DOI: https://doi.org/10.36489/saudecoletiva.2021v11i68p7589-7602

Profile of patients seen at a university specialized outpatient clinic

Perfil de los pacientes atendidos en una consulta externa especializada universitaria

Perfil dos pacientes atendidos em um ambulatório universitário de especialidades

ABSTRACT
Objective: To characterize the profile of patients seen at the medical specialties outpatient clinic of a Faculty of Medicine in a city in Goiás. Methods: Documentary and retrospective study, analyzing the variables related to the user profile. Data were presented as absolute (n) and relative (%) frequency and age as mean and standard deviation (SD). Results: Most users were male (58.6%), mean age 42 years, single (50.6%), economically active (54.4%) and resident in Aparecida de Goiânia (96.4%). Sedentary people (65.2%), non-drinkers (66.7%) and non-smokers (66.6%), eutrophic (59.3%) and who used from one to five medications (66.1%) predominated. The specialties with the highest frequency of consultations were Pneumology, Pediatrics and Dermatology. Many medical records lacked important information for understanding the profile. Conclusion: The analysis of this information makes it possible to better train professionals and academics for more efficient screening and interventions.
DESCRIPTORS: Ambulatory care; Medical records; Health profile.

RESUMEN
Objetivo: Caracterizar el perfil de los pacientes atendidos en el ambulatorio de especialidades médicas de una Facultad de Medicina de una ciudad de Goiás. Métodos: Estudio documental y retrospectivo, analizando las variables relacionadas con el perfil del usuario. Los datos se presentaron como frecuencia absoluta (n) y relativa (%) y la edad como media y desviación estándar (DE). Resultados: la mayoría de los usuarios eran hombres (58,6%), edad media 42 años, solteros (50,6%), económicamente activos (54,4%) y residentes en Aparecida de Goiânia (96,4%). Predominaron las personas sedentarias (65,2%), no bebedores (66,7%) y no fumadores (66,6%), eutróficos (59,3%) y que consumían de uno a cinco medicamentos (66,1%). Las especialidades con mayor frecuencia de consultas fueron Neumología, Pediatría y Dermatología. Muchos registros médicos carecían de información importante para comprender el perfil. Conclusión: El análisis de esta información permite capacitar mejor a los profesionales y académicos para un cribado e intervenciones más eficientes.
DESCRIPTORES: Atención ambulatoria; Registros médicos; Perfil de salud.

RESUMO
Objetivo: Caracterizar o perfil dos pacientes atendidos no ambulatório de especialidades médicas de uma faculdade de Medicina de um município goiano. Métodos: Estudo documental e retrospectivo, analisando as variáveis relacionadas ao perfil do usuário. Os dados foram apresentados como frequência absoluta (n) e relativa (%) e idade como média e desvio-padrão (DP). Resultados: A maioria dos usuários eram do sexo masculino (58,6%), idade média de 42 anos, solteira (50,6%), economicamente ativa (54,4%) e residente em Aparecida de Goiânia (96,4%). Predominaram os sedentários (65,2%), não etilistas (66,7%) e não tabagistas (66,6%), eutróficos (59,3%) e que utilizavam de uma a cinco medicações (66,1%). As especialidades com maior frequência de consultas foram a Pneumologia, Pediatria e Dermatologia. Muitos prontuários faltavam informações importantes para compreensão do perfil. Conclusão: A análise dessas informações possibilita melhor capacitar os profissionais e acadêmicos para uma triagem e intervenções mais eficientes.
DESCRITORES: Assistência ambulatorial; Registros médicos; Perfil de saúde.

RECEIVED ON: 06/01/2021 **APPROVED ON:** 06/07/2021

Oemis Eduardo Xavier
Medical Student at the Faculty of Medicine, UniRV Campus Aparecida, Aparecida de Goiânia, Goiás, Brazil.
ORCID: 0000-0001-9852-5312

Carlos Chaves Valente Filho
Medical Student at the Faculty of Medicine, UniRV Campus Aparecida, Aparecida de Goiânia, Goiás, Brazil.
ORCID: 0000-0002-4337-2264

Jorge Henrique Assunção Dias
Medical Student at the Faculty of Medicine, UniRV Campus Aparecida, Aparecida de Goiânia, Goiás, Brazil.
ORCID: 0000-0001-6446-2552

Ruth da Silva Rego
Medical Student at the Faculty of Medicine, UniRV Campus Aparecida, Aparecida de Goiânia, Goiás, Brazil.
ORCID: 0000-0002-4729-6465

Renato Canevari Dutra da Silva
Physiotherapist, Master in Health Sciences (UNB), PhD Student in Public Health (UNISINOS), Adjunct Professor at the Faculty of Physiotherapy, University of Rio Verde (UniRV), Campus Rio Verde, Goiás, Brazil.
ORCID: 0000-0002-6428-2823

Heloisa Silva Guerra
Physiotherapist, Master in Public Health (UFG), PhD Student in Public Health (UNISINOS), Adjunct Professor at the Faculty of Medicine of the University of Rio Verde (UniRV), Campus Aparecida, Aparecida de Goiânia, Goiás, Brazil.
ORCID: 0000-0002-0617-8112

INTRODUCTION

The Unified Health System (SUS - Sistema Único de Saúde) has as its basic principles universality, equity and comprehensive care. Integrality can be understood as an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system. [1]

In the organization of the SUS, as provided for in Decree No. 7.508 of 2011, the set of health actions and services articulated at levels of increasing complexity, with the purpose of ensuring the completeness of health care, is called the Health Care Network (RAS - Rede de Assistência à Saúde). [2] In RAS, services are distributed into three levels of care: primary, secondary and tertiary; and this organization is a strategy to overcome the fragmented way of operating health care and management. [3]

Secondary care is characterized by specialized outpatient and hospital services, with intermediate technological density between primary and tertiary care, also known as medium complexity. [3] At this level are specialized medical services, diagnostic and therapeutic support and urgent and emergency care.

Integrality can be understood as an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system.

The clinical schools, linked to Higher Education Institutions (IES - Instituições de Ensino Superior), are inserted in the RAS and generally have a double function: to provide the academic with clinical practice within their profession; and make the University fulfill its social role, through the provision of services to the community. [4]

An outpatient clinic of specialties of educational institutions is the ideal environment for academics, as they are professionals in training and are being prepared for their future profession by following the flow of care and reflections on their education by conducting a consultation under the guidance of a trained professional. In this context, the student has the opportunity to apply theoretical knowledge in clinical practice, improving the teaching and learning process. Another benefit of this service-school is providing care to the population, especially the low-income, who have more restricted access to health services.[5]

Added to this is the acquisition of skills for moral judgment, which values ethical and human aspects during medical education that takes place in primary and outpatient care. Contact throughout the course with patients from the Unified Health System, with active participation

in the care, inevitably brings to the discussion some points of patient-centered medicine. [6]

The person-centered clinical method (PCCM) is based on a balanced investigation of both the disease itself and the experience of being ill, considering the individual's life context. This process requires qualified and attentive listening to the patient's history and needs, in order to understand and better manage each case. [7]

All these aspects become essential in medical education, which must be guided by the construction, during graduation, of a professional with generalist, humanist, critical and reflective training, capable of acting in the health-disease process, based on ethical principles, at different levels of care, aiming at comprehensive care and the development of a sense of social responsibility and commitment to citizenship. [8]

Knowing the patient's life context is of paramount importance to understand their completeness, their living conditions and possible factors that may explain the health-disease process. The analysis of the population that attends a medical service is relevant to the general knowledge of patients, serving as an engine of adequate care for those individuals who seek the service.

Given the above, the aim of this study was to characterize the profile of patients seen at the medical specialties outpatient clinic of a Faculty of Medicine in a city of Goiás.

METHODS

This is a documentary, retrospective study with data collected from medical records of patients treated at the Medical Specialties Outpatient Clinic of the Faculty of Medicine (FAMED) of the University of Rio Verde, Campus Aparecida de Goiânia.

Aparecida de Goiânia is located in the metropolitan region of Goiânia and has nearly 500,000 inhabitants. The municipality has 52 places of care, which are divided into: 40 basic health units (UBS - unidades básicas de saúde), 01 maternity hospital, 01 specialized care service (SAE - serviço de atendimento especializado), 01 municipal clinical center (CCM - centro clínico municipal), 01 mental health care center (NCSM - núcleo de cuidados em saúde mental), 01 Emergency Mental Health Care Service, 01 Municipal Hospital, 01 Municipal Outpatient Clinic, 04 Psychosocial Care Centers (CAPS - Centros de Atenção Psicossocial), 02 Integrated Health Care Centers (CAIS - Centros de Atenção Integrada à Saúde) and 03 Emergency Care Units (UPA - Unidades de Pronto Atendimento) .

The person-centered clinical method (PCCM) is based on a balanced investigation of both the disease itself and the experience of being ill, considering the individual's life context. This process requires qualified and attentive listening to the patient's history and needs, in order to understand and better manage each case.

The Medical Specialties Outpatient Clinic of FAMED, was added to the RAS of Aparecida since February 2017 and provides outpatient care with medical students, from the fourth period of graduation, in the following specialties: Cardiology, General Surgery, Coloproctology, Dermatology, Endocrinology, Pediatric Endocrinology, Gastroenterology, Gynecology, Infectology, Nephrology, Neurology, Pediatrics, Pulmonology, Rheumatology and Urology.

For the operationalization of the research data collection, an instrument was used that served as a script for the extraction of information from the medical records, necessary for the characterization of the patients' profile. The collection took place between December 2019 and February 2020 and included all medical records opened in the unit from its opening until December 31st, 2019. The variables analyzed were: place of residence, origin, gender, age, education, occupation, marital status, family income, date of first appointment, specialty, number of return visits to the specialty of origin, diagnostic hypothesis, comorbidities, lifestyle, Body Mass Index (BMI) and number of medications in use.

Data were analyzed using STATA software, version 14.0 (StataCorp, 2015). Initially, the Kolmogorov-Smirnov test with Lillifors correction was performed to verify the normality of the age variable. Then, a descriptive analysis of the

Table 1. Descriptive analysis of variables related to the sociodemographic profile of patients seen at a university specialized outpatient clinic. Aparecida de Goiânia - GO, 2020 (n= 1.684)

VARIABLES	N	%
Sex		
Female	697	41,4
Male	985	58,6
NI: 2		
Age group (years)		
0-9	225	13,4
10-19	189	11,2
20-39	338	20,1
40-59	422	25,1
> 60	510	30,3
Education		
Did not study/incomplete elementary school	33	57,9
Complete Elementary School	-	-
Incomplete High School	2	3,5
Complete High School	-	-
Incomplete Higher Education	6	10,5
Complete Higher Education	11	19,3
NI: 1.627		
Occupation		
Job	626	54,4
Student	221	19,2
Retired	192	16,7
Unemployed	111	9,7
NI/NA: 534		
Marital Status		
Single	567	50,6
Married	406	36,2
Widowed	81	7,2
Divorced	67	6,0
NI/NA: 563		
City of residence		
Aparecida de Goiânia	1.591	96,4
Goiânia	36	2,2
Other cities	23	1,4
NI: 34		
Federation Unit of origin		
Goiás	770	59,7
Other state	519	40,3

variables was performed. Quantitative variables of the patients' profile were presented as absolute (n) and relative (%) frequency and age as mean and standard deviation (SD), median, interquartile range (IIQ), minimum and maximum.

In order to comply with the ethical and legal aspects necessary for the development of research involving human beings, the study was conducted in accordance with Resolution No. 510/2016 of the National Health Council, submitted and approved by the Research Ethics Committee of the Fundação do Higher Education of Rio Verde – FESURV – University of Rio Verde through Opinion No. 3.258.357, CAAE 10888919.1.0000.5077.

RESULTS

Table 1 shows the descriptive analysis of the analyzed variables. The mean age of participants was 42,2 years (SD±24,7), ranging from 0 to 98 years. Most patients were male (58,6%), employed (n=54,4%) and single (50,6%). Approximately 96,4% were from Aparecida de Goiânia and 59,7% from other municipalities in the State of Goiás.

Regarding behavioral variables, nutritional status and consumption of medications by patients, it was found that 65,2% did not practice physical activity, 12,3% were smokers and 21,4% used alcohol. More than half (59,3%) were eutrophic, although 33,6% were overweight or with some degree of obesity; and 16,8% used more than five medications.

Regarding the care variables, approximately 40,0% of patients were seen in 2019. As for the specialty, the most frequent ones were: Pulmonology (16,8%), Pediatrics (14,7%) and Dermatology (14,6%) (Table 2).

The most frequent diagnoses were Chronic Obstructive Pulmonary Disease (COPD), Allergic Rhinitis, Asthma, Chronic Kidney Disease (CKD), Gastroesophageal Reflux Disease (GERD), Melasma, Atopic Dermatitis, Acne and Urinary Tract Infection (UTI).

NI: 395		
	Average (SD)	**Median (IQR)**
Age (years)	42,2 (24,7)	45 (20-63)

Abbreviations: SD = Standard Deviation; NI= No information; NI/NA=Not applicable. IQR=Interquartile Range.

Table 2. Descriptive analysis of variables related to care at a university specialized outpatient clinic. Aparecida de Goiânia – GO, 2020 (n=1.684).

VARIABLES	N	%
Year of first appointment		
2017	191	13,2
2018	514	35,4
2019	581	40,0
NI: 232		
Specialty of origin		
General surgery	27	1,6
Dermatology	242	14,6
Pediatric Endocrinology	52	3,1
Gastroenterology	15	0,9
Gynecology	133	8,0
Infectology	161	9,7
Nephrology	108	6,5
Neurology	26	1,6
Pediatrics	244	14,7
Pneumology	278	16,8
Rheumatology	83	5,0
Urology	95	5,7
Coloproctology	88	5,3
Endocrinology	13	0,8
Cardiology	92	5,6
NI: 27		
Consulted in another specialty		
No	1.629	97,1
Yes	48	2,9
NI: 7		

Abbreviations: NI/NA=Not applicable.

DISCUSSION

In the present study, the services provided by the FAMED outpatient clinic in its first years of operation were analyzed, showing the importance of the unit for the municipality and demonstrating that the volume of consultations gradually increased, improving access and contributing to the reduction of waiting time for a specialized appointment.

The main purpose of determining the profile of users of a service is to capture relevant information that can improve the availability of these services, in addition to collaborating with the selection and training of human resources and better articulation with other health care establishments. [9] In addition, outpatient consultations substantially contribute to the training of general practitioners, since the student has the opportunity to experience the integration between the levels of care in the SUS and to deepen knowledge in specific areas of medicine. [10]

The results of the present study showed a profile of predominantly male, young, single and economically active users. The predominance of males corroborates other studies that profiled patients in outpatient care. [11,12] However, they contradict other studies that indicate a predominance of the female and elderly public among those who most seek the health system. [13-16]

The mean age found agrees with another study on patients seen at a dermatology service in São Paulo, [17] around 42 years old. It is noteworthy that the present study refers to a multi-specialty outpatient clinic, including pediatrics and dermatology, which may be responsible for the majority of the young public. There was also a large percentage of medical records without education information, however, among those that were included, most patients had no education or only had incomplete elementary school, agreeing with a similar study where 50.2% of patients were illiterate or had less than 4 years of education.[18]

The study by Sena et al, [17] which describes the epidemiological profile of a dermatology clinic, presented the same percentage result of medical records without filling out the level of education (97%). This finding suggests that the questioning about education is quite neglected in medical care, which can impact the success of the consultation and adherence to the proposed treatment. Furthermore, the relationship between education and health is already known, where people with less education have a more adverse health profile, with higher prevalence of some diseases, fewer pre-

ventive consultations and higher rates of hospitalization. [19]

Considering the lifestyle of users, the findings reflect some of the bad habits of the Brazilian population that contribute to the appearance and perpetuation of chronic non-communicable diseases (NCDs), such as high blood pressure (AH), for example. Most of the sample did not practice physical activity, which raises great concern. Scientific evidence points to a growing prevalence of AH among young people, mainly motivated by obesity and a sedentary lifestyle. The practice of physical activity is a very important preventive protective factor against the development of AH, cardiovascular diseases and mortality from all causes. [20]

Almost a third of the participants were above the weight considered normal, although most of those assisted were eutrophic and, still, many medical records did not contain information regarding weight and height. In the study on the epidemiological profile of patients with cholelithiasis treated at a surgery outpatient clinic and in another that evaluated patients treated at the pre-anesthetic evaluation clinic, it was noted that most users had a BMI above what is considered ideal. [9,21] The nutritional status of the individual is influenced by several determinants, depending on the environment, culture, social, demographic and epidemiological conditions in which they are inserted, and these determinants impact their health and quality of life. [21]

The use of many medications was frequent in the studied sample, with 16,8% of the patients taking 5 or more medications. The high rate of polypharmacy may be related to the number of elderly people in the sample (30,3%) and the overlapping of acute chronic and infectious diseases in young people, such as asthma and urinary tract infection (UTI).

Regarding care, the higher frequency of consultations in the Pneumology specialty can be explained by the predominance of males in this study, since the main pulmonological diseases are related to smoking. Historically more common among men, this habit leads to chronic airway inflammation, which ends up causing structural changes in the alveoli, fibrosis, damage to the mucociliary epithelium and bronchial hypersecretion. These factors strongly predispose to the onset of lung diseases, in addition to work activities related to males, such as work in the quarries, present in the region of the clinic analyzed in this study. [22]

The occurrence of respiratory pathologies may be related to the fact that the municipality of Aparecida de Goiânia has one of the main Industrial Poles in the State of Goiás, representing 9,74% of the total number of industries in the state. [23]

Air pollutants emitted by these companies, in contact with the respiratory epithelium, can cause adverse reactions in the body, with an impact mainly on the cardiovascular system and respiratory system, making this topic relevant and current in various parts of the world. [24] The high prevalence in the diagnosis of atopic dermatitis in the present study, which has an inflammatory pathophysiology and can be exacerbated by exposure to environmental pollutants, may also refer to the presence of these companies in the region; which corroborates for a large flow of care in the specialty of dermatology.

The diagnosis of Chronic Kidney Disease (CKD), also prevalent in this study, may once again reflect the preponderance of the male population in this service, mainly due to the reluctance of this population to seek health care preventively because of culture, social values, misinformation or for considering the disease as a sign of fragility. [25]

These beliefs make men take less care of themselves, expose themselves more to risky situations, have less adherence to treatments and only seek services when at a more advanced stage, predisposing them to serious and chronic diseases. This is related to the construction of masculinity focused on the formation of a manly being, where the expression of their pain and frailties is not allowed. [26]

The analysis of information about users at the outpatient level within the SUS is very relevant, since it is possible, through medical records, to better train professionals for more efficient screening and interventions, allowing access to data on the patient's epidemiological profile in question, previous pathological histories, actions taken, identification of underlying diseases and complementary exams performed. This information can be accessed and interpreted in a better way when it is contained in an electronic database, however this is not a reality in many services linked to the government.

One of the limitations of the present study was the lack of information recorded in the patients' medical records and the extremely confusing handwriting of some professionals and academics. The incompleteness of the data reveals a deficit in the professional training process, where a complete anamnesis is necessary.

The anamnesis can be understood as one of the challenges of medical education, which points to the change of attitude of the interviewer to that of a listener, that is, from an inquisitor to that of caregiver of people's health-disease process, signaling its importance in the "art of listening" to identify health and care needs in the integrality axis. [27] Furthermore, the medical record is a legal document, of a confidential and scientific nature, which serves as official communication between the various professionals of the multidisciplinary team, allowing the continuity of care provided to the individual and constituting a reference for administrative, legal and financial matters. The lack of information in the medical records can compromise its functions and usefulness.

CONCLUSION

The profile of patients at the Medical Specialties outpatient clinic at FAMED showed a population of users mostly young, male, single, economically active, sedentary and using one to five medica-

tions. Most diagnoses presented were related to the areas of Pulmonology, Pediatrics and Dermatology.

It is hoped that with the epidemiological profile outlined in this study, there is better strategic planning by the educational institution, in order to optimize the organization of care, train professionals and academics on the importance of recording information, as well as providing a better service to users who use this service. ■

REFERENCES

1. Brasil. Lei n. 8.080 de 19 de setembro de 1990. Lei Orgânica da Saúde. Diário Oficial da União, Brasília, DF, p. 18.055, 20 set. 1990.

2. Brasil. Ministério da Saúde. Decreto 7.508 de 28 de junho de 2011. Regulamenta a Lei nº 8.080 de 19 de setembro de 1990. Diário Oficial da União, Seção 1, 29 jun. 2011.

3. Brasil. Portaria GM/MS no 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de Atenção à Saúde no âmbito do SUS. Brasília: Ministério da Saúde; 2010.

4. Zilli MG, Santos APS, Yamaguchi CK, Borges LA. Contribuições de uma clínica escola no atendimento em saúde no Sul de Santa Catarina. RIES. 2017; 6(1):105-116.

5. Fernandes LFB, Silvares EFM, Miyazaki MCOS. Caracterização da população atendida em ambulatório de Psicologia da Saúde de um hospital-escola. Contextos Clínic. 2017;10(2):145-156.

6. Ribeiro MMF, Amaral CFS. Medicina centrada no paciente e ensino médico: a importância do cuidado com a pessoa e o poder médico. Rev. bras. educ. med. 2008; 32(1):90-97.

7. Chazan ACS, Silveira LMC, Favoreto CAO. Revisão de prontuário como estratégia de ensino-aprendizagem da medicina centrada na pessoa em um ambulatório universitário no município do Rio de Janeiro. Rev Bras Med Fam Comunidade. 2014; 9(30):96-103.

8. Brasil. Ministério da Educação. Conselho Nacional de Educação, Câmara de Educação Superior. Resolução CNE/CES nº4 de 7 de novembro de 2001. Institui diretrizes curriculares nacionais do curso de graduação em Medicina. Diário Oficial da União. Brasília, 9 nov. 2001; Seção 1, p.38.

9. Santos ML, Novaes CO, Iglesias AC. Epidemiological profile of patients seen in the pre-anesthetic assessment clinic of a university hospital. Rev Bras Anestesiol. 2017; 67(5): 457-467.

10. Guedes BAP, Vale FLB, Souza RW, Costa MKA, Batista SR. A Organização Da Atenção Ambulatorial Secundária na SESDF. Ciênc. saúde colet. 2019; 24(6):2125-2134.

11. Vasconcelos GMT, Santos GKBB, Santos ACFS, Silva JOM, Santos ES. Perfil sociodemográfico dos pacientes atendidos em um ambulatório público de cuidados com feridas complexas. Anais Congresso Internacional de Enfermagem; 2019; Sergipe, Unit, 2019.

12. Pexe M, Carvalho DLBC, Menotti AFS, Soares JGS, Jardim NA, Casalenuovo PRM. Perfil epidemiológico do Ambulatório de Saúde Mental Infantojuvenil da Clínica Integrada do Centro Universitário de Várzea Grande (UNIVAG). Caderno de Publicações Univag. 2019; 10:4-14.

13. Adamczyk SP, Souza SJP. Perfil epidemiológico dos pacientes atendidos no ambulatório de enfermagem. Rev Gestão e Saúde. 2018; 19(1): 118-28.

14. Dantas MM, Solá ALN, Pires DAL, Silva JBP, Reis MAC, Herrera MR, Herrera SDSC. Profile of Patients Attended in the Cardiology Ambulatory of the South Region of Tocantins in the Year 2015. Revista Cereus. 2019; 11(2):1-11.

15. Hodniki PP, Teixeira CRS, Zanetti ML, Moraes C, Fermino RC, Berra S. Prática de atividade física e ambiente percebido de usuários do Sistema Único de Saúde. Saúde coletiva. 2021;11(65): 6280-87.

16. Brasil. Pesquisa Nacional de Saúde: 2013: acesso e utilização dos serviços de saúde, acidentes e violências: Brasil, grandes regiões e unidades da federação / IBGE, Coordenação de Trabalho e Rendimento – Rio de Janeiro: IBGE, 2015.

17. Sena NV, Alves AFV, Pontes LM, Silva PRS, Duffles MSL, Souza MLP, Brandão BJF. Perfil epidemiológico dos pacientes atendidos no serviço de dermatologia da BWS. BWS Journal. 2020; 3:1-9.

18. Saraiva LGF, Dornelas PG, Cau SBA, Calábria LK. Perfil epidemiológico de pacientes atendidos em uma rede ambulatorial do Hiperdia Minas em Governador Valadares-MG. Revista de Atenção à Saúde. 2016; 14(48): 40-47.

19. Viacava F, Porto SM, Carvalho CC, Bellido JG. Desigualdades regionais e sociais em saúde segundo inquéritos domiciliares (Brasil, 1998-2013). Ciênc. saúde colet. 2019; 24(7): 2745-60.

20. Franco RJS. A atividade física no presente pode ser a receita para evitar os males da obesidade e hipertensão no futuro. Arq. Bras. Cardiol. 2020; 15(1): 50-51.

21. Lemos LN, Tavares RMF, Donadelli CAM. Perfil epidemiológico de pacientes com colelitíase atendidos em um ambulatório de cirurgia. Revista Eletrônica Acervo Saúde/ Electronic Journal Collection Health. 2019;28(28):1-9.

22. Silva LCC, Araújo AJ, Queiroz AMD, Sales MPU, Castellano MVCO. Controle do tabagismo: desafios e conquistas. J. bras. pneumol. 2016; 42(2): 290-298.

23. Brasil. Ministério do Trabalho e Emprego – MTE. Relação Anual de Informações Sociais – RAIS, 2013. Disponível em <http://www.mte.gov.br/rais/default.asp>. Acesso em: 28 jul. 2020.

24. Gouveia N, Leon AP, Junger W, Lins JF, Freitas CU de. Poluição do ar e impactos na saúde na Região Metropolitana de Belo Horizonte – Minas Gerais, Brasil. Ciênc. saúde colet. 2019; 24(10): 3773-81.

25. Lemos AP, Ribeiro C, Fernandes J, Bernardes K, Fernandes R. Saúde do homem: Os motivos da procura dos homens pelos serviços de saúde. Rev. enferm. UFPE online. 2017; 11(11): 4546-53.

26. Sousa RJ, Soares TM, Rosario CR, Rosa DPS, David RAR, Brito HES. Aspectos da masculinidade como impeditivo do autocuidado na saúde do homem. Saúde coletiva. 2021; 11(65): 6306-6314.

27. Soares MOM, Higa EFR, Passos AHR, Ikuno MRM, Bonifácio LA, Mestieri CP, Ismael RK. Reflexões contemporâneas sobre anamnese na visão do estudante de Medicina. Rev. bras. educ. med. 2014; 38(3): 314-22.