

(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.

**Methods:** Individuals over 60 years of age of both sexes were included in the study, and a questionnaire was applied to collect personal data where the participant answered about their habits and physical activity practices. The assessment of depressive symptoms was performed using the Geriatric Depression Scale (GDS). The score ranges from 0 (absence of depressive symptoms) to 15 points (maximum score of depressive symptoms). To analyze the data, comparisons were performed using unpaired t-test, correlations were performed by Pearson's correlation test, and statistical significance was defined as  $p \leq 0.05$ .

**Results:** The sample consisted of 139 seniors with a mean age of  $70.06 \pm 5.90$ . The statistical analysis showed a correlation between the practice of self-reported physical activities and the GDS among women ( $r = -0.303$ ;  $p < 0.007$ ) and among men ( $r = -0.30$ ;  $p = 0.01$ ). Analyzing the entire sample, it was found that the practice of exercises predicted the occurrence of depressive symptoms [ $F(1,137) = 14.543$ ;  $p < 0.0001$ ;  $R^2 = 0.08$ ]. A significant difference was observed in the GDS scores between the group of practitioners of physical activity and the group of non-practitioners ( $2.90 \pm 2.02$  and  $4.81 \pm 3.00$ , respectively;  $p < 0.0001$ ).

**Conclusion:** It was possible to conclude that there was an influence of the practice of physical activities on the symptoms of depression in the elderly evaluated and that the practicing group had lower scores in the GDS than the non-practicing group.

**Implications:** The observed results can contribute to public health, making it possible to create early actions to maintain the quality of life of these individuals, being important of attention and investment in preventive health actions.

**Keywords:** Aging, Depression, Physical activity

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

**Acknowledgments:** Not applicable.

**Ethics committee approval:** Study approved by the Research Ethics Committee of the Faculty of Philosophy and Sciences – Sao Paulo State University, under protocol n° 4.168.934

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## IS THERE A DIFFERENCE BETWEEN THE SEX IN PAIN INTENSITY AFTER 1 SESSION OF MANUAL THERAPY IN PEOPLE WITH CHRONIC LOW BACK PAIN?

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**Background:** Chronic low back pain (CLBP) is a very common symptom experienced by people of all ages and is considered the leading cause of disability in the world. Its global prevalence is 7.3%, that is, 540 million people are affected by the condition, with an increase of 54% since 1990. In some studies, the prevalence of CLBP was higher in women (60.9%) than in men (39.1%). Most recommended treatments for CLBP (with moderate and high evidence) have small effects, including pharmacological solutions such as the use of opioids. Among the available treatments, manipulative therapy is one of the possibilities, as they have hypoalgesia effects similar to those observed for other therapies recommended by guidelines. In the present study, we evaluated whether there is a difference in pain intensity between men and women before and after manipulative therapy using the Numerical Pain Rating Scale.

**Objectives:** To identify if there is a difference in pain intensity between men and women with CLBP after a manipulative therapy session.

**Methods:** this is a cross-sectional and secondary study based on data from a randomized clinical trial that offers manipulative therapy as a treatment for patients with CLBP. At the first meeting, the patients were evaluated regarding: sociodemographic aspects such as sex, age, weight, height, income, and education; pain intensity.

**Results:** So far, 128 patients with non-specific CLBP have participated in this study, totaling 64 females and 64 males. The average age of the male (M) sample was 44 years ( $SD=9.49$ ) and female (F) 45.5 years ( $SD=8.78$ ), with an average weight of  $M=87$  kg ( $SD=15.68$ ) and  $F=76.5$  kg ( $SD=14.49$ ), average height of  $M=178.5$  cm ( $SD=23.15$ ) and  $F=162$  cm ( $SD=5.97$ ). All data were tested for normality using the Shapiro-Wilk test. An analysis of variance (ANOVA) of repetitive measures was applied. The intra- and between-subject factors were time (period before and after 1 session of manipulative therapy) and Group (men and women), respectively. The post-hoc test using the Bonferroni correction was used when a significant interaction was found.

**Conclusion:** There was no interaction between gender and pain intensity after a manipulative therapy session. Both sexes showed significant improvement after a manual therapy session ( $P < 0.05$ ). Among men, 32 subjects showed clinically significant improvement in reducing pain intensity. Among women, this number was 39 people.

**Implications:** These results bring information about the characteristics of the sample.

**Keywords:** Chronic Low Back Pain, Manipulative Therapy, Sex

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

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## COMPARISON OF VERTEBRAL SEGMENTAL DYSFUNCTIONS BETWEEN INDIVIDUALS WITH CHRONIC GASTRITIS AND HEALTHY INDIVIDUALS

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**Background:** Recent research has suggested associations between the presence of visceral dysfunctions and the occurrence of musculoskeletal disorders, particularly in the vertebral column. Chronic gastritis is one of the most common visceral dysfunctions in clinical practice, and this dysfunction causes restrictions in visceral motility and mobility, compromising the normal functioning of the organ and, consequently, potentially leading to musculoskeletal repercussions.

**Objectives:** The aim of this study was to compare musculoskeletal dysfunctions of the spine between adults diagnosed with chronic gastritis and healthy individuals.

**Methods:** This is a pilot study of an observational cross-sectional design. Forty participants were included and randomized into a gastritis group ( $GG=20$ ), consisting of individuals diagnosed with chronic gastritis, and a comparison group ( $GC=20$ ), consisting of healthy individuals. The assessment was performed manually. Tenderness upon palpation of the spinous processes of vertebrae C2, C3, C4, T5, T6, T7, T8, and T9 (sclerotome) was evaluated by palpating the spinous processes, and participants were asked to report