Background: Recurrent stroke significantly contributes to the global burden of stroke. Stroke secondary prevention, which promotes healthy lifestyle behaviors, is seen as a priority solution to reduce this burden. However, many post-stroke individuals maintain unhealthy lifestyles, often citing a lack of stroke education as a barrier to adopting healthier habits. Understanding whether knowledge about stroke influences the adoption of healthy behaviors can help guide secondary prevention strategies, where health education plays a crucial role in empowering individuals to make informed lifestyle choices.
Objectives: This study aimed to assess whether knowledge about stroke—its definition, signs, symptoms, risk factors, and the individual's belief in the possibility of another stroke —predicts the adoption of healthy lifestyle behaviors during the chronic phase post-stroke.
Methods: A cross-sectional study was conducted through telephone interviews with individuals in the chronic post-stroke phase, collecting data on sociodemographic, lifestyle behaviors, and stroke-related knowledge. Descriptive statistics and binary logistic regression (a = 5%) were used for analysis. The dependent variables were smoking cessation, safe alcohol consumption, healthy diet, physical activity, and the simultaneous adoption of all four healthy behaviors. Predictor variables related to stroke knowledge included knowing what a stroke is, its signs, symptoms, risk factors, and belief in the risk of a new stroke.
Results: Seventy-five individuals participated (mean age: 63 ± 13 years; 50% male). Of them, 65 (87%) did not smoke, 74 (89%) consumed alcohol safely, 48 (64%) ate at least two servings of fruits/vegetables daily, 25 (33%) engaged in = 1 hour of physical activity weekly, and 14 (19%) adopted all four healthy behaviors. Regarding stroke knowledge, 43 (57%) knew what a stroke is, 41 (55%) knew its signs and symptoms, 29 (39%) knew its risk factors, and 33 (44%) believed they were at risk of a new stroke. Knowledge of stroke risk factors was found to significantly predict physical activity participation (B: 1.08, OR: 2.95, 95% CI: 1.03-8.41, p = 0.043) and the simultaneous adoption of all healthy behaviors (B: 1.45, OR: 4.27, 95% CI: 1.15-15.82, p = 0.030).
Conclusion: Knowledge of stroke risk factors significantly predicted physical activity participation and the combined adoption of smoking cessation, safe alcohol consumption, a healthy diet, and post-stroke physical activity. Screening for knowledge of stroke risk factors could help identify individuals who need targeted secondary prevention education. Health education on this topic is essential in promoting the adoption of healthy lifestyle behaviors for stroke secondary prevention.
Implications: This study highlights the importance of health education in secondary stroke prevention, particularly in addressing knowledge about stroke risk factors to encourage healthy lifestyle behaviors. It also underscores the need for screening knowledge on stroke risk factors to identify individuals who require targeted education. These findings are relevant for healthcare professionals involved in secondary stroke prevention and suggest that future studies should explore whether providing knowledge about stroke risk factors can promote healthier behaviors and reduce recurrence rates.
Keywords: Stroke, Secondary Prevention, Healthy Lifestyle Behaviors, Knowledge

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QUALITY OF LIFE IN INDIVIDUALS AT DIFFERENT STAGES OF PARKINSON'S DISEASE: A COMPARATIVE ANALYSIS

Jéssica Saccol Borin Aita, Liziane Mattos Brião, Daniel Barbosa Tresmondi, Bruno Marques Strey, Bruna Frata, Fernanda Cechetti
Graduate Program in Rehabilitation Sciences, Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), Porto Alegre, RS, Brazil

Background: Parkinson's disease (PD) is a progressive neurodegenerative condition characterized by motor and non-motor symptoms that significantly impact individuals' functionality and independence, reducing their quality of life (QoL). The QoL of people with PD can be influenced by several factors, including disease progression, the presence of comorbidities, and treatment response. Thus, understanding the relationship between PD severity and QoL is essential for optimizing rehabilitation strategies, enabling the implementation of more effective and personalized approaches to minimize the negative impacts of the disease.
Objectives: To assess the relationship between PD severity and the quality of life of individuals affected by Parkinson's disease.
Methods: A cross-sectional study was conducted with individuals diagnosed with PD, recruited from Parkinson's disease associations in Rio Grande do Sul, Brazil. The study was approved by the Research Ethics Committee. Disease severity was measured using the Hoehn & Yahr Scale (H&Y), which classifies Parkinson's disease into stages based on a combination of clinical characteristics and disability. Quality of life was assessed using the Parkinson's Disease Questionnaire-39 (PDQ-39), which evaluates individuals' perceptions of QoL, participation, and disease-related restrictions. The comparison between variables was analyzed using a four-way ANOVA test, with post hoc analyses corrected by Bonferroni adjustments.
Results: A total of 27 individuals were included (mean age: 70.14 years, 66% male). The four-way ANOVA indicated a significant effect on QoL among individuals with different levels of PD severity (p = 0.011). Post hoc tests revealed large and moderate effect sizes, with Cohen's d ranging from -0.460 to -1.084. Statistical significance was reached only in the comparison between the H&Y 1.5 and H&Y 3 groups (d = -1.084, p = 0.042). Descriptive analysis showed a progressive increase in PDQ-39 scores, from 23.6 ± 5.4, 28.0 ± 12.8, 36.0 ± 9.2, and 48.0 ± 17.6 for stages 1.5, 2, 2.5, and 3, respectively, indicating that higher disease severity levels are associated with poorer quality of life.
Conclusion: PD severity is directly related to poorer QoL, highlighting the critical need for early and targeted interventions to minimize the negative impacts of disease progression. As the disease advances, individuals experience increasing disability and limitations, significantly affecting their daily lives. The findings of this study emphasize that individuals in more advanced disease stages, particularly those classified as H&Y stage 3, are particularly vulnerable to substantial reductions in their quality of life.
Implications: This study reinforces the importance of early and individualized rehabilitation strategies to address PD progression in its initial stages. Early recognition of disease severity through tools such as the Hoehn & Yahr scale allows for interventions that may help slow the decline in functional abilities and reduce the impact of PD on patients' lives. Furthermore, understanding the relationship between disease severity and QoL enables healthcare teams to tailor treatment plans more effectively, meeting the unique needs of each patient as they progress through the disease stages.
Keywords: Parkinson's disease, PDQ39, Hoehn & Yahr Scale

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