Proper management of these conditions will allow for greater independence and better health for the elderly.
Implications: It is important to identify, intervene and treat individuals with vitamin D deficiency or increased depressive symptoms to reduce these risk factors and improve the survival of the elderly.
Keywords: Depressive symptoms, Vitamin D deficiency, Mortality

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: IJCS thanks to the National Council for Scientific and Technological Development (CNPq) (Grant: 307848/2021-3).
Ethics committee approval: ELSA was approved by the London Multicentre Research Ethics Committee (MREC/01/2/91).

https://doi.org/10.1016/j.bjpt.2024.100662

66

SWALLOWING FUNCTIONALITY IN SEVERE DEMENTIA: CASE SERIES

Bruna de Sousa Santos[1], Juliana Onofre de Lira[1], Laura Davison Mangilli Toni[1]
[1] *Faculdade de Ceilândia, Programa de Pós-Graduação em Ciências da Reabilitação, Universidade de Brasília (UnB), Brasilia, Distrito Federal, Brasil*

Background: Dementia is a degenerative neurological syndrome, characterized by the presence of cognitive decline and/or behavioral changes that impact the functionality of the individual. The presence of dysphagia, change in swallowing, in the elderly with dementia can cause dehydration, malnutrition and respiratory infections, and can lead to death. This leads to an unfavorable prognosis, increasing the length of hospital stay and health expenses. The literature reports that, through the clinical evaluation of swallowing, it is possible to verify its functionality, classify the severity of dysphagia and collect information that helps in the understanding of the case and prognosis.
Objectives: To verify the functionality of swallowing in the elderly with severe dementia. It has a secondary objective to describe the sample and its clinical characteristics.
Methods: A case series was carried out through consultation of secondary data. The study took place at a Reference Center for Health Care for the Elderly in the Federal District, between September 2017 and December 2019. The following data were collected: age, sex, type of dementia, medical diagnoses, and functional classification of swallowing, which was defined after the patients underwent clinical evaluation. The functionality of swallowing was classified into normal, functional swallowing, mild, moderate, or severe dysphagia.
Results: The participants were five women and three men. The average age was 82.62 $\pm$ 6.23. All had a diagnosis of dementia, according to the criteria of the National Institute of Neurological and Communicative Diseases and Stroke - Alzheimer's Disease and Related Disorders Association and a 3-point score in the CDR (Clinical Dementia Rating). Four individuals had a diagnosis of vascular dementia, three (37.5%) Alzheimer's Disease and only one (12.5%) mixed dementia.

Four individuals (50%) had systemic arterial hypertension, three (37.5%) sleep disorders, three (37.5%) history of stroke, two (20%) depression, two (20%) hypothyroidism, two (20%) behavioral disorder, two (20%) dyslipidemia. Other conditions observed: postural instability, sphincter incontinence, asthma, osteoporosis and heart disease. At the time of the clinical evaluation of swallowing, five patients (62.5%) had dysphagia, three of whom were severe, one was moderate and the other mild. Two (20%) had normal swallowing, and one (12.5%) had functional swallowing.

Conclusion: Clinical evaluation was shown to be effective in identifying dysphagia in elderly people with dementia. However, through the objective assessment of swallowing, through imaging exams, it is possible to verify aspects that cannot be observed through clinical evaluation. Therefore, future studies may add objective assessment as a complementary evaluation and assist in the conclusion of the speech-language diagnosis.
Implications: There is a need for better management of dysphagia, including its evaluation with a reliable method, avoiding its underdiagnosis. There is a need for action at the three levels of health care. The results of this study can contribute to the construction of these actions.
Keywords: Elderly, Insanity, Dysphagia

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: This work was carried out with the support of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) through the granting of a Master's scholarship.
Ethics committee approval: This study was approved by the Ethics and Research Committee of the Universidade de Brasília, with the number 3.121.872.

https://doi.org/10.1016/j.bjpt.2024.100663

67

FUNCTIONAL CAPACITY IN INDIVIDUALS WITH SPONDYLOARTHRITIS ACCORDING TO THE PHYSICAL ACTIVITY LEVEL

Bruna Oliveira Corrêa do Amaral[1], Christianne de Faria Coelho Ravagnani[1], Silvio de Assis Oliveira-Junior[1], Paula Felippe Martinez[1]
[1] *Federal University of Mato Grosso do Sul (UFMS), Campo Grande, Mato Grosso do Sul, Brazil*

Background: Spondyloarthritis (SpAs) constitutes a group of chronic inflammatory rheumatic diseases that affect the axial and peripheral skeleton, with pain and joint stiffness. There is evidence that individuals with SpA have worse functional capacity than healthy individuals. It is known that functional capacity can be influenced by the low physical activity level, but this relationship has not yet been fully established in these individuals.
Objectives: Evaluate functional capacity in individuals with spondyloarthritis according to physical activity level.
Methods: This is a cross-sectional study, with a non-probabilistic convenience sample. Individuals with a diagnosis of SpA, aged between 18 and 69 years, in follow-up at the Outpatient Care of the University Hospital Maria Aparecida Pedrossian and who agreed to participate in the research made up the spondyloarthritis group (SG, n=28) and were evaluated for their aerobic capacity (Chester Step Test); muscle strength (5-repetition Sitting and Standing Test - TSL); functional balance (Timed Up and Go Test - TUG). Furthermore, physical activity level was assessed by counting steps/day using a pedometer during seven consecutive days (first and last days were excluded from the steps/day average calculation). The control group (CG, n=25) was composed of individuals without rheumatic disease and submitted to the same evaluation. Statistical analysis: Student-test or Mann-Whitney and analysis of covariance (ANCOVA, covariate: count of steps/day).
Results: The groups were homogeneous in terms of age and sex. Aerobic capacity ($p<0,001$) was lower in the SG than in CG, while the time to perform TSL ($p<0.001$) and TUG ($p<0.001$) was greater in the SG than in CG. The physical activity level assessed by the pedometer was lower in the SG than in CG (EG: 5677 $\pm$ 3664; CG: 8309 $\pm$ 2513 steps/day; p=0.004). Through analysis of covariance, it