

analysed as moderate or severe and who underwent IMV and prone position. The BMI of each individual was identified and analysed to identify alterations. Comorbidities were also identified.

Results: 512 individuals were included in the study. 05 (0.9%) had low weight, 119 (23.2%) had normal weight, 183 (35.7%) were overweight, 131 (25.6%) had class I obesity, 44 (8.6%) had class II obesity, and 30 (5.9%) had class III obesity. 307 (59.5%) had a BMI <30 (NOG) and 205 (40.4%) had a BMI >30 (OG). The NOG and OG had similar characteristics concerning sex and height, but age was higher in the NOG ($p<0.01$). The OG had, as expected, higher values of weight and BMI than the NOG ($p<0.01$). The most prevalent comorbidities in hospitalized COVID-19 patients undergoing prone position were diabetes, hypertension, and cardiovascular diseases. Both groups had similar values regarding diabetes and hypertension. Other cardiovascular diseases were more prevalent in the NOG. Regarding the previous lifestyle, both groups had similar values for alcohol consumption ($p=0.22$) and smoking ($p=0.25$).

Conclusion: From the results found, it can be concluded that individuals with COVID-19 who developed severe ARDS and underwent IMV, and prone position were from all BMI ranges. However, there was a high proportion of individuals with obesity when considering the BMI of the general population.

Implications: Knowing that COVID-19 affects patients of all BMI ranges, especially obese individuals, is important for individual and collective decision-making in health and serves as a warning for authorities to anticipate adjustments in ICUs to receive this patient profile.

Keywords: Acute Respiratory Distress Syndrome, Invasive Mechanical Ventilation, Obesity

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

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GENDER DIFFERENCES IN THE ASSOCIATION BETWEEN CENTRAL OBESITY AND MOBILITY LIMITATION AMONG OLDER ADULTS: NATIONAL HEALTH SURVEY RESULTS

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Background: The prevalence of obesity has increased substantially in the last decades in the elderly population and, consequently, it has been considered one of the main risk factors for non-communicable diseases in the world. Compared to general obesity, central obesity, which is characterized by excessive accumulation of fat in the abdominal region, has shown a greater association with diabetes and all-cause mortality, in addition to being considered a risk factor for disability in the elderly, regardless of BMI. Some studies suggest that the relationship between central obesity and disability differs according to gender, however, the results are still conflicting.

Objectives: To investigate the association between central obesity and mobility limitation in elderly Brazilians and to assess whether this association was modified by gender.

Methods: This is a cross-sectional, analytical, and quantitative study that used data from the PNS. This is a household-based survey proposed by the Ministry of Health in partnership with the Brazilian

Institute of Geography and Statistics (IBGE). For the present study, those aged 60 years or older were considered ($n=11,177$). Central obesity was defined when waist circumference (WC) was greater than 84 cm in women and 88 cm in men. Participants reported the degree of difficulty to move, being classified as no difficulty versus some difficulty. Binary logistic regression was used to investigate the association between central obesity and mobility limitation adjusted for sex, age, exercise, chronic diseases, self-reported health, and literacy. $P<0.05$ and a 95% confidence interval were considered.

Results: Women were the majority, representing 55.7% of the sample and the mean age was 66.9 ± 8.07 years. Central obesity was identified in 76.7% of the participants, being more prevalent among older women (60.4%) and 25.9% reported some difficulty with mobility, with a higher prevalence of females (64.8%). Elderly people with central obesity were 1.2 times more likely to have some difficulty with mobility (OR=1.21; 95%CI: 1.08-1.36) compared to elderly people who did not have any difficulty, even after adjusting the covariates. In the analysis stratified by gender, the association between central obesity and mobility limitation was significant among women (OR=1.48; 95%CI: 1.27-1.7; however, it, lost significance among men (OR=0.93; 95%CI: 0.78-1.10).

Conclusion: The results suggest that elderly women with central obesity are more likely to have some difficulty with mobility compared to men.

Implications: The high prevalence of central obesity in the Brazilian elderly population, especially in the female public, represents a serious public health problem. Our findings identified a subgroup of the elderly population that is more vulnerable to limited mobility associated with abdominal obesity. Therefore, implementing health actions to prevent or reduce abdominal obesity should be strongly encouraged among elderly women.

Keywords: Abdominal Obesity, Mobility Limitation, Aged

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

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FUNCTIONALITY OF ONCOLOGICAL PATIENTS IN PALLIATIVE CARE HOSPITALIZED IN A REFERENCE HOSPITAL IN PARÁ

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Background: Palliative care is intended for any patient with a life-threatening illness, ideally combined with curative care, regardless of age and prognosis. This care does not depend on the prognosis and clinical conditions; it is possible to be provided by the same health team. A desire often expressed by patients in palliative care is to remain physically independent until the end of their lives. Performing daily life tasks and maintaining mobility are areas subject to intervention that result in significant gains in quality of life.

Objective: To evaluate the functionality of hospitalized cancer patients under palliative care.

Method: This is a prospective, quantitative, and descriptive study. The functionality of patients hospitalized in the palliative care clinics of Hospital Ophir Loyola, a reference in oncology in Pará, was