Ethics committee approval: [Ethics committee approval text]

Results: Fifteen consumers with a mean age of 54 (±10) years participated, most of them female (86%) and who reported feeling pain for more than 3 months (100%). These consumers had 16 (±5) points on the RMDQ, and 8 (±1) points on the NRS in the last month. In total, 86% of consumers were advised to use analgesic, anti-inflammatory and/or muscle relaxant medication, 66% to perform therapeutic exercises; 53% were referred for imaging, 46% were referred for physiotherapy; 26.7% were referred to a specialist physician, 13.3% received health education, and 6.7% were referred for surgery. Only 46% of consumers reported satisfaction with the treatment, listing the friendliness of the professional, prescription of medication and imaging tests as the main factors. The absence of a pain solution and medication prescription, in addition to the quality of professional care, were the main reasons for consumers' dissatisfaction.

Conclusion: Most treatment strategies proposed by primary care health professionals are not in accordance with guidelines for low back pain management. Most consumers reported that the treatment was not effective, and this contributed to dissatisfaction.

Implications: Strategies that bring primary care professionals and consumers with low back pain closer to evidence-based low back pain management recommendations can help in a more effective treatment that promotes consumer satisfaction.

Keywords: Low Back Pain, Primary Health Care, Evidence-Based Practice

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

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ROTATOR CUFF ISOMETRIC EXERCISES, SCAPULAR MUSCLE STRENGTHENING AND STRETCHING IN INDIVIDUALS WITH ROTATOR CUFF TENDINOPATHY: A MULTIPLE-SUBJECT CASE REPORT

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Objective: To describe low back pain treatment strategies in primary care from the user’s perspective and their satisfaction with the treatment.

Methods: This is a cross-sectional and descriptive study. A structured interview was carried out with consumers with low back pain in primary health care, from February to April 2023 in six Health Units in Fortaleza/Brazil. The study followed ethical criteria. Data about pain intensity (Numerical Rating Scale - NRS) and disability (Roland Morris Disability Questionnaire - RMDQ) in the last month were collected. Information about low back pain treatment strategies by the primary care health professional, including pharmacological and non-pharmacological treatment, and consumer satisfaction with the treatment and the reasons were investigated.

Results: Fifteen consumers with a mean age of 54 (±10) years participated, most of them female (86%) and who reported feeling pain for more than 3 months (100%). These consumers had 16 (±5) points on the RMDQ, and 8 (±1) points on the NRS in the last month. In total, 86% of consumers were advised to use analgesic, anti-inflammatory and/or muscle relaxant medication, 66% to perform therapeutic exercises; 53% were referred for imaging, 46% were referred for physiotherapy; 26.7% were referred to a specialist physician, 13.3% received health education, and 6.7% were referred for surgery. Only 46% of consumers reported satisfaction with the treatment, listing the friendliness of the professional, prescription of medication and imaging tests as the main factors. The absence of a pain solution and medication prescription, in addition to the quality of professional care, were the main reasons for consumers' dissatisfaction.

Conclusion: Most treatment strategies proposed by primary care health professionals are not in accordance with guidelines for low back pain management. Most consumers reported that the treatment was not effective, and this contributed to dissatisfaction.

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Background: The results of research projects have been disseminated more as abstracts at conferences than as articles in scientific journals. However, conference abstracts are aimed at scientific dissemination and peer feedback so that the manuscript can be refined and published in qualified scientific journals.

Objectives: To evaluate the publication rate of scientific abstracts presented within the scope of pulmonary rehabilitation at the European Respiratory Society International Congress (ERSc) and American Thoracic Society International Conference (ATSc).

Methods: Abstract searches were carried out in the electronic annals of these 2016 to 2018 conferences. The identified abstracts were categorized by type of presentation. The number of authors and country of origin of the corresponding author were recorded. The publication rate after three to five years of abstract submission was analyzed. After sorting the abstracts, the articles were searched in the Google Scholar and Medline databases. When the article was not found, three e-mails were sent to the authors to identify the publication status. When the article was not found and no response was obtained from the author, it was classified as “uncertain publication”. Abstracts published as articles had the following data extracted: journal name, impact factor (IF), study design, affiliation, and whether the result was statistically significant or in a positive direction from their primary outcome analysis. Descriptive analyzes were performed, with categorical data presented as frequency and/or percentage and continuous data as median (interquartile range).

Results: A total of 964 potentially eligible abstracts were identified, of which 20.7% were excluded. 764 abstracts were analyzed, most of which were thematic posters (54.8%), followed by poster discussions (20.7%) and oral presentations (9.0%). The average number of authors was 6, and most were from the USA (18.7%). At the ERSc, the UK had the highest number of submissions (16.4%) while the US had the highest number at the ATSc. The authors responded to e-mails about the publication rate after three to five years of abstract submission, and no response was obtained from the author, it was classified as “uncertain publication”. Abstracts published as articles had the following data extracted: journal name, impact factor (IF), study design, affiliation, and whether the result was statistically significant or in a positive direction from their primary outcome analysis. Descriptive analyzes were performed, with categorical data presented as frequency and/or percentage and continuous data as median (interquartile range).

Conclusions: Over half of the abstracts on pulmonary rehabilitation presented at the ERSc and ATSc between 2016 and 2018 remain unpublished.

Implications: This observation supports the idea of potential publication bias in the wider literature. The low publication rate may be due to the difficulty in obtaining funding for research, the lack of resources for authors to develop their research and the difficulty for authors to find a suitable journal to publish their work. Incentive strategies are needed to improve the conversion of submitted abstracts into journal articles.

Keywords: Pulmonary rehabilitation, Gray literature, Publication rate

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

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QUALITY OF LIFE OF CAREGIVERS OF CHILDREN AND ADOLESCENTS WITH CANCER
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Background: Children and adolescents with cancer have to deal with the adverse events of the disease and treatments, and low immunity predisposes them to the development of serious forms of infections, that can cause physical damage, negative repercussions on health care and on the quality of life of them and their caregivers.

Objectives: To evaluate the quality of life of caregivers of children and adolescents with cancer.

Methods: Observational, cross-sectional study, carried out from October to December 2022. We used social media, WhatsApp, and emails to invite caregivers of children and adolescents with cancer aged between 2 and 21 years. The survey was performed remotely, through the application of an online form that contained personal and sociodemographic data, the SF-36 questionnaire for assessing the quality of life of the caregivers.

Results: Thirty caregivers participated in the study, with a higher prevalence of females (86.7%). The caregiver’s quality of life averaged 55.15 (SD=20.35), which represents a moderate to low quality of life. The worst quality of life scores of caregivers was observed in the domains "Vitality (45.17±XX)", "Emotional Aspects (45.55±XX)", and "Limitation due to Physical Aspects (48.33±XX)".

Conclusion: The quality of life of the caregivers of children and adolescents with cancer was moderate to low, related to impairment of vitality, emotional aspects, and limitation due to physical aspects. Strategies to improve the quality of life of caregivers of children and adolescents with cancer should be considered, therefore improving the integral care for this population and the caregivers.

Implications: Conducting further studies on quality of life in relation to other health conditions that may affect physically and mentally caregivers of individuals with childhood cancer may provide help to develop personalized rehabilitation programs for family’s pediatric cancer patients.

Keywords: Childhood cancer, Health, Quality of life

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

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