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IMPACT OF MENOPAUSAL SYMPTOMS ON THE QUALITY OF LIFE OF MIDDLE-AGED WOMEN

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Background: Menopause is characterized by the absence of menstruation for 12 consecutive months due to the reduction of estrogen and progesterone hormones, typically occurring between the ages of 45 and 55. This process can trigger physiological and psychological symptoms that significantly impact quality of life. It is essential to understand the impact that the intensity of these symptoms has on the daily lives of these women.

Objectives: To assess the quality of life of menopausal women and the symptoms related to this period.

Results: Menopause impacted the participants' quality of life, especially in the urogenital aspects and the total MRS score. Psychological symptoms were classified as moderate (5.93 ± 3.97), with 40% of participants presenting severe symptoms and 33.3% moderate symptoms. Somato-vegetative symptoms were also classified as moderate (7.40 ± 2.61), with 46.7% of participants reporting moderate symptoms and 33.3% severe symptoms. Urogenital symptoms were considered severe (3.40 ± 2.26), with 53.3% of participants falling into this classification. The total score had a general average of 16.73 ± 7.07 , also classified as severe. Most participants (66.7%) had severe symptoms, while 20% reported moderate symptoms and 13.3% mild symptoms. No participant was classified as asymptomatic or with minimal symptoms. However, according to the UQOL assessment, participants' quality of life was considered high, considering the total score average (79.13 ± 12.18) and the average of each assessed domain: occupational (26.13 ± 4.16), health (21.07 ± 5.23), emotional (22.40 ± 3.31), and sexual (9.53 ± 3.18). Although most participants presented a good quality of life, the study revealed great variability in the sample, with large standard deviations. Percentile analysis showed that in the 25th percentile, scores were low in most domains, while in the 50th and 75th percentiles, they were above the validated average. Although there was an overall tendency toward good quality of life, some participants still experienced challenges in specific aspects.

Conclusion: Menopause can affect women's quality of life, especially regarding urogenital symptoms and the total MRS score. On the other hand, the UQOL assessment indicates that many women still perceive their quality of life positively, with high scores in various domains. However, the wide variation in results shows that this experience is not the same for all women – while some cope well with the changes, others face challenges that impact their well-being.

Implications: Analyzing the intensity and impact of menopausal symptoms on women's quality of life allows for the development of interventions tailored to their specific needs. Furthermore, it guides the creation of support programs and health policies aimed at

minimizing the negative effects of menopause and promoting the well-being of this population.

Keywords: Menopause, Quality of life, Symptoms

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OCCURRENCE OF MENSTRUAL SYMPTOMS IN PERIMENOPAUSAL WOMEN: CROSS-SECTIONAL STUDY

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Background: Dysmenorrhea, characterized by abdominal pain or discomfort associated with the menstrual cycle, and other menstrual symptoms such as lower back pain, headaches, nausea, vomiting, fatigue, and diarrhea are frequently reported by women of reproductive age. Although widely studied in younger women, the occurrence of menstrual symptoms during perimenopause is still under-investigated, and there is limited knowledge about the continuation or worsening of these symptoms, highlighting the need for more research in this population.

Objectives: Investigate the occurrence of menstrual symptoms in perimenopausal women.

Methods: This is a cross-sectional study approved by the Research Ethics Committee. Data collection was performed using a structured questionnaire available on the Google Forms platform, focusing on aspects related to dysmenorrhea and menstrual symptoms. Menstrual pain was assessed using an 11-point Numeric Pain Scale (NPS), where 0 indicates no pain and 10 signifies the worst imaginable pain. The research dissemination occurred online through social media channels. The study included women in the perimenopausal period, aged 35 years or older. Exclusions applied to pregnant women, those who had not menstruated in the past year, or those reporting health conditions related to secondary dysmenorrhea (associated pelvic disease). Data were presented as mean, standard deviation, and percentage. An analysis was conducted to examine the association between reports of dysmenorrhea during adolescence and the perception of menstrual symptoms during perimenopause, with relative risk calculated. A significance level of 5% was considered.

Results: A total of 1,040 women participated in the study, with a mean age of 39.8 ± 4.1 years. The majority of participants (58.2%) were in a marital union. Among the study participants, 49.1% reported experiencing menstrual symptoms since adolescence; 34.5% were nulligravida, and among those who had given birth, 65% had undergone a cesarean section, 25% had a vaginal delivery, and 10% had experienced both types of childbirth. Over the past three months, the average dysmenorrhea intensity assessed by the Numerical Pain Scale (NPS) was 4.9 ± 3.0 , with 9.1% of participants reporting no pain, 26.7% reporting mild pain, 27.3% reporting moderate pain, and 35.9% reporting severe menstrual pain. A significant association was observed between a history of dysmenorrhea during adolescence and the occurrence of menstrual symptoms in perimenopause ($p = 0.03$). Women who experienced dysmenorrhea during adolescence had a 35% higher risk of developing menstrual

symptoms in perimenopause compared to those without a history of adolescent dysmenorrhea (RR = 1.35; 95% CI 1.21 to 1.42).

Conclusion: The occurrence of menstrual symptoms in perimenopause, especially dysmenorrhea, reported by most participants as severe pain, is associated with a history of dysmenorrhea during adolescence.

Implications: The findings highlight the importance of monitoring women with menstrual symptoms during perimenopause.

Keywords: Perimenopause, Dysmenorrhea, Menstrual Symptoms

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FEMALE SEXUALITY: TABOOS AND SOCIAL ASPECTS

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Background: Sexuality, even today, is marked by sexist manifestations and by taboos and myths that mainly influence female sexuality. Women's lack of knowledge about their own bodies and their sexual identity can lead them to accept certain situations as natural to sex, such as pain and lack of pleasure during sexual intercourse, which makes guidance and discussion on the subject relevant.

Objectives: To relate sociodemographic characteristics to female sexuality.

Methods: This is an exploratory-descriptive study with a quantitative-qualitative design. Data collection took place from September 2020 to January 2021, online, through a questionnaire made available through a Google Forms link. Women between 18 and 55 years old who were sexually active were included. The questionnaire covered questions regarding female sexuality and sociodemographic items, including identification, age, education, contraceptive methods, experiences in sexual relations, family and social influences, among others. After data collection, Excel® 2010 software was used to create tables, charts and graphs, in addition to the analysis generated by Google forms.

Results: The total sample consisted of 104 participants, with a minimum age of 18 and a maximum of 55 years, of whom the majority reported having an incomplete higher education level (56.73%). When questioned, the majority (66.40%) believed they had good knowledge about their own anatomy of the reproductive and sexual system, and 58.65% reported that their family members did not talk openly and respectfully about sexuality. In addition, it was possible to identify that the majority used some contraceptive method (84.62%), of which 37 people mentioned the use of more than one contraceptive method, with condoms being the most cited (n = 60).

It is worth mentioning that 80.77% reported not feeling safe in not using contraceptive methods and 31 people stated that their partner had already refused to use contraceptive methods, in addition to 51 reporting having some traumatic experience during sexual intercourse and 19 having suffered some type of aggression during sexual intercourse.

Conclusion: It can be concluded that female sexuality is still a subject that needs to be discussed so that women have greater knowledge about their own bodies and can talk openly with their families about the subject. It is worth mentioning that most people reported using contraceptive methods and not feeling safe in not using them. However, there are alarming issues such as the fact that partners refuse to use contraceptive methods, the number of traumatic experiences and aggressions during sexual intercourse.

Implications: Understanding the sociodemographic profile and female sexuality allows the physiotherapist to establish the best approaches when serving this audience, especially with regard to health education.

Keywords: Sexual Health, Sexual Trauma, Contraception Behavior

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MOBILE APPLICATION FOR PELVIC FLOOR MUSCLE TRAINING IN URINARY INCONTINENCE: ADHERENCE, IMPACT, AND QUALITY OF LIFE

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Background: Urinary incontinence (UI) significantly affects women's quality of life, impacting physical, psychological, and social aspects. Pelvic floor muscle training (PFMT) is considered the first-line treatment for UI; however, long-term adherence remains a challenge.

The use of mobile technologies has been proposed as an alternative to support treatment adherence.

Objectives: This study aimed to evaluate the effects of using a mobile application for pelvic floor muscle training in women with stress and mixed urinary incontinence, considering the reduction of urinary complaints, impact on quality of life, and participant satisfaction.

Methods: This was a randomized controlled trial following CONSORT guidelines. The sample consisted of 104 women diagnosed with stress or mixed urinary incontinence, randomly allocated into two groups: one receiving guidance through a mobile application (n = 52) and another through an educational booklet (n = 52). The training protocol lasted 12 weeks. Participants completed the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) and King's Health Questionnaire (KHQ) before and after the intervention. Treatment adherence was monitored, and satisfaction was assessed using a visual analog scale. The data were analyzed by intention to treat. The collected data were tabulated in a database of the EXCEL® program and analyzed using the SPSS statistical software (Statistical Package for the Social Sciences). A descriptive analysis of the data was performed, using simple frequency, mean, standard deviation, p-value, and effect size (D of Cohen) of the quantitative data. The normality of the data was verified using the Shapiro Wilk test. For the analysis of the data, the Two-way ANOVA test with Tukey post-hoc was used. A level significance of 5% was considered.