



THE BOND IN THE TREATMENT OF TUBERCULOSIS IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW

O vínculo no tratamento da tuberculose na atenção primária à saúde: uma revisão integrativa

El vínculo durante el tratamiento de la tuberculosis en la Atención Primaria de Salud: una revisión integrativa

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ABSTRACT

Objective: To describe how the bond has contributed (or not) to the management of Tuberculosis (TB) care in Primary Health Care (Atenção Primária à Saúde - APS). **Methods:** This is an integrative review of the literature, carried out in the Latin American and Caribbean Health Sciences (LILACS), International Literature in Health Sciences (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus and Web of Science databases, from complete scientific articles and open access, published between 2009-2019 in Portuguese, English, and Spanish languages, as well as those that, in their results, addressed aspects related to the thematic of the study. **Results:** 151 articles were selected in the databases, of which 134 were excluded because they did not meet the previously established criteria, and 17 scientific articles were chosen at the end to be read and analyzed in their entirety. Potentiating and hindering elements were identified for the construction, establishment, and strengthening of the bond in the management of TB in APS. **Conclusion:** This review points out the need for new discussions on the subject, through the identification of bottlenecks in the organization and performance of health services, aiming at the implementation of integrated and intersectoral actions, from the understanding of aspects that make it difficult to reorientation practices and service offerings, intending to build a new paradigm of care for TB patients.

Descriptors: Tuberculosis; User Embracement; Professional-Patient Relations; Health Services Research; Primary Health Care.

RESUMO

Objetivo: Descrever como o vínculo tem contribuído (ou não) para o manejo do cuidado da tuberculose (TB) na Atenção Primária à Saúde (APS). **Métodos:** Trata-se de uma revisão integrativa da literatura, realizada nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Literatura Internacional em Ciências da Saúde (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus e Web of Science, a partir de artigos científicos completos e em livre acesso, publicados no período entre 2009 a 2019, nos idiomas português, inglês e espanhol, bem como aqueles que, em seus resultados, abordassem aspectos relacionados à temática do estudo. **Resultados:** Selecionaram-se 151 artigos nas bases de dados, dos quais se excluíram 134 por não atenderem aos critérios previamente estabelecidos, contabilizando, ao final, 17 artigos científicos para serem lidos e analisados na íntegra. Identificaram-se elementos potencializadores e dificultadores para a construção, estabelecimento e fortalecimento do vínculo no manejo da TB na APS. **Conclusão:** Esta revisão aponta a necessidade de novas discussões acerca da temática, por meio da identificação dos pontos de estrangulamento na organização e desempenho dos serviços de saúde, objetivando a implementação de ações integradas e intersetoriais, a partir da compreensão de aspectos que dificultam a reorientação de práticas e ofertas de serviços, tendo em vista a construção de um novo paradigma de cuidado aos doentes de TB.

Descritores: Tuberculose; Acolhimento; Relações Profissional-Paciente; Pesquisa sobre Serviços de Saúde; Atenção Primária à Saúde.



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RESUMEN

Objetivo: Describir cómo el vínculo ha contribuido (o no) para el manejo del cuidado de la tuberculosis (TB) en la Atención Primaria de Salud (APS). **Métodos:** Se trata de una revisión integrativa de la literatura realizada en las bases de datos Literatura Latino-Americana y del Caribe en Ciencias de la Salud (LILACS), Literatura Internacional en Ciencias de la Salud (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus y Web of Science a partir de artículos científicos completos y de libre acceso publicados en el período entre 2009 y 2019 en los idiomas portugués, inglés y español así como aquellos que incluyeran en sus resultados los aspectos relacionados con la temática del estudio. **Resultados:** Se han elegido 151 artículos de las bases de datos de los cuales 134 han sido excluidos por el no cumplimiento de los criterios establecidos lo que llevó a un total final de 17 artículos científicos para la lectura y el análisis del texto completo. Se han identificado los elementos facilitadores y dificultadores de la construcción, el establecimiento y el fortalecimiento del vínculo para el manejo de la TB en la APS. **Conclusión:** Esa revisión señala la necesidad de nuevas discusiones sobre el tema a través de la identificación de los puntos de estrangulación de la organización y el rendimiento de los servicios de salud con el objetivo de implementar acciones integradas e intersectoriales a partir de la comprensión de los aspectos que dificultan la reorientación de prácticas y ofertas de servicios para la construcción de un nuevo paradigma de cuidado para los enfermos de TB.

Descriptor: Tuberculosis; Acogimiento; Relaciones Profesional-Paciente; Investigación sobre Servicios de Salud; Atención Primaria de Salud.

INTRODUCTION

Tuberculosis (TB) persists as a serious public health problem, contributing to the situation of inequality and social exclusion⁽¹⁾. Even though it is treatable and curable, unfavorable outcomes in treatment are still observed, such as death, favoring the position of the leading cause of death among infectious diseases worldwide⁽²⁾, and abandoning treatment, considered one of the most challenging aspects of disease control⁽³⁾.

As it has the role of ordering and coordinating care in Health Care Networks (*Redes de Atenção à Saúde - RAS*) for chronic conditions, such as TB, APS services are responsible for articulating and strengthening the bond with the population of its assigned area. Besides, as it is considered as the preferred gateway for the user in the health system, it must be able to act in the management of the weaknesses of the resolvability of actions to control the disease^(4,5).

Longitudinality is one of the essential attributes of APS and is related to the establishment of bonds and co-responsibility in the relationships between professionals/staff/health unit and users/family/community, regardless of the presence of injuries. Since embracement is fundamental for the creation of bonds, weaknesses in access to health services, diagnosis, stigma towards the disease, treatment, and monitoring by professionals affect this attribute, limiting the performance and provision of health services⁽⁶⁻⁸⁾.

The bond is one of the dimensions that allow analyzing how TB management has been carried out in APS. It, therefore, becomes an essential tool for health promotion and disease prevention, as well as for adherence and continuity of treatment. In addition to health education, they are fundamental instruments for monitoring TB, as they provide an exchange of dialogue and autonomy during treatment⁽⁹⁾, directly influencing the success of the outcome and control of the disease⁽³⁾.

In the scope of collective health, the analysis of the elements that empower and hinder the construction, establishment, and maintenance of the bond help with the development of public policies, individual and collective skills and reorientation of services aiming at health promotion, to guarantee the effectiveness of this essential attribute in APS.

Therefore, taking into account the need to include a humanized approach between health professionals and users, by listening to knowledge, doubts, anxieties, and identifying vulnerabilities, this review aims to describe how the bond has contributed (or not) for the management of TB care in APS.

METHODS

This is an integrative literature review, carried out in May 2019, through a survey in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), International Literature in Health Sciences (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus and Web of Science, aiming to identify and synthesize the scientific studies published in the national and international scenario.

To guide this review, the following question was formulated: “how has the bond contributed (or not) to the management of TB care in APS?” For that, search expressions were used through the association of descriptors indexed in Health Sciences Descriptors (DeCS) and Medical Subject Headings (MESH): “Tuberculosis”, “embracement”, “professional-patient relationship”, “research on health services”, “health service evaluation”, “Primary Health Care” and “Family Health Program”, with the use of Booleans “AND” and “OR” (Figure I).

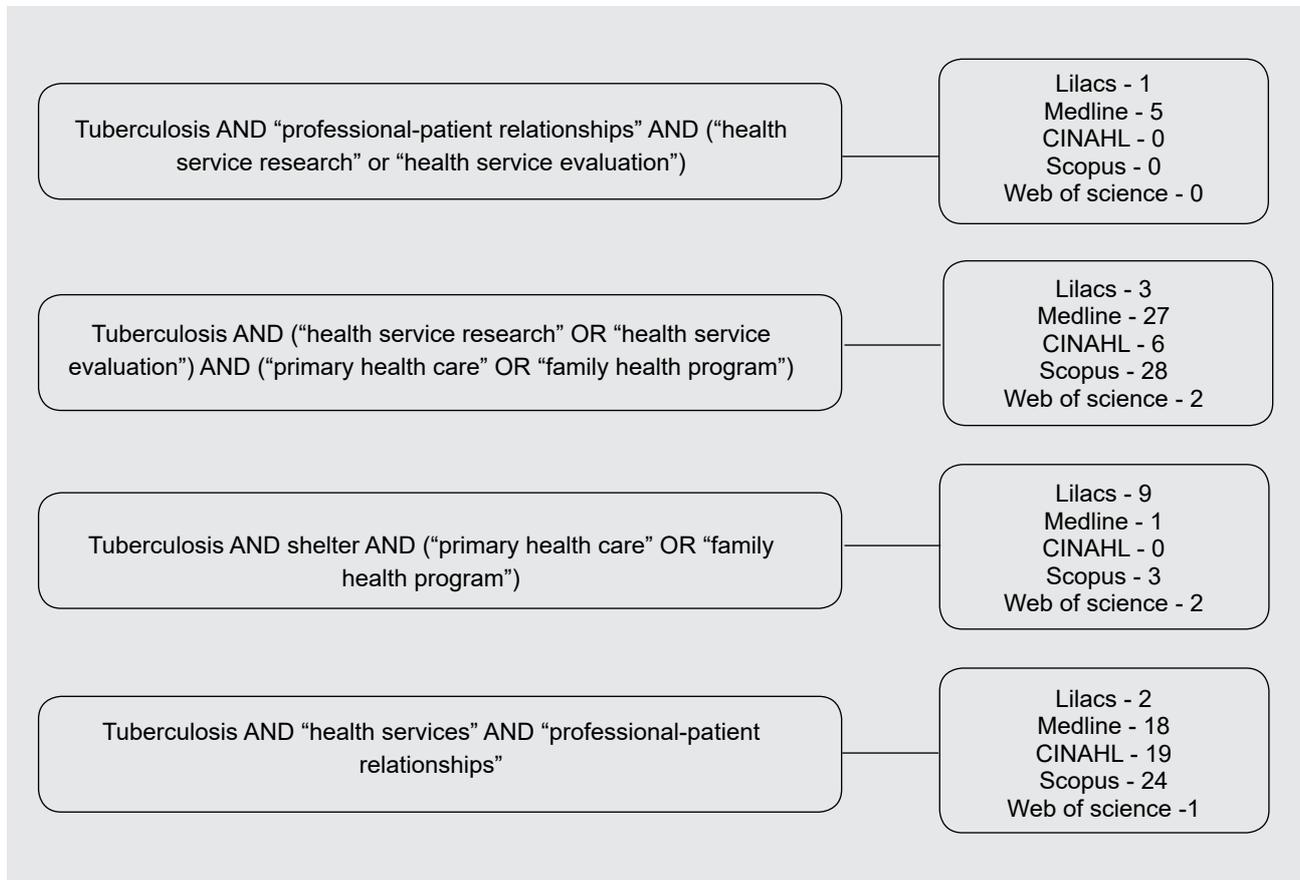


Figure I - Search expressions and results of the scientific article selection process, according to each database used.

The selection of studies involved two independent researchers, with the possibility of a third researcher, in case there was disagreement in the selection of articles. As inclusion criteria, we opted for fully open access scientific articles published between 2009 and 2019, in Portuguese, English, and Spanish, as well as those that, in their results, addressed aspects related to the theme of the study. Duplicate articles, review articles, theses, dissertations, monographs, editorials, reflection or debate articles, letters, and manuals were excluded.

The categorization of the and the analysis of the results found will be presented in a table containing the authors, year / place of the study, and the potentializing and hindering elements the bond in the management of TB.

RESULTS

By searching the databases 151 articles were found, 134 articles were excluded - 82 because they are not freely accessible, 25 because they are duplicated, 15 for not discussing aspects related to the study theme, eight for being out of the previously selected period, one for not being complete, one for being in French, one for being a thesis, and one for being a literature review.

Therefore, after searching the literature for peer reviewers, in the end, 17 scientific articles were selected to be read and analyzed in full (Figure II).

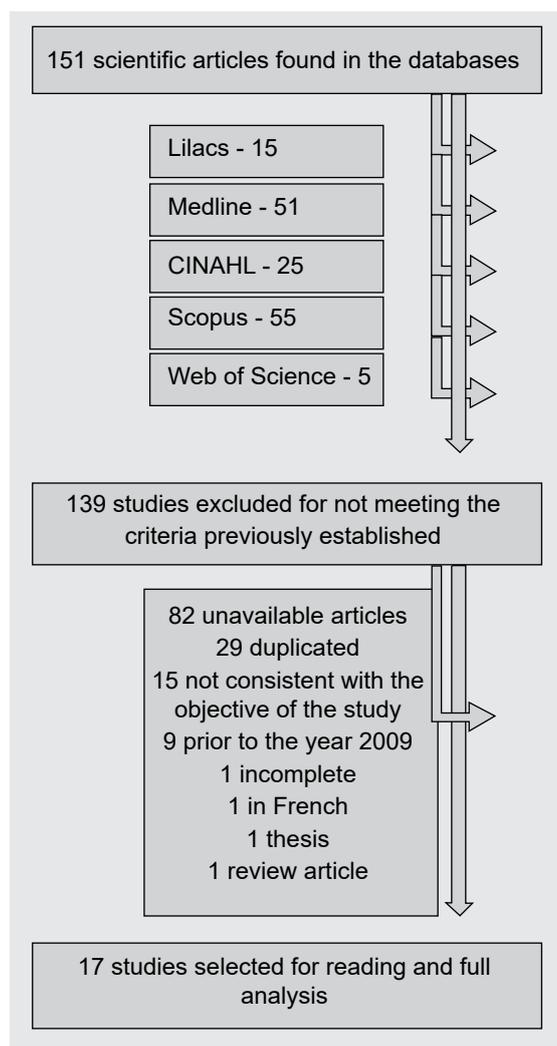


Figure II - Steps in the selection process of scientific articles for the integrative literature review.

Most of the selected articles were in the Portuguese language (52.9%), had been published in 2017 (23.5%) and produced on the national scenario (82.3%), with the state of São Paulo and Paraíba being the most greater production, with five and three studies, respectively, which demonstrates the growing interest in the theme of the assessment of APS dimensions, especially the bond, since it constitutes a structuring element in TB care and control (10), contributing to the improvement of the organization and performance of health services.

There was a predominance of studies with a quantitative approach (82.3%). As for the type of study, descriptive (35.4%), operational (17.8%), ethnographic, evaluative, cross-sectional, and ecological surveys (11.7%) were observed. And, in relation to the classification of studies according to the level of evidence, adopting the proposal by Melnyk and Fineout-Overholt⁽¹¹⁾, it was found that all presented strength of evidence VI, which refers to the only descriptive or qualitative study.

Most studies identify that they constitute elements that enhance and contribute to the bond in the management of TB: guidelines regarding the disease, treatment, side effects, and other health problems; be attended by the same professionals; health education; the operationalization of the Directly Observed Treatment (DOT); Home Visits (HV); qualifications and training of the interdisciplinary health team; the family and social support network; the supply of inputs and incentives, the importance of Community Health Workers (*Agente de Saúde Comunitário - ACS*); as well as the articulation with other health services (Chart I).

The stigma of the disease; social and psychological problems during treatment, such as drug and alcohol use; difficulties in accessing TB diagnosis and treatment; destructuring; fragmentation of services; and failures in the referral and counter-referral system are cited as elements that hinder and do not contribute to the bond in the management of TB (Chart I).

Chart I - Results of the articles in this review, according to the authors, year, place of study and the potentializing and hindering elements the bond in the management of tuberculosis.

Author	Year/ place of study	Bond in the management of tuberculosis	
		Potentiating elements	Difficult elements
Neves et al. ⁽³⁾	2016/ Brazil	Be assisted by the same professionals; understanding, clarity and clarification of TB patients' doubts by professionals; proximity between the patient's home and the health unit; embracement by the health team.	Difficulties in accessing diagnosis and treatment; prioritization of TB signs / symptoms to the detriment of other health problems; lack of HV; long wait for care in health units.
Pinheiro et al. ⁽⁶⁾	2017/ Brazil	Accountability for the health of the group of people living in a given area, regardless of the absence or presence of the disease.	Prejudice on the part of professionals; difficulties in accessing exams, consultations and treatment, as well as failures in the referral and counter-referral system.
Alves et al. ⁽⁷⁾	2016/ Brazil	Guidelines to reduce doubts and fears about the disease; constant need for updates and training for health professionals; expansion of decentralized services; implementation of DOT, strengthening of teamwork and optimization of reference and counter-reference.	Lack of confidence in professionals by TB patients to correctly explain the procedures, making their words safe.
Andrade et al. ⁽⁹⁾	2016/ Brazil	DOT; self-care in health and support in health education; family support and participation.	Predominance of a fragmented health model; Lack of involvement with support groups and specialized professionals such as psychologists and social workers in the health unit itself to welcome the TB patient; drug and alcohol use.
Figueiredo et al. ⁽¹⁰⁾	2011/ Brazil	Be assisted by the same professional; information by professionals about the correct use of therapy, possible side effects and risks; operationalization of the DOT; training of health professionals.	Stigmatizing character of the disease; emotional disorders such as depression, aggression and isolation
Lewis, Newell ⁽¹²⁾	2009/ Nepal	Accessible and supportive health team to discuss problems that arise during treatment; flexibility in treatment so that basic activities continue; improved communication; health education about TB with the patient's family.	Social and psychological aspects during treatment; lack of information to the patient and family about the disease, treatment and possible side effects; feeling of isolation by the family; stigma of the disease by the community in general.
Chhea, Warren, Manderson ⁽¹³⁾	2010/ Camboja	Safety and recognition at work, training opportunities, flexible work environments and subsidies for health professionals.	Fragmentation in access to diagnosis and treatment.
Ponce et al. ⁽¹⁴⁾	2011/ Brazil	Be attended by the same professional; effective communication with a focus on the subjectivity of the patient; information about the therapeutic regimen.	Uninformed
Rocha, Adorno ⁽¹⁵⁾	2012/ Brazil	Importance of ACSs through family contact and greater openness to listen to the discomfort and anguish of patients; family or social support network; frequent monitoring, support, understanding towards difficulties faced, conditions and accessible information.	Socially imposed distance between the patient and the professional; flaws in the guidelines on the disease and its treatment; disruption of health services; lack of establishing a relationship of trust and reciprocity; concern only with the medicalization and clinical and epidemiological characteristics of patients; posture and authoritarianism of health professionals; drug and alcohol use; stigma of the disease.
Marqueviz et al. ⁽¹⁶⁾	2013/ Brazil	Training and qualification of health professionals in the management of TB; support for associated social issues.	Uninformed
Kielmann et al. ⁽¹⁷⁾	2014/ Índia	Establishing trust as a crucial element that sustains collaboration between actors; DOT.	Uninformed

Souza et al. ⁽¹⁸⁾	2014/ Brazil	Affordable services, cost effective, functioning integrated and based on the health needs of the person, family and community; nursing in the conduct of DOT; interdisciplinary team work; role of the ACS.	Drug addiction, alcoholism, family crises and other social problems; insecurity in the employment relationship and few spaces for qualification in the perspective of Permanent Health Education by health professionals.
Balderrama et al. ⁽¹⁹⁾	2014/ Brazil	Structure of health units; longer working hours and lower turnover of health professionals; supply of inputs; adequate laboratory flow; continuous training of health professionals.	Work overload of health professionals.
Clementino, Miranda ⁽²⁰⁾	2015/ Brazil	Family Health Unit as a gateway, promoting access to users, with early diagnosis of TB and supervision of treatment through the HV; supportive listening; joint work between the patient and his family; organization of the health team.	Difficulty of access; economic and social difficulties; disease stigma; focus on health care by professionals still centered on medical knowledge; there is practically no space for dialogue and knowledge construction; distancing health professionals from their role as educators.
Furlan, Santos Júnior, Marcon ⁽²¹⁾	2017/ Brazil	Access and reception in services; assistance and clarification of doubts by the same professionals; understanding and clarity in responses to TB patients; assistance by the professional nurse; knowledge of the user's reality and life context; DOT; articulation with other health services.	Unpreparedness by nursing professionals to deal with patients' subjectivity; being on the street; use of illicit drugs; work overload of health professionals; hegemonic and fragmented health model.
Wysocki et al. ⁽²²⁾	2017/ Brazil	Decentralization of TB control actions in APS; individual guidelines on the disease for the education and empowerment of TB patients.	Weaknesses in the involvement of professionals in control actions; centralized verticalization of actions in APS; professional turnover; weaknesses in the professional training process and strategies for monitoring TB control actions; disarticulation of health care points.
Arakawa et al. ⁽²³⁾	2017/ Brazil	DOT; incentives such as basic food baskets, breakfast and transportation vouchers; HV.	Weaknesses in the public health system regarding health care.

ACS: Community Health Workers; APS: Primary Health Care; TB: Tuberculosis; DOT: Directly Observed Treatment; HV: Home Visits.

DISCUSSION

The literature addresses that TB control actions have been taking place in a decentralized way within the APS^(6,16,22) and that it is up to the Family Health Strategy to provide access, embracement and assistance for users, taking into account the context of insertion of the Family Health Team, integrated and based on the health needs of the person, family, and community^(7,10,18).

This reinforces the importance of training and strengthening bonds and co-responsibility - essential to encourage the promotion and prevention of the disease, as well as adherence to TB treatment, which must include the other dimensions that integrate the APS perspective: access, the gateway, the list of services, coordination, focus on the family, orientation to the community and professional training⁽²⁴⁾; since it allows professionals to have an integral view of the patient and the context in which he/she is inserted, which, associated with DOT, allows obtaining favorable outcomes.

A study carried out in João Pessoa, Paraíba⁽⁶⁾, states that the longitudinality attribute, which is related to the bond with other elements, is flawed since there is still a search for services at other levels of care, lack of embracement and there is a stigma on the part of health professionals during the management of TB, which impairs the establishment of the bond and the continuity of care in APS.

The lack of constant updates and training is cited in the literature as a factor related to difficulties during management, such as sputum collection for the smear test, the guidelines and the reduction of anxieties and fears on the part of the TB patient⁽⁷⁾, as well as professionals to deal with the subjectivity of TB patients⁽²¹⁾, becoming

an essential tool to improve therapy and effectiveness of care, considering the repercussion of the disease in the individual's life, family, and community^(10,16).

A survey⁽¹⁷⁾ highlights the role of professionals in the front line in the management of TB in India, in which, compared to the Brazilian health system, they are similar to the role of ACS, responsible for establishing strands of work that range from counseling on lifestyle, the importance of continuing treatment, active search, monitoring of the DOT, to sharing the organizational practice and cultural production of the community^(15,18).

For the treatment to be successful, the entire Family Health Team must be committed to the performance of care activities, health promotion, and disease prevention, in addition to accountability for the community's health^(6,22), considering the TB patient as a singular and peculiar human being, but without losing sight of its family and social context⁽²⁰⁾.

Researches affirm the importance of the operationalization of the DOT for the construction of bond and favorable outcome of the treatment, since this strategy goes beyond the observation of the medication intake^(10,23), allowing for a less fragmented and reductionist approach⁽²¹⁾, especially by the nursing team, which stands out in conducting the DOT for its leadership, humanization, commitment, and health education actions⁽¹⁸⁾, providing a reduction in the risk of TB transmission in the community⁽⁹⁾.

Another strategy for strengthening the bond that is often mentioned in the literature concerns the home visits as a moment of integration of the team in the community and health promotion among the active and involved subjects in the management to control the disease⁽²⁰⁾, being a way of (re)know the reality and the social environment of the patient and his family⁽³⁾, thus facilitating accountability for the health of the population in the areas listed⁽⁶⁾ and the establishment of a relationship of trust and reciprocity for the management of the disease⁽¹⁵⁾.

The bond and health education are complementary and essential elements for the management of TB because they allow the exchange of knowledge, practices, and for providing more autonomy and co-responsibility to the TB patient⁽⁹⁾. The broader exchange of experiences, based not only on the biological and medication aspects of the disease, contributes to treatment adherence, continuity and success⁽¹⁴⁾.

Even though the diagnosis, treatment, and monitoring of TB is offered free of charge by the Brazilian Public Service, a study⁽¹⁵⁾ states that the management of the disease is often performed by untrained professionals, within an unstructured service, which does not favor the creation of the bond and highlights the need for direct monitoring by the APS health team to prevent the transmissibility of the disease and the abandonment of treatment, the latter being one of the obstacles to controlling the disease.

Disruption affects longitudinality and other APS attributes since TB control is linked to the improvement of services offered in the RAS, such as a reliable information system, expansion of decentralized care that allows the implementation of DOT, training of professionals, strengthening of teamwork and optimization of reference and counter-reference⁽⁷⁾ through shared management of TB cases.

Therefore, it appears that the operationalization and observance of the APS dimensions, especially the bond, is important to guarantee the results and quality of care for TB control, which surpasses barriers related to team involvement and professional training, permeating the overcoming weaknesses related to organizational aspects intrinsic to different scenarios and health services in the RAS^(6,22).

This review had as limitations the use of open access articles, considering that some results may not have been selected, and the minimum number of studies carried out in other countries, to the detriment of Brazil, which evidences a still fragmented look at holistic issues in TB management. Therefore, further studies are needed that include the results of the other APS attributes, to reframe the concept of a bond.

CONCLUSION

This study allowed the identification of potentializing and hindering elements for the construction, establishment, and strengthening of the bond in the management of tuberculosis. It pointed to the need for new discussions on the theme by identifying bottlenecks in the organization and the performance of health services, aiming at the implementation of integrated and intersectoral actions, from the understanding of aspects that hinder the reorientation of practices and the provision of services, intending to build a new paradigm of care for tuberculosis patients.

CONFLICTS OF INTEREST

The authors state that there were no conflicts of interest in carrying out this research.

CONTRIBUTIONS

Melisane Regina Lima Ferreira and **Alexsandra Araújo Santos** contributed to the preparation and design of the study; the acquisition, analysis and interpretation of data; and the writing of the manuscript. **Nathalia Halax Orfão** contributed to the acquisition, analysis and interpretation of data; and the writing of the manuscript.

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