Results: 1,482 older adults were interviewed, with an average age of 70 years, most of them female (74%), inactive regarding their occupation (56.4%), who use up to 3 medications (48.9%), the most frequent diseases being Diabetes Mellitus and Systemic Arterial Hypertension. Among the active older (36.8%), 89.7% were aged between 60 and 75 years, 64.8% were women, white (62.9%); married (61.7%), with more than nine years of study (70.1%), retired/pensioner (66.8%), taking up to 3 medications (52.3%), who reported that they were not anxious (91.4%), did not feel pain (78.7%) and had no difficulty sleeping (39.3%). Regarding the time they sat down (inside and outside the house) and walked to exercise, 32.1% reported not walking for that purpose and that they sat for an average of 4 hours or less per day. No difference was identified between the profile of the groups (general population, active and inactive); however, for those who declared themselves to be active about their occupation, a slight difference was observed in the percentage of the variables: being retired/pensioners; more anxious; walking to exercise and for a time between 30 minutes and 1 hour and reported less pain.

Conclusion: When observing the general profile of the older, no major differences were identified between those who declared themselves active and those who were inactive about their occupation at the beginning of the COVID-19 Pandemic.

Implications: It is necessary to understand this older worker’s profile and outline preventive measures to remain active at work and preserve his quality of life and ability to work.

Keywords: Elderly, Work, COVID-19

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

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DO SLEEP DISORDERS INFLUENCE THE COGNITION AND QUALITY OF LIFE OF INDIVIDUALS WITH PARKINSON’S DISEASE?

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Background: Poor sleep is common among individuals with Parkinson’s disease (PD) and may affect up to 98% of patients. However, the relationship between poor sleep, cognitive aspects, and quality of life (QoL) in this population remains unclear.

Objective: To investigate the relationship between poor sleep, cognition, and QoL in individuals with Parkinson’s disease.

Methods: This cross-sectional study included 53 subjects with idiopathic Parkinson’s disease (PD), who were non-institutionalized and may affect up to 98% of patients. However, the relationship between poor sleep, cognitive aspects, and quality of life (QoL) in this population remains unclear.

Objective: To investigate the relationship between poor sleep, cognition, and QoL in individuals with Parkinson’s disease.

Methods: This cross-sectional study included 53 subjects with idiopathic Parkinson’s disease (PD), who were non-institutionalized and had mild to moderate PD. Sociodemographic data was collected using a questionnaire, and the following assessment tools were used: the Parkinson’s Disease Sleep Scale-2 (PDSS-2) to assess the quality of sleep, the Montreal Cognitive Assessment (MoCA) to assess the cognitive status of patients, and the Parkinson’s Disease Quality of Life Questionnaire (PDQ-39) to assess the QoL. Spearman correlations were used for statistical analysis, with a significance level of 5%.

Results: Out of the 53 subjects, 34 were men and 19 were women, they had an average age of 66.62 ± 9.46. In analysing the sleep and cognition, a moderate correlation was found between the Parkinson’s Disease Sleep Scale-2 (PDSS-2) and the total MoCA score (r= -0.512; p< 0.001). In men, a strong correlation was found between the PDSS-2 and the domains of emotional well-being (r= 0.644; p< 0.001), communication (r=0.731; p< 0.001), bodily discomfort (r= 0.718; p< 0.001), and the total PDQ-39 score (r=0.728; p< 0.001). In men, a strong correlation was found between the PDSS-2 and the domains of emotional well-being (r=0.731; p<0.001), communication (r=0.731; p<0.001), bodily discomfort (r=0.718; p<0.001), and the total PDQ-39 score (r=0.728; p<0.001).

Conclusion: Individuals with worse sleep quality have poorer cognitive scores, particularly men. Additionally, poorer sleep quality is associated with a worse quality of life in domains such as mobility, communication, and bodily discomfort.

Implications: Screening for sleep disorders and implementing prevention and treatment strategies are necessary for individuals with Parkinson’s disease (PD) who have worse sleep quality, given the negative impact on cognitive performance and quality of life. Further studies should explore the association of sleep quality with other symptoms of PD.

Keywords: Parkinson’s Disease, Sleep, Cognition

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

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THE EFFECT OF BIOFEEDBACK ON ANXIETY AND BALANCE CONFIDENCE DURING STANDING

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Background: Postural control involves the maintenance of orientation and postural balance, which are crucial aspects to allow the activities of daily living. The biofeedback technique has been of potential interest to postural control rehabilitation, since it seems to confine postural sway within the stability limits, ensuring postural balance during standing. However, whether the performance of postural balance is associated with other factors, such as anxiety and balance confidence, is an open issue we addressed here.

Objectives: The objective of the present study was to investigate the effect of different biofeedback techniques on anxiety and balance confidence during standing.

Methods: Twenty-six participants were recruited in this study and tested in three tasks while standing on the force platform: (1) standing with eyes open (EO); (2) posturography biofeedback (BFcp), consisting of keeping the center of pressure (CP) position as close as possible to a target located in front of the individual; (3)