relationship between functional status and quality of life when monitoring this population.

Implications: Future studies should investigate strategies for maintaining functional status for as long as possible and whether they are able to improve the quality of life of individuals with ALS.

Keywords: Amyotrophic Lateral Sclerosis, Quality of life, Rehabilitation

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

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ARE QUALITY OF LIFE, WALKING CAPACITY AND FUNCTIONAL STATUS DIFFERENT IN INDIVIDUALS AFTER WAKE-UP STROKE AND NON-WAKE-UP STROKE?

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Background: Stroke is defined as a clinical syndrome resulting from reduced blood flow to brain structures, with development of focal and global signs of brain deficit, with no apparent cause other than vascular. Stroke can be classified as ischemic or hemorrhagic, with the first one being more prevalent. Wake-up Stroke is a type of ischemic stroke, in which the first stroke symptoms are noticed right after waking up. Studies indicate that Wake-up Stroke may be related to obstructive sleep apnea, the most prevalent sleep disorder in post-stroke individuals and worse post-stroke outcomes. Objectives: To investigate differences between post-stroke groups in the chronic stage that had or did not have Wake-up Stroke in relation to quality of life, walking capacity and functional status. Methods: Exploratory cross-sectional study. Inclusion criteria were individuals aged 20 or over, diagnosis of ischemic stroke, post-stroke time greater or equal to 6 months, ability to walk independently and absence of cognitive alterations. The stroke was classified as a Wake-up Stroke if the first signs of the stroke were noticed shortly after awakening. The dependent variables were quality of life, walking capacity and functional status, measured by EuroQol, Six-Minute Walk Test and Modified Ranking Scale respectively. The independent t test was used to compare the Wake-up Stroke and non-Wake-up Stroke groups, considering a significance level of 5%. Statistical tests were performed using SPSS program (version 19.0).

Results: The study included 52 individuals with a mean age of 61 years and mean duration of 53 months. 13 (25%) individuals had a stroke classified as Wake-up Stroke. Most of the participants were male (55.8%), did not practice regular physical exercise (80.8%), had systemic arterial hypertension (80.8%) and were classified as intermediate or high risk for obstructive sleep apnea (82.7%). The analysis showed that there was no significant difference between groups regarding quality of life (p=0.576), walking ability (p=0.815) and functional status (p=0.645).

Conclusion: There was no difference between the groups that had or did not have Wake-up Stroke in terms of quality of life, walking ability and functional status. However, it is important to consider that 25% of the sample showed the first signs of stroke upon awakening and that more than 80% of the individuals were classified as intermediate or high risk for obstructive sleep apnea. Therefore, further studies are needed for a better understanding of Wake-up Stroke and its relationship with the rehabilitation process and sleep disorders.

Implications: Longitudinal studies with larger samples are still needed to confirm the findings of the present study, as well as to investigate the relationship between Wake-up Stroke and other important post-stroke outcomes.

Keywords: Ischemic Stroke, Wake-up Stroke, Rehabilitation

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

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Cardiorespiratory response in post-COVID volunteers according to the ventilatory support received in the acute phase: cross-sectional study

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Background: The assessment of functional capacity in volunteers with post-covid syndrome has become an important issue to estimate functional consequences, disability and physiological responses to exercise. Our hypothesis is that patients show different cardiorespiratory responses to the 1-minute sit and stand test (1STS) according to the ventilatory support received in the acute phase of the disease.

Objectives: To compare the initial cardiorespiratory responses by 1STS of patients from the "Post-covid life" study according to the ventilatory support received in the acute phase of the disease.

Methods: Cross-sectional observational study with post-covid volunteers with different severities of both sexes, adults, recruited between June 2020 to October 2022 at a Physiology Laboratory of UnB. For comparison the volunteers were divided into 3 groups according to the respiratory support received in the acute phase, being: no respiratory support (SSR), oxygen therapy (O2) and mechanical ventilation (MV). They were evaluated by 1STS according to the pre-established protocol, including recording heart rate, perception of effort before and after the test and number of repetitions performed. Statistical analyses were performed using the Statistical Package For The Social Sciences (SPSS), version 20. The Kolmogorov Smirnov test was used to evaluate the normality of the variables. The ANOVA test for unpaired measures and the Kruskal Wallis test were used for intergroup comparisons, considering p<0.05 statistically significant. Registration number: NCT04599097.

Results: We included 75 participants, 56% female, mean age 53.3±11.6 years, BMI 31.2±6.1 kg/m², hospitalization 20.1±17.8 days, 74% sedentary and 18% previously active. The number of repetitions was 21.3±9.4, 19.5±5.9 and 21.6±7.4 for SSR, O2 and MV groups respectively. The volunteers had a mean HR pre of 79.5±11.0, 83.3±12.6 and post of 85.6±14.6, 92.2±16.0, 101.3±16.4 and 105.2±18.7 beats for the SSR, O2 and MV groups. The pre-BORG of the SSR, O2, and MV groups were 9.1±2.8, 9.7±2.8, and 8.3±8.0, and post 12.1±3.4, 14.2±2.6, and 13.0±2.7. Although the number of repetitions showed no difference between groups (p>0.05), HR and BORG were higher in the MV group compared to the others (p<0.005).

Conclusion: Although the number of repetitions obtained by 1STS did not vary according to the ventilatory support received in the acute phase of COVID-19, the cardiorespiratory adjustments were greater in the volunteers submitted to MV compared to those who used O2 and SSR, suggesting greater deconditioning.

Implications: The results suggest that 1STS with HR monitoring and BORG is a functional test capable of assessing cardiorespiratory adjustments in post-covid patients.

Keywords: Physical exercise, COVID-19, Rehabilitation

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

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PROFILE OF HOSPITALIZED ELDERLY PEOPLE: CARDIAC AUTONOMIC CONTROL, FUNCTIONAL CAPACITY, PERIPHERAL MUSCLE STRENGTH, INDEPENDENCE, AND MORTALITY

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Background: Population aging is accompanied by multimorbidities and several systemic changes, such as cardiovascular, functional and strength, which can result in recurrent hospitalizations. In it, functional alterations of pre-existing strength and independence are potentiated, increasing dependence, loss of function and prolonged hospitalization. Identify the profile of the elderly in terms of these variables allows directing effective interventions in search of major complications.

Objectives: To evaluate cardiac autonomic control, functional capacity, peripheral muscle strength and independence for activities of daily living (ADL), and the relationship between these variables and the risk of mortality in hospitalized elderly.

Methods: Observational, cross-sectional study carried out in a university hospital. Elderly >/=60 years old, with preserved cognition and hemodynamically stable, were included. Lowered level of consciousness, acute respiratory failure, unstable vital signs, dyspnea on minimal exertion and sepsis were exclusion criteria. The Charlson Comorbidity Index was applied, and the following evaluations were performed: records of the R-R intervals for analysis of heart rate...