

Objectives: To verify the correlation between WHODAS questionnaire score and physical activity levels in people with COPD.

Methods: This is a cross-sectional study, which assessed 35 patients with COPD, aged over 50 years (21 males, 69 ± 8 years, FEV_1/FVC $56 \pm 13\%$, FEV_1 post-Bronchodilator $50 \pm 13\%$). This study was approved by the Research Ethics Committee of the Federal University of São Carlos (UFSCar), under number 85901318.0.0000.55.04. To evaluate functionality, the WHODAS 2.0 questionnaire, with 36 items was applied in the interview format. The level of physical activity was assessed by the actigraph activPAL3TM (Pal Technologies Ltd., Glasgow, United Kingdom), for 7 consecutive days, by time spent sitting, standing and walking; number of steps and time spent at certain exercise intensities (sedentary, if $MET < 1.5$ and low intensity exercise, if $MET > 1.5$, but < 3). Participants who could not perform the proposed tests and/or had difficulty understanding the questionnaire were excluded. For data analysis and correlation, the statistical software SPSS version 21 (2012) was used, with significance established at a p value < 0.05 .

Results: Significant correlation were found only between the mobility domain of WHODAS 2.0 and number of steps ($r = -0.490$; $p = 0.003$), sitting time ($r = 0.472$; $p = 0.004$), standing time ($r = -0.366$; $p = 0.031$), walking time ($r = -0.510$; $p = 0.002$), time during $MET < 1.5$ ($r = 0.426$; $p = 0.011$) and time during $MET > 1.5$, but < 3 ($r = -0.428$; $p = 0.010$).

Conclusion: The WHODAS 2.0 mobility domain showed association with the variables that reflect the level of physical activity and sedentary time in COPD patients, thus the instrument may be effective to track physical inactivity in this population.

Implications: This study shows that the WHODAS 2.0 questionnaire is an effective tool for tracking the level of physical activity in COPD patients and can be used as a clinical outcome before and after physical therapy intervention.

Keywords: Functionality, Sedentary Behavior, Physiotherapy

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

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FRAGILITY PROFILE OF ELDERLY PEOPLE WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE RESIDENTS IN THE COMMUNITY

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Background: In Chronic Obstructive Pulmonary Disease (COPD), symptoms of chronic and progressive dyspnea, cough and sputum production impact exercise tolerance and functionality. Being mostly elderly, the risk for frailty also has a great clinical impact. However, it is not routinely investigated in people with COPD, which may lead to less impact of functional dependence prevention strategies. Thus, the stratification of elderly people with COPD into frailty profiles can provide important prognostic information, enabling the development of prevention, promotion, and rehabilitation actions in health.

Objectives: Stratify the frailty profiles of community-dwelling elderly with Chronic Obstructive Pulmonary Disease.

Methods: 25 community-dwelling elderly (68.9 ± 6.54) with a diagnosis of COPD who answered the Vulnerable Elders Survey -13 (VES-13) questionnaire, present in the elderly person's health booklet, were included to stratify the vulnerability profile. The categories of the Comprehensive International Classification of Functioning (ICF) Core Set for COPD to detail functional limitations and disabilities were evaluated based on the response to the VES-13.

Results: The study included 25 elderly people with COPD, with a mean age of 68.9 years. As for vulnerability classification, 12 (48%) volunteers had a robust elderly profile, 8 (32%) elderly people had a pre-frailty profile, and 5 (20%) volunteers had a frail profile. No significant correlation was found between VES-13 and age, BMI, calf circumference, FEV_1/FVC , physical activity, falls, unintentional weight loss. Regarding the ICF Core Set for COPD, the relevance of the categories found in the present study is highlighted, with difficulty or inability to perform household tasks, to walk, and difficulty or inability to make basic changes in body position, more specifically difficulty or inability to crouch.

Conclusion: Elderly people with COPD who live in the community have a higher prevalence of pre-frailty and affection. However, this parameter was not presented with other parameters that impact functional independence. Thus, the tracing of traffic in people with COPD residing in the community still needs to be deepened considering the different mobility conditions of this population.

Implications: The findings may guide the development of interventions that can lead to better management of frailty in this population. In addition to facilitating the implementation of interventions capable of preventing functional independence.

Keywords: Functional Status, Fragility, Elderly

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

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TRANSITION FROM THE BIOMEDICAL TO THE BIOPSYCHOSOCIAL MODEL IN EXERCISE INTERVENTIONS FOR OLDER ADULTS WITH LOW BACK PAIN: AN INSTRUMENTAL ANALYSIS

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Background: Chronic low back pain (CLBP) is the second most common complaint in Brazilian elderly and the 4th most disabling musculoskeletal disorder in the world, affecting different areas of the lives of people with this condition. The International Classification of Functioning, Disability and Health (ICF) guides an approach that integrates in the care model the domains of structure and function, activities/participation, personal and environmental aspects. Therefore, an approach following the biopsychosocial model (BPS) becomes more adequate when compared to the biomedical model, based on the ICF recommendations.

Objectives: To analyze the transition from the biomedical to the BPS model in exercise interventions for older adults with CLBP.

Methods: A search was conducted in June 2022, without date restriction, in 3 databases (PubMed/MEDLINE, PEDro and Scielo) using the descriptors "chronic low back pain", "elderly", "exercise",