

Assessment Tool (1.8%). The studies revealed that BS was present simultaneously with the ergonomic factors: Week > 50 hs, Daily shift >8 hs, Recovery time between shifts, Group size > 30 students, Pressure for results, Monotony, Multitasking, Bad conditions at the Workstation, Face-to-face classes and online classes; With regard to biopsychosocial factors, the following were identified: Absenteeism, Lack of time for personal life, Exhaustion, Over 40 years old, Married, with a child < 12 years old, Sedentary lifestyle, Muscle pain, Use of medication for anxiety, depression and others. ... Not having a hobby, Self-esteem, Dissatisfaction with salary, Middle class, Urban, Smoker and Alcoholic. The studies showed a high risk of bias (selection, performance, detection, response, and confusion) and only 6 authors studied the correlation between some ergonomic and biopsychosocial factors with $p < 0.05$.

Conclusion: It is a consensus that Burnout Syndrome in higher education teachers requires more and more attention, as it may be related to ergonomic and biopsychosocial factors, however it was not possible to confirm a causal relationship, due to the fact that the tests were carried out in cross-sectional studies.

Implications: In the professional environment, ergonomic characteristics or those related to work organization deserve greater attention in future research, as well as biopsychosocial factors, as they may be strongly associated with Burnout Syndrome.

Keywords: Occupational Stress, Professional burnout, University professor

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QUALITY OF LIFE IN WOMEN IN THE POSTOPERATIVE PERIOD OF BREAST CANCER SURGERY

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Background: Significant advances in the diagnosis and treatment of breast cancer have led to an increase in patient survival. However, the treatment of breast cancer often involves a multimodal approach with surgeries and adjuvant therapies, which still have adverse effects that can affect several domains of quality of life (QoL) in the short and long term. Understanding the effects of breast cancer treatment on the QoL of these women is essential for the development of therapeutic interventions that address the needs of this population.

Objective: To assess the impact of surgical treatment on the QoL of women with breast cancer and the factors associated with a greater impact on QoL.

Methods: This is an observational study with a quantitative approach, carried out in Fortaleza/CE. Women between 18 and 80 years old, between 3 and 12 months after surgery for breast cancer and under outpatient follow-up, from May 2022 to March 2023 were included. Those with cognitive impairment assessed by the Mini-Mental State Examination (MMSE) were excluded. Sociodemographic and clinical data were collected, and the *Functional Assessment of Cancer Therapy-Breast questionnaire* (FACT-B+4) was applied through interviews to assess QoL. The Fact-B+4 score ranges

from 0 to 164, in which the higher the score, the better the quality of life. The score is also evaluated in the following domains: Physical Well-being (PWB), Social/Family Well-being (SWB), Emotional Well-being (EWB), Functional Well-being (FWB), Breast Cancer Subscale (BCS) and Arm Subscale (ARM). For analysis of associations, Student's t test was used, assuming $p < 0.05$ for significance.

Results: 29 women with a mean age of 55.9 ± 10.2 years were included. The mean FACT-B+4 total score was 104.3 ± 16.9 . The most impacted domains were ARM (16.3 ± 3.6), FWB (17.5 ± 4.2) and EWB (18.2 ± 4.9). There was an association between postmenopausal status and lower scores in the EWB ($p < 0.01$), FWB ($p < 0.01$), PWB ($p < 0.01$) and ARM ($p = 0.018$) domains. Age (< 60 years) was associated only with the ARM domain ($p = 0.03$). Adjuvant therapy, through radiotherapy and hormone therapy, was associated with lower FWB scores ($p = 0.03$; $p = 0.01$ respectively), while chemotherapy was associated with lower EWB scores ($p = 0.01$). There was no association between the surgical type and the axillary approach in the sample's QoL scores.

Conclusion: The FWB, EWB and ARM domains were the most affected after breast cancer treatment, which may be related to impaired self-image, autonomy and performance of activities of daily living. Age, menopausal status, and adjuvant therapy are associated with different impacts on QoL in this population.

Implications: Considering the multiplicity of factors that impact the QoL of women operated on for breast cancer is extremely important for the development of assistance and support strategies during the oncological treatment process, not only after surgery, but in the long-term during adjuvant therapy.

Keywords: Breast neoplasms, Mastectomy, Quality of life

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

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ASSOCIATION BETWEEN FRAILTY AND INTRA-HOSPITAL MORTALITY IN OLDER ADULTS HOSPITALIZED IN A PUBLIC HOSPITAL

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Background: Frailty is a decline in the functioning of several body systems, accompanied by an increase in vulnerability to stressors. The condition is related to high risk of falls, hospitalizations, all-cause mortality, and disability, which poses challenges to public health. There is no consensus regarding frailty. Indeed, several validated instruments based on different conceptual approaches have been developed. Professionals face a challenge when attempting to make a clinical assessment that discriminates between low and high-risk groups. There is a scarcity of frailty assessment data for hospitalized older adults. Understanding aspects related to frailty in a hospital setting is essential to providing comprehensive care to these individuals.

Objectives: Investigate the association between frailty criteria at hospital admission and intra-hospital death in older patients.

Methods: This is a longitudinal observational study of 170 older adults hospitalized in a public hospital of the Federal District,

Brazil. Frailty and mortality were the independent and dependent variables, respectively. The former was assessed using the frailty phenotype, considering unintentional weight loss, exhaustion, muscle weakness, slow gait and low physical activity level, and participants were categorized as non-frail, pre-frail or frail. Intra-hospital mortality was collected in the healthcare electronic medical chart system (TrackCare). The older patients were categorized into two groups: those that were discharged and those that died. Data analysis was descriptive and using the chi-squared, Mann-Whitney U and simple and multiple logistic regression tests. Demographic (age and sex) and clinical data (number of medications and body mass index- BMI) were collected to adjust the analyses.

Results: 7.1% of the older adults hospitalized during the study period were non-frail, 34.1% pre-frail and 58.8% frail, and 7.1% died during their hospital stay. The group that died exhibited more frailty criteria ($U=510.500$; $p=0.006$) and more frequent muscle weakness ($X^2(1)=7.412$; $p=0.006$) and slow gait ($X^2(1)=5.636$; $p=0.030$). These individuals showed no differences in age, sex, education level, BMI and medications when compared to their discharged counterparts ($p>0.05$). In simple regression analyses, one more frailty criterion increased the likelihood of intra-hospital death by 110% (OR=2.100 [95% CI 1.201 – 3.673]). Adjusted multiple analyses did not change the simple regression results.

Conclusion: Older adults with more frailty criteria exhibited a greater likelihood of intra-hospital death. The findings reveal the risk of intra-hospital death in hospitalized frail older patients and therefore, the need for multiprofessional monitoring of these individuals from the moment they are admitted.

Implications: Understanding frailty in a hospital setting may contribute to the development of healthcare, screening, health indicator and prevention strategies aimed at improving care and prognosis for these individuals.

Keywords: Hospitalization, Frailty, Mortality

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

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PREDICTORS OF HOSPITALIZATION AND DEATH IN OLDER ADULTS WITH COGNITIVE IMPAIRMENT

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Background: Cognitive impairment, characterized as a deficit in one or more brain functions, has been associated with greater post-hospitalization functional limitations. Hospitalization is a known risk factor for functional decline in older adults and has been linked to post-discharge disability, rehabilitation difficulties, higher mortality and irreversible, physical, functional and psychosocial consequences. However, few studies have investigated factors related to the hospitalization process in older adults with cognitive impairment.

Objectives: Identify the sociodemographic factors, clinical conditions, and sarcopenia criteria predictive of hospitalization and death in older adults with cognitive impairment.

Methods: A longitudinal observational study was conducted involving 170 older adults with cognitive impairment assessed at a specialized public hospital. The predictive variables were sociodemographic characteristics (age, sex, and education), clinical conditions (engagement in physical exercise and history of hospitalization in the last 6 months) and sarcopenia criteria (muscle strength, muscle mass and physical performance). Muscle strength was evaluated by hand grip dynamometry, muscle mass by measuring calf circumference and physical performance via the Timed Up and Go (TUG) test. The variables predicted were hospitalization and death up to one year after assessment. Analyses were performed using descriptive statistics, the independent Student's t, Mann-Whitney U and chi-squared tests and simple logistic regression.

Results: of the 170 participants, most were sedentary women, with an average age of 77.57 years and low education level, with confirmed sarcopenia in 15.9% and previous history of hospitalization in 13%. During the one-year follow-up, 15.9% ($n=27$) of the older adults were hospitalized and 7.6% ($n=13$) died. The Mann-Whitney U test showed that education level had an effect on hospitalization ($U=1423.5$, $p=0.027$) and death ($U=647.0$, $p=0.025$) in the one-year follow-up. The chi-squared test indicated that a history of hospitalization in the last 6 months was associated with hospitalization [$X^2(1)=4.729$; $p=0.030$] and death [$X^2(1)=3.919$; $p=0.048$] in the one-year follow-up period. Simple logistic regression demonstrated an association between history of hospitalization in the last 6 months and readmission during one year of follow-up (OR=2.963; 95%CI 1.076–8.165, $p=0.036$). Associations between education level and the occurrence of hospitalization and death at follow-up and between history of hospitalization and death at follow-up were not significant in simple logistic regression.

Conclusion: This study found that a history of hospitalization in the last 6 months was associated with hospitalization over a one-year period in older adults with cognitive impairment.

Implications: These findings reinforce the importance of recognizing a history of hospital stays as a risk factor for further hospitalization in older adults with cognitive impairment, in order to implement early interventions aimed at preventing readmission and death.

Keywords: Aged, Hospitalization, Mortality

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

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IMMEDIATE EFFECTS OF FUNCTIONAL ELECTRICAL STIMULATION ON THE GASTROCNEMIUS MUSCLE ON PLANTAR PRESSURES IN CHILDREN WITH CEREBRAL PALSY

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