

VOICE-HEARERS' APPETITE CONDITION: A POTENTIAL INDICATOR FOR HEALTH CARE

Condição de apetite de ouvintes de vozes: um potencial indicador para o cuidado em saúde

Condición del apetito de oyentes de voz: un indicador potencial para la atención en salud

Camila Irigónhê Ramos¹; Luciane Prado Kantorski^{2*}; Michele Mandagará de Oliveira³; Cátia Gentile dos Santos⁴; Maria Laura de Oliveira Couto⁵; Priscilla dos Santos da Silva⁶

How to quote this article:

Ramos CI, Kantorski LP, Oliveira MM, *et al.* Voice-Hearers' Appetite Condition: A Potential Indicator for Health Care. *RevFunCareOnline*.2020.Jan./Dec.;12:1303-1308.DOI:<http://dx.doi.org/10.9789/2175-5361.rpcf.v12.9528>

ABSTRACT

Objective: The study's main purpose has been to analyze the indicator appetite decrease and its relationship with the mood state of voice-hearers attending to a *Centro de Atenção Psicossocial II (CAPS II)* [Psychosocial Care Center] in Pelotas city, Rio Grande do Sul State. **Methods:** It is a cross-sectional study with a quantitative approach, which was performed between 2017 and 2018 in a Psychosocial Care Center. Data collection took place through a questionnaire addressing socioeconomic questions and the Beck Scale. The database was processed using the Epidata software, and the bivariate analysis performed in the Stata 11 software. **Results:** This work counted with the participation of 112 users, where 11% of losses and refusals were obtained. With regard to the socioeconomic profile, most were women, 47 years old on average, who could read and write, single and lived alone. Most users (52%) had loss of appetite, they had a higher prevalence of depressed mood when compared to those who had no change in food intake. **Conclusion:** Appetite changes might be related to other mood swings, which jointly alter people's health and quality of life.

Descriptors: Appetite, Mental health, Health care, Depression, Patient care team.

¹ Nutrition Graduate by the UFPel, Neuropsychiatry Nutrition Specialist by the Faculdade Unileya, Family and Community Health Specialist by the Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Public Health Specialist by the UFPel, MSc in Nutrition and Food by the UFPel, PhD student in Sciences by the UFPel. Universidade Federal de Pelotas (UFPel), Brazil.

² Nursing Graduate by the Universidade Federal de Santa Maria (UFSM), Collective Health Specialist by the UFSM, MSc in Education by the UFSM, PhD in Nursing by the Universidade de São Paulo (USP). Universidade Federal de Pelotas (UFPel), Brazil.

³ Nursing Graduate by the UFPel, Specialist Degree in Pedagogical Training for Professional Education by the Universidade Federal do Espírito Santo (UFES), MSc and PhD in Public Health Nursing by the USP. Universidade Federal de Pelotas (UFPel), Brazil.

⁴ Nursing Graduate by the Universidade Regional do Noroeste do Estado do Rio Grande do Sul (UNIJUÍ), Psychiatric Nursing and Mental Health Specialist by the USP, MSc in Nursing by the USP, PhD student in Sciences by the UFPel. Universidade Federal de Pelotas (UFPel), Brazil.

⁵ Psychology Graduate by the UFPel, MSc in Sciences by the UFPel, PhD student in Sciences by the UFPel. Universidade Federal de Pelotas (UFPel), Brazil.

⁶ Psychology Graduate by the Universidade Federal do Rio Grande (FURG), MSc student in Sciences by the UFPel. Universidade Federal de Pelotas (UFPel), Brazil.

RESUMO

Objetivo: Analisar o indicador piora do apetite e sua relação com o estado de humor de ouvintes de vozes usuáries de um CAPS II em Pelotas/RS.

Método: estudo transversal, quantitativo, realizado entre 2017 e 2018 em um Centro de Atenção Psicossocial. A coleta de dados foi realizada com questionário contendo questões socioeconômicas e da escala de Beck. O banco de dados foi elaborado no programa Epidata e a análise bivariada no Stata 11. **Resultados:** participaram do estudo 112 usuáries e obteve-se 11% de perdas e recusas. Com relação ao perfil socioeconômico a maioria eram mulheres, com idade média de 47 anos, que sabiam ler e escrever, solteiras e que viviam sozinhas. A maioria dos usuáries (52%) apresentou perda de apetite, estes tiveram maior prevalência de humor deprimido quando comparados aqueles que não tiveram alteração da ingestão de alimentos.

Conclusão: as alterações de apetite podem estar relacionadas com outras mudanças de humor, as quais, em conjunto, alteram o estado de saúde e a qualidade de vida.

Descritores: Apetite, Saúde mental, Atenção à saúde, Depressão, Equipe de assistência ao paciente.

RESUMEN

Objetivo: Analizar el indicador empeoramiento del apetite y su relación con el estado de ánimo de los oyentes de voces usando un CAPS II en Pelotas / RS. **Método:** estudio transversal, cuantitativo, realizado entre 2017 y 2018 en un centro de atención psicossocial. La recolección de datos se realizó con cuestionario conteniendo preguntas socioeconómicas y la escala de Beck. La base de datos se elaboró en el programa Epidata y el análisis bivariado en lo Stata 11. **Resultados:** 112 usuarios participaron en el estudio y se obtuvieron el 11% de las pérdidas y rechazos. En cuanto al perfil socioeconómico, la mayoría eran mujeres, con una edad promedio de 47 años, que sabían leer y escribir, solteras y que vivían solas. La mayoría de los usuarios (52%) que presentaron pérdida de apetite, tenían una mayor prevalencia de estado de ánimo deprimido en comparación con aquellos que no tenían cambios en la ingesta de alimentos. **Conclusión:** los cambios en el apetite pueden estar relacionados con otros cambios de humor que, en conjunto, alteran la salud y la calidad de vida.

Descriptorios: Apetite, Salud mental, Cuidado de la salud, Depresión, Equipo de atención al paciente.

INTRODUCTION

Health is a citizen's constitutional right, and the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] has the means to both promote and protect it. In the *SUS*, mental health is organized in a psychosocial care network, in which the *Centro de Atenção Psicossocial (CAPS)* [Psychosocial Care Center] assumes a strategic role in its articulation and organization. In such places, direct assistance to users and their families and, also, regulation of the health service network should take place.¹

By working through a process of care provision in which everyone is the protagonist, the separation between physical and mental health is reduced. The focus of the therapeutic project must be on the person in psychological distress and their environment; in other words, in your neighborhood, with your family, respecting your life habits, such as food.²

It is known that people with psychiatric disorders have

an additional risk of developing disorders and nutritional deficiencies, as they use several drugs that interact with nutrients, increase appetite and weight, modify the taste, furthermore, many live with chronic non-diseases, such as: diabetes, systemic arterial hypertension, and excess weight.³ Food can influence not only the development but also the prevention, control, and treatment of psychiatric diseases.

Eating is something that occurs daily and changes in behavior can influence food intake (appetite) and consequently the nutrition of people in psychological distress.⁴ Negative feelings, including depression and anxiety, lead to less adherence to healthy eating and habits, while positive feelings encourage a healthy lifestyle.⁵

For people who hear voices that others do not hear, the very experience of hearing voices causes emotional changes and interferes with the intensity of those emotions.⁶ Thus, a study showed that emotions and feelings such as fear, anger, depression, sadness, and insecurity were pointed out as linked to the rise of voices.⁷

These data corroborate those found by a study carried out in 2017, which linked the hearing experience with depressive symptoms,⁸ which reinforces that depression affects many people and impairs their quality of life, covering not only emotional but also social, behavioral, and physical aspects. Therefore, depression can impair the quality of life of voice-hearers in several ways, such as changes in appetite. Moreover, it is necessary to consider that its loss is usually the first sign of incipient depression, making it important to pay attention to such behavior.⁹

Bearing the aforesaid in mind, the relevance of this study is justified by addressing the discussion about the relationship between depression, appetite, and voice-hearing events. It is urgent and crucial to ponder on the fact that people with depressive symptoms tend to have an unhealthier appetite and that, in general, voice-hearers who are users of mental health services, such as CAPS, are those who have a higher prevalence of depression. Hence, voice-hearers bearing depressive symptoms tend to have a worse food intake. Likewise, the decrease in the amount of food and the intake of meals with low nutritional quality can generate a depressive state and, consequently, a worse relationship with the experience of hearing voices. Given the aforementioned, this work meant to analyze the indicator appetite decrease and its relationship with the mood state of voice-hearers attending to a CAPS II in Pelotas city, *Rio Grande do Sul* State.

METHODS

It is a cross-sectional study with a quantitative approach, which was carried out with all active users of a CAPS II in Pelotas city, *Rio Grande do Sul* State. The data in this study are part of an umbrella survey entitled: Voice-Hearers - New Approaches to Mental Health. Which were collected

over the period from September 2017 to May 2018. Initially, all medical records of users of the service were read during the time of data collection, which totaled 400 records, of which 11 had incomplete information. Among the remaining 389, only those with a record of hearing voices were identified for the second stage, n=172. From this number, users with a record of listening to voices diagnosed with mental retardation and who were passive (not attending to the CAPS) at the time of the questionnaire application were excluded, n=42. Afterward, trained interviewers (through the study of the manual and standardization of the application of the questionnaire) carried out the application of a questionnaire for these voice-hearers who active at the CAPS (n=126). Fourteen (11%) refused to participate or were not found after three attempts at the interview.

To collect the variables referring to the mood state in the last week, there was used the Beck Depression Inventory or Scale, in Portuguese, which contains 21 indicators. The indicator of worsening appetite was analyzed as an outcome concerning the other 20, they are: feeling sad, discouraged about the future, failed, with no pleasure in doing things, guilty, thinking that he can/is being punished, disappointed with himself, worse than others, suicidal ideation, crying more than usual, irritation, interest in people, difficulty in making decisions, worse in appearance (uglier, older), difficulty in working, insomnia, tiredness, weight loss, concern with health, less interest in sexual activity.

Beck Depression Inventory have two versions. The first was developed in 1961 by Beck, Ward, Mendelson, Moch, and Erbaugh. In 1996 the second version was launched, which used the revision of the first and the criteria established by the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders for depressive disorders. Both versions were adapted for the Brazilian population, the first by Cunha and the second by Gorenstein, Pang, Argimon, and Werlang.¹⁰

Once data collection was completed, a database was built and double entry was performed in the Epidata software, following a bivariate analysis performed in the Stata 11 software. For the bivariate analysis, there were chosen the following parameters to categorize the outcome and the variables for assessing mood: no (no change) and yes (any change), instead of using the score of points by intensity levels, since it is not intended to assess the severity of depressive symptoms but rather if there is a relationship between loss of appetite with these symptoms.

The umbrella research was subjected and approved by the Research Ethics Committee from the Medicine School of the *Universidade Federal de Pelotas*, under the Legal Opinion No. 2.201.138, on August 3rd, 2017.

RESULTS

Considering the 172 users who had a voice listening

record, a total of 112 were interviewed at this stage of the study. Among these users, more than half (n=69, 62%) were women. The average age was 47 years old, with the highest prevalence (n=65, 58%) in the 41 to 60 age group. Most users (n=70, 62.5%) reported having white skin color. Regarding the education, most (n=101, 90%) reported knowing how to read and write, more than 70 users (n=74, 66%) had studied up to the 8th grade, more than half attended between the 3rd and 5th grade, and less than 15 users (n=14, 19%) completed elementary school. More than half of the users (n=67, 60%) reported not living with a partner, with regard to marital status the highest prevalence was single (n=69, 62%), followed by being married (n=27, 24%), single (n=19, 17%) and widower (n=8, 7%). Observing the occupation, more than 60% (n=68, 61%) were unemployed at the time of the interview.

Analyzing the 112 respondents, most (n=58.52%) reported decreased appetite in the last week. As shown in **Table 1**, these users had changes in 19 of the 20 indicators analyzed on the Beck scale and had a higher prevalence of feelings such as sadness, discouragement about the future, failure, less pleasure in doing things, guilt, less worth, frequent crying, greater irritability, difficulty sleeping, tiredness, weight loss, feeling that they were being punished, disappointed with themselves, with difficulties in making decisions, decreased interest in other people, feeling ugly or old, more concerned with the health of the than usual, working with difficulty and less interest in having sexual intercourse.

Table 1 - Feelings of voice-hearers with altered appetite. All users of the CAPS in the Pelotas city, *Rio Grande do Sul* State.

Feeling in the last week	N	Prevalence (%)	p-value
Sad			
Yes	37	67	0.13
Discouragement about the future			
Yes	40	70	0.01
Failure			
Yes	33	60	0.47
Pleasure in doing things			
Yes	45	80	0.03
Fault			
Yes	34	59	0.08
Worse than the others			
Yes	38	68	0.31
Cry			
Yes	43	75.5	0.00
Irritation			
Yes	43	74	0.35
Sleep			
Yes	43	75	0.06
Tiredness			
Yes	50	88	0.03
Weight Loss			
Yes	30	55	0.02
Sex			

Yes	48	84	0.00
Health			
Yes	40	69	0.08
Punishment			
Yes	29	54	0.71
Disappointment			
Yes	33	58	0.35
Suicide			
Yes	24	43	0.45
Interest			
Yes	30	54	0.07
Decisions			
Yes	44	77	0.02
Worsens in appearance			
Yes	43	75	0.01
Work			
Yes	52	91	0.01
Total	58	100%	

The evaluation of the indicators demonstrates that the voice-hearers showing loss of appetite are in a more depressed mood than those who did not show a decrease in the desire to eat. Furthermore, the results revealed a statistically significant association ($p < 0.05$) between the outcome and the following variables: tiredness, crying, discouragement, pleasure, weight, and gender, so the loss of appetite was greater among those who felt more tired, crying more frequently, discouraged about the future, with less pleasure in doing things, with difficulty in making decisions and working, feeling worse in appearance, less sexual interest and weight loss.

DISCUSSION

This profile of gender, age, and skin color is in line with other studies with voice-hearers and users of mental health services.¹¹ A survey published in 2011 verified the socioeconomic profile of users of a CAPS diagnosed with depression, and identified in its results: predominance of women (70% of the sample); average age of 48.04 years old; low educational level (incomplete elementary); and without employment.¹²

Therefore, it is possible to infer that such factors - being female, with an average age of around 50 years old, having low education, and being unemployed - might be related to the incidence of depressive symptoms. A fact that can be explained by women seeking health services more than men, moreover, either the absence or high workload can influence the development of depression.¹³

The change in appetite is a symptom that can be present in depression, involving either weight gain or loss.¹⁴ Nevertheless, appetite is considered one of the factors that, being a mild or unspecific symptom of depression, which contributes to the underdiagnosis and undertreatment of the disease.¹⁵ A study published in 2017 showed the relationship between depression and health behaviors,

pointing to a higher prevalence of harmful behaviors in individuals with this diagnosis. With regard to “food, all indicators of unhealthy eating in this study were more prevalent in individuals with depression (Patient Health Questionnaire-9) less or greater and in the segment with a report of depressed mood lasting for more than seven days”.^{16,7}

Studies show that people who hear voices that other people do not hear, especially those in mental health services, tend to have more depressive symptoms and indicators of depression.¹⁷ A survey published in 2019 that aimed to explore the mediating effect of listening to voices in social interaction skills and depressive symptoms in people with schizophrenia who use the health service, brought in its main results that hearing experiences were positively correlated with depressive symptoms.¹⁸

Hence, since depression interferes with the normal functioning of human beings, causing pain and suffering, and that the change in appetite is one of the main symptoms, one must be aware of this and other manifestations to improve health care. of voice-hearers.¹⁹

These mood changes can directly influence the desire to eat and, in the same way, low food intake reduces the supply of nutrients necessary to improve mood. The lack of some nutrients, especially the deficiency of amino acids such as tryptophan and tyrosine, the lack of B vitamins and essential fatty acids, such as omega 3, and the imbalance of glycemia have already been associated with depressive symptoms.²⁰

It is necessary to eat for the performance of physiological activities that keep the human organism biologically active, thus, an adequate and healthy diet is an essential condition for man.²¹ Nonetheless, what happens in society is the restriction of access to healthy food, since consumption is guided by monetary taxation, quantity, and quality, which interferes with adequate food, especially by people in less favored financial conditions.²¹

Herein, most participants were unemployed, which may imply the purchase of more essential foods, such as rice and beans, and lower costs, since it has already been proven that environmental factors fall on food and nutritional insecurity and have a greater impact on consumption of fruits and vegetables, generating low intake of micronutrients. Education and income are directly related to the consumption of fruits and vegetables. Accordingly, people with both low education and income tend to consume fewer fruits and vegetables than people with higher education and higher income.²²

Additionally, the fact that most respondents live alone and do not have a partner also influences the development of healthy habits, a literature review addressing what has been investigated and published in Brazil about commensality - which can be understood by eating together, socializing the food, the meal - revealed that the results of research on the relationship between commensality and nutrition showed

that having a meal with other people, sharing the food, can help in the development of a healthier diet.^{23,24}

The main limitation of the present study is the fact that it was performed at one CAPS only. However, this fact does not diminish the importance of the researched theme, since the theme in question collaborates with the expansion of the look and practice of health care for voice-hearers. The contributions of this study to the work of multiprofessional teams working in the field of mental health are very significant, since the biomedical model, still dominant in Western society, tends to promote a fragmented view of the subjects, which is reflected in the practices of caution. The limitations of this model are becoming increasingly evident, and point to the need for investment in practices that consider the relationships between mind and body as interdependent.

CONCLUSIONS

The results obtained here indicate that changes in the people's appetite state who are undergoing psychological distress, especially amongst voice-hearers, might be related to other changes in behavior/mood, which, together, worsen health status and quality of life. In other words, the appetite may be lower/worse as a result of a depressed mood. Nevertheless, the improvement in appetite can, consequently, alter the mood, through the supply of nutrients, or by commensality.

Hence, it is paramount that health professionals pay close attention to these behavioral changes to find ways to improve appetite and food intake, because it is through food that we obtain the necessary nutrients for good health and, it is through food and eating, we also improve our quality of life. Bearing this in mind, it is underlined that both health and nutritional care of people undergoing psychological distress must go beyond the biological issue and take into account the psychological, economic, and social issues that influence their diet.

REFERENCES

- BRASIL. Ministério da Saúde. Portaria N° 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. 2011. Disponível em: http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
- Noronha F, Araújo MAN, Bastos MM. Estratégias de cuidado à saúde mental na atenção básica: caminhos para ampliação da assistência. *Rev. baiana saúde pública*. [Internet]. 2015 [acesso em 09 de dezembro 2019]; 39(3). Disponível em: <http://rbps.sesab.ba.gov.br/index.php/rbsp/article/view/1543/0>
- Nunes FDD, de Freitas PHB, Pinto JAF, de Sousa PHA, Enes CL, Machado RM. Síndrome metabólica em pacientes com esquizofrenia refratária: características sociodemográficas, clínicas e comportamentais. *Rev. enferm. Cent.-Oeste Min*. [Internet]. 2016 [acesso em 10 de dezembro 2019]; 1(6). Disponível em: <http://seer.ufsj.edu.br/index.php/recom/article/view/1179>
- Peixoto N, Favaretto A. Alterações alimentares e ponderais dos usuários com depressão de um caps do noroeste gaúcho. *Rev. Contexto Saúde*. [Internet]. 2016 [acesso 6 de novembro 2019];

- 16(31). Disponível em: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/5847>
- França CL, Biagini M, Mudesto APL, Alves ED. Contribuições da psicologia e da nutrição para a mudança do comportamento alimentar. *Estud. psicol. (Natal)* [Internet]. 2012. [acesso em 01 de novembro 2019]; 17(2). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-294X2012000200019
- Fernandes HCD, Zanello V. A topografia da alucinação auditiva como possibilidade de compreensão da linguagem da subjetividade. *Saude e pesqui. (Impr.)* [Internet]. 2018 [acesso em 01 de novembro 2019]; 11(3). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-970759>
- Kantorski LP, Machado RA, Alves PF, Pinheiro GEW, Borges LR. Ouvidores de vozes: características e relações com as vozes. *J. nurs. Health*. [Internet]. 2018 [acesso em 20 de outubro 2019]; 8(n. esp.). Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/14119>
- Janaki V, Wahab S, Abdul Rahaman AH, Zakaria H, Mohammed Nawi A. The dimensions of auditory hallucination in schizophrenia: Association with depressive symptoms and quality of life. *International Medical Journal Malaysia* [Internet]. 2017 [cited 2019 out 20]; 16(2). Available from: <https://ukm.pure.elsevier.com/en/publications/the-dimensions-of-auditory-hallucination-in-schizophrenia-associa>
- Quevedo J, Nardi AE, da Silva AG. *Depressão: teoria e clínica*. Porto Alegre: Artmed, 2019.
- Silva MA da, Wendt GW, Argimon ILL. Inventário de depressão de beck II: análises pela teoria do traço latente. *Aval. psicol.* [Internet]. 2018 [acesso em 05 de novembro 2019]; 17(3). Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712018000300008&lng=pt
- Cole ER, Strauss C, Fife-Schaw C, McCarthy-Jones S. Echoes of others: A path analytic examination of an interpersonal-cognitive model of voice-related distress. *Psychol Psychother* [Internet]. 2017 [cited 2019 out 21]; 90(4). Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/papt.12129>
- Castro AL, Colet C. Perfil Socioeconômico E Características Da Depressão De Usuários Do Centro De Atenção Psicossocial (Caps) De Panambi/Rs. *Rev. Contexto Saúde (Impr.)*. [Internet] 2013 [acesso em 03 de novembro 2019]; 11(20). Disponível em: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1558>
- Almeida MASO, Lemesa AG, Nascimento VF, Fonseca PIMN, da Rocha EM, Liba YHAO. Fatores de risco associados à depressão em idosos no interior de Mato Grosso. *Rev. baiana saúde pública*. 2015 [acesso em 09 de dezembro 2019]; 39(3). Disponível em: <https://doi.org/10.22278/2318-2660.2015.v39.n3.a1895>
- American Psychiatric Association. *Manual diagnóstico e estatístico de transtornos mentais: DSM-5*. Porto Alegre: Artmed, 2014.
- Carvalho IG, Bertolli ES, Paiva L, Rossi LA, Dantas RAS, Pompeu DA. Ansiedade, depressão, resiliência e autoestima em indivíduos com doenças cardiovasculares. *Rev. Latino-Am. Enfermagem*. 2016 [acesso em 09 de dezembro 2019]; 24:e2836. Disponível em: http://www.scielo.br/scielo.php?pid=S010411692016000100432&script=sci_arttext&tlng=pt
- Barros MBA, Lima MG, Azevedo RCS, Medina LBP, Lopes CS, Menezes PR et al. Depressão e comportamentos de saúde em adultos brasileiros – PNS 2013. *Rev. Saúde Pública* [Internet]. 2017 [acesso em 05 de novembro 2019]; 51(Suppl 1). Disponível em: http://www.scielo.br/scielo.php?pid=S0034-89102017000200307&script=sci_arttext&tlng=pt
- Kråkvik B, Larøi F, Kalthovde AM, Hugdahl K, Kompus K, Salvesen O, et al. Prevalence of auditory verbal hallucinations in a general population: A group comparison study. *Scand J Psychol*. [Internet]. 2015 [cited 2019 out 20]; 56(5). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744794/>
- Wang T, Beckstead JW, Yang C. Social interaction skills and depressive symptoms in people diagnosed with schizophrenia: The mediating role of auditory hallucinations. *Int. j. ment. health nurs*. [Internet]. 2019 [cited 2019 nov 01]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.12643>
- Dalgalarrondo P. Síndromes Depressivas. In: DALGALARRONDO, P. *Psicopatologia e semiologia dos transtornos mentais*. Porto Alegre: Artmed, 2018.
- Vismari L, Alves GJ, Neto JP. Depressão, antidepressivos e sistema imune: um novo olhar sobre um velho problema. *Rev. psiquiatr. clín.* [Internet]. 2008 [acesso em 22 de outubro 2019]; 35(5). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-60832008000500004

- 21 Medina LPB, Barros MBA, Sousa NFS, Bastos TF, Lima MG, Szwarcwald CL. Desigualdades sociais no perfil de consumo de alimentos da população brasileira: Pesquisa Nacional de Saúde, 2013. *Revista Brasileira de Epidemiologia* [Internet]. 2019 [acesso em 01 de novembro 2019]; 22(supl.2). Disponível em: https://www.scielo.org/scielo.php?pid=S1415-790X2019000300409&script=sci_arttext
- 22 Pessoa MC, Mendes LL, Gomes CS, Martins PA, Velásquez-Meléndez G. Food environment and fruit and vegetable intake in a urban population: a multilevel analysis. *BMC Public Health*. [Internet]. 2015 [cited 2019 dez 9]; 15(1). Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26437719>
- 23 Soares FC, Camargo LOL. Produção Científica sobre Comensalidade no Brasil: Estudo Documental de Teses e Dissertações (1997-2011). *Rev. Rosa dos Ventos* [Internet]. 2015 [acesso em 04 de novembro 2019]; 7(2). Disponível em: <http://www.ucs.br/etc/revistas/index.php/rosadosventos/article/view/3410>
- 24 Lima RS, Ferreira Neto JÁ, Farias RCP. Alimentação, comida e cultura: o exercício da comensalidade. *Demetra*. [Internet] 2015 [acesso em 03 de novembro 2019]; 10(3). Disponível em: <https://www.e-publicacoes.uerj.br/index.php/demetra/article/view/16072>

Received on: 13/01/2020
Required Reviews: 20/07/2020
Approved on: 02/09/2020
Published on: 13/11/2020

***Corresponding Author:**

Camila Irignoné Ramos
Rua Praça Piratinino de Almenida, nº 14, apto 906
Centro, Rio Grande do Sul, Rio Grande do Sul, Brasil
E-mail address: mila85@gmail.com
Telephone number: +55 (53) 99146-2831
Zip Code: 15.060-020

The authors claim to have no conflict of interest.