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VALIDITY OF THE TELEPHONE-BASED APPLICATION OF THE PORTUGUESE VERSION OF THE PARKINSON'S DISEASE QUESTIONNAIRE (PDQ-39): PRELIMINARY RESULTS

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Background: Individuals with Parkinson's Disease (PD) commonly have disabilities that impact their health and quality of life. These individuals may have difficulties to access face-to-face health services. In addition, telerehabilitation has been an important strategy for healthcare. The 39-item Parkinson's Disease Questionnaire (PDQ-39) is a valid and recommended tool to assess the health-related quality of life of these individuals. However, studies investigating the concurrent validity of the telephone-based application of the PDQ-39 were not found.

Objectives: To investigate the concurrent validity of the telephone-based application of the PDQ-39 to assess the quality of life in individuals with PD.

Methods: This is a measurement proprieties study. Individuals were included according to the following criteria: idiopathic PD diagnosed by a neurologist, age 50 years or older, using an anti-parkinsonian medication, clinically stable for at least 6 months, and classified between stages 1-3 of the modified Hoehn and Yahr scale. The Portuguese version of the PDQ-39 was applied by interview in a face-to-face assessment, and after seven to 10 days, it was applied by telephone, by the same examiner. Descriptive statistics were used to characterize the sample. Intraclass correlation coefficient (ICC) was used to assess the agreement between the scores, considering the total score and domains' scores. When the ICC values were statistically significant, the magnitude was classified as: very low ≤ 0.25 ; low = 0.26 to 0.49; moderate = 0.50 to 0.69; high = 0.70 to 0.89; and very high = 0.90 to 1.00. The established significance level was $\alpha=5\%$.

Results: A total of 49 individuals, 34 men (69.4%), with a mean age of 66.51 ± 8.08 years and mean disease duration of 9.06 ± 6.89 years, were included. Most were classified at stages 2 (46.9%) and 3 (20.4%) of the modified Hoehn and Yahr scale. Significant correlations, classified as very high magnitude for the total score (ICC = 0.95; $p < 0.001$) and for the stigma and mobility domains ($0.92 < ICC < 0.94$; $p < 0.001$), and classified as high for the domains social support, activities of daily living, cognitive impairment, communication, bodily discomfort, and emotional well-being ($0.77 < ICC < 0.81$; $p < 0.001$) were found.

Conclusion: Preliminary results indicate that the telephone-based application of the Portuguese version of the PDQ-39 has adequate concurrent validity to assess the quality of life in individuals with PD. However, the study must be finalized to ensure these results.

Implications: These results indicate the potential of assessing the quality of life of individuals with PD using the PDQ-39 over the telephone, which can increase the feasibility of administration, reduce problems with transportation and costs.

Keywords: Parkinson's Disease, Quality of Life, Validation Study

Conflict of interest: The authors declare no conflict of interest.

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FUNCTIONAL CAPACITY AND DISABILITY IN OLDER ADULTS WITH CHRONIC LOW BACK PAIN: A STUDY OF RESPONSIVENESS

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Background: Chronic low back pain (LBP) is a prevalent condition in older adults, being identified as a cause of disability in this population. Despite its validity and reliability, the functional capacity tests are not often administered in patients with LBP but provide useful information related to mobility. A measurement property of the functional capacity tests that has not been investigated extensively in the LBP field is the responsiveness, such as the capacity to detect changes during the intervention.

Objectives: To determine the responsiveness of three functional capacity tests, the Timed Up and Go test, the 4-meter Walk test, the 5 times Sit to Stand test, and to compare with the responsiveness of the Roland Morris Disability Questionnaire (RMDQ) in older adults with chronic LBP undergoing an 8-week intervention.

Methods: This is a responsiveness study with measurement before and after an 8-week intervention. It was prospectively registered at the Brazilian Registry of Clinical Trials (RBR-9prhng). Patients with nonspecific LBP (age ≥ 60) were recruited. The functional capacity tests and the RMDQ were administered at baseline and after 8 weeks. The intervention followed the recommendations from clinical practice guidelines for the management of nonspecific LBP: The responsiveness was determined by calculating the effect size (ES), correlation analysis, and the analysis of the Receiver Operating Characteristic (ROC) Curve to calculate the area under the curve (AUC).

Results: 118 older adults with chronic LBP were recruited. The RMDQ was the most responsiveness measure, followed by the Sit to Stand test. The ES for the RMDQ was large (ES = -0.74; 95%CI: -0.56; -0.92), whereas the 5 Times Sit to Stand test presented a small effect (EF = -0.45, 95%CI: -0.26; -0.64). The Timed UP and Go test and the 4-meter Walk test small ESs (ES < 0.25). The 5 Times Sit to Stand test was the only one to show a fair correlation ($0.25 < r < 0.50$) with RMDQ. The ROC analysis, only the RMDQ showed AUC values above the cut-off point of 0.70.

Conclusion: The RMDQ was responsive to an 8-week lumbar stabilization program in older adults with chronic LBP. The 5 Times Sit to Stand test was the most responsive but presented limitations with regard to the capacity to discriminate patients who recovered from those who did not recover. A possible explanation for the lack of responsiveness of the tests may be due to the nature of the intervention, which was not focused on increasing ability and balance, components that are necessarily assessed by functional capacity tests.

Implications: Functional capacity tests are widely used to assess mobility and balance in older adults. Only the 5 Times Sit to Stand