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RESEARCH

O perfil de mulheres hipertensas no climatério atendidas no programa hiperdia

The profile of hypertensive women in climacterium attended at the program hiperdia

El perfil de las mujeres hipertensivas en el climaterio asistidas en el programa hiperdia

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ABSTRACT

Objective: To characterize climacteric women according to the socio-economic and demographic profile, beyond analyzing the life habits and food and clinical-laboratorial profiles and gynecological characteristics. **Methods:** This is a descriptive study, of a quantitative approach, evaluated with 59 hypertensive women in climacterium, enrolled in Hiperdia, the Program of the Ministry of Health in São Luís- Maranhão. **Results:** It was found that this group is characterized mostly by women with brown color, in old age, with low education, working at home, have no smoking or consuming alcohol, do not exercise, do diet, already entered to menopause starting between 45 and 49 years old. **Conclusion:** It was found in this study the importance of health professionals of this level of complexity to develop strategies for early diagnosis, prevention, health promotion to hypertensive women during the climacterium. **Descriptors:** Nursing, Women's health, Climacterium.

RESUMO

Objetivo: Caracterizar mulheres no climatério segundo o perfil socioeconômico e demográfico, além de analisar os hábitos de vida e perfis alimentar e clínico-laboratorial e as características ginecológicas. **Métodos:** Trata-se de um estudo descritivo, de abordagem quantitativa, em que foram avaliadas 59 mulheres hipertensas no climatério cadastradas no Programa Hiperdia do Ministério da Saúde do município de São Luís-MA. **Resultados:** Constatou-se que este grupo de mulheres se caracteriza em sua maioria de cor parda, em idade avançada, com baixa escolaridade, que trabalham em seu lar, não possuem hábito de fumar nem de consumir bebida alcoólica, não praticam atividade física, fazem dieta, já entraram na menopausa com início entre 45 e 49 anos. **Conclusão:** Verificou-se nesse estudo a importância dos profissionais de saúde desse nível de complexidade desenvolver estratégias de diagnóstico precoce, prevenção, promoção de saúde às mulheres hipertensas na fase no climatério. **Descritores:** Enfermagem, Saúde da mulher, Climatério.

RESUMEN

Objetivo: Caracterizar las mujeres en climaterio según su perfil socio-económico y demográfico, además de analizar los hábitos de vida y los perfiles alimentar y clínico-laboratorial y las características ginecológicas. **Métodos:** Se realizó un estudio descriptivo, con un enfoque cuantitativo, con 59 mujeres hipertensas en climaterio que fueron evaluadas e inscritas en el Programa HIPERDIA del Ministerio de Salud de São Luís-Maranhão. **Resultados:** Se encontró que este grupo de mujeres se caracteriza principalmente por el color marrón, en la vejez, con bajo nivel educativo, que trabajan en casa, no tienen hábito de fumar o consumir alcohol, no hacen ejercicio, hacen dieta, ya entraron en la menopausia, comenzando entre los 45 y los 49 años. **Conclusión:** Se encontró en este estudio la importancia de los profesionales de salud de ese nivel de complejidad desarrollar estrategias para el diagnóstico precoz, la prevención, promoción de la salud de las mujeres hipertensas durante el climaterio. **Descriptor:** Enfermería, Salud de la mujer, Climaterio.

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INTRODUCTION

Climacterium is defined as a period of transition between reproductive and non-reproductive years of women that happens in middle age.¹This is a physiological process resulting from ovarian follicular depletion that occurs in all women from 35 to 40 years old, ending at the age of 65.²From the foregoing, it is understood that menopause is not a disease but a natural phase of a woman's life and many pass through it without complaints or need for medications. However, there is the importance of place in this life stage systematic monitoring aimed at health promotion, early diagnosis, immediate treatment of injuries and damage prevention.³In the Action Plan of the National Policy for Integral Attention to Women's Health has the objective to deploy and implement the health care of women in menopause at the national level, where the primary health, discusses the implementation of differentiated practice and innovative by the professional staff of the Family Health Strategy.⁴Thus, the present study aims to characterize postmenopausal women according to socioeconomic and demographic profile, in addition to analyzing the habits and food profiles and characteristics gynecological.

METHOD

This is a descriptive study, with a quantitative approach, which evaluated 59 hypertensive women during menopause enrolled in the Program Hiperdia of the Ministry of Health of São Luís - MA. The research was initiated with the approval of the Ethics Committee with protocol number: 23115/007640/2009-93. Presented the following inclusion criteria: women who presented systolic blood pressure levels ≥ 140 mmHg and / or diastolic ≥ 90 mmHg on three measurements at different times or prior diagnosis of hypertension (high blood pressure) in use of antihypertensive medication, and age 35-65 years old, accompanied by the Family Health program and enrolled in Hiperdia. The interview was held after the signing of the consent form by women, in compliance with the rules of Resolution 196/96 of the National Health Data analysis was calculated by the statistical program Epi Info 2008 version 3.5.1.

RESULTS

In this study with 59 postmenopausal women, we observed in Table 1 that more than half of the women interviewed, 62,7% (n = 37), are brown. The age distribution was similar, with a range of 60 to 65 years with the largest number, a value of 27,1% (n = 16). As for schooling, 30,5% (n = 18) did not complete elementary school, but realizes also a large number of illiterate women, 25,4% (n = 15). Most women do not professionalized 94,9% (n = 56) and 59,3% (n = 35) primarily engaged in the services of the home. Also notable was that 55,9% (n = 33) of all women living with a survey of family income 1-1 minimum wage and a half. A large number of women are married, 55,9% (n = 33), and have more than 4 children, 42,4% (n = 25).

Table 1 - characteristics of the socio-economic profile of hypertensive patients served in the program HIPERDIA in a basic health Unit. São Luís (MA). 2009-2010.

Variables	n	%
Race/Color		
White	11	18,6
Black	10	16,9
Brown	37	62,7
Yellow	1	1,7
Age		
35 - 44	13	22,0
45 - 49	6	10,2
50 - 54	11	18,6
55 - 59	13	22,0
60 - 65 yearsold	16	27,1
Schooling		
Illiterate	15	25,4
Literate	10	16,9
Incompleteelementaryschool	18	30,5
Elementaryschool complete	7	11,9
High schoolincomplete	3	5,1
Complete high school	5	8,5
Profession		
Technician	2	3,4
Magisterium	1	1,7
None	56	94,9
Mainactivity		
Domestic	10	16,9
Housewife	35	59,3
Other	9	15,3
None	5	8,5

Family income

< 1 Minimumwage	15	25,4
1 - 1/2 Minimumwage	33	55,9
> 1/2Minimumwage	8	13,6
None	3	5,1

Marital status

Single	16	27,1
Married	33	55,9
Widower	7	11,9
Separated	3	5,1

Children

None	2	3,4
1- 2	17	28,8
3 - 4	15	25,4
More than4	25	42,4

Total	59	100
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It was found in Table 2 that the most significant in its own property, 91,5% (n = 54), where 61% reported having 4-6 rooms in your home. As for the number of people living with them, 57,6% (n = 34) reported 4-6 people in your home. As for sanitation, 66,1% (n = 39) is garbage collected, 91,5% (n = 54) consume boiled water, and 84,7% (n = 50) have a sump for the fate of feces and urine.

Table 2 - Characteristics of the demographic profile of hypertensive patients treated in the program HIPERDIA in a Basic Health Unit Sao Luis. From 2009 to 2010.

Variables	N	%
Home situation		
Given	3	5,1
Rented	2	3,4
Own	54	91,5
Number of persons in household		
1 - 3	17	28,8
4 - 6	34	57,6
> 6	8	13,6
Numberofrooms		
1 - 3	17	28,8
4 - 6	36	61,0
> 6	6	10,2
Trashdestination		
Collected	39	66,1
Burned	11	18,6
Open sky	9	15,3
Watertreatment		
Boiled	54	91,5
Filtered	1	1,7

Without treatment	4	6,8
Fate of feces and urine		
Sewer system	5	8,5
Septic tank	50	84,7
Open sky	4	6,8
Total	59	100

Identified in Table 3 that 61 % (n = 33) cited television as the primary means of communication and 57,6 % (n = 34) did not participate in community group . Furthermore , a significant number does not perform physical activity, 76,3% (n = 45) , however, only 3,4% (n = 2) is smoking , 55.9 % (n = 57) never smoked, and 83,1 % (n = 49) do not live with smokers . As for alcohol consumption , the vast majority , 94,9 % (n = 56) did not have this habit and 76,3 % (n = 45) never consumed . An interesting finding is that 81,4 % (n = 48) of these women in the study consider themselves stressed or nervous , highlighting the main reasons that triggers this situation personal problems (27,1 %) and family conflict (33,3 %) . As the frequency of this episode of stress or nervousness , the number of women who are always or occasionally in this situation is similar , with 43,8 % (n = 21) and 56.3 % (n = 27) , respectively. Note how most cited method to relax , use of medication or tea , 18,8% (n = 9) , but a greater number of women , 35,4 % (n = 17) , does not use any method . When asked the situation in seeking a health service, 54,2 % (n = 32) of respondents answered that they are regularly consulted.

Table 3 - Characteristics of the habits of life of hypertensive patients treated in the program HIPERDIA in a Basic Health Unit Sao Luis. From 2009 to 2010.

Variables	N	%
Performs physical exercise		
Yes	14	23,7
No	45	76,3
Smoker		
Yes	2	3,4
No	57	96,6
Former smoker		
Yes	26	44,1
No	33	55,9
Live with smoker		
Yes	10	16,9
No	49	83,1
Alcoholic beverage consumption		
Yes	3	5,1
No	56	94,9
Former alcoholic beverage consumerist		
Yes	14	23,7
No	45	76,3
It is considered stressed or nervous		
Yes	48	81,4

No	11	18,6
Situation that leaves stressed		
Noise	2	4,2
Personal problems	13	27,1
Marital conflicts	2	4,2
Family disputes	16	33,3
Disorder	5	10,4
Other	10	20,8
Frequency of stress		
Always	21	43,8
Eventually	27	56,3
Method to relax		
Music	2	4,2
Medicine/tea	9	18,8
Reading/prayer	2	4,2
Rest/sleep	8	16,7
Other	10	20,8
None	17	35,4
Occasion of looking for health service		
Periodically	32	54,2
When feels something	16	27,1
Urgent cases	10	16,9
Other	1	1,7
Total	59	100

Table 4 shows that a significant number of women do not realize diet, 83,1% (n = 49), have 3-4 meals per day, 79,7% (n = 47), uses vegetable fat in their foods, 88,1% (n = 52), with food and consumes too much salt, 93,2% (n = 55). When asked about the type of meal, 37,3% (n = 22) did not have the habit of consuming fat, and 28,8% (n = 17) has the full power.

Table 4 - Characteristics of the dietary profile of hypertensive patients treated in the program HIPERDIA in a Basic Health Unit Sao Luis. From 2009 to 2010.

Variables	n	%
Performs diet		
Yes	10	16,9
No	49	83,1
Number of meals		
1 - 2	4	6,8
3 - 4	47	79,7
5 - 6	8	13,6
Type of meal		
Except fat	22	37,3
Except protein	3	5,1

Exceptfruit	2	3,4
Exceptvegetables	3	5,1
Except 2 of the previous options	12	20,3
Complete	17	28,8
Kind of fat consumed		
Vegetal	52	88,1
Animal	2	3,4
Vegetal and animal	5	8,5
Consumption of food with too much salt		
Yes	4	6,8
No	55	93,2
Total	59	100

Identified in Table 5 that 69,5% (n = 41) of the women had entered menopause, the main symptoms that started ages between 40 and 44 years in 34,1% (n = 14), and between 45 and 49 in 39% (n = 16). This event occurred in the majority of these women are 11 to 20 years, equivalent to 39% (n = 16) of the total, with only 12,2% (n = 5) had medical and 7,3% (n = 3) drug treatment.

Table 5 - Characteristics of gynecological menopausal women with arterial hypertension treated at HIPERDIA Program in a Primary Health São Luís - MA. From 2009 to 2010.

Variables	N	%
Already in menopause		
Yes	41	69,5
No	14	23,7
Does notknow	4	6,8
Total	59	100
Age when initiated the symptoms		
30 - 34	2	4,9
35 - 39	4	9,8
40 - 44	14	34,1
45 - 49	16	39,0
50 - 55 yearsold	4	9,8
Does notknow	1	2,4
Total	41	100
Howlong		
< 5 years	6	14,6
5 - 10	10	24,4
11 - 20	16	39,0

	> 20 years	8	19,5
	Does not know	1	2,4
Total		41	100
Had/have medical follow-up			
	Yes	5	12,2
	No	36	87,8
Total		41	100
Medicinal treatment			
	Yes	3	7,3
	No	38	92,7
Total		41	100

DISCUSSION

By analyzing the socioeconomic profile, the Brazilian Institute of Geography and Statistics shows in a study in 2010 that Brazil has a greater number of browns in Northeast.⁵In Study data Hearts of Brazil, the percentage of subjects with hypertension (BP > 140/90 mmHg) was higher in the population of black race or color, covering 34.8% of the survey participants. 6 Among the browns / mulattoes the percentage was 26.3%, 29,4% white, 11,1% indigenous and yellow10%.⁷The number of hypertensive women increased with age, showing a direct proportion between age and rise of hypertension. This fact is confirmed by a review of Brazilian literature from 1990 to 2003, which found that the prevalence of hypertension among adults in Brazilian cities ranged between 20% and 30%, noting that hypertension increased with age.⁸

Several studies have evaluated the association between hypertension and the economic situation. Low educational levels observed in this study allows us to consider a direct relationship with low socioeconomic status also observed, which in turn is associated with other risk factors for hypertension.⁹In addition there is a large percentage with little education, there are a significant number of women in this study who are illiterate and can also characterize the low education. As a result, we can see a large number of women who are not professionalized and thus became the home or domestic. Due to this fact, many of them do not provide financial aid to the home and, when they are providers of family income, it is low wages, a result observed in this study. A survey in São Paulo, with respect to the main activity, the categories that had the highest percentage were housewives (34,4%) and domestic services (15,6%), categories such as most also observed in this study.¹⁰

In Umuarama (Paraná), the study showed in their study that the prevalence of hypertension was higher among those with lower income.¹¹A reality possibly observed in

women in this study is that the lack of financial resources is coupled with poor access to health services and treatment compliance, for example, when it comes to the purchase of medicines.¹²

The marital status in this study deserves attention, since the vast majority is married women who have more than 4 children, ie those who have family support and was expected to have a greater control of the pressure. Its family support offered not only by the spouse, but other family members would tend to support the hypertensive, facilitating their adherence to treatment and how to control blood pressure.¹²

With regard to demographics, there is a large number of women with homeownership, 4-6 rooms, with 4-6 people. In a study conducted in Ribeirão Preto (SP), there is a similarity in the results, where the majority of the elderly also owned their own home (64,8%).¹⁰ These data show that these women mostly have fixed housing, which contributes to a good development of the activities of the health team. Because there is a greater chance to stay in where they live and have family support, health professionals can contribute more satisfactory to the promotion of health of these women.

Another result observed was a large part of women having the garbage collected at their homes, similar to the study in Salvador, where in both studies there were also people who discard garbage in the open or burn.⁹ However, there are differences between these studies, since it consumes most of this study boiled water while the water consumption by most of the study in Salvador was filtered water. This reality observed in women in this study is seen in the community in which they live, but are factors that also show a precarious place attention on sanitation. Another finding that differs is the fate of feces and urine, where half of the interviewees in this research make use of septic tank. In one study, the sewage was used by the majority despite a large number of households with septic tank and a minority to open.⁹

Regarding the behavioral profile, exercise, performed difficult tracking, as also observed in this study in Umuarama (PR).¹¹ In the population aged 30-69 years in the state of São Paulo, showed that less than 50% of women are active.¹³ Regarding this practice, one cannot ignore that the prevalence of physical inactivity is observed in the general population, as demonstrated by this percentage 80,7%.¹⁴

Physical activity should be performed for at least 30 minutes of moderate intensity on most days of the week (at least 5 days) of continuous or accumulated. Realizing in this way, we obtain the desired benefits to health and the prevention of non-communicable diseases and injuries, with reduced risk of cardiocirculatory events such as heart attack and stroke.³

Habits such as smoking and alcohol consumption deserve attention in the characterization of a hypertensive population for its correlation with blood pressure levels and, consequently, should be away.¹² In this study, the number of women who never smoked reached more than half of the interviewees, and that smoke was a low percentage, given similar to a study in which 17,5% of women were smokers, 21,5% smoked in the past and 61% had never smoked.¹⁵ Although the proportion of smokers in this study have been lower than in other studies of women of the same age group, scholars warn that it is important to emphasize the consequences of smoking for women's health and can have consequences such as cancer, cardiovascular diseases and changes during menopause.¹⁵

Regarding the use of alcohol, there is a low number of women with this habit a result similar to that seen in a study in which 90,6% responded that they do not use alcohol, and 9,4% are use.¹⁰ Another study shows that mild to moderate intake of alcohol, equivalent to two drinks for men and one for women dose may be associated with lower incidence of cardiovascular disease.³ However, it is important to remember that excessive alcohol intake is an important risk factor for morbidity and mortality worldwide, and is a risk factor for stroke, atrial fibrillation and heart failure, so that the consumption of alcohol should not be stimulated so widespread.³

It is important to understand that the environment they live in hypertensive patients can provide stressful living conditions that drive them to the experience of negative emotions able to divert or demotivate them to control their disease.¹¹ That situation being experienced by this hypertensive research, since the large number of women who consider themselves stressed or nervous. In addition, other criteria to be analyzed is the majority cite family conflict as a situation that leaves them stressed, where, instead of becoming family support, is becoming the cause of the health problem these women, even if it is only occasionally. It is also necessary that these women seek methods to relax, being checked a percentage that does not perform these activities.

It is also evident that most of these women seeking health services periodically and this reality can be presented due to the diagnosis of hypertension, where they need to be going monthly medical consultation to ensure the antihypertensive drug. Another possibility for this demand is the periodic own the climacteric that these women are living, in which the symptoms are likely to become more frequent medical appointments. Knowledge and expectation of early menopause can be the determining factors in the demand for medical care for the treatment of climacteric.¹⁶

The aspects related to feeding profile were observed in this study that a small number of women carry diet, this disturbing factor for the prevention of CVD. Data from the American Heart Association shows that healthier eating habits, with the reduction of salt and cholesterol in the diet are important measures for reducing cardiovascular risk.¹⁷ A positive value observed in the diets of these women is a low percentage of consumption of food high in salt, use animal fat and the presence of fat in your daily diet. In an investigation, the reduction of salt and fatty foods were preserved non-pharmacological treatment of hypertension most cited.¹² The health care through interventions not only limited to the drug is observed in this group of women in the study.

In discussing the characteristics gynecological, was observed in the present study, the majority of women have entered the menopause, having a higher percentage with this occurrence around 40-49 years of age, this early age to expect. Another important fact is that a very small number of women interviewed had medical and drug treatment with hormone that stage of menopause. There are controversial studies on the use of hormone therapy, but studies explain that today is recognized that estrogen use is associated with an increased incidence of ischemic cardiovascular events as well as venous thromboembolism and gynecological cancer.³ There is also evidence in this study that indicate the use of any form or dosage of hormone therapy with estrogen and progesterone as a preventive measure cardiovascular.³

CONCLUSION

It was found that this group of women is characterized mostly mulatto, at an advanced age, low education, working at home, have no smoking or consuming alcohol, do not exercise, diet, already entered menopause starting between 45 and 49 years. Given this profile, it was found in this study the importance of health professionals that level of complexity develops strategies for early diagnosis, prevention, health promotion hypertensive women during the climacteric. The complexity of the topic, there is still much to investigate when it comes to women's health climate, since hormone replacement therapy there are many controversies, requiring further study in a larger group with adherence to the treatment. The smoking habits also deserve a more refined study with a larger sample of women smokers.

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