

walk test (2MWT) is a potential alternative to optimize the measurement of this outcome.

**Objectives:** To assess the validity of the 2MWT for assessing exercise capacity in individuals with PD.

**Methods:** A methodological study was developed. People with idiopathic PD, age  $\geq 50$  years, medically stable for at least 6 months, classified between the stages 1-3 of the modified Hoehn and Yahr scale were included. Individuals were instructed to walk the longest possible distance in six minutes in a 30-meter corridor. Standardized stimuli were provided every minute of the test. In the second and sixth minutes, the distances covered were recorded. Two tests were performed with an interval of 30 minutes or until hemodynamic stabilization. The best total distance covered (in meters) was used in the analyses. Descriptive statistics was used to characterize the sample. Pearson's Correlation Coefficient was used to investigate the correlation between the tests (6MWT and 2MWT). Regression analysis was used to develop an equation to predict the distance covered in the 6MWT based on the 2MWT. The intraclass correlation coefficient (ICC) was used to assess the validity of the equation. The magnitude of the correlation was classified as follows: very low  $\leq 0.25$ ; low = 0.26-0.49; moderate = 0.50-0.69; high = 0.70-0.89; and very high = 0.90-1.00. The significance level was  $\alpha=0.05$ .

**Results:** Forty-six individuals, 32 males (69.6%), mean age  $66.93 \pm 8.34$  years, and mean disease duration  $8.5 \pm 5.96$  years were included. Most were classified at stage 2.0 (54.3%) and 3.0 (17.4%) on the modified Hoehn & Yahr Scale. Significant, and very high magnitude correlation between the distance covered in the tests was found (6MWT and 2MWT) ( $r=0.95$ ;  $p < 0.001$ ). The equation developed to estimate the distance covered in the 6MWT explained 91% of the 6MWT variability:  $6MWT_{distance} = 46,31 + (2,40 \times 2MWT_{distance})$ . Significant, and very high magnitude agreement between the distance covered in the 6MWT and predicted by the equation was found ( $ICC = 0.90$ ;  $p < 0.001$ ).

**Conclusion:** Preliminary results indicate adequate validity of the 2MWT to assess exercise capacity in individuals with PD. Furthermore, the developed equation was adequate to predict the distance covered in the 6MWT based upon in the distance covered in the 2MWT. However, the study must be completed to ensure the results.

**Implications:** The 2MWT has potential to assess exercise capacity in individuals with PD, and the developed equation can estimate the distance covered in the 6MWT. This can optimize the measurement of this result, making the measurement feasible.

**Keywords:** Clinical trials, Exercise capacity, Parkinson's disease

**Conflicts of interest:** The authors declare no conflicts of interest.

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**Ethics committee approval:** Comitê de Ética em Pesquisa da Universidade Federal de Minas Gerais (COEP/UFMG) (CAAE: 5.3970.421.0.0000.5149).

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## IMPACT OF THE COVID-19 PANDEMIC ON TUBERCULOSIS CONTROL IN BAHIA

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**Background:** Tuberculosis (TB) is a transmissible infectious disease caused by species of the *Mycobacterium tuberculosis* complex and, until the emergence of the new Coronavirus Disease (COVID-19), it was the leading cause of death among adults from a single infectious

agent. The pandemic emergency substantially affected TB services, as it reorganized actions and health systems with the aim of mitigating transmission and treating those infected with COVID-19, culminating in a break in the TB management chain.

**Objectives:** To describe and compare the incidence and outcomes of TB treatment in Bahia before and after the emergence of COVID-19.

**Methods:** This is a retrospective, epidemiological, descriptive and quantitative study using secondary data from new TB cases reported in Bahia between 2017 and 2022, through the National System of Notifiable Diseases (SINAN), available at DATASUS. Data from the pre-pandemic period (2017 to 2019) were compared with the post-pandemic period (2020 to 2022).

**Results:** Bahia had 16,806 new cases of TB from 2017 to 2019, with an incidence of 114 cases per 100,000 inhabitants. The highest proportion of cases was among males and in the age group of 20 to 39 years, followed by 40 to 59 years. After the onset of COVID-19, from 2020 to 2022, the number of new cases was 14,919 and the incidence of TB was 101 cases per 100,000 inhabitants. The highest proportion of cases remained for males and for the age group 20 to 39 years old, followed by 40 to 59 years old in 2020 and 2021. However, in 2022 there was an inversion between age groups, with a higher proportion of TB between 40 and 59 years old. Regarding treatment outcomes, there were reductions of 33% in TB treatment dropout and 25% in primary dropout. Despite this, there was a 44% reduction in the number of patients cured of TB. Changing treatment regimens increased by 64% and multi-drug resistant TB decreased by 18%. Regarding deaths of patients with TB, there was a small increase (2%) in deaths from TB and a 20% reduction in deaths from other causes. Ignored or unfilled outcomes increased 3.97 times post-pandemic.

**Conclusion:** After the emergence of COVID-19, there was an 11.2% drop in the number of new TB cases in Bahia. Despite the reduction in treatment abandonment, an increase in the number of uncured patients and a slight increase in the number of deaths from TB was observed. The significant increase in ignored or unfilled outcomes can be justified by the reallocation of resources for coping with COVID-19, generating less follow-up of active cases and those undergoing treatment for TB from 2020 to 2022.

**Implications:** Epidemiological monitoring allows tracing and comparing the profile of patients, knowing health-related outcomes, identifying changes and measuring the impact of COVID-19 on TB care and control, in order to help adapt strategies and goals for better management of patients undergoing treatment and contacts.

**Keywords:** Tuberculosis. COVID-19. Control of communicable diseases

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

**Acknowledgment:** Universidade Federal do Sul da Bahia.

**Ethics committee approval:** As this is an epidemiological study with secondary data, there was no need to register with the Comitê de Ética e Pesquisa, as proposed by Resolution No. 466 of December 12, 2012 of the Conselho Nacional de Saúde.

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## ORGANIZATION OF PRIMARY HEALTHCARE FOR USERS WITH CHRONIC MUSCULOSKELETAL PAIN BY PROGNOSTIC STRATIFICATION

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