

dyspnoea]). The BREQ-2 questionnaire was scored by domains (amotivation, introjected regulation, identified regulation, external regulation, and intrinsic motivation) and relative autonomic index. The COPD Self-Efficacy Scale was also scored by domains (negative effects, intense emotional arousal, physical exertion, time/environment, and behavioral risk factors).

Results: The sample consisted of nine patients, 5 (55.6%) males and 4 (44.4%) females, aged 67 ± 9 years old and hospital stay of 7.44 ± 5 days. A positive correlation was found between the physical exertion domain of The COPD Self-Efficacy Scale and the relative autonomic index and introjected regulation of BREQ-2 ($r = 0.83$; $p < 0.01$; $r = 0.86$; $p < 0.01$, respectively). Furthermore, a negative correlation was found between the CAT and the BREQ-2 amotivation domain ($r = -0.80$; $p < 0.01$) and a positive correlation between the mMRC and the BREQ-2 external regulation domain ($r = 0.64$; $p = 0.05$).

Conclusion: In patients hospitalized for COPD exacerbation, there is an association between the motivational level to perform physical activity and COPD symptomatology. The greater symptomatology was associated with greater external regulation for performing physical activity, as well as being more self-determined for the practice of physical activity and with more self-efficacy for managing dyspnea when performing physical exertion.

Implications: These results, even if determined by external reward, demonstrate susceptibility to changes in behavior related to the practice of physical activity.

Keywords: Motivation, Physical exercise, Respiratory diseases

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BARRIERS AND DRIVES OF TO THE PARTICIPATION OF CHILDREN AND YOUNG ADULTS WITH DOWN SYNDROME: A SYSTEMATIC REVIEW

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Background: Participation promotes the development of skills, competences, peer interaction and greater independence, thus contributing to the growth and development of children and young people. Despite the numerous benefits related to participation, children and young people with Down Syndrome participate less when compared to their typically developing peers. So far, the literature does not have comprehensive systematic reviews that investigate the barriers and facilitators for the participation of individuals with Down Syndrome.

Objective: This paper aims to identify barriers and facilitators for the participation of children, adolescents, and young adults with Down Syndrome.

Methods: A systematic review was conducted following the Preferred reporting items of Systematic Reviews and Meta Analysis Guide – PRISMA and with protocol registered at the International Prospective Register of Systematic Reviews - PROSPERO (number:

CRD42022302556). A deeply literature review using PubMed, Embase, Web of Science, PsycINFO, and Scielo electronic databases, with no date restriction. Original studies, published in peer-reviewed journals, written in any language, were included if they examined perceived barriers and or drivers of to participation by children, adolescents, and young adults with Down Syndrome. The methodological quality of the studies was assessed by McMaster Critical Review Forms for qualitative and quantitative studies.

Results: Ten studies, eight qualitative and two quantitative, involving 206 participants, were included in the review. Of these, seven studies scored above 70% on the McMaster Scale, indicating good methodological quality. The physical characteristics of individuals with Down Syndrome (eg, hypotonia) were identified as personal barriers to participation. Social barriers frequently addressed in studies were associated with family attitudes, social interaction, and financial resources. The lack of professionals and specialized activities were the most commonly reported political barriers, while the lack of accessibility and transportation were identified as environmental barriers. Personal enablers for participation in Down Syndrome were pleasure, individual skills, motivation, and fun. Factors such as the attitude of families, friends and social interaction appeared as social facilitators for participation. The availability of specialized professionals to carry out activities, as well as specific activities for people with Down Syndrome, were considered important political drivers of. None of the studies reported environmental facilitators.

Conclusion: There are personal, social, political, and environmental barriers and facilitators that determine participation in Down Syndrome.

Implications: The findings of this review show that the factors for children, adolescents and Young people with Down Syndrome to have lived participation are diverse and complex. The results obtained in this study make the professionals know and understand these factors in order to minimize the barriers and enhance the drivers of more effectively, improving their clinical practice and helping to raise awareness about the impacts of these aspects on the lives of people with disabilities.

Keywords: Participation, Down's syndrome, Barriers, Drivers of

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LOW BACK PAIN TREATMENT STRATEGIES IN PRIMARY CARE AND USER SATISFACTION: CROSS-SECTIONAL STUDY OF USER PERSPECTIVES

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Background: Limited access to evidence-based information and ineffective treatment modalities, especially in low- and middle-income countries, may contribute to the increase in years lived with disability associated with low back pain. Added to this, early referral to more complex levels of care increases waste and hinders this population's equitable access to health services.