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

Conflict of interest: The authors declare no conflict of interest.
Funding: Not applicable.
Ethics committee approval: CAAE: 28717120.8.0000.5398.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101413

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

Derfel Rodrigo Maciel Alba Folegatti, Mell Moreira Rita, Danielle Hikaru Nagami, Giovanna Saldanha Paffetti, Lívia Grous Gabini, Caroline Baldini Prudencio, Cristiane Rodrigues Pedroni, Angélica Mércia Pascon Barbosa
Universidade Estadual Paulista (UNESP), Marília, SP, Brazil

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 ± 073 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

Conflict of interest: The authors declare no conflict of interest.
Funding: Not applicable.
Ethics committee approval: No. 4.981.321.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101414

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

Marina Almeida de Souza, Guilherme Tavares de Arruda, Pâmela Calixto de Moraes, Sabrina Gonzaga, Ingrid da Costa Vilela, Mariana Arias Avila, Patrícia Driusso
Universidade Federal de São Carlos (UFSCar), São Carlos, SP, Brazil

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 ± 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

region, thigh, gluteal, and right shoulder, but with lower frequency. The average pain intensity was moderate, varying among participants. Those symptoms might be related to high levels of stress, physical overload, physiological changes, and sedentary behaviors that cause pain symptoms and those external factors need to be investigated to identify the causes of these symptoms. Although the pain severity by domain was considered as mild pain, other factors such as the impact of pain on women's daily lives must be considered in order to reduce pain symptoms and the impact on these women's lives.
Implications: Understanding the location of body pain and identifying the severity of symptoms are essential for a more accurate diagnosis and effective treatment. Some women may struggle to express their symptoms and emotions, making it difficult to communicate the true impact of pain on their daily lives to healthcare professionals.
Keywords: Pain, Physical therapy, Women's Health

Conflict of interest: The authors declare no conflict of interest.
Funding: Carrefour group, CAPES - Finance Code 001.
Ethics committee approval: No. 3.272.572.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101415

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PELVIC FLOOR MUSCLE TRAINING VERSUS CONTROL GROUP ON IMPROVEMENT THE URINARY SEVERITY OF WOMEN WITH STRESS URINARY INCONTINENCE: UMBRELLA REVIEW

Pâmela Calixto de Moraes, Néville Ferreira Fachini de Oliveira, Marina Almeida de Souza, Sabrina Gonzaga, Ingrid da Costa Vilela, Cristine Homsi Jorge, Patrícia Driusso
Universidade Federal de São Carlos (UFSCar), São Carlos, SP, Brazil

Background: Stress urinary incontinence (SUI) is the common type of UI among women that occurs during efforts that make intra-abdominal pressure. Pelvic floor muscle training (PFMT) is considered as the first-line treatment proven to guarantee results for UI. There are several systematic reviews about PFMT effect. However, are still needed to deepen the knowledge of PFMT regarding different outcomes and clinical relevance for the patient. This study had questioned if the PFMT was effective in improving the urinary severity of women with SUI when compared to the control group.
Objective: To review systematic reviews that reported the comparison of PFMT and control group to improve urinary severity in women with SUI.
Methods: This umbrella review was carried out in the Women's Health Research Laboratory (LAMU) at the Universidade Federal de São Carlos. This study follows the PRISMA recommendation and Cochrane Collaboration for systematic reviews. The following databases CINAHL, Cochrane, EMBASE, MEDLINE, PEDro and PubMed databases, were conducted by using Boolean operators with no language limits and articles published date. Inclusion criterion: systematic review that included randomized controlled trial, with an arm with PFMT alone in comparison with any intervention or no treatment in the adult women with SUI and whose outcome was urinary severity (collected by ICIQ-SF and IIQ-7 instruments). The study selection was undertaken by two reviewers independently. The studies were displayed and screened to identify relevant reviews, using Rayyan website.
Results: From 2,119 were excluded 2,116 studies after screening the title, abstract and full article. Three systematic reviews were included, the meta-analysis was performed using data from primary studies, with 1,691 participants. The overall effect estimate between PFMT and no treatment favored the PFMT group with moderate to large effect size (SMD = -0.54, 95% CI [-0.90 to -0.17], p = .005). When compared effect estimate between PFMT; when compared offering educational instructions favored the PFMT group with large effect size. (SMD = -0.90, 95% CI [-1.40 to -0.41], $p \leq .001$) and the effect estimate between PFMT and other interventions, there was no difference. (SDM = 0.05, 95% CI [-0,10 to 0,19], P = 0.79).
Conclusion: The present study showed that PFMT interventions are better than no treatment in terms or only offering educational instructions to reducing IU severity. When comparing PFMT with other study subjects, it was observed in 3 of the 5 studies that the control group performed PFMT associated with another invention.
Implications: This umbrella review supports the widespread use of PFMT as the first-line treatment for SUI. However, we recommend further studies like this to look at other important outcomes that impact the lives of women with SUI.
Keywords: Conservative treatment, Physical Therapy Modalities, Women's Health

Conflict of interest: The authors declare no conflict of interest.
Funding: FAPESP - 2024/21146-8.
Ethics committee approval: CAAE: 54080021.4.0000.5504.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101416

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FEMALE SEXUAL FUNCTION AND QUALITY OF LIFE

Náthila Lorrana Silva Cardoso[a],
Cristiane de Fátima Pimenta da Costa[b],
Stephanie Araujo Chucre De Lima[c], Luane Vanzeler Monteiro[c],
Marilia Silva de Castro Reis[c], Cibele Nazaré Câmara Rodrigues[d],
Erica Feio Carneiro[e]
[a] *Discente do Programa de Pós-graduação em Reabilitação e Desempenho Funcional (PPGREAB), Universidade do Estado do Pará (UEPA), Belém, PA, Brazil*
[b] *Programa de Residência Multiprofissional em Oncologia/Cuidados Paliativos, Universidade do Estado do Pará (UEPA), Belém, PA, Brazil*
[c] *Fisioterapeuta, Universidade do Estado do Pará (UEPA), Belém, PA, Brazil*
[d] *Docente do Curso de Fisioterapia, Universidade Federal do Pará (UFPA), Belém, PA, Brazil*
[e] *Docente do Programa de Pós-graduação em Reabilitação e Desempenho Funcional (PPGREAB), Universidade do Estado do Pará (UEPA), Belém, Pará, Brazil*

Background: Sexual function refers to the different reactions of the body during the phases of the sexual response cycle, and any reason that interrupts this cycle is characterized as sexual dysfunction. In this sense, sexual dysfunction can significantly impact on quality of life and generate a mistaken perception about sexuality, especially among women who have historically been immersed in taboos surrounding the subject.
Objectives: To verify female sexual function and its influence on quality of life.
Methods: This is an exploratory-descriptive study with a quantitative-qualitative design. Data collection took place online, through a link made available on Google Forms, from September 2020 to January 2021. A questionnaire composed of sociodemographic questions, female sexuality and pregnancy history was used, in addition to the Female Sexual Function Index (FSFI), which consists of 19 items with questions related to sexual function up to 4 weeks ago and covers domains related to sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain. Women between 18 and 55 years old, who had an active sexual life in the 4 weeks prior to