

decrease in SBP. Future studies using these interventions should consider other risk factors related to stroke secondary prevention.

**Implications:** This overview contributes to increasing the strength of recommendation of the use of theoretically informed person-centered tele-interventions in stroke secondary prevention. Furthermore, it guides future research indicating the need to investigate the effect of strategies involving these interventions on other outcomes that did not show significant improvement.

**Keywords:** Stroke, Telehealth, Secondary Prevention

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### THE RELATIONSHIP BETWEEN URINARY INCONTINENCE AND DYNAPENIA IN ELDERLY WOMEN: A CROSS-CROSS STUDY

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**Background:** Urinary Incontinence (UI) is characterized by the International Continence Society (ICS) as any involuntary loss of urine, and several factors may be linked to this phenomenon, such as age, menopause, and some chronic diseases. However, the relationship between dynapenia and UI has been highlighted in the literature. Dynapenia, defined by the loss of muscle strength, is an event inherent to aging, and this muscle weakness, when in specific regions, such as the pelvic floor, can lead to greater UI events.

**Objectives:** To verify the association between dynapenia and the presence of UI in elderly women living in the city of Porto Alegre, RS.

**Methods:** Descriptive and cross-sectional study. The population consisted of women over 60 years of age living in a neighborhood in the city of Porto Alegre, RS. A descriptive questionnaire was used to characterize the subjects and the UI assessed through the International Consultation on Continence Questionnaire – Short Form (ICQ-SF). Muscle strength was assessed using the Sit and Stand Test (SST) and Hand Grip Dynamometry using a Jamar brand dynamometer.

**Results:** 298 elderly women were assessed, and in 78 (33%) the presence of UI was identified. The mean age of women without UI was 75.03 + 7.1 years versus 75.03 + 6.87 years with UI ( $p=0.287$ ). There were no significant differences in any of the sample characterization variables, demonstrating that the samples were homogeneous. As for TSL, there was no statistical significance ( $p=0.086$ ). In Dynamometry, there was a significant difference in favor of the group without UI ( $p=0.020$ ). The Chi-square test was used to compare the presence of UI with dynapenia, where dynapenic elderly women with UI were 36%, and dynapenic women without UI were 21% ( $\chi^2=0.0132$ ).

**Conclusion:** The study indicated that dynapenic elderly women had a higher prevalence of UI, however, other studies seeking to analyze the prospective behavior of these variables should be developed, with larger samples and in different places, in order to reduce the influence of habits and environment.

**Implications:** UI has a high prevalence in the elderly and its relationship with dynapenia must be considered, and this outcome must be considered in the geriatric evaluation and rehabilitation.

**Keywords:** Urinary Incontinence, Muscle strength, Elderly

**Conflict of interest:** The authors declare no conflicts of interest.

**Acknowledgment:** Not applicable.

**Ethics committee approval:** This study is part of a project approved by the UFCSPA Research Ethics Committee, under registration number 1466/11.

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### URINARY INCONTINENCE IN PATIENTS INFECTED BY SARS-COV 2 AFTER HOSPITAL DISCHARGE: A CROSS-SECTIONAL STUDY

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**Background:** The SARS-CoV-2 epidemic, which killed more than 15 million people worldwide, in addition to high mortality, brought a series of post-COVID consequences. According to the current literature, the main persistent symptoms after infection are fatigue, dyspnea and muscle pain. Another important possible damage, still little discussed in the literature, refers to the association of SARS-CoV 2 infection with the prevalence of Urinary Incontinence (UI). This condition is more prevalent among women, ranging from 25 to 45% in the global population, affecting the health and quality of life of this population.

**Objectives:** To identify the prevalence of UI in patients infected with SARS-CoV 2 after hospital discharge and describe the sociodemographic and clinical profile of these subjects.

**Methods:** Descriptive and cross-sectional study. The population consisted of individuals after hospital discharge due to SARS-CoV-2 infection. Data collection was carried out via telephone call by a previously trained researcher, after hospital discharge, using a structured instrument asking sociodemographic data, previous conditions, hospitalization conditions, UI assessment and use of the Functional Status Scale (PCFS), from September 2021 to October 2022. The sample size was calculated by using the study by Dhar et al. (2020) as a reference. Adopting a significance level of 85%, acceptable error of 5% and a prevalence rate of 7%, indicating a sample size of 54 subjects. To verify the association of variables with the presence of urogenital disorders, the Chi-Square, Fisher's Exact, Student's t, Mann-Whitney and Multivariate Analysis tests were applied.

**Results:** The sample consisted of 32 women (56.4 ± 11.3 years) and 27 men (49.5 ± 10.7 years), the women being 7 years older ( $p=0.022$ ). The prevalence of UI in the sample was 15.25%, with only women affected. The presence of UI pre versus post hospitalization for SARCoV-2 did not change (15.25% and 15.25%, respectively). During hospitalization, 28.8% of the sample required care in the Intensive Care Unit (ICU), with an average of 26.4 ± 40 days of hospitalization. As for the disability condition evaluated with the PCFS scale, grades 3 and 4 (moderate and severe) were identified in 44.1% of the individuals. In the multivariate analysis, in the model with different variables (age, hypertension, kidney disease, insomnia and emotional disorders), only the emotional aspects showed a significant association between the outcomes ( $p=0.034$ ).

**Conclusion:** The prevalence of UI among the assessed sample did not change after hospital discharge due to hospitalization due to COVID-19. Women had a higher prevalence of UI, with emotional aspects being the variable associated with outcomes.

**Implications:** The consequences of COVID-19, especially in post-discharge patients, need to be better investigated. Some limitations,