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RESEARCH

Autopercepção de enfermeiros acerca da assistência a usuários de álcool e outras drogas de um centro de atenção psicossocial

Self-perception of nurses about the assistance to users of alcohol and other drugs from a psychosocial care center

Percepción de los enfermeros acerca de la asistencia a usuarios de alcohol y otras drogas en un centro de atención psicossocial

Iluska Pinto da Costa¹, Lilian Figueirôa de Assis², Mônica Rafaela de Almeida³, Janaíne Chiara Oliveira Moraes⁴, Francisca Bezerra de Oliveira⁵, Valéria Peixoto Bezerra⁶

ABSTRACT

Objective: To analyze the perceptions of nurses about the ad CAPS assist users of alcohol and other drugs. **Method:** exploratory, descriptive study with a qualitative approach, applied along the 03 nurses who should be acting in CAPS ad for at least six months. For data collection, we used semi-structured interviews, and the analysis made by the technique of qualitative analysis where this was approved by the Ethics Committee of the University Hospital Alcides Carneiro, CAAE nº 0513.0.133.000-11. **Results:** Professionals realize advances in care, but highlight the need for improvements related to professional training and service structure. Also indicate that the implementation of CAPS ad III, improve the care provided. **Conclusion:** This study was based on a call for new thinking, proposals and attitudes of nurses working in mental health services focused attention to the users of alcohol and other drugs. **Descriptors:** Nurses, Mental health services, Drugs.

RESUMO

Objetivo: Analisar a percepção dos enfermeiros do CAPS ad acerca da assistência a usuários de álcool e outras drogas. **Método:** Estudo exploratório, descritivo, com abordagem qualitativa, aplicado junto a 03 enfermeiros, que deviam estar atuando no CAPS ad há no mínimo 6 meses. Para coleta dos dados utilizou-se entrevistas semi-estruturadas, sendo a análise feita mediante a técnica de Análise de Conteúdo Temática, onde o presente teve a aprovação do Comitê de Ética do Hospital Universitário Alcides Carneiro, CAAE nº 0513.0.133.000-11. **Resultados:** Os profissionais percebem avanços na assistência, mas evidenciam a necessidade de melhorias relacionadas à capacitação profissional e estrutura dos serviços. Referem ainda que a implantação do CAPS ad III, melhoraria o cuidado prestado. **Conclusão:** Esse estudo constitui-se em um convite à novas reflexões, propostas e atitudes dos profissionais de enfermagem que atuam em serviços de saúde mental voltados para atenção a usuários de álcool e outras drogas. **Descritores:** Enfermeiros, Serviços de saúde mental, Drogas.

RESUMEN

Objetivo: Analizar las percepciones de las enfermeras sobre los CAPS ad ayudar a los usuarios de alcohol y otras drogas. **Método:** estudio exploratorio, descriptivo, con abordaje cualitativo, que se aplica a lo largo de las 03 enfermeras que deban actuar en CAPS ad durante al menos seis meses. Para la recolección de datos se utilizó la entrevista semi-estructurada y el análisis realizado por la técnica de análisis cualitativo que esto fue aprobado por el Comité de Ética del Hospital Universitario de Alcides Carneiro, CAAE nº 0513.0.133.000-11. **Resultados:** Los profesionales se dan cuenta de los avances en la atención, pero ponen de relieve la necesidad de mejoras relacionadas con la formación profesional y la estructura de servicio. También indican que la aplicación del CAPS ad III, mejorar la atención recibida. **Conclusión:** Este estudio se basó en una convocatoria de nuevas ideas, las propuestas y las actitudes de las enfermeras que trabajan en los servicios de salud mental se centraron la atención a los usuarios de alcohol y otras drogas. **Descriptor:** Enfermera, Servicios de salud mental, Drogas.

¹Nurse. Masters student at the Graduate Program in Nursing from the Federal University of Paraíba (UFPB). Specialist in Public Health and Family Health. Professor at the Federal University of Campina Grande. E-mail: lucosta.ufcg@gmail.com. ²Nurse. Bachelor of Nursing, Federal University of Campina Grande. E-mail: lilianfigueiroa@hotmail.com. ³Psychologist at the Federal Rural University of Semi-Arid (UFERSA/Mossley-RN). Master in Social Psychology from UFPB. E-mail: monicaalmeida496@hotmail.com. ⁴Nurse. Specialist in Family Health. Member of the Center for Studies and Research in Bioethics (NEPB) UFPB. E-mail: janainechiara@hotmail.com. ⁵Nurse. PhD in Nursing from the USP. Associate Professor at the Federal University of Campina Grande (UFCG). Leader of the Research Group on Public Health (GPESC). E-mail: oliveirafb@uol.com.br. ⁶Nurse. PhD in Health Sciences from the Federal University of Rio Grande do Norte. Associate Professor II of the Federal University of Paraíba (UFPB). Professor of PPGEnf/UFPB. Email: valeriapbez@gmail.com.

INTRODUCTION

Currently, the use of alcohol and other drugs is seen by the Brazilian public health as a serious problem that requires actions geared toward prevention and treatment of disorders associated with their consumption, with broad complexity and magnitude, since their effects significantly affect the health and quality of life of users, their families and society. Must be understood as a multidimensional and global problem, not restricting to the relationship between the individual and the consumption of psychoactive substances.¹⁻²

This being a social problem, there is a need for government intervention in order to prevent its spread and to promote greater support to these users and their families.³ Accordingly, after the Decade of 90, there was the structuring of the network of specific attention to these people, by setting standards and guidelines for the Organization of services that provide assistance in mental health, such as the centers of psychosocial care (CAPS), ad CAPS included, for the treatment of users of alcohol and other drugs.⁴⁻⁶

Thus, the primary health care strategy in relation to the consumption of alcohol and other drugs is the ad CAPS using harm-reduction strategies as tools in prevention and health promotion, particularly by supporting national programme for Integrated Community Attention to users of alcohol and other drugs.⁷

Guided by psychosocial model, the ad CAPS are proposed as a space of creativity, life-building, rather than delete, and should receive disciplinary medicalizing, care for and build bridges with the society, considering the user in its subjective and socio-cultural implications, electing him as the protagonist of your treatment.⁸⁻⁹

These nurses appears as a great contributor to this process of user assistance, not in isolation, but cooperatively with the other professionals involved.¹⁰⁻¹¹ This study aimed to analyze the general perception of nurses about assistance to users of alcohol and drugs from a day-care Center. Had specific goals: characterize the nursing assistance directed to users of the ad CAPS; identify the conduct of work used during the service to users, and describe the difficulties for operationalization of the attention model proposed by ad CAPS.

METHOD

The study on the screen had the backdrop of the day-care Centre for users of alcohol and other drugs in the city of Sousa, Paraiba. With regard to assistance to mental health, the town has a CAPS III (assistance towards hospitalization short), a CAPS i (assistance to children and adolescents), ad CAPS a (service for users of alcohol and other drugs) and two therapeutic homes, linked to the Municipal Health Secretariat. The ad CAPS has seven years

of working with a team of twenty-seven professionals (psychiatrist, doctor general practitioner, psychologist, social worker, nurse, artisan, diplomacy, physical educator, monitors, Cook, administrative officer and general services assistants), and the nursing staff composed of three nurses.

As for the type it is an exploratory, descriptive study with a qualitative approach. We used a non-probability sample of convenience constituted by 03 nurses who work in the day-care Center alcohol and drugs from the town of Shah-PB. To choose the participants delimited as inclusion criteria: being a nurse, be acting in the ad CAPS there are at least 6 months and agree to participate in the study through the signing of an informed consent. The data were collected between October and November 2011, through a socio-demographic questionnaire for characterization of participants and a semi-structured interview script with the intention of seizing the perception of subjects surveyed provided for research objectives.

Worth pointing out that only one participant allowed to record the interview, others preferred to answer the written instrument. The interviews were transcribed in full and, after careful reading, identified concordances in the context, that allowed the grouping of topics, such as Thematic Content Analysis guides,¹² which consists of discovering the nuclei of meaning that make up a communication whose presence or frequency has significance to the analytic goal targeted.

The study complied with the provisions contained in resolution 466/2012 National Health Council-CNS, which deals with research involving humans. Due respect to human dignity requires that all research process after informed consent of the subject individual or groups by themselves and/or their legal representatives, expressing their consent to participation in research. Thereby the research started by the project approval by the Research Ethics Committee of the State University of Paraiba, under protocol number 0513.0.133.000-11.

RESULTS AND DISCUSSION

From the socio-economic data obtained in the course of the present research was a characterization of the participants, while the subjective data were analyzed from Content Analysis,¹² technique allowing the grouping of topics organized into two categories: the work of nursing; difficulties faced; Organization of the assistance service; interaction with the family.

Characterization of the participants of the survey

Study participants were characterized as individuals predominantly female, being two women and a man, aged between 28 to 54 years old and with professional training time varying between 2 and 31 years. The participants of the survey only a specialization. The

time of operation of these professionals in mental health services varies from 1 to 6 years, with 20 working hours to 40 hours per week.

Nursing work

The nursing staff of the ad CAPS de Sousa is formed only by nurses, not existing as professionals in the technical level. Nurses are responsible for all activities, bureaucratic-administrative nursing and welfare that can be divided into: individual calls consisting of nursing consultations (clinical interurrences), triage, greeting, note and contact with users, administration and delivery of medication, checking vitals, orientation, nursing care (the patient's evolution, individual therapeutic project); group sessions (groups of health guidance and proper use of the medication); workshops and family care.

The professionals point to the experience and the fact that the team be interdisciplinary as reason facilitator for the performance of nursing activities, in addition to the autonomy of the ad CAPS, to troubleshoot at all levels of health care users, the availability of auto, the support of the Municipal Health Secretariat and the direction of the institution and the identification with the work area. This can be verified in the Testimonials below:

(...) There is an interest of the whole team to get resolutions on the user, the municipal government help in various matters such as material, structure, there's no shortage of medicines (...) has a car available in the unit to go to the user if you did not attend the service (...) there is a very large support that is given to us the direction, coordination of mental health and all employees involved in the process. (P1.)

First, I can totally relate to mental health, and especially with the work developed in the ad CAPS, the team is also a big promoter, since we are very united and we work really closely. Another important factor is the level of professionals; we have enough trained professionals on the team, so I learn a lot with them. (P2).

Join a team with more experience and multidisciplinary, is very important and very helpful. (P3).

Difficulties faced

The difficulties pointed out as obstacles to exercise the nursing work in service are related to lack of training/training for professionals working in this area and the absence of a satisfactory health services assistance (general hospital, outpatient services) users of alcohol and drugs during the night. When asked whether at some point were qualified to work in ad CAPS and what kind of training, respondents have positioned themselves as follows:

(...) When we arrived in the unit I personally only seen thing of CAPS on paper and little, was only a just class, so when we got here didn't know anything about the CAPS and how it would deal with the user (...). (P1).

(...) to start the work on this service wasn't qualified, however, in the period that I started the team attending monthly supervision proposed by the Ministry of health and it was during these

supervisions that many questions about the service were clarified. (P2).

There was a training made by the State, the municipal government made a training project and in this capacity she was divided into two parts, one devoted to mental health was made during the day at the federal University (...) and the night was a system geared more for the ad CAPS than would be the ad CAPS. (P3).

With respect to lack of assistance during the night period at health services users of alcohol and drugs, two of the participants emphasized:

The lack of a more intensive care so we could watch the user in a more complex, both during the day and night, for which we had paid attendance during the crisis of abstinence but also during the Detox phase. Another difficulty is the lack of specific programmes for crack users, as well as the lack of investments in the training of professionals working in this area. (P1).

(...) the ad CAPS is a clinic day, many users pass through the issue of abstinence and the general hospitals of the city (...) do not want to answer user (...) we evaluates and administers medication during the day, but when it comes to the end of the afternoon send home, he gets the care and suffering of the family (...) it would be interesting to the creation of the ad CAPS III with ease of access. (P3).

Most participants referred to the fact that the service is of type II, limits the ducts as well as the effectiveness of the activities carried out and consider that the ad CAPS or CAPS 12:0 am ad III would be a new possibility, qualified and effective assistance. And as alternatives to improve the service, pointed out the need for better organization and hiring more professionals.

(...) We listen to our users on a daily basis the difficulty facing the night on the streets, especially those who can't stay abstinent and that require a period to Detox. The ad CAPS II limits the effectiveness of treatment. Have the ad CAPS III 24 hours would be good, because it would solve the greatest difficulty of users which is the night. (P1).

(...) The ad CAPS II treatment needs to be complemented at the ad CAPS III, since there are different stages of treatment. The ad CAPS III would be for users who require intensive care to undergo a detoxification and the ad CAPS II would continue treatment with the semi and intensive not user I detoxified and abstinence. (P2).

So that we have more effectively and efficiently in the treatment proposed in the ad CAPS II need a CAPS ad III, as well, hiring more professionals as an occupational therapist and social worker. (P3).

The Organization of the assistance service

In relation to changes in practices that took place of the psychiatric reform when asked if this transformation became handicapped assistance, the replies are unanimous in stating that there is no lack in connection with the service, but agreed that the change of strategies and knowledge benefits users and professionals.

(...) The reform, especially in relation to the users of the ad CAPS (...). Enables a resocialization. (P1).

(...) I see a great freedom of thought from the user, a larger range of offers treatment options, he stays in the unit because he wants at his interest (...) So in my view this reform of the psychiatric evaluation for the CAPS for users with problems with drugs ad CAPS is the great evolution (...). (P2).

The participants reported being part of a team that acts of interdisciplinary and intersectoral manner.

(...) Everybody integrates and is part of all (...) on individual therapeutic project all professionals will be part (...) so without the weekly meetings to discuss the causes and problems of the users, the people would be a bit lost in the treatment (...). (P1).

(...) We invite every once in a while someone from a (...) currently also the Masonic lodge does activities with users (...) the people invites to do lectures teachers from the University, some users with problems in justice, always maintaining this partnership. We are discussing the possibility of a law favoring the drug user, who hire a drug user pay less taxes (...) currently sense society has shown greater interest in the person and not the fact that she use drugs or not. (P3).

The nurses had knowledge about the harm-reduction policy and apply it in CAPS, fashion ad not advocated, adopting strategies such as syringe Exchange programs (SEPS), Methadone maintenance programs or with the integration of professional Damage reducers to the community health Agents program (PACS), but running harm reduction encouraging progressive withdrawal. One can observe this through the following speeches:

It's a new way to reducing the harm associated with the use of psychoactive drugs by focusing on prevention. However, if we had a professional damage reduction would be implemented more effectively. (P1).

Yes, people use the service damage reduction (...) with the time we began to understand that these users were an evolutionary process (...) in recovery and any proposal for intervention that make him reduce the amount of drugs they are using is positive (...) the little that they can too. (P3).

Of the nurses who participated in the research, it might be noted that these do not use the Systematization of nursing care (SAE) as a way of organizing the assistance provided, in accordance with the following lines:

At the moment, no. (P1).

No (P2)

We don't use (...) but makes something a bit similar, when elaborates the therapeutic project (...) find out what are the issues that he presents in all its areas, whether in family problems, unemployment, self-esteem, self-care, relationship with the people who surround (...). (P3).

Although he did not use the LEAVES as a tool for nursing care, most professionals understands the importance of this process and considers that its deployment could improve

the assistance provided to the services performed in the ad CAPS, as evidenced by two of the participants:

SAE is a way of visualizing more complex clinical diagnoses of our users and so we can watch them, too, so more complex. (P1).

It is a way to view the user beyond the dependency. (P2).

Of the participants surveyed only one believes that SAE does not improve the assistance because it believes this applies better clinical pathologies and not changes of behavior and psychological needs.

I think so maybe the individual therapeutic project is an adaptation that we did for the CAPS than would be more like the systematization of nursing care (...) the therapeutic evaluation of the project here is long-term, the systematization as we get more clinical patients she's kinda developed more to the clinic, such assistance is kind daily (...) but here the more you go moving surfacing the issues of psychological area you will see that they are more in the long run, so this doesn't get daily reevaluation (...). (P3).

Interaction with the family

In relation to the family triad-user-professional, participants pointed out benefits of this relationship and it was observed that this is of the utmost importance, as you can see in the following lines:

The benefits are when the family accompanies the user, the treatment is more effective. (P1).

Since the founding of the ad CAPS the symbol that we initially used was a triangle with three hands, one hand would be the user, other professionals and the third of the family, without the three treatment doesn't work (...) the family participates enough (...) is always interested in the treatment of users (...) without the participation of her treatment is in half (...) the answer is being very positive (...). (P2).

Our unit conducts weekly meetings with the family because it is very important to have this family-team interaction. Nursing has great access to the user's family, since, in the vast majority, the family accompanies the user to medical consultation, but also in the delivery of medication. It is very important that there is feedback between staff and family. (P3).

One of the participants shows that the main difficulty in the family relationship with the user:

The vast majority of households have a feeling of revolt with the situation because they feel that there is nothing more to do for that user recovery and that at any moment all come back again, so his family wants to get rid of that problem, sometimes it's something even unconscious (...).(P2).

Is explicit that this service professionals seek to carry out interaction with the family, considering it as part of the treatment team as you can see in the following statements:

(...) as the family begins to understand what's going on, what is our policy and what are the expectations, she spends to help in the

treatment and understand well the situation, becoming another team to treat the user (...). (P2).

(...) We have to keep this family together and following the proposed treatment, showing that you have a recovery time (...). (P3).

Generally speaking, you can see through the lines of the nurses that there was a major breakthrough in assisting those users, but there is still much to be achieved in this area, and especially in the institution search. The lack of training and failures in the structure and dynamics of service compromises the quality of assistance provided. However, to have a team committed to the therapeutic project, with the inclusion of the user in this process is the best way to achieve abstinence, effectively.¹³

The participants emphasize that the interdisciplinarity of the team and intersectoral approach in the municipality are facilitators for the performance of nursing activities. This fact could be perceived through the autonomy demonstrated by professional ad CAPS to troubleshoot at all levels of attention. This result is in line with a study, which found that the professionals shared their knowledge and realized the need for training within the work environment.¹⁴

The insertion of the nurse in the ad CAPS seems to be facilitated by the good relationship with the multidisciplinary team that has, in terms of interdisciplinarity, the ability to absorb the knowledge of nurses and recognize that this is important to the success of the proposed therapy. The interdisciplinary work requires team members to socialize their roles, providing reduction of hierarchical organization for collective work and egalitarian.¹⁵

The context evidenced in speech of participants consistent with the opinion of other studies by saying that the intersectoral approach must represent an area of knowledge sharing, of structuring new languages, new practices and new concepts. Its construction is part of a transformative process in plan, perform and evaluate the actions in order to promote a reordering in the implementation of specific manifestations in the set of public policies.¹⁶

The difficulties pointed out as obstacles to exercise the nursing work in service were related to structure and dynamics, as lack of professionals, absence of CAPS and support services of empowerment/training. Referred to by professional dissatisfaction about the absence of qualification confirms with the study that shows that nurses have received little information and training about the context of alcohol and other drugs, which contributes to the lack of theoretical basis.¹⁷ This question deserves highlight by little mobilization of managers to offer appropriate training for professionals who participate in work as specific as that service.

With the psychiatric reform it needs professionals in the area of mental health in order to achieve the necessary quality for watching humanly the user. The knowledge arising from specialization courses or training programs allow nurses a better preparation for dealing with patients with mental suffering and the possibility of creating new forms of work organization, which consider the relationships between users, the team and the community, in addition to become safe and self-critical about their assistance.¹⁸

Of the nurses who participated in the survey, could not use the SAE, however, understand the importance of this process and consider that their deployment could improve the assistance provided. On this context, the literature states that SAE is vitally important to plan and execute individualized care to the user.⁹ Nursing processes, linked or not to theories of nursing, are based on the method of scientific resolution of problems and, therefore, its proposal phases information, the problem definition, the option for a solution, testing it by evaluating their results and trying other solutions if the first has not been satisfactory.¹⁹

According to reports, one realizes that the nursing staff uses a therapeutic project that meets the unique needs of each subject, in order to ensure that a link in the relationship between nurse-user. Thus, the end compares the individual therapeutic SAE project, because, in a way, systematizes the ducts and goals for each user with a unique difference: there is no diagnostic formulation.

All participants agree that the deinstitutionalization was and is a process of change that offers better expectations and freedom not only for the user, but also to the professional. However, point to a flaw that possibly, if well-articulated, could improve not only the assistance provided, but that would be the deployment of 24 hours CAPS.

It was noted further that the family is perceived as co-responsible for the user, but to see him accompanied by CAPS attempts to "abandon" the problem by placing the responsibility on the team and only on the institution itself. Thus, the professionals report that seek to encourage and strengthen this bond with the family focusing on the well-being of every user.

Such a situation consistent with a survey conducted in one of the ad CAPS of Minas Gerais in the Southeast region, in which the participation of the family was so effective, not restricting only the meetings in which they discussed matters about the medication and how to deal with particularities of the disease. In this approach, the family participation within the ad CAPS must overcome the role of just object from the actions, but also become subject to actions that get involved with the issue in order to promote the process of reintegration and social rehabilitation, as well as the rescue of their citizenship.²⁰

CONCLUSION

The issues scored in this study demonstrate the importance of the process of change that happened with the psychiatric reform movement, pointing out that the resocialization and rehabilitation increases the freedom of users and professionals and allow ample possibilities of interventions that, at the same time, produce care and give visibility to the diverse demands of this population in relation to society. Such interventions should be designed in such a way, using intersectoral the concepts of "territory", of "network" and extended logic of harm reduction consistent with the guidelines of the Brazilian psychiatric reform.

The results evidenced here lead to new research, reflections, proposals and attitudes on the part of managers and professionals working in mental health especially in services geared to warning users of alcohol and other drugs. It is necessary a process of construction and reconstruction services, as well as the forms of intervention in order to meet this demand effectively and primarily promote a concrete reintegration of these users in society.

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Contact of the corresponding author:
Iluska Pinto da Costa
João Pessoa- PB- Brasil
Email: lucosta.ufcg@gmail.com