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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136

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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137

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.

Results: The results showed that both interventions significantly reduced the interference of urinary incontinence in quality of life. The Booklet group showed higher adherence to the protocol (90.73% of the proposed days) compared to the App group (39.59%), as well as better performance on ICIQ-SF and KHQ scores, especially in reducing the frequency and amount of urinary leakage ($p = 0.001$). In the between-group analysis, the Booklet group had better results regarding UI impact and social limitations. Regarding satisfaction, both groups had high approval rates, with a higher percentage of "excellent" ratings in the App group (84.61% vs. 76.92% in the Booklet group).
Conclusion: The findings suggest that despite high satisfaction with the app, adherence to PFMT was lower than in the Booklet group, resulting in less expressive symptom improvement.
Implications: Future studies should explore ways to optimize adherence to app-based training, including remote professional support. The incorporation of mobile technologies into UI treatment appears promising, but additional strategies are necessary to maximize its effectiveness and long-term adherence.
Keywords: Urinary incontinence, Mobile Applications, Pelvic floor

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138

CHARACTERIZATION OF THE MAIN POSTPARTUM COMPLICATIONS IN WOMEN UNDERGOING FOLLOW-UP IN PRIMARY HEALTH CARE: A CROSS-SECTIONAL STUDY

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Background: Postpartum is a period marked by intense physical and emotional adaptations, signaling the end of pregnancy and the beginning of a phase of great vulnerability in women's health. During this time, complications may arise that compromise quality of life and well-being, requiring appropriate attention and care. Among the most common complications are postpartum hemorrhage, pelvic floor dysfunctions such as urinary and anal incontinence, as well as prolapse and pelvic pain, and psychological disorders like depression and anxiety. These conditions can have a negative impact on quality of life, potentially leading to hospitalization, the use of medications and procedures, as well as affecting daily activities, maternal-infant bonding, and generating a substantial economic impact on individuals and healthcare services.
Objectives: To characterize the main postpartum complications and highlight their prevalence.
Methods: This is a cross-sectional, descriptive study conducted from August 2023 to April 2024. The sample consisted of postpartum women up to one year postpartum, aged 18 years or older, who voluntarily consented to participate in the study by signing the Free and Informed Consent Form (TCLE). Participants who did not express interest in joining the study were excluded. Postpartum complications were self-reported, allowing for a subjective analysis of the complications experienced during this period.
Results: A total of 61 women were included, with an average age of 29 years and an average of 132 days postpartum. The majority of the women (80.33%) did not experience postpartum complications. Among the participants who reported complications (19.67%), perineal laceration was the most frequent, accounting for 58.33% of cases, followed by postpartum depression and hemorrhage (25%), and infection (8,33%).
Conclusion: The majority of postpartum women did not experience complications. Among the most frequent, perineal laceration stands out. Additionally, complications such as postpartum depression, hemorrhage, and infection were observed. These findings highlight the need for continuous monitoring and early interventions to ensure maternal health and well-being in the postpartum period. A limitation of this study is the use of self-reporting, which may be subject to participants' perception and memory bias.
Implications: The analysis of postpartum complications highlights the prevalence of conditions such as perineal laceration and emphasizes the importance of physical therapy in managing these conditions. The findings indicate that, despite the majority of postpartum women not experiencing complications, a proportion of women report complications that require early intervention.
Keywords: Postpartum complications, Primay Health Care, Intercurrences

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139

PELVIC FLOOR MUSCLE TRAINING OR MAT PILATES FOR STRESS URINARY INCONTINENCE IN MENOPAUSAL WOMEN: A RANDOMIZED CONTROLLED CLINICAL TRIAL

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Background: Stress urinary incontinence (SUI) affects many women, particularly those who are postmenopausal. Pelvic floor muscle training (PFMT) is the first-line treatment, but it has low adherence rates. Mat Pilates (MP) has been proposed as an alternative treatment for SUI. Pilates instructors believe the method can strengthen the pelvic floor muscles, making it an appealing alternative for treating SUI. However, current evidence is not robust enough to conclude that MP has a clinically relevant effect on SUI treatment.
Objectives: To compare the effects of MP combined with maximum voluntary contraction of the pelvic floor muscles (PFM) and compare it to the gold standard PFMT in postmenopausal women with SUI.
Methods: This is a randomized controlled clinical trial with two groups: the experimental group (EG): MP combined with maximum voluntary contraction of the PFM, and the control group (CG): PFMT. Inclusion criteria included postmenopausal women aged 45 to 65 years with SUI. Both training programs consisted of 36 sessions, three times a week on alternate days over a 3-month period. Both groups performed the same number of PFM contractions, with training progression occurring every 12 sessions by increasing the load and number of maximum contractions. Assessments were performed using the ICIQ-SF (International Consultation on Incontinence