

INTRODUCTION: The consumption of alcohol and tobacco by women has been increasing significantly, over the years in Brazil; mainly at the childbearing age. The number of pregnant women on legal and illegal addictive drugs has been growing. It has a role in public health as a serious issue, considering that during pregnancy the alcohol and tobacco consumption is harmful to both the mothers health and proper development of the fetus, thus causing irreversible obstetric outcomes, as well fetal damage. **OBJECTIVE:** To review the consume of alcohol and tobacco due to the serious consequences of these addictive drugs during pregnancy and its relation with other substance abuse drugs. **METHODOLOGY:** The references were searched in databases such as PubMed, Scielo (Scientific Electronic Library Online) and Science Direct, by access through electronic media, in addition to text books dedicated to the subject and scientific literature, such as: Scientia Medica, Acta Obstetricia et Scandinavian Gynecologica and Pediatrics. **CONCLUSION:** It is important to approach this matter with preventive health care strategies during pregnancy, puerperium and lactation. There is a need for studies that address issues related to pregnancy and fetus development associated with addictive drug consume in a broader approach than it has been emphasized currently. It is necessary to adequate national and international epidemiological studies that allow an analysis of side effects on the mother, fetus and newborn, as well related to matters in healthcare assistance to parturient drug abusers. **Key words:** pregnancy, drugs, parturition, fetal alcohol syndrome, alcohol, tobacco.

1560

PREVALENCE OF TMD SIGNS AND SYMPTOMS AND PARAFUNCTIONAL BEHAVIOR IN PATIENTS WITH HEADACHE

CATEGORIA DO TRABALHO: PESQUISA

Alexsandro Mackenzie da Silva e Silva, Pedro Antonio Gonzalez Hernandez, Cristiane Machado Mengatto
UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL
UNIVERSIDADE LUTERANA DO BRASIL

OBJECTIVE: To identify the prevalence of TMD signs and symptoms and the relationship of parafunctional behavior and habits, depression, age, pain intensity, restraint, limitation or impairment to nutrition, sexual activity, non-specific physical pain-related symptoms, sex, ethnicity and ancestry in patients with headache. **METHODOLOGY:** A descriptive cross-sectional study in patients with headache n=60 interviewed by the RDC/TMD AXIS II. **RESULTS:** The results showed a prevalence of 98,3% of TMD related pain, 48,3% of mandibular fatigue and myalgia, 30% of reduction in mandibular vertical extension and interference with masticatory capacity, 56,7% of clicking or fine crepitus, 51,7% of coarse crepitus, 66,7% of tinnitus and whistling, and 48,3% uncomfortable dental occlusion, 75% sleeps in a position with pressure on the jaw, 61,7% chews only one side, bruxism, 40% in sleep and 18,3% awaken, 63,3% of high pain intensity, 3 to 6 incapacity points. **CONCLUSION:** A high prevalence of oral parafunctional habits is linked to signs and symptoms of TMD, 9 oral parafunctional habits are paralleled with higher depression, bruxism in sleep and awaken is presented between 20 and 39 years old, pain intensity determines restraint, limitation or impairment in nutrition, sexual activity, non-specific physical pain, pain symptoms are less present in men, there are differences in self-report of symptoms between ethnicities. There is a high prevalence TMD signs and symptoms and parafunctional behavior in patients with headache, highlighting the importance of evaluation for diagnosis of myofascial TMD, joint TMD and Headache Attributed to TMD.

1640

AVALIAÇÃO DO ATENDIMENTO FISIOTERAPÊUTICO HOSPITALAR EM PACIENTES INTERNADOS APÓS SOFREREM ACIDENTE VASCULAR CEREBRAL ISQUÊMICO.

CATEGORIA DO TRABALHO: PESQUISA

Ana Paula Beck da Silva Etges, Renata Garcia Ruschel
HOSPITAL DE CLÍNICAS DE PORTO ALEGRE

O Acidente Vascular Cerebral(AVC) é a principal causa de incapacidade no mundo. O tratamento para o AVC isquêmico se divide entre terapia de reperfusão, trombólise, trombectomia mecânica e terapia antitrombótica. Para estes pacientes a fisioterapia hospitalar contribui com o ganho funcional e diminuição de incapacidades, sendo de grande importância tanto no período hospitalar quanto no pós alta. Esse estudo analisou se há variabilidade na frequência de acompanhamento fisioterápico entre os pacientes tratados com terapia antitrombótica e de

reperusão. Foram revisados registros clínicos de pacientes internados para o tratamento do AVC em 3 hospitais brasileiros para extração do número de consultas de fisioterapia realizadas ao longo da internação (CAAE:29694720000005330). Para as análises a amostra foi estratificada dentre as 3 terapias e foram calculadas as frequências médias de consultas por dia entre os pacientes tratados com cada terapia. Além das terapias, uma segunda análise considerou o nível de risco clínico dos pacientes que foi atribuído com base na idade do paciente e no National Institutes of Health Stroke Scale- NIHSS (NIH) de chegada, sendo nível baixo pacientes com menos de 70 anos e NIH inferior a 8; o nível médio pacientes com menos de 70 anos e NIH entre 8 e 15, bem como pacientes com mais de 70 anos e NIH inferior a 8; e o nível alto pacientes com mais de 70 anos com NIH superior a 8 e pacientes com NIH maior que 15. Em média, os pacientes recebem 0,6(SD 0,9) consultas de fisioterapia por dia. Aquelestratados com trombólise e de alto risco apresentaram maior média de consultas de fisioterapia 1,2(SD 1,6), enquanto os pacientes tratados com antitrombótico de baixo risco apresentaram a menor média de consultas por dia 0,6(SD 0,8). Entre as terapias, a média de consultas por dia dos pacientes tratados com terapia de reperusão foi de 0,8(SD 1,5) e a dos pacientes com terapia antitrombótica de 0,5(SD 0,6). Os pacientes tratados com trombectomia de alto e médio risco apresentaram média de 0,9(SD 0,3 e 0,2 respectivamente) consultas por dia. Os dados analisados mostram que pacientes tratados com terapia de reperusão e de alto risco utilizam mais o serviço fisioterápico em comparação com pacientes tratados com terapia antitrombótica A medição desses resultados contribui para acuradas medições de custos e o estabelecimento de pacotes de remuneração que incorporem a condição clínica e as tecnologias utilizadas no cuidado dos pacientes.

1651

HIGH FREQUENCY OF NON-DEMENTIA MEMORY COMPLAINTS IN PATIENTS WITH LOW EDUCATION A TERTIARY MEMORY CLINIC.

CATEGORIA DO TRABALHO: PESQUISA

Wyllians Vendramini Borelli, Priscylla Nunes de Senna, Wagner Scheeren Brum, Artur Francisco Schumacher Schuh, Eduardo Rigon Zimmer, Raphael Machado de Castilhos, Marcia Lorena Fagundes Chaves

HOSPITAL DE CLÍNICAS DE PORTO ALEGRE

Introduction: Non-dementia memory complaint is a common clinical entity in memory clinics in developed countries. However, the frequency of that diagnosis is understudied in low educational settings. Objectives: We aim at investigating the frequency of non-dementia memory complaints in patients with low educational attainment a tertiary memory center. Methods: We included all new referrals primary care to our clinic January 2014 to January 2021. Information regarding final diagnosis, demographic data, education, Mini-mental State Examination (MMSE), Geriatric Depression Scale - 15 items (GDS-15), Functional Assessment Questionnaire (FAQ) score and cerebrovascular risk factors were collected. Groups with and without dementia/Mild Cognitive Impairment (MCI) were compared, and a regression model was used to assess the effect of education on final diagnosis. Results: A total of 516 (70.76±10.3 mean years) patients were included in this analysis. The entire sample presented low educational attainment (4.5±3.94 mean years of education), including 71 (13.75%) illiterates. Non-dementia memory complaint was the most prevalent overall diagnosis, which accounted for 28.3% (n=146) for the whole sample, with an annual frequency of 16.79%. Non-dementia memory complaint patients showed lower age at presentation and higher MMSE scores than individuals with dementia (66.2±9.4 vs. 72.6±10.2 years; 17.3±5.9 vs. 13.3±7.8, respectively; both p<0.001). We did not find differences in education and cerebrovascular risk factors between groups. Conclusions: Non-dementia memory complaint was the most frequent diagnosis in a low educational setting, even higher than dementia due to Alzheimers disease. Referrals of patients without dementia totalized around 28% in this tertiary care, and patients were middle-aged and had higher MMSE scores in the first appointment. Strategies to identify individuals without dementia in primary care settings may benefit both patients and healthcare systems and include long-term training for general practitioners and dementia hotlines implementation.