

physical exercises, and physical activities during leisure and locomotion were 2.975, 2.45, and 5.4 in the pain-free group, compared to 2.875, 1.8, and 4.4 in the pain group.

Conclusion: Lumbopelvic pain impacts physical activity patterns in pregnant women. As this is a preliminary result of a descriptive analysis, findings should be interpreted with caution, and further studies with a larger sample size and more robust statistical analyses are needed.

Implications: These findings reinforce the need for policies that encourage adapted physical activity programs for pregnant women, promoting awareness of the benefits of exercise in reducing pain. In clinical practice, physiotherapists can use this information to develop personalized strategies, balancing occupational load and encouraging mobility. In education, the importance of training professionals to guide pregnant women is highlighted, while in management and public policies, expanding access to maternal health programs is recommended.

Keywords: Lumbopelvic Pain, Physical activity, Pregnancy

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PROFILE OF HEALTH PERSONNEL MANAGING PAIN IN THE BRAZILIAN FEMALE POPULATION: A PATIENT'S PERSPECTIVE

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Background: Understanding the profile of health personnel is key to improving quality of life and ensuring patients' needs are met. Data reveals how often patients seek care, sometimes due to misdiagnoses or unresolved issues. It's crucial to assess if health professionals understand pain, emotions, and external factors affecting patients. Many struggle to express symptoms clearly, so recognizing their perspective can enhance communication and care quality.

Objectives: To analyze the profile of healthcare and understand how the professionals interpret symptoms, in addition to evaluating patients' ability to express them.

Methods: This is a cross-sectional study that included women and individuals who identified as female, aged 18 or older, and residing in Brazilian territory. This research followed the ethical precepts established by National Health Council (CNS) resolution n° 510/2016 and its complementary and followed General Law on the Protection of Personal Data (LGPD) 13.709/2018. A structured questionnaire was created on Google Forms to assess healthcare experiences. It includes questions about which professionals treated the patient, how often they sought care, and whether they felt understood. It also examines patients' ability to express their pain and how many professionals truly understood their condition. Data is presented in percentages.

Results: Of the 1,152 responses received, 1000 were included in this study according to the inclusion criteria. Most patients sought health care and consulted with various medical specialties, with the following prevalence rates: doctors (59.0%), physiotherapists (38.4%), psychologists (26.5%), physical education professionals (15.0%), nutritionists (12%), and dentists (12%). Additionally, 22.5% did not receive any medical care. It is important to note that these percentages do not sum to 100% since many women consulted with

more than one specialty. About how many times patients sought health care per year, 18.6% had one appointment in the year, 32.3% had two to three times, 26.7% had four or more appointments and 22.2% did not have any type of health care. If patients consider that professionals understand their pain, 37.7% reported that professionals completely understand their pain symptoms, 46.9% partially understand, and 6% do not understand. Regarding how patients report their pain to doctors, 3.6% do not know how to express their pain, 32.5% express it partially, and 56.2% express it completely. Of the professionals who attended the patients, 44.7% more than half understood the patients' pain symptoms, 23.6% half of the professionals, and 21.0% less than half. A total of 9% of patients did not seek healthcare.

Conclusion: The results show that patients with partial pain seek more healthcare, showing a diagnostic profile focused on treatment rather than prevention of symptoms, as observed in the frequency of times these patients sought healthcare. One factor that needs to be considered is that patients consider that most health professionals do not understand their pain complaints.

Implications: This study emphasizes the need for active listening in healthcare professional to improve pain reporting. Better symptom-tracking tools and communication can enhance care. Training programs and changes in care should focus on patient-centered assessments and therapeutic relationships.

Keywords: Health Personnel, Pain, Women's Health

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LEVEL OF EDUCATION AND ADHERENCE TO TREATMENT WITH PHOTOBIOMODULATION IN WOMEN WITH MYOFASCIAL PAIN OF THE PELVIC FLOOR

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Background: Myofascial pelvic floor pain (MPFP) significantly impacts women's quality of life, affecting physical, emotional, and social aspects. Photobiomodulation (PBM) has emerged as a promising therapy for managing this condition. However, treatment adherence may be a critical factor for therapeutic success.

Objectives: To investigate adherence to PBM treatment in women with MPFP.

Methods: A cross-sectional observational study, derived from a feasibility study for a randomized clinical trial, was conducted with 21 women aged 18 years or older diagnosed with myofascial pelvic floor pain (MPFP). Participants were divided into three groups receiving different PBM dosages: G1 (1J), G2 (4J), and G3 (6J), over eight intervention days, twice a week. Treatment adherence was assessed based on attendance frequency, with adequate adherence defined as attending at least 80% of the sessions. Education level was categorized into incomplete high school and high school or higher. Socio-demographic data, including education level, were collected using a standardized form.

Results: Treatment adherence rates were 100% in the 1J group, 88% in the 4J group, and 100% in the 6J group, with no statistically

significant differences between groups ($p = 0.098$). Regarding education level distribution in G2, 72.4% of participants had only incomplete high school education, while the other groups had a higher proportion of women with high school or higher education (85.7% in G1 and 71.4% in G3).

Conclusion: The results suggest that education level may have a tendency to influence treatment adherence. Strategies to improve adherence, especially among women with lower education levels, should be considered in future studies.

Implications: The findings suggest that education level may tend to influence adherence to PBM treatment in women with MPFP. Although not statistically significant, this trend highlights the need for personalized strategies, such as clear guidance and continuous support, particularly for women with lower education levels. The study reinforces the importance of considering sociodemographic factors in managing treatment adherence.

Keywords: Pelvic diaphragm, myofascial pain syndromes, laser therapy

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EFFECTS OF LOW AND MEDIUM FREQUENCY CURRENTS FOR THE TREATMENT OF NOCTURIA IN WOMEN: A RANDOMIZED CLINICAL TRIAL

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Background: Nocturia is defined by the International Continence Society (ICS) as the number of mictions during the main sleep period. In a population study carried out in the USA with urology patients with a mean age of 57.3 years, the prevalence of nocturia in women was 41.5%. In recent years, it has been recognized that the causes of nocturia are multifactorial, one of which is bladder overactivity, which in turn can also corroborate the development of Urge Urinary Incontinence (UUI). UUI is present in the lives of thousands of individuals around the world and is a public health problem that affects self-esteem, psychological well-being and often causes these people to isolate themselves from social interaction. Among the treatments recommended for this dysfunction is transcutaneous nerve stimulation (TENS) of the tibial nerve, which has been widely used for the treatment of UUI due to its low cost and minimally invasive nature, in addition to demonstrating significant improvement in clinical conditions.

Objectives: The aim of the study was to analyze and compare the effects of low- and medium-frequency currents on nocturia reported by participants submitted to treatment.

Methods: This is a randomized clinical trial was carried out with women aged 18 and over with UUI symptoms, randomly assigned to an intervention with low-frequency current (GTENS-LF) in a symmetrical biphasic pulsed form of 10 Hz and pulse width of 200 ms and another with medium-frequency current (GA-MF) at 4 kHz with bursts of 4 ms and modulation of 100 Hz in continuous mode. Both consisted of 20 sessions of bilateral electrostimulation of the tibial nerve, twice a week. The participants underwent an anamnesis and answered the ICIQ-OAB (International Consultation on Incontinence

Questionnaire Overactive Bladder) questionnaire, which has a specific question about nocturia and is reliable in Portuguese. After 20 sessions, the questionnaires were reapplied and the participants were re-evaluated.

Results: In the first evaluation, the participants allocated to the GTENS-LF group had a score of 2.0 ± 1.8 , while the GA-MF group had 2.36 ± 1.89 . At the end of the 20 electrostimulation sessions, the GTENS-LF and GA-MF groups' scores were 0.77 ± 0.73 and 1.06 ± 0.75 , respectively. Both groups showed a significant difference compared to the first assessment.

Conclusion: Analyzing the results, it was possible to conclude that both low-frequency and medium-frequency were able to significantly reduce self-reported nocturia in the study participants, with no difference between the currents.

Implications: Based on the results of this study, the use of medium- and low-frequency currents becomes a viable alternative for the conservative treatment of patients with urge urinary incontinence.

Keywords: Nocturia, Urinary Incontinence, Electrostimulation

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BODY PAIN LOCATION AND PAIN SEVERITY IN BRAZILIAN WOMEN: A CROSS-SECTIONAL STUDY USING THE BRIEF PAIN INVENTORY

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Background: Women are more likely to experience from pain symptoms than men due to biological and social factors. Changes in the body throughout the female life cycle, as well as external social and cultural pressures, place increased demands on women, resulting in pain symptoms for some.

Objectives: To verify the most common pain locations and the severity of pain experienced by women.

Methods: This is a cross-sectional study that included women and individuals who identified as female, aged 18 or older, and residing in Brazilian territory. This research followed the ethical precepts established by National Health Council (CNS) resolution n° 510/2016 and its complementary and followed General Law on the Protection of Personal Data (LGPD) 13.709/2018. The body map of the Brief Pain Inventory (BPI) includes three key domains: pain location, pain intensity, and pain interference in daily life. It was used to identify both the location and intensity of body pain. We assessed pain severity using a BPI domain, where the score ranges from 0 (no pain) to 10 (severe pain). Pain severity was verified by the average of the worst pain felt, the weakest pain felt, the average pain felt, and the pain felt at the moment. To answer the BPI, we considered pain symptoms in the past 24 hours. Nine hundred and sixty-four adult women participated in this study. Data is presented in percentages and means $\pm$ standard deviation.

Results: According to the body map, 64.2% of the women experienced headache, 34.3% experienced neck pain, 22.4% experienced right knee pain, 20.4% experienced sacral pain, 10% experienced thigh, gluteal and right shoulder pain. The average pain of the participants was 2.8 ± 2.4 on a scale of 0 to 10.

Conclusion: Most women reported headaches, followed by neck pain and right knee pain. Other affected areas included the sacral