

which include disabilities, activity limitations and restrictions on social participation. Some evidence, prior to the pandemic, showed the association of depressive symptoms with negative outcomes related to body functions in the older adults. However, we did not observe studies in the literature that explore the relationships of this variable with the disability of community-dwelling older adults, in the context of the COVID-19 pandemic.

Objectives: To investigate whether there is an association between depressive symptoms and disability in community-dwelling older adults during the COVID-19 pandemic.

Methods: Cross-sectional study (Survey) with Brazilian community-dwelling older adults, with a mean age of 68.2 (± 6.8) years. Validated instruments were used to assess depressive symptoms (Center for Epidemiological Studies Depression Scale - CES-D) and disability (World Health Disability Assessment Schedule - WHODAS 2.0 – 12-item version). Sociodemographic issues, internet use, number of comorbidities, perceived social isolation, physical activity and type of health care were evaluated. Multiple linear regression model was used to investigate the association between depressive symptoms and disability (5% significance level).

Results: The sample consisted of 167 elderly people, of whom 67.5% were female. The average score of the CES-D was 16.3 (± 7.2) points, with 80 (47.9%) older adults considered to have depressive symptoms; and the mean WHODAS 2.0 score was 19.6 (± 7.8) points. In the multiple linear regression model, adjusted for covariates, older adults with depressive symptoms ($\beta = 5.69$; 95% CI 7.78; 3.59, $p < 0.001$) showed higher levels of disability.

Conclusion: There was an association between the presence of depressive symptoms and disability in the older adults in the community, in the context of the pandemic. It is necessary to monitor older adults with this condition to prevent complications and reduce disabilities.

Implications: These results reinforce the importance of health professionals tracking this condition to promote the functionality of the elderly. In addition, they indicate that functionality is also shaped by psychological factors and that these should be considered in the development of clinical and surveillance strategies.

Keywords: COVID-19, Depressive symptoms, International Classification of Functioning, Disability and Health

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

Acknowledgment: The Cearense Development Support Foundation (FUNCAP), for financial support with the maintenance of the aid grant, under process number BMD-0008-01443.01.06.21

<https://doi.org/10.1016/j.bjpt.2024.100982>

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PERFORMANCE IN THE WALKING SPEED TEST IN ELDERLY PEOPLE AND CROSSING TIME ON ROADS WITH TRAFFIC LIGHTS

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Background: Elderly pedestrians often report difficulty completing crossings in the time estimated by traffic lights, and reduced walking speed while commuting may be associated with negative health outcomes. It is also worth highlighting the scarcity of Brazilian

studies, which reinforces the need for investigations aimed at this topic of interest.

Objectives: To analyze the gait speed of community-dwelling elderly; to verify the association of socioeconomic, clinical and health factors, considering the regulated crossing time on roads with pedestrian traffic lights and alternative cutoff points for walking speed.

Methods: A cross-sectional study was conducted with 411 elderly people (70.15 \pm 7.25 years old) from Macapá, Amapá. Socioeconomic, clinical and health variables were collected using a structured form. Walking speed was assessed using the usual walking speed test, which is among the Short Physical Performance Battery (SPPB) tests (time to walk 4 meters). For the analysis of the established time (<1.2 m/s) for crossing roads with traffic lights for pedestrians, data consulted from the city's traffic departments and alternative cutoff points (<1.1 m/s; <1.0 m/s and 0.9 m/s). Data were analyzed using descriptive and inferential statistics from the binary logistic regression model ($p < 0.05$ and 95%CI).

Results: The mean walking speed time was 0.99 \pm 0.29 m/s. A total of 123 traffic lights were recorded in the city of Macapá, of which (56.1%) are pedestrian traffic lights; most roads (87.8%) do not have indications for crossing; 52% do not have a crosswalk demarcated on the road; and 80.5% do not have lowering or adaptation of the track at the crossing point. Most of the elderly (76.4%) presented a walking speed lower than the crossing time established by the regulation of roads with traffic lights for pedestrians (<1.2 m/s); and when considering alternative cutoff points, it remained unfavorable for most elderly people, except for the <0.9 m/s classification. The logistic regression model indicated that elderly women, those of advanced age, with dependence for instrumental activities of daily living and with reduced muscle strength probably walk for less time than established by the traffic department (<1.2 m/s) and at alternative cutoff points.

Conclusion: The current weather pattern does not promote safety and exposes the elderly population to risks when crossing roads with traffic lights. The implementation of a time standard that considers the specificities of the elderly population in this city becomes fundamental.

Implications: Through the data obtained from this study, it will be possible to suggest a revision of the standards established for carrying out crossings in order to consider the specificities of the elderly population, as well as to favor their insertion safely in the place where they live, providing conditions that allow their autonomy and integration into society.

Keywords: Elderly, Walking speed, Pedestrian

Conflict of interest: The authors declare that there is no conflict of interest.

Acknowledgment: Foundation for Research Support of the State of Amapá (FAPEAP, Concession n° 250.203.029/2016).

Ethics committee approval: Federal University of Amapá, opinion n° 1,738,671

<https://doi.org/10.1016/j.bjpt.2024.100983>

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DISSEMINATION OF KNOWLEDGE ON WORKER'S HEALTH FROM INSTAGRAM PROFILES

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Background: The dissemination of knowledge is defined as an active process, which aims to deliver information from clear, simple,