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WHAT DO PATIENTS WITH CHRONIC SHOULDER PAIN EXPECT FROM PHYSIOTHERAPY IN THE BRAZILIAN PUBLIC SECTOR? A QUALITATIVE STUDY

Letícia Jonas de Freitas[1], Gisele Harumi Hotta[1], Rafael Krasic Alaiti[2], Domingo Palácios-Ceña[3], Anamaria Siriani de Oliveira[1]

[1] Department of Health Sciences, LAPOMH. Medical School, University of São Paulo (USP), Ribeirão Preto, São Paulo, Brazil
[2] Nucleus of Neuroscience and Behavior and Nucleus of Applied Neuroscience, University of São Paulo (USP), São Paulo, São Paulo, Brazil
[3] Universidad Rey Juan Carlos, Physical Therapy, Occupational Therapy, Rehabilitation and Physical Medicine, Hum&QRinHS, Madrid, Spain

Background: High recovery expectations of patients with musculoskeletal pain have already been associated with lower levels of anxiety and pain-related disability. This fact demonstrates that what individuals expect from treatment can influence the course of rehabilitation. However, there are still no studies with patients with chronic shoulder pain that explore expectations regarding physiotherapy offered within the Brazilian public sector.
Objectives: Understanding what patients with chronic shoulder pain expect from physiotherapy offered by the Brazilian public sector.
Methods: 30 individuals with chronic shoulder pain over 18 years old, with pain of traumatic and non-traumatic origin for at least three months who were waiting for physiotherapeutic treatment were selected. Semi-structured interviews were conducted, which were recorded, transcribed, and submitted to thematic analysis and inductive coding.
Results: Two themes were identified: 1) Positive beliefs and expectations with physiotherapy, and 2) Disbelief with physiotherapy intervention. For each theme, a category emerged, which were, respectively: Waiting for the improvement of the physical condition and the uncertainty of the success of the treatment. In topic 1, 16 patients reported that they expected physiotherapy to relieve pain; 7 individuals expected movement to be improved; 2 that physiotherapy would provide the cure, and finally, 1 hoped that the inflammation, which was the cause of the pain, would be improved: *"What it get better, right? I hope to relieve the pain" (Patient 26); "Ah, help me to return with the normal movement of my arm, that's what I hope" (Patient 18); "Oh, it gets better. Cure! (Laughter). I want the cure! (...)" (Patient 10) "Expectation of improvement, a lot, cure I know that it can be possible, but it improves, it disinflames the arm because it is inflamed (...)" (Patient 9).* In this theme, the codes that emerged were pain, movement, healing and disinflammation. In topic 2, two patients reported not knowing what to expect from physiotherapy: *"Look, I can't say what physiotherapy can help me because I don't know what it's going to do, I don't know" (Patient 25);* and 2 patients believed that only surgery could help the condition: *"I wanted to have the surgery and it would be resolved soon (...) if I had done it a month after the trauma I would certainly be 100% today" (Patient 2).* In this theme, the codes that emerged were uncertainty, time for improvement and surgery.
Conclusion: Most patients had positive expectations in relation to physiotherapeutic treatment in the Brazilian public sector. However, individuals who reported disbelief demonstrated not knowing what to expect from the treatment or that they believed that surgery would be the best way.
Implications: Reinforcing or elucidating the possible results that physiotherapy can deliver to patients in the Brazilian public sector with chronic shoulder pain, may favor the creation of high recovery expectations and consequently positively impact physiotherapy rehabilitation.

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FOOD CONSUMPTION AND MULTIMORBIDITY PATTERNS IN BRAZILIAN OLDER ADULTS: ANALYSIS OF NATIONAL HEALTH SURVEY 2019

Larissa Martins Cândido[1], Letícia Martins Cândido[2], Luís Gustavo Oliveira[2], Kátia Jakovljevic Pudla Wagner[3], Núbia Carelli Pereira de Avelar[2], Ana Lúcia Danielewicz[2]

[1] University of Southern Santa Catarina (UniSul), Palhoça, Santa Catarina, Brazil
[2] Federal University of Santa Catarina (UFSC), Araranguá, Santa Catarina, Brazil
[3] Federal University of Santa Catarina (UFSC), Curitibanos, Santa Catarina, Brazil

Background: Food consumption influences aging since eating large amounts of foods rich in fats and sugars, as well as low consumption of fruits and vegetables, are factors associated with obesity and multimorbidity. In the older adults, chronic diseases are increasingly being analyzed in terms of involvement, considering their similarities in symptomatological/clinical characteristics, and evaluating their possible health complications. So far, the direction and magnitude of the existing association between food consumption and multimorbidity patterns is unknown, which demonstrates the relevance of this analysis to support the promotion of healthier eating habits by the older adult's population.
Objectives: To verify the association between food consumption and multimorbidity patterns in the older adults.
Methods: Cross-sectional study, with data from 22,728 Brazilian community-dwelling older adults ($\geq$60 years old) participating in the National Health Survey 2019. Food consumption was analyzed by individual food items (fruits and vegetables, beans, red meat, chicken, fish, sweets, milk) and the substitution of meals for quick snacks (SMQS) and categorized in times/week: never or less than one (reference category); one; 2-3; every day. Salt intake was categorized as very low/low, adequate, or very high/high. Outcomes were multimorbidity patterns, assessed by self-reporting the coexistence of two or more chronic diseases with similar clinical characteristics: cardiopulmonary, musculoskeletal, and vascular-metabolic. Logistic regression analyzes were performed, adjusted for gender, age group, years of study, body mass index and level of leisure-time physical activity.
Results: The older adults who consumed fish once (OR=0.68; CI95%=0.54-0.87), 2-3 (OR=0.62; CI95%=0.46-0.83) and every day of the week (OR=0.61; CI95%=0.38-0.99) were less likely to be affected by the cardiopulmonary pattern, while those who consumed sweets every day (OR=1.34; CI95%=1.02-1.76) and very high/high amount of salt (OR=1.52; 95%CI=1.06-2.17) were more likely to be affected by this pattern. Consuming chicken 2-3 (OR=1.59; CI95%=1.02-2.49) and SMQS once/week (OR=3.33; CI95%=1.15-9.62) increased the odds of involvement by the musculoskeletal pattern. Consuming red meat 2-3 (OR=0.82; CI95%=0.74-0.90) and every day (OR=0.76; CI95%=0.68-0.84) decreased the chances of involvement by the