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Sexuality and self-esteem of patients with diabetic ulcers

Sexualidad y autoestima de pacientes con úlceras diabéticas

Sexualidade e autoestima dos pacientes com úlceras diabéticas

ABSTRACT

Diabetic ulcers are considered a serious complication of Diabetes Mellitus due to the high rate of amputation of extremities causing high rates of morbidity and mortality. Objective: To know the impacts on sexuality and self-esteem of patients with diabetic ulcers. Method: Integrative literature review, carried out in the databases: Scientific Eletronic Library Online and Latin American and Caribbean Literature in Health Sciences, Google Scholar, Literature Medical Analysis and Retrieval System Onlinee in the Nursing Database, published between 2010 to 2020, with descriptors: Diabetic ulcer; Body image; Quality of life; Diabetes mellitus; Sexuality, ulcer. The crossing was performed using the Boolean operator "AND". Results: After analyzing the selected articles, 10 articles made up the sample. Conclusion: The role of nursing in the context of the trajectory of patients with diabetic ulcers is essential in the implementation of dressings to treat the wound and in the education process to promote self-care.

DESCRIPTORS: Ulcer; Body image; Quality of life; Diabetes mellitus; Sexuality.

RESUMEN

Las úlceras diabéticas se consideran una complicación grave de la Diabetes Mellitus debido a la alta tasa de amputación de extremidades que provocan altas tasas de morbilidad y mortalidad. Objetivo: Conocer los impactos sobre la sexualidad y la autoestima de pacientes con úlceras diabéticas. Método: Revisión bibliográfica integradora, realizada en las bases de datos: Scientific Eletronic Library Online y Literatura Latinoamericana y Caribeña en Ciencias de la Salud, Google Scholar, Literature Medical Analysis and Retrieval System Onlinee en la Base de Datos de Enfermería, publicada entre 2010 a 2020, con descriptors: Úlcera diabética; Imagen corporal; Calidad de vida; Diabetes mellitus; Sexualidad, úlcera. El cruce se realizó utilizando el operador booleano "Y". Resultados: Tras analizar los artículos seleccionados, 10 artículos conformaron la muestra. Conclusión: El papel de la enfermería en el contexto de la trayectoria de los pacientes con úlceras diabéticas es fundamental en la implementación de apósitos para el tratamiento de la herida y en el proceso de educación para promover el autocuidado.

DESCRIPTORES: Úlcera; Imagen corporal; Calidad de vida; Diabetes mellitus; Sexualidad.

RESUMO

A úlcera diabética é considerada uma complicação grave do Diabetes Mellitus pelo alto índice de amputações ocasionando elevadas taxas de morbimortalidade. Objetivo: Conhecer os impactos na sexualidade e autoestima dos pacientes portadores de úlceras diabéticas. Método: Revisão integrativa da literatura, realizada nas bases de dados: Scientific Eletronic Library Online e Literatura Latino-Americana e do Caribe em Ciências da Saúde, Google acadêmico, Medical Literature Analysis and Retrieval System Online no Banco de Dados de Enfermagem, publicados entre 2010 a 2020, com descritores: Úlcera diabética; Imagem corporal; Qualidade de vida; Diabetes mellitus; Sexualidade, úlcera. Realizado o cruzamento utilizando o operador booleano "AND". Resultados: Após a análise dos artigos selecionados, 10 artigos compuseram a amostra. Conclusão: O papel da enfermagem no contexto da trajetória do paciente com úlcera diabética é imprescindível na realização de curativos para tratamento da ferida e no processo de educação para promoção do auto cuidado.

DESCRITORES: Úlcera; Imagem corporal; Qualidade de vida; Diabetes mellitus; Sexualidade.

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INTRODUCTION

According to the World Health Organization (WHO) diabetes mellitus (DM) affects more than 200 million people worldwide, the estimate for 2025 is that the rate of people with diabetes exceeds 380 million.⁽¹⁾ At the end of the 1980s, it was assumed that diabetes affected about 8% of Brazilians between 30 and 69 years of age, in 2005 the estimate increased to 11% of the population aged 40 or over, which corresponds to about 5 and a half million carriers.⁽¹⁾

Diabetic ulcers (DU) are considered a serious complication of Diabetes Mellitus, due to the high rate of amputation of extremities, causing high rates of morbidity and mortality and occupying a large number of hospital beds, especially in developing countries where these problems are aggravated, es-

entially, due to the scarcity of access to health services.⁽²⁾

The complications resulting from DM affect the patient's physical condition, as well as the psychological and socio-cultural condition, consequently, generating impacts on the quality of life (QOL) of this patient.⁽³⁾ According to Moreira and collaborators⁽⁴⁾ complications resulting from DM are aspects that interfere with the physical, psychological and social functionality of patients with diabetes, which can affect their adaptation and productive life, generating negative impacts on QoL and well-being.

Sexual activity is only one component of sexuality, and exercising it with satisfaction is an indication of sexual health. Sexual functioning, like everything that involves sexuality, is complex and can be interfered by several biological and psychological factors, in addition

to being or not linked to sexual behavior.⁽⁵⁾ In this context, for patients with diabetic ulcers, sexuality can be affected due to changes in body image. It is not known for sure the incidence with which chronic diseases affect sexuality, however sexual difficulties are two to six times more frequent in patients suffering from chronic pathologies.⁽⁶⁾

Regarding professional practice, nursing plays a fundamental role in the care and assistance to patients with DM, through preventive interventions, health promotion and rehabilitation of complications resulting from diabetes, such as care for chronic wounds.⁽³⁾

This study is justified by the increased incidence and the high prevalence of DM in the global and national context, which through the manifestation of complications directly compromise the self-esteem and sexuality of patients with diabetic ulcers, representing a relevant

public health problem. Thus, it becomes important to consider the determinants of the health-disease process and the need to integrate the systematization of care in addition to the physical aspects, the psychosocial, cultural and spiritual aspects. In view of this, this research was developed due to the need to compile the findings in the literature, highlighting a gap about the theme addressed.

Thus, it emerged as a research question: What are the impacts related to sexuality and self-esteem and of patients with diabetic ulcers? Thus, its general objective is to know the impacts on sexuality and self-esteem of patients with diabetic ulcers.

METHOD

To answer such a research question, the present study is configured as an integrative literature review in order to know the impacts on sexuality and self-esteem of patients with diabetic ulcers.

Study of integrative literature review, which proposes to point out gaps

in knowledge, providing the researcher with guidance on topics that need scientific exploration.⁽⁷⁾ This research was carried out according to the six recommended steps and in accordance with the Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0).⁽⁸⁾

For the first stage, the PICO strategy was used, which represents an acronym for Problem (P), Intervention (I), Context (Co), these being elements of the research question and the construction of the guiding question of the study, as pointed out in table 1.⁽⁹⁾ Thus, based on this structure, the research was guided by the following question: What are the impacts related to sexuality and the quality of life of patients with diabetic ulcers?

A survey was carried out in the electronic databases Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS), Google Scholar, Medical Literature Analysis and Retrieval System Online (MEDLINE) and in the Database of Nursing (BDENF). The search was carried out from March 1st to

15th, 2021, using the following DECIs descriptors: Úlcera diabética; Imagem corporal; Qualidade de vida; Diabetes mellitus; Sexualidade; Úlcera.

Performing the systematization of the data through the technique of content analysis, the Boolean “AND” was used since it favors the intersection in the course of the research.

The titles and abstracts were read and original articles published in full between the years 2010 to 2021 that addressed the theme of the study were adopted as inclusion criteria. Duplicate articles, which did not address the topic of the study, and those that were outside the temporal delimitation were excluded. This delimitation is due to the maintenance of updated data.

Twenty articles were found, of which: 8 from the Scielo database, 2 from the Lilacs database, 0 from the academic Google, 6 from BDENF, 4 from MEDLINE. Of these, 6 articles were excluded after analyzing the titles and abstracts because they did not meet the topic addressed, 3 due to gray literature and 1 due to duplication. Resulting 10 articles that composed this study.

For the analysis and interpretation of data found from reading the articles that comprised the sample, thematic categorization was chosen.

RESULTS

10 articles were found to compose the sample that corresponded to the theme of the present work between the year 2010 to 2021, in the database of SCIELO, Google academic, BDENF, MEDLINE and LILACS.

In view of the above, the articles were separated by year of publication, being carefully read and recorded. Chart 1 presents the synthesis of the studies analyzed, according to: authors and year, title, journal, objective and results. The studies were organized in ascending order from 2010 to 2021.

Analytical reading of the selected articles was carried out, which made it

Chart 1 - Implementation of the PICO strategy

STRATEGY	DEFINITION	IMPLEMENTATION
P	Problem	Sexuality and quality of life
I	Intervention	Impacts
Co	Context	Patients with Diabetic ulcers

Figure 1 - Flowchart of presentation of the inclusion and exclusion process of the studies, PRISMA.

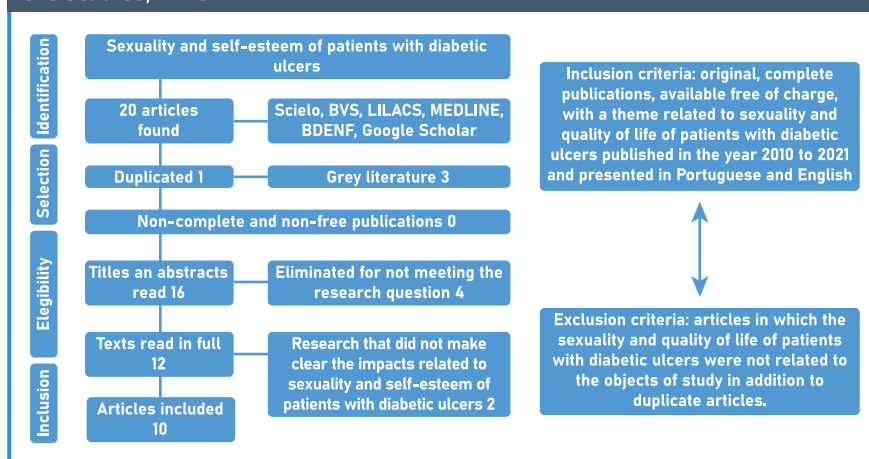


Chart 1 - Epitome of selected articles (n= 10) regarding authors and year, journal, title, objective and results in ascending order from 2010 to 2021. Salvador. Bahia, Brazil, 2021.

AUTHORS/ YEAR	TITLE/ JOURNAL	OBJECTIVE	RESULTS
Salomé, 2010 ⁽¹⁰⁾	Living process of patients with chronic wounds: recreational, sexual activities, social and family life. <i>Saúde Coletiva</i>	Identify the recreational activities performed by patients with chronic wounds and the barriers found in family life, work, friendship and sexual activity.	10 (45%) attended theater before the injury. After acquiring it, only 2 (9%) continued; 8 (36%) attended a dance hall, however, after acquiring the injury, only 3 (13%) cultivated this habit. The 14 (63,6%) subjects of the research, after acquiring the lesion, had decreased sexual activity.
Salomé; Blanes, Leila; Ferreira, 2011 ⁽¹¹⁾	Assessment of depressive symptoms in people with diabetes mellitus and ulcerated foot. <i>Rev. Col. Bras. Cir</i>	To evaluate the intensity of symptoms of depression in diabetic patients with foot ulcers.	Of the 50 patients evaluated, 41 had some degree of depressive symptom, 32 (64%) with moderate depression, showing symptoms of self-deprecation, sadness, distortion of body image and decreased libido.
Carvalho; Paiva; Aparício; Rodrigues, 2013 ⁽¹²⁾	Affective-sexual trajectories of people with chronic wounds in the lower limbs: aspects of therapeutic listening. <i>Rev. gaúch. enferm ;</i>	Discuss the trajectories of people with chronic wounds in the lower limbs, focusing on affective and sexual experiences.	Bodily limitations imposed by wounds influence the subjectivity of these people, leading them to loss of self-confidence, self-deprecation and fear of affective-sexual demands.
Almeida; Espírito Santo; Pereira; Salomé, 2013 ⁽¹³⁾	Assessment of quality of life in patients with diabetes mellitus and ulcerated foot. <i>Rev. bras. cir. plást ;</i>	To evaluate the quality of life of diabetic people with foot ulcers compared to diabetic people without ulcers.	In the evaluation of patients in the control group, the mean SF-36 score was 69,38 ± 21,90 and in the study group, 30,34 ± 14,45 (P < 0,001). The mean score in all SF-36 domains in the study group was lower than in the control group (P < 0,001).
SOUSA, 2014 ⁽²⁾	Quality of life of patients with diabetes mellitus and chronic wounds.	Describe the profile and quality of life (QOL) of diabetic patients with chronic wounds and identify pain-related damage.	Regarding QOL, individuals are dissatisfied with the fact of having the wound (84%), healing time (76%), pain intensity (56%) and changes in daily life (52%)
Salomé; Ferreira, 2017 ⁽¹⁴⁾	Locus of health control, body image and self-image in diabetic individuals with ulcerated feet. <i>Rev. enferm. UFPE online</i>	To compare the locus of health control, self-esteem and self-image among patients with diabetes mellitus with and without ulcerated feet.	Patients with and without ulcerated feet had an average total score of 9,54 and 56,48, respectively, for the Locus Scale for Health Control; 27,58 and 15,29, respectively, for the Rosenberg/UNIFESP – EPM Self-Esteem Scale; e 39,98 and 91,75.
Moraes; Diogo; Moreira; Mendonça; Caetano; Amaro, 2017 ⁽¹⁵⁾	Nursing actions reflecting on the quality of life of individuals with leg ulcers. <i>Rev. enferm. UFPE online</i>	Reflect on the changes in the daily life of individuals with leg ulcers and how nursing actions influence the quality of life of these individuals.	The data obtained were grouped into the following categories: The process of living with leg ulcers difficulties, dependence, pain and prejudice; nursing actions in the management of leg ulcers; The before and after the life of the leg ulcer exporter; Religiosity, faith and hope.
Tavares; Sá, 2017 ⁽¹⁶⁾	Quality of life in the elderly with leg ulcers. <i>Rev. enferm. UFPE online ; 11(supl.1): 479-482, jan.2017.</i>	Discuss the quality of life in the elderly with leg ulcers.	The presence of leg ulcers in the life of the elderly causes a series of implications that interfere with their quality of life. In view of this, investments in care programs for the elderly are needed, aimed at the practice of care aimed at reducing the impact caused by biopsychosocial changes caused by leg injuries.

Garcia; Müller; Paz; Duarte; Kaiser, 2018 ⁽¹⁷⁾	User perception of lower limb ulcer self-care. Rev. gaúch. enferm	Knowing the user's perception of lower limb ulcer self-care.	Self-care and living with the ulcer, self-care deficit and support for the user with ulcer and self-care and the care network for ulcer care, based on the Self-Care Deficit Nursing Theory.
Rodrigues; Macedo; Souza; Moraes; Lanza; Cortez, 2019 ⁽⁴⁾	Limitations in the daily life of people with chronic injuries. HU rev	Understand the limitations in the daily lives of people with chronic injuries.	The individuals described that pain made it difficult to carry out domestic and occupational chores. The limitation of living with the chronic injury was also related to the addiction to perform these activities. Social withdrawal was reported by the participants due to odor and secretion, which caused low self-esteem.
Source: Elaborated by the authors themselves, 2021.			

possible to organize the subjects and synthesize them, which aimed at fixing the essential ideas for the solution of the research problem. In order to operationalize the research, the findings will be discussed in categories.

DISCUSSION

Impaired affective-social and professional trajectory

Carvalho et al ⁽¹²⁾ infer that the appearance of wounds in youth directly interferes with the participation of people in the first social groups, such as those formed by friends and colleagues who gather in public places, such as popular parties, beaches, clubs and school.

Carvalho et al ⁽¹²⁾ reinforce that, in younger adults, there is difficulty in making a decision to date, to join groups, to remain assiduous in school, social, sports and leisure activities. The interruption of social activities in youth, due to chronic illness, damages self-esteem, resulting in less confident behaviors.

According to Salomé, ⁽¹⁰⁾ concern and care for well-being, balance and appearance are present in the daily life of human beings. However, the condition of the person with a chronic wound can alter the individual's body image. For some patients, this condition implies intense changes in style and quality of life, which can lead to the discontinuity of social relationships.

Living with any type of wound affects social relationships, the work

environment and even family life. Consequently, these people become vulnerable to numerous situations, such as: unemployment, abandonment and even social isolation, resulting in undesirable effects on life projects. ⁽¹⁰⁾

Consequently, these people become vulnerable to numerous situations, such as: unemployment, abandonment and even social isolation, resulting in undesirable effects on life projects.

To Salomé, Blanes and Lydia ⁽¹¹⁾ leg ulcers are common, complex to treat

and contribute substantially to the loss of quality of life. These ulcers most often generate pain, reduce the ability to walk and affect the patient's independence, causing unemployment, economic losses and low self-esteem. They also promote social isolation because of their unpleasant appearance and odor.

Almeida et al ⁽¹³⁾ identified that diabetic patients with foot ulcers had worse quality of life in all domains assessed in their research, the most compromised being those related to functional capacity and physical, social and emotional aspects. What causes suffering, changes in style and quality of life, in addition to causing changes in sleep quality, making it impossible for individuals, many times, to exercise their social, leisure and family activities, apart from promoting the absenteeism at work and even loss of job functions in the productive age group.

To Salomé and Ferreira, ⁽¹⁴⁾ the level of education is an important tool for health education in order to guide the practices of self-care, since when the patients are illiterate, they have difficulty in performing self-care, examining the feet and applying insulin. The diabetic patients, when acquiring an injury, experience several changes in their lifestyle, start to have difficulty in locomotion, there is a significant worsening in self-esteem, self-image and quality of life, making it impossible, in several cases, to exercise their social, family, leisure and professional activities. From the moment the patients observe that the

injury is getting worse, they feel the feeling of frustration and helplessness, losing faith to heal or improve the injury and begin to believe that no one will be able to help them.

Carvalho et al.⁽¹²⁾ refers that abandonment and rejection in the experience of women, propitiates fear and resistance in engaging new relationships, as a way to protect themselves from prejudice, discrimination and even violence. These fears are reinforced by reports of other women with injuries who have been abused and abandoned by their partners.

According to Sousa⁽³⁾ there is satisfaction with faith, emotional support from the family and emotional support from other people, however, individuals feel dissatisfied with the fact of having the wound, the healing time, pain and changes in daily life. It is highlighted in this study that spirituality and religiosity have a strong influence on health. The author states that personal relationships and emotional support from family, friends and other people interfere in a positive way, since the individual feels greater security for coping with health conditions with more QOL and with satisfactory improvement in relationships.

The author also emphasizes that the presence of a chronic wound is linked to several elements that cause discomfort and that affect the individual's social life, such as local pain, healing time, self-esteem and body image that are affected due to the appearance and sometimes the odor of the wound. Independent self-care is essential in the process of maintaining health and rehabilitating the wound. The role of nursing is essential to provide effective assistance by establishing the educational process for patients and family members regarding care with pathology and injury in order to reduce possible suffering due to non-adherence to self-care and delayed wound healing, as the inappropriate disease control and inadequate wound care predispose to complications (infection) and a worse response, in addition

to increasing the risk of bleeding and impairing the inflammatory and healing processes, directly interfering with the patient's quality of life.⁽³⁾

Patients most often have limitations at work, in addition to the social and psychological aspects they face. Psychosocial repercussions are expressed as a result of the presence of pain, odor and exudate.

Knowledge of pathology has a positive impact on enhancing self-care, as each patient brings their experiences in different ways when they are experiencing the illness process. Therefore, health education in the self-care of diabetic foot patients contributes significantly to reducing health problems and is an important practice to be used by health professionals, since the important psychological impacts - such as depression, social isolation and reduced self-esteem - they can be present in this context, having the patient adapt to this condition and deal with their own and others' judgments.⁽¹⁸⁾

According to Rodrigues et al.,⁽⁴⁾ the feelings developed by the research participants in the face of limitations were mostly negative: sadness, suffering, embarrassment, feeling of deficiency. In addition to living with pain, patients showed unhappiness, lack of enthusiasm and in some cases were saddened by the conditions imposed by the ulcer. In view of this, it became evident that the experience of the person with a chronic injury is not restricted only to the existence of an injury whose healing is slow, but to the effects that this situation causes. Patients most often have limitations at work, in addition to the social and psychological aspects they face. Psychosocial repercussions are expressed as a result of the presence of pain, odor and exudate. In this way, self-esteem and self-image reveal themselves to be part of the multidimensional construct that implies the global functionality of the human being.

According to Garcia (2018) the incapacitating character of ulcers can directly interfere with the user's quality of life, causing a departure from routine activities and changes in social life. In this way, it is essential that the individual understands the meaning of the changes to adapt his/her habits of life and ways of living. The author points out that the patients who participated in the study reported difficulty in performing routine activities such as: sports, taking care of pets or even performing their own personal hygiene were also referred to as being impaired.

To Moraes et al.,⁽¹⁵⁾ the process of living with leg ulcers generates difficulties, dependence, pain and prejudice, and nursing actions in the management of leg ulcers can promote, in addition to wound healing, motivation in promoting self-care and emotional participation and support in what concerns social, emotional, spiritual and biological aspects.

Impaired affective-sexual trajectory

The role of nursing in the context of the trajectory of patients with dia-

betic ulcers is essential. Both in making dressings to treat the wound and in the continuing education process to promote self-care, it generates emotional support and positive expectations in the treatment to promote improvement in the self-esteem and sexuality of these patients.

CONCLUSION

The positive self-perception of health status and health care can contribute to the greater involvement of the patient in the treatment, control of the disease and self-care with the

wound, which provides health promotion, disease prevention and effective recovery. Aspects related to the characteristics of the wound and its consequences: reduced mobility, odor, discomfort, local pain, causes difficulty in social and professional relationships, reduced self-esteem and also generates negative impacts on individuals' sexuality.

Given this context, this study adds to the knowledge about the self-esteem and sexuality of patients with diabetic ulcers, serving as material for information directed to professionals, also opening up the eyes to health promotion.

And it presented as limitations the reduced number of articles that addressed the theme portrayed, showing that there are gaps in the literature, making it necessary to elaborate other articles to explore the theme.

The role of nursing in the context of the trajectory of patients with diabetic ulcers is essential, both in the dressing of wound treatment and in the continuing education process to promote self-care, generating emotional support and positive expectations in the treatment to promote improvement in self esteem and sexuality of these patients. ■

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