







## Understanding self-care in older people with hard-to-heal wounds

### Compreensão do autocuidado em idosos com lesões cutâneas de difícil cicatrização

### Comprensión del autocuidado en ancianos con heridas cutâneas de difícil cicatrización

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#### ABSTRACT

**Objective:** To understand self-care actions in older people with skin lesions that are hard to heal. **Methods:** This is a descriptive research, with a qualitative approach, carried out with older people aged 60 and over registered in a Family Health Strategy in a municipality located in the countryside of Minas Gerais. Data were collected through interviews conducted based on a semi-structured script and analyzed according to Bardin's content analysis technique. **Results:** Two categories emerged: "Injury care" and "Health behavior." The first encompassed follow-up by a healthcare professional and wound care, while the second included physical exercise and dietary habits. The individuals' behavior was not conducive to the effectiveness of injury treatment, nor to aspects related to nutrition, physical activity, and the control of comorbidities. **Final Thoughts:** there are gaps in the health education process, which makes it an obstacle to promoting self-care not only for injuries, but also for health as a whole.

#### DESCRIPTORS:

Primary Health Care; Health of the Elderly; Self Care; Wounds and Injuries.

Article Information:  
Received: 11/24/2025  
Accepted: 02/24/2026

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## RESUMO

**Objetivo:** Compreender as ações de autocuidado em idosos com lesões cutâneas de difícil cicatrização. **Métodos:** Trata-se de uma pesquisa descritiva, de abordagem qualitativa, realizada com idosos a partir de 60 anos adscritos a uma Estratégia Saúde da Família em um município do interior de Minas Gerais. Os dados foram coletados entre abril e junho de 2025, por meio de entrevistas baseadas em roteiro semiestruturado, e submetidos à técnica de Análise de Conteúdo proposta por Laurence Bardin. **Resultados:** Emergiram duas categorias: "Cuidados com a lesão" e "Comportamento em saúde". A primeira abrangeu o acompanhamento por profissional de saúde e realização de curativos, enquanto a segunda incluiu a prática de exercícios físicos e hábitos alimentares. O comportamento dos indivíduos não era favorável à eficácia do tratamento das lesões, nem aos aspectos relacionados à nutrição, à prática de atividades físicas e ao controle de comorbidades. **Considerações finais:** Verificou-se que há lacunas no processo de educação em saúde, o que torna um obstáculo na promoção do autocuidado não apenas das lesões, bem como da saúde como um todo.

## DESCRITORES:

Atenção Primária à Saúde; Saúde do Idoso; Autocuidado; Ferimentos e Lesões.

## RESUMEN

**Objetivo:** Comprender las acciones de autocuidado en personas mayores con lesiones cutáneas de difícil curación. **Métodos:** Se trata de una investigación descriptiva, con enfoque cualitativo, realizada con ancianos de 60 años y más inscritos en una Estrategia de Salud de la Familia en un municipio ubicado en el interior de Minas Gerais. Los datos fueron recolectados a través de entrevistas realizadas con base en un guion semiestructurado y analizados según la técnica de análisis de contenido de Bardin. **Resultados:** Surgieron dos categorías: "Atención de lesiones" y "Comportamiento de salud". La primera abarcó el seguimiento por parte de un profesional de la salud y el cuidado de las heridas, mientras que la segunda incluyó el ejercicio físico y los hábitos alimentarios. El comportamiento de los individuos no favoreció la eficacia del tratamiento de las lesiones, ni los aspectos relacionados con la nutrición, la actividad física y el control de las comorbidades. **Consideraciones Finales:** Se encontró que existen vacíos en el proceso de educación en salud, lo que lo convierte en un obstáculo para promover el autocuidado no sólo de las lesiones, sino de la salud en su conjunto.

## DESCRIPTORES:

Atención Primaria de Salud; Salud del Anciano; Autocuidado; Heridas y Lesiones.

## INTRODUCTION

The older population has been showing significant growth in Brazil, currently representing 15.8% of the inhabitants<sup>(1)</sup>. This age group increased from 29 million in 2019 to 31 million in 2021, demonstrating a growth trend<sup>(2)</sup>. According to data from the 2019 National Health Survey (PNS), 51.4% of the population over 60 years of age have at least one chronic disease<sup>(3)</sup>. In the same year, 59.3% of individuals over 65 years of age monitored by the Surveillance System for Risk and Protective Factors for Chronic Diseases by Telephone Survey (Vigitel) self-reported a diagnosis of systemic arterial hypertension (SAH) and 23% self-reported diabetes mellitus (DM). In 2023, these percentages were 65.1% and 30.3% for SAH and DM, respectively<sup>(4)</sup>.

In addition to the aforementioned chronic diseases, the occurrence of hard-to-heal skin lesions, common in this age group, stands out. In the older people, the thickness of adipose tissue and collagen reduces, skin elasticity decreases, as well as the number of sebaceous glands, and sweat production.

Changes in micro and macro vascularization are also included, among other alterations<sup>(5)</sup>. These results demonstrate the inverse relationship between cellular response capacity and age, which leads to a longer time to achieve healing<sup>(6)</sup>. Furthermore, wasting diseases and nutritional alterations, such as obesity, negatively interfere with the healing of lesions<sup>(6)</sup>.

In the Brazilian epidemiological scenario, studies have shown that the profile of patients affected by hard-to-heal lesions is characterized mainly by the male sex and the diagnosis of hypertension and diabetes mellitus<sup>(7-9)</sup>. In addition, most individuals were older people<sup>(7-9)</sup>. According to researchers, skin lesions are defined by the discontinuity of the cutaneous structure and vary in extent and depth, and when they exceed the healing time, according to the literature, three months, they are considered chronic conditions<sup>(10-11)</sup>.

According to etiology, lower limb skin lesions can be classified as venous, arterial, neuroischemic, neuropathic, and resulting from hematological diseases<sup>(12)</sup>. In addition to this classification, there are also pressure injuries that occur as a result of compression between a bony surface and an external surface for a prolonged period of time<sup>(13)</sup>.

Concerning the healing percentages of lesions, the results present variability, influenced by the explanatory variables considered in the different studies. Research conducted in the United States showed that follow-up by specialized professionals and services, associated with a structured therapeutic plan, can raise healing percentages to levels higher than 74%<sup>(14)</sup>. In contrast, research carried out in a Brazilian metropolis demonstrated that the presence of certain clinical conditions can reduce these rates to values lower than 30%, highlighting diabetes mellitus, whose metabolic alterations can compromise the tissue repair process compared to non-diabetic individuals<sup>(15)</sup>.

Regardless of the time required for healing, until a favorable clinical outcome is achieved, the course of the condition is frequently associated with persistent pain, depressive and anxious symptoms, embarrassment and social isolation, as well as prolonged hospitalizations<sup>(16)</sup>. Moreover, this condition imposes a significant economic burden on health systems, resulting from the need for continuous care, therapeutic interventions and intensive use of healthcare resources<sup>(17)</sup>.

In this sense, the importance of preventing difficult-to-heal skin lesions is highlighted in order to maintain quality of life and contain the high costs related to treatment<sup>(18)</sup>. General prevention measures include, among others, changing the position of patients at risk of developing pressure injuries, controlling the underlying disease (such as DM), an adequate diet, cessation of smoking and topical skin care<sup>(19)</sup>.

Beyond preventive measures, the treatment of these lesions requires systematic skin inspection, cleaning of the lesion and the adjacent area, careful assessment of the wound bed, appropriate choice of dressings, debridement when indicated, and identification of signs of infection<sup>(19-20)</sup>. It is important to note, however, that the actions are not limited to healthcare professionals. Sharing responsibility with the

individual and/or family is important for the healing process to occur<sup>(21)</sup>.

Self-care is described as the ability of an individual to perform actions to maintain the conditions and materials to sustain life, physical and mental functioning, and ensure their proper functioning and development<sup>(22)</sup>. Even though it is a human regulatory function, self-care is not innate to human beings, but rather a learned competence that is influenced by the family or social culture in which the individual is embedded and by the scientific knowledge transmitted to them, being incorporated into their own experiential knowledge<sup>(22)</sup>. Considering that self-care involves individual practices, health behavior stands out as a fundamental part of this process, referring to the actions and choices made in daily life that directly influence physical, mental, and social conditions. The adoption of healthy behaviors, such as the practice of physical activities and the maintenance of good eating habits, is associated with a greater positive self-perception of health. On the other hand, less healthy habits increase the likelihood of a negative self-perception. The literature shows that lifestyle influences not only clinical factors, but also the perception of well-being and quality of life. Thus, the promotion of healthy behaviors constitutes a fundamental strategy for disease prevention and for strengthening individuals' autonomy in relation to their own health<sup>(23)</sup>.

Quality of life (QoL) is defined by the World Health Organization (WHO) as an "individual's perception of their position in life in the context of the culture and value systems," that is, it is a subjective assessment that considers the cultural, social, and environmental context. Some studies that assessed QoL in patients with difficult-to-heal lesions used self-care analysis as one of the dimensions of QoL. In the national literature, one article concluded that difficult-to-heal lesions did not affect the patient's self-care. Another pointed out that the lesions interfere with and hinder the practice of self-care related to daily needs<sup>(24-26)</sup>.

Considering the change in population dynamics with a tendency towards the growth of the proportion of older people in Brazilian society<sup>(1-2)</sup> and the consequent increase in health demands related to lesions resulting from senescence and underlying diseases<sup>(6)</sup>, the question is: how is self-care configured to prevent the worsening and treatment of hard-to-heal skin lesions in older people followed-up by a Family Health Strategy?

It is assumed that older people followed-up by a Family Health Strategy adopt self-care routines, including injury care, adequate nutrition and regular physical activity, have greater prevention of progression and better treatment of skin lesions compared to those who do not adopt such behaviors. It is hoped that this study will spark and foster new discussions about self-care as an essential part of the prevention and treatment of skin injuries of difficult healing with a view to improving the quality of life of those affected.

## **OBJECTIVE**

To understand self-care actions in older people with hard-to-heal skin injuries.

## **METHODOLOGY**

### **Type of study**

This is a descriptive research, of qualitative approach, which had the "Self-care Deficit Nursing Theory" (SDNT) by Dorothea Orem, as theoretical reference. SDNT proposes a general thought that comprises nursing assistance as established by the demand of an individual who lacks the ability/skill to perform self-care, based on its three main concepts: "Self-care theory", "Self-care deficit theory" and "Nursing system theory"<sup>(22)</sup>. The basis of the discussions in this work was Dorothea Orem's Nursing Concepts of Practice. Moreover, this article was guided by the tool Consolidated criteria for reporting qualitative research (COREQ)<sup>(27)</sup>.

### **Study population**

Older individuals (60 years of age and older) with slow-healing skin lesions of any etiology (self-reported) and body segment, who were users of a Family Health Unit (FHU) located in a municipality in the Midwest region of Minas Gerais, were invited to participate in this research. This FHU was chosen for convenience, as it is a unit whose assigned clientele is predominantly composed of older individuals. The inclusion criteria were: age equal to or greater than 60 years; presence of a skin lesion for more than three months; being a user of the ESF; and availability to participate in the interview at the time of data collection. Exclusion criteria included bedridden individuals and/or individuals with cognitive impairment, assessed using the Mini-Mental State Examination (MMSE).

### **Study protocol**

Initially, these individuals were contacted through a phone call or meeting at the Family Health Unit (FHU) conducted by the researchers. The list of eligible older individuals (with address and telephone number) was obtained from the FHU team. The contact occurred with 12 individuals. During this call/meeting, the researchers presented the research project and assessed the interest and availability of the older individuals. For those older individuals considered eligible and who accepted the invitation to participate in the research, the Informed Consent Form (ICF) was signed (in duplicate).

The interviews were conducted from April to June 2025, in person, at the homes of the older individuals, on pre-arranged days and times. To ensure privacy, each interview was conducted individually and lasted approximately 20 minutes.

The semi-structured interview guide included questions regarding sociodemographic characteristics, diagnosis of chronic diseases, and time since injury, as well as standardized questions concerning self-care, guided by the central question: "How is self-care configured to prevent the

worsening and treatment of difficult-to-heal skin lesions?". The names of the interviewees were replaced by the letter "I" (Individual), followed by the digit corresponding to the chronological order of the interview, which was randomized by random distribution of the interviews.

### **Data analysis**

The interviews were recorded using the "Voice Recorder" application on the researchers' smartphones and subsequently transcribed. Bardin's content analysis was performed, using the following pre-analysis steps: floating reading, document analysis, definition of the research question and objective, processing of collected materials (transcription and reading of interviews), coding of participants, categorization and division by emerging themes observed during the interviews, inference and interpretation of results<sup>(28)</sup>. The interviews were conducted until data saturation was reached, defined as the point at which new data collection did not add relevant information or categories for the investigated phenomenon<sup>(29)</sup>. In each round, the data underwent preliminary analysis, allowing the identification of recurring patterns and emerging categories, which indicated that the data collection was complete.

### **Ethical aspects**

This research was approved by the Research Ethics Committee of the Federal University of São João del-Rei, under number: 7.355.160.

## **RESULTS**

Four individuals aged between 65 and 78 years were interviewed, 50% (n=2) being female; 50% (n=2) with an income of up to one minimum wage and the other 50% from one to three minimum wages; 25% (n=1) had completed higher education and 75% (n=3) had incomplete primary education. The duration of the injury reported by each interviewee ranged from four months to two years and four months.

From Bardin's Content Analysis, two analytical categories emerged: "Injury care" and "Health behavior". The first category, "Injury care", covered statements about follow-up by a health professional and the performance of dressings, while the second, "Health behavior", encompassed aspects related to eating habits and the practice of physical exercise<sup>(28)</sup>.

### **Injury care**

Regarding the injury care, some interviewees who reported the follow-up by the private network, but used materials provided by the Unified Health System (UHS).

No, this is from an immune, autoimmune treatment. (...) I have entered this treatment now, and the health unit provides me with the medicines, the bandages, and is taking it to see if it gives a better result (I03).

On the other hand, some individuals reported that, due to lack of access to financial resources,

severity and limited knowledge about the treatment of the injury, they depend on health professionals. Furthermore, the physical limitation was a factor mentioned by individuals as a justification for their follow-up with the family health team.

No, just take care here, because the bandage has no way to open. I can't even tell, because I don't act (I02).

No, when you are with this one here (Unna's boot) no, only them (health team) (I04)

Among those individuals followed-up exclusively by the UHS, there was a more passive attitude towards injury care, however some individuals presented a more active and engaged role in treatment.

Serum, alcohol, gloves, right? The procedure. The bandage he did twice a day. Yeah, twice a day. [...] Before I take off the bandage, I wash it, take a glass like this of serum, roll my foot around, wash it. After I take off the bandage, right? I'll douse a little with the serum. Then you take off the bandage so it doesn't hurt your skin, right? [...] It's the serum, I wash with gauze, pass the gas cleaning the wound. Then I wash with gauze, then I pour the ointment (I03).

Concerning wound care, the individuals' speeches showed the use of various dressings in treating injuries, but revealed that they had only a partial understanding of the products used, with vague or incomplete descriptions.

I was using that eco-friendly one. [...] That little foam one. I was using that one. Now I'm using that filter. That plastic one, plastic filter (I04).

Agora eu estou passando essas pomadas que o Davis passou. [...] Elas e o soro, passo em volta, tem uma pomada aqui que ele passou para mim também passar em volta da ferida, que é corticoide, para não deixar muito... E tem aquele também que passa PH, não é? É, que põe um pouco de molho, que põe em cima, sabe? (I03).

[...] It hardly passes through the dressing. It's another medicine, a product. I don't know how to explain it to you, because it's a protection, because it has a medicine in it. [...] Yes, that covering, the covering, it draws out the secretion (I01).

## Health behavior

The interviewees' speeches reveal low adherence to physical activity practices and differing motivations for engaging in them. Some individuals acknowledge their sedentary behavior and describe themselves as "complacent," while others point to physical activity as a condition for continuing treatment.

It's very little. [...] It's very little, I hardly walk, I'm very comfortable (I01).

I only walk because she said I'll have to do other tests so she can send me to physiotherapy (I02).

In contrast, some individuals demonstrated concern about remaining active despite pain limiting

their ability to exercise. Adaptation to the context demonstrates individual strategies for coping with the limitations caused by the injury.

No, I do it in bed before getting up, right? [...] I do home exercises, like lifting my foot, you know? Before getting up, I do exercises with my legs and arms, you know? To do a little bit of the problem, like, the joint pain, like that, right? The pain is really from the wound, you know? What really limits me is the pain from the wound (I03).

Another point addressed by the theme "health behavior" concerns diet, where respondents mentioned a diversified diet (vegetables, legumes, proteins, fruits, etc.) and their concern in adhering to healthy eating practices. Furthermore, the individuals demonstrated knowledge about the consumption of nutrients and minimally processed foods.

Rice and beans, vegetables, I don't like to eat without vegetables. I eat without meat, but I don't like to eat without vegetables. [...] some chicory, some lettuce, I like those things, some mustard (I04).

I have breakfast. Some days I make an omelet with [...] It's not cornstarch; it's oat flakes! You know? And sometimes I put banana in it and eat it. Other times I have yogurt because I have constipation (I02).

And after my lunch I make, here at home we make chicken feet, right? I eat the chicken foot broth with vegetables. With collagen (I03).

Despite the diversity of foods consumed, a recurring theme in the discussions was the consumption of sugar and other sources of simple carbohydrates.

And I prefer cheese bread. If there's cake, I'll eat it. I eat cake, I eat a small bread roll. [...] So my breakfast starts like this, let's go. Coffee, preferably cheese bread, as much as you want, eat plenty (I04).

Every now and then I eat something sweet. [...] I only drink a sip of coffee. With sugar (I01).

## DISCUSSION

The findings indicate that both wound care and the individual's health behavior exert an integrated influence on participants' perception of the healing process. Clinical management, carried out by health professionals, is essential for controlling chronic inflammation, bacterial infection, pain, comorbidities that affect healing, among other factors<sup>(30)</sup>. Concomitantly, the proactive role of patients in clinical outcomes highlights their role as active agents in the care process, contrasting with the traditional conception of passive recipients of interventions<sup>(31)</sup>.

Regarding wound care, some interviewees reported using private health services, even while using supplies provided by the UHS. This finding highlights the overlap between the public and private

sectors, simultaneously reflecting patients' trust in the private network and their dependence on resources provided by the UHS. This scenario points to challenges in supply management, promoting equity in access, and integrating different levels of health care.

The low utilization of public services by some older people in the treatment of difficult-to-heal wounds can be explained by multiple interrelated factors. Among them, the perception of higher quality and speed in private services, previous negative experiences with public care and structural barriers, such as long waiting times, limited resources and difficulty of geographical access stand out<sup>(32)</sup>. In addition, sociocultural factors, such as trust in the reference professional and personal preferences, can influence the decision to seek care outside the UHS. These aspects show that, in addition to the availability of services, adherence to care depends on the perception of reliability, efficiency and safety of the health system<sup>(33)</sup>.

Concerning the management of difficult-to-heal skin lesions performed by health professionals, it is important to emphasize that this is not limited to direct interventions on the lesion, such as changing dressings and applying coverings, but incorporates a holistic approach centered on the individual<sup>(34)</sup>. Care should include, as an essential component, the promotion of self-care, the incorporation of healthy behaviors and the expansion of the patient's understanding of their own care process<sup>(34)</sup>.

This protagonism becomes even more relevant considering that difficult-to-heal injuries occur predominantly in older people, whose physical limitations, functional cognitive aspects, severity and location of the injury, make home care a central component in the management of these injuries<sup>(30)</sup>. However, although the actions performed by the patient and/or caregiver play a relevant role in the healing process, their effectiveness depends on the implementation of practices supported by scientific evidence. Lack of technical knowledge or adequate skills can unintentionally compromise the evolution of the injury<sup>(31)</sup>.

In line with this problem, the results of this study indicate limited autonomy and independence of patients in the management of injuries, with them being predominantly dependent on care provided by health professionals. The self-care observed was largely restricted to the adoption of healthy eating habits and the practice of physical activity. In contrast, research carried out in Australia identified that most patients performed home self-care independently, and many opted to self-treat after negative experiences with health professionals or services<sup>(35)</sup>. Furthermore, the analysis of the interviews revealed that partial knowledge about the dressings used in the topical treatment of lesions contributes to low empowerment of the individual in relation to their own health and the management of the lesion.

This finding indicates that, despite limited involvement in self-care, the nutritional dimension was one of the few strategies incorporated by the participants, which reinforces the need to analyze it in light of its relevance in the healing process. Nutritional status has a direct influence on tissue repair, and can

either favor or compromise the regeneration of damaged tissues. Evidence shows that macro and micronutrients play essential roles in the inflammatory, proliferative, and remodeling phases<sup>(36)</sup>. Glucose, the body's main energy source, sustains the high metabolic demand characteristic of healing; when carbohydrate intake is insufficient, protein mobilization occurs for hepatic and renal gluconeogenesis, including possible use of muscle mass<sup>(37)</sup>, which can negatively affect the repair process.

It is observed, however, that none of the participants reported nutritional monitoring, an aspect that may compromise the adequacy of the intake of nutrients necessary for healing and highlights the importance of a comprehensive approach to care, beyond the topical treatment of the lesion<sup>(34)</sup>. In this sense, adequate supplementation of amino acids, vitamins and minerals can favor fundamental physiological mechanisms, such as angiogenesis and collagen synthesis, contributing to tissue regeneration<sup>(34)</sup>.

Just like nutrition, physical activity is one of the pillars in promoting health and preventing complications<sup>(38)</sup>. Recent evidence indicates that sedentary behavior is associated with a higher risk of developing lesions that are difficult to heal. On the other hand, regular and guided exercise has been linked to increased healing speed, especially in individuals with venous ulcers<sup>(39-40)</sup>. However, the effectiveness of these activities in individuals with DM-related foot disease is ambiguous. One study found no significant findings regarding the benefit of physical activity in wound healing<sup>(41)</sup>, while another found improved healing with exercise<sup>(42)</sup>. Although there are divergences in the literature regarding the relationship between physical activity and wound healing, it is known that the practice of physical activity favors the recovery of health and rehabilitation of chronic diseases<sup>(42)</sup>.

In addition to topical wound care, there is the treatment of comorbidities possibly associated with them, such as hypertension. It is clear from the literature that untreated hypertension causes changes in blood circulation, with decreased local flow and impaired tissue oxygenation and nutrition<sup>(43-44)</sup>. During the interviews, individuals mentioned the antihypertensive medications they were using, but none of their statements demonstrated awareness of the importance of blood pressure control for wound healing. This finding may indicate a failure in the health education process and contribute to slower wound healing or even non-healing of the wound.

### **Study Limitations**

The main limitation of this study is the impossibility of generalizing the results. However, convenience sampling is considered a common method in qualitative research, since the focus is not on statistical representativeness, but rather on the depth and understanding of the phenomena, objectives that were achieved in this research.

## **Contributions for the Nursing, Health and Public Policy Area**

This article highlights the need to strengthen systematized educational strategies focused on health literacy, shared decision-making, and the development of self-care skills. For nursing practice, the results reinforce the nurse's role as a key agent in assessing the patient's functional, cognitive, and social capacity, as well as in implementing individualized and evidence-based educational interventions. In the context of management and public policy, the findings indicate the importance of structuring care pathways that incorporate care protocols, longitudinal follow-up programs, and caregiver support actions, in order to promote greater autonomy, therapeutic adherence, and a potential reduction in complications, readmissions, and healthcare costs.

## **FINAL THOUGHTS**

The tissue regeneration process of injuries, especially those that are difficult to heal, is multifactorial and goes beyond the care of the injured area. The study carried out demonstrated that a positive outcome depends on comprehensive care for the affected individual, considering biological, psychological, and social aspects. The themes that emerged from the research, wound care and health behavior, are intrinsically related to the positive outcome of injuries. Wound care goes beyond technical management, with the appropriate choice of dressings, infection control, and promotion of an environment conducive to tissue regeneration. Providing guidance and involving the patient in the process contributes to the continuity of care and improved quality of life. Health behavior involves the individual's attitudes and practices that have a direct effect on recovery and therapeutic success. Encouraging self-care, a balanced diet, physical exercise, and control of comorbidities are strategies to ensure more effective results.

There were low autonomy and empowerment of individuals, as well as failures in the health education process. The lack of knowledge regarding the importance of controlling hypertension for wound healing, as observed in the interviews, highlights the need for interventions that promote individual empowerment in care and shared responsibility. Encouraging self-care and transmitting knowledge to individuals with wounds should be a fundamental part of healthcare, since such actions contribute to autonomy and facilitate treatment.

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**Acknowledgments:** None.

**Funding:** None.

**Authors' contributions:** Research conception and design: Rayssa Nogueira Rodrigues, Ágnes Dayse Coelho e Agostinho, Ariana Amaral Silva, Luiza Paulino Nogueira. Data acquisition: Ágnes Dayse Coelho e Agostinho, Ariana Amaral Silva, Luiza Paulino Nogueira. Data analysis and interpretation: Rayssa Nogueira Rodrigues, Ágnes Dayse Coelho e Agostinho, Ariana Amaral Silva, Luiza Paulino Nogueira. Manuscript writing: Rayssa Nogueira Rodrigues, Ágnes Dayse Coelho e Agostinho, Ariana Amaral Silva, Luiza Paulino Nogueira. Critical revision of the manuscript regarding intellectual content: Rayssa Nogueira Rodrigues.

Editor-in-Chief: André Luiz Silva Alvim 