

**Background:** Motor development is a dynamic and continuous process in which motor skills present a gain and progression. It is influenced by the experiences to which the infant is exposed, such as the home environment. The infants' residence has gained prominence, as it is the first environment experienced, and when rich in affordances, it establishes a positive connection with motor development. Motor skills such as head control, reaching, grasping, and manipulating objects provide greater functionality and exploration so that the infant can develop.

**Objectives:** To verify the influence of the available affordances in the home environment in the performance domain of typical infants' motor development.

**Methods:** This is a longitudinal study with two infants (one boy) born at term, evaluated in their homes from three to 10 months of age. The affordances availability was measured by Affordances in the Home Environment for Motor Development - Baby Scale (AHMED-IS) questionnaire. It covers dimensions of the home environment such as physical space, variety of stimulation, and gross motor and fine motor toys, classifying them as less than adequate, moderately adequate, adequate, and excellent. The evaluation of the dependent variable, motor performance, was performed using the Infant Motor Profile (IMP). The analyzes were carried out in a descriptive, exploratory, and blind manner by two evaluators. The items analyzed in the performance domains were head control and manual reach, in the supine (items 1 and 14), prone (items 22 and 27), sitting (items 34 and 40), and sitting on the guardians' lap (item 66) postures.

**Results:** Regarding the home environment affordances, infants maintained excellent and adequate classification in the gross motor skills and variety of stimulation domains during all months. The home physical space remained excellent for 50% of the infants, and for the other 50%, it changed from less than adequate to adequate in the 8th month. At this month, the infant achieved better scores in the motor performance domain. As the scores in the AHMED-IS domains improved, the infants improved their motor skills. It was observed that adequate availability of fine motor toys at four months old allowed a score of 5 (item 66) in the IMP. While at five months old with excellent availability, a score of 6 (item 66) was obtained in the posture sitting on the caregiver's lap and supine position.

**Conclusions:** The present study presented the influence of the home environment affordances on motor performance at IMP. As the physical space of the residence and fine motor toy dimensions scores increased, there was an increase in the reaching, grasping, and manipulating objects scores and, consequently, in the total score of the performance domain.

**Implications:** The knowledge about how the influence of home environment affordances on the motor performance and motor skills of infants can be essential to guide clinical practice. In addition, this knowledge will allow health professionals to coach parents on how to stimulate motor development at home in a more assertive and individualized way.

**Keywords:** Infant development, Motor skills, Infant Motor Profile

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

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## CORRELATION BETWEEN PRIMARY DYSMENORRHEA AND MOOD DISORDERS IN NULLIPAROUS YOUNG WOMEN

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**Background:** Primary dysmenorrhea (PD) is characterized by menstruation with painful periods in women without pelvic organ damage. It constitutes a gynecological dysfunction that manifests itself with pain in the lower abdomen, which may radiate to the paravertebral region and thighs. PD pain can impair activities of daily living (ADLs) and affect women's behavior, even causing anxiety and depression.

**Objectives:** To assess PD and mood disorders (anxiety and depression) in young nulliparous women and identify their associations.

**Methods:** A descriptive, observational, cross-sectional study was carried out with a convenience sample of young nulliparous women. Women aged between 18 and 30 years, who had never been pregnant and were not taking medication to treat mood disorders, were selected. The participants were evaluated by the same examiner using the socio-clinical questionnaire, visual analogue pain scale (VAS) and hospital anxiety and depression scale (HADS). In the data analysis, the averages and standard deviation of the variables were calculated, according to the distribution of the sample's normality, and the groups with and without PD were compared using the t test for independent samples, and the correlation analysis between PD, anxiety and depression by Pearson's correlation coefficient (R). Data were analyzed using the Statistical Program for Social Sciences (version 23) considering a significance level of 5%.

**Results:** The sample consisted of 69 nulliparous young adult women with a mean age of  $21.86 \pm 3.16$  years. The prevalence of PD was 65.21% (n=45) and from this group, 35 participants reported that PD affected their performance in ADLs. The level of dysmenorrhea pain was low, with an average VAS of  $3.59 \pm 3.16$  points. Most participants mentioned a regular menstrual flow and average pain of  $3.59 \pm 3.16$  by VAS. In the characterization of behavioral aspects, a prevalence of 59.42% (n=41) was identified in screening for anxiety and 23.18% (n=16) for depression. There was no statistically significant difference between the groups with and without PD regarding mood disorders, although the group with PD had higher values for such disorders. There was a weak direct correlation between anxiety and PD (R=0.30) and a moderate direct correlation between depression and PD (R=0.33).

**Conclusion:** PD and mood disorders are prevalent among young nulliparous women. Women with PD do not have more mood disorders compared to women without PD, however women who have PD, anxiety and/or depression tend to have higher levels of mood disorders concomitantly.

**Implications:** In scientific terms, women who have PD concomitantly with anxiety and/or depression tend to have higher levels of PD and mood disorders, which may negatively impact their lives. In clinical terms, this study demonstrates the importance of the professional's appreciation of the assessment of dysmenorrhea and mood disorders that can influence clinical therapeutic practice.

**Keywords:** Women's health, Dysmenorrhea, Mood disorders

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

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