa propia/alquilada, evangélicos con 2º grado completo e ingresos familiares pertenecientes a la clase E, con más de una morbilidad y sedentarios. El consumo problemático se identificó en el 21,3% de los participantes. En análisis de regresión hubo asociación inversa para mujeres, evangélicos y no fumadores, mientras que el estado conyugal amasiado mostró asociación con el uso problemático. Conclusión: el perfil encontrado se alinea a los datos sociodemográficos, clínicos y comportamentales de los usuarios de los servicios de atención primaria brasileña, inclusive a los patrones de consumo de bebidas alcohólicas.

Descriptores: Atención Primaria de Salud. Tamizaje Masivo. Consumo de Bebidas Alcohólicas. Factores de Riesgo. Factores Socioeconómicos.

Introduction

The consumption of alcoholic beverages is recognized as a serious public health problem. It is associated with chronic diseases, traffic accidents, interpersonal violence and mental disorders. It is described by the World Health Organization in consumption patterns defined according to psychosocial variables and clinical aspects, in which the consumption classified as problematic includes the use of risk, harmful and probable dependence[1-2].

National survey data from 2015 showed that 66.4% of Brazilians have already used alcohol in their lives[3]. In 2019, a study[4] showed that the frequency of abusive consumption in Brazil was 18.8%. Data indicate that alcohol consumption prevails among males (25.3%), compared to females (13.3%). However, in both genders, use tends to reduce from 26.3% to 20.9% after 35. Regarding schooling, consumption tends to increase from 12.4% in the 0-8 age group to 23.1% in the 12 or more years of schooling in both genders[5].

In the state of Minas Gerais, according to the 2019 National Health Survey, about 30.3% of the population reported using alcohol once or more per week, becoming the second state with the highest proportion of alcohol consumption in the Southeast region[6]. In addition, research[7] found that Minas Gerais, among the Brazilian states, had the third highest percentage of Disability Adjusted Life Days (DALYs) caused by alcohol use, corresponding to 1.63% of DALYs.

Data from the Department of Informatics of the Unified Health System (DATASUS) show that between October 2019 and October 2020, there were 48,176 hospitalizations related to alcohol use, 6,393 of which were only in Minas Gerais[8]. In this state, the population has only 448 specialized services for users of alcohol: the Psychosocial Care Centers[9]. On the other hand, the Basic Health Units (BHU), besides being organs of the network that are closer to the user and also the gateway to the network of the Unified Health System (SUS), are focused on the prevention and health promotion of the population. It is the service with the highest number in the network, with 5,446 units in this state[9].

Despite this, this service is still little explored for screening and intervention of problematic alcohol consumption. Teams face challenges for this implementation, such as lack of training and the protocol for Brief Intervention in the Primary Health Care service. However, the professional nurse, for being qualified for the survey of problems and development of intervention actions, given the patient's health demand, becomes is a strategic professional for screening and intervention on problematic alcohol consumption in Primary Health Care. Therefore, it needs

to be qualified for this performance[10]. Thus, considering the multifactorial implications of alcohol consumption and the importance of epidemiological knowledge for the development of health strategies, this study aims to relate the pattern of alcohol consumption with the profile of primary care users.

Method

This is a descriptive cross-sectional study, based on the Checklist Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)[11], of non-probabilistic convenience sampling.

Data collection was performed between October 2019 and March 2020, in two BHU in the city of Sabará (MG), metropolitan region of Belo Horizonte, with 415 people. The sample was defined according to the following inclusion criteria: individuals aged over 18 years, who sought care in health units within the period of data collection, or were accompanying patients for care. Individuals who, at the time of collection, were intoxicated or unable to respond to data collection instruments, as well as individuals under 18 years old, were excluded.

The interviews were conducted by the nurse researcher and undergraduate nursing students of the *Universidade Federal de Minas Gerais* (UFMG) previously trained. They were performed in different locations of the health units (waiting room, inhalation, dressing, vaccines), prioritizing those that valued the user's privacy.

The instruments of data collection used were the questionnaire of evaluation of the sociodemographic, clinical and behavioral profile and the Alcohol Use Disorders Identification Test (AUDIT), instrument of easy and developed for use in Primary Health Care services, in order to identify problems related to alcohol use associated with consumption pattern. It presents 10 questions that correspond to the main diagnostic criteria of the International Classification of Diseases (ICD-10)[2]. For analysis, the period of 12 months prior to evaluation is considered. The answers of each section are scored from 1 to 4, being the main consumption problems associated with the highest scores. After the sum of the instrument's points, consumption is classified into four zones, which indicate low-risk or abstinence consumption, risk use, harmful or harmful use, and probable dependence[1,12].

The questionnaire was applied by nursing students who received training on the Alcohol use Disorders Identification Test. The test was initially applied to other academics as a group training strategy. The sociodemographic assessment instrument was based on a study conducted in São Paulo in 2015[10]. The sociodemographic variables chosen for the construction of the instrument and analysis were: sex, race/ethnicity, marital status, schooling, religion, occupation, housing status, family income, and treatment for chronic diseases and/or mental disorders, use of tobacco and/or psychoactive substances, physical exercise and alcohol consumption.

To analyze the results, the basic descriptive statistics (mean and absolute frequency) were calculated for the sociodemographic, clinical and behavioral variables. The association of these variables with the pattern of alcohol use was also calculated, according to the score obtained in the Alcohol use Disorders Identification test, and application of the Fisher's exact test.

Logistic regression was performed to calculate the odds ratio for predicting problematic alcohol consumption, considering statistical significance $p \leq 0.05$, 95% confidence interval (95%CI) and significance level of 5%. For data analysis, the statistical program SPSS 20.0 for Windows was used.

This study was approved by the Ethics and Research Committee (CEP) of UFMG under Opinion N. 3.586.888 and Certificate of Presentation for Ethical Assessment (CAAE) N. 07154819.1.0000.5149. The participants signed the Informed Consent Form (ICF) in two ways: one of them stayed with them and the other with the researchers.

Results

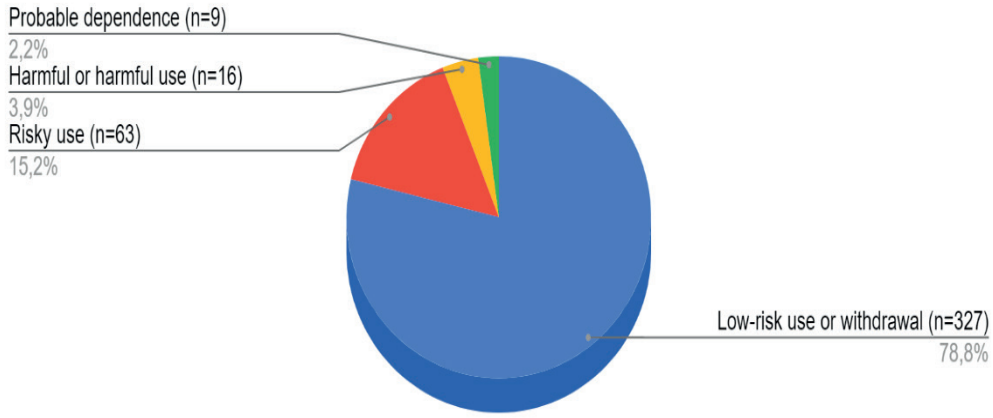
A total of 415 people participated in the study, with a mean age of 43.2 years. Among the interviewees, the predominance of females (n=255; 61.4%), self-declared browns (n=214; 51.6%), married (n=177; 42.7%), with own/rented house (n=411; 99%), of evangelical religion

(n=195; 47%), with schooling equivalent to 2.33% and family income belonging to class E (n=260; 62.7%). Individuals without any occupation prevailed at the time of data collection (n=124; 29.9%), who reported working in full-time work in the last year (n=182; 43.9%).

As for the clinical variables, there was a higher percentage among individuals with no health problems (n=163; 39.3%), followed by those who reported more than one health problem (n=97; 23.4%) and hypertension (n=50; 12%). The mental disorder was declared by a small portion (n=62; 14.9%), with predominance of treatment for anxiety disorder (n=21; 5.1%).

Among the participants, most reported not practicing physical activities (n=251; 60.5%), using illicit drugs (n=398; 95.9%), using tobacco (n=349; 84.1%), or consuming alcohol (n=270; 65.1%). In the sphere of positive responses, most individuals reported consuming alcohol monthly (n=66; 15.9%) or weekly (n=61; 14.7%). Among those who reported consuming alcohol, the predominant type of drink consumed was "unspecified" (n=103; 24.8%), followed by beer consumption (n=26; 6.3%). Regarding the pattern of alcohol use, problematic consumption was observed in 21.3% of the sample (Figure 1).

Figure 1 – Distribution of alcohol use variables, according to classification of the Alcohol use Disorders Identification Test. Belo Horizonte, Minas Gerais, Brazil – 2021



Source: created by the authors.

Regarding the analysis of the association of sociodemographic variables with the pattern of alcohol use, there was an association between male individuals and pattern of probable dependence. In relation to the variable marital status, the affirmative for babysitting was associated with a pattern of harmful use. The religious classification, as evangelical, was related to low risk, while informal employment was associated with probable dependence (Table 1).

Table 1 – Association of sociodemographic variables with the pattern of alcohol use. Belo Horizonte, Minas Gerais, Brazil – 2021. (N=327) (continued)

Variables	Alcohol use patterns				*p*-value
	Low risk n (%)	Risk n (%)	Harmful n (%)	Probable dependence n (%)	
Sex					0.000
Masculine	111 (69.4)	29 (18.1)	11 (6.9)	9 (3.5)	
Feminine	216 (84.7)	34 (13.3)	5 (2)	-	

Table 1 – Association of sociodemographic variables with the pattern of alcohol use. Belo Horizonte, Minas Gerais, Brazil – 2021. (N=327) (conclusion)

Variables	Alcohol use patterns				*p*-value
	Low risk n (%)	Risk n (%)	Harmful n (%)	Probable dependence n (%)	
Marital status					0.001
Single	111 (78.2)	22 (15.5)	8 (5.6)	1 (0.7)	
Married	148 (83.6)	21 (11.9)	1 (0.6)	7 (4)	
Divorced/Separated	23 (85.2)	3 (11.1)	1 (3.7)	-	
Widower	20 (87)	3 (13)	-	-	
Cohabitating	25 (54.3)	14 (30.4)	6 (13)	1 (2.2)	
Religion					0.006
Catholic	92 (69.2)	31 (23.3)	8 (6)	2 (1.5)	
Evangelical	169 (86.7)	18 (9.2)	3 (1.5)	5 (2.6)	
Unspecified Christian	23 (79.3)	4 (13.8)	1 (3.4)	1 (39.4)	
Spiritism and aspects	5 (62.5)	2 (25)	1 (12.5)	-	
Does not have / Agnostic / Did not declare	38 (77.6)	7 (14.3)	3 (6.1)	1 (2)	
Occupation					0.011
Student	15 (88.2)	2 (11.8)	-	-	
Formal employment	92 (77.3)	24 (20.2)	2 (1.7)	1 (0.8)	
Informal employment	63 (67.7)	20 (21.5)	5 (5.4)	5 (5.4)	
None	107 (86.3)	11 (8.9)	6 (4.8)	-	
Retiree	50 (80.6)	6 (9.7)	3 (4.8)	3 (4.8)	

Source: created by the authors.

Note: Conventional signal used:
- Numeric data equal to zero not resulting from rounding.

Regarding drug use, the affirmative responses were related to harmful use. For tobacco use, the negative was associated with low risk, while the affirmative prevailed among the risk groups, harmful and probable dependence, highlighting the daily and weekly consumption associated with harmful alcohol use.

Regarding the frequency of alcohol consumption, daily use was related to probable dependence. As for the type of drink consumed, wine and unspecified drink were more present in the low-risk group, while beer was related to risk use and consumption of spirits, as well as likely dependence (Table 2).

Table 2 – Numeric data equal to zero not resulting from rounding. Belo Horizonte, Minas Gerais, Brazil – 2021. (N=324) (continued)

Variables	Alcohol use patterns				*p*-value
	Low risk n (%)	Risk n (%)	Harmful n (%)	Probable dependence n (%)	
Drug use					0.012
Yes	8 (57.1)	2 (14.3)	3 (21.4)	1 (7.1)	
No	316 (79.4)	61 (15.3)	13 (3.3)	8 (2)	

Table 2 – Numeric data equal to zero not resulting from rounding. Belo Horizonte, Minas Gerais, Brazil – 2021. (N=324)

(conclusion)

Variables	Alcohol use patterns				*p*-value
	Low risk n (%)	Risk n (%)	Harmful n (%)	Probable dependence n (%)	
Type of drug					0.004
Marihuana	5 (71.4)	-	1 (14.3)	1 (14.3)	
Cocaine/Crack	-	-	1 (100)	-	
Marihuana and cocaine	-	1 (50)	1 (50)	-	
Other/Unspecified	3 (75)	1 (25)	-	-	
None	319 (79.6)	61 (15.2)	13 (3.2)	8 (2)	
Tobacco use					≤0.001
Yes	36 (57.1)	17 (27)	5 (10)	3 (6)	
No	188 (82.5)	46 (13.2)	10 (2.9)	5 (1.4)	
Frequency of tobacco use					0.002
Daily	27 (54)	15 (30)	5 (10)	3 (6)	
Weekly	5 (100)	-	-	-	
Monthly	2 (66.7)	1 (33.3)	-	-	
None	287 (82.5)	46 (13.2)	10 (2.9)	5 (1.4)	
Alcohol use per month					≤0.001
Daily	4 (26.7)	5 (33.3)	2 (13.3)	4 (26.7)	
Weekly	15 (24.6)	32 (52.5)	9 (14.8)	5 (8.2)	
Monthly	48 (72.7)	16 (24.2)	2 (3)	-	
None	257 (95.2)	10 (3.7)	3 (1.1)	-	
Type of drink consumed					≤0.001
Beer	9 (34.6)	13 (50)	3 (11.5)	1 (3.8)	
Spirits	1 (20)	2 (40)	-	2 (40)	
Wine	3 (75)	1 (25)	-	-	
Liquor	-	1 (100)	-	-	
Not specified	54 (52.4)	35 (34)	8 (7.8)	6 (5.8)	
None	257 (94.1)	11 (4)	5 (1.8)	-	

Source: created by the authors.

Note: Conventional signal used:
- Numeric data equal to zero not resulting from rounding.

In the initial regression model, a statistically significant relationship was observed with problematic alcohol use and the variables sex, marital status, religion, mental disorder, physical activity and tobacco use. In the refined regression model, the statistically significant relationship with problematic alcohol use and variables sex, marital status, religion and tobacco use was maintained.

The regression analysis showed that, in the association between the outcome and sociodemographic, clinical and behavioral variables, the female sex, participants with evangelical religion

and participants who do not use tobacco are characterized as protective factors for problematic use of alcohol, when they present an inverse association for consumption. However, the marital status was associated with problematic alcohol consumption (Table 3).

Table 3 – Description of the logistic regression analysis of sociodemographic, clinical and behavioral variables associated with problematic alcohol use. Belo Horizonte, Minas Gerais, Brazil – 2021.

Variables	*p*-value	(CI 95%)	Odds ratio
Sex			
Feminine	≤0.001	0.21; 0.63	0.37
Marital status			
Married	0.205	0.36; 1.25	0.67
Divorced/Separated	0.204	0.11; 1.42	0.45
Widower	0.548	0.14; 2.31	0.66
Cohabitating	0.005	1.38; 6.43	2.98
Religion			
Evangelical	0.004	0.22; 0.75	0.41
Christian	0.221	0.17; 1.42	0.52
Spiritism	0.598	0.27; 7.66	1.55
Does not have	0.389	0.29; 1.56	0.69
Mental disorder			
No	0.433	0.37; 1.59	0.75
Physical activity			
No	0.172	0.85; 2.63	1.48
Tobacco use			
No	0.001	0.19; 0.70	0.35

Source: created by the authors.

Discussion

Given the various forms and periodicities of consumption and their implications for the health of the population, the study of socioeconomic factors, including and its association with consumption patterns as an important evaluative action for the direction of intervention strategies[13].

When analyzing the profile of the participants in this study, the data were aligned with those of the Brazilian population, in which 35.8% of the people who used some Primary Health Care service were aged between 40 and 59 years and 69,9% of the people over 18 who attended this service were female[14].

Added to this, in this study, the predominance of the population defined as black or brown in Brazil, which also represents 60.9% of the population that uses Primary Health Care, as well as the indication of 65% of users of the service have a spouse, 64.7% had monthly income below 1 minimum wage and 53.8% reported not having an occupation. These data are similar to those presented in 2019 by the Brazilian Institute of Geography and Statistics[14-15]. As for the given education of the sample, it differs from that presented by the same institution[16], for having presented a predominance of Brazilians without education or with incomplete elementary school (38.6%), followed by those who had completed high school or incomplete higher education (31.4%).

Regarding the sociodemographic association with consumption patterns, there was a predominance of risk use among participants with informal employment. Despite this, there is no consensus in the literature regarding the relationship between work and consumption. While some authors[17-18] refer to risk consumption

related to unemployment, others[19-20] point to this type of consumption as a risk factor for the presence of work activities. In addition, the results showed the marital status associated with problematic use, a relationship indicative of a possible association between instability of relationships and consumption. Regarding the variable religion, the results showed that people of evangelical religion tended to have low-risk consumption, in agreement with the results of other studies, in which religion was identified as a protective factor for consumption[17,21-22].

Regarding the clinical profile of the sample, among the users who presented at least one health problem, there was a predominance of reports of systemic arterial hypertension and diabetes *mellitus*. This pattern is also highlighted in the Brazilian population, in which 39.2% of users of some Primary Health Care service reported having systemic arterial hypertension and 15.9% indicated having diabetes *mellitus*[14]. Regarding mental health, 14.9% of the sample reported having some type of disorder and, in its specification, the prevalence of anxiety followed by depression was described.

Thus, one of the focuses of primary health care work is the promotion of quality of life of the population, supported by screening and intervention of risk factors for different diseases, especially chronic non-communicable diseases, for intervening in issues such as poor diet, smoking and lack of physical activity in the adscript population[23].

Nevertheless, in this study, regarding the practice of physical activities, the predominance of negative responses (60.5%) was highlighted. This proportion differs from the profile of the Brazilian population described in 2019, in which 40.3% were classified as insufficiently active[14]. This can be associated with the different barriers found for the beginning of physical exercise, such as structure, availability of time, difficulty of access to services and motivation of the individual who, in the search for pleasure, can choose other forms of reach, as the consumption of alcoholic beverages.

In this study, females were associated with low-risk consumption. Despite this, research has pointed to the gradual equalization of alcohol consumption between the genders, showing an increase from 11% (2018) to 13.3% (2019) of abusive consumption among women, according to reports of the Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey (VIGITEL)[4-5]. However, harmful consumption for males still predominates, which is described in the literature as related to cultural and social aspects[17,19]. This result is in line with that presented in the 2019 National Health Survey, which points to the higher prevalence of abusive consumption among men, and also to data from the III National Survey on Drug Use by the Brazilian population, in which the prevalence of dependence was twice as high among men[3,14].

In the literature, the association between frequency and consumption pattern has been indicated in a proportional way, and problematic consumption is related to the higher frequency of consumption[2]. This data is in line with the sample findings, in which the problematic consumption presented a higher frequency between the weekly and monthly consumption profile, with beer being the type of drink consumed more present in the risk consumption. The consumption of distillates was more prevalent for probable dependence.

This difference between the type of drink and consumption patterns may be related to the difference in alcohol content, in which beer usually has 2% to 8% alcohol. For distillates, this variation is from 40% to 50%[19]. This suggests a more tolerable daily consumption of beer compared to distillates, due to the difference in the time of attainment of drunkenness, higher in the first case, considering the different alcoholic contents of each beverage[11].

Regarding tobacco use, 15.2% of respondents stated consumption, and a relationship between risk consumption of alcoholic beverages and smoking was also observed, with increased alcohol consumption aligned with increased frequency of tobacco use. It was also observed that no smoking was a predictor of low-risk alcohol consumption. These data align with the results presented in the 2019 National Health Survey and express the high rates of smoking in the population, in which 12.8% reported smoking[14].

Also in this study[24], smoking was identified as a risk factor for problematic alcohol consumption.

Considering the different implications of problematic consumption for the health of the population, primary health care is indicated as a gateway to the Unified Health System and shows as an important environment for the development of coping strategies for this pattern of consumption, in order to strengthen the mental health network.

As limitations of the study it is possible to indicate the collection of data with convenience sample, which included, in addition to users of the Basic Health Units also the companions in the period of data collection. In addition, the fact that the research was restricted to two health units makes it difficult to characterize the population profile of the region. The occurrence of the COVID-19 pandemic also contributed to the interruption of the screening of new participants, which reflected in the sample size.

This study presents contributions to public health, indicating the importance of epidemiological knowledge and the association with risk factors for problematic consumption of alcoholic beverages and their implications for the health of the population. As contributions to Nursing, the professional Nurse is fundamental for the identification and association between the health demands of the users of the service and also to direct the care and planning of interventions assertively.

Conclusion

The findings of this study are predominantly in line with the sociodemographic, clinical and behavioral profile of users of Brazilian primary health care services, including the patterns of alcohol consumption. An association was found between problematic consumption and marital status, as well as an inverse association with this consumption for female participants, evangelical religion and non-smokers. In addition, PHC stood out as an important space for early intervention in the face of problematic consumption, in order to reduce the burden of other services with comorbidities and disorders related to alcohol consumption.

Collaborations:

1 – conception and planning of the project: Janaina Soares;

2 – analysis and interpretation of data: Milena Riêra Lopes, Janaina Soares and Amanda Márcia dos Santos Reinaldo;

3 – writing and/or critical review: Milena Riêra Lopes, Janaina Soares, Nicole Teixeira Xavier Lima, Maria José Silva Souza, Amanda Márcia dos Santos Reinaldo and Teresa Cristina da Silva Kurimoto;

4 – approval of the final version: Milena Riêra Lopes, Janaina Soares, Nicole Teixeira Xavier Lima, Maria José Silva Souza, Amanda Márcia dos Santos Reinaldo and Teresa Cristina da Silva Kurimoto.

Conflicts of interest

There are no conflicts of interest.

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