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EFFECTS OF NINTENDO WII® TRAINING AND ECCENTRIC EXERCISES ON TREMOR IN PATIENTS WITH PARKINSON'S DISEASE: PRELIMINARY RESULTS

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Background: Parkinson's disease (PD) is a neurodegenerative disease, chronic and progressive, that produces signs such as tremors at rest, alteration in the functionality of upper limbs (MMSS), and cognitive decline, which impact the performance of activities of daily life. Eccentric exercises have been shown to reduce tremors in people with PD. Nintendo Wii exergames have been used in the rehabilitation of people with PD, promoting improvement in gait, balance, and cognition.
Objectives: To evaluate the effects of training using Nintendo Wii games in combination with exercises in the upper limb on tremors, upper limb functionality, and the cognition of patients with Parkinson's Disease (PD), compared to training exclusively composed of eccentric upper limb exercises.
Methods: This is a randomized, controlled, blinded clinical trial with a sample of 30 people with PD randomly allocated into two groups: Nintendo Wii group combined with eccentric exercises (n=15), who will do 20 minutes of eccentric exercises and 25 minutes of training with Nintendo Wii, and Exclusive eccentric exercises group (n=15), which will do only eccentric exercises for 45 minutes. Both groups will be trained for 8 consecutive weeks, twice a week, totaling 16 sessions. The groups will be evaluated before training, within 7 and 30 days after the end of training.
Results: It was verified in both groups: increase in handgrip strength tends; tremor reduction; improvement of the functional performance of the upper limbs; and improvement in cognitive performance.
Implications: The results of this study may contribute to a better understanding of the effectiveness of treatments focused on reducing tremor in patients diagnosed with Parkinson's disease.
Keywords: Parkinson Disease, Virtual Reality, Tremor

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HOW FIBROMYALGIA TREATMENT AND DIAGNOSIS ARE PERFORMED IN THE CITY OF SÃO CARLOS: A CROSS-SECTIONAL STUDY

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Background: Fibromyalgia (FM) is a chronic widespread pain disorder. Its prevalence varies between 0.2 and 6.6% in the world, with a higher prevalence in females. The diagnosis and treatment of FM can be carried out in primary health care (PHC) and although it can be diagnosed and treated in this context, the literature lacks articles that demonstrate that the diagnosis and treatment of FM occurs in the PHC. This is because it is common for PHC professionals to refer the patient to a specialist, making the diagnosis and treatment processes time-consuming and significantly affecting the lives of patients due to the length of this wait.
Objectives: To collect data on how the diagnosis and treatment of fibromyalgia is carried out in primary care in the city of São Carlos and what the different professionals do when screening and treating a patient with suspected fibromyalgia.
Methods: A cross-sectional study was carried out, and health professionals from Basic Health Units (BHUs) and Family Health Units (FHUs) distributed within the municipality of São Carlos were invited to answer an online form that evaluated which guidelines are followed by them and what is the conduct performed when they assist a patient with suspected FM.
Results: The study included 22 health professionals from the municipality, who have been working in PHC for an average of 9 years. Regarding the diagnosis of FM, 40% of professionals reported considering the presence of tender points to perform it, criteria of the American College of Rheumatology (ACR) of 1990, which are no longer considered an effective way to diagnose FM. In addition, only 5 professionals reported using the most current FM diagnostic criteria (2016 ACR revision). Regarding treatment, health professionals bring physical exercises as part of their conduct. However, it is noteworthy that one physiotherapist reported not performing non-pharmacological treatment; in addition, 4 professionals reported prescribing or referring their patients to integrative practices, and, in this sense, it is important to point out that there was no consensus by the Brazilian Society of Rheumatology for the use of these practices. Thus, it is notable that health professionals working in PHC in São Carlos do not know the current guidelines for diagnosing and treating FM, which may lead to excess referrals to secondary care and delays in patient care.
Conclusion: It is necessary to carry out interventions and training with health professionals who work in PHC for a better diagnosis and management of fibromyalgia.
Implications: This was the first study to understand how the diagnosis and treatment of fibromyalgia is carried out in the PHC and the first to raise aspects that may influence the diagnosis and treatment carried out in the BHUs and FHUs.
Keywords: Fibromyalgia, Treatment and Diagnosis, Primary Health Care

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DO THE INSTRUMENTS USED TO ASSESS FIBROMYALGIA SYMPTOMS GENERATE SIMILAR SCORES IN OTHER CHRONIC MUSCULOSKELETAL PAIN?

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