

250

WHAT DO PATIENTS WITH CHRONIC SHOULDER PAIN EXPECT FROM PHYSIOTHERAPY IN THE BRAZILIAN PUBLIC SECTOR? A QUALITATIVE STUDY

Leticia Jonas de Freitas¹, Gisele Harumi Hotta¹,
Rafael Krasic Alaiti², Domingo Palacios-Ceña³,
Anamaria Siriani de Oliveira¹

¹ Department of Health Sciences, LAPOMH. Medical School, University of São Paulo (USP), Ribeirão Preto, São Paulo, Brazil

² Nucleus of Neuroscience and Behavior and Nucleus of Applied Neuroscience, University of São Paulo (USP), São Paulo, São Paulo, Brazil

³ Universidad Rey Juan Carlos, Physical Therapy, Occupational Therapy, Rehabilitation and Physical Medicine, Hum&QRinHS, Madrid, Spain

Background: High recovery expectations of patients with musculoskeletal pain have already been associated with lower levels of anxiety and pain-related disability. This fact demonstrates that what individuals expect from treatment can influence the course of rehabilitation. However, there are still no studies with patients with chronic shoulder pain that explore expectations regarding physiotherapy offered within the Brazilian public sector.

Objectives: Understanding what patients with chronic shoulder pain expect from physiotherapy offered by the Brazilian public sector.

Methods: 30 individuals with chronic shoulder pain over 18 years old, with pain of traumatic and non-traumatic origin for at least three months who were waiting for physiotherapeutic treatment were selected. Semi-structured interviews were conducted, which were recorded, transcribed, and submitted to thematic analysis and inductive coding.

Results: Two themes were identified: 1) Positive beliefs and expectations with physiotherapy, and 2) Disbelief with physiotherapy intervention. For each theme, a category emerged, which were, respectively: Waiting for the improvement of the physical condition and the uncertainty of the success of the treatment. In topic 1, 16 patients reported that they expected physiotherapy to relieve pain; 7 individuals expected movement to be improved; 2 that physiotherapy would provide the cure, and finally, 1 hoped that the inflammation, which was the cause of the pain, would be improved: "What it get better, right? I hope to relieve the pain" (Patient 26); "Ah, help me to return with the normal movement of my arm, that's what I hope" (Patient 18); "Oh, it gets better. Cure! (Laughter). I want the cure! (...)" (Patient 10) "Expectation of improvement, a lot, cure I know that it can be possible, but it improves, it disinflames the arm because it is inflamed (...)" (Patient 9). In this theme, the codes that emerged were pain, movement, healing and disinflammation. In topic 2, two patients reported not knowing what to expect from physiotherapy: "Look, I can't say what physiotherapy can help me because I don't know what it's going to do, I don't know" (Patient 25); and 2 patients believed that only surgery could help the condition: "I wanted to have the surgery and it would be resolved soon (...) if I had done it a month after the trauma I would certainly be 100% today" (Patient 2). In this theme, the codes that emerged were uncertainty, time for improvement and surgery.

Conclusion: Most patients had positive expectations in relation to physiotherapeutic treatment in the Brazilian public sector. However, individuals who reported disbelief demonstrated not knowing what to expect from the treatment or that they believed that surgery would be the best way.

Implications: Reinforcing or elucidating the possible results that physiotherapy can deliver to patients in the Brazilian public sector with chronic shoulder pain, may favor the creation of high recovery expectations and consequently positively impact physiotherapy rehabilitation.

Keywords: Beliefs, Pain in the shoulder, Qualitative research

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

Acknowledgment: This work was carried out with the support of the Coordination for the Improvement of Higher Education Personnel - Brazil (CAPES) - Financing Code 001.

Ethics committee approval: This study was approved by the Research Ethics Committee of Centro de Saúde Escola Cuiabá (CAAE: 41215120.2.0000.5414).

<https://doi.org/10.1016/j.bjpt.2024.100847>

251

FOOD CONSUMPTION AND MULTIMORBIDITY PATTERNS IN BRAZILIAN OLDER ADULTS: ANALYSIS OF NATIONAL HEALTH SURVEY 2019

Larissa Martins Cândido¹, Leticia Martins Cândido²,
Luís Gustavo Oliveira², Kátia Jakovljevic Pudla Wagner³,
Núbia Carelli Pereira de Avelar², Ana Lúcia Danielewicz²

¹ University of Southern Santa Catarina (Unisul), Palhoça, Santa Catarina, Brazil

² Federal University of Santa Catarina (UFSC), Araranguá, Santa Catarina, Brazil

³ Federal University of Santa Catarina (UFSC), Curitiba, Santa Catarina, Brazil

Background: Food consumption influences aging since eating large amounts of foods rich in fats and sugars, as well as low consumption of fruits and vegetables, are factors associated with obesity and multimorbidity. In the older adults, chronic diseases are increasingly being analyzed in terms of involvement, considering their similarities in symptomatological/clinical characteristics, and evaluating their possible health complications. So far, the direction and magnitude of the existing association between food consumption and multimorbidity patterns is unknown, which demonstrates the relevance of this analysis to support the promotion of healthier eating habits by the older adult's population.

Objectives: To verify the association between food consumption and multimorbidity patterns in the older adults.

Methods: Cross-sectional study, with data from 22,728 Brazilian community-dwelling older adults (≥ 60 years old) participating in the National Health Survey 2019. Food consumption was analyzed by individual food items (fruits and vegetables, beans, red meat, chicken, fish, sweets, milk) and the substitution of meals for quick snacks (SMQS) and categorized in times/week: never or less than one (reference category); one; 2-3; every day. Salt intake was categorized as very low/low, adequate, or very high/high. Outcomes were multimorbidity patterns, assessed by self-reporting the coexistence of two or more chronic diseases with similar clinical characteristics: cardiopulmonary, musculoskeletal, and vascular-metabolic. Logistic regression analyzes were performed, adjusted for gender, age group, years of study, body mass index and level of leisure-time physical activity.

Results: The older adults who consumed fish once (OR=0.68; CI95%=0.54-0.87), 2-3 (OR=0.62; CI95%=0.46-0.83) and every day of the week (OR=0.61; CI95%=0.38-0.99) were less likely to be affected by the cardiopulmonary pattern, while those who consumed sweets every day (OR=1.34; CI95%=1.02-1.76) and very high/high amount of salt (OR=1.52; 95%CI=1.06-2.17) were more likely to be affected by this pattern. Consuming chicken 2-3 (OR=1.59; CI95%=1.02-2.49) and SMQS once/week (OR=3.33; CI95%=1.15-9.62) increased the odds of involvement by the musculoskeletal pattern. Consuming red meat 2-3 (OR=0.82; CI95%=0.74-0.90) and every day (OR=0.76; CI95%=0.68-0.84) decreased the chances of involvement by the

vascular-metabolic pattern; in the same way as eating sweets one (OR=0.89; CI95%=0.80-0.99), 2-3 (OR=0.77; CI95%=0.71-0.85) and all days (OR=0.76; CI95%=0.69-0.84), and ingest adequate (OR=0.69; CI95%=0.65-0.74) and very high/high amount of salt (OR=0.83; CI95%=0.72-0.95). However, consuming chicken (OR=1.21; CI95%=1.07-1.36) and milk every day (OR=1.10; CI95%=1.02-1.18) increased the chances of being affected by the vascular-metabolic pattern.

Conclusion: There was a negative association between fish consumption and cardiopulmonary pattern, while sweets and salt were positively associated. Consuming chicken and SMQS were positively associated with musculoskeletal pattern. Finally, there was a positive association between the consumption of chicken and milk with a vascular-metabolic pattern, while sweets, salt and red meat were negatively associated.

Implications: This study will help health workers to prevent and adopt a more effective integrative approach, considering food consumption as a potential factor to reduce the chances of developing multimorbidity patterns in older adults.

Keywords: Aged, Food Behavior, Multimorbidity

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

Acknowledgment: Not applicable.

Ethics committee approval: The National Health Survey 2019 project was approved by the National Research Ethics Committee, of the National Health Council, under Opinion No. 3,529,376, issued in August 2019.

<https://doi.org/10.1016/j.bjpt.2024.100848>

252

FACTORS ASSOCIATED WITH TELEVISION TIME IN BRAZILIAN COMMUNITY-DWELLING OLDER ADULTS: ANALYSIS OF NATIONAL HEALTH SURVEY 2019

Leticia Martins Cândido¹, Luís Gustavo Oliveira¹,
Kátia Jakovljevic Pudla Wagner², Núbia Carelli Pereira de Avelar¹,
Ana Lúcia Danielewicz¹

¹ Federal University of Santa Catarina (UFSC), Araranguá, Santa Catarina, Brazil

² Federal University of Santa Catarina (UFSC), Curitiba, Santa Catarina, Brazil

Background: Watching television corresponds to the most frequent sedentary behavior in older adults and which is associated with greater health risks, including frailty and all-cause mortality. Thus, it is important to develop studies that assess the factors that are associated with this behavior, so that the government, together with health professionals, has adequate knowledge to support the best recommendations for the older population, which can guide change or, at least, a decrease in the daily time spent on this behavior.

Objectives: Identify the factors associated with the time spent watching television in the older adults.

Methods: Cross-sectional study, with data from 22,728 Brazilian community-dwelling older adults (≥ 60 years old) participating in the National Health Survey 2019. The outcome of the study consisted of self-reporting the time spent watching television, dichotomized into < 3 h/day and ≥ 3 h/day. The independent variables were sociodemographic and behavioral characteristics, health conditions and functional capacity. To investigate the various associated factors, multivariate logistic regression analyzes with robust variance were performed using a hierarchical analytical model.

Results: The proportion of older adults sampled who spent ≥ 3 h/day watching television was 28.8% (95%CI: 28.2; 29.5). The following factors were positively associated with longer hours watching television:

(1) sociodemographic (female gender [OR: 1.31; 95%CI: 1.21; 1.41]; age between 70 and 79 years [OR: 1.20; CI95: 1.11; 1.30] and ≥ 80 years [OR: 1.25; CI95%: 1.12; 1.39]; years of study over 12 [OR: 1.24; CI95%: 1.10; 1.42] and between 9 and 11 [OR: 1.24. 95%CI: 1.08; 1.43]; divorced [OR: 1.33; 95%CI: 1.23; 1.44] and widowed [OR: 1.35; 95%CI: 1.24; 1.48]), (2) behavioral (smoker [OR: 1.55; 95%CI: 1.40; 1.72]; insufficiently active in the leisure [OR: 1.12; 95%CI: 1.02; 1.22]), (3) health conditions (with a chronic disease [OR: 1.35; 1.13; 95%CI: 1.03; 1.25] and more than two [OR: 1.46; 95%CI: 1.33; 1.60]; overweight [OR: 1.28; 95%CI: 1.16; 1.42]) and (4) functional capacity (mild functional disability [OR: 1.19; 95%CI: 1.09; 1.30] and moderate/severe [OR: 1.38; 95%CI: 1.25; 1.52]). On the other hand, per capita household income ≥ 1 and < 2 (OR: 0.82; 95%CI: 0.74; 0.90) and < 1 minimum wage (OR: 0.76; 95%CI: 0.69; 0.83), and without schooling (OR: 0.62; 95%CI: 0.53; 0.71) were negatively associated with longer hours watching television.

Conclusion: Therefore, it is important that these factors be considered in the multidimensional assessment of the older adults, so that intervention measures are effective, such as guiding greater social interactions and inserting healthier habits into daily life, such as the practice of physical activity and healthy eating.

Implications: The results reinforce the evaluation of these characteristics in clinical practice to track and identify the factors associated with greater chances of older people spending extended time watching television, which, in turn, can prevent several negative outcomes for the health of the older person.

Keywords: Aged, Sedentary behavior, Associated factor

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

Acknowledgment: Not applicable.

Ethics committee approval: The National Health Survey 2019 project was approved by the National Research Ethics Committee, of the National Health Council, under Opinion No. 3,529,376, issued in August 2019.

<https://doi.org/10.1016/j.bjpt.2024.100849>

253

BIOMECHANICS OF GAIT IN WOMEN WITH KNEE OSTEOARTHRITIS

Leticia Yoko Nakamura de Roide¹, Marcelo Tavella Navega¹,
Deborah Hebling Spinoso¹

¹ Universidade Estadual Paulista (UNESP), Department of Physiotherapy and Occupational Therapy, Marília, SP, Brazil

Background: Osteoarthritis is a chronic, progressive disease that affects more than 250 million people in the world, mainly women after menopause. Among all joints, the knee is the most commonly affected. Knee osteoarthritis (KOA) occupies tenth place in the world ranking of diseases that cause global disability. Walking is the most frequently performed daily task. Neuromuscular deficits characteristic of KOA, such as decreased quadriceps strength and balance, can lead to changes in the movement pattern during gait that contribute to greater energy expenditure and, consequently, limitation of the intensity and duration of this task.

Objectives: The study aimed to compare the kinematic variables of gait in women with and without KOA.

Methods: The study included 71 individuals divided into groups with Knee Osteoarthritis (KOAG, $n=39$; 66.8 ± 7.7 years) and a control group (CG, $n=32$; 64.9 ± 7.1 years). The study was approved by the local ethics committee and all participants signed an informed consent form. For gait evaluation, a 14-meter-long and 1-meter-wide walkway was used.

The volunteers were verbally instructed to walk on the walkway at the same speed they were used to. Altogether, five attempts