

# The woman's perception regarding the climacteric consultation

**RESUMO** | Objetivo: Descrever a percepção da consulta de enfermagem no Climatério sob a ótica das mulheres atendidas na Atenção Básica. Método: Estudo descritivo qualitativo com abordagem intencional realizado numa Unidade de Saúde Escola no município de Caruaru-PE, durante o período de abril e maio de 2021. Foram entrevistadas 07 mulheres usuárias do serviço na fase do climatério. Resultados: a partir das entrevistas foram obtidas 3 categorias, sendo duas sobre a vivência do climatério pelas mulheres e uma sobre a percepção da mulher com relação à consulta de enfermagem. Conclusão: Conclui-se que as mulheres se sentem bem ao passarem pela consulta de climatério feita pela enfermagem, pois traz sentimento de alívio e entendimento. A consulta de enfermagem é um elemento chave na assistência à saúde, atingindo a proposta da PNAISM e oferecendo uma melhor qualidade de vida para as mulheres no climatério.

**Descritores:** Climatério; Saúde da Mulher; Cuidados de Enfermagem; Atenção Primária à Saúde; Sistema Único de Saúde.

**ABSTRACT** | Objective: To describe the perception of the nursing consultation in climacteric from the perspective of women assisted in Primary Care. methods: Qualitative descriptive study with intentional approach conducted in a School Health Unit in the municipality of Caruaru-PE, during the period April and May 2021. We interviewed 07 women users of the service in the climacteric phase. Results: from the interviews, 3 categories were obtained, two of which were about the experience of the climacteric period by women and one about the perception of women regarding the nursing consultation. Conclusion: It is concluded that women feel well when they go through the climacteric consultation made by nursing, because it brings a feeling of relief and understanding. The nursing consultation is a key element in health care, achieving the proposal of PNAISM and offering a better quality of life for women in climacteric.

**Keywords:** Climacteric; Women's Health; Nursing Care; Primary Health Care; Unified Health System

**RESUMEN** | Objetivo: Describir la percepción de la consulta de enfermería en el climaterio desde la perspectiva de las mujeres atendidas en Atención Primaria. Método: Estudio descriptivo cualitativo con abordaje intencional realizado en una Unidad de Salud Escolar de la ciudad de Caruaru-PE, de abril a mayo de 2021. Se entrevistaron 07 mujeres usuarias del servicio en la fase climatérica. Resultados: Por las entrevistas se obtuvieron 3 categorías, dos sobre la experiencia del climaterio por parte de las mujeres y una sobre la percepción de la mujer sobre la consulta de enfermería. Conclusión: Se concluye que las mujeres se sienten bien al pasar por la consulta climatérica realizada por la enfermería, ya que les brinda una sensación de alivio y comprensión. La consulta de enfermería es un elemento clave en el cuidado de la salud, llegando a la propuesta del PNAISM y ofreciendo una mejor calidad de vida a las mujeres en el climaterio.

**Palabras claves:** Climaterio; Salud de la Mujer; Atención de Enfermería; Atención Primaria de Salud; Sistema Único de Salud.

## Carmem Lúcia dos Santos

Student of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil  
ORCID: 0000-0001-7966-0834

## Maria Valéria Gorayeb de Carvalho

Professor of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil.  
ORCID: 0000-0002-5986-209x

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## INTRODUCTION

The approach to women's health has been modified in recent decades from new conceptions regarding health care. At the beginning of the 20th century, women were included in the national health policy. However, only the reproductive, pregnancy and puerperal cycles were a priority for the health system at that time. Women's Health was based solely on its biological specificity and on its social role as mother and domestic. (1)

Over the years, debates have been held on the precariousness of women's health care, demanding actions that improve health conditions in all wo-

## Larissa Geovana dos Anjos Ferreira

Student of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil  
ORCID: 0000-0002-3253-7609

## Raquel Bezerra dos Santos

Professor of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil.  
ORCID: 0000-0002-9730-4718

## Vinicius Gabriel Costa França

Student of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil.  
ORCID: 0000-0003-2156-9821

## Vanessa Juvino de Sousa

Professor of the Bachelor's Degree in Nursing at the Tabosa de Almeida University Center (ASCES-UNITA), Caruaru-PE, Brazil.  
ORCID:0000-0001-8682-8359

men's life cycles. The National Policy for Integral Attention to Women's Health (PNAISM - Política Nacional de Atenção Integral à Saúde da Mulher in 2004) (1) was a response to this claim through the expansion, qualification and humanization of comprehensive care for women's health in the Unified Health System (SUS).

The climacteric is characterized as a biological phase of the female cycle and is seen as a mark of the transition from a reproductive to non-reproductive cycle. The majority of the female population that experiences the climacteric is in the age group of 45 to 55 years, according to the Ministry of Health. The symptoms are mostly presented as: irregular menstruation, hot flashes, vaginal dryness, etc. (2-3)

Faced with the demands presented by women in the climacteric phase, there is a need for health professionals, especially nurses, to be prepared from a scientific point of view and with skills for humanized and quality care for women. In this sense, nurses should use the nursing consultation to approach and welcome these women, since this is a comprehensive and legal care tool. (4) Faced with the demands presented by women in the climacteric phase, there is a need for health professionals, especially nurses, to be prepared from a scientific point of view and with skills for humanized and quality care for women. In this sense, nurses should use the nursing consultation to approach and welcome these women, since this is a comprehensive and legal care tool. (5)

The nursing consultation is an intellectual instrument that strengthens the work of nurses in the situations in which they are inserted. It consists of 5 stages of the NP: Data Collection, Diagnosis, Planning, Nursing Intervention and Evaluation, which guide a whole process of clinical reasoning, diagnostic decision making, health promotion, disease prevention, care planning, and

possible interventions that are interdependent, recurrent and interrelated. (6)

The nursing consultation carried



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out with the climacteric woman can show the impact that this phase causes on daily life, often resonating negatively within their family, cultural and social relationship. The problems pre-

sented by climacteric women can also be reinforced by the negligence on the part of health professionals, resulting in the need for improvement and/or creation of specific strategies and programs to meet the demands of this public. The qualified nursing consultation provides opportunities for interventions that ensure an improvement in the quality of life, generate possibilities for care autonomy, female empowerment of their biological phase and health condition. (7-8)

Considering the importance of the nursing consultation as an opportunity to access health for women in climacteric within the SUS, the objective of this study was to describe the perception of the nursing consultation in Climacteric from the perspective of women assisted in Primary Care.

#### METHOD

This is a descriptive study, with a qualitative approach, carried out at the Dr. Antônio Vieira School Health Unit (USE - Unidade de Saúde Escola), in the municipality of Caruaru, Agreste de Pernambuco. The project of this research was submitted and approved by the Ethics and Research Committee under opinion number 4,616,928, CAAE: 43970621.7.0000.5203, following the ethical aspects of Resolution No. 510/2016, of the National Health Council for scientific research involving human beings.

The USE Dr. Antônio Vieira, located in the Salgado neighborhood of the aforementioned municipality, has the function of assisting people for Primary Health Care services according to the attributions defined within the SUS, it is a field of practice for internships, extension and other activities, as a means of integrating teaching and service for undergraduate students of health care courses and residency programs in primary care and family health. This unit is composed of 3 Family Health Strate-

gy (FHS) teams with assigned areas and populations.

Data collection was carried out between April and May 2021 in an office room at the USE Dr. Antônio Vieira, carried out by three researchers from a higher education institution in the countryside of Pernambuco. There was no type of relationship established with the participants before the collection. It was developed through two stages, the first stage being a specific nursing consultation for the climacteric, carried out with the presence of two researchers, consisting of anamnesis and physical examination subsidized through a nursing history based on Dorothea's Self-Care Theory. Pray, containing questions about their general physical, biopsychosocial, spiritual and environmental status, including questions about symptomatology, in addition to health education on the biological cycle, and prescription of nursing care. The women attended based on the appointment made by the nurse of each team through the invitation made by the community health agents (CHA).

In the second stage, to produce the data obtained, 7 interviews were carried out with another researcher who was not present during the consultation, a semi-structured questionnaire was applied to the women who had participated in the nursing consultation. The consultation and the interview took place in order to ensure impartiality and avoid influence, so that the nursing consultation performed by the research authors did not influence the second stage. The interviewing author did not participate at the time of the consultation.

At this time, all care with the health restrictions to prevent the new coronavirus / COVID-19 pandemic was taken into account, so that preventive measures were used such as: use of masks by all those involved in the interview, alcohol in gel, social distancing and use of individual pens. There was no one

else present besides the researchers and participants.

To intentionally define the number of subjects interviewed, data saturation sampling was used in order to stop the



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inclusion of new participants. As soon as the data that were collected showed redundancy, according to the researchers, it was understood that there was already understanding for the phenomenon studied and investigated. (8)

The script used during the interview was formulated with 2 questions previously prepared in order to achieve the objective of the study, namely: "For you, what has it been like to experience the Climacteric phase?" and "Describe how the climacteric consultation performed by Nursing was for you".

The participants who accepted to participate in the research were chosen based on the inclusion criteria: female women, aged between 45 and 55 years, users of the USE Dr. Antônio Vieira and who were experiencing the signs and symptoms of climacteric. Exclusion criteria were: women of childbearing age, who did not present signs and symptoms of climacteric, women who were experiencing the climacteric phase who were not using the Dr. Antônio Vieira USE, women outside the recommended age group for inclusion in the research.

Content analysis was used in the thematic modality proposed by Bardin, through audio recording and transcription of the interviews, pre-analysis with superficial reading and initial organization of the material; reading with depth and exploration; data encoding; data processing and interpretation. Transcripts were not returned to participants for possible comments and/or corrections. (9)

In order to categorize the results and maintain confidentiality, a list of 25 names of flowers that served as codenames for the research participants were provided during the interview. The codenames chosen were: Rose, Acacia, Lily, Tulip, Orchid, Jasmine and Lavender.

## RESULTS

The study consisted of 07 participants, with a mean age of 49 years, belonging to the city of Caruaru-PE, who had symptoms of climacteric, and were assisted by the Dr. Antônio Vieira School Unit. Three of these women declared

to be married, 01 in a stable union, 01 single and 02 divorced/separated. All reported having children, most considered themselves to be housewives and brown, only one self-declared to



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be white.

From the analysis of the interviews carried out, it was possible to describe the perceptions regarding the following categories: 1. The climacteric is a dif-

ficult phase due to the symptoms, lack of knowledge and a feeling of incomprehension; 2. Need for family support to overcome the climacteric phase; 3. The nursing consultation generates knowledge and security, meeting the needs of climacteric women.

#### **CATEGORY 1 - Climacteric is a difficult phase due to symptoms, lack of knowledge and a feeling of incomprehension.**

It can be seen through the interviews that the difficulty, the lack of knowledge and the feeling of not being understood are common among women who go through climacteric, according to the following reports:

This phase of mine is bad, right? Because I have a lot of health problems and I don't have a doctor [...] my problem is the health I don't have. With these symptoms, the spine, the herniated discs, which I never get surgery, with this heat, which is close to menopause, right? (ROSE).

[...] It's a little difficult. A little difficult like that, because of the changes, right? The change in hair that falls out, in self-esteem, in feeling a little, is already reaching adulthood, isn't it? older, that's what I felt. (LAVENDER).

[...] it's been a while, at first I was worried [...] I didn't know for me it just existed, it existed, but I didn't know what it was. (JASMINE).

[It is observed that the lack of knowledge about the climacteric generates in women who experience it a feeling of difficulty, presenting as suspicion of diseases, such as illness and misunderstanding of themselves as a body and biological changes.]

#### **CATEGORY 2 - Need for family support to overcome the climacteric phase.**

In view of the analyzed speeches, the lack of support that women feel from their families was noticeable, since it is a phase considered difficult for the vast majority, so that apathy and absence of relatives ends up becoming a determining factor for resistance and difficulty in overcoming the phase:

I don't feel so bad, what I think is bad is that it affects them, so my daughter, my son-in-law, my husband that "they understand", but very little, so I feel alone in this, you know? (LILY).

[...] more difficult for me because it's a phase I'm going through, and as in the gravity that I'm far from my children [...] I live alone, right? the oldest, a matter of work and college, and the youngest because he is with his father (ACÁCIA).

[...] at home, it's... complicated, I live with two elderly people at home and it complicates my health a lot, you know? If it weren't for my marriage, I'd live well, I don't have stress, I don't have a problem with my marriage, I don't have a problem with my children, thank God" (ROSE).

[...] but I'm looking for something to clear my mind, to forget... it was Friday, I was like this... kind of irritated, then my daughter said: "Mainha, are you going to walk?" I said "yes, I'm going", "oh mainha, don't go, no", and I said: "I have to go, I have to go", I took a quick shower, put my clothes on and left, I run a little, then I go up a hill. [...] I have a friend that he walks with me, so we always talk about health, above all, sometimes he has a problem, then he



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vents to me, sometimes I have a problem, then I vent to him, then we are always walking there, but talking, then it helps him and it helps me too (TULIP)

[The climacteric is a phase little known by the general population, and can be considered as a neglected stage in a woman's life, through studies and research it is possible to report how

much it affects physically, physiologically and mainly psychologically. (7) Many participants reported not feeling support and empathy from their family, which fits the premise that insufficient knowledge within society about climacteric has negative impacts on accepting the experience of this physiological stage.]

**CATEGORY 3 - The nursing consultation generates knowledge and security, meeting the needs of climacteric women.**

It was evidenced through the interviews that the Nursing Consultation has the possibility of favoring the change of perspectives, views and understandings about the female cycle studied, as a way of establishing security and confidence to generate knowledge with regard to the climacteric, as it was reported:

[...] I really liked the service... The patience, the step-by-step explanation, everything straight... I thought the explanation was good, because I also had a doubt, because it's been a long time since I was directed to this issue here, the climacteric and then the menopause, then I thought it was good, I thought it was very productive for me, and there are these indications here, this nursing prescription here was great, what to see, it's something I don't forget, these things, this self-care (TULIP).

[...]I really liked his service, the consultation, anyway, right? works like this with responsibility, seriousness, I liked his service [...] and so, it was interesting because it seemed that everything I was saying to him was really what I had, it even seemed that I had studied the subject with him, hahahahaha (ORCHID).

Since it started now, from now on it's, that, I know that there are several phases of people's lives, and my phase has arrived, right?, not that I have reached the end as she said, right? I'm too young, yeah, I've got to take better care of myself (JASMINE).

[Nursing consultation based on a theory, supports care to solve difficulties, and consequently allow the improvement of quality of life to be something positive in personal identity and in the process of autonomy for care. It also allows that biological phases little debated and known, such as the climacteric, be experienced in a milder way.]

**DISCUSSION**

The climacteric is a physiological period present in the life of the majority of the female population, originating from the Greek, Kli-makter-eros, which means critical point, normally begins between the ages of 45 to 55 years, according to the Ministry of Health. (2) Also known as the transition phase between reproductive and non-reproductive life, it is characterized by the moment when there is a drop in hormone production and consequent physiological changes, not being mandatory and equal for all these women.

Living with the symptoms is difficult and for theorization, it is necessary to understand that females are born with the ability to reproduce, that is, during their embryonic formation the ovary already has thousands of follicles, that are essential for fertilization, after undergoing maturation processes, which will begin with the release of FSH (follicle stimulating hormone) during adolescence. (3)

In order to understand the climacteric in a physiological way, it is necessary to understand that, for menstruation, a cascade begins that begins in the

hypothalamus, which will stimulate gonadotropin-releasing hormone (GnRH), this hormone stimulates the anterior pituitary, that is, adenohypophysis, to induce two other hormones, FSH and LH (luteinizing hormone), with FSH being released in greater quantity at the beginning and in a pulsatile manner. The latter will stimulate the ovary to mature the follicle and produce estrogen. The role of FSH is to stimulate the growth and development of the oocyte to be ready for fertilization. (11)

With each ovulation, the woman loses more follicles, when there is a large decrease, but not yet the end of them, the climacteric will begin, thus, according to Alcantra et al., (12) the function of producing estrogen is reduced and there is a gradual increase in FSH and LH to try to compensate and there is still stimulation of ovulation, so there are still possibilities of getting pregnant.

During this stage, many changes occur, such as the hypertrophy of some organs linked to estrogen, namely: uterus, ovary, breast, vagina, etc., altering body functions and causing some symptoms such as flushing, feeling of heat, especially in the upper body, pain and spine problems. In addition to the risk of developing some diseases such as osteoporosis, since the hormone plays a role in bone growth through receptor binding, as emphasized by Garcia. (12) It is up to the nursing professional to adopt non-pharmacological or hormonal strategies to institute natural therapies in order to minimize these impacts.

The physiology, which is characterized as part of the understanding of bodily, hormonal and biological changes, is something that in the nursing consultation must be identified at the beginning. The nursing consultation becomes a major factor for a holistic view and comprehensiveness in health care, especially in this biological female cycle, assured in what Cliveralo

et al. (4) affirms about the importance of the nursing consultation, of being a tool not only for the individual, but for the family and community, integral support to assist, to know how to listen, and to be a multi and interprofessional bridge, a source of strategy for decision-making.

From the perspective of the women interviewed, it is a so-called sensitive and quite delicate phase, in which there is a need for self-knowledge and consequent self-care and this is a concept widely used by nurses, because it seeks to rescue and/or bring autonomy to the individual, influencing their empowerment and future decisions, which will slightly affect their quality of life. For the theoretical Orem, self-care is a practice of actions performed by the individual, aiming at his well-being and health, reverberating in better health conditions, encompassing the activity of self-care and the therapeutic requirement. (8) The nursing consultation instrument was created in accordance with Dorothea Orem's theory of self-care, thus making it possible to find the care deficit in the target population and thus identify possible gaps in the system so that good health practices can be encouraged.

According to Banazeski, (14) the nursing consultation for climacteric is something idealized by nursing professionals, recognized as a concrete action to address the health of this population, as well as creating and strengthening a bond between women and professionals so that their complaints, doubts and concerns can be discussed. Also attributing to the climacteric nursing consultation a potential to contribute to autonomy, self-esteem, knowledge of duties and rights, science of symptoms and signs, in addition to seeing the nurse as a professional responsible for practices and knowledge, care actions and sensitization of these women to the natural vision of the biological process of transition and senescence.

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The symptoms and/or signs may present themselves in different intensities depending on biopsychosocial, cultural factors and especially the health of each woman. Hot flashes, cold sweats, insomnia, sadness, emotional instability, changes in fat accumulation, changes in sexual habits, a common decrease in libido, changes in the skin and in the distribution of body fat stand out. (2) The sexuality of climacteric women is still treated with a lot of prejudice, either by them or by their partners, given that there are many myths and taboos related, mainly, to the mental state. When the moment comes

when there is the end of reproducibility, there is usually a distorted view of oneself, since for a long time in our society women were seen only as a means of reproduction, in addition to the changes in the body and lubrication that make the woman uncomfortable, these are stigmas that need to be broken and worked on constantly.

Since the climacteric occupies a certain time in a woman's life, sufficient attention must be given during this period, as evidenced by Carneiro et al. (15) in which there may be physiological changes that may impact changes in some aspects of their life, evidencing the importance of information and health education actions by nursing in this period. Nurses can play a fundamentally important role in a way that can help these women somehow get rid of the fears and taboos that exist in society, with health education and quality care.

An important factor is the support offered by relatives and relatives of the climacteric woman in the face of coping with symptoms and physiological changes or not. According to the analysis of reports, in the speech of the interviews, the lack of support that is present in their lives was evident, causing social isolation even within their own home. Many reported a preference to avoid telling other people what they are feeling, because according to them, they are not taken seriously. Family support has full influence on how the woman will live this phase, it has the power to transform the climacteric into a less difficult period, through words of affection and understanding. (16) This factor is also caused by the lack of disclosure and knowledge about the climacteric, it is easier to deal with and support a person when you know the phenomena, which generates greater empathy.

The National Policy for Integral Attention to Women's Health (PNAISM) has as its main purpose to attend and

provide assistance to the female population in general, taking into account the existing inequities of each specific community. It also brings the elaboration of a program that works focused on educational, preventive, diagnostic, treatment and recovery strategies and actions, bringing a wide assistance to women in gynecological consultations, in prenatal, childbirth and puerperium and in climacteric, etc.(1)

Brazil has approximately 213 million inhabitants, according to data from the Brazilian Institute of Geography and Statistics (IBGE) in 2021, the female population is equivalent to 51.8%, the projection data for the same year of the female population between the 45 to 55 age groups is 6.50%, according to data released by the same institute. (17) This shows that this percentage of the female population may be suffering from the inadequate management of assistance to women in climacteric, bringing negative consequences to their experience and quality of life.

It is understood that the climacteric as a phase of the female biological cycle is not being seen in nursing care. So that women who fit into this condition do not recognize the importance and the phase they experience. This, because of the shame of the symptoms and signs they experience, for relating to menopause, and not realizing the need for systematic and quality nursing care. Therefore, it is necessary to devise strategies to educate in health, providing active health care, in order to fully implement its specificities, as well as improve the quality of life. (7)

Access to the SUS by women in the climacteric phase is little portrayed, and even less discussed. The profile of users in this cycle is of women who have the climacteric syndrome with biopsychosocial difficulties, evidenced by the biological phase transition. The Ministry of Health offers theoretical-scientific means through the National

Policy for Integral Attention to Women's Health in its Primary Care Protocols, with a view to subsidizing the multi professional team, especially nurses, so that in their consultations they can provide knowledge and care actions on the subject. In this way, it will competently and safely meet the needs of women at

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this stage, as stated in the 3rd category of this study. Therefore, it will play a leading role in the implementation and implementation of qualified strategies in health care for the population. (2,18)

When consulted in order to specifically target climacteric care, women showed positive feelings about the approach, qualified listening and nursing prescription, which was made with the aim of providing information and some non-pharmacological methods for symptom relief. It is clear that the climacteric consultation is a potentiating agent of well-being and mental relief, since many report the feeling of loneliness and lack of understanding, as already mentioned. Using this consultation is to offer comprehensive health to women in all its stages, in addition to providing learning through health education and encouraging self-care. (19)

It is worth mentioning the existence of a manual especially focused on the climacteric, elaborated in 2008 entitled *Manual of Attention to Women in Climacteric/Menopause*, is characterized as an important tool to guide assistance aimed at specific citizens and should be used by health professionals for this purpose, in order to improve and cover their assistance in a universal, integral, holistic and humanized way, achieving the goals of the SUS.(20) Even with a critical eye, theoretical reinforcements are needed by the Programs to update and innovate these theoretical-scientific supports that subsidize the means of access to these populations.

The target audience showed little or almost no importance to the climacteric consultation when invited by the nurses of the team, seeking care only if there were gynecological consultations, this generated some difficul-

ties, such as the desire to participate. Because it is little known and discussed, climacteric ends up being synonymous or confused with menopause by professionals and women, many of them seeing the different phases as one.

Considering that there is no routine of specific consultations for climacteric, the researchers themselves carried out the nursing consultation, drawing up a history of their own following all the norms of the nursing process and limiting themselves to the actions known and studied by them, due to the absence of municipal or state protocols.

## CONCLUSION

The development of the study made it possible to better understand how women are able to see the nursing consultation during the climacteric period, as well as how this transition cycle interferes in the daily life of each one of them. In order to demonstrate that the symptoms and lack of support, and the need for concrete actions by nursing professionals, make this period a very difficult part, requiring specialized attention and focused on interconnected factors.

Most of the women in this research reported that the climacteric is a difficult phase and that the signs and symptoms generate great discomfort, causing problems that can lead to anxiety or other psychological disorders. It was still possible to show how comfortable they feel when heard during the climacteric consultation, showing gratitude and interest in subsequent consultations. With the opportunity of consultations, women feel contentment, security, knowledge, opportunity

to perform their self-care, and see the realization of this practice as something positive and reliable for the discussions brought by them when they experience the climacteric.

As a cycle little worked in the scope of health care, the climacteric is little known. This contrast contributes to making the difficulties encountered even greater, as there is a lack of understanding on the part of the woman herself and the population in general. Therefore, there is a need for studies in this area, so that it is possible to implement climacteric consultations in Primary Health Care (PHC) by the multidisciplinary team, in order to provide a better quality of life and demystify this physiological phase present in the lives of all women.

The nursing consultation becomes an important means for assisting neglected biological cycles in health, such as the phase studied, capable of solving problems and indulgences brought by the assisted population itself, and mainly, to educate in health, so that aspects brought in these studies as; autonomy, self-care and emancipation is something present in women who go through this phase. It is a strategy capable of preventing injuries and promoting health in the proposed holistic dimensions, especially when the nursing professional is subsidized by the competence of doing.

It is necessary to disseminate and encourage the importance of this practice, which is strictly reserved for nurses, the nursing consultation, by managers in health care networks, so that opportunities and health care for these women occur through the application of light technologies and primary resources in the Public Health System.

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