

moderate agreement ($\kappa = 0.448$, $p < 0.001$). The concordance between EWGSOP (2019) and Wang et al. (2018) was also moderate ($\kappa = 0.471$, $p < 0.001$). Between EWGSOP (2019) and the study by Schluskel et al. (2008) substantial agreement was observed ($\kappa = 0.785$, $p < 0.001$).

Conclusion: EWGSOP (2019) and Schluskel et al. (2008) showed good agreement for diagnosing reduced handgrip strength in elderly patients undergoing hemodialysis.

Implications: the reduction in handgrip strength has a negative impact on elderly patients with chronic kidney disease. It's a tool not influenced by volume changes and is necessary to diagnose sarcopenia in this population.

Keywords: Renal dialysis, Renal insufficiency, Muscle strength

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 to 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 unreplicated measures and the Kruskal Wallis test were used for intergroup comparisons, considering $p < 0.05$ statistically significant. Registration number: NCT04595097.

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 ± 3.3 , 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

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

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Ethics committee approval: The present study was approved by the ethics in research council of the institution Universidade de Brasília Faculdade de Ceilândia and is registered under number CAAE: 35706720.4.0000.8093.

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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