

(ICC) with a confidence interval of 95% (95%CI). Data were analyzed using MedCalc software®.

Results: A strong positive correlation ($r=0.96$; $95\%CI=0.90-0.99$) was found between the MAS and Tele-MAS scores. The analysis of the Bland-Altman graph for the total MAS scores indicated that the mean difference between in person and remote scores was -0.6 points. The 95% limits of agreement are +6.5 and -7.6 points. Excellent interrater reliability ($ICC\leq 0.94$; $95\%CI=0.84-0.98$) of the total Tele-MAS score.

Conclusion: The preliminary results indicate that Tele-MAS should be considered as a valid measure and has interrater reliability.

Implications: MAS is widely used in clinical practice, however, the measurement properties of the remote version applied by videoconference were unknown. The results of the final study should present the validity and reliability of Tele-MAS to remotely assess post-stroke motor function through videoconference.

Keywords: Stroke, Motor Assessment Scale, Teleconsultation

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

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COSTS OF HOSPITALIZATION OF NEWBORN INFANTS WITH DIFFERENT HEALTH CONDITIONS IN A REGIONAL HOSPITAL IN BRASÍLIA IN 2018

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Background: About 30 million newborns (NB) born annually in the world require hospitalization, increasing costs in health systems. Characterizing the costs of health conditions enables a more complete and detailed study about public expenditures, helping to determine priorities and making it possible to guide actions in the context of the public health system.

Objectives: To compare and analyze the costs of hospitalizations among different health conditions in NBs at a public hospital in Brasília in 2018.

Methods: A cost of illness study with a top-down approach and an economic perspective of the public health system (SUS) as a service provider. Sample consisting of 1689 children, with different health conditions born at Hospital Regional da Ceilândia, Brasília, in 2018: a) prematurity ($n=133$); b) bacterial septicemia ($n=112$); c) respiratory conditions ($n=116$); d) jaundice ($n=XX$); e) infection of the newborn (IPRN) ($n=XX$). Direct costs (in reais), divided into costs of hospital services and professional services, were estimated based on payment data entered in the Hospital Admission Authorization. To compare costs between different health conditions, the Kruskal-Wallis Test was used ($p\leq 0.05$) and Mann-Whitney test as post hoc.

Results: The total costs of hospital and professional services, respectively, for the different health conditions were: bacterial septicemia (R\$300,614.70; R\$45,204.35); prematurity (BRL 299,033.21; BRL 46,388.86); respiratory conditions (R\$225,366.37; R\$29,542.33); jaundice (R\$197,581.95; R\$28,508.03) and IPRN (R\$171,591.59; R\$25,024.59). The difference between hospital costs and professional costs was observed in all health conditions in the study, evidencing the high cost related to hospital services

compared to professional services. Although jaundice and IPRN represent, together, the highest frequency among the analyzed conditions with approximately 78.54% of the total number of hospitalizations, septicemia and prematurity were the conditions with the highest total cost value (adding together hospital and professional services), the cost for septicemia being higher compared to jaundice ($p\leq 0.000$) and IPRN ($p\leq 0.017$). Prematurity had a higher cost than jaundice, IPRN and respiratory conditions ($p\leq 0.000$), whereas respiratory conditions had a higher cost than jaundice ($p\leq 0.000$) and IPRN ($p\leq 0.000$). Specifically in professional services, prematurity had a higher cost than all other conditions ($p\leq 0.000$). Jaundice did not show statistical differences compared to IPRN ($p\leq 0.601$) but had lower costs than septicemia ($p\leq 0.000$) and respiratory disorders ($p\leq 0.000$). Finally, IPRN had a lower cost compared to septicemia ($p\leq 0.000$) and respiratory conditions ($p\leq 0.000$). There was a predominance and a high number of NICU days and longer stays related to prematurity, bacterial septicemia and respiratory disorders, as well as a greater need for physical therapy assistance, nutritional therapy and imaging tests.

Conclusion: It was concluded that the conditions with the highest cost for the analyzed hospital were prematurity, followed by bacterial septicemia and respiratory conditions.

Implications: The high cost for the health system of conditions associated with newborns is evidenced, emphasizing the importance of preventing neonatal complications to reduce costs and improve quality of life.

Keywords: Hospitalization Costs, Newborns, Economic analysis

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

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INFLUENCE OF PHYSICAL ACTIVITY ON DEPRESSIVE SYMPTOMS IN ELDERLY IN THE COMMUNITY

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Background: Aging is a natural phenomenon that is part of human development and is characterized by the accumulation of molecular and cellular changes that lead to a decline in capacities. The search for new knowledge about the elderly has shown that the vulnerability caused by the aging process makes these individuals susceptible to various pathologies, such as depression. The practice of physical activity is indicated as an alternative non-pharmacological treatment in many situations/diseases and is described as any body movement performed by skeletal muscles, which generates energy expenditure, favoring the production of new neurons and facilitating synaptic connections. Considering that depression is a prevalent pathology and that the practice of physical exercises is a non-pharmacological possibility of control, it is important to know if practice interferes with the reduction/control of depressive symptoms.

Objectives: To verify whether the practice of self-reported physical activity is related to symptoms of depression in elderly people living in the community.