

Chronic non-communicable diseases: knowledge and practices of primary care nurses**Doenças crônicas não transmissíveis: conhecimentos e práticas de enfermeiros da atenção primária****Enfermedades crónicas no transmisibles: conocimientos y prácticas de enfermeros de la atención primaria**

Received: 22/12/2017
Approved: 29/07/2018
Published: 27/09/2018

Wallison Pereira dos Santos¹
Fernanda Beatriz Dantas de Freitas²
Joice Pereira da Silva³
Fernanda Teixeira de Souza⁴
Arthur Alexandrino⁵
José Lindemberg Bezerra da Costa⁶
Cândida Mirna de Souza Alves Alencar⁷

This study aims at presenting the knowledge and practices of nurses from the Primary Health Care and the persuasion strategies used to deal with Non-communicable Chronic Diseases. This is an exploratory, descriptive and quantitative research, conducted in September 2017, in the city of Cuité, PB, Brazil. A structured form and a descriptive analysis were used. Five nurses participated. Their age varied from 21 to 55 years of age; three were women. Regarding their knowledge on the most prevalent chronic diseases in the city, the most commonly mentioned were Arterial Hypertension and Diabetes. Only one nurse mentioned neoplasias in their working area. The nurses stated that they did not have structural, bureaucratic and financial encouragement that favor the effective offering of primary care service.

Descriptors: Chronic disease; Health knowledge, attitudes and practices; Primary health care.

Este estudo tem como objetivo apresentar o conhecimento e as práticas dos enfermeiros da Atenção Primária à Saúde e quais estratégias de persuasão são utilizadas no enfrentamento das Doenças Crônicas Não Transmissíveis. Trata-se de uma pesquisa exploratória, descritiva, com abordagem quantitativa, realizada no mês de setembro de 2017, na cidade de Cuité. Utilizou-se formulário estruturado e análise descritiva. Participaram cinco enfermeiros. A idade variou entre 21 e 55 anos; três eram mulheres. Quanto ao conhecimento sobre as doenças crônicas mais prevalentes no município, foram majoritariamente citadas a Hipertensão Arterial e o Diabetes Mellitus, apenas um dos enfermeiros sinalizou neoplasias na sua área de abrangência. Os enfermeiros afirmam não encontrar estímulos estruturais, burocráticos e financeiros que favoreçam a atuação efetiva do serviço de atenção primária.

Descritores: Doença crônica; Conhecimentos, atitudes e prática em saúde; Atenção primária à saúde.

Este estudio tiene como objetivo presentar el conocimiento y las prácticas de los enfermeros de la Atención Primaria a la Salud y cuáles estrategias de persuasión son utilizadas en el enfrentamiento de las Enfermedades Crónicas no Transmisibles. Se trata de una investigación exploratoria, descriptiva, con abordaje cuantitativo, realizada en el mes de septiembre de 2017, en la ciudad de Cuité, PB, Brasil. Se utilizó formulario estructurado y análisis descriptivo. Participaron cinco enfermeros. La edad varió entre 21 y 55 años; tres eran mujeres. En cuanto al conocimiento sobre las enfermedades crónicas más prevalentes en el municipio, fue majoritariamente citadas la Hipertensión Arterial y la Diabetes Mellitus, sólo uno de los enfermeros señaló las neoplasias en su área de cobertura. Los enfermeros afirman no encontrar estímulos estructurales, burocráticos y financieros que favorezcan la actuación efectiva del servicio de atención primaria.

Descritores: Enfermedad crónica; Conocimientos, actitudes y práctica en salud; Atención primaria de salud.

1. RN. MS student at the Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil. ORCID: 0000-0001-6113-4289 E-mail: wallisons852@gmail.com

2. RN. Specialization student in the Multiprofessional Residency Modality in the Intensive Care Unit at UFPB. Nurse at the State Health Secretariat of Pernambuco, Recife, PE, Brazil. ORCID: 0000-0002-9162-6193 E-mail: fernanda@hotmail.com

3. RN, Campina Grande, PB, Brazil. ORCID: 0000-0001-7931-347X E-mail: joice@hotmail.com

4. Undergraduate student in Nursing at the Universidade Federal de Campina Grande. RN. Health State Secretariat of Pernambuco (UFCG), Campus Cuité-PB, Cuité, PB, Brazil. ORCID: 0000-0001-9193-5992 E-mail: fernanda@otlook.com

4. Undergraduate student in Nursing at the UFCG, Campus Cuité-PB, Cuité, PB, Brazil. ORCID:0000-0001-5817-4335 E-mail: arthur@hotmail.com

6. Undergraduate student in Nursing at the UFCG, Campus Cuité-PB, Cuité, PB, Brazil. ORCID:0000-0003-3705-2843 E-mail: lindemberg@gmail.com

7. Family Health Strategy Nurse. Professor at the Technical Health Teaching Center of Cuité - PB, Brazil. ORCID:0000-0001-8099-4938 E-mail: candidama@hotmail.com

INTRODUCTION

Non-communicable chronic diseases (NCD) are those who have a gradual start, lasting for long or uncertain periods, with multiple causes and a treatment that involves changes in the lifestyle, in a continuous process that generally will not lead to a cure¹.

The NCD are considered to be the main morbidity and mortality causes in the world. Up to 2020, the mortality due to these health problems will correspond to nearly 73% of causes of death in the world¹.

In recent years, the NCD have become a matter of global concern, not only when it comes to health, but also regarding many other sectors, due to its great social and economic impact. These are consequences of the high mortality levels, loss of quality of life, and high degree of limitation of people and their work and leisure activities^{2,3}.

The NCD epidemic has been affecting much more people with low income, since they are exposed daily to risk factor due their diminished access to health information and services. In Brazil, the NCDs are considered to be the main death cause among adults, especially the cardiovascular diseases, diabetes, neoplasias, and respiratory chronic diseases. Together they are responsible for the biggest expenditures with outpatient and hospital care⁴.

The adherence to the treatment is paramount to control and reduce the complications that the NCDs. However, many factors difficult the adherence to this treatment, especially to the use of medications. Studies have been pointing out that long and infinite treatments are the most rejected therapeutic models, which are even abandoned by some individuals. Some state that the high number of daily doses and high financial cost can have a negative effect in the adherence^{5,6}.

Considering that, strategies that can overcome the challenges offered by these individuals become necessary, such as persuasive practices to convince the users to adhere. The persuasion is a relevant strategy in the social and health fields, especially in the primary care. It is characterized by making

the individual aware and leading them to reflect upon their own lifestyle, conduct, vulnerabilities and therapies⁷.

Considering an overview of the current NCD in national and international settings, it is necessary to make professionals and managers aware of the problem, so they can adopt effective health practices aimed at diminishing the number of complications and health problems generated by this group of diseases.

This research is a part of training offered during the discipline Supervised Practice 1, and it was possible to consider critically the planning, implantation and implementation of strategies to deal with these diseases. Therefore, this study aims at presenting the knowledge and practices of nurses from the Primary Health Care and the persuasion strategies used to deal with NCDs.

METHOD

This is a exploratory, descriptive, and quantitative study. This method is used to extract and highlight indexes and tendencies. These findings are filtered, organized and tabled, so that they can be later submitted to organization and classification techniques and be transformed in information that can be analyzed and discussed according to theoretical references and other related research⁸.

The research was conducted in the context of the Family Health Strategy (ESF) of a city in the countryside of Paraíba, in the micro-region Western Curimataú. Data collection took place in September 2017.

The target population includes the universe of all nurses in the Primary Health Care. The sample was made up of all the nurses who accepted participating in the research by signing the Free and Informed Consent Form (FICF) and who had a bond with the community, being working there for at least six months.

Before starting data collection, a pilot test was proposed, to guarantee the quality of the instrument. No changes were necessary. To aid in the development of the investigation, an adapted structured form was used. The form is one of the essential instruments for a

social investigation, aimed to obtain information from the interviewee. Characterized as a formal list, catalogue or questionnaire, filled in by the researchers themselves, as the observations are conducted or answers given⁹.

Data was organized descriptively in a Microsoft Excel 2013 spreadsheet, as to obtain an overview of the analyzed variables and later compare them with results from other studies.

In accordance to the demands of Resolution 466/12 from the National Council of Health and with the COFEN 311/2007 resolution, which establishes norms and guidelines for researches with human beings developed by nursing professionals, the current study was submitted to the appraisal of the Research Ethics Committee of the Teaching Hospital Alcides Carneiro, at the Universidade Federal de Campina Grande, and

work was only started after the study was approved under protocol n. 2.163.260.

RESULTS

Five nurses participated, which, at that point, meant all of the ones in the universe. Their age varied from 21 to 55 years of age, and most of them were from 30 to 39 years of age. Regarding sex, three nurses (60%) were female and two (40%), male.

Regarding the time they have been working as nurses, all of them had been graduated for at least from 1 to 5 years. Regarding the time they had been working in Primary Health Care (PHC), two (40%) had done so for less than a year, two (40%) for between one and five years, and only one (20%) has been in the ESF context for more than five years, as shown in Table 1.

Table 1. Nurses according to sociodemographic variables, Cuité, 2017.

| Variables | Variations | Nº | % |
|------------------------------|--------------|----|-----|
| Sex | Female | 03 | 60% |
| | Male | 02 | 40% |
| Age group | 21 to 30 | 03 | 60% |
| | 31 to 40 | 01 | 20% |
| | 41 to 60 | 01 | 20% |
| Time in the profession | >1 year | 01 | 20% |
| | 1 to 5 years | 03 | 60% |
| | <5 years | 01 | 20% |
| Time working in Primary Care | >1 year | 02 | 40% |
| | 1 to 5 years | 02 | 40% |
| | <5 years | 01 | 20% |

Considering their professional formation, all participants are graduated in nursing and have lato-sensu post-graduations, although only two (40%) nurses have some type of specialization targeted at the Family Health or Public Health fields. According to the participants, the area they feel the most affinity for is in fact primary care, with the exception of one participant (20%) who stated to prefer the Urgency and Emergency sector.

Regarding the knowledge of nurses about the most common NCDs in the city, arterial hypertension (AH) and diabetes were

mentioned. Only one of the nurses (20%) stated that there had been a growth in the number of neoplasias in the area. All professionals stated that in the health professional, follow up was offered to the public and that they offered individual guidance to the people with NCDs.

When it comes to the execution of health education activities, all the nurses stated that they do use this tool in the PHC settings. One of the most common mechanisms used were the individual consultation after educational actions, followed by speeches and dynamic education practices. Group meetings were

mentioned by (60%) of the nurses. Regarding the use of the projector, only two (40%) said that they make a point of using this resource. The simultaneous use of one or more resources, such as the association between speeches and dynamic classes, was also mentioned.

All participants were found to use persuasion practices, even though some of them did not know what the word persuasion meant (four nurses said that they did not know what it means). Among the persuasive practices found as the focus of the adherence and permanence in the NCD treatment, the domiciliary visit was mentioned by three (60%) nurses, followed by the multiprofessional attention and the offer of capillary glycemia tests. The bond was only mentioned by one (20%) professional.

Regarding the resources destined to attend for individuals with NCDs, two (40%) nurses said that the investment in prevention, treatment and rehabilitation of people with NCD is very bad, two (40%) stated it was bad, and only one said that the investments was good.

Among the many adversities, structural and bureaucratic difficulties stand out, as well as the devaluation of professionals by the managers, little input that allow for a qualified assistance, and even difficulties in the proposal of multiprofessional care.

DISCUSSION

Among the main NCDs that afflict the individuals, the most mentioned, according to the knowledge of the nurses, were AH, diabetes, and cancer, though the latter not as much. Other health problems were omitted.

The NCDs are considered by many of the professionals to be a result from lifestyle choices, the AH and diabetes being the most mentioned in the PHC setting⁴. Since the well-known HiperDia conducts actions targeted at this two pathologies, that can be a justification for them to be the most mentioned by the professionals.

It is important to highlight that, in addition to lifestyle, there are other risk factors for a chronic disease to manifest. These are classified as modifiable (drinking

alcohol, smoking, bad diet and lack of physical activity) and non-modifiable (hereditary problems, race, color, sex and age). The nursing professional must be aware of the risk factors and the protective conditions, aiming to offer to the community a qualified and integral attention¹⁰.

The PHC is a modality that allows the professionals using it to prevent health problems. The educational actions reported in this study are adequate to the performance of the true role of the ESF setting, especially considering the role of the nurse. Health education is based on the exchange of knowledge and on dialogue, favoring the understanding of the health prevention and promotion processes¹¹.

The concept of health education is constantly changing and innovating to try and adequate itself to the reality, generating experience connections, exchange of experiences, personal and behavioral interactions, as well as therapeutic measures, eschewing monotonous transmissions of informations in which the mediator alone is allowed to talk. To reach such a sublime level on th educational actions, many strategies are used, be it in isolation or conjunction. They include the use of dynamic classes, group meetings, the use of projectors, theatrical performances, among others¹².

Health professionals, especially nurses, should promote health education, and to do so, they need to use many methodologies to reach their goals. One method is the use of group activities, which can be organized as a space filled with meaningful knowledge and support to deal with adversities, also enabling the exchange of experiences and the strengthening of the participants, leading them to understand enough that they become aware and change their lifestyles, which in turn reduces the number of complications and health problems, while also preparing more people to share the knowledge, thus working in the direction of the main objective of PHC: prevention¹³.

Another common and extremely important practice used by the nurses is the nursing consultation, which is a technology of assistance according to which the nurse

executes educational techniques integrally focused on the idea of promoting and valuing self-care, such as controlling and encouraging the autonomy of the individual¹⁴.

In the process of health education and in nursing consultations, it is valuable for the nurse to be equipped with strategies that can involve the users and raise their interest on the proposed treatment, or even in a change of their habits. Therefore, the nurse must use persuasive practices capable of leading the individual to work towards their own health prevention and promotion¹⁵.

A study¹⁶ revealed that the adherence to the treatment works in accordance to a gradient of determinants which are related to one another, and can be represented by the tripod: individual, therapeutic typology, and health service. The adherence process does not depend on one isolated factor. It is a multi-factor process which is influenced by determinants, which can be social, cultural, individual, behavioral, and even financial¹⁶.

According to this study, persuasive practices were observed in the daily work of the professionals, who used measures that were simple, but could call the attention and gain the trust of the users, leading them to come to group meetings, to take their medication adequately, replace certain types of foods for more nutritive options, while also raising their awareness about the importance of the practice of physical activities. Understanding the social aspects, the beliefs, and the attitudes of a user, enables the health professional to exercise an influence on the behavior of the individual when it comes to adherence to the treatment¹⁷.

Another research stated that the information given by PHC professionals is insufficient, stating that it is simplistic and too specific and, when dealing with NCDs, the professionals do not refer the patients to specialists, actions which are out of character when one takes into consideration what should be the priorities of the Unified Health System¹⁸.

Actions to prevent and control NCDs offer many challenges in their implantation and implementation. In this study, the dissatisfaction of the professionals regarding

the resources made available to work with the public with chronic disease was clear, especially when it comes to structural difficulties and lack of value attributed to the preventive services. The lack of investment and the attention of the managers themselves to the practice of health education leads to the disarticulation of the primary care services, diminishing the quality of the network and consequently interfering negatively in the perception the users have of the PHC^{19,20}.

The lack of adequate investments in the primary care leads to a quick evasion of the users to hospital services, which prevents the PHC from acting like the gateway into the health system, which is its function. Additionally, it is possible to infer that the users will stop believing that the primary care can solve their problems, and therefore, will be exposed to health problems and risks. This general lack of resources can discourage the health professionals from offering integral assistance to people with NCDs²¹.

The limitation of this research is the fact that it was conducted in a small city, which means that the number of Primary Health Care units is small, and that, consequently, the number of nurses participating is also small. It does, however, have relevance for studies that aim to create broader researches in centers with bigger population, as it allows for results to be compared.

CONCLUSION

The clinical handling of people with NCD is a complex process, requiring the involvement of all areas, and especially, that of the individuals themselves, considering that changes in their lifestyle choices must be made.

The diminution of complications from this type of disease is paramount, and to achieve it, the health professional must be armed with coherent knowledge and have all the input necessary to persuade the user to adhere.

It was possible to find that the nurses who were interviewed have knowledge on the most common NCDs in the city of the study, but do not have structural, bureaucratic, or financial encouragement to help the work of

the primary care, which makes it more difficult for them to disseminate correct information, reducing the adherence to the therapies.

Despite that, even with all these adversities, the nurses still perform educational actions and offer quality integral care, taking advantage of the opportunities to persuade, convince, and involve the user. On the other hand, broader investigations on the theme are necessary, with more participants from other realities.

REFERENCES

1. Ministério da Saúde (Br). Estratégia para o cuidado da pessoa com doença crônica: Diabetes Mellitus [Internet]. Brasília, DF: Ministério da Saúde; 2014 [cited in 18 nov 2017]. (Cadernos da Atenção Básica; n. 36). Available from: http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_36.pdf
2. Malta DC, Stopa SR, Szwarcwald CL, Gomes NL, Silva Júnior JB, Reis AAC. A vigilância e o monitoramento das principais doenças crônicas não transmissíveis no Brasil-pesquisa nacional de saúde, 2013. Rev Bras Epidemiol. [Internet]. 2015 [cited in 12 nov 2017]; 18(Supl2):3-16. Available from: http://www.scielo.br/scielo.php?pid=S1415-790X2015000600003&script=sci_abstract&lng=pt
3. Malta DC, Moura L, Prado RR, Escalante JC, Schmidt MI, Ducan BB. Mortalidade por doenças crônicas não transmissíveis no Brasil e suas regiões, 2000 a 2011. Epidemiol Serv Saúde [Internet]. 2014 [cited in 12 nov 2017]; 23(4):599-608. Available from: <http://www.scielo.org/pdf/ress/v23n4/2237-9622-ress-23-04-00599.pdf>
4. Ducan BB. Doenças crônicas não transmissíveis no Brasil: prioridade para enfrentamento e investigação. Rev Saúde Pública [Internet]. 2012 [cited in 12 nov 2017]; 46(supl):126-34. Available from: <http://www.scielo.br/pdf/rsp/v46s1/17.pdf>
5. Boas LCGV, Freitas MCF, Pace AM. Adesão de pessoas com diabetes mellitus tipo 2 ao tratamento medicamentoso. Rev Bras Enferm. [Internet]. 2014 [cited in 11 nov 2017]; 67(2):268-73. Available from: <http://www.scielo.br/pdf/reben/v67n2/0034-7167-reben-67-02-0268.pdf>
6. Aquino GA, Cruz DT, Silvério MS, Vieira MT, Bastos RR, Leite ICG. Fatores associados à adesão ao tratamento farmacológico em idosos que utilizam medicamento anti-hipertensivo. Rev Bras Geriatr Gerontol. [Internet]. 2017 [cited in 16 nov 2017]; 20(1):116-27. Available from: http://www.scielo.br/pdf/rbgg/v20n1/pt_1809-9823-rbgg-20-01-00111.pdf
7. Faria HTG, Santos MA, Arrelias CCA, Rodrigues FFL, Gonela JT, Teixeira CRS, et al. Adesão ao tratamento em diabetes mellitus em unidades da estratégia saúde da família. Rev Esc Enferm USP. [Internet]. 2014 [cited in 11 nov 2017]; 48(2):257-63. Available from: http://www.scielo.br/pdf/reeusp/v48n2/pt_0080-6234-reeusp-48-02-257.pdf
8. Martins RX. Metodologia de pesquisa: guia de estudos. Lavras: UFLA; 2013.
9. Marconi MA, Lakatos EM. Técnicas de pesquisa. São Paulo: Atlas; 2010.
10. Magalhães FJ, Mendonça LBA, Rebouças CBA, Lima FET, Custódio IL, Oliveira SC. Fatores de risco para doenças cardiovasculares em profissionais de enfermagem: estratégias de promoção da saúde. Rev Bras Enferm. [Internet]. 2014 [cited in 23 nov 2017]; 67(3):394-400. Available from: <http://www.scielo.br/pdf/reben/v67n3/0034-7167-reben-67-03-0394.pdf>
11. Oliveira MAC, Pereira IC. Atributos essenciais da atenção primária e a estratégia saúde da família. Rev Bras Enferm. [Internet]. 2013 [cited in 27 nov 2017]; 66(esp):158-64. Available from: <http://www.scielo.br/pdf/reben/v66nspe/v66nspea20.pdf>
12. Motta MDC, Peternella FMN, Santos AL, Teston EF, Marconi SS. Educação em saúde junto a idosos com hipertensão e diabetes: estudo descritivo. Rev Uningá Rev. [Internet]. 2014 [cited in 18 nov 2017]; 18(2):48-53. Available from: https://www.mastereditora.com.br/periodico/20140501_121328.pdf
13. Mallmann DG, Galindo Neto NM, Sousa JC, Vasconcelos EMR. Educação em saúde como principal alternativa para promover a saúde

- do idoso. *Ciênc Saúde Colet*. [Internet]. 2015 [cited in 18 nov 2017]; 20(6):1763-72. Available from: <http://www.scielo.br/pdf/csc/v20n6/1413-8123-csc-20-06-1763.pdf>
14. Weykamp JM, Cecagno D, Hermel P, Tolfo FD, Siqueira HCH. Motivação: ferramenta de trabalho do enfermeiro na prática de educação em saúde na atenção básica. *Rev Bras Ciênc Saúde*. [Internet]. 2015 [cited in 18 nov 2017]; 19(1):5-10. Available from: <http://www.periodicos.ufpb.br/ojs/index.php/rbcs/article/view/25215/15033>
15. Silocchi C, Junges JR. Equipes de atenção primária: dificuldades no cuidado de pessoas com doenças crônicas não transmissíveis. *Trab Educ Saúde*. [Internet]. 2017 [cited in 18 nov 2017]; 15(2):599-615. Available from: <http://www.scielo.br/pdf/tes/v15n2/1678-1007-tes-1981-7746-sol00056.pdf>
16. Soares DA, Rodrigues CSC, Pereira DF, Silveira MORS, Oliveira JE, Lima VS. Adesão ao tratamento da hipertensão e do diabetes: compreensão de elementos intervenientes segundo usuários de um serviço de atenção primária a saúde. *Rev APS*. [Internet] 2014 [cited in 17 nov 2017]; 17(3):311-7. Available from: <https://aps.ufjf.emnuvens.com.br/aps/articloe/view/2053/822>
17. Gazzinelli MFC, Marques RC, Oliveira DC, Amorim MMA, Araújo EG. Representações sociais da educação em saúde pelos profissionais da equipe de saúde da família. *Trab Educ Saúde*. [Internet]. 2013 [cited in 13 nov 2017]; 11(3):553-71. Available from: <http://www.scielo.br/pdf/tes/v11n3/v11n3a06.pdf>
18. Gomes MF, Santos RSAF, Fontbonne A, Cesse EAP. Orientações sobre alimentação ofertadas por profissionais da estratégia de saúde da família durante as consultas aos hipertensos e diabéticos. *Rev APS*. [Internet]. 2017 [cited in 08 nov 2017]; 20(2):203-11. Available from: <https://aps.ufjf.emnuvens.com.br/aps/articloe/download/3037/1081>
19. Moutinho CB, Almeida ER, Leite MTS, Vieira MA. Dificuldades, desafios e superação sobre educação em saúde na visão de enfermeiros de saúde da família. *Trab Educ Saúde*. [Internet]. 2014 [cited in 30 nov 2017]; 12(2):253-72. Available from: <http://www.scielo.br/pdf/tes/v12n2/a03v12n2.pdf>
20. Bidinotto DN, Simonneti JP, Bocchi SC. Men's health: non-communicable chronic diseases and social vulnerability. *Rev Latinoam Enferm*. [Internet]. 2016 [cited in 11 nov 2017]; 24(1):e2756. Available from: <http://www.scielo.br/pdf/rlae/v24/0104-1169-rlae-24-02756.pdf>
21. Trindade LL, Pires DEP. Implicações dos modelos assistenciais da atenção básica nas cargas de trabalho dos profissionais de saúde. *Texto & Contexto Enferm*. [Internet]. 2013 [cited in 15 nov 2017]; 22(1):36-42. Available from: http://www.scielo.br/pdf/tce/v22n1/pt_05.pdf

CONTRIBUTIONS

Wallison Pereira dos Santos, Fernanda Teixeira de Souza, Arthur Alexandrino, José Lindemberg Bezerra da Costa and Cândida Mirna de Souza Alves took part in data collection and revision. **Fernanda Beatriz Dantas de Freitas and Joice Pereira da Silva** took part in the revision.

How to cite this article (Vancouver)

Santos WP, Freitas FBD, Silva JP, Souza FT, Alexandrino A, Costa JLB, et al. Chronic non-communicable diseases: knowledge and practices of primary care nurses REFACS [Internet]. 2018 [cited in *insert day, month and year of access*];6(Supl. 2):620-627. Available from: *Insert Access link*. DOI: *insert DOI link*.

How to cite this article (ABNT):

SANTOS, W.P.et al. Chronic non-communicable diseases: knowledge and practices of primary care nurses **REFACS**, Uberaba, MG, v. 6, supl. 2, p. 620-627, 2018. Available from: <*insert access link*>. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

How to cite this article (APA):

Santos, W.P., Freitas, F.B.D., Silva, J.P., Souza, F.T., Alexandrino, A., Costa, J.L.B., et al. (2018). Chronic non-communicable diseases: knowledge and practices of primary care nurses *REFACS*, 6(Supl. 2), 620-627. Retrieved in: *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.