

Results: The HACOR scale considers heart rate, acidosis (blood pH), Glasgow scale, oxygenation (PaO₂/FiO₂) and respiratory rate, from 0 to 25 points. The highest score defines the need for intubation (mechanical ventilation-MV) after one hour of NIV in hypoxemic hospitalized patients. Ten minutes later, the second application of the HACOR scale was performed to test the reliability (Intraclass Correlation Coefficient-ICC), measurement error (standard error of measurement-SME and minimum difference detected-DMD), ceiling and floor effect, validity of construct by correlation (Pearson-r) with pulse oxygen saturation (SpO₂) and predictive capacity (area under the ROC-curve).

Conclusion: The HACOR scale has adequate clinimetric properties, however, it showed a floor effect in the sample included in this study.

Implications: The study shows the HACOR scale provides an adequate level of reproducibility within emergency rooms and intensive care units in Brazil. That said, it can be used with greater confidence by Brazilian health professionals during their clinical practice, concretely assisting in the decision of progression to orotracheal intubation and assessment of success of non-invasive ventilation. Besides becoming useful for future studies that will use the scale in Brazil.

Keywords: Noninvasive ventilation, Acute respiratory failure, Clinimetric properties

Conflict of interest: The authors declare no interest conflict.

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HEALTH LITERACY IN ELDERLY CARE: ASSUMPTIONS, CONCEPT AND IMPACTS IN THE FACE OF FALLS

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Background: Elderly people use various sources and information for self-care. Often the sources of information are close people from affective networks, but also technical networks through contacts with health professionals. From these, they build ways of acting in health on aging and its relationships with falls.

Objective: To analyze the assumptions of health literacy to delimit the concept and possible impacts for its effectiveness in the self-care of the elderly in the face of falls.

Methods: Integrative literature review of the concept of Health Literacy, its assumptions for effective self-care of elderly people in the face of falls. To this end, the descriptor "Literacy" was used, in Portuguese, in Databases, through the CAPES Periodicals Portal. Thus, selecting articles related to elderly people's literacy, which discuss the topic of falls.

Results: Initially, 51 articles were located, of which those that did not include elderly literacy and falls in the home/community environment were discarded. Of these, 07 (seven) texts were selected, which in a second reading of the abstract contemplated the theme, remaining with this final number, even after reading all the articles.

The assumptions listed were literacy as an enabler, but in its absence, communication through electronic information media supported by health professionals minimizes the educational fragility of the school. Cognitive ability to understand and interpret the meaning of written, spoken, or digital health information provide a critical reflective practice and enhance self-care. As a concept, competence in health literacy is understood as the ability to seek, interpret, criticize, and select health information, producing meaning and transforming it into health actions. To this end, the impact of health literacy on the self-care of elderly people in the face of falls allows them to provide lifelong learning, whether in physical, psychic, social development and in improving the context of life, generating inclusion and citizenship.

Conclusion: Health literacy can be understood as a set of skills used by individuals and communities to seek, select and give meaning to health information. This is influenced by the degree of literacy, cognitive ability and access to information as a basis for building knowledge aimed at transforming it into self-care actions in health. Thus, it generates greater development of the elderly, inclusion and guarantee of social rights.

Implications: Health literacy is an element to be considered for empowering the elderly, improving communication and decision-making autonomy in the face of information available, whether through leaflets, manuals, electronic devices, and health professionals. Thus, producing health promotion actions, prevention of falls and rehabilitation in the face of the aging process and falls.

Keywords: Health Literacy, Physiotherapy specialty, Elderly Health

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PITTSBURGH FATIGABILITY SCALE- BRAZIL VALIDATION FRONT OF THE FUNCTIONAL CAPACITY MEASUREMENT IN THE ELDERLY

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Background: Fatigue is an early indicator of negative outcomes in aging, associated with increased risk of disability and mortality. Recently, the term fatigability was coined, which comprises the individual's subjective perception of fatigue in the face of activities of defined duration and intensity. The Pittsburgh Fatigability Scale (PFS) is a validated and standardized instrument for the elderly public, which has been translated into Brazilian Portuguese.

Objectives: To validate the physical subscale of the Brazilian version of the Pittsburgh Fatigability Scale (PFS-Brasil) by evaluating the convergent validity in relation to measures of physical performance.

Methods: Validation study of the PFS-Brasil instrument to assess physical fatigability in the Brazilian elderly population. People aged 60 years or over, Brazilians, without neurological, cognitive or orthopedic alterations limiting the performance of the physical test, were invited to participate in the study. The participants performed a measure of physical performance (Short Physical Performance Battery - SPPB) and answered the Brazilian version of the PFS