

THE PERCEPTION OF THE ELDERLY WITH DIABETES ON THEIR DISEASE AND THE NURSING CARE

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ABSTRACT

Diabetes has become an important public health problem, in the face of an aging population. The nurse must have a holistic care in the care to diabetic elderly, aiming at their quality of life. The objective was to know the perception of the elderly with diabetes on the disease and the nursing care in basic care. This is a descriptive, exploratory study, with a qualitative approach, carried out in the municipality of Sobral-CE, in October 2013. It involved 13 elderly people, interviewed through home visits. After the thematic analysis, the following categories emerged: Perceptions of the elderly on diabetes; Self-care of the elderly with diabetes; The view of the elderly with diabetes on nursing care in basic care. The elderly did not have an adequate knowledge on the disease, but adopted self-care practices by recognizing the complications of the disease in their quality of life. Regarding nursing care, there were different opinions in the discourses regarding the establishment of bonds between nursing and elderly people. Therefore, it is necessary to invest in health education actions, in addition to overcoming the weaknesses of nursing care, since establishing bonds between professionals and users is a determining factor in the care process.

Keywords: Diabetes Mellitus. Primary Health Care. Assistance to the elderly.

INTRODUCTION

Population aging has become a common phenomenon in several countries around the world due to changes in some health indicators, such as reduced fertility and increased life expectancy⁽¹⁾. In Brazil, an elderly person is the one aged 60 years old or more.

Diabetes Mellitus (DM) characterizes by chronic hyperglycemia with increasing incidence, resulting in alterations in the metabolism of carbohydrates, lipids and proteins, causing disorders in the secretion and mechanism of action of insulin. The rapid increase in the prevalence of diabetes, driven by the increase in the prevalence of obesity and the population aging, led to its classification as an epidemic disease of modernity⁽²⁻³⁾.

Among its main complications, there are the retinopathies, neuropathies, neuropathic foot, cardiovascular and encephalic complications that cause damage to the functional capacity, autonomy and quality of life of the affected individuals⁽⁴⁾.

Nursing care has a transforming role when directed from an understanding of the complexity of the disease, since it involves sociocultural aspects that require from professionals an integral and humanized approach, which responds to the biopsychosocial dimensions of the aging subject. In this sense, nursing care should prioritize preventive and health promotion actions, orienting those people on the importance of practicing physical activities, regular use of medication and healthy nourishment⁽⁵⁾.

From an experience lived within the scope of Family Health Strategy (FHS), one

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observed the difficulty of patients to adopt a healthy lifestyle and adhere correctly to drug treatment. The FHS should review the nursing care provided to those patients, since they distance themselves from an educational practice that aims to improve self-care.

Therefore, based on the understanding that nurses provide responsible care to the elderly with diabetes in the FHS, it is necessary to develop studies that can raise questions about situations that are interfering in the health-disease process of those people. In view of this context, the following question arose: What is the perception of the elderly on *Diabetes Mellitus* and the nursing care received in basic care?

One expects this research to portray how the elderly perceive their illness and the nursing care received in basic care, in order to redirect the interventions of nursing professionals and managers in the care of the elderly with diabetes.

Professionals should recognize the way the elderly perceive the disease as a first step to plan and implement individualized health care, since each elderly person lives with his/her reality.

Nursing, in the scope of basic health care, stands out in the actions of health promotions and disease prevention, besides composing the first level of curative care⁽⁶⁾. The nursing team is responsible for providing a decentralized and integral care, so that the elderly with diabetes and their relatives can know the necessary care, as well as the complications of the disease, being able to provide timely resolution assistance.

Therefore, the study aimed to know the perceptions of the elderly with diabetes on their illness and the nursing care received in basic care.

METHODOLOGY

This is an exploratory-descriptive research with a qualitative approach based on the analysis of thematic content.

The research was carried out in the territory of Dom Expedito, in the

municipality of Sobral-CE. Thirteen elderly people, who had exclusive access to the public health service and resided in the territory for over a year, participated in the study. Exclusion criteria were the elderly who were unable to communicate verbally or with cognition deficits.

One used the data saturation criterion. The data were collected in October 2013, with home visits, using the semi-structured interview. The interviews were recorded with electronic recorders and fully transcribed.

As the information analysis technique, one selected the thematic analysis. This technique is divided in three stages: the first one is the Pre-Analysis, which consists of choosing the documents to be analyzed. The second stage is the exploration of the material, in which the researcher looks for categories, which are expressions or words that mean the textual reduction. The third stage is the treatment of the results obtained and interpretation, in which the data are submitted to percentages or factorial analysis, to then seek interpretations relating to the theoretical reference of the proposed theme⁽⁷⁾.

Thus, the following thematic categories emerged: "Perceptions of the elderly on diabetes"; "Self-care of the Elderly with diabetes"; "The view of the elderly with diabetes on nursing care in basic care".

This study incorporated the four basic references of bioethics, ensuring the rights and duties of the surveyed population, according to Resolution No. 466/12 of the National Health Council, which involves researches with human beings.

The Research Ethics Committee of the State University of Vale do Acaraú approved the study, under opinion number 420,468, on October 9, 2013. The research began after clarifying the objectives of the study and the acceptance of the participants by signing the Informed Consent Form.

RESULTS AND DISCUSSION

Characterization of study participants

In general, the socioeconomic profile among the elderly attended by the family health team was similar. The study included 13 elderly people, aged between 60 and 83 years, being ten women, ten retired (two others worked at home and one, as autonomous). In relation to the marital status, six were married, three widows, two singles and two divorced. Regarding education, five are illiterate, five are functional illiterates and three have completed elementary school.

In relation to the characterization, most elderly were women, married, illiterate and retired. Another study carried out in the municipality of Cajazeiras found similar characteristics in relation to female predominance (75%), which may associate with the fact that women seek the Basic Health Unit more frequently and seek care and information early. Illiterate elderly represent a significant portion of the elderly population with diabetes in João Pessoa (22.9%)⁽⁸⁾. Those data are worrying as they are significant social vulnerabilities for people who have that disease and need to understand the guidelines and medical prescriptions regarding their disease and treatment⁽⁹⁾.

With regard to the attendance of the elderly in the Family Health Center (FHC), eight interviewees go, at least, once a month. Many of those seniors only go to FHC to renew their prescription every three months, in order to receive their medications. However, one respondent claimed to go to the FHC every working day to receive the insulin application.

From the interviews, the categories "Perceptions of the elderly on diabetes"; "Self-care of the elderly with diabetes"; and "The view of the elderly with diabetes on basic care nursing care" emerged, as shown in Table 1.

Table 1 describes how the main lines were separated according to the categories that emerged from the interview.

Perceptions of the elderly on diabetes

In this category, there are the speeches that have made it clear that the elderly do not fully understand what their illness really is. At first, one sought to know the perception of the elderly with diabetes on their disease, knowing that diabetes is a chronic disease that affects the health of the individual in its expanded sense, that is, affects the biopsychosocial and spiritual needs of the elderly. It was evident that the elderly did not understand the disease satisfactorily. The following speeches show their knowledge about the disease:

"I don't know! It's a disease because of the sugar". (A3)

"I'm not so sure, but I hear a lot that it is a blood problem...sweet blood". (A8)

Thus, the statements elucidate the lack of knowledge on the subject in question, since, predominantly, the elderly did not correctly know what diabetes is, the way it develops, its complications and the importance of the correct treatment. There is a restricted perception of the elderly that relate the disease only to sugar.

It is necessary that health professionals work in the orientation of those people through Health Education, which is an essential facet of health promotion. Its purpose is to ensure information to people on health issues, so that they have the ability to make choices about their health and lifestyles⁽¹⁰⁾.

Identifying the learning needs of the elderly with diabetes about their specific health care is the first step for nurses to develop more effective strategies for health education and promotion. The nurse has the challenge of proposing educational strategies that take into account the social profile of the Brazilian elderly and, at the same time, enable the achievement of better results in terms of increasing knowledge about the disease and treatment, as well as changing the practice of self-care.

TABLE 1: Description of the categorization process: Perception of the elderly with diabetes on their disease and nursing care. Sobral, CE, 2013.

Speeches about knowledge on the disease	Registration unit	Speeches about knowledge on the disease	Registration unit
<i>"I don't know! People say it's when the blood is sweet, I don't know, right!"</i> (A1)	Sweet blood	<i>"I don't know! People say it's when the blood is sweet, I don't know, right!"</i> (A1)	Sweet blood
<i>"Boy! I'm not sure, but people said it's a silent disease, and if you don't take care of it, it strikes at once".</i> (A2)	Silent disease	<i>"Boy! I'm not sure, but people said it's a silent disease, and if you don't take care of it, it strikes at once".</i> (A2)	Silent disease
<i>"Every day I go for a walk in the morning, I like to eat fruit, vegetables, reduce sugar, but I don't like sweetener, I put only a little bit of sugar".</i> (A8)	Lifestyle	<i>"Every day I go for a walk in the morning, I like to eat fruit, vegetables, reduce sugar, but I don't like sweetener, I put only a little bit of sugar".</i> (A8)	Lifestyle
<i>"Ideal remedy for diabetes is the mouth. You can take the medicine, it can be any type of medicine, you can take insulin 3 times a day, if you don't take care of food, it's no use".</i> (A7)	Medical and non-medical treatment	<i>"Ideal remedy for diabetes is the mouth. You can take the medicine, it can be any type of medicine, you can take insulin 3 times a day, if you don't take care of food, it's no use".</i> (A7)	Medical and non-medical treatment

Fonte: Primária.

Self-care of the elderly with diabetes

This second category evidenced that the elderly understand the need for a differentiated care regarding their illness. They recognize the need for changes in their lifestyle, such as adopting healthy eating habits and including physical activity in their routine, and they recognize that they must follow the guidelines for regular use of medications. They believe it is a disease that requires complete care, as seen in the following speeches:

I needed to change my life. I now go for a walk, follow a diet. I decreased the sugar, but I don't like sweetener, I put only a little bit of sugar. (A3)

You have to take your medication and also take care of your nourishment, otherwise, it's no use. (A4)

Elderly people with diabetes may experience the disease as a negative process, which always results in losses and changes in lifestyle, making them dependent on medications and prohibited from eating the way they want. This ends up developing a negative feeling, which leads the person to have a negative view of the disease and, consequently, interfering in the adherence to the treatment⁽¹¹⁾.

However, according to the participants' discourses, there is a better perception of the association between drug treatment and diet control as a recommendation of greater impact for the treatment of diabetes. A national study⁽¹²⁾ aimed at assessing the adherence to drug treatment among people with *Diabetes Mellitus*, and its relationship with clinical variables of treatment and metabolic control indicated a high drug adherence.

The current society is adopting a new pattern of behavior, in which the population manages to associate and recognize the importance of the relationship between healthy eating, physical activity and health in the different phases of life. The role played by the different professional categories that work at the FHS, often materialized in the group actions that involve the practice of physical activity and nutritional education, may have collaborated for that new behavioral pattern favorable to the healthy lifestyle.

Physical exercises are supportive measures that not only reduce the undesirable effects of *Diabetes Mellitus*, but also promote its prevention and provide an improvement in the quality of life of patients with diabetes⁽¹³⁾.

Women accept more the practice of exercise, for they recognize the change of habit as a way to improve health. Men are more resistant and only find that change necessary when habits are already reflecting on their health.

The FHS has been designed to reorient the health care of the population by promoting the quality of life of the elderly through the promotion of healthy aging. Thus, adequate care for the elderly demands an organized health system, which must pay attention to the social determinants of health, including those related to individuals' lifestyle⁽¹⁴⁾.

Diabetes is a disease that also results from extrinsic risk factors, many of which are acquired over time due to the pre-existing lifestyle. Thus, multiprofessional health work is able to analyze and intervene in the lifestyle of people who need support in the adoption of healthy living habits⁽¹⁰⁾.

Therefore, working with a multiprofessional team is essential in basic care, since it gives the professionals the ability to carry out a constant and comprehensive analysis of the health-disease process of the patient with diabetes, thus being able to apply more resolute interventions in the care process.

The view of the elderly with diabetes on nursing care in basic care

Some elderly people perceived the BC nurses closer and more resolute:

"I know her! It's the doctor. She is wonderful, takes care very well of my health problems." (A5)

"She's good, she treats me well, answers all my questions, talks about treatment, everything, tells me to use insulin correctly..." (A11)

"She is great, she never leaves us without talking to her or to the doctor, the way she guides as how she likes it gives/passes comfort for the person. I think her service is good." (A12)

"Everything is excellent, because they do whatever they can, right. It's good, she guides me, she is well recognized here, in the neighborhood. She does everything. She answers all your questions, her job is perfect." (A13)

While others do not even know who that professional was:

"Nurse, I don't know who that person is!" (A6)

"I don't know, I'm not telling you I know because I don't." (A9)

The expressions of the elderly, given the lack of knowledge on the nurse in their territory, are worrisome, since this reality confronts the principles of the Primary Care National Policy. The nurse, in primary care, acts directly with the community, getting closer and closer to the patient and his/her families. The nurse of the FHS has the mission of acting longitudinally, which implies the established bond with individual-family and community over time⁽¹⁵⁾. Therefore, the nurse is responsible for providing care in a holistic and humanized way that can address all the dimensions of the elderly person, meeting his/her needs⁽¹⁶⁾.

Throughout the care process, it is important to work on the bond between the professional and the patient, to listen actively, to know about his/her routine, his/her way of life in the community, making it possible to create affective bonds and build a relationship of trust, so that the elderly patient feels more comfortable to share his/her problems and doubts. The bond established with the elderly in basic care is important for the development

of the patient's therapeutic, including continuity of care and, thus, offering care based on the doctrinal principle of completeness⁽¹⁷⁾.

Studies⁽¹⁸⁻¹⁹⁾ indicate that there are factors that interfere in the formation of that bond. Some examples: the turnover of professionals, overwork, the distance of the users' homes that hampers home visits, and the increase in spontaneous demand. Those difficulties interfere in the guarantee of the integrality of the attention, which requires new studies, proposals of theories, methods and techniques that can reorient individual and collective care practice in a resolute way and always thinking about the consolidation of integral care⁽²⁰⁾.

The care the nurse provides to the elderly with diabetes in basic care implies the responsibility for the health of the people in an extended form. Based on that premise, one observed that, even with the obstacles in the work process of FHS nurses, nurses advocate for the patients in the face of any bio-psycho-socio-spiritual need, a fact recognized by patients when they characterize their performance as the professional that "does everything".

In order to exercise care for the elderly with diabetes in basic health care, nurses have demonstrated willingness to act in a complex context that involves the treatment of a chronic disease. Nevertheless, there is need for investments in permanent education processes focused on the skills and competencies of the nurses in the care of the elderly, with a view to the improvement of the health work process and the quality of life of the elderly population.

FINAL CONSIDERATIONS

A PERCEPÇÃO DO IDOSO COM DIABETES ACERCA DE SUA DOENÇA E O CUIDADO DE ENFERMAGEM

RESUMO

A Diabetes tornou-se um importante problema de Saúde Pública, frente ao envelhecimento populacional. O enfermeiro deve dispor de um atendimento holístico no cuidado aos idosos diabéticos, visando a sua qualidade de vida. Objetivou-se conhecer a percepção dos idosos com diabetes sobre essa doença e o cuidado de enfermagem na atenção básica. Trata-se de uma pesquisa exploratória descritiva com abordagem qualitativa, realizada no município de Sobral-CE, em outubro de 2013. Participaram 13 idosos, que foram entrevistados por meio de visitas domiciliares. Após a realização da técnica de análise temática, emergiram como categorias: Percepções dos idosos acerca do diabetes; Autocuidado do idoso com diabetes; O olhar dos idosos com diabetes sobre o cuidado de enfermagem na atenção básica. Percebeu-se que os idosos não tinham um conhecimento adequado sobre a doença, mas adotam práticas de autocuidado por reconhecer as complicações da doença na sua qualidade de vida. Sobre os cuidados de enfermagem, observou-se nos discursos diferentes

This study enabled to know the perception of the elderly with diabetes about their illness and their nursing care in basic care. It revealed the need to invest in health education actions aimed at that public. The interviewees showed lack of information, making it necessary for health professionals to review their care practice in order to consider the role of educator with their clients in basic care.

The existing gap related to educational practices among the elderly with diabetes may associate with the work process of the FHS nurse, who serves a significantly increased demand in his/her routine of primary care services, which makes it difficult to improve care.

It was also possible to observe, in the course of the study, that the elderly are people who need special attention, especially those who live with a chronic disease and suffer from its consequent limitations. It is important to highlight the relevance of the health professionals' performance when providing expanded care that promotes understanding of the disease and the need for treatment and guidance for self-care.

Thus, one suggests the nurse to potentiate some assistance activities to the elderly, such as the home visit and nursing consultation, as those spaces favors approaching the elderly, clarifying their doubts and establishing therapeutic goals.

It is noteworthy that some respondents praised the care provided by the family health team. There are nurses who can establish norms and procedures where they provide a favorable care, generating satisfaction of the elderly users.

opiniões com relação ao estabelecimento de vínculos entre enfermeiros-idosos. Portanto, aponta-se a necessidade de investir em ações de educação em saúde, além de superar as fragilidades da assistência de enfermagem, já que o estabelecimento de vínculos entre profissionais e usuários é um fator determinante no processo de cuidar.

Palavras-chave: Diabetes Mellitus. Atenção Primária à Saúde. Assistência a idosos.

LA PERCEPCIÓN DE LOS ANCIANOS CON DIABETES SOBRE SU ENFERMEDAD Y CUIDADOS DE ENFERMERÍA

RESUMEN

La diabetes se ha convertido en un importante problema de salud pública, en comparación con el envejecimiento de la población. La enfermera debe tener un cuidado integral a la atención de los diabéticos de edad avanzada, en busca de su calidad de vida. Este estudio tuvo como objetivo conocer la percepción de las personas mayores con diabetes sobre la enfermedad y los cuidados de enfermería en la atención primaria. Se trata de un estudio exploratorio descriptivo con un enfoque cualitativo, realizado en Sobral, Ceará municipio, en octubre de 2013. Los participantes incluyeron 13 ancianos que fueron entrevistados mediante visitas a domicilio. Una vez completado el análisis temático, surgido como categorías: Percepción de la tercera edad sobre la diabetes; El autocuidado de las personas mayores con la diabetes; La mirada de las personas mayores con diabetes acerca de cuidados de enfermería en la atención primaria. Se observó que las personas mayores no tienen un conocimiento suficiente acerca de la enfermedad, pero adoptan prácticas de autocuidado para reconocer las complicaciones de la enfermedad en su calidad de vida. Acerca de los cuidados de enfermería, se observó en los diferentes dictámenes discursos en relación con el establecimiento de vínculos entre las enfermeras de la tercera edad. Por lo tanto señala la necesidad de invertir en actividades de educación para la salud, además de superar las deficiencias de la atención de enfermería, desde el establecimiento de vínculos entre los profesionales y los usuarios es un factor determinante en el proceso de atención.

Palabras clave: Diabetes Mellitus. Atención Primaria de Salud. Asistencia a los Ancianos..

REFERENCES

1. Ministério da Saúde (BR). Série Pactos pela Saúde 2006: atenção à saúde da pessoa idosa e envelhecimento. Brasília(DF); 2010.
2. Guidoni CM, Olivera CMX, Freitas O, Pereira LRL. Assistência ao diabetes no Sistema Único de Saúde: análise do modelo atual. *Braz J Pharm Sci.* [online] 2009 jan-mar; 45(1): 37-48. Disponível em: <http://www.scielo.br/pdf/bjps/v45n1/05.pdf>
3. Comino EJ, Harris MK, Islam MDF, Tran DT, Jalaludin B, Jorm L, et al. Impact of diabetes on hospital admission and length of stay among a general population aged 45 year or more: a record linkage study. *BMC Health Serv Res.* 2015; 15-2.
4. Francisco PMSB, Belon AP, Barros MBA, Carandina L, Alves MCGP, Goldbaum M, et al. Diabetes auto-referido em idosos: prevalência, fatores associados e práticas de controle. *Cad Saúde Pública.* 2010 jan; 26(1):175-84.
5. Barbosa IM, Lima FET, Magalhães FJ, Almeida, PC de. Influência da assistência de enfermagem por telefone na prática do autocuidado do usuário com Diabetes Mellitus. *Rev Enferm. UFPE on line.* 2014 nov; 8(11):3874-80,
6. Medeiros FAL, Nóbrega MML, Medeiros ACT de, Bittencourt KGD, Leite, GA de. Contextualização do envelhecimento saudável na produção científica brasileira. *Rev Enferm UFPE online.* 2015 fev; 9(2):985-93.
7. Minayo MCS. *Pesquisa Social: teoria, método e criatividade.* 29ª ed. Petrópolis, RJ: Vozes, 2010.
8. Leite ES, Lubenow JAM, Moreira MRC, Martins MM, Costa IP, Silva AO. Avaliação do Impacto da Diabetes Mellitus na qualidade de Vida de Idosos. *Cienc Cuid Saude.* 2015 jan-mar; 14(1):822-9.
9. Freitas CASL, Albuquerque IMN, Débora PG, Adriana XS, Maria JS. Atenção à saúde do idoso na Estratégia Saúde da Família, Sobral-CE. *Saúde Coletiva;* 2010;7(43): 200-5.
10. Conceição CC, Guimarães SD, Oliveira GRSA. A atuação da Enfermagem frente aos fatores de risco da hipertensão arterial e diabetes mellitus: uma revisão integrativa da literatura. *ICSA.* 2013 out; 2(1): 9-24.
11. Seara SS, Rodrigues AS, Rocha RM. “É muito difícil a gente controlar”: percepções de diabéticos sobre adesão ao tratamento. *Rev Enferm UFPE online.* 2013 set; 7(9):5460-8.
12. Boas LCGV, Foss FMC, Pace AE. Adesão de pessoas com diabetes mellitus tipo 2 ao tratamento medicamentoso. *Rev Bras Enferm.* [on line] 2014 abr [citado 2016 out 17]; 67(2):268-73. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000200268&lng=en. <http://dx.doi.org/10.5935/0034-7167.20140036>.
13. Mendes, TAB, Goldbaum M, Segri NJ, Barros MBA, Cesar CLG, Carandina L, et al. Diabetes mellitus: fatores associados à prevalência em idosos, medidas e práticas de controle e uso dos serviços de saúde em São Paulo, Brasil. *Cad Saúde Pública.* 2011 jun; 27(6):1233-43.
14. Motta LB, Aguiar AC, Caldas CP. Estratégia saúde da família e a atenção ao idoso: experiência em três municípios brasileiros. *Cad Saúde Pública.* 2011 abr; 27(4):779-86.
15. Ministério da Saúde (BR). Portaria nº 2.488, de 21 de Outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). *Diário Oficial da União.* 2011 out 21.
16. Polano SHI, Gonçalves AM. Construindo o fazer gerontológico pelas enfermeiras das Unidades de Estratégia Saúde da Família. *Rev Esc Enferm.* 2013; 47(1):160-67.

17. Cunha EM, Giovanella I. Longitudinalidade/continuidade do cuidado: identificando dimensões e variáveis para a avaliação da Atenção Primária no contexto do sistema público de saúde brasileiro. *Ciênc Saúde Coletiva*. 2011;16(1):1029-42.

18. Kebian LVA, Acioli S. A visita domiciliar de enfermeiros e agentes comunitários de saúde da Estratégia Saúde da Família. *Rev Eletr Enf*. [on line] 2014; 16(1):161-9. Disponível em: <http://revistas.ufg.br/fen/article/view/20260>.

19. Cunha MS, Sá MC. Home visits within the Family Health Strategy (Estratégia de Saúde da Família - ESF): the challenges of moving into the territory. *Interface*. [on line]. 2013; 17(44): 61-73. Disponível em: <http://www.redalyc.org/html/1801/180126429009/>

20. Viegas SMF, Penna CMM. O vínculo como diretriz para a construção da integralidade na estratégia saúde da família. *Rev Rene*. 2012; 13(2): 375-85.

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