power of SPPB for mortality and the magnitude of the increase in the probability of death as the score decreases.

Objectives: To analyze the predictive power of SPPB for mortality among older adults due to a systematic review with meta-analysis.

Methods: Systematic review with meta-analysis, prepared according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA-P) recommendation, registered in the International Prospective Register of Systematic Reviews - Prospero (CRD42021256040). Prospective and retrospective longitudinal studies conducted with individuals aged 60 years or older were included, considering publications in full text, abstracts, and any identified unpublished data. The search was performed in the following databases with no language or date restrictions: MEDLINE via PubMed, Embase, Latin American and Caribbean Literature on Health Sciences (LILACS), Physiotand herapy Evidence Database (PEDro). The risk of bias was analyzed using the Quality in Prognosis (QUIPS) tool. For the meta-analysis, R software with the "meta" package (version 4.9-6), the "metaprop" function for proportion data and the "meta-mean" function for continuous data was used. Pooled results of proportion and means (continuous data) with their respective 95% confidence intervals (CI) were obtained using the inverse variance method with a random effects model. Heterogeneity was assessed by calculating i2. Values greater than 50% were considered substantial heterogeneity.

Results: Meta-analysis including 13 studies with 6. 390 participants suggest that elderly with SPPB between 0-3 are more likely to die compared with those with SPPB between 4-12 [Odds Ratio (OR) 2.58; 95% CI (1.93-3.44); moderate certainty of evidence]; elderly with SPPB between 0-6 are more likely to die compared with those with SPPB between 7-12 [Odds Ratio (OR) 2.30; 95% CI (1.94-2.73); moderate certainty of evidence]; and elderly with SPPB between 0-9 are more likely to die compared with those with SPPB between 10-12 [Odds Ratio (OR) 2.17; 95% CI (1.75-2.68); high certainty of evidence].

Conclusion: The chance of death increases as the SPPB score decreases, which reinforces the predictive capacity of this variable. It is suggested the development of further studies with comparative analyses to establish a cutoff point from which SPPB score there is a higher risk of death compared to the general population, especially comparative analyses of interventions to improve the physical performance of older adults and prevent death.

Implications: The results may subsidize the development of clinical protocols aimed at improving physical performance, to be used in public health regarding the health management of the elderly population.

Keywords: Aged, Mortality, Physical Functional Performance

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PREVALENCE AND FACTORS ASSOCIATED WITH JOINT PAIN IN INDIVIDUALS WITH CHIKUNGUNYA IN AN AMAZONIAN STATE: A CROSS-SECTIONAL STUDY

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Background: Chikungunya fever is a disease caused by the virus Chikungunya (VCHIK), and joint pain is considered the classic symptom. This viral infection tends to present with arthralgia and musculoskeletal dysfunction (MSD), which are associated with the progression of other clinical symptoms and sometimes disabling MSD manifestations. Since 2014, records of VCHIK have been identified in Brazil, with high rates of infection, thus raising concerns regarding states with favorable climates for the proliferation of the virus-transmitting mosquito. In the state of Amapá, there is a shortage of studies that reveal the profile of the infected population and their clinical and musculoskeletal manifestations, making it difficult to plan and execute preventive and disease management actions in the infected population.

Objectives: To identify the prevalence of musculoskeletal manifestations and analyze the association between joint pain and other MSD manifestations in individuals with Chikungunya fever in the state of Amapá, Brazil, between 2016 and 2021.

Methods: This is an observational, cross-sectional, and retrospective study which used data from the SINAN NET system of the Ministério da Saúde (MS) of Brazil. Sociodemographic and clinical data of diagnosed individuals were used. Data that were correctly filled out according to the identification and notification form of the MS were included in the study, while individuals with incomplete data were excluded. Descriptive and inferential statistical analyses were performed using the Chi-square test and linear regression to analyze possible associations.

Results: Data from 869 individuals were analyzed. The prevalence of arthralgia was 50.3%. The majority of cases were female (55.8%), with an average age of 31.9 $\pm$ 19.4 years, self- declared brown (77.5%), with incomplete elementary education (16.8%), and living in the urban area (82.8%). The results indicate a positive association between joint pain and Arthritis (OR=2.56; CI=1.90-3.46); Fever (OR=2.42; CI=1.27-4.60); Back pain (OR=4.34; CI=3.26- 5.80); Myalgias (OR=4.89; CI=3.43-6.98); and Headache (OR=3.69; CI=2.45-5.55).

Conclusion and Implications: This study indicates that the post-infection scenario of Chikungunya is broader and more complex than just joint pain symptoms. These data can help in planning quick and efficient strategies to address the physical dysfunctions arising from Chikungunya in a region of Brazil with favorable climatic conditions for this type of infection vector and deficient health infrastructure.

Keywords: Chikungunya fever, Joints, Musculoskeletal pain

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BIOPSYCHOSOCIAL EFFECTS AFTER PHOTOBIOMODULATION FOR GLYCEMIC CONTROL IN INDIVIDUALS WITH TYPE 2 DIABETES MELLITUS

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