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KNOWLEDGE ABOUT STROKE AMONG USERS OF SUS: STUDY IN POPULATION FROM SOUTH OF SANTA CATARINA

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Background: Stroke is the leading cause of disability in adults in Brazil and has a significant financial impact on the Unified Health System (SUS). This impact can be reduced with preventive measures in primary care aimed at identifying risk factors and early diagnosis of the disease. Few studies assess the knowledge of SUS users about stroke.

Objectives: This study aimed to investigate the knowledge about stroke among the population that uses the SUS in the South of Santa Catarina.

Methods: This cross-sectional study was carried out based on the analysis of a questionnaire which evaluated knowledge about stroke regarding signs and symptoms, pathophysiology, risk factors and sequelae, developed by the researchers, with 350 individuals who were SUS users. The data collected were tabulated and analyzed in the Statistical Package for Social Science for Windows (SPSS) version 22. Descriptive statistics were performed in order to characterize the sample regarding sociodemographic and socioeconomic characteristics, as well as to describe the results of the questionnaire application.

Results: The sample was mostly female, with a mean age of 36 ± 14.33 years, mostly white, married/stable union, with an income of 1.5 minimum wages. It was observed that 64.5% ($n = 226$) of the participants believed they knew the pathophysiology of stroke, but of these only 28.8% ($n = 65$) answered correctly. The same occurs with signs and symptoms, risk factors and sequelae of stroke. The most common error found in the pathophysiology questions was the confusion of stroke with acute myocardial infarction. Regarding the immediate conduct when witnessing an individual having a stroke, 96.8% ($n = 239$) of the interviewees answered correctly, calling the emergency services. Even so, there were errors when correctly answering the SAMU number, 81.7% ($n = 286$) of the participants said they knew, however 51.4% ($n = 147$) reported the wrong number. Of the generic signs and symptoms of stroke, the most frequently cited during the study was headache, mentioned 80 times, followed by numbness in the arms 53 times, crooked mouth 42 times, dizziness 39 times, speech difficulties 30 times, high blood pressure 20 times, facial paralysis and fainting 12 times, and mental confusion 11 times. Regarding the consequences of stroke, the most frequently cited was paralysis of the limbs and mouth, mentioned 104 times, followed by impaired movement/motor function 102 times and speech 91 times. Among the least frequently cited were being confined to bed, mentioned 11 times, and death, 9 times. When asked about the pathophysiology of Transient Ischemic Attack, only 1.4% ($n = 5$) of the total number of interviewees were able to answer correctly.

Conclusion: This study showed that most of the interviewees do not know in general about stroke, however, they believe they know which can lead to inadequate prevention and intervention practices in stroke.

Implications: The need for educational interventions among this population became evident, as a way of preventing stroke, in order to reduce the individual and collective impact of the disease.

Keywords: Knowledge, Unified Health System (SUS), Stroke

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ASSOCIATION BETWEEN STAGE OF PARKINSON'S DISEASE AND KINEMATIC GAIT VARIABLES

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Background: With increasing life expectancy, the prevalence of chronic neurodegenerative diseases increases. Among these diseases, the second most prevalent is Parkinson's disease. Parkinson's disease is a chronic and progressive disorder of the nervous system that leads to the death of dopamine-producing neurons. Symptoms of Parkinson's disease include rigidity, postural instability, akinesia, bradykinesia, and tremor, as well as gait changes.

Objectives: To analyze the correlation between Parkinson's disease staging and kinematic parameters of gait in people with Parkinson's disease.

Methods: Fifteen patients diagnosed with Parkinson's disease participated in the study. Data collection was performed in a single visit to the collection environment. The Hoehn and Yahr scale and the Unified Parkinson's Disease Rating Scale (UPDRS) were used and applied during the intervention. Kinematics were assessed by the following parameters: gait speed, stride length, support time, swing, single support, double support, and stride. The variability of these parameters was calculated using the mean of the standard deviation. Pearson's correlation test was used to correlate disease staging and gait kinematic parameters. The significance level was set at $p < 0.05$.

Results: Associations were found between gait speed and disease stage ($p < 0.001$ and $r = -0.943$), stance time and disease stage ($p < 0.001$ and $r = 0.933$), disease stage and stride time ($p < 0.001$ and $r = 0.966$), disease stage and stance time variability ($p = 0.01$ and $r = 0.785$) and disease stage and swing time variability ($p < 0.016$ and $r = 0.766$) and disease stage and stride time variability ($p < 0.016$ and $r = 0.0761$).

Conclusion: As the stages of Parkinson's disease progress, the occurrence of gait abnormalities increases in individuals with the disease, such as reduced speed, increased support and stride time, and increased variability in the temporal kinematic parameters of gait, which may increase the risk of early fatigue and falls in these individuals.

Implications: The main limitation of the present study is the low n-sample. Rehabilitation through strengthening of key gait muscles has been shown to be the main precursor to reducing falls and early fatigue.

Keywords: Parkinson's disease, Gait, Kinematics

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TELEHEALTH INTERVENTION WITH HEARTS TECHNICAL PACKAGE AND ACTIVITY MONITOR TO INCREASE PHYSICAL ACTIVITY POST-STROKE: PRELIMINARY RESULTS OF A FEASIBILITY STUDY

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