

## Knowledge related to drug therapy among people with mental disorders

Conhecimento da pessoa com transtornos mentais sobre o tratamento medicamentoso

Conocimiento de la persona con trastornos mentales sobre el tratamiento medicamentoso

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**Abstract: Objective:** to identify knowledge about drug therapy among those people with mental illness. **Method:** cross-sectional observational research carried out with 300 people undergoing treatment at Psychosocial Care Centers in Curitiba, Paraná. Data were collected through structured interviews and by consulting prescriptions for medications in medical records. A descriptive and inferential analysis was performed. **Results:** the majority of participants had insufficient knowledge regarding the name of the drugs (64%), dose (91.9%) and frequency of administration (82.6%). There was an association between insufficient knowledge regarding drug therapy and the use of drugs for comorbidities, ignorance about the diagnosis, depression, advanced age, self-administration of drugs, alcohol consumption and misunderstanding information provided by nurses or psychologists. **Conclusions:** it is underscored that self-administration of medications, depressive disorders and use of medications for other health conditions may be related to the level of insufficient knowledge regarding their drug therapy; thus representing obstacles to adherence of medications.

**Descriptors:** Mental disorders; Prescriptions for medications; Patient's knowledge about medication; Mental health services

**Resumo: Objetivo:** identificar o conhecimento da pessoa com transtornos mentais sobre o tratamento medicamentoso. **Método:** pesquisa observacional transversal desenvolvida com 300 pessoas em tratamento em dois Centros de Atenção Psicossocial de Curitiba, Paraná. Os dados foram coletados por entrevista estruturada e consulta à prescrição de medicamentos em prontuário. Foi realizada análise descritiva e inferencial. **Resultados:** a maioria dos

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participantes apresentou conhecimento insuficiente quanto ao nome dos medicamentos (64%), dose (91,9%) e frequência de administração (82,6%). Houve associação entre conhecimento insuficiente sobre a terapêutica medicamentosa e uso de medicamentos para comorbidades, desconhecimento do diagnóstico, depressão, idade avançada, autoadministração dos medicamentos, consumo de álcool e informações fornecidas pela enfermagem ou psicólogos. **Conclusões:** destaca-se que, principalmente, a autoadministração de medicamentos, transtornos depressivos e uso de medicamentos para outras condições de saúde podem estar relacionadas ao nível de conhecimento insuficiente da terapêutica medicamentosa, representando possíveis obstáculos a adesão e uso seguro dos medicamentos.

**Descritores:** Transtornos mentais; Prescrições de medicamentos; Conhecimento do paciente sobre a medicação; Serviços de saúde mental

**Resumen:** **Objetivo:** identificar el conocimiento de la persona con trastorno mental sobre el tratamiento medicamentoso. **Método:** investigación observacional transversal desarrollada con 300 personas en tratamiento en Centros de Atención Psicosocial de Curitiba, Paraná. Los datos han sido recolectados por entrevista estructurada y consulta a la prescripción de medicamentos. Ha sido realizado análisis descriptivo e inferencia. **Resultados:** La mayoría de los participantes ha presentado conocimiento insuficiente cuanto al nombre de los medicamentos (64%), dosis (91,9%) y frecuencia de administración (82,6%). Ha habido asociación entre conocimiento insuficiente sobre la terapéutica y uso de medicamentos para comorbilidad, desconocimiento del diagnóstico, depresión, edad avanzada, auto-administración de medicamentos, consumo de alcohol e información provista por la enfermería o psicólogos. **Conclusiones:** Se destaca que la auto-administración de medicamentos, trastornos depresivos y uso de medicamentos para otras condiciones de salud pueden estar relacionadas al nivel de conocimiento insuficiente de la terapéutica medicamentosa, representando obstáculos de adhesión.

**Descriptor:** Trastornos mentales; Prescripción de medicamentos; Conocimiento del paciente sobre la medicación; Servicios de salud mental

## Introduction

Mental disorders are classified as a chronic and highly prevalent condition that affects people of all social classes and stages of life. The World Health Organization estimates that 650 million people worldwide have some mental disorder.<sup>1</sup> Regarding Brazil, these data are equivalent to approximately 3% of the population affected by severe and persistent mental disorders, requiring continuous or eventual mental health care. In addition, approximately 12% of the population, although they do not have severe mental disorders, nevertheless need some continuous or occasional mental health care.<sup>2</sup>

Mental disorders are characterized by the manifestation of important changes in the person's cognition, emotional regulation and / or behavior.<sup>1,3</sup> The person with mental disorder can present significant impairment of the perception of reality, in addition to difficulties with interpersonal

and family relationships, impaired performance in daily activities and loss of social involvement.<sup>4</sup>

<sup>6</sup> Consequently, these disorders are often associated with intense suffering and psychosocial disability.<sup>1,3</sup>

Therefore, mental health treatment requires a continuous process based on multiple interventions and multiprofessional care.<sup>6,7</sup> Among the various therapeutic modalities, medication stands out, as the rational and regular use of psychotropic drugs enabling the control of serious changes arising from mental disorder, contributing to physical and mental well-being, improvement in interpersonal relationships and a greater sense of security and self-control.<sup>4,7</sup> In addition, the control of symptoms through the use of psychotropic drugs, favors the effective participation of the person in psychosocial treatment, helping in social reintegration and in their autonomy as a citizen.<sup>6,7</sup>

However, in order to achieve its therapeutic potential, it is essential that the person uses the medication on a regular basis.<sup>8-9</sup> Among the several factors that contribute to irregular use of the psychotropic drug, the level of knowledge that the person presents of the prescribed medication stands out, considering that lack of knowledge about the dose, times and frequency of administration can result in irregular and inappropriate use.<sup>7,9</sup>

In addition, lack of knowledge about the therapeutic indication of psychotropic drugs, side and adverse effects and medication regimen can lead patients to question the real effectiveness and importance of their treatment. In turn leading to a lack of motivation and even deciding to change the therapeutic regimen according to their own criteria.<sup>7,9-10</sup> In this manner, they become more susceptible to drug interactions and have difficulty in identifying the possible side and adverse effects of the medication, among other behaviors that may put their safety at risk.<sup>9,11-13</sup>

Thus, it is understood that compliance with the drug prescription is generally related to the person's level of knowledge in relation to their treatment.<sup>4</sup> Considering this, the Pan American Health Organization (2016) recommends that educational programs for medications be

implemented by health professionals to help the person to understand their treatment and necessary interventions that are fundamental to promote the rational and safe use of medicines.<sup>14</sup>

The construction of knowledge comprises a complex and subjective process, in which the person must seek to correlate the information received with the symbolic and personal aspects, related to the social and cultural environment to which he or she is inserted. In this sense, knowledge should not be limited to the simple acceptance of information, since it is an active and interpersonal process in which the person transforms the information to the same extent that the information transforms them.<sup>15</sup>

However, the assimilation of this knowledge by people with mental disorders represents a challenge, considering that the severity of their disorders and worsening of symptoms can impede both the process of understanding information related to the prescription of medications, as well as the person's ability to comply with the therapeutic regimen correctly and autonomously. Furthermore, little or no knowledge may be related to a lack of *insight* about the disorder and the need for treatment, as well as the perception of a cure in the face of remission of symptoms.<sup>9,11-12</sup>

In this context, the nursing team has a fundamental role in the treatment of people with mental disorders, and can act to minimize this knowledge gap, contemplating in their care process the health education of the user and their family members in an individual or group manner, ensuring that the construction of knowledge is effective, respecting the role of the patients as well as their co-responsibility for the treatment.<sup>7,9,15</sup>

It should be noted that clear and sufficient information about the prescribed medications can help the person to assume a position of ownership and protagonist in relation to their treatment.<sup>16-17</sup> Thus knowing the therapeutic indication, the beneficial effects of the medication, as well as the possible side effects, aid in the decision-making process when deciding to continue or abandon the therapy.<sup>7,9,16</sup>

Given the above, the importance is evident of scientific studies that address the knowledge of people with mental disorders about drug therapy and the factors associated with this phenomenon. These studies help health professionals to direct the assistance provided, aiming at promoting knowledge of person on this topic, an aspect that contributes to a greater effectiveness of treatment, in addition to favoring adherence to psychosocial treatment. From this perspective, the present research considers the question: What is the knowledge of the person with mental disorder about the drug therapy? And, aims to: identify the knowledge of the person with mental disorder about drug therapy.

## **Method**

Cross-sectional observational research developed in two Psychosocial Care Centers (CAPS), which offer care for people with intense psychological distress due to mental disorders, in the city of Curitiba, Paraná (PR), Brazil. All people diagnosed with mental disorders under treatment with a prescription and aged 18 years or over were invited to participate in the research.

Of the 372 users who attended the CAPS during the data collection period, 13 were excluded due to an exacerbation of the symptoms of mental disorder and 43 who did not present cognitive conditions to participate in the research, according to the evaluation by the CAPS health team; and 14 users refused to participate in the survey after three invitation attempts. Therefore, the final sample comprised 300 users.

Data collection took place from April to June 2014, through a structured interview based on the application of an instrument developed by the researchers, for the sociodemographic characterization (sex, age, marital status, education and employment status), clinical (diagnosis of mental disorder, presence of comorbidities and related medications) and pharmacotherapeutics (name, dose and frequency of administration).

In addition to the interview, data regarding the diagnosis of mental disorder and drug therapy were collected by consultation of the patient's medical record. To assess the participants' knowledge about their drug therapy, the answers provided by them regarding the name, dose and frequency of administration of their medication were compared with the prescriptions in the medical records.

Considering each variable of drug treatment (name, dose and frequency), the participants were classified as having “sufficient knowledge level” when they answered all of the answers correctly; or, “insufficient knowledge level” when they could not answer one or more questions.

The collected data were coded and entered into a Microsoft Excel® database and subjected to double checking of coding and tabulation of the questions. The data were analyzed with the aid of SPSS 20 Statistical Package for the Social Sciences

The data were submitted to descriptive and inferential analysis. When comparing the variables of the level of knowledge and age, Student's t test was used. For the association between the level of knowledge and qualitative variables, the Chi-square test or Fisher's exact test was used, considering significant  $p < 0.05$  values. The results of the quantitative variables were described by mean, standard deviation, median, and minimum and maximum values. The qualitative variables were described by frequencies and percentages.

This study was approved on September 18, 2013 by the Research Ethics Committee of the Federal University of Paraná under protocol No. 406.158, CAAE: 20816713.9.0000.0102. All ethical precepts were observed in accordance with Resolution No. 466, of December 12, 2012, of the National Health Council. In addition, all participants in the research signed the Free and Informed Consent Term, guaranteeing all ethical aspects according to resolution 466/12 of the National Health Council.

## Results

Regarding sociodemographic characteristics of the participants: the female gender had a prevalence of 63% (n = 189); the mean age was 42.2 years with a standard deviation of  $\pm$  11 years; there was also a prevalence of single marital status, 44.7% (n = 134); unemployed, 38.3% (n = 115); completed secondary education, 38.7% (n = 116), and uncompleted elementary education, 32.7% (n = 98).

In terms of clinical characteristics, people diagnosed with Bipolar Affective Disorder predominated, 33.5% (n = 123), Schizophrenia, 19.1% (n = 70) and Depression, 18.5% (n = 68).

Regarding the prescribed drug classes for mental health, among the 777 prescribed drugs, there was a predominance of antipsychotics, 32.3% (n = 251), followed by mood stabilizers, 22.8% (n = 177), anxiolytics and sleep inducers, 21.9% (n = 170) and antidepressants, 20.4% (n = 158). It is noteworthy that 61% (n = 183) presented clinical comorbidity and of these 83.1% (n = 152) reported using clinical drugs.

On comparing the information provided by the participants about their drug therapy with the information on prescription of drugs present in the medical records, most showed insufficient knowledge about the name of the drugs, with 62.3% (n = 187) of the participants unable to inform the name of the drugs they were taking. Likewise, participants also had insufficient knowledge about the dose of medication, 91.9% (n = 274) and the frequency of administration, 82.6% (n = 247), as shown in Table 1.

**Table 1**– Characterization of the knowledge of people with mental disorders about the name of the drug, dose and frequency of administration. Curitiba, Paraná. Brazil, 2019.

Variable	Female		Male		Total	
	n	%	n	%	n	%
<b>Knowledge regarding name of medication(s)</b>						
Insufficient knowledge	116	51.4	71	64	187	62.3
Sufficient knowledge	73	38.6	40	36	113	37.7
Total	189	100	111	100	300	100
<b>Knowledge regarding dose of medication(s)</b>						
Insufficient knowledge	170	90.9	104	93.7	274	91.9
Sufficient knowledge	17	9.1	7	6.3	24	8.1
Total*	187	100	111	100	298	100
<b>Knowledge regarding frequency of administration for medication(s)</b>						
Insufficient knowledge	151	80.3	96	86.5	247	82.6
Sufficient knowledge	37	19.7	15	13.5	52	17.4
Total*	188	100	111	100	299	100

\*There were exclusions due to a lack of information in the medical records to enable comparison with the information provided by participants.

When comparing participants' knowledge about the name of the drugs with sociodemographic and clinical variables, the statistical analysis showed that insufficient knowledge about the name of the drugs was more likely to occur among patients who use drugs for other health problems (p: 0.031), those unable to inform their diagnosis of mental disorder (p: 0.049), who had a diagnosis of depression (p: 0.016), and those with older mean age (p: 0.012).

**Table 2** – Distribution of sociodemographic and clinical variables of people with mental disorders associated with knowledge regarding name the medication(s). Curitiba, Paraná. Brazil, 2019.

Variable	Knowledge regarding name of medication(s)			p-value
	Insufficient n (%)	Sufficient n (%)	Total n (%)	
<b>Taking medication for other health problems</b>				
Yes	111 (73)	41 (27)	152 (100%)	0.031
No	16 (51.6)	15 (48.4)	31 (100%)	
<b>Knowledge regarding their diagnosis of mental disorder</b>				
Yes	137 (59.3%)	94 (40.7%)	231 (100%)	0.049
No	50 (72.5%)	19 (27.5%)	69 (100%)	
<b>Diagnosis of depressive disorders</b>				
Yes	51 (75%)	17 (25%)	68 (100%)	0.016
No	136 (58.6%)	96 (41,4%)	232 (100%)	
<b>Age (years)</b>				
n	187	113		0.012
Mean	43.5	40.2		
Median	44.0	42.0		
Minimum	18.0	18.0		
Maximum	68.0	66.0		
SD	10.9	11.0		

Likewise with Table 3, it was possible to identify, based on a significant association, that the majority of participants who had a diagnosis of schizophrenia (p: 0.042) and who performed self-administration of medication without supervision (p: 0.017) presented insufficient knowledge about the dose of medicines. It is emphasized that older people, as expressed by a higher mean age, were more likely to have insufficient knowledge (p: 0.004).

**Table 3** – Distribution of sociodemographic and clinical variables of people with mental disorders associated with knowledge regarding dose of medication(s). Curitiba, Paraná. Brazil, 2019.

Variable	Knowledge regarding dose of medication(s)			p-value
	Insufficient n (%)	Sufficient n (%)	Total n (%)	
<b>Diagnosis of Schizophrenia</b>				
Yes	60 (85.7%)	10 (14.3%)	70 (100%)	0.042
No	214 (93.9%)	14 (6.1%)	228 (100%)	
<b>Performs self-administration of medications</b>				
Yes	144 (88.3%)	19 (11.7%)	163 (100%)	0.017
No	130 (96.3%)	5 (3.7%)	135 (100%)	
<b>Age (years)</b>				
n	274	24		0.004
Mean	42.8	36.0		
Median	44.0	35.5		
Minimum	18.0	19.0		
Maximum	68.0	57.0		
SD	10.9	10.9		

According to Table 4, the majority of participants who reported consuming alcoholic beverages, even if sporadically, presented significantly insufficient knowledge about the frequency of medication administration (p: 0.024).

It is highlighted that 60% (n = 180) of the participants mentioned receiving some type of information about drug therapy and that they had received this information from the following sources: medical team, 95% (n = 171); nursing team, 45.5% (n = 73); psychologists, 32.8% (n = 59); and social workers, 15% (n = 27). Considering these variables, there was a significant association regarding knowledge about the frequency of administration, with a higher prevalence of insufficient knowledge among those who had received information about the treatment from the nursing staff (p: 0.011) and from psychologists (p: 0.023).

**Table 4** – Distribution of sociodemographic and clinical variables of people with mental disorders associated with knowledge of the frequency for administration of medication(s). Curitiba, Paraná. Brazil, 2019.

Variable	Knowledge of the frequency for administration of medication(s)			p-value
	Insufficient n (%)	Sufficient n (%)	Total n (%)	
<b>Consumption of alcoholic beverages</b>				
Yes	31 (96.9%)	1 (3.1%)	32 (100%)	0.024
No	216 (80.9%)	51 (19.1%)	267 (100%)	
<b>Information regarding drug therapy received from Nursing Team</b>				
Yes	66 (90.4%)	7 (9.6%)	73 (100%)	0.011
No	80 (75.5%)	26 (24.5%)	106 (100%)	
<b>Information regarding drug therapy received from Psychologists</b>				
Yes	54 (91.5%)	5 (8.5%)	59 (100%)	0.023
No	92 (76.7%)	28 (23.3%)	120 (100%)	

## Discussion

In this study, the majority of people with mental disorders undergoing treatment at CAPS are unaware of the name, dose and frequency of administration of the prescribed medications. In contrast, research carried out with people diagnosed with schizophrenia and undergoing treatment at a Mental Health Center in São Paulo, showed that 76.2% of participants were able to inform the name of the drugs, while 28.8% and 57.1% of users were unaware of the dose and frequency of administration, respectively.<sup>4</sup>

The lack of knowledge among people with mental disorders about their drug therapy can compromise self-administration and represents a risk to the user's safety, in that the user could take higher or lower doses than those prescribed, thereby increasing the risk of intoxication, accentuating side effects and lower tolerability. Thus, the incorrect use of drugs for treatment in mental health can significantly compromise the effectiveness of the treatment, resulting in a worse prognosis and greater risk of (re)hospitalizations.<sup>7,9,16</sup>

The literature reports that the person with mental disorder may have cognitive limitations resulting from the manifestation of the disorder, directly affecting memory, attention and understanding. These limitations can compromise the correct use of medications and are aggravated by complex therapeutic regimens.<sup>4,8</sup>

In addition, this study showed that people who use drugs for other health problems are more likely to have insufficient knowledge about the names of drugs prescribed for their mental disorder. It is considered that the use of multiple drugs can lead to drug interactions and increased exposure to adverse and side effects, in addition to making the treatment more complex, requiring greater attention, memory and organization on the part of the user regarding compliance with doses and administration schedules.<sup>17</sup>

The administration of multiple medications when associated with poor counseling and information on treatment can represent a challenge to the user, reflecting a low level of knowledge and, thus, compromising treatment adherence.<sup>7,16-17</sup> Thus, the literature shows that simplification of therapeutic regimens favor the correct use of medications and an improvement in health status.<sup>18</sup>

Insufficient knowledge about the name of the medications was associated with the participant's lack of knowledge about their diagnosis of mental disorder. Similar to these data, a study of people with anxiety disorders undergoing outpatient treatment in the interior of São Paulo showed that lack of knowledge about the affected disorder and drug treatment often impedes compliance to psychosocial treatment. Thus, understanding their disorder, health condition and treatment is considered a premise for the user to internalize the need for drug therapy and feel motivated to use the drugs correctly.<sup>19</sup>

Users who are unaware of their diagnosis of mental disorder and the proposed treatment may consequently not comply with their treatment because they have frequent doubts about the necessity and effectiveness of drug treatment.<sup>4,8</sup> In this research, insufficient knowledge about

the name of the drug was associated with the diagnosis of depressive disorders. It is highlighted that depressive symptoms as expressed by the lack of motivation, lethargy, concentration deficit and difficulty in decision making can often compromise the development of daily activities, including compliance with drug therapy.<sup>20</sup>

From this perspective, a study developed in an outpatient mental health service, with 27 people presenting depressive disorders, also reported a low level of knowledge about most of the therapeutic scheme among the participants, which was attributed, by them, to the lack of health education activities by the health team, the difficulty of understanding the information received by service professionals and episodes of forgetfulness.<sup>20</sup>

The higher mean age was associated with the lack of knowledge of the name and dose of psychiatric drugs. It is underscored that cognitive functioning degenerates with age and as such the literature shows that more elderly patients frequently have lower knowledge indices regarding their drug prescription.<sup>21-22</sup> Similarly, a study developed in community pharmacies in the Netherlands, with 418 people undergoing drug treatment, revealed that older people are more likely to have lower levels of knowledge about such therapy.<sup>23</sup>

It is emphasized that insufficient knowledge about the dose of the prescribed drugs showed an association with the diagnosis of schizophrenia. These results are in agreement with the study carried out on 21 people with schizophrenia undergoing treatment at a mental health service in the State of São Paulo, which demonstrated the prevalence of low knowledge about the dose of medications prescribed by the participants, of which 57.1% were unaware of the dosage.<sup>4</sup>

The majority of participants who reported performing self-administration of medications had insufficient knowledge about the dose of medications. Furthermore, the literature shows that knowledge about the name, dose and frequency of medications is an essential condition for safe medication for those without supervised medication.<sup>9</sup>

The difficulties among people with mental disorders in performing self-administration of psychotropic drugs intensify the behavior of non-adherence to drug treatment in an unintentional way, favoring non-compliance with regular use, especially when there is a complex therapeutic regimen and no third-party supervision.<sup>9</sup>

This study shows that people who reported consuming alcoholic beverages, albeit sporadically, presented low knowledge about the schedule for medication administration. The literature shows that the consumption of legal and illegal drugs favors episodic memory loss and cognitive deficits when they are under the effect of these substances, especially when considering that they have an overwhelming action on the central nervous system.<sup>21</sup>

A study carried out with people with mental disorders at CAPS in a municipality in Curitiba shows that the use of psychiatric drugs concomitantly with alcoholic beverages is a common practice in this population, even though they are aware of the risks of interactions between substances. It is believed that from this interaction people seek moments of escape from reality, intense pleasure, relaxation and tranquility.<sup>8</sup>

This study also shows that users who were instructed on drug therapy by the nursing staff and psychologists had insufficient knowledge about the frequency for administration of their medication. Similarly, a study performed on people with mental disorders in São Paulo showed from the participants' perception, that when the user received information about the use of drugs by the multidisciplinary team, they had difficulty understanding or memorizing the information received. Thus, they highlight the importance of greater qualification and reassessment of educational activities.<sup>20</sup>

Thus, the literature shows the importance of the health team carrying out therapeutic activities aimed at health education and that promote the role of the user in their treatment, especially with regard to drug treatment. In addition, the importance of continuous monitoring of the user is

highlighted in order to assess whether the information was properly understood and thereby minimize the risks involved and promote the safe use of medications.<sup>7,9,16</sup>

## **Conclusion**

The present study identified a lack of knowledge about the prescription of medications, a condition that can result in the irregular use of psychotropic drugs, compromising the results of treatment and the safety of the user. In addition, it showed that insufficient knowledge about the name of the drugs was associated with the use of other drugs for clinical conditions, ignorance of the diagnosis of mental disorder, depressive disorders and higher age. Insufficient knowledge about the dose was related to the diagnosis of schizophrenia and self-administration of medications, while insufficient knowledge about the frequency of administration was associated with receiving guidance on the use of psychiatric drugs from the nursing staff and psychologists. These findings show that several intra- and interpersonal factors can be related to the level of knowledge and represent obstacles to the assimilation of knowledge about drug treatment. Thus, the need is shown for the health team in their work processes to consider health education for people with mental disorders regarding the use of psychotropic drugs and especially the need to comply with the guidelines. Furthermore, the health team should endeavor to adapt the provision of this information to the needs, educational level and cognitive functioning of the person with mental disorder and their families.

It has been demonstrated that here is a need for further research, with higher levels of evidence, that explores the knowledge of people with mental disorders about drug treatment, as well as the factors that interfere in this process and that consider strategies to counter learning and memorization difficulties, aiming at promoting knowledge, safe use of drugs and compliance to treatment regimens.

This study presented limitations due to the cross-sectional design that does not allow the identification of the temporality of associations between knowledge of drug treatment and sociodemographic, clinical and therapeutic factors. This study limits the findings by addressing the use of medications in a generalized manner, without stratifying the medication classes or various mental disorders, as well as by not using validated instruments to assess the participants' knowledge.

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Redaction of the manuscript; Data analysis and interpretation.

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Conception and planning of the research project; Data collection; Data analysis and interpretation; Critical review of redaction, results and discussion of the data.

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Conception and planning of the research project; Data collection; Critical review of redaction, results and discussion of the data.

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Critical review of redaction, results and discussion of the data.

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Conception and planning of the research project; Guidance and supervision during data collection; Critical review of the redaction, results and discussion of data.

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