



SMAD

Revista Eletrônica Saúde Mental Álcool e Drogas

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Manual de Padronização – Diagramação

INFORMAÇÕES GERAIS

Este manual serve de parâmetro para a correta diagramação da SMAD, Revista Eletrônica Saúde Mental Álcool e Drogas, nas versões inglês, português e espanhol).

Para a diagramação, serão fornecidos pela revista os *templates* de todos os tipos de arquivo. Os *templates* já contêm páginas mestres e estilos de parágrafos para a formatação de texto, evitando assim, divergências de estilo.

Caso haja alguma dúvida que não pôde ser esclarecida neste manual, por favor consulte os artigos publicados no PePSIC (<http://bit.ly/pepsic-smad>).

SOFTWARE UTILIZADO

Os artigos da SMAD, Revista Eletrônica Saúde Mental Álcool e Drogas são diagramados em InDesign e a diagramação deve ser realizada nos arquivos *templates* fornecidos pela revista. Esses *templates* serão fornecidos pela revista no formato universal do InDesign (.idml).

Ao salvar os arquivos para entrega-los à revista, deve-se:

- Se os artigos forem diagramados em InDesign 5.5 ou inferior, basta salvar os mesmos na extensão original do InDesign – .indd e entrega-los à revista junto com uma cópia em pdf.
- Se os arquivos forem feitos em InDesign 6.0 ou superior, os arquivos devem ser salvos em .idml – arquivo universal que abre em qualquer versão do InDesign. Entregam também uma cópia em pdf.

Cada documento é diagramado individualmente, em arquivos separados, e por último é montado o livro no Indesign para gerar a paginação.

TEMPLATES

Serão fornecidos os seguintes arquivos *templates* para diagramação:

Versão portuguesa:

1. Editorial
2. Original Article
3. Review Article

Versão inglesa:

1. Editorial
2. Artigo Original
3. Artigo de Revisão

Páginas mestres

Informações fixas nos artigos, como o cabeçalho que indica a edição do fascículo, estão configuradas como itens de páginas mestres nos *templates* indicados acima.

A edição desses itens deve ser realizada somente nas páginas-mestres.

Exemplos de itens configurados nas páginas mestres dos arquivos *templates*:

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Original Article

PERCEPTION OF PREGNANT ON CONSUMPTION OF ILLICIT DRUGS IN PREGNANCY

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This study aimed to identify the effects of drug use in pregnancy and its consequences for the newborn. Qualitative study accomplished in a public maternity in Fortaleza. The subjects of the research were nine postpartum. Semi-structured interviews were performed. The main drugs used were marijuana, cocaine and crack. It was identified damage in all newborns, among which stand out: congenital syphilis, jaundice, low birth weight, prematurity, respiratory distress and neonatal infection. Despite the use of drugs is a matter considered a transversal theme, discussion and exchange of experiences among professionals are rare, hindering the identification of risk factors and the implications arising in health of women and child due to drug use during gestation.

Descriptors: Drug Users, Pregnancy, Infant, Newborn.

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PERCEÇÃO DA GESTANTE SOBRE O CONSUMO DE DROGAS ILÍCITAS NA GESTAÇÃO

Objetivo-se identificar as repercussões do uso de drogas na gravidez e as consequências para o recém-nascido. Trata-se de estudo qualitativo, realizado em uma maternidade pública de Fortaleza, Ceará. Os sujeitos da pesquisa foram nove puérperas. Foram realizadas entrevistas semiestruturadas. As principais drogas utilizadas foram maconha, cocaína e crack. Identificaram-se danos prejudiciais em todos os recém-nascidos, entres os quais destacam-se: sífilis congênita, icterícia, baixo peso ao nascer, prematuridade, desconforto respiratório e infecção neonatal. Apesar do uso de drogas ser assunto considerado como tema transversal, a discussão e a troca de experiências entre os profissionais são pouco frequentes, dificultando a identificação dos fatores de risco e das implicações ocasionadas na saúde da mulher e da criança, devido ao uso de drogas durante a gestação.

Descritores: Usuários de Drogas; Gravidez; Recém-Nascido.

PERCEPCIÓN DE LA EMBARAZADA SOBRE EL CONSUMO DE DROGAS ILÍCITAS EN LA GESTACIÓN

Se objetivó identificar las repercusiones del uso de drogas en el embarazo y las consecuencias para el recién nacido. Estudio cualitativo, realizado en una maternidad pública de Fortaleza. Los sujetos de la investigación fueron nueve puérperas. Fueron realizadas entrevistas semi-estructuradas. Las principales drogas utilizadas fueron marihuana, cocaína y crack. Se identificó daños perjudiciales en todos los recién nacidos, entres quienes se destaca: sífilis congénita, ictericia, bajo peso al nacer, precocidad, desaliento respiratorio e infección neonatal. A pesar del uso de drogas ser un asunto considerado un tema transversal, la discusión y el cambio de experiencias entre los profesionales son poco frecuente, dificultando la identificación de los factores de riesgo y de las implicaciones ocasionadas en la salud de la mujer y del niño debido al uso de drogas durante la gestación.

Descritores: Consumidores de Drogas; Embarazo; Recién Nacido.

Introduction

Studies show an increase in the use of drugs such as marijuana, tranquilizers, amphetamines, cocaine and crack. According to data published in the World Drug Report 2007 of the United Nations (UN), in Brazil, there was an increase in cocaine use by 0.4% (in 2001) to 0.7% (in 2005), being considered an important fact as well as the increased use of marijuana. Marijuana was the illicit drug showed the greatest increase in use in recent years, and its usage percentage increased from 1% in 2001 to 2.6% in 2005. The UN believes that this increase is a reflection of the ease of obtaining the drug in the country⁽¹⁾.

Thus, illegal drugs use constitutes a major problem of public health in society, and when the risk group is pregnant this issue gains a greater impact because the exposure of these women to psychoactive substances can lead to irreversible impairment of the integrity of the mother and fetus⁽²⁾.

A national survey on drug use in the U.S. provides a tendency to alcohol, tobacco and illicit drugs use during pregnancy. In 1998, the use of illicit drugs was 3.1% in 1999, 4% in 2000-2001, 3.7% in 2002-2003, 4.3% in the period of 2004-2005 and 3.9% in 2006-2007 in pregnant women⁽³⁾.

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Some complications that the fetus may present due to exposure to drug use by the mother during pregnancy: prematurity, low birth weight, decreased head circumference, placental shift leading in some cases to abortion⁽⁴⁾.

Substances such as amphetamines, cocaine and nicotine can be transferred together with carriers of nutrients favoring the favorable competition, which reduces the delivery of nutrients to the fetus and contributes to the growth deficit⁽⁵⁾.

The screening during the prenatal consultation is the best strategy to identify drug users as well as the risk factors for consumption by pregnant women, such as: low self-esteem, financial problems, anxiety and affective problems in relationships, particularly with partner⁽⁶⁾.

Thus, early detection of risk factors related to drug use by pregnant women combined with the participation of qualified professionals enable correct targeting of measures needed to improve the quality of pregnancy for the reduction of obstetric complications⁽⁷⁾.

Given the simultaneous analysis of the harmful risks to both mother and child, the question arises: What impact the illicit drug use during pregnancy for the mother and for the child? Therefore, the objective of this research was to identify the effects of drug use in pregnancy and its consequences for the newborn.

An understanding of illicit drug use during pregnancy is important to approach this problem effectively since it can contribute to a critical reflection among nurses who work directly with these pregnant women through health promotion activities that are often neglected.

Methods:

This is a descriptive study of qualitative nature performed in a public maternity of a teaching hospital located in Fortaleza, Ceará, Brazil.

Data collection occurred from April to May 2010 and the investigative process was done through semi-structured interviews with nine women who have recently given birth. Each participant was asked by verbal approach, preserving the identity which was replaced by the name of flowers.

For the selection of participants in the survey the following criteria were used: puerperal women drug users admitted to this institution and those whose children had any complications due to drug use during pregnancy, being excluded those who had no physical and emotional conditions.

The number of subjects was conditioned to the criterion of data saturation, which occurs when the information becomes repetitive or adding new data is minimal to submit to the examination procedures⁽⁸⁾.

The interview instrument contained socio-demographic data, drug abuse during pregnancy, adherence to prenatal, feeling of the puerperal after the newborn, knowledge of drugs use in pregnancy and health-disease situation, as well as active search in puerperal and newborn records.

For analysis of the information that emerged from the interviews was used the content analysis, in thematic modality, defined as a technique consisting of determining appropriate and subjective content descriptions to highlight the objectivity, the nature and relative strengths of the stimuli to which the subject is submitted⁽⁹⁾.

For this analysis occurs in a systematic way, three distinct phases are proposed. The first, called Pre-Analysis, aims at organizing the initial ideas leading to "development of indicators that substantiate the final interpretation", in the second phase. Exploration of the Material, the decomposition of the material collected and grouping in meaning units are performed using a specific encoding. In the third phase, called Treatment of the Results, there must be a description and subsequent interpretation of the categories presented⁽¹⁰⁾.

Thus, in the first stage was held the floating reading in order to allow to establish contact with the subject's responses and know the text to verify the first impressions, both the mother and the fetus, which may contribute to the reduction of obstetric complications⁽¹¹⁾.

In the phase of organizing and material exploration the coding of the interviews was performed, identifying the mothers for names of flowers. At this time, after several readings, words, phrases or paragraphs that presented consistent with the objectives of the study and would enable outlining the first grouped ideas were removed from the text.

In the last stage, the reification of the meaning units, after several readings and re-readings, allowed evidence the final categories: low adherence to prenatal, puerperal attitude about motherhood, gaps in knowledge of the mothers about the effect of drug use during pregnancy and situation of health and illness of postpartum women.

This study was conducted before spontaneous signing the Statement of Consent by the puerperals, respecting the principles of Resolution 196/96 in relation to research with humans⁽¹²⁾, after being approved by the Ethics Committee in Research of Motherhood under protocol n° 021/10.

Results:

Nine puerperals were interviewed. The age range was between 15-28 years, with a mean age of 20.6 years. Six of the interviewees were primiparous and three multiparous. Regarding educational level, only two had completed elementary school, and seven had not completed elementary school. As for labor activity one was seamstress, one an ex-sex worker, one was homeless and the other six participants did not perform any work.

The main consequences of drug use for the NB were: jaundice, prematurity, neonatal infection, low birth weight, respiratory distress and congenital syphilis.

Six of the participants underwent serology for syphilis and two had missing information. All puerperals who underwent the VDRL had positive result and four transmitted syphilis to their unborn children.

Risk factors related to drug use during pregnancy most cited by respondents were: family problems, lack of partner, financial instability, low self-esteem and loneliness.

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ESPECIFICIDADES

Gerais

A revista não possui versão impressa.

A paginação deve ser a mesma nas duas versões do artigo.

Todos os documentos são diagramados em duas colunas, com exceção do editorial.

O estilo, formatação e layout das duas versões são os mesmos, com a seguinte diferença:

. o idioma dos meses abreviados no cabeçalho de identificação da primeira página e páginas pares do artigo acompanha o idioma da versão

. o idioma do termo 'Correspondência' e os meses no cabeçalho da primeira página do artigo acompanha o idioma da versão

Versão inglês

-É formada pelos artigos originais, artigos de revisão, editorial, relatos de caso, carta ao editor e resenhas

-Todos documentos são publicados neste idioma

Versões português/espanhol

-É formada pelos artigos originais, artigos de revisão, relatos de caso, carta ao editor e resenhas

-Cada documento é publicado em português ou espanhol, exceto o editorial que é publicado em português e espanhol

ESTILOS DE PARÁGRAFO

Os estilos de parágrafo já estão presentes nos arquivos *templates* e estão nomeados de acordo com o local do texto em que devem ser utilizados:

Texto	Editorial	Tabelas
1. Título	Ed-Título	Tabela \ Cabeçalho
2. Autor	Ed-Autor	Tabela \ Coluna esquerda
3. Resumo		Tabela \ Linhas de corpo
4. Descritores		
5. Rodapé Autor		
6. Endereço para correspondência		
13. Seção		
14. Subseção		
15. Subsubseção		
16. Texto		
17. Falas		
18. Título tabela e figura		
19. Referências		
20. Rodapés		
21. Cabeçalho		
22. Recebido Aceito		

APLICAÇÃO DOS ESTILOS

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Original Article

PERCEPTION OF PREGNANT ON CONSUMPTION OF ILLICIT DRUGS IN PREGNANCY

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1. Título

2. Autor

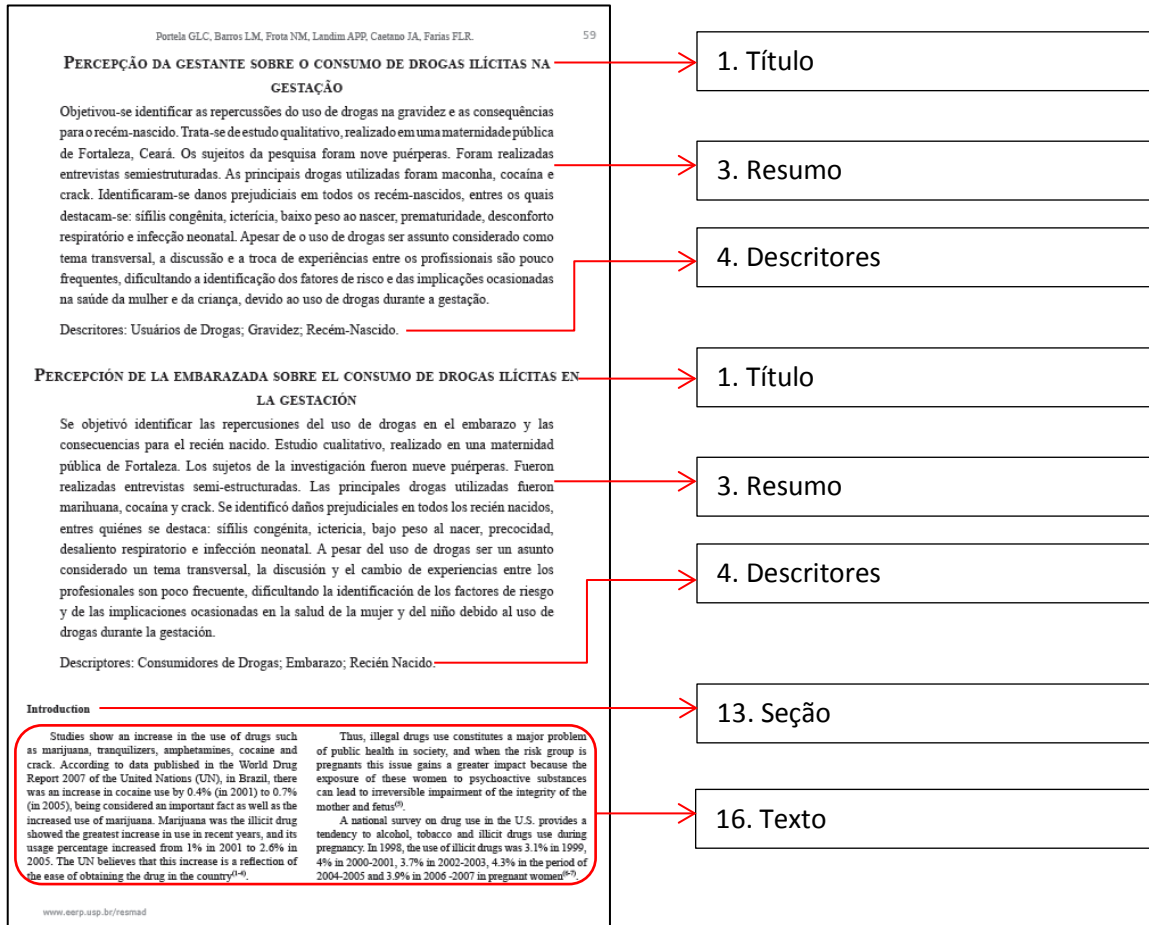
3. Resumo

4. Descritores

5. Rodapé autor

6. Endereço para correspondência

APLICAÇÃO DOS ESTILOS



APLICAÇÃO DOS ESTILOS

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Through the description and documentation of the speech of puerperals were identified the following categories:

Low adherence to prenatal

The goal of prenatal care is to investigate the state of health of the mother and fetus to avoid unfavorable outcomes, however, for this to occur it is important that the pre-natal is premature and frequent beginning, but the results of the study showed that seven puerperals did not undergo prenatal and who have demonstrated a low number of consultation.

Health professionals must awaken their attention to problems like these and to the need for wider dissemination of the objectives and purposes of the program, and nursing has an important role within the program of prenatal, pointing towards the need to track illegal drug users in the beginning of gestation.

"I did not go because I was using drugs in the middle of the world" (Lily)

"... I just wanted to know if I was pregnant!" (Rose)

"... I told my mother that I was going to do the pre-natal and I went to use drugs" (Daisy)

"It's too bad. I stopped doing the prenatal to get high. I stopped taking care of her ... of her health. That impair too much." (Jasmine)

Rose and Daisy appeared only in one consultation at the basic care unit and when questioned what reasons led them to start the accompaniment of prenatal they responded that they only wanted to know if they were pregnant and it was a reason to be absent from home and use drugs. They recognize the harm to the health of the newborn, however they do not give importance to the fact.

This situation is worrying because even knowing the health risks due to the use of illicit drugs, the puerperals continue making use of drugs and leave aside the monitoring of prenatal. Facing this reality becomes relevant the awareness of these women and planning procedures and appropriate actions to identify risk groups and propose

woman to a desperate situation to the point of them donate their children. This instability, associated with drug use, shows how these women are susceptible and unprepared to take on the responsibility of motherhood.

Therefore, in addition to prenatal, the family planning should receive special attention in health units, since its control will reverberate in a possible decrease in cases of pregnancy, especially precocious pregnancy.

Gaps in knowledge of the puerperals about the effect of drug use during pregnancy

Besides the lack of preparation in relation to precocious pregnancy, there is still a lack of knowledge of the puerperals about the use of drugs and their effects during pregnancy and the consequences for the newborn, as evidenced in the statements below:

I thought it was not related, it would not harm the baby. (Orchid)

I used the whole pregnancy. Every day ... I knew it was wrong, but the addiction was too big. If I had not used, I would be at home with her. (Lily)

I did not know ... In fact, I even know, but whatever ... (Jasmine)

From the reports it was found that the pregnant women had difficulty in stay abstinent and that the main drugs used were marijuana, cocaine and crack, and the use time more than one year in all cases.

In the case of these pregnant women drug users, professionals have greater difficulty in identifying them because information about their consumption and frequency are often not noticed in time to decrease the effects on the fetus.

I've used everything! (Sunflower)

I use crack ... (Thilip)

I only used cocaine ... (Jasmine)

I used crack. Also smoked and drank beer ... (Lily)

"... I wanted to stop using cocaine and marijuana, but I could not. (Daisy)

I could get 3 days to a week without using ... (Lily)

At any time I stopped using. I started using to forget and

14. Subseção

17. Falas

As citações devem estar entre parênteses e sempre sobrescritos.

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Sobral FR, Campos CJG. 103

Table 1 - Distribution of found, selected and excluded articles in electronic databases - Brazil - from 2001 to 2011

Data	Found	Excluded	Partial sample	Excluded after partial sample	Final sample*
BDEF	32	22	10	6	4 (4%)
LILACS	46	33	13	10	3 (3%)
SCIELO	21	12	9	9	1 (1%)
Total	99	67 (68%)	32 (32%)	24 (24%)	8 (8%)

*Percent data is based percentage

n	Year	Title	Journal	Source	Descriptor
1	2002	Nurse educational action directed to leprosy patients' families: focus on mental health (12).	Rev. RENE	BDEF	HEIN/MIH
2	2006	Education and mental health in the family: experience as experiential groups (13).	Têto & contexto enferm	BDEF	HEIN/MIH
3	2008	Mental Health in the context of primary care: possibilities, limitations, the Family Health Program challenges (14).	Eletr. Enf.	LILACS	MHPHC
4	2009	The community therapy as a strategy for promoting mental health: the path to empowerment (15).	rev. Eletr. Enf.	BDEF	MHPHC
5	2010	Assistance group to alcoholics: health education in family health strategy (16).	Cogitare enferm.	LILACS	HEIN/MIH
6	2011	Mental health in primary care: a convergent assistance approach (17).	Rev. gauch enferm.	LILACS	MHPHC
7	2011	Health education in family health strategy: the meaning and practice of nurses (18).	Esc. Anna Nery	SCIELO	HEIN/MIH
8	2011	The theater in focus: game strategy to educational work in family health (19).	Esc. Anna Nery	BDEF	HEIN/MIH

Figure 1 - Studies selected by year of publication, title, journal, indexing and descriptors source - from 2001 to 2011

The types of studies were: two (25%) literature searches; two (25%) experience reports; four (50%) qualitative studies (one descriptive, one exploratory, one descriptive-exploratory and one convergent analysis - each one with 12.5%).

The educational activities were directed to: three (37.5%) to mental health patients; two (25%) to the families; two (25%) to the families and to mental health patients and one (12.5%) was directed to diverse audiences, including mental health patients.

The local activities were: three (37.5%) only in HC; three (37.5%) in other areas directed to HC (church parish halls, club hall, community school); two (25%) in HC and other health and/or education services.

As to the principal professionals involved in educational activities there were four (50%) HC nurses; two (25%) were teachers, working with postgraduate students (12.5%) or with an occupational therapist (12.5%). There were teachers and graduate students working together or with one (12.5%) HC nurse or with a communication therapist (12.5%).

Two articles (25%) reported using mental health promotion approaches; one (12.5%) of prevention; four (50%) combined promotion and prevention and, in a report, the type of approach was not clear.

The review grouped the articles contents into two themes: 1) Health education activities aimed at mental health, subdivided into preventive and promoter approach; 2) Nurse difficulties to implement educational mental health in the FHS.

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13. Seção

14. Subseção

15. Subsubseção

Quando houver 'seção' e 'subseção' ou 'subseção' e 'subsubseção' em sequência, o espaço anterior da 'subseção' deve ser alterado para 0mm.

APLICAÇÃO DOS ESTILOS

Oliveira MIV, Bezerra JG Filho Lima MVN, Ferreira CC, Garcia LU, Goes LSP 143

4. Organização Mundial da Saúde. Prevenção do suicídio: um manual para profissionais das equipes de saúde mental. Brasília: OMS; 2006.

5. Abasse MLF, Oliveira RC, Silva TC, Souza ER. Análise epidemiológica da morbimortalidade por suicídio entre adolescentes em Minas Gerais, Brasil. *Ciênc Saúde Coletiva*. mar-abr 2009;14(2):407-16.

6. Botega NJ. Suicídio: saindo da sombra em direção a um Plano Nacional de Prevenção. *Rev Bras Psiquiatr*. set-dez 2007;29(1):7-8.

7. Ruangrara C, Sanichwankul K, Niwasanama W, Mahamirakul S, Pumpsaisalai W, Anumanond J. A risk-scoring scheme for suicide attempts among patients with bipolar disorder in a Thai patient cohort. *Psychol Res Behav Manage*. 2012;5(3):37-45.

8. Soloff PH, Chiappetta L. Prospective Predictors of Suicidal Behavior in BPD at 6 Year Follow-up. *Am J Psychiatry* 2012 May;169(5):484-90.

9. Pires MCC, Kunitaniti LCL, Santos MSR, Passos MP, Sougey EB, Bastos OC Filho. Fatores de risco para tentativa de suicídio em idosos. *Neurobiologia*. out-dez 2009;72(4):21-8.

10. Ceará. Secretaria da Saúde do Estado. Doenças e agravos não transmissíveis - DANNT no Ceará: situação epidemiológica, 1998 a 2004. Fortaleza: SESA; 2006.

11. Ministério da Saúde (BR). Relatório mundial de saúde 2003: Construindo o Futuro. Genebra: Organização Mundial de Saúde; 2003.

12. Lovisi GM, Santos AS, Legay L, Abelha L, Valencia E. Análise epidemiológica do suicídio no Brasil entre 1980 e 2006. *Rev Bras Psiquiatr*. 2009;31 Suppl 2:586-93.

13. Regadas RP, Veras TN, Lins EB, Cavalcante LO, Aguiar JC, Davis M. Tentativas de suicídio por auto envenenamento: um estudo retrospectivo de 446 casos. *Pesq Med Fortaleza*. jan-dez 2000;3(1-4):50-3.

14. Avanci RC, Pedrão LJ, Costa ML Junior. Tentativa de suicídio na adolescência: considerações sobre a dificuldade de realização diagnóstica e a abordagem do profissional de enfermagem. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog*. (Ed. port.) [Internet]. 2005. [acesso 5 junho 2012];1(1). Disponível em: http://www.revistasusp.sibi.usp.br/scielo.php?pid=S1806-69762005000100007&script=sci_arttext.

15. Souza ER, Minayo MCS, Cavalcante FG. O impacto do suicídio sobre a morbimortalidade da população de Itabira. *Ciênc Saúde Coletiva*. 2006;11 Suppl 1:51333-42.

16. Santos J. Suicídio em Mato Grosso do Sul, Brasil: fatores sociodemográficos. [Tese de Doutorado]. Rio de Janeiro (RJ): Escola de Saúde Pública da Fundação Osvaldo Cruz; 2010. 65p.

17. Bezerra JG Filho, Wernick GL, Almeida RLF, Oliveira MIV, Magalhães FB. Estudo ecológico sobre os possíveis determinantes socioeconômicos, demográficos e fisiográficos do suicídio no Estado do Rio de Janeiro, Brasil, 1998-2002. *Cad Saúde Pública*. jan-mai 2012;28(5):833-44.

18. Fardes AMJ, Cavalcanti LPG, Vieira LJE, Coriolano LS, Osório MM, Ponte MSR, et al. Tentativas e óbitos por suicídio no município de Independência, Ceará, Brasil. *Ciênc Saúde Coletiva*. nov-dez 2009;14(5):1731-40.

19. Denney JT, Rogers RG, Krueger PM, Wadsworth T. Adult Suicide Mortality in the United States: Marital Status, Family Size, Socioeconomic Status, and Differences by Sex. *Soc Sci Q*. 2009;90(5):1167-85.

20. Botega NJ, Werlang BSG, Cais CFS, Macedo MME. Prevenção do comportamento suicida. *Psico*. set-dez 2006;37(3):213-20.

21. Costa J. Tentativa de Suicídio. [Dissertação de Mestrado]. Lisboa (Portugal): Faculdade de Ciências da Saúde, Universidade da Beira Interior; 2010. 78 p.

22. Chachamovich E, Stefanello S, Botega NJ, Turecki G. Quais são os recentes achados clínicos sobre a associação entre depressão e suicídio? *Rev Bras Psiquiatr*. 2009;31 Suppl 1:518-25.

23. Meneghel SN, Victora CG, Faria NMX, Carvalho LA, Faik JW. Características epidemiológicas do suicídio no Rio Grande do Sul. *Rev Saúde Pública*. dez 2004;38(6):804-10.

24. Bertolote JM, Mello-Santos C, Botega NJ. Detecção do risco de suicídio nos serviços de emergência Psiquiátrica. *Rev Bras Psiquiatria*. 2010;32 Suppl 2:587-95.

25. Moreira CLRL, Brierzke E, Lafer B. General medical comorbidities in Brazilian outpatients with bipolar disorder type I. *Rev Psiq Clin*. 2011;38(6):227-30.

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22. Recebido Aceito

APLICAÇÃO DOS ESTILOS

Editorial – primeira página



Ed-Título

Especificações da foto:

- Tamanho 2,6cm de largura x 3,1cm de altura
- Usar 'wrap' de 4mm ao redor da foto.

16. Texto

APLICAÇÃO DOS ESTILOS

Editorial – última página

As editor of the magazine I had the opportunity to read all the texts that are sent and it motivated the interest in establishing a "dialogue" with the researchers who submit their work in order to update the information about the communication area and dissemination of scientific knowledge particularly of their demands, considering the growing points to encourage the production of research, a trend that affects at global level, with more emphasis, the higher education institutions.

In this editorial the focus of the comments on the reason to be a scientific journal many do this question and can give various answers, according to specific and particular interests. However, in the academic and scientific world, it has a role of great importance because a scientific journal is a periodic that a particular intellectual community considers as the main knowledge communication channel in its area and as one of the arbiters of authenticity or legitimacy of this knowledge. The magazines also define intellectual standards, provide a space for communication among researchers, make public valuable information, help in establishing guidelines for the research and provide the historical record of a specific area of knowledge and finally provide implicit certification of authenticity and originality of their work to authors'. Beyond what has been indicated, as it is already known by all researchers scientific journals has the potential to serve their interests with a view to the advancement and consolidation in professional scientific career and personal reward of achieving the highest level of recognition in terms of knowledge.

Without scientific journals the knowledge would be limited to a small audience and have a short life as it would not be disseminated, so if the goal of the researcher is the discovery and the search for solutions and benefits for the welfare of humanity he/she need to acquire the dimension of what inner workings and complexity of the flow in the process of publishing a magazine represent".

These placements were recorded in an attempt to highlight the importance of scientific journal as a vehicle that allows a space of communication of experiences built on scientific grounds, with methodological rigor and drafted carefully, in an objective and accessible language considering that readers will be numerous. It is also important highlight that the knowledge generated by the authors of the works will be reference and example for students, so the responsibility of researchers who submit work for publication does not finish with the end of the research, it is just beginning.

With this brief exposition is expected that the researchers in the role of authors understand the reasons why the editors of scientific journals return papers that were sent most often, with the expectation of being published without any restriction. The acceptance with changes or even the refusal of the paper, should not be seen as a failure but as an opportunity for scientific improvement and should serve as an encouragement to continue the research activity.

In the next editorial will be discussed other topics regarding scientific publication; this brief introduction is enough for now.

References

1. LaFollete MC. Stealing into Print: Fraud, Plagiarism, and Misconduct in Scientific Publishing. Berkeley (CA): University of California Press; 1992.
2. Babor TF, Steiner K, Savva S, O'Reilly J. Publishing Addiction Science: a guide for the perplexed. 2nd ed. Essex: World Health Organization and International Society of Addiction Journal Editors; Multi-Science Publishing Company Ltd; 2008.

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Chief Editor of the SPML, Revista Eletrônica Saúde Mental Álcool e Drogas, Full Professor of the University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development, Brazil, e-mail: margarita@ensp.usp.br

19. Referências

Ed-Autor

TABELAS

As tabelas devem ser elaboradas no InDesign; para isso recomenda-se salva-las em documentos individuais do Microsoft Word e inseri-las no InDesign através do menu Arquivo / Inserir.

Podem ocupar uma ou duas colunas, de acordo com o comprimento delas.

Table 1 - Distribution of found, selected and excluded articles in electronic databases - Brazil - from 2001 to 2011

Data	Found	Excluded	Partial sample	Excluded after partial sample	Final sample*
BIDENF	32	22	10	6	4 (4%)
LILACS	46	33	13	10	3 (3%)
SciELO	21	12	9	8	1 (1%)
Total	99	67 (68%)	32 (32%)	24 (24%)	8 (8%)

*Percent data in total population

The types of studies were: two (25%) literature searches; two (25%) experience reports; four (50%) qualitative studies (one descriptive, one exploratory, one descriptive-exploratory and one convergent analysis - each one with 12.5%).

The educational activities were directed to: three (37.5%) to mental health patients; two (2.5%) to the families; two (2.5%) to the families and to mental health patients and one (12.5%) was directed to diverse audiences, including mental health patients.

The local activities were: three (37.5%) only in HC; three (37.5%) in other areas directed to HC (church parish halls, club hall, community school); two (25%) in HC and other health and/or education services.

As to the principal professionals involved in educational activities there were four (50%) HC nurses; two (25%) were teachers, working with postgraduate students (12.5%) or with an occupational therapist (12.5%). There were teachers and graduate students working together or with one (12.5%) HC nurse or with a communitarian therapist (12.5%).

Two articles (25%) reported using mental health promotion approaches; one (12.5%) of prevention; four (50%) combined promotion and prevention and, in a report, the type of approach was not clear.

The review grouped the articles contents into two themes: 1) Health education activities aimed at mental health, subdivided into preventive and promoter approach; 2) Nurse difficulties to implement educational mental health in the FHS.

Discussion

Health education actions directed to mental health

Preventive Approach

Prevention is a previous action that invalidates, minimizes or controls the evolution of the disease or its risk factors; it reduces its incidence and prevalence⁽⁹⁸⁻¹⁰⁾. Therefore, it can be done before or after the disease⁽⁹⁾.

Prevention has three levels: the primary decreases the incidence of the disease and its causative factors; in this case the prevention must be applies in healthy people⁽⁹⁹⁾. It includes health actions, which can be a biopsychosocial intervention that promotes well-being and reduces the incidence of the disease; and specific protective action that requires the identification of the causative agent and the vulnerable group that is at risk⁽⁹⁸⁻¹⁰⁾. Nursing interventions at the primary level primarily include, mostly, health education and social support assistance⁽⁹⁹⁾. A selected study⁽¹⁰⁾ showed that a comprehensive family and a safe school environment are protective factors that promote disease prevention.

The secondary prevention is done in the sick patient, seeking to reduce the incidence of the disease. Its interventions are: diagnosis, assessment, early treatment and immediate⁽⁹⁸⁻¹⁰⁾. Among the selected articles, in the preventive approach, the actions were held on installed diseases, and included strategies development to reduce mental/emotional suffering, risks and mental disorder problems and damage in patients already sick.

Tabela com duas colunas

Table 1 presents comparative data among patients with personality disorders and the general population at the NSM.

Table 1 - Social-demographics and health conditions of patients suffering from personality disorders and the other patients of the NSM. Ribeirão Preto, SP, Brazil, 2012

Variable	Patients with Personality Disorder (%)	Patients with other diagnoses (%)
Number of participants (n)	244	1,281
Gender		
Female	80.7	68.7
Male	19.3	31.3
Age group		
Up to 29	12.7	8.4
From 30 to 39	23.4	16.4
From 40 to 49	29.1	23.7
From 50 to 59	25.4	26.5
60 and older	9.4	25.0
Educational level		
Elementary School dropout	20.1	19.8
Finished Elementary School	8.2	8.0
High School dropout	0.4	1.5
School graduate	16.4	10.0
College dropout	0.4	0.5
College graduate	2.9	1.9
Unregistered	51.6	58.1
Illiterate	-	0.2
Number of Psychiatric Hospitalizations		
0	82.0	81.7
1	12.3	10.9
2 or more	5.7	7.4

(continue...)

Table 1 - (continuation)

Variable	Patients with Personality Disorder (%)	Patients with other diagnoses (%)
Psychiatric Comorbidities		
0	31.2	74.2
1	57.4	22.3
2 or more	11.5	3.5

As observed in the overall population of NSM patients, the women were also the majority among those diagnosed with personality disorders; however, their percentages are even higher, constituting almost 81% of the total compared with about 69% of the NSM profile.

Regarding the age distribution, the average age of patients with personality disorders is lower than in the general population of patients at the NSM. This difference is even more evident when comparing the mean age calculated; for those diagnosed with personality disorders the mean was about 44.1 years and in the overall picture of the NSM 49.7 years (Table 2), this difference is statistically significant. It is also relevant that less than 10% of those with personality disorder are 60 years or older.

Table 2 - Comparison between the mean age and treatment duration among patients with personality disorder and the general population under treatment at the NSM - Ribeirão Preto, SP, Brazil, 2012

Variable	Personality Disorders (mean)	General Population NSM (mean)	P ^a value
Age (years)	44.1	49.7	<0.001
Treatment (years)	4.9	7.4	<0.001

* Student's t test

Tabela com uma coluna e quebra

Tabela com uma coluna

Caso a tabela seja muito extensa na altura, não cabendo em uma só página, ou quebra de coluna, ela pode ser quebrada, desde que inseridos os termos '(continue...)' e 'Table 1 - continuation'. Estes elementos encontram-se nos arquivos.

TABELAS

Aplicação dos estilos

Quando o cabeçalho tiver muitas linhas, usar a altura da linha de 3mm para a mesma não ficar muito grande.

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(continue...)

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Tabela \ Cabeçalho

Tabela \ Coluna esquerda

Tabela \ Linhas de corpo

18. Título tabela e figura

20. Rodapés

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Cabeçalho com muitas linhas

Cabeçalho com muitas linhas

TABELAS

Tabelas com nota de rodapé

Quando houver nota de rodapé, ela deve ficar com o estilo 20. Rodapés.

Quando houver trecho sob a forma de itens, estes estarão identificados com o marcador “-” e não deverá haver recuo de parágrafo.

Barbosa SP, Souza MCBM. 85							
Participant name	Gender	Age	Occupation	PG ¹	Working time	Presentation in the area of MH	Other employment
Vera	F	48	Nurse	Yes	18 months	Yes	Yes
Clarisse	F	54	Nurse	Yes	6 years	No	No
Ricardo	M	30	Doctor	Yes	4 months	No	Yes
Elias	M	40	Auxiliary	No	3 years	No	Yes

¹ Auxiliary: Nursing auxiliary
² Technique: Nursing technique
³ PG: Postgraduate

Figure 1 - Profile of study participants, Ribeirão Preto, SP, Brazil, 2011

Tabela \ Cabeçalho

Tabela \ Linhas de corpo

20. Rodapés

18. Título tabela e figura

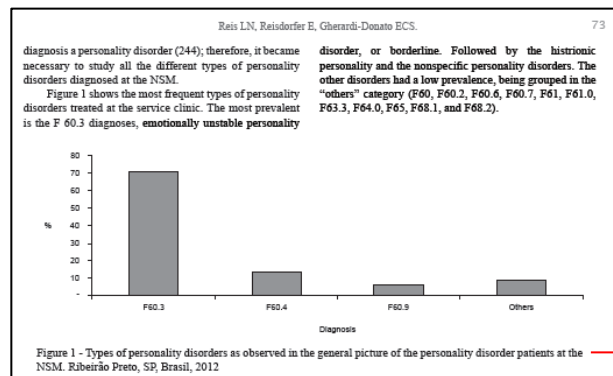
FIGURAS

As figuras que são gráficos, esquemas, desenhos ou fluxogramas, devem ser desenhadas em programas vetoriais (CorelDraw ou Adobe Illustrator – resolução mínima 900 dpi, não estar convertida em curvas e, se possível, com as fontes incorporadas) e depois inseridas no arquivo do artigo através do menu Arquivo / Inserir.

As figuras que são fotografias devem estar no formato eps, com resolução mínima 900 dpi e inseridas no arquivo do artigo através do menu Arquivo / Inserir.

Se a figura for maior que 1 coluna, porém menor que a soma das 2 colunas, a mesma deve ficar centralizada e seu título deve acompanhar o mesmo alinhamento.

As figuras que são quadros devem ser elaboradas utilizando o *layout* de tabela e todas as bordas devem possuir espessura 0,25pt.



18. Título tabela e figura

FIGURAS

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Fictitious name	Gender	Age	Occupation	PG [§]	Working time	Presentation in the area of MH	Other employment
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Prevention is a previous action that invalidates, minimizes or controls the evolution of the disease or its risk factors; it reduces its incidence and prevalence^(20,21). Therefore, it can be done before or after the disease⁽²⁰⁾.

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Reis LN, Reisdorfer E, Gherardi-Donato ECS. 73

diagnosis a personality disorder (244); therefore, it became necessary to study all the different types of personality disorders diagnosed at the NSM.

Figure 1 shows the most frequent types of personality disorders treated at the service clinic. The most prevalent is the F 60.3 diagnoses, **emotionally unstable personality disorder, or borderline**. Followed by the **histrionic personality and the nonspecific personality disorders**. The other disorders had a low prevalence, being grouped in the "others" category (F60, F60.2, F60.4, F60.7, F61, F61.0, F63.3, F64.0, F65, F68.1, and F68.2).

Diagnosis	%
F60.3	70
F60.4	15
F60.9	5
Others	10

Figure 1 - Types of personality disorders as observed in the general picture of the personality disorder patients at the NSM. Ribeirão Preto, SP, Brazil, 2012

18. Título tabela e figura