

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.

Acknowledgments: To all hospitals that participated in the data collection of this research.

Ethics committee approval: The project was approved by the Research Ethics Committee of the Hospital Irmandade Santa Casa de Misericórdia in Porto Alegre through CAAE 31881520.3.1001.5335 and amendment n° 4.237.704.

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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.

Acknowledgments: Not applicable.

Ethics committee approval: National Research Ethics Committee, number 328.159

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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

evaluated. Patients of both genders, aged over 18 years, were included in the study. The sample was defined by convenience, according to the patient's admission to the oncological palliative care clinics of the HOL after a referral from the surgical clinics, who did not have the capacity for curative treatment under conditions of relapses, metastases, and/or advanced stages of the disease. Those who were unconscious or in disorientation that prevented them from answering alone or with the help of the evaluator and those who died during the hospitalization period were excluded. The research was carried out from July to November 2021. The Palliative Performance Scale (PPS) and Visual Analog Pain Scale (EVA) were applied, characterizing the initial assessment T1. Patients received support from the multidisciplinary team. When starting the hospital discharge and return home programming phase, the final assessment (second stage - T2) and reapplication of the scales were performed.

Result: seven volunteers were included in the research, with a prevalence of males (71.4%), adults aged 30 to 59 years (85.7%), married (71.4%), with low education (85.7% with incomplete 1st grade) and primary location of cancer in the digestive tract (42.8%). The volunteers showed an important improvement in palliative performance within the PPS scale, evolving with a median of 50 at T1 to 70 at T2 ($p=0.0019$), in pain control measured through the VAS scale from 10 to 0 ($p=0.0090$).

Conclusion: With this study, it was possible to trace the clinical profile of cancer patients in Palliative Care and attest that a clinic specialized in palliative care manages to control symptoms, reflected in the improvement of pain, palliative performance, demonstrating that specialized palliative care clinics present efficiency in this management.

Keywords: Oncology, Palliative care, Functionality, Pain

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

Acknowledgments: Not applicable.

Ethics committee approval: The research began after approval by the Research Ethics Committee of the Hospital Ophir Loyola (HOL) (Process n° 4,768,038).

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RELATIONSHIP BETWEEN CAPABILITY AND PERFORMANCE IN CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY IN THE FEDERAL DISTRICT

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Background: The child with Cerebral Palsy (CP) presents different ways of locomotion which are influenced by the environment and can act as a facilitator or a barrier. According to the International Classification of Functioning, Disability, and Health (ICF), capacity refers to abilities in a controlled situation and environment and indicates the maximum level of functionality for a given moment, with minimal influence of environmental factors. On the other hand, performance refers to the execution of activities in everyday environments, such as home, school, and community, considering the environment in which the child is inserted. The difference between capacity and performance expresses the impacts of the controlled environment and the customary environment, allowing guidance on what can be modified in the environment to improve performance.

Objectives: To verify the relationship between ability and mobility performance in three different environments in children and adolescents with Cerebral Palsy in the Federal District and surroundings.

Methods: This is a Cross-sectional study. Thirty-eight children, from age 4 to 17 years old (± 7.4 years), diagnosed with CP at all five levels of the Gross Motor Function Classification System (GMFCS) were included. Mobility capacity was verified using the Gross Motor Function Measure test score, version 66 (GMFM-66). Performance was evaluated using the Function Mobility Scale (FMS), in the home, school, and community environments, in 8 levels: 6- independent on all surfaces; 5- independent on ground surfaces; 4- uses canes, 3- crutches; 2- walker; 1- wheelchair; N- does not complete the distances; C - crawls. The sample characteristics were analyzed using descriptive statistics. Spearman (r) correlation was performed between GMFM-66 scores and FMS levels in the three environments (home, school, and community). The strengths of the correlations were determined as follows: $r=0.00-0.19$ very weak correlation, $r=0.20-0.39$ weak correlation, $r=0.40-0.59$ moderate correlation, $r=0.60-0.79$ strong correlation, $r=0.80-1.00$ very strong correlation.

Results: 38 children with CP participated, 62% male, 76.5% with bilateral impairment, 26.3% GMFCS V, 15.8% GMFCS IV, 10.5% GMFCS III, 26.3% GMFCS II and 21.1% GMFCS I and 84.2% SUS users (Unified Health System). A strong correlation was found between ability and mobility performance at home ($R=0.726$; $p<0.001$), school ($R=0.726$; $p<0.001$) and community ($R=0.680$; $p<0.001$) environments.

Conclusion: Results of mobility, ability, and performance are strongly correlated in children and adolescents with cerebral palsy aged 4 to 17 years.

Implications: This study demonstrates that children are performing mobility at home, at school, and in the community according to what they are able to accomplish.

Keywords: Cerebral Palsy, Capacity, Performance

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

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PHYSICAL ACTIVITY, BARRIERS, AND FACILITATORS IN BREAST CANCER SURVIVORS

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Background: Breast cancer is the most incident cancer in the world and Brazil, with 74,000 new cases estimated in Brazilian women for the three years 2023-2025. The high survival rates make it necessary to rehabilitate comorbidities arising from the treatment to promote quality of life. Physical activity can be an important ally; however, evidence shows that ~70% do not reach the recommended levels, despite the possibility of reducing relapses and adverse effects of treatment and of improving physical and mental health.

Objectives: The aim of the study was to identify the levels of physical activity of women survivors of breast cancer, barriers, and facilitators for physical activity.