

HOSPITALIZED ELDERLY: THE ROLE OF COMPANIONS AND EXPECTATIONS OF THE NURSING TEAM¹

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ABSTRACT

This study described the activities of caregivers of hospitalized elderly and the nursing team's expectations regarding those companions. It consists of an analytical cross-sectional study conducted in a university hospital in the city of Montes Claros, Minas Gerais, Brazil. The participants were 30 companions of elderly patients and 32 nursing team's. The data collection instrument was a questionnaire with reference to scholars of thematic. Used in data analysis the Chi-square test for association of variables. The results showed statistical association for the activities of dressing and undressing, in "always" and "when necessary" frequencies, and making the bed, in "always" frequency. For dressing and undressing activities, in "always" frequency, the companion assists the elderly more than expected by the nursing team, and the highest expectation of the team is that the companion assists the patient "when necessary". As for making the bed, in "always" frequency, the companion carries on the activity more often than expected by the team, and the highest expectation of the nursing team is that the companion "never" gives assistance. It is necessary that the nursing staff has a broader vision, understanding their action beyond the client, also covering the companion in their process of taking care.

Keywords: Aged. Hospitalization. Caregivers. Nursing.

INTRODUCTION

In recent years, there have been significant changes in demographic patterns and the health of the world population, which has led to a significant growth in the elderly population. This fact has imposed the need for a discussion of health actions for this type of patient with a focus on quality health care and maintaining the functionality of the elderly person⁽¹⁾.

Aging is considered a complex and multifactorial process that results in morphological, physiological, biochemical, and psychological changes in a dynamic and progressive way, and that determines the progressive loss of the ability of the individual to adapt to the environment⁽²⁾. The occurrence of diseases in the elderly is common and causes changes in their overall health status, often culminating in a need to be hospitalized with a family member serving as an informal caregiver⁽³⁻⁴⁾.

In this context, the nursing team in the hospital environment is faced with a large number of hospitalized elderly people on countless occasions accompanied by a caregiver. This new situation requires building a triad of relationships in the care of hospitalized elderly persons composed of the nursing staff, the patient, and the informal caregiver⁽⁵⁾.

The presence of an informal caregiver during the hospitalization process of the elderly is so important and necessary that this right was ensured in Brazil by Decree no. 280/1999 of the Ministry of Health. This practice makes it so that an informal caregiver can stay with the elderly who are admitted to a hospital so that they can have an active role in taking care of the patient, minimizing the negative impacts of the hospitalization process⁽⁶⁾.

At the moment in which the informal caregiver becomes co-responsible for the care, he or she becomes part of the hospital's dynamic caregiving process and can become an ally in bringing better conditions of the nursing care

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offered and makes use of the knowledge shared with the nursing staff to provide better care for the elderly patients⁽⁷⁾.

However, the relationship between patient, informal caregiver, and nursing staff is not always harmonious because there are difficulties and conflicts between these subjects, especially with regard to the limitations of the caregiver to collaborate in the care and interpersonal relationship between them, despite the recognition by professionals of the importance of the presence of a caregiver during the hospitalization period. Guidelines are still lacking for both the informal caregiver and the nursing professionals about the rights and duties of these individuals⁽⁵⁾.

One must consider the changes in the age pyramid that have placed the topic of aging in the limelight of public health policies in Brazil, whose statistics demonstrate the significant participation of people over the age of 60 in hospital admissions and their respective costs. Thus, it becomes necessary to make inquiries concerning this theme in order to encourage the collection of data that could be useful in directing the offer of health services and prepare society for the impacts produced by this reality⁽⁸⁻⁹⁾.

Within this context, this study has the objective to describe the activities carried out by the informal caregivers of hospitalized elderly and the nursing team's expectations regarding them.

METHODOLOGY

It is an analytical cross-sectional study conducted in a university hospital in the city of Montes Claros, Minas Gerais, Brazil. This institution provides free and universal assistance to the population in the North part of Minas Gerais in the Jequitinhonha Valley and the south part of the state of Bahia.

The participants were 30 caregivers of elderly patients hospitalized in a Medical Clinic unit and 32 professionals from the nursing team assigned to the same sector of hospitalization for elderly patients.

Of the four registered nurses eligible for the study, two were absent during the period of data collection: one was on regular holidays and the

other on work leave for health reasons. Because of this, two registered nurses assigned to the Medical Clinic units were included in this research. The night shift nurses of these units were not included in this research because they mainly carried out supervisory activities while on duty.

As for the nursing technicians, the intentional sample was used. Thus, we interviewed 30 nursing technicians who worked during the day and night shifts according to the sampling used in the study of Pena and Diogo⁽¹⁰⁾ so that the nursing technician interviewed would be assigned to take care of the elderly patients whose informal caregiver would also be interviewed. Regarding the category of nursing assistant, it was found that during the data collection period, none of the nursing assistants met the criteria of taking care of the elderly patient whose informal caregiver was also participating in this research.

The data collection was done between the months of October and November, 2010 through the questionnaires used by Pena and Diogo⁽¹⁰⁾, which had been prepared based on researches of authors who have studied this subject⁽¹¹⁻¹²⁾. The interviews were conducted at the institution by the researcher in a reserved place and after the scheduling of a time with the individuals involved, without interference with their professional activities. As for characterizing the informal caregivers, the information collected was regarding the following variables: gender, age, degree of kinship with the elderly patient, pay for the activity of being a caregiver, and training in the area of healthcare. The following variables were collected for characterizing the nursing professionals: gender, age, and period when they completed their course.

The data analysis was done using the program SPSS (Statistical Package for the Social Sciences), Version 16.0 for Windows. The Chi-Square Test (X^2) was used to make the association between dependent and independent variables considering the level of statistical significance of 95% ($p < 0.05$). In the cases when it was not possible to obtain the Chi-Square (X^2) results or when more than 25% of the cells had numbers lower than five, the *Fisher's Exact Test* or *Likelihood Ratio* was adopted.

This study was approved by the Research Ethics Committee of the State University of Montes Claros (Unimontes) as per decision number 2210/2010, and was authorized by the Assistance Board of the participating institution. All participants signed an informed consent form.

RESULTS AND DISCUSSION

The results of the study showed that most informal caregivers are female (80%, n=24)

between the ages of 35 and 44 years old (40%, n=12). Regarding the degree of kinship, the informal caregivers were mainly patients' son/daughter, 56.7% (n=17) and spouses, 16.6% (n=5). Regarding pay for the activity of being a caregiver, 10% (n=3) received compensation for staying with the elderly patient in the hospital. Regarding training in the health field, 10% (n=3) of the informal caregivers had taken a Nursing Assistant professional qualification course (Table 1).

Table 1 – Characterization of the informal caregivers of hospitalized elderly patients. Montes Claros, Minas Gerais, Brazil, 2010.

Variables	no.	%
Gender		
Male	6	20.0
Female	24	80.0
Age		
25-34	2	6.6
35-44	12	40.0
45-54	8	26.7
≥ 55	8	26.7
Degree of Kinship		
Son/Daughter	17	56.6
Spouse	5	16.7
Other	5	16.7
None	3	10.0
Remuneration		
Yes	3	10.0
No	27	90.0
Training in health		
Yes	3	10.0
No	27	90.0

Similarly to this study, a survey was conducted in the city of Florianópolis between 2004 and 2005 with the aim of describing the profile of family member caregivers of frail elderly patients and it found that the average age of these caregivers was 48 years old and that 84.3% were female⁽¹³⁾.

Results found in a study on the profile of informal caregivers of elderly patients with Ischemic Stroke in a hospital in Fortaleza (CE) in 2009 showed that the average age of the caregivers was 47 and 92.3% were female.

Regarding the degree of kinship, 63.5% of the caregivers were the son/daughter and 23.1% were spouses of the elderly⁽¹⁴⁾.

As for the number of informal caregivers, 53.4% (n=16) reported that the elderly patient had one or two caregivers in the hospital, and 46.6% (n=14) said three to four caregivers. It was also found out that 40% (n=12) of the informal caregivers remained 12 hours in the hospital, 13.3% (n=4) 18 hours, 13.3% (n=4) 24 hours, and 6.7 % (n=2) remained 6 hours with the elderly patient in the hospital. The informal

caregivers that do not share the time with others correspond to 26.7% (n=8), and of these 75% (n=6) remained 24 hours in the hospital as the sole caregivers of the elderly patients.

The association between family members who take on at the same time the role of caregiver at the hospital and caregiver in the home was also identified by Pena and Diogo⁽¹⁰⁾ whose results show that 66.7% of the caregivers take on both functions simultaneously, and of these 33.3% were daughters and 16.7% were spouses of the hospitalized elderly patients. With regard to the care given to the hospitalized elderly patients in the investigation mentioned above⁽¹⁰⁾, it was found that 40% of the caregivers

took turns with other people. As for the informal caregivers who did not share the time with other caregivers (60%), 57% remained at the hospital 24 hours with the elderly patient, which is different than this study in which 73.3% (n=22) of the informal caregivers took turns, 26.7% (n=8) did not take turns, and 20% (n=6) stayed at the hospital 24 hours.

Regarding the nursing staff, it was found that most of the nursing technicians were male (56.7%, n=17) between the ages of 30 and 34 years (36.6%, n=11). As for the registered nurses, 100% (2) were male and between the age of 25 and 29 (Table 2).

Table 2 - Characterization of the nursing staff. Montes Claros, Minas Gerais, Brazil, 2010.

Variables	Nursing Technicians		Registered Nurses	
	n	%	n	%
Gender				
Male	17	56.6	2	100
Female	13	43.4	-	
Age				
20-29	10	33.3	2	100
30-39	13	43.4	-	
40-49	4	13.3	-	
≥ 50	3	10.0	-	
Period since graduation				
1990-1999	6	20.0	-	
2000-2009	24	80.0	2	100

About the Ordinance regulating the stay of the informal caregiver with the elderly patient during hospitalization, 76.7% (23) of the caregivers, 50% (n=1) of the registered nurses, and 46.7% (n=14) of the nursing technicians who participated in this study reported that they were not aware of it.

Table 3 presents the results of the frequency of activities in which informal caregivers helped the elderly patient during hospitalization and expectations of the nursing team.

Among the activities that the informal caregivers said that they did the most to help the elderly patients "always" were as follows: emotional support 96.7% (29), taking care of feet and toenails 56.7% (17), taking care of hair and beard 53.3% (16), taking care of hands and

finger nails 50% (15), and showering 46.7% (14). The activities put in the frequency category as "never" doing them were as follows: doing exercises 100% (30), eating 36.7% (11), drinking 33.3% (10), changing position in bed 33.3% (10), mouth and teeth hygiene 30% (9), and making the bed 30% (9). It should be noted that none of the elderly individuals exercised because of their clinical condition, and this is why the informal caregiver never helped them in this activity. As for the "when necessary" frequency, the activities with most occurrence were as follows: sitting 46.7% (14), drinking 46.7% (14), eating 43.3% (13), dressing and undressing 43.3% (13), taking care of skin 36.7% (11), and making the bed 33.3% (10).

Table 3 - Distribution of activities in which the informal caregivers helped the elderly patient during hospitalization and expectations of the nursing team according to the frequency that it was done. Montes Claros, Minas Gerais, Brazil, 2010.

Activities	Always			Never			Whenever necessary		
	Caregiv.	Team	p (x ²)	Caregiv.	Team	p (x ²)	Caregiv.	Team	p (x ²)
	n (%)	n (%)		n (%)	n (%)		n (%)	n (%)	
Dress and undress	13	5	0.04	4	2	0.67*	13	23	0.01
Sit	7	3	0.30	5	3	0.71*	14	20	0.19
Exercise	-	-	-	-	-	-	-	-	-
Walk	6	7	1	5	3	0.71*	8	9	1
Stand and lie down	6	5	1	5	4	1*	9	11	0.78
Use the bathroom	9	9	0.78	6	2	0.25*	9	13	0.42
Eat	6	9	0.55	11	9	0.78	13	12	1
Drink	6	9	0.55	10	9	1	14	12	0.79
Shower	14	9	0.28	7	4	0.50	9	17	0.07
Take care of hair and beard	16	12	0.43	5	2	0.42*	9	16	0.12
Mouth and teeth hygiene	13	8	0.27	9	7	0.77	8	15	0.11
Take care of hands and fingernails	15	12	0.60	7	3	0.30	8	15	0.11
Take care of feet and toenails	17	12	0.30	6	3	0.47*	7	15	0.06
Take care of skin	13	14	1	6	2	0.25*	11	14	0.60
Give emotional support	29	27	0.61*	-	-	-	1	3	0.61*
Make the bed	11	3	0.03	9	14	0.29	10	13	0.60
Change position in bed	11	5	0.14	10	10	0.78	9	15	0.19
Total	192	149		135	107		152	223	

* Fisher Test was done

The activities that the nursing staff expected that the informal caregivers would help the elderly patients "always" were as follows: emotional support 90% (27), taking care of skin 46.7% (14), taking care of hair and beard 40% (12), taking care of hands and fingernails 40% (12), and taking care of feet and toenails 40% (12). The activities put in the frequency category as "never" doing them were as follows: exercising 100% (30), making the bed 46.7% (14), changing position in bed 33.3 % (10), eating 30% (9), and drinking 30% (9). It was found that none of the elderly individuals exercised and that is the reason why the

members of the nursing team never expected that caregivers should assist the elderly in this activity. Regarding the "when necessary" frequency, the activities with most occurrence were as follows: dressing and undressing 76.6% (23), sitting 66.7% (20), showering 56.7% (17), taking care of hair and beard 53.3% (16), mouth and teeth hygiene 50% (15); taking care of hands and fingernails 50% (15), taking care of feet and toenails 50% (15), and changing position in bed 50% (15).

Statistically significant ($p < 0.05$) results were found for the activities of dressing and undressing in the frequencies of "always" and

"when necessary", and making the bed in the frequency of "always". Note that in the activity of dressing and undressing in the frequency of "always", the informal caregiver assists the elderly patient more than the nursing team expects, and the highest expectation of the team is that the caregiver assists the patient "when necessary". In relation to making the bed in the frequency of "always", the informal caregiver does this activity more than the nursing team expects, and the highest expectation of the team is that the caregiver "never" gives assistance. As for the other activities there were no statistically significant differences between what the informal caregiver did and what the nursing team expected.

It was also found in this investigation that both informal caregivers and the nursing staff identified the activities of taking care of feet and toenails, taking care of hair and beard, taking care of hands and fingernails, and showering as important activities that should be done by all those caring for hospitalized elderly patients. All these activities correspond to general hygiene care and are considered inherent to good practice of care and provided to the elderly by the caregivers⁽⁵⁾.

The most frequent activities in which the informal caregivers said that they never helped the elderly patient and that the nursing staff never expected them to help were to do exercises and change their position in the bed. As for the practice of changing positions in the hospital bed, because it is considered to be of relative complexity, it should be done primarily by the nursing staff and should not be delegated to the informal caregivers⁽¹⁶⁾, as was found to be the case in this study.

As seen in this study, the process of taking care of hospitalized elderly involves many

factors that contribute to strengthening the relationship between the informal caregiver and the nursing staff. The informal caregiver as a participant in the care process should be guided and assisted in this role since the presence of the family facilitates and helps the nursing service in activities of lesser complexity. This participation is not intended to characterize the informal caregiver as a substitute of the nursing role, but their presence and participation are opportunities that are valued toward involving them in the care of the elderly patient while respecting their limitations and potentials⁽⁵⁾.

CONCLUSION

This study made it possible to consider the importance of the link between the nursing staff and the informal caregivers in caring for the hospitalized elderly patients, which enables the development of partnerships, and it is up to the nursing staff to guide the family as to their role in the care process.

It is hoped that the results of this study will give support to formulating new policies in the institution under study in order to include the informal caregiver as an integral part for caring for the hospitalized elderly patient and to encourage their participation. It is recommended to stimulate the creation of spaces in which the informal caregiver can discuss issues related to the care given, strengthen the teaching of content about assisting the elderly in technical and undergraduate nursing courses, and encourage the development of similar studies in other hospitals in order to deepen the knowledge on the role of caregivers of hospitalized elderly patients and expectations of the nursing team.

O IDOSO HOSPITALIZADO: ATUAÇÃO DO ACOMPANHANTE E EXPECTATIVAS DA EQUIPE DE ENFERMAGEM

RESUMO

Este estudo objetivou descrever as atividades realizadas pelos acompanhantes de idosos hospitalizados e as expectativas da equipe de enfermagem quanto a esses acompanhantes. Estudo transversal analítico, realizado em um hospital universitário, em Montes Claros, Minas Gerais, Brasil, com 30 acompanhantes de idosos e 32 profissionais de enfermagem, teve como instrumento de coleta de dados um questionário elaborado com referenciais de autores estudiosos da temática. Utilizou-se na análise de dados o teste Qui-quadrado, para a associação de variáveis. Os resultados mostraram associação estatística nas atividades de colocar/tirar roupas, na frequência "sempre" e "quando necessário"; e fazer a cama, na frequência "sempre". Quanto a colocar/tirar roupas, na frequência "sempre", o acompanhante auxilia o idoso mais do que o esperado pela equipe, e a expectativa maior da enfermagem é a de que o acompanhante auxilie "quando necessário". Sobre o fazer a

cama, na frequência “sempre”, o acompanhante realiza a atividade mais do que o esperado pela equipe, e a expectativa maior da enfermagem é que o acompanhante “nunca” auxilie. Espera-se que a equipe de enfermagem compreenda a sua ação para além do cliente, abrangendo o acompanhante em seu processo de cuidar.

Palavras-chave: Idoso. Hospitalização. Cuidadores. Enfermagem.

EL ANCIANO HOSPITALIZADO: ACTUACIÓN DEL ACOMPAÑANTE Y LAS EXPECTATIVAS DEL EQUIPO DE ENFERMERÍA

RESUMEN

Este estudio tuvo como objetivo describir las actividades de los acompañantes de ancianos hospitalizados y las expectativas del personal de enfermería, con relación a dichos acompañantes. Es un estudio transversal analítico, realizado en un hospital universitario, en Montes Claros, Minas Gerais, Brasil. Participaron 30 acompañantes de ancianos y 32 profesionales de enfermería. Tuvo, como instrumento de recolección de datos, una encuesta elaborada a partir de referencias de autores que estudian esa temática. Se utilizó en el análisis de datos prueba de Chi cuadrado para la asociación de variables. Los resultados mostraron una asociación estadística para las actividades de colocar y quitar ropas, en frecuencia “siempre” y “cuando sea necesario”, y hacer la cama, con frecuencia “siempre”. Para la actividad de colocar y quitar ropas, en frecuencia “siempre”, el acompañante auxilia al anciano más de lo esperado por el equipo, y la expectativa mayor de la enfermería es la de que el acompañante auxilie “cuando sea necesario”. Con relación a hacer la cama, en la frecuencia “siempre”, el acompañante realiza la actividad más de lo que el equipo espera, y la expectativa mayor de la enfermería es que el acompañante “nunca” auxilie. Es necesario que el equipo de enfermería tenga una visión más amplia, comprendiendo su acción más allá del cliente, alcanzando también al acompañante en su proceso de cuidados.

Palabras clave: Anciano. Hospitalización. Cuidadores. Enfermería.

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