EXPERIENCE REPORT
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Elderly health program: a report for experience from the perspective of multiprofissional residents in collective health

Grupo de saúde do idoso: um relato de experiência pela perspectiva de residentes multiprofissionais em saúde coletiva

Programa de salud para personas mayores: un informe para la experiencia desde la perspectiva de los residentes multiprofesionales en salud colectiva

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Abstract

Objective: To report on the creation and development of a health education group for the elderly in a Basic Health Unit in the state of Paraná. **Methods:** The activities took place from May to December 2019, totaling 27 meetings. A report of each meeting was prepared to provide information for the writing of this report. Health education and promotion activities were developed involving physical activities, recreation and leisure, mental health, nutritional education, hygiene, oral and environmental health, among other pertinent subjects. **Results:** At the end of the meetings, the participants showed improvement in basic knowledge about health issues and quality of life. **Conclusion:** The creation of health education groups for the elderly reflects positively on health care facilities, contributing to the reduction of service overload due to demands that can be solved collectively.

Descriptors: Health Education; Primary Health Care; Aging; Intersectoral Collaboration.

Resumo

Objetivo: Relatar a criação e o desenvolvimento de um grupo de educação em saúde para idosos em uma Unidade Básica de Saúde no estado do Paraná. **Métodos:** As atividades aconteceram de Maio a Dezembro de 2019, totalizando 27 encontros. Um relatório de cada encontro foi elaborado para subsidiar informações para a redação deste. Foram desenvolvidas atividades de educação e promoção à saúde envolvendo atividades físicas, recreação e lazer, saúde mental, educação nutricional, higiene, saúde bucal e ambiental, dentre outros assuntos pertinentes. **Resultados:** Ao final dos encontros os participantes apresentaram melhora em relação a conhecimentos básicos sobre temas de saúde e qualidade de vida. **Conclusão:** A criação de grupos de educação em saúde para idosos reflete de maneira positiva nos estabelecimentos de saúde, contribuindo para a redução da sobrecarga do serviço por demandas que podem ser solucionadas no coletivo.

Descritores: Educação em Saúde; Atenção Primária à Saúde; Envelhecimento; Colaboração Intersetorial.

Resumen

Objetivo: Informar sobre la creación y el desarrollo de un grupo de educación en salud para personas mayores en una Unidad Básica de Salud en el estado de Paraná. **Metodos:** Las actividades tuvieron lugar de mayo a diciembre de 2019, con un total de 27 reuniones. Se preparó un informe de cada reunión para proporcionar información para la redacción de ésta. Se desarrollaron actividades de educación y promoción de la salud que incluían actividades físicas, recreativas y de ocio, salud mental, educación nutricional, higiene, salud bucodental y medioambiental, entre otros temas relevantes. **Resultados:** Al final de las reuniones, los participantes mostraron una mejora en los conocimientos básicos sobre salud y calidad de vida. **Conclusión:** La creación de grupos de educación sanitaria para las personas mayores se refleja positivamente en los centros de salud, contribuyendo a la reducción de la sobrecarga de servicios debido a las demandas que pueden ser resueltas colectivamente.

Descriptores: Educación para la salud; Atención primaria de salud; Envejecimiento; Colaboración intersectorial.

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INTRODUCTION

Due to changes in lifestyle, epidemiological and nutritional transition, the demographic pyramid is inverting and the number of the elderly population is increasing. The Brazilian Institute of Statistical Geography (IBGE) reveals that in the year 2018, 13% of the Brazilian population was composed of elderly people and it is estimated that this number will multiply in the coming decades, reaching about 2 billion elderly people worldwide by the year 2050[1].

Ageing is accompanied by physical and functional changes, such as loss of flexibility, agility and mobility, and changes related to mental health[2]. For this process to be experienced in the best way, it is important to insert the Basic Health Units (BHU) teams in the lives of these people, in order to provide physical, mental, and social well-being. The monitoring of the elderly should be carried out primarily by primary care, since the BHU is the gateway of entry of the population to the Unified Health System (SUS) and it should perform health promotion activities and disease prevention, aiming at improving the quality of life of the patient[3].

The current model of primary care allows the development of an interdisciplinary and multiprofessional work, in which the patient is cared for in its particularity and complexity. Among the strategies for promotion and prevention, the health education groups stand out, a strategy that has as its main focus the patient and not the disease, according to the traditional biomedical model. In addition, they are low cost and effective for the population's health[4,5].

In this context, it is important that health professionals are trained to develop health promotion activities and prevention of diseases and comorbidities. Thus, the professionals of the Multiprofessional Residency in Collective Health (RMSC) program stand out, who are from diverse areas of training with the potential to share diverse knowledge. The RMSC program aims to train professionals with the ability to offer comprehensive and humanized care to patients, addressing all aspects involved in the health-disease process, from social and economic issues to the health context itself[6,7].

It is important that materials from reliable sources are used in the development of groups, always valuing scientific information. In this context, the use of instructional manuals is of great value, since they will guide professionals and assist in decision making. Another advantage of the use of manuals is that health professionals can develop work with themes that they do not always master, but that can be addressed by reading and studying the document, thus increasing the range of issues to be addressed. Besides instructing, the manuals can be used as a reference to standardize activities, being of great importance to create the group's identity[8].

It is important to train the teams to acquire knowledge about issues related to nutrition, mental health and physical activity practice, as these are common demands in health units and do not always have nutritionists, psychologists and physical educators inserted, since they are not part of the minimum mandatory team[9].

As such, the aim of this study is to report on the creation and development of a health education group for the elderly in a Basic Health Unit in the state of Paraná.

METHODOLOGY

The present report was conducted from the experiences lived in a health group for the elderly called 'Vigoridade', which took place in the municipality of Ponta Grossa-PR. It began in May and ended in December 2019. Twenty-seven meetings were held every Monday, except holidays, lasting about two hours each.

The activities took place in a BHU that covers a region with about 11,000 inhabitants. It is estimated that the total population of the municipality in 2017 was 351,736 people. In the last census, the population aged over 60 years corresponded to 10.4% of residents[8].

The group was created by multiprofessional residents after verifying a large number of elderly in the region without any type of group assistance directed exclusively to this public. This abandonment of care was due to the lack of preparation of health professionals to work with this audience, since they need specific strategies for their demands. It was developed by a nutritionist resident, a psychologist resident, a veterinary resident, in addition to the collaboration of the unit nurse who was also the residents' preceptor and later a dentistry resident who was inserted in the team.

The participants were elderly with family registration at the unit and who were constantly in search of some service. The invitation was made personally, so the residents of veterinary medicine and nutrition, along with two Community Health Agents (CHA) went to the homes of 30 elderly people to deliver the invitations. In the first meeting 5 elderly attended and the following week 10. The average number of people per meeting was 8 people.

At the beginning of the first meeting, the group's contract was created collaboratively, in which, together with the participants, the rules that should be followed to maintain the organisation of the meetings were defined. Punctuality, respect for others, secrecy and commitment were some of the topics covered in the contract.

It created a schedule of themes for the first month and established that the next ones would be defined based on the demand brought by the participants. The activities were developed as shown in Chart 1.

It was established that each week the meeting would be the responsibility of a resident, but it should be discussed from the perspective of all professions involved. During the planning it was evaluated what the best methodology to transmit the issues, since the elderly have difficulty in understanding, making it necessary to use the appropriate strategy for them to understand the subject.

In 78% of the meetings, active methodologies were used, allowing the subject to be the centre of the discussion and the professional who was transmitting the knowledge to be the facilitator, thus making it a space for mutual learning.

The active methodology also allows a given subject to be discussed from different perspectives, which is necessary in a multiprofessional health group. This type of approach allows a certain health problem to be explained by addressing aspects of the areas of all professionals involved, in this case the nutritionist, psychologist, veterinarian and dentist.

Chart 1. Subjects, facilitators and methodologies used in the development of the meetings, Ponta Grossa-PR, 2019.

DATE	SUBJECT	METHODOLOGY
20/05	Presentation and creation of the group contract.	Active
27/05	Getting to know the routine of the participants.	Active
03/06	Self-worth.	Active
17/06	Healthy nutrition for the elderly.	Active
24/06	How to stimulate memory and stay active.	Active
01/07	Talents associated with health.	Active
08/07	Foodborne diseases.	Active
15/07	Phytotherapy in the aid in the treatment of diseases.	Traditional
22/07	Get-together/ June Party.	-
29/07	Prevention of falls.	Active
05/08	Hypertension.	Traditional
12/08	Oral Health.	Traditional
26/08	Food and nutrition for people with diabetes.	Active
02/09	How to practice assertive communication.	Active
09/09	Zoonoses that most affect the population.	Traditional
16/09	The importance of the correct use of medicines.	Traditional
23/09	The movement in the best age.	Active
07/10	Physical activity in old age.	Active
14/10	Confraternization.	-
21/10	Physical activity practices for mental health.	Active
28/10	Integrative practices.	Active
04/11	Sugar's harmful effects on health.	Active
18/11	Empowerment of older women.	Active
25/11	How to stimulate self-esteem.	Active
02/12	Feedback from the meetings.	Active
11/12	A walk with the elderly.	-
16/12	Celebration and closing.	-

Source: Authors (2020)

At the end of each meeting auriculotherapy was performed in the participants who were interested. The application was performed by the nurse preceptor and aimed to introduce the elderly to Integrative and Complementary Practices (PICs) and their benefits. At the end of the meetings, a report was made about the meeting for further data collection and writing.

After the end of all the meetings, an instructional manual was prepared, whose goal was to develop a material based on the experience of professionals with the elderly group, associating practice and theory. It can be used by all professionals who make up the family health teams as a subsidy for activities involving the elderly population. The topics addressed in it were self-worth, memory, talent rescue, foodborne diseases, herbal medicine, prevention of falls, chronic diseases, oral health care, diseases transmitted by animals, medication, physical activity, integrative practices, empowerment of the elderly woman and self-esteem.

In each topic there was a description of the subject, suggestions of dynamics and activities, suggestions of videos and some support materials to be used during the meetings. It is easy to understand, as are the activities and dynamics with simple, low-cost materials, facilitating their execution.

RESULTS AND DISCUSSION

The main objective of creating the "Vigoridade" group was to provide a space in which the elderly could occupy their idle time and simultaneously learn about self-care. It is important in the current situation to educate the patient for self-responsibility, health teams should create this habit, because the professional must guide and support the patient according to their competence[10].

It is known that for many years the population has focused on the doctor as the one responsible for their health, i.e., the curative model, however we are in a process in which this idea should be replaced by self-responsibility and this will occur through the action of other health professionals who should conquer their space by developing strategies for health promotion and disease prevention.

It is important to highlight that health promotion is a set of strategic actions with the common goal of alerting the population about health and disease issues. In this context, governmental programs such as the School Health Program, alcohol control, Adolescent Health Program, among others, are inserted. The Ministry of Health[11] states that "health promotion comprises individual action, community action and the action and commitment of governments in the search for a healthier life for each and every one".

Therefore, prevention consists of strategies that will prevent the disease from taking hold, since the morbidities that most affect the population nowadays could be avoided by adopting healthy lifestyle habits. Some examples of prevention are immunization, nutritional guidelines for the prevention of chronic diseases, physiotherapy, physical exercises, among others[12].

During the meetings, it was noticed that the elderly has many difficulties in understanding the health teams' guidelines and end up taking incorrect medication, taking poor care of their diet, believing in taboos and myths, thus impacting negatively on their health. Due to this demand, during the meetings common issues were addressed and still raise questions such as Diabetes Melittus (DM), Systemic Arterial Hypertension (SAH), oral health, depression, anxiety, food and environmental hygiene, among others.

It was possible to verify through the informal report of the elderly the improvement in their quality of life; it was evident how important the group was in the issue of autonomy and independence. It is essential to preserve and encourage the autonomy of the elderly, it makes them feel part of the community, owner of themselves and their decisions, which reflects the well-being[13].

It is common for people to develop some limitations over the years, but normal aging should not be confused with functional decline. The disability and the functional worsening increase the chances of the elderly being institutionalized, thus increasing the number of hospitalizations, evolving to death. Thus, it is important to work on this issue, because the health of the elderly should be measured by their autonomy and independence, not by the absence of diseases[6].

Another issue that showed positive results was in relation to improving the knowledge of the elderly about food in the prevention of chronic diseases. In 2015, more than 70% of deaths worldwide were related to Noncommunicable Chronic Diseases (NCDs), including Cardiovascular Diseases (CVD), DM, SAH and Cancer (CA)[13]. In the feedback meeting the participants expressed themselves better in relation to the subject, it was visible that there was a greater understanding about the themes.

It was noticed that the elderly acquired the ability to differentiate the food groups, their benefits and harms, the triggers related to overeating, the dental problems related to DM and the importance of taking the medicines according to medical prescription.

Such knowledge would not be transmitted so efficiently if the person responsible for the group was a professional from a specific area, it is believed that the success of these activities was due to the team of multidisciplinary residents[15].

The multiprofessional approach allows the patient to be the protagonist and each professional, within their area of training, to contribute to the common good. This work is beneficial to the health system, as it provides comprehensive and humanized care, impacting on the reduction in the number of consultations, unnecessary referrals and reflecting on the reduction of SUS overload[16].

The sharing of knowledge between the resident of nutrition and psychology was essential to address the food issues, many nutritional problems may be related to emotional disorders or issues. When nutritional issues were approached, it was common for psychological issues to arise, because food is directly related to the affective memory of people, which can be positive or negative[17].

Another improvement verified through the participants' reports was about mental health. It is important to highlight that this problem has taken on major proportions. It is estimated that in the world, approximately 300 million people of all age groups suffer from depression. Other disorders that have a significant number in the world are bipolar affective disorder, with 60 million people diagnosed, schizophrenia with 23 million and about 50 million who have dementia[18].

Considering the data on mental health, it is verified that the elderly is also part of this ill public, since the data refers to all age groups. However, it is necessary to consider that a great part of the elderly population does not receive a diagnosis related to depression, as the symptoms are frequently linked to aging. After retirement, many elderly people feel alone and the complaints raised by them are not always related to mental health, sometimes patients seek the healthcare services with symptoms of aggressiveness, suicide attempts, social isolation and, in most cases, psychosomatic complaints[19].

Psychosomatic demands are bodily symptoms manifested due to mental suffering. It is perceived through this that the complaints are not only biological and tend to worsen after exposure to stress and/or anguish. In the psychoanalytic approach, it is understood that the mind is not capable of sustaining such psychic suffering and expresses itself bodily[20]. Thus, when welcoming elderly patients in primary care, it is necessary that professionals are prepared to understand these individuals in their entirety.

Every individual is a biopsychosocial being, assessed through biological, psychological and social symptoms. The National Policy on Health of the Elderly, reports on the importance of looking at the subject through this model by reporting that:

> *(...) Another important fact to be considered is that health for the elderly population is not restricted to the control and prevention of chronic non-communicable diseases. The health of the elderly person is the interaction between physical health, mental health, financial independence, functional capacity and social support[21].*

In this context, it reinforces the idea of how valuable are the multiprofessional health groups for the elderly population, because through them it is possible to discuss the process of health and disease and how to treat them with changes in lifestyle habits, thus reinforcing the importance of working on the promotion and prevention of diseases in the BHU.

Another issue that was addressed in the meetings was physical health, the practice of physical activity, prevention of falls and how these activities reflect not only in the body, but also in mental health. Studies show that physical exercise is an important ally in the treatment of diseases such as anxiety and depression, because it increases the production of endorphins, thus improving the levels of serotonin and noradrenalin, hormones that provide a sense of well-being[22].

It is noteworthy that in addition to the promotion and prevention of health, the active participation of the elderly provided this a coexistence group environment. Most of this public seeks the socialization groups in order to improve their physical and mental health. However, the objectives achieved go beyond these perspectives because the elderly will have social interaction, improved autonomy and self-esteem, and ensure quality of life in aging[23].

Another approach that contributed positively to the group was the insertion of PICS. At the end of the meetings, the unit nurse performed auriculotherapy on those who wished, it is a therapeutic method originating from Traditional Chinese Medicine, analgesia and diagnosis, performed through the stimulation of specific points of the ear, which cause reflexes on the central nervous system. This practice is in line with what is recommended by SUS, as it provides an integral service to the individual, considering aspects beyond the physical, including social, cultural and emotional aspects of the human being[24].

The participants of the study reported a significant improvement in the quality of sleep and also in the clinical picture of pain, mainly in the spine and legs, which results in an improvement in the quality of life of these individuals. This result was also observed by Oliveira et al.[25] in his study with elderly people analysing pain control, which affirmed the importance of associating therapies in the care of the elderly population.

FINAL CONSIDERATIONS

Health education groups have proved beneficial to the population served in the BHU, since this type of care covers a larger number of people in a shorter period of time.

The methodologies used are essential to ensure the success of the group, it is necessary to use active methodologies to maintain the interest of participants and captivate them to maintain attendance. The involvement of patients in the issues discussed should be stimulated, especially the elderly who are often not heard by the people around them, such as their families and even health professionals.

It is important to create tools to work on health promotion and prevention in a continuous manner, because if these actions are put into practice and become part of patients' daily lives, the system will have a reduction in the overload of its services at primary level.

It is noteworthy that the mental health of the elderly should have this care in order to prevent worsening of pre-existing pathologies, as well as ensure the non-development of new ones. Considering that psychosomatic diseases develop due to psychic suffering and that aging causes vulnerability; it is up to primary care professionals to welcome them properly in order to ensure better quality of life and patient care based on the biopsychosocial health model.

It was also verified how important the PICS are for collective health and the fact that it is being inserted in the health system is something positive, as it contributes to conventional health treatments as a complement and has had good adherence from the population.

The limitations verified in the development of this work was the lack of support from the health team regarding the creation of the group. There is still a resistance of health professionals to this type of approach, especially those who have been part of the team for years.

Future research is therefore suggested to develop strategies to engage health teams in health promotion and prevention through education groups, using active methodologies.

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REFERENCES

1. IBGE. Pirâmide etária [Internet]. Instituto Brasileiro de Geografia e Estatística. 2020 [acesso em 2021 Abr 18]. Available from: https://educa.ibge.gov.br/jovens/conheca-o-brasil/populacao/18318-piramide-etaria.html
2. Monteiro REG, Borges-Paluch LR, Nova MXV. Análise da contribuição do enfermeiro do PSF no acompanhamento de exercícios e bem estar de idosos. Revista Enfermagem Digital Cuidado e Promoção da Saúde. 2016;2(2):8–11. DOI: 10.5935/2446-5682.20170008.
3. Amthauer C, Falk JW. Discursos dos profissionais de saúde da família na ótica da assistência à saúde do idoso. Rev Pesqui Cuid é Fundam Online [Internet]. 2017 [Acesso em 2021 Abr 18];9(1):99. DOI: 10.9789/2175-5361.2017.v9i1.99-105.
4. Silva LAA da, Soder RM, Petry L, Oliveira IC. Educação permanente em saúde na atenção básica: percepção dos gestores municipais de saúde. Rev Gauch Enferm [Internet]. 2017 [Acesso em 2021 Abr 18];38(1):e58779. DOI: 10.1590/1983-1447.2017.01.58779
5. Miolo SB, Fedosse E. A participação de diferentes núcleos profissionais na Atenção Básica: Percepção de profissionais de Programas de Residência Multiprofissional em Saúde. Rev Saúde (Santa Maria) [Internet]. 2021 [Acesso em 2021 Abr 18];47(1):1–15. Available from: https://periodicos.ufsm.br/revistasaude/article/view/40982.
6. Cabral J da R, Alencar DL de, Vieira J de CM, Cabral L da R, Ramos VP, Vasconcelos EMR de. Education workshops in health with elderly: a life quality promotion strategy. Revista Enfermagem Digital Cuidado e Promoção da Saúde. 2015;1(2):61–5. DOI: 10.5935/2446-5682.20150011.
7. BRASIL. Residência Multiprofissional em Saúde: experiências, avanços e desafios. Ministério da Saúde Secr Gestão do Trab e da Educ na Saúde Dep Gestão da Educ na Saúde. 2006;7(8):479–98.
8. Medina C, Leticia C, Domiciano C, Medola FO. "LA CAPA DE PAPEL": como despertar a atenção do leitor em manuais instrucionais para educação em saúde. Rev Bras Des da Informação [Internet]. 2018 [Acesso em 2020 Ago 15];15(2):229–46. Available from: https://infodesign.emnuvens.com.br/infodesign/article/view/665/373.
9. Braga VAS, Jesus MCP de, Conz CA, Silva MH da, Tavares RE, Merighi MAB. Atuação de enfermeiros voltada para a obesidade na Unidade Básica de Saúde. Rev Bras Enferm. 2020;73(2):1–9. DOI: 10.1590/0034-7167-2018-0404.
10. IBGE. Características Gerais da População, Religião e Pessoas Com Deficiência. Censo Demográfico 2010 [Internet]. 2010;1–215. Available from: https://biblioteca.ibge.gov.br/visualizacao/periodicos/94/cd_2010_religiao_deficiencia.pdf
11. Lemos GDC, Azevedo C, Bernardes MFVG, Ribeiro HCTC, Menezes AC, Mata LRF da. A cultura de segurança do paciente no âmbito da enfermagem: reflexão teórica. Rev Enferm do Centro-Oeste Min. 2018;8. DOI: 10.19175/recom.v8i0.2600.
12. Ministério da Saúde Secretaria de Vigilância em Saúde Secretaria de Atenção à Saúde B. Política Nacional de Promoção da Saúde. 2006 [cited 2022 Feb 24]; Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude_3ed.pdf.

13. Gonçalves R de S, Carvalho MB, Fernandes TC, Veloso LSL, Santos LF, Sousa TR, et al. Educação em saúde como estratégia de prevenção e promoção da saúde de uma unidade básica de saúde. Brazilian J Heal Rev. 2020;3(3):5811–7. DOI: 10.34119/bjhrv3n3-144.
14. Ligia Py, Azevedo CBD. Por falar em autonomia... Soc Bras Geriatr e Gerontol [Internet]. 2017 [Acesso em 2021 Apr 28];3. Available from: https://sbgg.org.br/wp-content/uploads/2017/01/Por-falar-em-autonomia.pdf
15. Milane NC, Stavski M, Ferreira EJ de A, Borba AR de L. Capacitação em nutrição para agentes comunitárias de saúde: relato de experiência em uma unidade básica de saúde. J Heal [Internet]. 2018;1(19):156–66. [Acesso em 2020 Apr 28. Available from: www.cescage.edu.br/publicacoes/journalofhealth.
16. Dutra EDB, Xavier DB, Goedert FW. Atuação da Residência Multiprofissional na Atenção Básica no Programa Saúde na Escola: uma experiência no Itapoã, Distrito Federal - Brasil. 2018 [Acesso em 2021 Apr 28];12(1):159–67. DOI: 10.18569/tempus.v10i4.2292ISSN 1982-8829.
17. Girard GP, Sardinha DM, Nascimento MHM, Teixeira R da C, Borges SCR. Interdisciplinaridade no ensino prático em Residência Multiprofissional em Saúde. Rev Eletrônica Acervo Saúde. 2019;11(7):e495. DOI: 10.25248/reas.e495.2019.
18. Bogado AM, Freitas D De. A reconstrução de memórias da alimentação na formação inicial de professores de ciências: um reencontro com saberes, sabores, aromas e afetos. 2016;670–89. DOI: 10.20396/etd.v18i3.8645410.
19. Pereira BR da S, Lima MMS de, Salgueiro CDBL, Carvalho VP da S. Atuação da enfermagem frente à depressão na população idosa. Rev Enferm Digit Cuid e Promoção da Saúde [Internet]. 2019 [Acesso em 2021 Apr 27];4(1):51–6. Available from: https://cdn.publisher.gn1.link/redcps.com.br/pdf/v4n1a10.pdf. DOI: 10.5935/2446-5682.20190010.
20. Milhorim TK, Benício Da Costa Neto S. Manifestações corporais do sofrimento psíquico: psicossomática em contexto de pronto-socorro. Rev SBPH [Internet]. 2019 [Acesso em 2021 Abr 25];22(1):127–53. Available from: http://pepsic.bvsalud.org/pdf/rsbph/v22n1/v22n1a08.pdf
21. BRASIL. PORTARIA Nº 2.528 DE 19 DE OUTUBRO DE 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa. [Internet]. Vol. Cartilha s, ANVISA. Brasília; 2004 [Acesso em 2021 Abr 25]. p. 5473–9. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt2528_19_10_2006.html
22. Hernandez JAE, Voser RDC. Exercício físico regular e depressão em idosos. Estud e Pesqui em Psicol. 2019;19(3):718–34. Available from: https://www.e-publicacoes.uerj.br/index.php/revispsi/article/view/46912/31302.
23. Elisa M, Manso G, Tadeu L, Maresti P, Souza H, Oliveira B De. Análise da qualidade de vida e fatores associados em um grupo de idosos vinculados ao setor suplementar de saúde da cidade de São. 2019;22(4). DOI: 10.1590/1981-22562019022.190013.
24. Santos CDTMC, Moré EDC da SAOO, Botelho FTPFLJ, Resumo UF de SC. Capacitação em auriculoterapia para profissionais do sus em 2016- 2017: perfil dos participantes, do seu envolvimento no curso e percepção sobre a prática course. Rev Revise. 2020;5:1–18. DOI: 10.46635/revise.v5ifluxocontinuo.1769.
25. Castro RMM de, Garcia DJ dos R, Chagas EM, Santos FO dos, Teixeira DS, Maia SRT, et al. Utilização Da Aromaterapia E Auriculoterapia Como Métodos Não Farmacológicos Para Alívio Da Dor Em Idosos. Brazilian J Dev [Internet]. 2020 [Acesso em 2021 Abr 28];6(8):60770–87. DOI:10.34117/bjdv6n8-479.