

Extension activities aimed at the prevention and treatment of gynecological and breast cancer: an experience report

AÇÕES EXTENSIONISTAS VOLTADAS PARA A PREVENÇÃO E O TRATAMENTO DO CÂNCER GINECOLÓGICO E DE MAMA: RELATO DE EXPERIÊNCIA

ACCIONES EXTENSIONISTAS VOLCADAS A LA PREVENCIÓN Y TRATAMIENTO DEL CÂNCER GINECOLÓGICO Y DE MAMA: RELATO DE EXPERIENCIA

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ABSTRACT

The objective of this study was to describe the experience of educational and health-care activities undertaken in a community regarding gynecological and breast cancer, in women with gynecological or breast cancer undergoing chemotherapy in the postoperative period, and also with their families or caregivers as part of an extension project. Activities were organized in two ways: as prevention strategies, developed with women in basic health units, high schools and in public squares; and as health care activities carried out in wards of a hospital in Minas Gerais and at home. The range of activities involved about 800 users. The themes discussed were health promotion and risk factors for breast and gynecological cancer. The nursing care focused on the postoperative period and chemotherapy treatment, extending to home and families or caregivers. In conclusion, this type of activity promotes comprehensive care and facilitates academic learning.

DESCRIPTORS

Genital neoplasms, female
Breast neoplasms
Oncologic nursing
Health education

RESUMO

O presente estudo teve como objetivo relatar a experiência de atividades educativas e assistenciais desenvolvidas em coletividade, sobre câncer ginecológico e de mama e com mulheres portadoras de câncer ginecológico e de mama em tratamento quimioterápico e em pós-operatório e seus familiares/cuidadores, por meio de um projeto de extensão universitária. As atividades foram organizadas de duas formas: ações de prevenção, desenvolvidas com mulheres em unidades básicas de saúde, escolas de ensino médio e praças públicas; e ações assistenciais realizadas em enfermarias de um hospital do interior de Minas Gerais e em domicílio. No conjunto das atividades, foram abordados aproximadamente 800 beneficiários. Os temas trabalhados foram: promoção da saúde e fatores de risco para o câncer ginecológico e de mama. A assistência/cuidados de enfermagem focaram o pós-operatório e o tratamento quimioterápico, estendendo-se ao domicílio e aos familiares/cuidadores. Conclui-se que atividades como estas promovem assistência integral e facilitam o aprendizado acadêmico.

DESCRITORES

Neoplasias dos genitais femininos
Neoplasias da mama
Enfermagem oncológica
Educação em saúde

RESUMEN

El estudio objetivó relatar la experiencia de actividades educativas y asistenciales desarrolladas en colectividad, sobre cáncer ginecológico y de mama, y con mujeres portadoras de cáncer ginecológico y de mama en quimioterapia y en postoperatorio y sus familiares/cuidadores, mediante un proyecto de extensión universitaria. Las actividades se organizaron de dos modos: acciones de prevención, desarrolladas con mujeres en unidades primarias de salud, escuelas de enseñanza media y plazas públicas; y acciones asistenciales efectuadas en enfermería de hospital del interior de Minas Gerais y en domicilio. En el conjunto de las actividades, fueron abordados unos 800 beneficiarios. Los temas trabajados fueron: promoción de salud y factores de riesgo para cáncer ginecológico y de mama. La atención/cuidados de enfermería enfocaron el postoperatorio y la quimioterapia, extendiéndose al domicilio y a familiares/cuidadores. Se concluyó en que actividades como estas promueven atención integral y facilitan el aprendizaje académico.

DESCRIPTORES

Neoplasias de los genitales femeninos
Neoplasias de la mama
Enfermería oncológica
Educación en salud

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INTRODUCTION

The term cancer is used generically to represent a set of more than 100 diseases, including malignant tumors of different locations. A major cause of disease and death in Brazil since 2003, malignant neoplasms constitute the second leading cause of death in the population and have become a worldwide public health problem⁽¹⁾. Estimates for the years 2010 and 2011 in Brazil, indicate the occurrence of 489,270 new cases of cancer. With the exception of non-melanoma skin cancer, the most common cancers in females are breast and cervical cancers, and in males, prostate and lung cancers⁽¹⁾. In 2010, 253,030 cases are expected for females, 49 thousand of which will be breast cancer and 18 thousand cervical cancer. Given this scenario, there is the need to invest in the development of cancer control actions, covering the different levels of practice, such as: health promotion, early detection, patient care, surveillance, training of human resources, communication and social mobilization, research, and management of the Brazilian National Health System (SUS)⁽¹⁾.

Breast cancer is the second most common cancer worldwide and the most common among women. Each year, about 22% of new cancer cases in women are breast cancer. In Brazil, the mortality rates due to this type of cancer remain high, even though it is considered a cancer with a good prognosis when diagnosed and adequately treated. This is probably because the disease is diagnosed in the advanced stages⁽¹⁾. Cancer of the cervix is the second most common type of cancer among women, with approximately 500 thousand new cases per year worldwide, being responsible for the deaths of approximately 230 thousand women per year. The incidence of cancer of the cervix shows up in the age group 20 to 29 years and the risk increases in the age group 45 to 49 years. It is considered a cancer with great potential for prevention and cure when diagnosed early⁽¹⁾. In theory, to prevent cancer consists of reducing to the minimum or eliminating the exposure to carcinogenic agents, while minimizing the individual susceptibility to the effects of these agents. For this, the population should be informed about risk behavior, warning signs and the frequency of the preventive actions⁽²⁾.

Primary prevention is aimed at health promotion, resulting in increased well-being and in specific protection aimed at a type of injury⁽³⁾. This type of breast cancer and cervical cancer prevention is responsible for avoiding the onset of the disease by intervening in the environment and its risk factors. Though we are unable to change our genetic predisposition, we are able to perform actions regarding the exposure and the causal factors of the can-

cer⁽⁴⁾. Secondary prevention involves actions for early diagnosis and simplified treatment, understood as screening. For breast cancer, this type of prevention involves early diagnosis and treatment, therefore, providing greater chances of cure⁽⁵⁾. Early detection of cancer of the cervix is extremely important, since the curability can reach 100% and, in the majority of cases, the resolution occurs on an outpatient basis⁽⁴⁾. Cancer control is being developed at all the levels of complexity of care and with various therapeutic modalities. Therefore, educational and early diagnosis actions and combined therapeutic actions, such as surgery, chemotherapy, radiotherapy, hormone therapy and immunotherapy are proposed. Rehabilitation should be offered along with the therapeutic option, considering the life expectancy with quality provided by modern treatments⁽⁶⁾. In this context, nursing has been participating effectively in all the cancer control initiatives and has consistently taken on the care actions in the administration of the various modalities of treatment of the disease⁽⁷⁻⁸⁾.

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The concept of health education is associated with the concept of health promotion, which is related to processes that involve the participation of the entire population in the context of their quotidian lives. It aims to train these individuals in the pursuit of improving their health conditions, noting that this process aims to stimulate dialogue, reflection, shared action and questioning⁽⁹⁻¹⁰⁾. In this situation, the importance is noted of the development of educational practices that address the prevention of breast and gynecologic cancer, early detection, health promotion and treatment care. Therefore, the role performed by nurses in educational practices is extremely relevant, aiming at both the individual and the collective health, obtaining the transformation of the reality and the community participation in this process.

The present study aims to report the experiences of university extension activities developed in two areas: educational activities directed toward health promotion and prevention of breast and gynecological cancer, as well as care activities developed with women with gynecological and breast cancer and their family members.

METHOD

This study is an experience report of a university extension project, developed by the faculty and academic undergraduate of the degree course in Nursing of the Triângulo Mineiro Federal University/UFTM, in the municipality of Uberaba, MG. This project is linked to a research project which interfaces with a university extension project, called *Integral care for the gynecological and breast*

cancer sufferer, funded by the Foundation for Research Support of Minas Gerais-FAPEMIG. The activities were carried out from May 2009 to September 2010. The university extension actions performed through this project involved educational activities aimed at prevention and care of gynecological and breast cancer. The methodological procedures were developed in two contexts, one being the promotion of health education meetings with groups of women in primary health units, high schools and public squares, regarding the prevention and early diagnosis of gynecologic and breast cancer, in the municipality of Uberaba, MG.

In the care context, they consisted of participating in the oncological care activities developed in the wards and chemotherapy center of the Clinical Hospital-HC/UFTM, with women suffering from gynecological and breast cancer, undergoing chemotherapy treatment and in the perioperative period of oncology surgery, such as pre and postoperative care and administration of antineoplastic chemotherapy; providing domiciliary care, in the postoperative period, management of the collateral effects of antineoplastic chemotherapy and rehabilitation of the client; offering care to the family member/caregiver through support and guidance for the provision of supportive care. In relation to health education aimed at prevention, educational activities were carried out with issues related to health promotion, disease prevention and early diagnosis of gynecologic and breast cancer. The care activities were focused on nursing care and guidance regarding self-care and post-operative care.

All these activities involved approximately 800 people, including women participants of the collective events and actions aimed at health promotion and prevention of gynecological and breast cancer, and women suffering from these cancers, their family members and caregivers. It should be noted that women were the majority. In the development of the project, an attitude of service to the clients and their families and caregivers was adopted, built on the real needs and doubts presented. Dialogue and the exchange of knowledge and experience were used. It is believed that the methodology of Paulo Freire is a reference for educational practices in health⁽¹¹⁾. The project was registered in the Information Extension System-SIEX, under number 56975/2009.

RESULTS AND DISCUSSION

In the development of this project, 12 educational activities were performed in Units of the Family Health Program-FHP, Basic Health Units-BHU, high schools, public squares and at fairs. In the HC/UFTM patients suffering from gynecological cancer and breast cancer undergoing chemotherapy treatment, and those undergoing onco-gynecological surgeries were followed. In this care context, the actions were also expanded to the domicile care of these patients. In the set of activities developed, approxi-

mately 800 beneficiaries were covered. The themes discussed were health promotion and risk factors for breast cancer, breast self-examination, clinical breast examination and mammography; prevention and risk factors for cancer of the cervix, the Papanicolaou examination and cervical cancer screening. Within the healthcare context, the themes discussed were the nursing care in the perioperative period and in the chemotherapy treatment.

The educational activities performed in the BHU and the FHP were aimed at health education for the staff and community, where the themes of breast cancer prevention, the breast self-examination, the mammography, cervical cancer prevention and the importance of the Papanicolaou examination were addressed, highlighting the importance of prevention and the prognosis when diagnosed at an early stage. There was great participation by the women and the team, who had several questions regarding the theme. The activities were conducted in small groups, so that dialogue and exchange of knowledge and experience could be facilitated. Demonstrative material was presented and ludic activities were carried out, which provided greater interaction between the group and the students. The health service must be aware of its role in clarifying and employing educational campaigns that could be disclosed in the media, focusing on all types of cancers that compromise the health of women⁽¹²⁾.

The actions developed in the high schools consisted of educational activities regarding the prevention/early detection of breast cancer. Two meetings were held with an audience of 30 people, where demonstrative material regarding the examination of the breasts was used and leaflets were distributed. The activities were held through conversations, in which the aim was to detect the degree of public awareness of the theme. Questions were raised about the cancer and about living with the disease in the family, giving information about these subjects and answering any questions. In a study performed with 476 high school students of public night schools of the city of Uberaba/MG, the authors concluded that, after the performance of university extension activities in health education, the participants had an increase of 24% of correct answers in the questionnaire which covers the understanding of the Papanicolaou examination⁽¹³⁾. In the public square and in the fair, the activities were aimed at public conscientization regarding breast cancer prevention and self-care. Illustrative material was used, with leaflets on self-examination distributed and explanations offered regarding the mammography.

The nursing care activities developed in the hospital context were related to the monitoring of the administration of antineoplastic chemotherapy to the patients and the perioperative period of gynecological cancer and breast cancer sufferers. At this time, the activities referred to the provision of guidance and care for the demands presented individually by the patients. Nursing plays a fundamental role in preventive care, developing strategies that motivate

and mobilize the professionals involved to perform this care. One such strategy is to provide guidance regarding the importance of carrying out preventive examinations, through information and advice, to promote self-awareness, to develop trust and respect between the participants and to make this process occurs in an interactive way⁽¹²⁾.

In the service of nursing care for the administration of chemotherapy, 118 patients were treated and the actions consisted of admission of the patients, confirmation of attendance of the patients at the pharmacy, verification of vital signs, guidance regarding the intake of plenty of fluids, guidance of the patient to report any symptoms of pain, burning, itching, tingling, or any sign of redness and swelling during the infusion of the chemotherapy, installation of serotherapy, previous administration of antiemetics, as prescribed by the physician, to prevent or control nausea and vomiting, and care throughout the entire period of chemotherapy infusion. Guidance was given regarding the collateral effects and precautions to be taken after undergoing chemotherapy, in addition to the delivery of the referrals to the patients, guidance concerning scheduling of the return appointment and the use of the emergency room of the HC/UFTM in cases of complications. During this care, appointments were made for the domicile visits, with 30 follow-ups conducted in the domicile.

Chemotherapy is a systemic treatment modality where the antineoplastic agents are toxic to all rapidly proliferating tissue, normal or cancerous, characterized by a high mitotic activity and a short cell cycle and, therefore, has the appearance of collateral effects as a result⁽¹⁴⁾. Thus, the participation of nurses in the monitoring and management of the collateral effects caused by chemotherapy is very important. During the domicile visits offered to the patients undergoing chemotherapy, vital signs were measured, a questionnaire about signs and symptoms of bone marrow suppression (weakness, pain, bleeding, fever, infectious process, diarrhea, petechiae, ecchymosis) was applied, nursing interventions were performed for the demands presented, guidance was given concerning rest, physical exercise, proper personal hygiene, fluid intake, a balanced diet during the chemotherapy period and the use of analgesic for pain, as prescribed by the physician.

Myelosuppression caused by the chemotherapy can be mild or moderate and the patient may present signs and symptoms of infection, with them being instructed to seek the physician if the body temperature is greater than 37.7°C. The presence of fever between 7th and 14th day after the application of chemotherapy should be taken seriously, because it can be a sign of infection⁽¹⁵⁾. The patients were also advised to avoid crowds and contact with sick people, to maintain good oral and bodily hygiene, to avoid falls and injuries, to call the physician if they show any signs or symptoms of bleeding, to use a soft bristle toothbrush, to maintain an adequate diet and to sanitize food before consumption. Nausea and vomiting may occur and cause discomfort to the patients⁽¹⁵⁾. In the event of

these, the patients were advised to avoid sugary, greasy, salty, spicy or strong-smelling foods, to eat foods cold or at room temperature, in order to reduce their aroma and flavor, and to take the prescribed antiemetic medications at regular intervals.

The model of domicile healthcare is a recent strategy and a growing process, as a consequence of the diverse changes occurring in society, which aim to promote social change and improvements in the health system. This model is divided into different perspectives and activities, which are the care, the attendance, the hospitalization and the domicile visit⁽¹⁶⁾. In a study carried out in a mastectomy rehabilitation service in the state of São Paulo in 2010, it was observed that the guidance regarding self-care, performed during the domicile visit, was extremely important because it minimized the collateral effects of the chemotherapy and provided better quality of life to these women during the chemotherapy treatment⁽¹⁷⁾. The domicile visit is an important time for care to women undergoing chemotherapy, as the nurse gets to know the socioeconomic reality of the woman and also has the opportunity to engage with family members and caregivers. At this time, the woman can feel free to talk, expressing their doubts, complaints and feelings.

For women who were in the preoperative period, first, the vital signs were measured; soon after, the patients received information regarding the surgical ward, the stay in the recovery room after anesthesia, the approximate length of the surgery and about the return to the room. Many patients asked whether they could receive visits after the surgery, being informed that, upon returning to the room, they could receive visitors during the normal visiting hours of the hospital. They were advised about the possibility of the use of the suction drain and its importance, in order to minimize the fear of the device. They were also instructed about fasting, and in cases of gynecological surgeries, about the enema. This moment was ideal for detecting the expectations of the patient regarding the surgery, for answering questions relevant to the surgical procedure and for establishing an interaction, providing an environment in which the woman feels more secure and confident about the procedure. The preoperative period creates stress and anxiety due to the doubts about the surgical anesthesia, especially in people who have never undergone surgery before. According to a study conducted in Goiás, in 2008, through reports, it was noted that the situation of undergoing an operation was permeated by a lack of knowledge of the interviewees regarding the surgery, the surgical techniques, the anesthesia procedure and others, including the impact of these on their bodies⁽¹⁸⁾, which confirms the findings of the present study, since the majority of the patients had doubts about the surgery.

The multidisciplinary team should be aware of the particular problems of the cancer patient in the preoperative phase, because this moment is ideal for the identification of problems. Nursing plays a fundamental role in this context,

because the interaction with the patient begins here, identifying preexisting conditions, previous treatments, dietary habits, smoking and alcoholism, that may cause complications during and after the surgery, and providing guidance on the series of preoperative examinations⁽¹⁹⁾. Regarding the postoperative care, care was offered related to the demands, needs and to the hospital discharge, also the domicile visit was scheduled. In this context, 117 patients in the perioperative period were attended.

As part of the care activities aimed at cancer patients, follow-up visits were performed in the domicile, where nursing care was provided according to the demands presented. These demands referred to the basic human needs of nutrition and hydration, activity and exercise, hygiene, oxygenation, sleep, comfort, and bowel and urinary elimination. Also at this time, the families and caregivers of patients were approached with the aim of offering guidance and support, emphasizing their importance in this process. A total of 47 domicile visits were conducted to patients in the immediate postoperative period.

The domicile visit is an innovative strategy that involves both physical and emotional aspects, being able to contribute in the prevention, treatment and quality of life. It expands the vision concerning the patients and involves the environment in which they live and their community⁽¹⁷⁾. The domicile visit helps the nurse to identify the family structure and the lifestyles of its members, how they socialize and how they can contribute to the care process, cure or recuperation of one of its members. The domicile visit must be supported by a previous plan together with a set of systematic actions throughout the treatment process⁽²⁰⁻²¹⁾.

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This university extension project provided health education experiences in the various levels of complexity, since the educational activities should permeate all the levels of healthcare: primary, secondary and tertiary. In relation to gynecological and breast cancer, the prevention and treatment activities should involve actions according to the needs and moment of life of the women, encouraging individualized and humane nursing care.

CONCLUSION

Through the activities developed, we perceived the importance of health education in the context of cancer involving the female universe. The actions of health promotion are extremely relevant because they involve the women in the health-disease context, focusing on self-care. The family members/caregivers play a fundamental role in encouraging and supporting these women, both for those that seek to prevent and to those who are in treatment. We perceived the participation of the population in the collective activities developed as positive, showing themselves to be interested in participating in the dynamic and interacting with the students.

The university extension activities are essential for the academic formation, because they include the student in the community and in the development of hospital practices, an ideal time to understand the demands and problems, not only in primary, but also in secondary and tertiary healthcare. It is concluded that activities such as these encourage women in self-knowledge, in the prevention of gynecological and breast cancer, and provide a unique learning opportunity for the students.

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