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CLINICAL AND SOCIODEMOGRAPHIC PROFILE OF WOMEN WHO HAD VAGINAL BIRTH IN A PUBLIC HOSPITAL IN DISTRITO FEDERAL: A PRELIMINARY STUDY

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Background: In 2020, 47,44% of deliveries in Distrito Federal were vaginal according with the Live Birth Information System (SINASC). The cesarean sections exceeded three times the rate recommended by the WHO of 15%. To encourage the vaginal delivery in Brasil, programs, such as Rede Cegonha of SUS, were implemented to reinforce the importance of vaginal birth and the improvement in prenatal care until 2 years after birth. This study accompanies the caracteristics and impacts of vaginal birth.
Objectives: Describe the vaginal birth parturient' profile from a public hospital in Distrito Federal from January to June of 2020.
Methods: It's an observational and cross-sectional study, that search through secondary data to describe the parturient's sociodemographic and clinical profile that gave birth between January and June of 2020. The inclusion criteria were vaginal birth with living newborn. Twin birth and illegible medical records were the exclusion criteria.
Results: Six hundred medical records met the inclusion criteria. The most prevalent group age for vaginal birth was 52,83% of women between 20 and 29 years old, with adolescents (14 to 19 years old) representing 12,83%. To identify the social demographic profile, about 65% identified themselves as brown-skinned, 52% were single and 45,67% were from Águas Lindas de Goiás. Regarding educational level, 52,33% had completed high school and 94,67% of the deliveries occurred with a companion. Concerning clinical data, 63% of the women were multiparous, 90,17% were over 37 weeks of pregnancy, 38% of deliveries were induced and 26,50% used some kind of anesthesia. As for childbirth positions, 68,67% were on the semi-sitting position, 92,67% were not instrumented and 56,67% had perineal lacerations being the second-degree − laceration of the vaginal mucosa and muscles of the pelvic floor being the most prevalent (32,50%). In only 3,67% episiotomy was performed. The average weight of the newborn was of 3,18 Kg, with 90,16% weighting more than 2500g. The average length, head circumference and first APGAR of newborns were 48,46 cm, 34,18 cm and 8,26, respectively.
Conclusion: Most of the vaginal births were at term, and the most frequent birth position was semi-sitting. Regardless it's a Distrito Federal's public hospital, almost half the patients were from Goiás state. It is worth mentioning that adolescent between 14 to 19 years old maintains a percentage over 10% in the last 3 years of data in the first 6 months. The perineal injuries are still prevalent in more than 50% of the cases, and studies about the possible factors should be done.
Implications: With the presented data, it is noticed the need of implement actions about sex education and family planning to the teenager public, given that there's a significant percentile of parturient in this age group. Furthermore, it should be sought to understand the high index of women that suffered perineal injuries in this period, to implement preventive measures.
Keywords: Pregnant Women, Natural Childbirth, Health Profile

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PROFILE OF HEALTHY HABITS OF INDIVIDUALS AFTER STROKE AND THEIR KNOWLEDGE ABOUT THIS HEALTH CONDITION: PRELIMINARY RESULTS

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Background: The recurrent stroke presents a high burden, mainly in developing countries, such as Brazil. Secondary prevention guidelines guide the adoption of a healthy lifestyle and having knowledge about stroke to control risk factors for recurrent stroke. Therefore, it is important to identify the profile of healthy habits and knowledge to direct the use of related interventions.
Objectives: To describe the profile of healthy habits and knowledge about stroke among individuals after stroke in a Brazilian metropolis.
Methods: Cross-sectional study, which recruited individuals two years after the stroke, aged ≥ 20 years, that received their first attendance in a stroke unit in the metropolis of Belo Horizonte (MG). For data collection, questions from the App "Stroke Riskometer" and from previous studies were used. Data were collected via telephone call and operationalized through absolute and relative frequency.
Results: Seventy-three individuals (63±15 years old, 52% male) were included until now, and 7 (10%) cases of recurrent stroke were identified. As for habits, 64 (88%) reported not smoking, of these, 40 (55%) stopped smoking more than a year ago and 24 (33%) never smoked. Regarding alcohol consumption, 54 (74%) reported do not consume and, of these, 32 (59%) stopped consuming and 22 (41%) never consumed. As for eating, just over half (n=48, 66%) reported have adequate eating and 43 (59%) consume 2-3 fruits or vegetables/day. As for the physical activity practice, 29 (40%) reported practice it and, of these, 15 (52%) practice 2.5 hours/week and 11 (38%) between 1-2 hours/week. Just over half (n=45, 62%) reported to have not experienced significant emotional stress/depression for a year. As for knowledge, just over half reported know what a stroke is (n=42, 58%) and its signs and symptoms: difficulty speaking/understanding/articulating speech (n=48, 66%), loss of strength in arm (n=48, 66%) and smile/crooked mouth/face asymmetry (n=56, 77%). Most said they knew that smoking (n=62, 85%), alcohol consumption (n=55, 75%), inadequate eating (n=57, 78%), not practicing physical activity (n=59, 81%) and mental stress (n=60, 82%) are risk factors for stroke.
Conclusion: The habits that need more attention are healthy eating, alcohol consumption and mainly physical activity. Secondary prevention actions should also promote knowledge about what

stroke is and its signs and symptoms. Most claimed to know that unhealthy habits are risk factors for the occurrence of stroke. However, an important amount of subjects (approximately 20%) stated that they did not have this knowledge and lacked this type of information. As the study is ongoing, these results should be interpreted with caution.

Implications: The results of this study contribute to the direction of actions for secondary prevention of stroke. Future studies should investigate whether having knowledge about stroke promotes the adoption of a healthy lifestyle.

Keywords: Stroke, Healthy lifestyle, Knowledge

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THE PAINDETECT QUESTIONNAIRE TRULY IDENTIFIED PRESERVED CONDITIONED PAIN MODULATION IN MOST PATIENTS WITH MUSCULOSKELETAL PAIN

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Background: Neuropathic-like symptoms patients had more unfavorable pain features than nociceptive patients. PainDETECT questionnaire have been used to assess the central sensitization sign and symptoms. Moreover, deficient conditioned pain modulation is common in several neuropathic-like symptoms patients. However, whether the painDETECT questionnaire can identify impairment of the conditioned pain modulation it is still unknown.

Objectives: The current study aimed to evaluate the diagnostic accuracy of the painDETECT questionnaire in detecting the impairment of the conditioned pain modulation in participants with musculoskeletal pain.

Methods: A diagnostic accuracy study was conducted on 308 participants with musculoskeletal pain enrolled consecutively in outpatient departments. The painDETECT questionnaire (index method) was compared with the cold pressor test, the psychophysical test used to assess the conditioned pain modulation (reference standard).

Results: Most participants were female (n = 220, 71.42%) and had a mean age of 52.21 ($\pm$15.01). One hundred seventy-three (56.16%) participants were classified as nociceptive pain, 69 (22.40%) as unclear, and 66 (21.42%) as neuropathic-like symptoms. According to the cold pressor test, 60 (19.48%) participants presented impairment of conditioned pain modulation. The cutoff point of 12 of the painDETECT questionnaire showed values of diagnostic accuracy below 70% compared to the cold pressor test, except for a negative predictive value [76.98 95% Confidence Interval (CI) 71.72 to 81.51]. The cutoff point of 19 showed high specificity (78.63%, 95% CI 73.00 to 83.56), high negative predictive value (80.58%, 95%CI 78.16 to 82.79), and accuracy of 67.53% when compared to the cold pressor test.

Conclusion: PainDETECT questionnaire is useful for ruling out patients with musculoskeletal pain and impairment of conditioned pain modulation.

Implications: The PainDETECT questionnaire can be used as an initial screening strategy by healthcare professionals to screen for neuropathic-like symptoms in patients with musculoskeletal pain. Researchers should use instruments with high precision to assess the presence of signs and symptoms related to central sensitization and neuropathic-type symptoms to confirm the findings of the present study. Furthermore, the diagnostic accuracy of painDETECT is just one of the considerations when determining a screening tool for musculoskeletal pain. Therefore, additional aspects must be considered.

Keywords: Musculoskeletal Pain, Neuropathic Pain, Diffuse Noxious Inhibitory Control

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NEUROPATHIC-LIKE SYMPTOMS AND CENTRAL SENSITIZATION RELATED SIGNS AND SYMPTOMS NEGATIVELY AFFECT THE FUNCTIONAL PERFORMANCE OF PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis is one of the main causes of disability in the elderly. Most of this population has movement restrictions and functional limitations (morning stiffness, reduced joint mobility, crackles and muscle atrophy) that compromise the performance of daily activities. Therefore, investigating aspects of the functionality of patients with knee osteoarthritis is relevant.

Objectives: This study aimed to compare the functional performance among participants with a neuropathic-like symptoms and central sensitization related signs and symptoms, and their knee osteoarthritis counterparts.

Methods: A cross-sectional observational study was conducted with 125 participants with knee osteoarthritis (94 females, mean age 63.1$\pm$7.4 years). Participants completed a self-reported questionnaire with personal and clinical features and musculoskeletal pain characteristics, including neuropathic-like symptoms (PainDETECT questionnaire), central sensitization related signs and symptoms (Central Sensitization Inventory, CSI), and conditioned pain modulation (Cold Pressor Test). Self-reported functional disability (Western Ontario and McMaster Universities Osteoarthritis Index, WOMAC) and functional mobility (Timed Up and Go, TUG) were compared among patients with neuropathic-like symptoms, central