





Epidemiological, sociodemographic and clinical aspects of individuals with chronic skin lesions in an enterostomal therapy service**

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ABSTRACT

Objective: To determine the epidemiological and clinical profile of individuals with chronic skin lesions treated at the Enterostomal therapy Outpatient Clinic between 2014 and March 2020. **Method:** A descriptive and retrospective study with a documentary analysis of medical records of patients with chronic skin lesions. **Results:** A total of 216 medical records of individuals aged between 21 and 94, of both genders, were analyzed. The majority resided in the Federal District (85%); were female (60%); had primary education (58%); did not work (73%); and had a monthly family income ranging from 280 to 840 dollars (62%). From a clinical point of view, most individuals were non-smokers and non-drinkers, with a predominance of women. The total number of lesions was similar between women and men, with a higher proportion of single lesions (71%), predominantly located in the lower limbs in both genders (78%), with venous stasis being the primary etiological cause (48%). Most individuals remained under treatment for up to six months (62%). **Conclusion:** The study outlined the profile of individuals treated at the service during the period, enabling an understanding of the demands and specificities of the population, the development of care strategies with the establishment of protocols, and the systematic application of care.

DESCRIPTORS: Wounds and injuries. Enterostomal therapy. Nursing.

Aspectos epidemiológicos, sociodemográficos e clínicos de pessoas com lesões cutâneas crônicas em serviço de estomaterapia**

RESUMO

Objetivo: Determinar o perfil epidemiológico e clínico dos indivíduos com lesões cutâneas crônicas, atendidos no Ambulatório de Estomaterapia de 2014 a março de 2020. **Método:** Estudo descritivo e retrospectivo, com análise documental, em prontuários de pacientes com lesões cutâneas crônicas. **Resultados:** Foram analisados 216 prontuários de indivíduos entre 21 e 94 anos, de ambos os sexos. A maioria residia no Distrito Federal (85%); era do sexo feminino (60%); possuía ensino fundamental (58%); não exercia atividade laboral (73%); possuía renda familiar mensal variando de 280 a 840 dólares (62%). Do ponto de vista clínico, a maioria

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**Extracted from the dissertation “Epidemiological, clinical, biochemical, hematological, and economic aspects related to the treatment of chronic skin lesions at an university hospital of Brasília between 2014 and 2020,” presented to the Graduate Program in Medical Sciences at Universidade de Brasília (UnB), in 2024.

dos indivíduos era não fumante e não etilista, com predomínio de mulheres. O total de lesões foi similar entre mulheres e homens, com maior proporção de lesões únicas (71%), localizadas predominantemente nos membros inferiores em ambos os sexos (78%), sendo a estase venosa a principal causa etiológica (48%). A maioria dos indivíduos permaneceu sob tratamento por até seis meses (62%). **Conclusão:** O estudo permitiu traçar o perfil dos indivíduos tratados no serviço no período e possibilitou entender as demandas e especificidades do público, traçar estratégias de atendimento com estabelecimento de protocolos e aplicar a assistência de forma sistematizada.

DESCRIPTORES: Ferimentos e lesões. Estomaterapia. Enfermagem.

Aspectos epidemiológicos, sociodemográficos y clínicos de personas con lesiones cutáneas crónicas en un servicio de estomaterapia

RESUMEN

Objetivo: Determinar el perfil epidemiológico y clínico de los individuos con lesiones cutáneas crónicas atendidos en el ambulatorio de estomaterapia entre 2014 y marzo de 2020. **Método:** Estudio descriptivo y retrospectivo, con análisis documental de los registros médicos de pacientes con lesiones cutáneas crónicas. **Resultados:** Se analizaron 216 expedientes de individuos entre 21 y 94 años, de ambos sexos. La mayoría vivía en el Distrito Federal (85%); eran mujeres (60%); tenían educación primaria (58%); no trabajaban (73%); y tenían un ingreso familiar mensual entre 280 y 840 dólares (62%). Desde el punto de vista clínico, la mayoría de los individuos no fumaba ni consumía alcohol, con predominio de mujeres. El número total de lesiones fue similar entre mujeres y hombres, con una mayor proporción de lesiones únicas (71%), ubicadas predominantemente en los miembros inferiores en ambos sexos (78%), siendo la estasis venosa la principal causa etiológica (48%). La mayoría de los individuos permaneció en tratamiento por un período de hasta seis meses (62%). **Conclusión:** El estudio permitió delinear el perfil de los individuos atendidos en el servicio durante el período analizado, posibilitando la comprensión de sus demandas y especificidades, el desarrollo de estrategias de atención con el establecimiento de protocolos y la aplicación sistemática de la asistencia.

DESCRIPTORES: Heridas y lesiones. Estomaterapia. Enfermería.

INTRODUCTION

The therapeutic challenges associated with the healing/repair of skin lesions highlight the need for treatments that promote rapid tissue regeneration and the reconstitution of damaged structures. The speed of the healing/repair process is crucial to preventing the colonization of the affected site by infectious agents and restoring the organ's physiological functions. Therefore, optimizing treatment to enhance the quality of life for individuals with chronic, hard-to-heal lesions drives research aimed at identifying effective alternatives.

Available data indicate that the treatment of chronic injuries imposes high costs on health systems, primarily due to delays in healing and the associated morbidity¹. Managing these injuries often requires prolonged hospitalization, antibiotic therapy, and surgical interventions, while also leading to productivity loss, disability, and premature mortality. Collectively, these factors increase treatment expenses and make chronic injuries a significant public health concern in Brazil and worldwide¹.

In the United States, chronic venous injuries affect more than 2.5 million individuals, leading to morbidity and a decline in quality of life, while also accounting for up to 1% of public healthcare expenditures^{2,3}. Another study conducted in the United States estimates that 14% of the global population experiences some form of injury during their lifetime⁴.

In Brazil, data on the incidence, prevalence, and cost of treating chronic wounds are limited, with studies primarily focusing on the prevalence of lesions. In this context, a study conducted at the university hospital in João Pessoa reported that venous ulcers were the most common, accounting for 27.1% of cases⁵.

Another study conducted in Zona da Mata, Minas Gerais, involving 104 individuals, reported a prevalence of chronic injuries of 0.164%⁶. The study by Cortez et al., conducted in a municipality in the central-western region of Minas Gerais, examined the epidemiological and clinical aspects, as well as the treatment costs, of 15 patients receiving care in the municipality's Primary Care services⁷. Similarly, Sachett and Montenegro (2019) conducted a study in Rio Branco involving 100 individuals, which defined the epidemiological profile of patients receiving home care in the state, revealing a prevalence of chronic injuries in the lower limbs⁸.

Although chronic wounds are recognized as a public health concern in Brazil and worldwide, research on the profile of affected individuals within the Brazilian population remains limited. In this context, conducting studies that map and provide an overview of patients with chronic wounds in reference health services is essential for guiding wound treatment, supporting decision-making by healthcare managers, and ultimately contributing to improvements in public health¹.

OBJECTIVES

This study aimed to determine the epidemiological, sociodemographic, and clinical profile of individuals with chronic lesions treated at the Enterostomal Therapy Outpatient Clinic of a teaching hospital in the Federal District.

METHODS

This descriptive and retrospective study aimed to determine the epidemiological and clinical profile of patients with chronic skin lesions undergoing treatment. The study was conducted at the Outpatient Enterostomal Therapy Nursing Service (*Serviço Ambulatorial de Enfermagem em Estomaterapia – SAEE*), with data collected from the medical records of 216 patients with chronic lesions between 2014 and March 2020.

The study was approved by the Research Ethics Committee of the School of Medicine at Universidade de Brasília (Protocol 3.611.291/2019), and access to the individuals' medical records was authorized by the institution's Medical Records Archive and the Management Application for University Hospitals (Protocol 99572918.3.0000.0030), in accordance with the ethical guidelines set forth in Resolution 466/2012 of the National Health Council⁹.

The inclusion criteria were young, adult, and aged patients followed at the SAEE for the treatment of chronic skin lesions of various etiologies. Exclusion criteria included individuals with lesions related to nutritional ostomies or resulting from drainage or elimination, as well as individuals hospitalized for bladder catheterization or for receiving SAEE consultations.

To assess the epidemiological profile of the individuals, data were collected on gender, age, education, monthly family income, self-reported ethnicity, employment status, marital status, state of origin, and lifestyle habits (alcohol consumption, smoking, and physical activity). Clinical data included lesion etiology, number of lesions per individual, lesion location, and treatment duration. Following data collection, the information was tabulated, organized, and grouped for descriptive analysis and interpretation of the results.

For statistical analysis, normality was assessed using the Kolmogorov-Smirnov test, and variable variability was evaluated with the Bartlett test. To compare proportions between men and women for each data point, contingency tables were constructed and analyzed using Fisher's exact test. Differences between variables were considered statistically significant when the two-tailed probability of occurrence due to chance (type I error) was less than 5% ($p < 0.05$). The analyses and graphical representation of results were performed using the Prism 5[®] software package (GraphPad, USA).

RESULTS

Of the 216 medical records analyzed, 118 cases involved adults with chronic skin lesions, aged between 20 and 59 years, while 98 cases corresponded to aged individuals between 60 and 94 years. Among adults, a higher proportion of women (59%) than men (41%) received treatment at the service between 2014 and 2020 (Table 1A, B). The majority of individuals (85%) resided in the Federal District, while the remaining 15% were from other states (Goiás, Minas Gerais, and Piauí).

Table 1. Distribution of individuals with chronic wounds: epidemiological profile. Brasília (DF), SAE: 2014 to 2020.

Epidemiological data		Number (%)			Statistical analysis Fisher's Test
		Male + Female	Male	Female	
A. Gender		216 (100)	87 (40)	129 (60)	p<0.001
B. Age range (years)					
Adult	20 to 30	10 (9)	4 (4)	6 (5)	-
	31 to 40	15 (13)	5 (4)	10 (9)	-
	41 to 50	49 (42)	23 (20)	26 (22)	-
	51 to 60	44 (37)	16 (14)	28 (24)	-
	Total	118 (100)	48 (41)	70 (59)	p=0.006
Aged	61 to 70	56 (57)	24 (25)	32 (33)	-
	71 to 80	29 (30)	10 (10)	19 (19)	-
	81 to 90	11 (11)	5 (5)	6 (6)	-
	>90	2 (2)	0 (0)	2 (2)	-
	Total	98 (100)	39 (40)	59 (60)	-
C. Marital Status					
Married		103 (48)	54 (62)	49 (38)	p=0.026
Single		68 (32)	25 (29)	43 (33)	-
Divorced		21 (10)	7 (8)	14 (18)	p<0.05
Widowed		24 (11)	1 (1)	23 (11)	p<0.05
D. Ethnicity (color or race)					
White		86 (40)	58 (67)	28 (22)	-
Brown		106 (49)	22 (25)	84 (65)	p=0.001
Black		18 (8)	6 (7)	12 (9)	p<0.01
Indigenous		2 (1)	1 (1)	1 (1)	-
Yellow		6 (3)	1 (1)	5 (4)	-
E. Education level					
Illiterate		10 (5)	3 (3)	7 (5)	-
Incomplete Elementary School		65 (30)	21 (24)	44 (34)	p=0.001
Complete Elementary School		61 (28)	21 (24)	40 (31)	p<0.01
Incomplete High School		12 (6)	5 (6)	7 (5)	-
Complete High School		56 (26)	31 (36)	25 (19)	-
Incomplete Higher Education		5 (2)	2 (2)	3 (2)	-
Complete Higher Education		7 (3)	4 (5)	3 (2)	-
F. Employment status					
Yes		59 (27)	32 (37)	27 (21)	p<0.001
No		157 (73)	55 (63)	102 (79)	
G. Monthly family income based on minimum wage (USD)*					
280.00		79 (37)	26 (30)	52 (44)	-
560.00 to 840.00		53 (25)	47 (54)	6 (5)	p=0.001
840.00 to 1,400.00		57 (26)	11 (13)	46 (39)	p<0.01
1,400.00 to 2,240.00		17 (8)	3 (3)	14 (12)	-
2,520.00 to 4,200.00		8 (4)	0 (0)	8 (7)	-
> 4,200.00		2 (1)	0 (0)	2 (2)	-

*The Brazilian minimum wage in 2024 (BRL 1,412.00) was converted to USD at the exchange rate of \$5.04 on 04/02/2024.

The study revealed a higher proportion of married women (62%), whereas men had a greater proportion of divorced (18%) and widowed (11%) individuals, as shown in Table 1C. Regarding self-reported ethnicity, a higher proportion of women identified as brown (65%) or black (9%) compared to men, as presented in Table 1D.

The educational level of the individuals ranged from illiteracy to higher education, with 63% having completed, at most, primary education. Compared to men, a higher proportion of women had either completed (31%) or not completed (34%) primary education (Table 1E).

Regarding employment status, a higher proportion of both men and women were unemployed (63% of men and 79% of women) compared to those engaged in work activities (37% of men and 21% of women), as shown in Table 1F.

The family income of individuals ranged from \$280 to \$4,200. A higher proportion of men fell within the income range of \$560 to \$840, whereas women were more represented in the \$840 to \$1,400 range (Table 1G).

When assessing the clinical profile of the participants regarding lifestyle habits, the results indicated that tobacco and alcohol use, as well as cessation of these habits, were more common among men. In contrast, most women were non-smokers and non-drinkers. Additionally, the majority of participants were sedentary; however, among those who engaged in physical activity, men were the predominant group (Table 2A).

The results indicated a similar total number of injuries between women and men, with a higher proportion of single injuries in both groups. Regarding injury location, the lower limbs were the most affected in both genders (78%), as shown in Table 2B, D.

Venous stasis was the primary cause of skin lesions in both genders. Overall, vascular causes (venous, arterial, or both) accounted for 54% of skin lesions. Compared to women, a higher proportion of men had skin lesions of neuropathic, oncological, vascular (venous and arterial), and infectious origin (Table 2C).

Regarding treatment duration, the results showed that the majority of both men and women (62%) were treated at the outpatient clinic for up to six months, while the remaining individuals received treatment for periods ranging from six months to five years. Compared to women, a higher proportion of men were under treatment for up to five years (12%), as shown in Table 2E.

DISCUSSION

The studied population had an outpatient profile, which imparts certain unique characteristics to the participants, such as the predominant etiology of the injuries and factors that directly influence the findings of this research.

Regarding treatment duration, it is important to note that the uniformity in patient care is largely attributed to the implementation of protocols by institutional committees, consistent teaching during undergraduate courses by professors, and the practical application by students in the service, as this is an extension project of Universidade de Brasília (UnB). This alignment of actions guides patient approaches, as well as the resulting decisions and outcomes.

The individuals in the studies were predominantly women, consistent with other Brazilian studies. It is important to note that there is still no statistically significant evidence regarding the association between gender and the incidence of chronic injuries¹⁰. However, according to the literature, it is observed that the male population seeks health services less frequently for injury promotion and prevention. This trend is highlighted in a study conducted at an outpatient clinic for the prevention and treatment of Systemic Arterial Hypertension in the southern region of the country, which found a higher prevalence of women attending the service¹¹.

The mean age observed in this study is consistent with findings from other studies, which indicate a higher incidence of chronic skin lesions. This may be attributed to complications associated with aging and chronic comorbidities, leading to increased vulnerability and physiological fragility¹⁰. As demonstrated in this study, chronic wounds are more prevalent among adults with low levels of education and low income¹². Limited access to information and healthcare services may contribute to this situation, affecting adherence to therapeutic regimens and self-care practices. Education plays a crucial role in understanding and applying health-related information, as well as in adherence to prophylactic and disease management measures. Therefore, healthcare professionals must engage with patients using clear and simple language, ensuring comprehension by encouraging questions and verifying understanding. Effective communication is essential, and the healthcare team must strive to convey information in a way that facilitates continuity of treatment and improves the quality of care provided¹⁰.

Regarding occupational status, the majority of individuals were unemployed, highlighting the impact of chronic injuries and comorbidities on their daily lives. Family, social, and economic relationships are directly affected, as are the healthcare and social security systems. This scenario underscores the need to mitigate the health impacts of chronic

Table 2. Distribution of individuals with chronic wounds, clinical profile. Brasília (DF), SAAE: 2014 to 2020

Clinical Data	Number (%)			Statistical analysis Fisher's Test
	Male + Female	Male	Female	
	216	87	129	p<0.001
A. Lifestyle Habits				
Non-smoker	160 (74)	51 (59)	109 (85)	p<0.001
Smoker	22 (10)	16 (18)	6 (5)	
Former Smoker	34 (16)	20 (23)	14 (11)	
Non-drinker	174 (81)	55 (63)	119 (92)	
Drinker	9 (4)	9 (10)	0 (0)	
Former Drinker	33 (15)	23 (26)	10 (8)	
Physical activity	28 (13)	12 (14)	16 (2)	
Sedentary	188 (87)	75 (86)	113 (88)	-
B. Total wounds				
1	153 (71)	94 (73)	59 (68)	
2 to 3	49 (23)	28 (22)	21 (24)	
4 to 6	11 (5)	7 (5)	4 (5)	
7 to 10	3 (1)	0 (0)	3 (3)	
C. Wound etiology				
Venous	103 (48)	64 (50)	39 (45)	-
Surgical	19 (9)	14 (11)	5 (6)	-
Idiopathic	19 (9)	12 (9)	7 (8)	-
Pressure Ulcer	13 (6)	7 (5)	6 (7)	-
Neuropathic	12 (6)	4 (3)	8 (9)	p=0.039
Traumatic	12 (6)	7 (5)	5 (6)	-
Oncological	9 (4)	3 (2)	6 (7)	p<0.05
Vascular	11 (5)	9 (7)	2 (2)	
Infectious	9 (4)	3 (2)	6 (7)	
Arterial	7 (3)	4 (3)	3 (3)	-
Sickle Cell Ulcer	1 (1)	1 (1)	0 (0)	-
Mixed	1 (1)	1 (1)	0 (0)	-
D. Wound Location				
Lower limbs	169 (78)	104 (81)	65 (75)	-
Upper limbs	5 (2)	2 (2)	3 (3)	-
Trunk	19 (9)	13 (10)	6 (7)	-
Pelvis	17 (8)	8 (6)	9 (10)	-
Head and neck	6 (3)	2 (2)	4 (5)	-
E. Treatment duration				
<6 months	133 (62)	74 (57)	59 (68)	-
>6 months to 1 year	24 (11)	15 (12)	9 (10)	-
>1 to 2 years	30 (14)	20 (16)	10 (12)	-
>2 to 3 years	11 (5)	4 (3)	7 (8)	-
>3 to 5 years	18 (8)	16 (12)	2 (2)	p<0.001

diseases and emphasizes the importance of training healthcare teams to effectively promote prevention and implement appropriate interventions.

Venous stasis was the most frequent cause of lesions (47%), with a predominant occurrence in the lower limbs, and most individuals underwent treatment for up to six months. The high prevalence of skin lesions in the lower limbs is a significant concern, particularly given the impact on patients' quality of life and the financial burden on healthcare systems. Treatment can be costly due to the need for specialized care, frequent medical consultations, advanced dressings, specific medications, and, in some cases, surgical interventions. Additionally, prolonged treatment duration and the risk of complications can further increase associated costs. Therefore, it is crucial for healthcare systems to invest in preventive measures and effective wound management strategies to mitigate both financial burdens and adverse effects on patients' well-being.

Socioeconomic factors, including status, access to healthcare, and social support, play a crucial role in the management of chronic skin lesions. Limited financial resources can pose additional challenges for patients, potentially affecting their access to treatment and overall care.

It is important to emphasize the reliance on data entry by healthcare professionals responsible for wound care, as the information was meticulously collected from medical records to ensure the reliability of the results.

Given the diverse and complex profile of outpatients with chronic skin lesions, treatment units must adopt an integrated approach that considers not only the clinical aspects of the condition but also the psychosocial, economic, and quality-of-life factors that influence patients' health and well-being.

Study limitations

This study has limitations, including incomplete information in patients' medical records. The use of secondary data introduces the possibility of errors in documentation and/or inconclusive information, which can directly affect the accuracy of profile assessments. However, despite these limitations, the study provides valuable insights into the epidemiological, sociodemographic, and clinical aspects of individuals with chronic skin lesions. By utilizing secondary data, it can contribute to the development of strategies aimed at improving patient care and implementing more effective approaches.

Recommendations

It is essential to extensively explore and disseminate research on chronic skin lesions, particularly through new studies that analyze the profiles of affected individuals. Such investigations can generate valuable data to better understand the factors associated with the development and progression of these lesions, as well as the specific needs of each patient. This deeper knowledge will facilitate the refinement of therapeutic strategies and the development of more personalized approaches, enhancing treatment effectiveness and promoting more comprehensive and patient-centered care. Furthermore, disseminating this evidence can help raise awareness among healthcare professionals and policymakers about the importance of public policies focused on the prevention and management of these conditions.

CONCLUSION

The profile of outpatients with chronic skin lesions is diverse and complex, necessitating an integrated approach that considers not only the clinical aspects of the condition but also the psychosocial, economic, and quality-of-life factors that influence their health and well-being.

Although data entry into medical records is influenced by hospital infrastructure and human resources, this study enabled the characterization of individuals with chronic injuries treated at SAEE between 2014 and 2020. It provided insight into the specific demands of this population, facilitating the development of care strategies, the establishment of protocols, and the systematic implementation of treatment approaches, ultimately contributing to an improved standard of care for patients.

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