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Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

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## EPIDEMIOLOGICAL PROFILE OF THE CLIENTELE THAT SEEKS ASSISTANCE IN INTEGRATIVE AND COMPLEMENTARY PRACTICES

*Perfil epidemiológico da clientela que busca atendimento em práticas integrativas e complementares*  
*Perfil epidemiológico de la clientela que busca asistencia en prácticas integradoras y complementarias*

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### ABSTRACT

**Objective:** describe the epidemiological profile of the clientele that seeks assistance in Integrative and Complementary Practices. **Method:** descriptive, cross-sectional research and quantitative approach, conducted with 104 individuals who sought assistance in Integrative and Complementary Practices at Universidade Federal Fluminense. **Results:** there was a predominance of young people from 19 to 30 years old with high schooling. Although 57 (76%) regularly drink water and 14 (79%) practice physical activity three or more times/week, 14 (18,9%) were alcoholics, seven (9,3%) smokers, three (4,2%) used illicit drugs and 27 (39,6%) devoted “nothing” or “very little” to leisure. Only 29 (37,1%) had good general disposition, nine (11,8%) good mood and 10 (9,3%) felt calm most of the time. Normal appetite and thirst were reported in 43 (56,5%) and 38 (49,3%) respectively and 59 (90,7%) exhibited problems with sleep. **Conclusion:** care has been sought by the population that manifests a certain degree of mental suffering.

**Descriptors:** Mental health; Complementary therapies; Holistic health; Health services needs and demand.

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## RESUMO

**Objetivo:** descrever o perfil epidemiológico da clientela que busca atendimento em Práticas Integrativas e Complementares. **Método:** pesquisa descritiva, tipo corte transversal e abordagem quantitativa, realizado com 104 indivíduos que buscaram atendimento em Práticas Integrativas e Complementares na Universidade Federal Fluminense. **Resultados:** houve predomínio de jovens de 19 a 30 anos com alta escolaridade. Apesar de 57 (76%) ingerem regularmente a água e 14 (79%) praticam atividade física três ou mais vezes/semana, 14 (18,9%) eram etilistas, sete (9,3%) tabagistas, três (4,2%) consumiam drogas ilícitas e 27 (39,6%) dedicavam-se “nada” ou “muito pouco” ao lazer. Apenas 29 (37,1%) possuíam boa disposição geral, nove (11,8%) bom humor e 10 (9,3%) sentiam-se tranquilos a maior parte do tempo. Apetite e sede normal foram relatados em 43 (56,5%) e 38 (49,3%) respectivamente e 59 (90,7%) exibiram problemas com o sono. **Conclusão:** o atendimento tem sido buscado pela população que manifesta certo grau de sofrimento mental.

**DESCRITORES:** Saúde mental; Terapias complementares; Saúde holística; Necessidades e demandas de serviços de saúde.

## RESUMÉN

**Objetivo:** describir el perfil epidemiológico de la clientela que busca asistencia en Prácticas Integrativas y Complementarias. **Método:** enfoque descriptivo, transversal y cuantitativo, realizado con 104 personas que buscaron asistencia en Prácticas Integrativas y Complementarias en la Universidad Federal Fluminense. **Resultados:** predominó la juventud de 19 a 30 años con estudios secundarios. Aunque 57 (76%) beben regularmente agua y 14 (79%) practican actividad física tres o más veces/semana, 14 (18,9%) eran alcohólicos, siete (9,3%) fumadores, tres (4,2%) usaron drogas ilícitas y 27 (39,6%) dedicaron “nada” o “muy poco” al ocio. Solo 29 (37,1%) tenían buen humor general, nueve (11,8%) estaban de buen humor y 10 (9,3%) se sentían tranquilos la mayor parte del tiempo. Se informaron apetito y sed normales en 43 (56,5%) y 38 (49,3%) respectivamente y 59 (90,7%) exhibieron problemas con el sueño. **Conclusión:** la población ha buscado atención que manifieste cierto grado de sufrimiento mental.

**DESCRIPTORES:** Salud mental; Terapias complementarias; Salud holística; Necesidades y demandas de servicios de salud.

## INTRODUCTION

In ancient times, Integrative and Complementary Practices (ICPs) emerged in the field of therapeutic health care, being rediscovered by the Western world in contemporary times and gaining more and more interest from society around the world in recent years.<sup>1</sup>

The assistance provided by ICPs is directed to the integral view of its clientele, in order to consider the triad body-mind-soul. This practice meets the new model of health care for individuals, transcending the biologic logic focused on disease.<sup>1-2</sup> Consequently, the client takes on an essential role in his or her health care, which encompasses the physical, mental, spiritual, and social perspective.<sup>3</sup>

In Brazil, ICPs began to be legitimized in the 1980s thanks to the establishment of the Unified Health System (SUS) and the publication of the 1988 Federal Constitution, both of which assigned the responsibility of ensuring integral health care to the population.<sup>3-4</sup> However, it was only in 2006 that Ordinance #971 was published, sanctioning the National Policy for Integrative and Complementary Practices in SUS. This policy mentions the implementation of safe and effective natural therapies with the purpose of preventing injuries and reestablishing the individual's health, with emphasis on the promotion of welcoming, qualified listening, therapeutic bonding, and insertion of the individual in his or her environment and social life.<sup>5</sup>

The ICPs guide health professionals to recognize the uniqueness of each human being, paying attention holistically to health promotion aspects and to the aspects that trigger disea-

ses.<sup>6</sup> Therefore, it is essential that universities that train health professionals incorporate the ICPs into their teaching curricula, especially nursing institutions, favoring a comprehensive, complete, and humanized nursing care practice.<sup>7</sup>

Considering that the ICPs employ a holistic approach, such assistance is capable of attending to a plurality of individuals with their varied health needs. Therefore, there is the need to recognize the profile of the population that seeks ICP care in order to improve the actions directed to this assistance and to encourage health promotion policies.

The present study aims to describe the epidemiological profile of the clientele seeking care in Integrative and Complementary Practices.

## METHOD

This is a descriptive, cross-sectional research with a quantitative approach.

The study setting was the nursing office of the Universidade Federal Fluminense (UFF) at the University Campus of Rio das Ostras, located in the Baixada Litoral Region of the State of Rio de Janeiro, Brazil. This office provides ICP care to the community of students, faculty, and administrative staff of UFF, and residents of neighborhoods adjacent to the university.

The selection of the therapy was made by the teaching professional after anamnesis and was based on the health needs presented by the user during the consultation. The ICPs offered in the office included Acupuncture, French and Chinese Auricular therapy, Flower therapy, Reike, and Massotherapy.

The inclusion criteria for the study were the participants who scheduled ICPs appointments at the office, attended the appointment, and signed the Informed Consent Form. The sample consisted of 104 participants.

Data collection was performed by means of questionnaires applied at the beginning of the appointments that occurred during the period from March to December 2018. The participation of nursing students in the application of the questionnaire was preceded by training by the teacher responsible for ICPs care in the office.

The variables selected for the study included socio-demographic (gender, age group, and education level), behavioral (alcoholism, smoking, illicit drug use, regular water intake, frequency of physical activity, and leisure), and clinical (general mood, mood, how long do you feel peaceful, sleep, nightmare, thirst, appetite, ongoing illness, family history of illness, and the condition of the spine and joint) aspects.

Statistical data were represented in absolute and relative frequency. The unit of observation was the person interviewed and the outcome was ongoing illness, which was divided yes, no, and ignored. Numerical variables were subjected to the 5% Shapiro-Wilk normality test to determine normality of distributions. According to it, parametric (T, Anova) or non-parametric (Wilcoxon, Kruskal-Wallis) test was selected. To analyze relationships between categorical variables the Chi-square test was performed, and in case there were any observations in the corresponding contingency table with less than five units, Fisher's test was applied. The data were processed in the R8 program.

In compliance with ethical principles, the research was approved by the Research Ethics Committee through the consolidated opinion CAAE:12088019.3.0000.8160, under opinion number 3.423.330.

## RESULTS

Of the total clientele who sought care in ICP, only seven (6%) were men. The profile of the clientele of the present study was, therefore, verified in the 104 (96%) women of the sample, since they represented the main demand of the care provided. As for age and level of education, it was observed that most belong to the age range between 19 and 30 years and have high education (Table 1).

As for healthy lifestyle habits, there was a prevalence of the practice of physical activity at the frequency of three times/week or more and the regular intake of water. However, regarding habits harmful to health, the consumption of psychoactive substances was significant, and leisure activities were low in 27 (39.6%) cases, in which they categorized the time spent as "not at all" and "very little" (Table 2).

The variables related to feelings of well-being (general good mood, good humor, and feeling relaxed most of the time) did not exhibit an expressive prevalence. Changes in sleep resulted in 59 (90.7%) cases, while changes in thirst accounted for 39

(50.4%). Although there was no predominance of changes in appetite, this showed a significant statistic (Table 3).

Regarding health history, although most of the sample reported having no ongoing disease, 42 (57.5%) clients, the remaining group of 31 (42.4%) individuals who had some disease was relevant. Family history of disease was reported by 54 (79.4%) clients.

From the total of 57 individuals who reported back pain, 14 (24.5%) had cervicgia, seven (12.2%) dorsalgia, 32 (56.1%) low back pain, and four (7%) generalized pain. In the group of 34 clients who reported joint-related problems, 24 (70.5%) reported feeling pain and 10 (29.4%) reported having other problems.

**Table 1** – Demographic characterization of clients who sought care in ICP. Rio das Ostras, RJ, Brazil, 2018

Variables	N	%
<b>Age Group</b>	<b>104</b>	<b>100</b>
Under or equal to 18 years old	8	7,4
Between 19 and 30 years old	63	58,8
Between 31 and 50 years old	16	14,9
Older than or equal to 51 years	19	17,7
<b>Level of Education</b>	<b>104</b>	<b>100</b>
7 years or less	7	6,5
8 to 11 years old	15	14
12 years and older	84	78,5

**Table 2** – Behavioral characterization of clients who sought care in ICP. Rio das Ostras, RJ, Brazil, 2018

Variables	N	%
<b>Alcoholism</b>	<b>74</b>	<b>100</b>
Yes	14	18,9
No	60	81
<b>Smoking</b>	<b>75</b>	<b>100</b>
Yes	7	9,3
No	68	90,6
<b>Consumption of illicit drugs</b>	<b>71</b>	<b>100</b>
Yes	3	4,2
No	68	95,7
<b>Regular water intake</b>	<b>75</b>	<b>100</b>
Yes	57	76
No	18	24
<b>Frequency of physical activity</b>	<b>27</b>	<b>100</b>
1 times/weeks or less	3	11,1
2 times/week	10	20,7
3 times/week or more	14	79,0
<b>Leisure</b>	<b>68</b>	<b>100</b>
Nothing	4	5,8
Very little	23	33,8
Medium	18	26,4
Very	23	33,8

**Table 3** – Clinical characterization of clients who sought care in ICP. Rio das Ostras, RJ, Brazil, 2018

Variables	N	%
<b>General layout</b>	<b>78</b>	<b>100</b>
Good	29	37,1
Bad	12	15,3
Agitated	26	33,3
Prostration	11	14,1
<b>Humor</b>	<b>76</b>	<b>100</b>
Good	9	11,8
Bad	1	1,3
Agitation	8	10,5
Fear	1	1,3
Concern	8	10,5
Anxiety	41	53,9
Anguish	8	10,5
<b>How long does it feel peaceful</b>	<b>48</b>	<b>100</b>
Most of the time	10	9,3
A good part of the time	16	14,9
Some of the time	10	9,3
A small part of the time	14	13
Never	8	7,4
<b>Sleep</b>	<b>65</b>	<b>100</b>
Early Insomnia	19	29,2
Terminal Insomnia	1	1,5
Interrupted sleep	39	60
Not applicable	6	9,2
<b>Nightmare</b>	<b>106</b>	<b>100</b>
Night Fears	14	13,2
Hipersomnia	9	8,4
Ignored	7	6,6
Not applicable	76	71,6
<b>Thirsty</b>	<b>77</b>	<b>100</b>
Increased	17	22
Decreased	11	14,2
Dry mouth	11	14,2
Normal	38	49,3
<b>Feeling very thirsty</b>	<b>41</b>	<b>100</b>
Yes	20	48,7
No	21	51,2
<b>Appetite</b>	<b>76</b>	<b>100</b>
Exaggerated	26	34,2
Decreased	7	9,2
Normal	43	56,5

The analysis of the outcome “ongoing disease” with the selected variables (gender, age group, marital status, education, smoking, and alcohol consumption) showed statistical significance: marital

status ( $p=0.049$ ), smoking ( $p<0.001$ ), and alcohol consumption ( $p<0.001$ ). It is worth mentioning the high number of “ignored” in all variables analyzed (Table 4 and Table 5).

## DISCUSSION

In general, the predominance of the female population in seeking care in Primary Health Care (PHC) is also presented in several studies in the scientific literature.

The scarcity of the male public in seeking PHC services is caused by the gender perspective present in our society. Many men interpret the disease as a sign of fragility, because the cultural profile of masculinity imposes that they must be invulnerable, strong, and virile<sup>9</sup>. Consequently, the identification of mental suffering in this public is made more difficult.

Regarding the fact that young people with a high level of education seek ICP services, its interpretation can be seen from two points of view. The first refers to the fact that the study was carried out in an office inserted in a university environment, where there is a significant presence of this population.

On the other hand, we highlight that one of the roles of the public university is to offer the local population the promotion of their quality of life. Therefore, universal access to its available services is ensured, which includes the ICP services provided at the university’s office under study.

It is emphasized that education is a strong ally for the individual to have social, economic, and cultural awareness and knowledge. It is assumed that the shorter time of schooling may have contributed to these individuals not being aware of the services offered by the university, or even what is ICP, since the search for care was reduced in this population grouping.

The issue of alcoholism is an aspect to be considered for the analysis of the subjectivity of the clientele, because the consumption of alcohol is closely related to the popular belief that this beverage offers a relief from negative emotions that the individual holds, being an ill-adapted attempt to deal with life’s problems, often used in response to stress, or merely to socially uninhibited<sup>10</sup>. Considering that, in our study, mental suffering was significant, it can be deduced that the alcoholism detected may sublimate a psychological refuge strategy.

Smoking has been conceived as a public health problem since the second half of the 20th century, and it is a chronic disease caused by nicotine dependence.<sup>11</sup> Therefore, the detection of smokers in the sample that sought care in ICP is a worrisome data.

An investigation<sup>12</sup> about the determinants associated with smoking found a significant relationship between tobacco use and a greater propensity to develop mental disorders (such as depression). It also points out that alcohol consumption, early use of illicit drugs, and smoking can compromise good family functioning, since it promotes a certain distance between family members. Thus, to recognize and assist smoking individuals is important to promote mental health.

Regarding illicit drugs, although in our study we identified the predominance of clients who did not use them, it can be

**Table 4** – Distribution of demographic variables with the outcome ongoing disease. Rio das Ostras, RJ, Brazil, 2018

Variable	Ongoing Illness			Statistical Test	P-value
	No	Yes	Ignored		
<b>Sexo</b>				<b>Fisher'ssexacttest</b>	0,2574
Female	42 (39,25)	31 (28,97)	34 (31,78)		
Male	4 (57,14)	0 (0,0)	3 (42,86)		
<b>Age Group</b>				<b>Fisher'ssexacttest</b>	0,3378
Up to 14 years old	1 (100,0)	0 (0,0)	0 (0,0)		
15 to 18	3 (42,86)	0 (0,0)	4 (57,14)		
19 to 24	26 (47,27)	14 (25,45)	15 (27,27)		
25 to 30	3 (23,08)	5 (38,46)	5 (38,46)		
31 to 40	5 (50,0)	1 (10,0)	4 (40,0)		
41 to 50	1 (14,29)	3 (42,86)	3 (42,86)		
51 and more	7 (35,0)	8 (40,0)	5 (25,0)		
Ignored	0 (0,0)	0 (0,0)	1 (100,0)		
<b>Marital status</b>				<b>Fisher'ssexacttest</b>	0,049
Married	7 (35,0)	5 (25,0)	8 (40,0)		
Single	38 (45,24)	20 (23,81)	26 (30,95)		
Separated	0 (0,0)	5 (83,33)	1 (16,67)		
Widower	0 (0,0)	0 (0,0)	1 (100,0)		
Ignored	1 (50,0)	0 (0,0)	1 (50,0)		
<b>Education</b>				<b>Fisher'ssexacttest</b>	0,1984
4 to 7 years old	3 (42,86)	1 (14,29)	3 (42,86)		
8 to 11 years old	3 (20,0)	4 (26,67)	8 (53,33)		
12 or more	40 (44,94)	25 (28,09)	24 (26,97)		
Ignored	0 (0,0)	1 (33,33)	2 (66,67)		

**Table 5** – Distribution of behavioral variables with the outcome ongoing disease. Rio das Ostras, RJ, Brazil, 2018

Variable	Ongoing Illness			Statistical Test	P-value
	No	Yes	Ignored		
<b>Smoke</b>				<b>Fisher'ssexacttest</b>	< 0,001
No	38 (53,52)	29 (40,85)	4 (5,63)		
Yes	7 (87,5)	1 (12,5)	0 (0,0)		
Ignored	1 (2,86)	1 (2,86)	33 (94,29)		
<b>Alcoholism</b>				<b>Fisher'ssexacttest</b>	< 0,001
No	37 (57,81)	24 (37,5)	3 (4,69)		
Yes	8 (57,14)	5 (35,71)	1 (7,14)		
Ignored	1 (2,78)	2 (5,56)	33 (91,67)		

assumed that the remaining group may use the consumption of this drug as a way to elevate mood and general disposition, an escape strategy from real suffering. As an example, compromised family relationships are an important risk element for individuals to develop addiction to psychoactive substances.<sup>12</sup>

Another lifestyle habit that was questioned was water intake. It is understood that water is indispensable for human survival and plays a relevant role in the homeostasis process. Recent

studies show that water intake interferes positively in mood and cognitive performance. Therefore, hydration promotes health and brain function.<sup>13</sup> However, we identified clients who did not drink regularly, thus interfering with the promotion of mental health.

Regarding physical activity, it can be recommended as an integral part of the therapy for several diseases, whether of metabolic, cardiovascular, pulmonary, musculoskeletal, tumor, neurological, or psychiatric nature. In the category of psychiatric



disorders, physical activity may help in the treatment of stress and depression, anxiety, and schizophrenia.<sup>14</sup>

In order to reinforce the narrative presented above, a research<sup>15</sup> showed that insufficient physical activity results in a greater predisposition to chronic diseases and a weakened physical and mental health status. Therefore, mental health is directly affected by the frequency of physical activity. However, in our study, this variable was underreported despite the satisfactory result observed among the respondents.

About leisure, considering that it favors a good quality of life, reducing psychological stress and thus promoting mental health, it is worrisome the fact that a significant number of clients devote little or no time to leisure. It is essential to incorporate leisure into daily life to achieve well-being.

Mental health is a primordial and integral aspect of the health field, whose conception transcends the perspective of absence of mental disorders and deficits<sup>16</sup>. Therefore, it is essential that health professionals become aware of the need to incorporate in their care a qualified listening to the patients' complaints, not only those related to physical manifestations, but also to be attentive to recognize the mental suffering of the clientele. We aspire to implement health care that seeks the general welfare of its population.

General well-being is an active process that must have an enduring nature, not merely a transitory condition. It encompasses the individual's personal and professional life, which helps him/her to perform daily activities more effectively, face and overcome problems encountered, improve labor productivity, and contribute socially to the local community.<sup>16</sup> Therefore, it is unquestionable how much the general well-being interferes in the individual's life and, consequently, it is important to know this profile in the assisted population.

In the study, there was a prevalence of users who did not declare a good general mood, where the main change was attributed to agitation. In addition to this data, anxiety was statistically predominant in the sample, a fact that is worrisome for mental health. Therefore, it can be deduced that the vast majority of the clientele seen at the ICPs sought relief from mental suffering.

The percentage concerning the feeling of being calm was also alarming, since many clients did not feel calm most of the time. A sense of well-being is fundamental to mental health, yet living in society sometimes compromises it.

The human being is an animal that needs to live in society. However, the influence that society exerts on the individual's life is strong, pushing him hard to follow culturally pre-established standards, through exacerbated demands and defining the social and economic status to be achieved. These standards, for many people, are unattainable. Consequently, although human beings need to live in society, many times this same society "sickens" and "kills" them.<sup>17</sup>

Sleep quality was another variable considered in the study of the clientele who sought care in ICP.

The circadian cycle consists of a 24-hour internal biological clock that provides the harmonization between the internal time and the external world. This cycle is responsible for controlling almost all of the body's physiological functioning, and its disturbance can cause serious damage to health.<sup>18</sup> Alterations in the sleep pattern are part of a set of problems called "unhealthiness"<sup>19</sup>. Consequently, the analysis of the quality of sleep contributes to the implementation of actions aimed at health promotion and disease prevention.<sup>20</sup>

Poor sleep quality increases the likelihood of stress, anxiety, depression, and risk behaviors for alcohol consumption.<sup>10</sup> This data corroborates to understand a possible cause for a significant number of mental disorders identified in the users seen in our study. We detected an expressive number of clients with compromised sleep quality, including night fears, contributing to recognize a picture of mental suffering triggered by sleep.

As for appetite, a considerable percentage of the clientele showed an irregular habit. The risk eating behaviors for eating disorders, such as restrictive and compulsive eating, are associated with negative mood.<sup>21</sup> And when it comes to negative mood, it was present in the frequencies of our study.

Regarding the clinical history, the significant presence of clients who reported not having an underlying disease, although most of them had a family history of the disease, shows that the search for ICP services is not centered only on disease relief. In general, the search for care was related to the relief of mental suffering, or even to the promotion of psychological health.

The symptom of pain, whether in the spine or joint, also represented a relevant finding in the clientele who sought care in ICP. There is a high prevalence of anxious and depressive symptoms in individuals who present chronic pain.<sup>22</sup> Therefore, the symptom of pain must not be seen only as a physical issue, but it must be recognized that its existence leads to mental suffering.

## CONCLUDING REMARKS

It is evident that the assistance in ICP has been sought by the population that manifests a certain degree of mental suffering, especially the group of women with high education. The recognition of the profile of the clientele that seeks a consultation in the ICP becomes a fundamental step to improve the reception and care of the main health needs of this population and to provide the planning of actions that stimulate the access of the public (male and/or less educated) commonly not assisted by the practice.

The study has limitations in terms of the lack of data regarding the follow-up of the care provided. Therefore, it is recommended that future research describe the impact of ICP on the body-mind-soul of its assisted clientele, focusing on the benefits of the practice perceived by them.

## REFERENCES

1. Fischborn AF, Machado J, Fagundes NC, Pereira NM. A política das práticas integrativas e complementares do sus: o relato de experiência sobre a implementação em uma unidade de ensino e serviço de saúde. *Cinergis*. 2016; 17(4 Suppl1) Disponível em: <http://dx.doi.org/10.17058/cinergis.v17i0.8149>
2. Lemos CS, Rodrigues AGL, Queiroz ACCM, Galdino Júnior H, Malaquias SG. Práticas integrativas e complementares em saúde no tratamento de feridas crônicas: revisão integrativa da literatura. *Aquichan*. 2018; 18(3). Disponível em: <http://dx.doi.org/10.5294/aqui.2018.18.3.7>
3. Gohara RIFM, Portella, CFS. Práticas integrativas e complementares: a contribuição do naturólogo como integrante de equipes de saúde no SUS. *Cad.Naturol. Terap. Complem*. 2017; 6(11).Disponível em: <http://dx.doi.org/10.19177/cntc.v6e11201711-19>
4. Mendes DS, Moraes FS, Lima GO, Silva PR, Cunha TA, Crossetti MGO, *et al*. Benefícios das práticas integrativas e complementares no cuidado de enfermagem. *Journal Health NPEPS*. 2019; 4(1). Disponível em: <http://dx.doi.org/10.30681/252610103452>
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política nacional de práticas integrativas e complementares no SUS: atitude de ampliação de acesso. 2 ed. Brasília: Ministério da Saúde, 2015. Disponível em: [https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_praticas\\_integrativas\\_complementares\\_2ed.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf)
6. Climaco LCC, Almeida JS, Ferraz IS, Aragão SA, Duarte ACS, Boery RNSO. Conhecendo as práticas integrativas e complementares em saúde: oficina educativa. *Rev enferm UFPE online*. 2019; 13(4). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237410/31862>
7. Calado RSE, Silva AAOB, Oliveira DAL, Silva GAM, Silva JCB, Silva LC, *et al*. Ensino das práticas integrativas e complementares na formação em enfermagem. *Rev enferm UFPE on line*. 2019; 13(1). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237094>
8. The R Foundation [homepage internet]. The R Project for Statistical Computing [acesso em 15 nov 2019]. Disponível em: <https://www.r-project.org/>
9. Carneiro VSM, Adjuto RNP, Alves KAP. Saúde do homem: identificação e análise dos fatores relacionados à procura, ou não, dos serviços de atenção primária. *Arq. Ciênc. Saúde UNIPAR*. 2019; 23(1). Disponível em: <https://doi.org/10.25110/arqsaude.v23i1.2019.6521>
10. Galvão A, Pinheiro M, Gomes MJ, Ala S. Ansiedade, stress e depressão relacionados com perturbações do sono e vigília e consumo de álcool em alunos do ensino superior. *Revista Portuguesa de Enfermagem de Saúde Mental*. 2017; (5). Disponível em: <http://dx.doi.org/10.19131/rpesm.0160>
11. Ruas ECM, Ribeiro APG. Campanhas educativas de controle do tabagismo: do vício moral ao estilo de vida saudável. *RECIIS*. 2019; 13(4). Disponível em: <https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/1629>
12. Amorim TA, Lucchese R, Silva Neta EM, Santos JS, Vera I, Paula NI, *et al*. Determinantes de saúde mental e abuso de substâncias psicoativas associadas ao tabagismo. Estudo de caso controle. *Ciênc. saúde coletiva*. 2019; 24(11). Disponível em: <http://dx.doi.org/10.1590/1413-812320182411.02752018>
13. Masento NA, Golightly M, Field DT, Butler LT, Reekun CMV. Effects of hydration status on cognitive performance and mood. *British Journal of Nutrition*. 2014; 111(1028). Disponível em: <https://doi.org/10.1017/S0007114513004455>
14. Pedersen BK, Saltin B. Exercise as medicine—evidence for prescribing exercise as therapy in 26 different chronic diseases. *Scand J Med Sci Sports*. 2015; 25(3). Disponível em: <https://doi.org/10.1111/sms.12581>
15. An KY. Physical activity level in Korean adults: the Korea National Health and Nutrition Examination Survey 2017. *Epidemiol Health*. 2019; 41. Disponível em: <https://doi.org/10.4178/epih.e2019047>
16. Galvão A. “Coaching” de saúde e bem-estar na promoção da saúde mental. *Revista Portuguesa de Enfermagem de Saúde Mental*. 2019; (22). Disponível em: <http://dx.doi.org/10.19131/rpesm.0257>
17. Rodrigues MES, Silveira TB, Jansen K, Cruzeiro ALS, Ores L, Pinheiro RT, *et al*. Risco de suicídio em jovens com transtornos de ansiedade: estudo de base populacional. *Psico-USF*. 2012; 17(1). Disponível: <https://doi.org/10.1590/S1413-82712012000100007>
18. Jagannath A, Taylor L, Wakaf Z, Vasudevan SR, Foster RG. The genetics of circadian rhythms, sleep and health. *Human Molecular Genetics*: 2017; 26,(R2). Disponível em: <https://doi.org/10.1093/hmg/ddx240>
19. Garcia AS, Louro TQ, Santiago LC, Silva RCL, Barbosa MTS, Silva VRF, *et al*. Avaliação da qualidade do sono de pós-graduandos de enfermagem. *Rev enferm UFPE online*. 2019; 13(5). Disponível em: <https://doi.org/10.5205/1981-8963-v13i05a239167p1444-1453-2019>
20. Lopes HS, Meier DAP, Rodrigues R. Qualidade do sono entre estudantes de enfermagem e fatores associados. *Semina: Ciências Biológicas e da Saúde*. 2018; 39(2). Disponível em: <http://dx.doi.org/10.5433/1679-0367.2018v39n2p129>

21. Fortes LS, Cipriani FM, Paes ST, Coelho FD, Ferreira MEC. Relação entre o estado de humor e os comportamentos alimentares de risco para os transtornos alimentares em adolescentes. *J. bras. psiquiatr.* 2016; 65(2). Disponível em: <https://doi.org/10.1590/0047-2085000000117>
22. Pinheiro RC, Uchida RR, Mathias LAST, Perez MV, Cordeiro Q. Prevalência de sintomas depressivos e ansiosos em pacientes com dor crônica. *J. bras. psiquiatr.* 2014; 63(3). Disponível em: <https://doi.org/10.1590/0047-2085000000028>