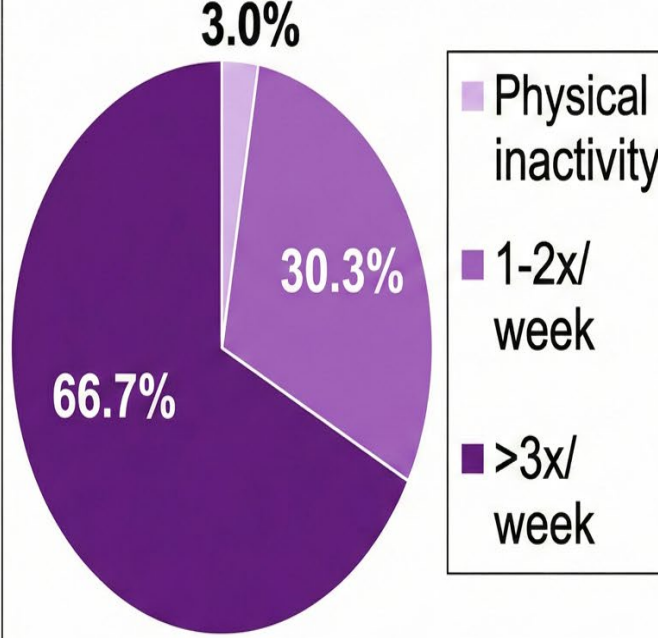
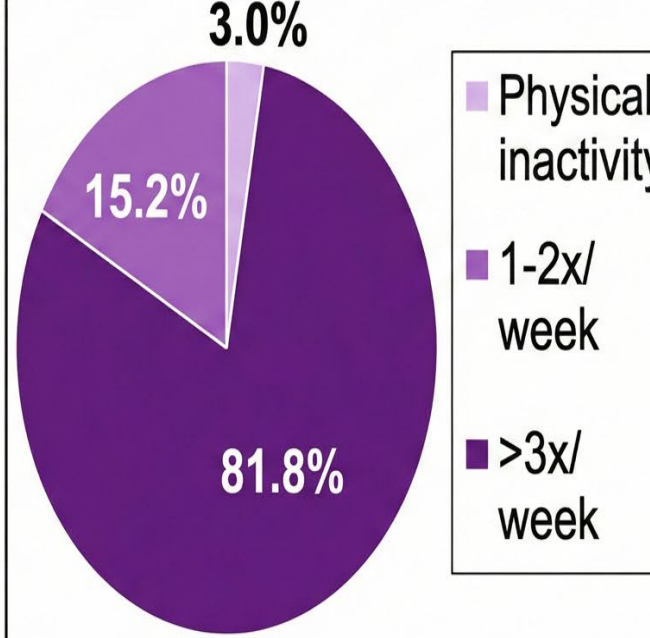
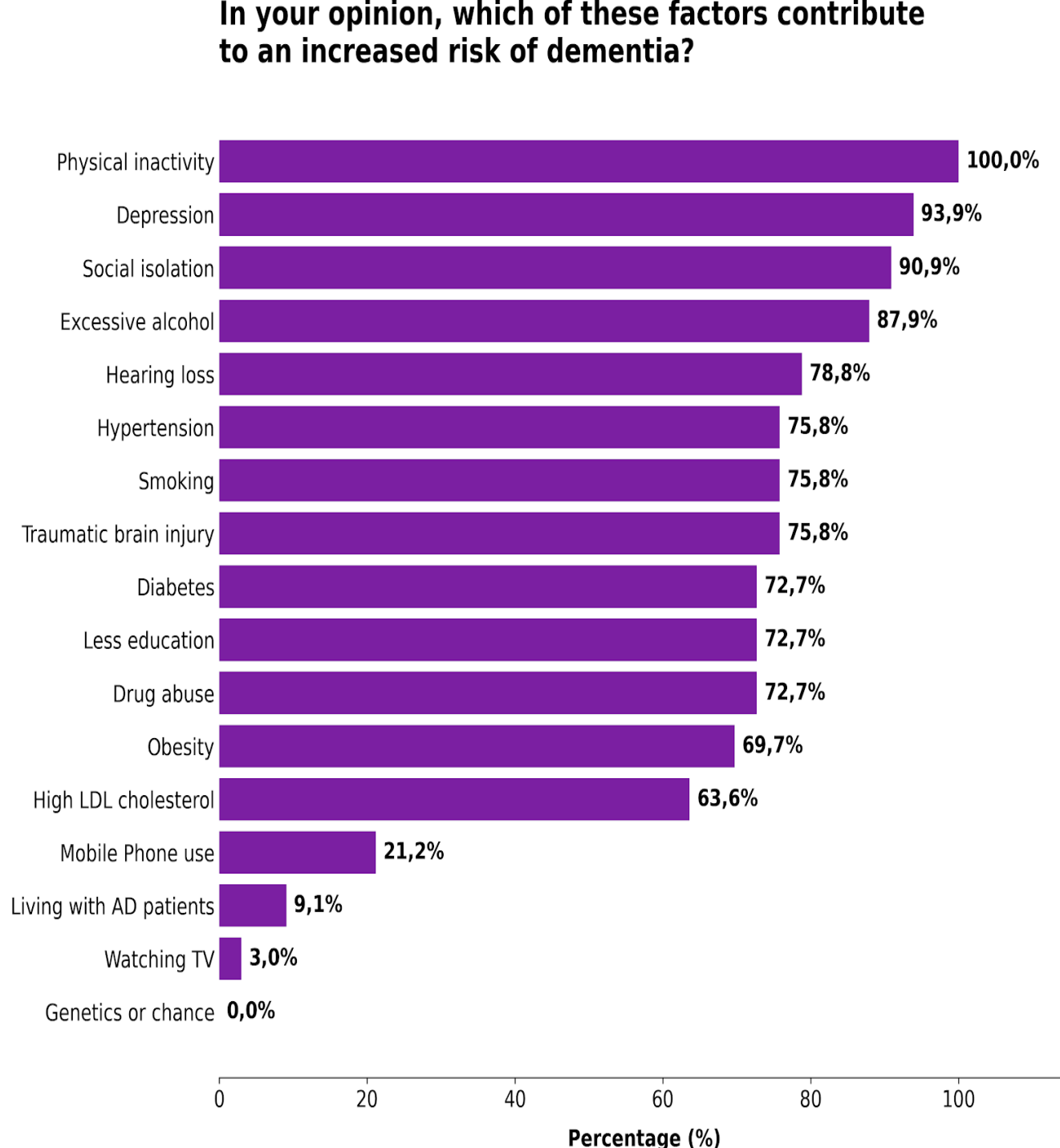
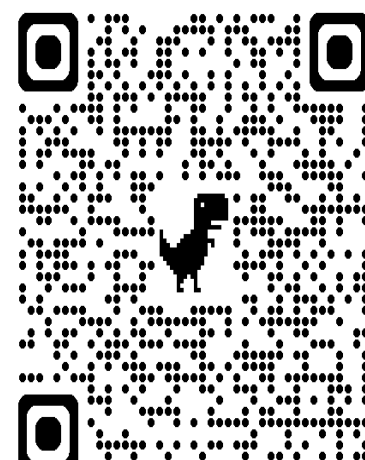


IMPACT OF COMMUNITY-BASED INTERVENTIONS ON PHYSICAL ACTIVITY, RISK FACTOR PERCEPTION AND LIFESTYLE CHANGES IN ALZHEIMER’S DISEASE PREVENTION

P3-14

Ana Luisa Carvalho Santiago, Vivian Proença Lara, Stephanny Pinto de Oliveira Lima, Thais Helena Machado, Barbara Pires de Andrade Lage Cabral, Carolina Trettel Bretas, Karolina Carvalho Carmona, Isabela Resende Silva, Rafael Mattos Tavares, Michele Gomes Ferreira, Vinícius Ribeiro Jeunon, Lilian Viana dos Santos Azevedo, Vinicius Tinarelli Silva, Gustavo Cançado, Maira Tonindandel Barbosa, Paulo Caramelli, Elisa de Paula França Resende

Community interventions such as “Movimente-se” play a key role in promoting lifestyle changes and disseminating knowledge about brain health. Due to their cost-effectiveness, these initiatives are essential public health strategies in Brazil to mitigate misconceptions about aging and encourage the management of modifiable risk factors.

INTRODUCTION	OBJECTIVE AND METHODS	RESULTS	RESULTS	CONCLUSIONS																																														
Increased life expectancy has led to a significant rise in dementia prevalence. Given the high costs of disease-modifying therapies, prevention is a public health priority, as approximately 60% of dementia cases in Brazil are potentially preventable by addressing modifiable risk factors¹. “Movimente-se: uma corrida contra o Alzheimer” (“Move Yourself: a race against Alzheimer”) is a project that promotes awareness through sports participation (street race event) and is organized by the Brazilian Academy of Neurology.	Objective: this study aimed to evaluate the project’s impact on the adoption of healthier habits, particularly physical activity, and to assess participant’s knowledge regarding Alzheimer’s Disease (AD) prevention. Methods: A cross-sectional study was conducted utilizing a 16-item structured digital questionnaire sent by e-mail to the project’s participants. The instrument was designed to collect data on the participant’s demographic profile, their perception of AD risk factors and the project's influence on their exercise routine pre- and post-event.	Participant Profile and Motivation: 33 respondents (mean age 40.2 ± 13.6 Years; 63.6% women;). A family history of neurodegenerative diseases was reported by 42.4%. For 54.5%, this was their first street race and their primary motivation was “supporting the cause” (63.6%). 72.7% held a higher education degree and 51.5% were healthcare professionals or students. Knowledge on Cognitive Decline: 51.5% correctly disagreed that forgetfulness is an inherent part of normal aging. Of these, 70.6% had a healthcare background, demonstrating a significant correlation between professional training and the understanding of pathological cognitive decline (p = 0.028).	Impact on Physical Activity Frequency (p= 0.062) Pre-event – average weekly physical activity frequency <table><tr><td>Physical inactivity</td><td>66.7%</td></tr><tr><td>1-2x/ week</td><td>30.3%</td></tr><tr><td>>3x/ week</td><td>3.0%</td></tr></table> Post-event – average weekly physical activity frequency <table><tr><td>Physical inactivity</td><td>81.8%</td></tr><tr><td>1-2x/ week</td><td>15.2%</td></tr><tr><td>>3x/ week</td><td>3.0%</td></tr></table> AD Risk Factor Awareness  <table><tr><td>Physical inactivity</td><td>100.0%</td></tr><tr><td>Depression</td><td>93.9%</td></tr><tr><td>Social isolation</td><td>90.9%</td></tr><tr><td>Excessive alcohol</td><td>87.9%</td></tr><tr><td>Hearing loss</td><td>78.8%</td></tr><tr><td>Hypertension</td><td>75.8%</td></tr><tr><td>Smoking</td><td>75.8%</td></tr><tr><td>Traumatic brain injury</td><td>75.8%</td></tr><tr><td>Diabetes</td><td>72.7%</td></tr><tr><td>Less education</td><td>72.7%</td></tr><tr><td>Drug abuse</td><td>72.7%</td></tr><tr><td>Obesity</td><td>69.7%</td></tr><tr><td>High LDL cholesterol</td><td>63.6%</td></tr><tr><td>Mobile Phone use</td><td>21.2%</td></tr><tr><td>Living with AD patients</td><td>9.1%</td></tr><tr><td>Watching TV</td><td>3.0%</td></tr><tr><td>Genetics or chance</td><td>0.0%</td></tr></table>	Physical inactivity	66.7%	1-2x/ week	30.3%	>3x/ week	3.0%	Physical inactivity	81.8%	1-2x/ week	15.2%	>3x/ week	3.0%	Physical inactivity	100.0%	Depression	93.9%	Social isolation	90.9%	Excessive alcohol	87.9%	Hearing loss	78.8%	Hypertension	75.8%	Smoking	75.8%	Traumatic brain injury	75.8%	Diabetes	72.7%	Less education	72.7%	Drug abuse	72.7%	Obesity	69.7%	High LDL cholesterol	63.6%	Mobile Phone use	21.2%	Living with AD patients	9.1%	Watching TV	3.0%	Genetics or chance	0.0%	Future initiatives should prioritize broader engagement with community, as a substantial proportion of participants in this study were healthcare professionals. Despite this, misconceptions regarding Alzheimer’s disease risk factors were still identified, which highlights the importance of this kind of strategie.  REFERENCES AND CONTACT ¹Suemoto, C. K., Borelli, W. V., Calandri, I. L., Bertola, L., Castilhos, R. M., Caramelli, P., Nitrini, R., Brucki, S. M. D., Laks, J., Mukadam, N., Livingston, G., & Ferri, C. P. (2025). The potential for dementia prevention in Brazil: a population attributable fraction calculation for 14 modifiable risk factors. <i>The Lancet Regional Health - Americas</i>, 49, 101209. https://doi.org/10.1016/j.lana.2025.101209 
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