What does the health professional needs to know about the care of transgender people

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ABSTRACT

Introduction: Transsexual people encounter a series of difficulties in medical care, both in the private and public health systems in Brazil.

Objectives: Demonstrate to health professionals the reality experienced by transsexual people when they need medical care in Brazil, in order to improve knowledge about the care of this population group.

Methods: Data collection was carried out in February 2020 with searches in electronic databases: Pubmed, Scielo, Lilacs and Google Scholar. The following descriptors were used: transgender; medical care; transsexual; cross-sex hormone therapy from 2000 to 2020.

Results: We found 720 publications with the keywords *transgender persons* and *medical care*, 30 with the keywords *transgender, medical care* and *cross-sex hormone therapy*, with few studies conducted in Brazil

Conclusion: To improve the health care of transgender people, it is necessary to insert specific disciplines on this topic in the curriculum of technical, undergraduate and graduate courses in the health area.

Keywords: Transgender person, Transsexual persons, Medical care, Hormone replacement therapy.

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https://doi.org/10.11606/issn.2176-7262.rmrp.2021.180051

INTRODUCTION

Historically, transsexuality has always existed, but in the 20th century, with the advent of hormone therapy (HT) and specific surgical procedures, trans people began to acquire a physical form very similar to a cisgender woman or man[1–3]. What determines Gender Identity for the transsexual person is the way they identify themselves, regardless of whether surgical procedures were performed, such as: mastectomy, hysterectomy, oophorectomy, thyroplasty, sex affirmation surgery, aesthetic procedures and plastic surgery.

The concept of gender and gender identity has been widely discussed, important authors such as Joan Scott, who in her work states that codifying the meaning of words is practically impossible, as ideas and the things they are intended to mean have a history and depend on the time, culture and situation in which they are employed[4].

Judith Butler, on the other hand, addresses the concept that today is the definition of the gender spectrum, criticizing the construction of identity as something finite and deterministic in character. It is understood that this process is continuous, manifested through its expression of gender. The author calls latent binarism into question, thus attesting to its fragility in the face of a diverse and plural world[5].

Transsexuality is an experience in gender; sex affirmation surgery and/or hormonal therapies do not define the person's sexual orientation, according to Berenice Bento[6].

The number of transsexual people seeking medical care seems to be increasing worldwide[3]. It is still uncertain how many individuals experience transsexuality over a lifetime. It is estimated to be around 4.6 per 100,000 people, but this number is probably underestimated[7]. A recent study suggests that the population of transsexuals in the USA is around 1 million adults[8]. In Brazil, there are no data that allow to quantify this population with precision.

Gender identity (GI) is how a person sees or perceives himself. There is a wide range of concepts and terms related to GI that can be misinterpreted. In Brazil, there is no consensus on the terms. The most accepted and used are male and female to define the biological sex, related to chromosomes, gonads and genital conformation. However, GI is socially constructed, due to cultural differences, determining what it is to be a man or a woman. Thus, everyone can be classified as cisgender, when the GA is the same as the biological sex, or transgender, when there is an incongruity regarding the sex of birth [9].(Table 1)

Sexual orientation refers to sexual and affective attraction to someone of any gender(s). There is no sexual orientation norm based on people's gender[10].

Currently, a transsexual woman is considered: any person who, although born as male in terms of biological sex, claims social and legal recognition as a woman, that is, a female gender. A transsexual man is considered: every person who was born as female biological sex claims social and legal recognition as a man, that is, a male gender[11].

Since 1980, transsexuality was considered a dysphoric disorder by the World Health Organization, present in the International Statistical Classification of Diseases and Related Health Problems (ICD 10) under the number F64.0, in chapter V which covered mental and behavioral disorders, generating a lot of discussions, anger and indignation of the transsexual community and people aware of what transsexuality is[12]. On June 18, 2018, the World Health Organization (WHO) launched the new classification, CID 11, which will come into force on January 1, 2022. In this new classification, transsexuality leaves the list of mental illnesses, where it was classified as gender dysphoria, and enters a new category called conditions related to sexual health, more specifically described as gender incongruence under the codes: HA60 (Adolescent or adult gender incongruence), HA61 (Childhood gender incongruence) and HA6Z (Gender incongruence, non-specific [13].

On 01/09/2020, the Federal Council of Medicine of Brazil updated parameters for the care of the transsexual population[14]. Resolution CFM No. 2.265/2019 provides the expansion of access to care for this population, establishing criteria for greater safety in the performance of treatments with hormones and surgical procedures for sexual adequacy. The adopted protocols are closer to those of the Endocrine Society[15].

There have been three major changes to this resolution:

1. Inclusion of all procedures and respective monitoring protocols (psychological, hormonal, and surgical)
2. Standardization of treatment in children and adolescents, where the council approves the follow-up
3. Unique therapeutic process (individualized)

Table 1. Main terms used for gender identity

RELATED TERMS	DESCRIPTION
Sex	Biological phenotype present at birth Male/ Female
Gender	How the person sees or perceives himself Male/ Female/ Neutral/ Bigender
Gender expression	How the person expresses, dresses or presents himself through the typically male, female or neutral
Transgender	Personal incongruity with one's biological sex (present at birth)
Transexuality	It is a social transition that the transgender person can go through, through gender expression or, if you wish, hormonal and/or surgical treatments
Transexual	It is the transgender person who goes through the transsexual process
Trans Female	Biologically a man who perceives himself as a woman
Trans Male	Biologically a woman who perceives himself as a man
Gay	Erotic and affective attraction for people of the same sex
Lesbianism	Erotic and affective attraction of one woman for another
Homosexuality	The man or woman whose erotic and affective desire is aimed at individuals of the same sex
Crossdressing	Dressing up in clothes of the opposite sex on specific occasions
Drag queen	A man who dresses up as a woman in a caricature way to perform artistic performances (singing and dancing)
Drag king	A woman who dresses up as a man in a caricature way to perform artistic performances (singing and dancing)
Transvestites	A concept that presents divergences, is a man who wears clothes and/or female hormones and does not feel discomfort with his genitalia
Non binary	When gender identity is neither male nor female, a combination of the two, or absence (neutrality)
Gender assertion	Multidisciplinary procedure that enables the trans person to adapt their body to their gender identity
Sexual orientation	It's independent of sex or gender, it's an affective attraction
Queer	Individual who does not correspond to a heteronormative pattern (biological sex, sexual orientation, gender identity and gender expression)
Intersexual	Individual who is in the variable between the two gender spectrum, any variation in sexual characters making it difficult to identify the individual as fully male or female
Asexual	Individual who has no sexual interest, a term not much discussed
LGBTQIA+	Lesbians, gays, bisexuals, transsexuals (or transvestites), queer, intersex, asexuals and others

Elaborated by the authors

Transsexual people, due to incongruence with their gender and/or sex at birth, face a stigmatized social prejudice and there is usually a lack of family support, causing countless damages to their health and social condition. Initially, with learning difficulties and high school dropout rates, harming their future and their socioeconomic condition. Transsexual people may experience discomfort or distress when opportunities to express that identity are denied or where that identity is not respected. They are often on the fringes of society, in risky situations. In much of the world, transgender people have difficulty accessing and/or using good quality health care, whether specific to gender needs or of a more general nature [12].

The health care of this population must be carried out by a multidisciplinary team composed of doctors, psychologists, nurses, and attendants trained to receive, welcome and serve them.

When there is the correct care and social support, symptoms are significantly attenuated, with better mental health quality and greater adherence to care, in a psychosocial way[16,17]. However, in general, transgender people face some challenges when seeking health services, compared to cisgender people, as most health professionals do not have adequate prior training, since this content is not part of the curriculum of courses in the health area, resulting in ineptitude on the part of professionals in view of the need to provide this care.

This article aims to demonstrate to health professionals the reality experienced by transgender people when they need medical care in Brazil, aiming to improve their knowledge about the care provided to this population group.

MATERIAL AND METHODS

A search was carried out in electronic databases: PubMed - MEDLINE (Medical Literature Analysis and Retrievel System Online), SciELO (Scientific Electronic Library Online) and LILACS (Latin American and Caribbean Literature in Health Sciences) in February 2020. The associated descriptors were used: transgender; medical care; transsexual; cross-sex hormone therapy and Brazil, between 2000 and 2020, we found 720 publications. When we use non-indexed databases, such as Google Schoolar, we find more than 69,000 publications.

RESULTS

Medical care in the Unified Health System (SUS)

In Brazil, there are nine SUS service centers that carry out the transsexualizing process (4 centers, located in Curitiba, Uberlândia, São Paulo and Rio de Janeiro, only carry out outpatient treatment with hormonal therapy and 5 centers, located in São Paulo, Rio de Janeiro, Goiânia, Recife and Porto Alegre, perform outpatient treatment with hormonal therapy and surgical treatment, sex affirmation surgery). Since 11/19/2013, under ordinance 2,803/GM[18]. Only the northern region of the country does not have this service. All centers have a multidisciplinary team consisting of: doctors, nurses and psychologists. There is a service protocol to be followed. Hormonal therapy (HT) provided by SUS for transsexual women is estrogen (Estradiol) and androgen blockers (Cyproterone Acetate or Spironolactone). For transsexual men, standard HT is made with Testosterone (Testosterone Cypionate or Testosterone Undecanoate), both injectables, or Testosterone Gel for transdermal use.

These service centers offer specialized assistance to people with an indication to undergo the transsexualizing process. It seeks to promote the psychosocial and clinical well-being of patients during their living process and/or adaptation to their gender identity/expression. They must offer humanized and multidisciplinary care, which may or may not culminate in the sex reassignment process. Given the lack of scientific studies and professionals trained for the specific health and care needs of this population in Brazil, these centers develop actions for the continued training of professionals who work there[19].

Brazil is one of the pioneer countries in public medical care aimed at transgender people in specialized centers. However, outside these places, whether in general and/or emergency outpatient care, professionals are not trained for such care and there is no specific training. It is not yet part of the curriculum of undergraduate courses in the health areas or medical residencies. In recent years, several articles have been published to improve care for the transsexual population [20-22].

Private medical care

Private medicine in Brazil is not yet prepared to assist transsexual patients, either due to a lack of scientific knowledge and experience. In the last decade, some medical societies have developed guidelines specific to the treatment of transgender persons [23] (Endocrine Society Clinical Practice Guideline, 2017) and international guidelines of the World Professional Association for Transgender Health [3] (The World Professional Association for Transgender Health, WPATH, 2012).

The transsexual patient needs medical assistance to assess the general state of his health and refer him to the specialties when necessary. Professional conduct guidelines should cover all people working in the health field - all employees, from the reception, security, cleaning, secretariat,

TABLE 2. Medical care for transsexual patients - Guidance by specialties

SPECIALITY	DESCRIPTION
Generalist	Anamnesis General Physical exam Specific physical examination (only if related to the main complaint) and if there is no way to refer to the specialist
Gynecologist	Anamnesis General Physical exam Specific physical examination Trans Woman: Breasts, neovagina and hormonal treatment Trans Male: Breasts, vulva, vagina, uterus and ovaries
Urologist	Anamnesis General Physical exam Specific Physical exam Trans women: external genitals and prostate Trans Man: Neophallus and Hormonal Treatment

Elaborated by the authors

nursing and other sectors. Everyone must be prepared to attend, respecting, welcoming in a cordial and natural way. In other words, there should be no discrimination, indiscreet or curious looks, whispers or jokes, inappropriate and invasive questions and avoid public embarrassment of the patient. The transsexual person's gender identity/expression must be respected, according to their aesthetics, desire, and claim on how they want to be treated.

It is recommended that after completing the registration for consultation, when calling him/her for medical care, the patient should be called by their social name (regardless of the name that is on the identity card, if you have not yet changed the documents with your current sexual and gender status[24] and naturally, avoiding embarrassment. The attending physician should maintain the same posture, without showing surprise, curiosity, prejudice or judgment. For all medical care, regardless of specialties, the consultation must be the same as for a cisgender patient, except for specialists involved in gender assertion, they do need all the necessary information to be able to provide the most adequate care possible (gynecologist, urologist and endocrinologist).

If the patient's location does not have these specialists, the general practitioner is the most indicated to carry out the outpatient treatment. When the physician does not feel prepared for the care of transsexual patients, he/she can inform the inexperienced patient, who will make the first consultation and upon return, he/she will be more prepared to complete this first service. The professional can seek information, using reliable sources such as: a guideline of the World Professional Association for Transgender Health - WPATH - World Professional Association for Transgender Health, 2012[3], Endocrine Society 2017[23] and protocols for the care of transsexuals of the Unified System Health (19), as well as in the expanded literature of studies and research with other professionals who study the theme in related areas.

In short, if the patient's complaint is not related to transsexuality, he/she should be treated as a cisgender patient, for example: he/she went to the orthopedist for an ankle sprain, the consultation is only related to the complaint, avoiding questions embarrassing and unnecessary for the situation presented.

When the consultation is scheduled with professionals to affirm the sex, the first consultation can be carried out in a more general way, where first there is the complaint, the questions, the doubts of the patient, as this system follows the consultation with the purpose of clarifying, informing and guiding, for example:

1. Main complaint (specifications about and usual questions such as: how old did he/she perceive the gender incongruence, if he/she has already had or is undergoing any treatment, what are his/her wishes, what he/she expects from the treatment, how does he/she prefer to be called, etc...)
2. Morbid personal background: usual, including sexual history, possible psychiatric disorders, and transphobic experiences.
3. Morbid family history

On physical examination, perform the general examination (weight, blood pressure, heart rate, cardiac auscultation, pulmonary auscultation, mucosal and oropharynx evaluation, thyroid, lymph nodes and abdomen palpation). The most specific exam in breasts and genitalia, only if the main complaint is related. If necessary, this evaluation can be left for the second consultation, so that the professional can prepare for a more adequate service. Whenever possible, the physician should be accompanied by an assistant professional when performing the physical examination.

Request the necessary complementary exams in the first and second consultations, if necessary, request more specific exams or refer them to a specialist. (Table 2.)

If the transsexual patient cannot be assisted in centers specialized in the care of transsexuals or by specialized doctors from the private network, the sex affirmation treatment can be carried out by a clinical physician who must follow the guidelines of the guidelines mentioned above.

Gynecological evaluation

A study carried out in partnership with the American College of Obstetricians and Gynecologists showed that, in the group of gynecologists studied, 57.4% had never had the training to deal with transsexual people. Of the gynecologists who have already provided care to trans people, only 18% had specific disciplines during their graduation [25].

It is believed that the correct way to improve care for transgender people is the inclusion of specific subjects in undergraduate curricula and continuing education programs, for all the necessary multidisciplinary team [22].

Transsexual women need gynecological evaluation for the prevention, diagnosis and treatment of breast diseases and in cases of patients undergoing sex reassignment surgery, to evaluate the vagina and vulva.

And transsexual men who have not undergone surgery for mammary gland excision, hysterectomy, oophorectomy, and sex reassignment surgery also need gynecological follow-up, considering that breast cancer is the first most frequent cause of death in Brazil and cervical cancer of the uterus is the fourth [26].

Urological Evaluation

Transsexual men who underwent transsexualization surgery must undergo clinical follow-up with the same objective, prevention, diagnosis and treatment of possible illnesses.

Transsexual women who do not want to undergo or have not yet undergone transsexualization surgery need routine consultations for prevention, especially for prostate cancer, given its high prevalence [26]. So far, 11 cases of prostate cancer in transsexual women have been described [27]. This number may possibly be underestimated, given the difficulty of these women's access to specialized care and another factor would be that the average life of the transsexual patient is shorter, and the prostate cancer is more common in older individuals.

One issue to be better understood is the role of longstanding hormonal blockade in the incidence of prostate cancer in trans women. From a practical point of view, hormonal treatment for trans women is like the androgen blockade used in metastatic prostate cancer. Thus, an early-stage tumor would remain dormant in trans women due to the low level of testosterone. And, as with metastatic disease, at some point, this tumor will become resistant to sex-affirming surgery and progress more aggressively to become clinically detectable. This data can be seen in the study by Ingham et al.[28] where of the 9 patients with known staging, 6 (66.7%) had metastatic disease at diagnosis. According to the National Cancer Institute (USA), only 4% of men in the North American population have metastases at the time of diagnosis of prostate cancer[29]. In view of this situation, a lot of attention is recommended to the transsexual patient in screening for prostate cancer, especially if there are symptoms such as difficulty in urination, hematuria, or bone pain.

With long-standing androgen blockade, typical signs and symptoms of testosterone deficiency are expected in trans women, such as decreased libido, increased body fat, reduced muscle and bone mass, altered mood, fatigue and anemia [28]. This is a challenging scenario as discontinuation of hormonal blockade or testosterone replacement is not indicated for this group of patients.

MENTAL HEALTH

It is very common for transsexual people to present psychiatric disorders from less to a greater degree of impairment, such as: anxiety, depression, mood swings, bipolarity, and others. Possibly due to the whole life trajectory that most of the time they have to face. It starts when they start to feel gender incongruity, accompanied by confusing feelings about their body, their sexuality, their behavior, and many questions. Most experience such experiences completely alone, without family support and without knowledge of what is happening. Concomitantly, transphobia may already be occurring at school, among friends and the non-acceptance of family members.

Every family and society deals with transsexuality according to their beliefs and culture. In most cases, what is offered to the child or adolescent at this delicate stage of life is insufficient. They/they need affection, support, empathy and security so that their assertion of sex and gender is as traumatic as possible. In this way, one could try to avoid the emergence of many psychological and psychiatric problems that will reflect negatively on their future, such as school dropout, learning difficulties, access to work, low high esteem, drug addiction, suicidal ideation, causing a low social status -economic, being on the margins of society. To reinforce this situation, in Brazil the average life expectancy of transsexuals is only 35 years, being associated with violence and suicide [29].

Our study reflects the reality of most transsexuals in Brazil. However, there are exceptions where the transsexual person had acceptance, the beginning of appropriate treatment, monitoring in all spheres, including access to school and work training, consequently preserving their future, with good quality of life[9,22,30,31].

FINAL CONSIDERATIONS

In Brazil, the Unified Health System (SUS), despite the few specialized care centers, the delay in getting sex reassignment surgeries is even better able to receive, welcome and care for the transsexual person. Private care in this area is unprepared, with very few exceptions.

Outpatient treatment with hormones can be performed by a professional, usually a clinician, endocrinologist, gynecologist, and urologist.

In cases of specific illnesses, they must be referred to a specialist. Considering that the transsexual community is increasing significantly, there is a need for a greater number of scientific researches in transsexuality and the inclusion of this theme in the graduation of health professionals. It is through these attitudes that there will be adequate training of professionals in general. Because the transsexual person needs medical care in all specialties, not only those related to transsexuality, all health professionals must be able to provide adequate care.

Public and private health systems have to constantly update themselves in terms of how to receive, welcome and treat transsexual patients, with their individual needs.

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Disclosure.
The author does not report conflicts of interest in this work.

This research has not received any specific grant from funding agencies in the public, commercial or non-profit sectors.

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Editor:
Prof. Dr. Marcelo Riberto

Received: dec 16, 2020
Approved: jun 18, 2021
