

performed the same exercise program with the aid of a booklet with the details of the exercises. The exercise program was to be performed 3 times/week in 45-minute sessions for 6 weeks. Participants in both groups underwent an initial assessment and after the 6 weeks of intervention, with physical performance assessment tests (40-meter Fast Walk Test (T-C40m); 30-second Sitting and Standing Test (T-SL30s) and 9-step Going Up and Down Stairs Test (T-Stairs) and completion of questionnaires (Western Ontario and McMaster Universities Osteoarthritis Index- WOMAC; the World Health Organization Quality of Life -WHOQOL-bref and the TAMPA Scale for kinesiophobia - ETC). They also responded to the Exercise Adherence Rating Scale (EARS) only at reassessment.

**Results:** 9 participants were evaluated so far (90% female), 5 from the GS and 4 from the AG, with a mean age of 58.4 years, BMI of 30.34kg/m<sup>2</sup>. There was no interaction between time and groups in relation to all outcomes evaluated in this study. Significant improvement was observed after 6 weeks in relation to ETC and the domain stiffness and total WOMAC score when comparing the pre and post intervention assessments of both groups together (GS+GA). Regarding the EARS, the GS presented an average of 22.4 (3.6) and the GA, 20.3 (3.3) of 24 possible points in section B, and 32.0 (1.0) and 30.5 (6.3), respectively, out of 36 possible points in section C, indicating good acceptance of both programs.

**Conclusion:** From our preliminary results, we observed that both telerehabilitation programs are feasible and well accepted by participants. However, it has not yet been possible to make consistent conclusions regarding the synchronous and asynchronous modality regarding pain, quality of life and functionality.

**Implications:** Telerehabilitation in synchronous and asynchronous modalities can be used as a treatment option to enable continuity of treatment and maintenance of benefits in people with knee OA.

**Keywords:** Virtual Rehabilitation, Remote Patient Control, Physiotherapy

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

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**Ethics committee approval:** The study was approved by the Ethics Committee for Research on Human Beings of the UFMS under number 5.833.392.

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## ASSOCIATION BETWEEN SEXUAL FUNCTION AND SOCIODEMOGRAPHIC AND HEALTH FACTORS IN BRAZILIAN WOMEN: A CROSS-CROSS STUDY

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**Background:** The female sexual response is composed of physical and psychological factors, which when altered affect sexual function and can result in female sexual dysfunction (FSD). Despite advances in the literature regarding the FSD, understanding of the influence of sociodemographic and health factors, such as age, marital life, number of pregnancies, use of contraceptive methods, physical activity, urinary incontinence and menopause are still limited.

**Objectives:** To verify the association between female sexual function and sociodemographic and health factors in Brazilian women.

**Methods:** This is a cross-sectional study, with Brazilian women aged  $\geq 18$  years, who had sexual intercourse in the last 4 weeks, literate and with internet access, recruited from the dissemination of the research on social networks. Data were collected via Google Forms carried out between October 2021 and August 2022, and contained sociodemographic, health and screening questions. of DSF through the Female Sexual Function Index (FSFI) questionnaire, which has six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). Each domain has its own score, and when added together, they determine the final score, where values  $\leq 26.55$  represent worse sexual function and risk of having some type of FSD. To measure associations, binomial logistic regression analysis was performed by FSFI domains. DSF screening was the dependent variable, while age, marital status, number of pregnancies, use of contraceptive methods, practice of physical activity (PA), urinary incontinence (UI) and post-menopause were the independent variables. The SPSS program (version 22.0) was used, adopting a significance level of 5%.

**Results:** A total of 621 women participated, of which 197 (30.5 years  $\pm 9.3$ ) were at risk for DSF based on the FSFI. As for the associations, the desire domain was associated with the variables UI and menopause (OR=1.61, CI 1.09–2.38,  $p=0.02$ ); difficulty in the excitation and lubrication domains were inversely associated with the practice of PA (OR=0.53, CI 0.35–0.80,  $p<0.1$ ; OR=0.62 CI 0.41–0.95,  $p=0.03$ , respectively); difficulty in the satisfaction domain was directly associated with UI (OR=2.08, CI 1.30–3.32,  $p<0.01$ ) and difficulty in the pain domain was inversely associated with the practice of PA (OR=0.59, CI 0.38–0.91,  $p=0.02$ ) and directly associated with the presence of UI (OR=2.16, CI 1.32–3.53,  $p=0.01$ ); difficulty in the orgasm domain was not associated with any of the variables.

**Conclusion:** The findings of this study indicate that women who do not practice PA had greater impairment in the domains of arousal and lubrication. For the domains of desire, satisfaction and pain, UI was the main factor associated with FSD.

**Implications:** By presenting the factors that are significantly associated with FSD, it is possible that in clinical practice and research these data are objects of investigation by health professionals aiming at the prevention of FSD.

**Keywords:** Women's Health, Prevalence, Sexuality

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

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**Ethics committee approval:** Federal University of São Carlos (UFSCar). CAAE: 27822120.7.0000.550.

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## VALIDITY OF THE 2-MINUTE WALK TEST TO ASSESS EXERCISE CAPACITY IN INDIVIDUALS WITH PARKINSON DISEASE

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**Background:** Individuals with Parkinson's Disease (PD) commonly have reduced exercise capacity, which impacts autonomy and quality of life. The 6-minute walk test (6MWT) has adequate measurement properties to assess exercise capacity in this population. However, these individuals have a reduced fatigue threshold, which may make it difficult to apply prolonged exercise tests. Two-minute

walk test (2MWT) is a potential alternative to optimize the measurement of this outcome.

**Objectives:** To assess the validity of the 2MWT for assessing exercise capacity in individuals with PD.

**Methods:** A methodological study was developed. People with idiopathic PD, age  $\geq 50$  years, medically stable for at least 6 months, classified between the stages 1-3 of the modified Hoehn and Yahr scale were included. Individuals were instructed to walk the longest possible distance in six minutes in a 30-meter corridor. Standardized stimuli were provided every minute of the test. In the second and sixth minutes, the distances covered were recorded. Two tests were performed with an interval of 30 minutes or until hemodynamic stabilization. The best total distance covered (in meters) was used in the analyses. Descriptive statistics was used to characterize the sample. Pearson's Correlation Coefficient was used to investigate the correlation between the tests (6MWT and 2MWT). Regression analysis was used to develop an equation to predict the distance covered in the 6MWT based on the 2MWT. The intraclass correlation coefficient (ICC) was used to assess the validity of the equation. The magnitude of the correlation was classified as follows: very low  $\leq 0.25$ ; low = 0.26-0.49; moderate = 0.50-0.69; high = 0.70-0.89; and very high = 0.90-1.00. The significance level was  $\alpha=0.05$ .

**Results:** Forty-six individuals, 32 males (69.6%), mean age  $66.93 \pm 8.34$  years, and mean disease duration  $8.5 \pm 5.96$  years were included. Most were classified at stage 2.0 (54.3%) and 3.0 (17.4%) on the modified Hoehn & Yahr Scale. Significant, and very high magnitude correlation between the distance covered in the tests was found (6MWT and 2MWT) ( $r=0.95$ ;  $p < 0.001$ ). The equation developed to estimate the distance covered in the 6MWT explained 91% of the 6MWT variability:  $6MWT_{distance} = 46,31 + (2,40 \times 2MWT_{distance})$ . Significant, and very high magnitude agreement between the distance covered in the 6MWT and predicted by the equation was found ( $ICC = 0.90$ ;  $p < 0.001$ ).

**Conclusion:** Preliminary results indicate adequate validity of the 2MWT to assess exercise capacity in individuals with PD. Furthermore, the developed equation was adequate to predict the distance covered in the 6MWT based upon in the distance covered in the 2MWT. However, the study must be completed to ensure the results.

**Implications:** The 2MWT has potential to assess exercise capacity in individuals with PD, and the developed equation can estimate the distance covered in the 6MWT. This can optimize the measurement of this result, making the measurement feasible.

**Keywords:** Clinical trials, Exercise capacity, Parkinson's disease

**Conflicts of interest:** The authors declare no conflicts of interest.

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**Ethics committee approval:** Comitê de Ética em Pesquisa da Universidade Federal de Minas Gerais (COEP/UFMG) (CAAE: 5.3970.421.0.0000.5149).

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## IMPACT OF THE COVID-19 PANDEMIC ON TUBERCULOSIS CONTROL IN BAHIA

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**Background:** Tuberculosis (TB) is a transmissible infectious disease caused by species of the *Mycobacterium tuberculosis* complex and, until the emergence of the new Coronavirus Disease (COVID-19), it was the leading cause of death among adults from a single infectious

agent. The pandemic emergency substantially affected TB services, as it reorganized actions and health systems with the aim of mitigating transmission and treating those infected with COVID-19, culminating in a break in the TB management chain.

**Objectives:** To describe and compare the incidence and outcomes of TB treatment in Bahia before and after the emergence of COVID-19.

**Methods:** This is a retrospective, epidemiological, descriptive and quantitative study using secondary data from new TB cases reported in Bahia between 2017 and 2022, through the National System of Notifiable Diseases (SINAN), available at DATASUS. Data from the pre-pandemic period (2017 to 2019) were compared with the post-pandemic period (2020 to 2022).

**Results:** Bahia had 16,806 new cases of TB from 2017 to 2019, with an incidence of 114 cases per 100,000 inhabitants. The highest proportion of cases was among males and in the age group of 20 to 39 years, followed by 40 to 59 years. After the onset of COVID-19, from 2020 to 2022, the number of new cases was 14,919 and the incidence of TB was 101 cases per 100,000 inhabitants. The highest proportion of cases remained for males and for the age group 20 to 39 years old, followed by 40 to 59 years old in 2020 and 2021. However, in 2022 there was an inversion between age groups, with a higher proportion of TB between 40 and 59 years old. Regarding treatment outcomes, there were reductions of 33% in TB treatment dropout and 25% in primary dropout. Despite this, there was a 44% reduction in the number of patients cured of TB. Changing treatment regimens increased by 64% and multi-drug resistant TB decreased by 18%. Regarding deaths of patients with TB, there was a small increase (2%) in deaths from TB and a 20% reduction in deaths from other causes. Ignored or unfilled outcomes increased 3.97 times post-pandemic.

**Conclusion:** After the emergence of COVID-19, there was an 11.2% drop in the number of new TB cases in Bahia. Despite the reduction in treatment abandonment, an increase in the number of uncured patients and a slight increase in the number of deaths from TB was observed. The significant increase in ignored or unfilled outcomes can be justified by the reallocation of resources for coping with COVID-19, generating less follow-up of active cases and those undergoing treatment for TB from 2020 to 2022.

**Implications:** Epidemiological monitoring allows tracing and comparing the profile of patients, knowing health-related outcomes, identifying changes and measuring the impact of COVID-19 on TB care and control, in order to help adapt strategies and goals for better management of patients undergoing treatment and contacts.

**Keywords:** Tuberculosis. COVID-19. Control of communicable diseases

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

**Acknowledgment:** Universidade Federal do Sul da Bahia.

**Ethics committee approval:** As this is an epidemiological study with secondary data, there was no need to register with the Comitê de Ética e Pesquisa, as proposed by Resolution No. 466 of December 12, 2012 of the Conselho Nacional de Saúde.

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## ORGANIZATION OF PRIMARY HEALTHCARE FOR USERS WITH CHRONIC MUSCULOSKELETAL PAIN BY PROGNOSTIC STRATIFICATION

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