

(PFM) is healthy and functional, it is voluminous and has a good capacity for contraction and relaxation. However, when there is a weakness in the functioning of this musculature, several dysfunctions can occur and influence the female sexual function. Sexual dysfunctions (SD) are classified into female orgasm disorder; female sexual arousal disorder; genito-pelvic disorder/penetration; and substance-induced sexual dysfunction. SD and MAP usually impact women, generating activity and participation limitations.

Objectives: To identify PFM disorders in young nulliparous women and correlate them with sexual function.

Methods: A descriptive, observational, cross-sectional study with a quantitative approach was carried out. The sampling process was of the convenience type, being selected women aged between 18 and 30 years, nulliparous, who had never been pregnant, had already experienced the first sexual intercourse and who were not menstruating on the day of the evaluation. The evaluation was carried out through the application of questionnaires (socio-clinical questionnaire, Pelvic Floor Distress Inventory, Female Sexual Function Index, International Consultation on Incontinence Questionnaire-Short Form, Jorge & Wexner Anal Incontinence Scale) and, later, by the physical assessment of perineal body tone, external anal sphincter tone and PFM strength using the Perfect scheme. Data were analyzed according to the distribution of sample normality, comparing the groups with and without pelvic floor dysfunction according to the presence of sexual dysfunction using the t test for independent samples. The Statistical Program for Social Science program (version 23) was used, considering a significance level of 5%.

Results: Participants were 45 young nulliparous women with a median age of 21 years. Most participants (75.5%) had an active sex life with a steady partner. Regarding pelvic floor disorders, 24.44% had bladder dysfunction (urinary incontinence), 31.11% had SD (pain and low lubrication) and 15.55% had coloproctological changes (intestinal constipation). Most of the sample had muscle weakness (with a median of 3 degrees) and normotonia in the perineal body (n=33) and external anal sphincter (n=38). Participants with SD had worse values for the pain/discomfort and lubrication domains in the Female Sexual Function Index instrument. In the comparative analysis between SD and other PFM dysfunctions, it was verified that the group with SD had more vaginal (p=0.04) (trigger points and fissures) and intestinal (p=0.02) dysfunctions (intestinal constipation). There was a correlation between SD, vaginal (R=0.04) and intestinal (R=0.04) dysfunctions.

Conclusion: There was a predominance of urinary dysfunction among PFM disorders and the prevalence of SD was high, taking into account that these are young nulliparous women. Women with sexual dysfunction have worse intestinal and vaginal functions with a correlation also between the same dysfunctions.

Implications: In scientific terms, this study presents relevant data by presenting high frequencies of pelvic floor dysfunctions and correlations with SD in young and nulliparous women. In clinical terms, the importance of the functional assessment of the PFM and how the sexual function of the PFM can be assessed by the physiotherapist is highlighted.

Keywords: Women's health, Pelvic diaphragm, Sexuality

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ANALYSIS OF MIGRATION BETWEEN STATES FOR HOSPITAL ADMISSION OF PATIENTS WITH CEREBRAL PALSY IN BRAZIL IN 2019

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Background: Cerebral Palsy (CP) is defined as a non-progressive neurological condition of the motor development caused by disorders that occurred in the developing brain, leading to limitations in several systems. Providing integral health assistance means offering health services at all levels of care, meeting the existing needs of the population. However, the low quality of the services and accessibility problems demonstrate that the care model of the country can sometimes be inefficient. Asymmetries and flaws in the effectiveness of the current model often make it necessary for parents/guardians of patients with CP to search hospital care in Federative Units (FUs) other than the FU of residence.

Objectives: Analyze the number of patients with Cerebral Palsy assisted who sought hospital care in Federative Units different from the FU of residence.

Methods: Descriptive study based on data from the information systems of the Ministry of Health on hospital admissions on a nationwide level. Data obtained were authorizations for hospitalization, FU where the establishment is located, FU where the patient resides and an indicator of care at a FU other than the location of residence. The FUs were also grouped in macroregions. Data were analyzed using the R software and presented in frequency measures.

Results: A total of 8,785 inpatient admissions from patients with CP were registered in Brazil during 2019. The southeast region had the highest number of records, and the north had the lowest. Of the total number of inpatient admissions records, about 4.5% were from patients treated in a FU different from their FU of residence. 1/4 of these records belonged to the Midwest region, which is the region that receives most patients from other locations; this region received patients from all regions of the country and from almost all states. The northern region did not register care for patients from any of the other regions; and the southern region registered only one. In the analysis by state, it was observed that, in general, states rarely receive patients residing in other states. The exception was the Federal District, which recorded that 65% of hospitalizations of patients with CP in establishments located in the district are residents of other states; Goiás is responsible for 35% of these admissions.

Conclusions: The Brazilian states do not receive many patients coming from other FU, and when they do, they are normally from close states. The North did not register attendances of patients not residing in the region; however, the other regions of the country admitted patients from the northern region. Unlike other states, the Federal District mainly serves patients residing in other locations.

Implications: It is possible that there is a difference in quality and aptitude of assistance for patients with CP between regions and states of Brazil, which leads these patients to be cared for in health facilities located in a FU different from their residence. These data can indicate which states need the attention of health managers, and actions that identify points of improvement for the service capacity.

Keywords: Cerebral Palsy, Health Services Accessibility, Unified Health System

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