

Prediction of imminent osteoporotic fracture risk – can addition of self-reported clinical risk factors improve the prediction of the register-based FREM algorithm?

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Åben Forskerdag 2024

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Runde 1, Plenumlokale – Klinisk forskning

Chairman: Afventer

Anne Alnor: Using Artificial Intelligence and Natural Language Processing to Analyse Major Bleeding Risk in Hospitalised Medical Patients

Author(s)	Anne Alnor, Rasmus Bank Lynggaard, Martin Sundahl Laursen, Pernille Just Vinholt
Speaker(s)	Anne Alnor
Runde theme	Klinisk forskning
Background and Aim	Major bleeding is a critical complication in medical patients, with limited understanding of its occurrence. Traditional methods, such as administrative data, fall short in granularity and predictive accuracy. This study aims to leverage artificial intelligence (AI) and natural language processing (NLP) to identify and analyse major bleeding incidents in electronic health records (EHRs) of acutely hospitalised medical patients.
Design and Methods	We conducted a retrospective, cross-sectional study utilising EHRs from Odense University Hospital over five years. Patients aged over 18 with acute medical conditions were included, while those with surgical admissions or trauma-related bleeding were excluded. An AI model was developed to identify unstructured bleeding-related text in EHRs, achieving a negative predictive value of 99.7%. Other relevant clinical data, including smoking status, alcohol consumption, and the use of anticoagulants or platelet inhibitors, were extracted using AI algorithms.
Primary variables	Key variables included demographics, clinical measurements, biochemical parameters, smoking, alcohol consumption, and comorbidities, with a focus on the incidence of major bleeding episodes during hospitalisation.
Preliminary results	Out of 46,439 eligible patients, 1,246 (2.7%) experienced major bleeding. Risk assessment models (RAMs) showed a Harrell's C-statistic of 0.726 and indicated that male sex, alcohol consumption, and lower haemoglobin levels significantly increased the hazard of major bleeding.
Conclusion	This study underscores the utility of AI in extracting valuable insights from EHRs, enhancing the understanding of major bleeding risks in medical patients. The identified risk factors provide a foundation for improved clinical risk assessment protocols. Integrating AI and NLP into routine practice can significantly enhance patient monitoring and management, ultimately leading to better outcomes and optimized resource allocation in healthcare settings.

Anne Sofie Krogh Holdam: Risk factors for locally advanced non-melanoma skin cancer: a population-based register study

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Speaker(s)	Anne Sofie Krogh Holdam, MD, Ph.D.-student
Runde theme	Klinisk forskning
Background and Aim	Non-melanoma skin cancer is considered a “non-aggressive cancer”. It rarely metastasize and the patients very rarely dies from it. It is usually slow growing, but in case of delay in diagnosis and treatment, the lesions can infiltrate the local tissue and cause severe damage. Extensive surgery may then be necessary to manage the disease. For people with low socio-economic status, comorbidities, care dependency and a considerable distance to hospitals with specialized treatment, the risk of delay may increase.
Design and Methods	This is a nationwide, register-based cohort study. All patients with a first-time incidence of basal cell carcinoma (BCC) or squamous cell carcinoma (SCC) over the age of 20 from 2007-2021 are included. We divided the patients into two groups: non-advanced (tumor (T) category of T1) and locally advanced (T category of $\geq T2$) disease and analyzed the associations between risk factors and locally advanced disease at time of diagnosis for the two groups by multivariate logistic regression.
Primary variables	Demographic (age and sex), socio-economic (education, income, housing status), health-related (comorbidity, assisted living), and geographical factors (region of residence) variables were of interest.
Preliminary results	We found 166,467 patients with BCC and 36,609 patients with SCC with a known T category in the 15-year period. Male sex, older age, shorter education, lower income, living alone, and a higher degree of comorbidity was associated with increased odds for being diagnosed with a T category of $\geq T2$. In addition, residence outside the Capital Region was related to advanced cancer stage at diagnosis.
Conclusion	Socioeconomic challenges and region of residence are significantly associated with a higher risk for locally advanced disease at time of diagnosis in BCC and SCC. Targeted initiatives aimed at improving early detection should prioritize vulnerable individuals. Additionally, future research could explore regional differences in diagnostic delays.

Britt Egmoose: Exploring young adults' perspectives on food allergy during their teenage years: a practice research study

Author(s)	<u>Britt Egmoose</u> , Lotte Huniche, Carsten Bindselev-Jensen, Dorthe S. Nielsen, Charlotte G. Mørtz
Speaker(s)	Britt Egmoose
Runde theme	Klinisk forskning
Background and Aim	Symptoms of anxiety, eating disorders, and social isolation are prevalent among teenagers with food allergy compared to peers without. Treatment of teenagers with food allergy focus on preventing anaphylactic reactions, with little attention to promoting social and emotional well-being. The aim of the study was to explore young adults' perspectives on everyday life with food allergy during their teenage years to improve future clinical practice.
Design and Methods	This qualitative study was based on the theoretical and methodological framework of critical psychological practice research. During a two-day camp the perspectives of ten young adults (18-23 years) were explored through participant observation and informal interviews. Three follow up interviews were conducted. A co-researcher group discussed preliminary results, clinical challenges, and ways forward.
Primary variables	Young adults, food allergy, teenage years, perspectives on everyday life
Preliminary results	Being together with peers with food allergy was crucial, fostering belonging and normalization. The shift in responsibility of managing the risk feels overwhelming and stressful during teen age. Self-understanding was influenced when managing food allergy in social contexts, inducing feelings of burden and isolation. Acceptance and understanding from social relations became important for all participants, and they all underlined desire for being viewed as individuals rather than being defined by their allergy.
Conclusion	Support from other peers with food allergy is crucial for the participants. Transition to independently managing risks introduces uncertainty and social constraints, affecting self-understanding and interactions. Clinicians should prioritize peer support and empower teenagers in managing the risk and psychosocial challenges. Clinical implications involve the recognition of the importance of peer support networks for teenagers with food allergy. Healthcare professionals need to foster spaces where teenagers can share experiences and management strategies. Additionally, healthcare professionals must assist teenagers in taking responsibility for their food allergy and should provide guidance on managing risks independently while addressing the psychosocial impact of food allergy. Educating healthcare professionals on the unique challenges of teenagers and young adults with food allergy, addressing broader life transitions, is crucial for improved support.

Sanjeewa Patabendige: Use of thoracic ultrasound shear wave elastography in interstitial lung disease: an explorative pilot study

Author(s)	Christian K. Kildegaard, Christian B. Laursen, Jesper Rømhild Davidsen.
Speaker(s)	Sanjeewa Patabendige
Runde theme	Klinisk forskning
Background and Aim	Thoracic ultrasound shear wave elastography (SWE) of the lungs is based on measuring the velocity of shear waves' propagation in multiple focal zones generated by a localized radiation force. The velocity of the ultrasound waves increases with tissue stiffness as consequence of reduced elastic properties, which appears in e.g., fibrotic interstitial lung disease (fILD). This explorative study hypothesized that SWE is able to distinguish fILD from non-fibrotic ILD (nfILD).
Design and Methods	As part of routine follow-up at South Danish Center for ILD (SCILS), ILD patients were offered supplemental performance of SWE in 4 zones corresponding to left (L) and right (R) apical anterior (AAL/R) and basal posterior (BSL/R) bilateral zones using a linear ultrasound probe (6-15MHz). SWE was measured in meters per second (m/s).
Primary variables	SWE values from four different zones scanned with SWE in patients with fILD and nfILD.
Preliminary results	Sixteen patients accepted participation (13 men (81%) with mean age of 61.3 years (SD \pm 20.6)) with an equally distributed diagnosis of fILD (8 (50%)) and nfILD (8 (50%)), respectively. Means (SD) and medians (IQR) for SWE corresponding to AAL, AAR, BSL, and BSR are presented in Table 1. No statistically significant differences were observed when comparing SWE values from the 4 zones between fILD and nfILD.
Conclusion	Based on available literature SWE seem to be a feasible supplementary and clinical tool to separate fILD from nfILD. However, in our study no statistically significant differences were observed when comparing SWE values from the 4 zones between patients with fILD and nfILD. Conclusively, our hypothesis could not be confirmed and was primarily due to a low number of included patients.

Runde 1, Lokale L – Klinisk forskning

Chairman: Anja Lisbeth Frederiksen

Sara N. Søgaard: Diagnostic value of oropharyngeal and nasopharyngeal swab compared to tracheal aspiration in patients suspected of community-acquired pneumonia.

Author(s)	Sara N. Søgaard, Mariana B. Cartuliales, Flemming S. Rosenvinge, Steen Lomborg Andersen, Christian B. Mogensen og Helene Skjøt-Arkil
Speaker(s)	Sara N. Søgaard
Runde theme	Klinisk forskning
Background and Aim	Targeted antibiotic treatment is crucial in preventing the development of antibiotic resistance. Pneumonia is a leading cause of death in acute infections, and rapid and precise diagnosis requires the identification of pathogens, often achieved through tracheal suction. However, tracheal suction is infrequently used, prompting the search for less invasive alternatives like nasopharyngeal and oropharyngeal swabs. While research indicates that nasopharyngeal and oropharyngeal swabs can detect pathogens, their diagnostic accuracy compared to tracheal aspirate in acute settings remains unclear. The aim of the study is to determine the diagnostic value of nasopharyngeal and oropharyngeal swabs compared to tracheal suction, analyzed by Polymerase Chain Reaction, in acutely hospitalized patients with suspected pneumonia.
Design and Methods	A single center diagnostic accuracy study including adults admitted to the Emergency Department at University Hospital of Southern Denmark, Aabenraa, with a suspected lower respiratory tract infection. Patients are prospectively enrolled and will undergo three diagnostic tests – a nasopharyngeal swab, an oropharyngeal swab, and a tracheal aspirate. Additional patient data will be collected prospectively.
Primary Outcome	To determine the diagnostic value of oropharyngeal and nasopharyngeal swabs compared to tracheal aspirates, analyzed by Polymerase Chain Reaction in acutely hospitalized patients with suspected pneumonia. Additionally, the study seeks to explore how patients experience the three sampling methods and which method they prefer.
Preliminary results	Data collection is ongoing
Conclusion	Data collection is ongoing

Frederik Gulmark Hansen: Topical Tacrolimus for Breast Cancer-Related Lymphedema: a Pilot Trial

Author(s)	<u>Hansen, Frederik Gulmark</u> , Jørgensen, Mads Gustaf, Thomsen, Jørn Bo, Sørensen, Jens Ahm
Speaker(s)	Frederik Gulmark Hansen
Runde theme	Klinisk forskning
Background and Aim	Breast cancer-related lymphedema (BCRL) presents a significant challenge in breast cancer survivorship due to limited treatment options. Tacrolimus, an immunosuppressive agent, has shown promise in preclinical models for reducing lymphedema. This study aimed to assess efficacy and durability of topical tacrolimus treatment in patients with BCRL.
Design and Methods	Eighteen women with stage I or II BCRL were enrolled in this study. The participants underwent six months of tacrolimus treatment. Assessments were made at baseline with follow-up at 3, 6, and 12 months. Thus, the 12 months follow-up took place six months after the treatment had stopped.
Primary variables	The primary endpoint was arm volume. Secondary endpoints included lymphedema-index, quality of life, and use of concomitant lymphedema treatment.
Preliminary results	Results at six months demonstrated significant reductions in arm volume, lymphedema-index, and use of concomitant treatment. Quality of life improved significantly. The 12 months follow-up showed continued significant reductions in arm volume. Furthermore, quality of life, and use of concomitant treatment remained significantly improved from baseline. Lymphedema index was no longer significantly improved at 12 months.
Conclusion	Topical tacrolimus demonstrated short-term efficacy in reducing BCRL symptoms and improving quality of life. The durability of these effects varied, with some measures returning to baseline levels at six months post-treatment cessation. Larger, randomized controlled trials are warranted to validate these findings and explore the role of maintenance treatment with topical tacrolimus in BCRL management.

Helena Møgelbjerg Ditzel: Geriatric 8 Frailty in Older Patients with Cancer and the Association with Antineoplastic Treatment, Treatment Adherence and Overall Survival: A Prospective Cohort Study (PROGNOSIS-G8)

Author(s)	Ditzel, H.M., Giger, A.W., Ditzel, H.J., Möller, S., Lund, C.M., Pfeiffer, P., Ryg, J., Ewertz, M., Jørgensen, T.L.
Speaker(s)	Ditzel, H.M.,
Runde theme	Klinisk forskning
Background and Aim	Frailty is common in older adults with cancer and can impact their ability to tolerate oncologic treatment. Frailty can quickly be assessed using a strong screening tool. The Geriatric 8 (G8) has shown a significant association with survival, but the relationship with treatment adherence remains unclear. Our study aims to ascertain whether there is an association between G8 frailty (G8 \leq 14) and i) being offered guideline antineoplastic treatment, ii) 1 st line antineoplastic treatment adherence, and (iii) one-year overall survival (OS).
Design and Methods	Patients age \geq 70 years with solid cancers were screened with the G8 at the initial oncologic outpatient treatment consultation. Patient characteristics, cancer type, stage, treatment type, and intent were collected from medical records. Treatment recommendations were compared to national guidelines, to assess if patients received guideline treatment. After 9 months, 1 st line treatment adherence was evaluated, noting deviations from the initial treatment plan. Both outcomes were assessed using adjusted logistic regression analysis with Lasso regularization. One year OS was assessed using Cox proportional hazards and Kaplan-Meier curves.
Primary variables	Guideline antineoplastic treatment recommendation and 1 st line antineoplastic treatment adherence
Preliminary results	1398 patients were screened with the G8 (65%, n=908 frail) between June 2020- Oct. 2021. The mean age was 77 years (SD 5), 55% were men, 50% received treatment with curative intent, 39% with palliative intent, and 11% did not receive treatment. The most predominant cancers were lung, urogenital, gastrointestinal, and breast. Patients with G8 frailty were less likely to be offered standard treatment (OR 0.53; 95% CI 0.39-0.72, $p < 0.001$) and had poorer OS (HR 1.93; 95% CI 1.39-2.67, $p < 0.001$) compared to patients without frailty. 63% of patients adhered to the initial treatment plan, with poorer adherence seen in patients with frailty (0.61 OR 95% CI 0.44-0.86, $p = 0.004$). Lastly, compared to patients without frailty, patients with frailty who received standard treatment were even less likely to adhere to treatment (OR 0.45; 95% CI 0.29-0.68, $p < 0.001$).
Conclusion	Our findings suggest that the G8 can be used to identify a subgroup of older patients with poorer OS and an increased risk of experiencing poor oncologic treatment adherence.

Jeppe Sig Juelsgaard Tryggedsson: Exploring the role of gender on treatment outcomes in older

Author(s)	Jeppe Sig Juelsgaard Tryggedsson, Kjeld Andersen, Silke Behrendt, Michael P. Bogenschutz, Gerhard Buehringer & Anette Søgaard Nielsen
Speaker(s)	Jeppe Sig Juelsgaard Tryggedsson
Runde theme	Klinisk forskning
Background and Aim	Alcohol use disorder (AUD) among older adults, particularly with respect to gender differences in treatment outcomes, remains underexplored. This study aimed to explore gender differences in AUD treatment outcomes among older adults, focusing on continuous measures (drinks per day, drinks per drinking day, percent days abstinent, and percent heavy drinking days) and binary measures (abstinence, no heavy drinking, and low BAC) across a one-year period.
Design and Methods	We analyzed data from a multinational randomized controlled trial involving 693 older adults (60+) diagnosed with DSM-5 AUD. The study employed motivational enhancement therapy and the community reinforcement approach, across sites in Denmark, Germany, and the United States. Participants were assessed at baseline, after 4 weeks, 12 weeks, 26 weeks, and 52 weeks. Statistical analyses included multilevel mixed-effects linear and logistic regressions, adjusted for socio-demographic and baseline drinking characteristics.
Primary variables	Gender and alcohol consumption.
Preliminary results	Both men and women showed significant improvements across all outcomes. At baseline, females reported 0.75 fewer drinks/day, 1.33 fewer drinks/drinking day, and 50% lower odds of low BAC compared to males (OR = 0.50; $p < 0.05$). Significant gender-time interactions showed smaller reductions in females' drinks per day and drinks per drinking day compared to males ($p < 0.05$), resulting in similar drinking levels at follow-ups. No gender differences were found at any timepoints for percent days abstinent and percent heavy drinking days ($p \geq 0.05$). A significant gender-time-interaction was found for percent days abstinent ($p = 0.04$), but with no consistent direction. For binary outcomes abstinence and no heavy drinking, no gender differences were found at any timepoints ($p \geq 0.05$). No interaction between gender and time was found for any binary outcome ($p \geq 0.05$).
Conclusion	Among older adults with DSM-5 AUD, some gender differences are evident, but overall improvements are comparable across genders and maintained up to one year after treatment.

Jette Primdahl: Udvikling og feasibility test af en sygeplejeledet tværfaglig self-management intervention (INSELMA) til patienter med betydelige gener fra deres inflammatoriske gigtsygdom

Author(s)	J Primdahl, A Bremander, O Hendricks, M Østergaard, NS Blum, KM Latocha, CT Madsen, L Andersen, KV Jensen and B Appel Esbensen
Speaker(s)	Jette Primdahl
Runde theme	Klinisk forskning
Background and Aim	Despite the consequent use of anti-rheumatic drugs and treat-to-target strategies, many people with inflammatory arthritis (IA) report substantial disease impact. The aim of this study was thus to develop and feasibility test a self-management intervention (INSELMA) for patients with IA and substantial disease impact.
Design and Methods	The development adhered to the framework for Complex interventions and involved relevant stakeholders including two patient research partners. The developed 6-months intervention is based on self-management, self-efficacy, Health Literacy and Acceptance and Commitment therapy. A rheumatology nurse supports in goal-setting and coordinate interdisciplinary support from physiotherapist, occupational therapist, social worker and offers in the patient's municipality if needed. A final status meeting is held after 6 months. We tested the INSELMA intervention on 18 patients from Rigshospitalet-Glostrup and Danish Hospital for Rheumatic Diseases, Sønderborg in 2021-2022. We interviewed 15 participants and the health professionals (HPs) who delivered the intervention to explore their experiences.
Primary variables	Primary outcomes we evaluated: EQ5D-5L, WHO-5, HADS, BRAF-NRSv2, VAS-pain, VAS-fatigue, VAS-global assessment
Preliminary results	There was a tendency to improvement in disease impact. The participants found the person centered approach, access to the interdisciplinary team and time to work towards their goals to be very important. The HPs found the new tasks challenging, especially in the beginning. They experienced the interdisciplinary collaboration and collaboration with the municipalities as very positive. The HPs spent 8 hours per patient, 5.4 of which were by the nurses.
Conclusion	The feasibility study demonstrated that the INSELMA intervention is feasible and has the potential to reduce disease impact in patients with IA. The efficacy of INSELMA is now tested in a randomised controlled trial 2024-2026 across Rigshospitalet-Glostrup, Frederiksberg Hospital and Danish Hospital for Rheumatic Diseases, Sønderborg. The study was funded by the Novo Nordic Foundation.

Kevin Heebøll Nygaard: Perioperative methadone compared to placebo in elderly hip fracture patients - a randomized controlled trial

Author(s)	Kevin Heebøll Nygaard, Thomas Strøm, Kirsten Specht, Sofie Ronja Petersen og Jesper Ougaard Schønnemann
Speaker(s)	Kevin Heebøll Nygaard
Runde theme	Klinisk forskning
Background and Aim	<p>Background: Hip fractures in elderly patients often result in significant pain, with conventional analgesics posing challenges due to age-related tolerance issues. Our preliminary data indicate that perioperative methadone, administered at 0.10 mg/kg, may offer a well-tolerated and effective pain management solution, warranting further investigation.</p> <p>Aim: This trial aims to evaluate the analgesic efficacy of a single methadone dose during hip fracture surgery</p>
Design and Methods	This trial is a randomized, double-blind, placebo-controlled trial. Patients aged 60 and older are randomly assigned to receive either methadone or saline (placebo) at the onset of anesthesia. The required sample size is 130 patients, offering 88% statistical power to detect significant differences. Postoperative monitoring continues through discharge, with a follow-up phone call at three months.
Primary variables	The primary endpoint is opioid consumption within the first 72 hours postoperatively. Secondary endpoints include assessments of pain levels, mobility, incidence of nausea/vomiting, time to discharge, need for rescue medications, occurrence of delirium, and constipation. At three months, additional evaluations include opioid use, EQ-5D-5L quality of life scores, and any persistent side effects.
Preliminary results	119 of the required 130 patients have been enrolled. Although statistical analyses have not yet been conducted, initial observations suggest notable differences between the groups.
Conclusion	Positive results could establish perioperative methadone as a new standard of care for managing hip fracture pain in elderly patients, offering a novel approach to optimizing recovery and comfort. This study will provide valuable data on the role of methadone in routine perioperative care for this population.

Kübra Kilic: Melatonin for Chronic Back Pain (The Mocha Trial) – A Randomized, Double Blind, Placebo-Controlled Trial

Author(s)	Kübra Kilic, Karin Due Bruun, Henrik Bjarke Vægter, Jan Hartvigsen, Jens Søndergaard, Preben Kidmose, Bart Willem Koes, Jonas Bloch Thorlund.
Speaker(s)	<u>Kübra Kilic</u> , Pain Research Group, Department of Anesthesiology and Intensive Care Medicine, University Hospital Odense. Department of Clinical Research, Faculty of Health Sciences, University of Southern Denmark.
Runde theme	Klinisk forskning
Background and Aim	Melatonin, mainly used for treating insomnia and jetlag, has demonstrated analgesic properties in chronic non-musculoskeletal pain conditions. Chronic back pain is a leading cause of disability and socioeconomic burden worldwide, often accompanied with insomnia. Current pharmacological interventions has modest pain relief and have significant side effects. This study aims to determine the effect of melatonin in reducing pain in patients with chronic back pain.
Design and Methods Primary variables	The MOCHA trial is a randomized, double blind, placebo-controlled superiority study. 220 patients with chronic back pain will be enrolled and randomly assigned in a 1:1 ratio to receive either 10 mg of melatonin or a placebo daily for 6 weeks. The primary outcome measure is the change in average pain intensity over the past 7 days, evaluated from baseline to 6 weeks. Secondary outcomes include alterations in insomnia severity, back-related disability, global perceived effect, and overall physical and mental health. Exploratory outcomes encompass physiological sleep metrics obtained through ear-electroencephalography recordings and pressure pain thresholds assessed using a handheld algometer. (Registration: EU-CT 2023-503530-41-00 ClinicalTrials.gov ID NCT06476392).
Preliminary results	We will begin recruitment at the end of October or the beginning of November 2024; therefore, we do not have any preliminary results. The study protocol will be presented at the conference.
Conclusion	The MOHCA trial aims to assess the efficacy of melatonin, an affordable and widely available medication, in alleviating pain and enhancing sleep quality in a population with limited effective treatment options. The findings could influence clinical practice by providing a dual-targeted therapeutic strategy for managing chronic back pain and related sleep disturbances.

Lanfranco Pellesi: Migraine-Inducing Effects of Sildenafil in Men with Migraine Without Aura: Protocol for a Randomized, Placebo-Controlled Crossover Trial

Author(s)	Mira Alnajjar, Ditte Bork Iversen, Nete Lundager Klokke Rausgaard, Tore Bjerregaard Stage, Lanfranco Pellesi
Speaker(s)	Lanfranco Pellesi
Runde theme	Klinisk forskning
Background and Aim	This study aims to assess the migraine-inducing effects of sildenafil in men with migraine without aura through a randomized, placebo-controlled crossover trial. While sildenafil has been shown to provoke migraine in women, its effect on men remains unknown.
Design and Methods	The trial will enroll 12 men and 15 women, all diagnosed with migraine without aura, with the women participating in an open-label study. Participants will be monitored for migraine attacks and associated symptoms for 12 hours post-administration.
Primary variables	The primary endpoints include the incidence of migraine attacks in sildenafil-treated men compared to placebo and between sildenafil-treated men and women. Secondary endpoints assess headache incidence, heart rate, mean arterial pressure, and adverse events.
Preliminary results	The trial is registered in the Clinical Trial Information System (CTIS) of the European Union under the number 2024-512014-17-02. The human experiments will begin in October.
Conclusion	The findings will contribute to a better understanding of sex-related differences in migraine mechanisms, potentially leading to more tailored treatment approaches.

Tilde Veng Eskildsen / Line Riis Jølving: Does prolonged blastocyst storage time affect implantation- and pregnancy rates? A danish national register study

Author(s)	Tilde Veng Eskildsen, Michael Due Larsen, Jens Fedder & Line Riis Jølving
Speaker(s)	Tilde Veng Eskildsen / Line Riis Jølving
Runde theme	Klinisk forskning
Background and Aim	<p>Since the first successful transfer of a frozen embryo in 1983, the cryopreservation of embryos has increased. Cryopreservation technology used in IVF has many obvious advantages: It has significantly improved the live birth rate, as it allows multiple embryo transfers with frozen embryos from a single ovarian stimulation cycle. Freeze of all embryos minimizes the risk of ovarian hyperstimulation syndrome. Additionally, freeze-all is becoming more frequent as the pregnancy rates after frozen embryo transfers (FET) are approaching, or even exceeding those of fresh transfer cycles. Cryopreservation of human embryos in liquid nitrogen is expected to remain stable for years. Several studies, with FET cycles divided into different timeline groups, state no differences in pregnancy outcomes from blastocysts after cryopreservation. Controversially, equally many studies, state the opposite. These studies suggest a negative correlation between storage time and live birth rates after cryopreservation >2 years. In Denmark, fertilized embryos were previously stored for a maximum of 5 years. However, a recent declaration (from 2021) changed the storage period until “the time point, of which the woman that will give birth to the child, is no longer eligible to receive assisted reproduction”. This cohort study aims to investigate the impact of storage duration of vitrified warmed embryos on reproductive outcomes in women who underwent FET cycles following freeze-all storage or following a fresh embryo transfer.</p>
Design and Methods	Based on the Danish health registries, this nationwide cohort study comprised all FETs from January 2012 to June 2019, including childbirths until the end of 2020.
Primary variables	Stratification on blastocyst storage time was carried out for: 1) <6 month, 2) 6-12 month, 3) 12-24 month, 4 >24 month, using 1) as a reference. Outcome variables were biochemical pregnancy, implementation rate, and live birth.
Preliminary results	Our preliminary data suggests, that a blastocyst storage time >24 month does not statistically significantly impact the reproductive outcomes of the ART treatment.
Conclusion	Additional analysis needs to be conducted before any unambiguous conclusions can be drawn.

Runde 1, Lokale J – Translational forskning

Chairman: Bente Nørgaard

Amanda Jessica Campbell: A carrier-based quantitative proteomics method applied to biomarker discovery in pericardial fluid

Author(s)	Amanda J Campbell, Samir Cakar, Nicolai B Palstrøm, Lars P Riber, Lars M Rasmussen, Hans C Beck
Speaker(s)	Amanda Jessica Campbell
Runde theme	Translational forskning
Background and Aim	Data-dependent liquid chromatography tandem mass spectrometry is challenged by the large concentration range of proteins in plasma and related fluids. We adapted the SCoPE method from single-cell proteomics to pericardial fluid, where a myocardial tissue carrier was used to aid protein quantification.
Design and Methods	The carrier proteome and patient samples were labeled with distinct isobaric labels, which allowed separate quantification. Undepleted pericardial fluid from patients with type 2 diabetes mellitus and/or heart failure undergoing heart surgery was analyzed with either a traditional liquid chromatography tandem mass spectrometry method or with the carrier proteome.
Primary variables	
Preliminary results	In total, 1398 proteins were quantified with a carrier, compared to 265 without, and a higher proportion of these proteins were of myocardial origin. The number of differentially expressed proteins also increased nearly four-fold. For patients with both heart failure and type 2 diabetes mellitus, pathway analysis of upregulated proteins demonstrated the enrichment of immune activation, blood coagulation, and stress pathways.
Conclusion	Overall, our work demonstrates the applicability of a carrier for enhanced protein quantification in challenging biological matrices such as pericardial fluid, with potential applications for biomarker discovery. Mass spectrometry data are available via ProteomeXchange with identifier PXD053450.

Caroline Lilja: Surgical Treatment Algorithm for Breast Cancer Lymphedema

Author(s)	Lilja, Caroline ^{1,2} , Ydo, Christoffer Bing ¹ , Damsgaard, Tine Engberg ^{1,2,3} , Sørensen, Jens Ahm ^{1,2} , Thomsen, Jørn Bo ^{1,2}
Speaker(s)	Caroline Lilja
Runde theme	Translational forskning
Background and Aim	<p>Technical and microsurgical advancements have revitalized surgical treatments for breast cancer-related lymphedema (BCRL), which previously suffered from limited success. The efficacy of lymphovenous anastomosis (LVA), vascularized lymph node transfer (VLNT), and liposuction is still unclear, and selecting appropriate patients for each treatment approach is crucial.</p> <p>The aim of this systematic review was to assess the effectiveness of these three surgical options to develop a patient-centered treatment algorithm.</p>
Design and Methods	We conducted a search of electronic databases including Medline, Embase, Cochrane Library, Google Scholar, and ClinicalTrials.org. Eligible studies were randomized and non-randomized controlled trials, and observational studies that assessed the outcomes of LVA, VLNT, or liposuction. Study selection and data extraction were done by two independent reviewers, followed by a risk of bias assessment, and the article was written following the PRISMA reporting guidelines.
Primary variables	The primary outcome were changes in arm volume, lymph flow, and quality of life measured with validated questionnaires.
Preliminary results	Out of 16,593 papers reviewed, 73 fulfilled our criteria. Due to low quality of evidence, and considerable heterogeneity, data was narratively presented. Liposuction is significantly effective for non-pitting lymphedema. LVA showed inconsistent results, with a tendency of reduced limb volume and symptomatic relief in mild lymphedema. VLNT demonstrated encouraging results for limb volume reduction and symptom improvement in patients with mild and moderate lymphedema.
Conclusion	By conducting this review, we developed a patient-centered treatment algorithm. Liposuction is effective for treating non-pitting lymphedema. LVA and VLNT seems effective when targeted for the appropriate patient. Well-conducted high-evidence studies in the field are still lacking to uncover the efficacy of surgical treatments for BCRL.

Erik Øxenberg Paulsen: Massespektrometri billeddannelse til evaluering af hjernemetastaser og gliomers infiltrationsevne uden for resektionsranden

Author(s)	<i>Erik Øxenberg Paulsen, Andreas Abildskov Thomsen, Signe Frost Frederiksen, Jeanette Krogh Petersen, Mikkel Schou Andersen, Frantz Rom Poulsen, and Ole Nørregaard Jensen.</i> Department of Neurosurgery at Odense University Hospital (OUH), Odense; Department of Clinical Pathology at OUH and Clinical Institute, SDU; Department of Biochemistry and Molecular Biology, University of Southern Denmark (SDU);
Speaker(s)	Erik Øxenberg Paulsen
Runde theme	Translationel forskning
Background and Aim	Primary brain tumors, such as gliomas, have an incidence of 7.3 per 100,000 person-years, while brain metastases (BM) occur in 8-10% of systemic cancer patients. Complete resection improves survival, but the infiltrative nature of gliomas complicates surgery. MALDI-Mass Spectrometry Imaging (MSI) offers advanced molecular tissue mapping by combining histology with mass spectrometry. This study evaluates MALDI-MSI's ability to detect tumor infiltration post surgery and classify gliomas and BM.
Design and Methods	This prospective study integrates pathology and molecular analyses using MALDI-MSI. Tissue biopsies from glioma or BM patients are collected during craniotomy and analyzed with histology, immunohistochemistry (if relevant), and MALDI-MSI. A machine learning model will classify healthy, tumor, and necrotic tissues, followed by a model trained to differentiate types of glioma and BM.
Primary variables	<ul style="list-style-type: none"> • MALDI-MSI's effectiveness in detecting tumor infiltration. • Classification accuracy in distinguishing glioma and BM types.
Preliminary results	Unsupervised analysis reveals tumor dataset diversity, with clustering among tumor samples and some separation between tumor, necrosis, and control tissues, demonstrating MALDI-MSI's potential to distinguish these regions based on lipid profiles.
Conclusion	MALDI-MSI can identify pathologically distinct regions, making it a promising tool for detecting tumor infiltration and classifying tissues.

Louise Adel Jensen: Validating ShallowHRD for Clinical Use: Correlation with HRDetect in Familial Breast Tumors

Author(s)	Louise A. Jensen, Caroline H. Bækgaard, Mie B. Larsen, Susanne E. Boonen, Anne Marie B. Jylling, Zainab Hikmat, Qin Hao, Thomas vO Hansen, Inge S. Pedersen, Martin J. Larsen, Mads Thomassen
Speaker(s)	Louise Adel Jensen
Runde theme	Translational forskning
Background and Aim	Determining tumor Homologous Recombination Deficiency (HRD)-status is central in predicting patient response to specific treatments. Therefore, precise and cost-effective software is needed for clinical implementation. HRDetect is widely regarded as a golden standard for determining HRD-status. In contrast, ShallowHRD is a simpler algorithm. However, it is an economical alternative optimized for formalin-fixed, paraffin-embedded tissue (FFPE) and potentially useful for most breast cancer patients.
Design and Methods	Data from shallow whole-genome sequencing (1-5X) on FFPE tissue and whole-genome sequencing (50X, additionally downsampled to 5X) on fresh frozen tissue from 18 patients were analyzed using ShallowHRD and compared to the HRD-status previously attained by HRDetect. The software were also compared using Receiver Operating Characteristic (ROC) curve analysis.
Primary variables	ShallowHRD scores, AUC
Preliminary results	The comparison of ShallowHRD to HRDetect displayed a high specificity (85.7-100 %) and sensitivity (75 %) in all data groups. The ROC curve analysis illustrated that ShallowHRD performed better than a random classifier and displayed an Area under the curve similarly to previously reported for HRDetect. The ShallowHRD analysis was of good quality in all three data groups and the ShallowHRD scores were similar across data groups. One sample was incorrectly labeled as HRD-negative by ShallowHRD, but it contained two VUSs requiring further investigation.
Conclusion	HRD-status from ShallowHRD correlated well with HRDetect output, making ShallowHRD an accurate, efficient, and economical alternative for clinical use.

Nicolai Bjødstrup Palstrøm: Predicting abdominal aortic aneurysms by combining mass spectrometry-based proteomics with clinical data

Author(s)	Palstrøm N.B., Campbell A.J., Rasmussen L.M., Sørensen M., Lindholt J.S., Beck H.C.
Speaker(s)	Nicolai Bjødstrup Palstrøm
Runde theme	Translationel forskning
Background and Aim	<p>Abdominal aortic aneurysms (AAA) are in most cases asymptomatic and pose a life-threatening risk due to unexpected rupture of the aortic wall. AAA are often detected accidentally, and in many countries, AAA screening is considered too costly. Therefore, a simple blood test discriminating individuals with an AAA from non-AAA individuals is urgently needed.</p> <p>The aim of the study was to identify specific plasma proteins that discriminate individuals with an AAA from non-AAA individuals by applying mass spectrometry-based proteomics.</p>
Design and Methods	<p>Our study involved 7082 participants, including 545 patients with AAA, and 6537 control subjects from the population-based Danish Cardiovascular Screening (DANCAVAS) trial. Plasma samples were analyzed using LC-MS/MS. For statistical model development, participants were randomly divided into either a training set (80%) or a test set (20%). Gene Ontology enrichment analysis of significant differentially regulated proteins was made with ShinyGo (v. 0.80). Logistic regression combining proteomics data and clinical data was used for the identification of individuals with AAA. Performance of our model was measured using the area under the curve (AUC) for the detection of AAAs in the independent test set.</p>
Primary variables	Protein data and clinical variables
Preliminary results	<p>Mass spectrometry-based proteomics identified 46 proteins as significantly differentially regulated between AAA patients and control subjects (all FDR adj. $p < 0.05$). Up-regulated pathways included complement and coagulation cascades and platelet activation, while vitamin digestion and absorption and cholesterol metabolism were among the down-regulated pathways. A standard model trained only on clinical variables achieved an AUC = 0.81. Inclusion of a panel of twenty-two proteins in our model significantly improved the ability to predict AAA patients with an AUC = 0.85 (DeLong, $p = 0.0384$).</p>
Conclusion	<p>We identified a panel of plasma proteins that – in combination with clinical variables - improves the prediction of individuals with an AAA and has the potential as blood protein markers for the detection of AAA outside a hospital setting.</p>

Helle Rasmussen: Expanded Visitation Guidelines for Prehospital Assessment Units: Activations, Conveyance and Hospital Visits in the Region of Southern Denmark

Author(s)	Helle Rasmussen, Anders Løkke, Peter Biesenbach, Anmarie Lassen, Anne Friesgaard, Eva Hoffmann, Søren Mikkelsen, Mette Elkjær
Speaker(s)	Helle Rasmussen
Runde theme	Tværasektoriel forskning
Background and Aim	<p>The Region of Southern Denmark is introducing Prehospital Assessment Units (PAUs) as part of a national initiative. PAUs enable paramedics to assess and treat patients on-site, to reduce transportation to and hospital visits.</p> <p>The Emergency Medical Dispatch Center changed the guideline for activating PAUs based emergency calls (1-1-2) in April 2024. Previously, the medical dispatcher could refer patients with specific health conditions to the PAUs. Now, technical dispatchers can refer patient to PAUs for nearly all ambulance tasks with an urgency level B.</p>
Design and Methods	A population-based longitudinal cohort study was conducted using data extracted from the prehospital records, covering two 60-day periods before and after the change. Activation type and outcome was manually classified by the first author (HMR) based on data and written notes in the records. Descriptive statistical analysis were conducted.
Primary variables	The outcome of each activations was; 1) conveyance (or non-conveyance) and 2) hospital visits (or no hospital visit). Data was stratified in the two periods and based on the activation source: Emergency call or a healthcare professional.
Preliminary results	<p>During the two periods, PAUs were activated 1,131 times. The number of activations increased from 482 to 649. Conveyance by ambulance, patient transport or PAU rose from 28% (95% CI: .24-.32) to 40% (95% CI: .36-.44) and hospital visits from 43% (95% CI: .39-.48) to 54% (95% CI: .50-.58).</p> <p>The increase was mainly seen in emergency calls activations, rising from 306 to 471. Conveyance in these cases grew from 37% (95% CI: .32-.43) to 51% (95% CI: .46-.55), and hospital visits from 51% (95% CI: .46-.57) to 66% (95% CI: .62-.70).</p>
Conclusion	In conclusion, the expanded guideline was associated with PAU activations and outcome. These changes might be important for service planning in the prehospital services and emergency departments, as well as for the experiences of patients and healthcare professionals.

Kristina Kock Hansen: Mapping patient characteristics, interventions and the organization of hospital at home programs in Scandinavia for the treatment of acute illness: A scoping review

Author(s)	Kristina Kock Hansen, Maria Klitgaard Christensen, Christian Backer Mogensen, Peter Biesenbach, Dorthe Eg Holm, Jette Holt, Pia Lysdal Veje, Mette Elkjær, Caroline Moos
Speaker(s)	Kristina Kock Hansen
Runde theme	Tværasektoriel forskning
Background and Aim	<p>Healthcare systems are under pressure worldwide due to the aging population living longer with many chronic conditions. One innovative option is "Hospital at home" (HaH), which has demonstrated positive results in patient satisfaction, stress reduction and quality of life. HaH has been implemented in numerous countries worldwide. However, there is limited evidence describing HaH programs within the Scandinavian context. Furthermore, many HaH reviews focus on specific illnesses or alternatives to admission without elaborating on the intricacies of the organisations, interventions or patient characteristics. Health planners responsible for HaH programs require clearer evidence from a Scandinavian context to implement effective, patient and work safe HaH solutions.</p> <p>The aim is to map the components of Scandinavian HaH programs including organisational structures, interventions and patient characteristics.</p>
Design and Methods	<p>This scoping review includes Scandinavian studies of adults ≥ 18 years offered HaH. HaH is defined as services delivered to patients who have experienced an onset of acute medical illness requiring emergency care with initial medical contact with an emergency department (<24 hours), out of hours doctor or a general practitioner under the medical responsibility of the hospital. Searches will be conducted using the databases Medline (Ovid), Embase (Ovid) and CENTRAL (Cochrane) with limited searches in grey literature. Results will be presented in tabular format describing the characteristics of different studies.</p>
Primary variables	Description of organisations, interventions and patient characteristics
Preliminary results	We expect to present an overview of the components of Scandinavian HaH programs
Conclusion	This review will provide insights to assist health planners and researchers to plan and implement general and specific HaH solutions.

Maria Iachina: Non-attendance in hospital appointments based on data from an entire region in Denmark: descriptive analyses and risk factors

Author(s)	Bente Mertz Nørgård, Maria Iachina, Jette Ammentorp, Daria Schwalbe, Morten Sodemann
Speaker(s)	Maria Iachina, Biostatistician, ph.d., associate professor, Center for Clinical Epidemiology, OUH, Research Unit of Clinical Epidemiology, SDU
Runde theme	Tværasektoriel forskning
Background and Aim	An increasing focus has been directed towards patients who do not show up for hospital appointments (non-attendance). Non-attendance is a problem related to patient risk and waste of resources in the healthcare system. We aimed to study patient characteristics related to non-attendance in a large unselected study population, compared to those who completed a scheduled appointment in patients aged > 18 years.
Design and Methods	In this cohort study, we retrieved data in a time period from June 1, 2022 - June 1, 2023, on non-attendance contacts from the medical journal in the Region of Southern Denmark and completed contacts from the Danish National Patient Register. From these, we selected data from all somatic outpatient clinics in the region. We analyzed how non-attendance was related to hospitals (university hospital and regional hospitals) and to patient characteristics (age, sex, comorbidity, and socioeconomic factors) relative to those who completed their outpatient appointment.
Primary variables	non-attendance and completed somatic outpatient hospital contacts
Preliminary results	We included 3,806,042 completed somatic outpatient hospital contacts (601,913 patients) and 80,351 non-attendance somatic outpatient hospital contacts (12,244 patients) for residents in the Region of Southern Denmark. Overall, for two percent of patients the first contact in the study period was a non-attendance contact. We found among others, that men are more likely to non-attend compared to women with OR =1.9 and 95%CI (1.82; 1.96), patients with high education are less likely to non-attend OR =0.55 and 95%CI (0.52; 0.58), and patients with psychiatric comorbidity are more likely to non-attend with OR =2.6 and 95%CI (2.39; 2.82).
Conclusion	Our preliminary results suggest that we can identify several social and health-related factors that influence non-attendance.

Runde 1, Lokale 9 – Basal forskning

Chairman: Hans Christian Beck

Andreas Kristian Pedersen: Sensitivitets analyser for confounding i tidsserie modeller

Author(s)	Andreas Kristian Pedersen, Christian Backer Mogensen and Sören Möller
Speaker(s)	Andreas Kristian Pedersen
Runde theme	Basal forskning
Background and Aim	Investigating variables that change over time is the core of causal inference, as the timing of cause and effect is essential when establishing causation. However, the challenge of residual confounding persists and no method exists to verify the presence of residual confounding for a proposed causal association. One of the most common approaches to assess this bias is the E-value. Ding and VanderWeele developed the E-value to evaluate if the strength of a confounder can explain the proposed causal association. For many researchers, the attractiveness of the E-value is based on its simple calculations and lack of distributional assumptions concerning the confounder. However, the current E-value is not extended to longitudinal data analysis, which we propose in this study.
Design and Methods	As this study is theoretical based with a focus on method development no design or methodology is utilized.
Primary variables	The study has a focus on methodology, hence the study do not have a primary outcome.
Preliminary results	We present four methods, none of which have an assumption regarding the time series model or the distribution of the confounder and simulation show little to no bias of the four proposed approaches.
Conclusion	We propose four different methods to evaluate the sensitivity of a proposed causal association in relation to unmeasured confounding which have no assumption regarding the potential unmeasured confounder beside those imposed by the causal setup.

Mikkel Straarup Thagaard: Eyelid sebaceous gland carcinoma: developing a protocol for a systematic review and meta-analysis of clinicopathological studies of prevalence

Author(s)	Mikkel Straarup Thagaard, Stine Dahl Vest, Steffen Heegaard, Niels Marcussen
Speaker(s)	Mikkel Straarup Thagaard
Runde theme	Basal forskning
Background and Aim	Eyelid sebaceous gland carcinoma is an aggressive tumour with an increased morbidity. Yet, controversies on the epidemiology of this malignancy is widespread - Western studies report it constituting 1%–3% of all eyelid tumours and studies from Asia report up to 43%–56% in India. We identified the need to systematically retrieve and review the literature on the subject. However, systematic reviews based on observational data differs from studies on interventional studies. Bias of included studies tend to be great when reviewing observational studies. Heterogeneity due to study designs and populations is often problematic. The purpose of our study was to develop a peer-reviewed protocol for a systematic review and meta-analysis specifically tailored to observational clinicopathological studies.
Design and Methods	A reporting guideline in developing a protocol is obligatory and we evaluated several guideline. Searches must be conducted across several databases to not miss important studies, with forward and backwards citation searching. Bias of included studies must be evaluated in a manner relatable to observational studies. Subgroup analyses of the results must be performed to explore possible heterogeneity, and the certainty of the evidence must be graded.
Primary variables	The proportion of eyelid sebaceous gland carcinoma in relation to total number of malignant eyelid neoplasms.
Preliminary results	We found no previous reviews on this subject. The protocol was reported using MOOSE and PRISMA-P guidelines adjusted to observational studies since neither of these guidelines were deemed complete. We included an information specialist in designing our search query. Ovid Medline, Scopus, Embase and Google Scholar will be searched. We needed to adjust an existing risk of bias tool to cover clinicopathological studies, since no established tool was available for our study. Subgroup analysis of the results will be carried out according to geography. Lastly, we expect to grade the certainty of the obtained results by risk of bias, inconsistency, imprecision and indirectness.
Conclusion	Systematic reviews and meta-analysis on clinicopathological data elicits specific challenges related to the observational nature of the included studies. Special considerations regarding both planning and the execution of such must be taken in order secure a protocol and a review of a sufficient quality.

Nathalie Fogh Rasmussen: The impact of hospital surgical volume on postoperative complications among patients with inflammatory bowel disease: a Danish nationwide population-based study

Author(s)	Nathalie Fogh Rasmussen, Sofie Ronja Petersen, Andreas Kristian Pedersen, Lene Juel Kjeldsen
Speaker(s)	Nathalie Fogh Rasmussen, The Hospital Pharmacy Research Unit, Department of Regional Health Research – IRS, Hospital Sønderjylland, University Hospital of Southern Denmark, Aabenraa, Denmark
Runde theme	Basal forskning
Background and Aim	Hospital surgical volume may be a predictor of postoperative complications in patients with inflammatory bowel disease (IBD). No previous studies have examined this in a Danish setting. Therefore, the overall aim of this study was to determine the impact of hospital surgical volume in Denmark on postoperative complications after IBD surgery.
Design and Methods	Using real-life data from the Danish National Patient Registry individuals with Crohn’s disease and ulcerative colitis who underwent major intestinal surgery between January 1st 2012 and December 1st, 2018 were identified. Multivariate logistic regression was used to assess the association between hospital surgical volume and the odds of postoperative complication within 30 days after surgery.
Primary variables	<i>Hospital surgical volume</i> was grouped into a low volume group defined by the lowest and middle tertiles of hospitals’ annual number of surgeries (1-20 surgeries) and a high volume group corresponding to the highest tertile (21-104 surgeries). <i>Postoperative complications</i> included one or more of the following: cardiovascular, gastrointestinal, infectious, neurological, pulmonary, renal and endocrine, wounds, and procedural complications.
Preliminary results	In total, 2,088 patients were included in the study. One or more postoperative complications were identified in 391 (18.7%) patients, with more complications in the high surgical volume group (19.8%) than in the low volume group (15.7%). Low surgical volume was associated with borderline statistically significantly lower odds of postoperative complications compared with high surgical volume (OR: 0.639 [95% CI: 0.400 ; 0.993], p=0.046) when the model was adjusted for IBD type, year of surgery, sex, age, disease duration, duration of surgical encounter, type of encounter, comorbidity, IBD medication, previous major intestinal surgery, and previous complications.
Conclusion	The results of this study warrants further analyses of the association between surgical volume and risk of postoperative complications, for example using various definitions of surgical volume, for further explanation of the association.

Niclas L. Eriksen: Non-invasive fundoscopy as a tool to estimate intracranial pressure: An animal model

Author(s)	Niclas L. Eriksen, Frantz R. Poulsen, Mikkel S. Andersen, Mathias J. Nortvig
Speaker(s)	Niclas L. Eriksen
Runde theme	Basal forskning
Background and Aim	<p>Invasive monitoring of intracranial pressure (ICP) is accurate but is unavailable in some countries and in the prehospital setting. Several non-invasive modalities for ICP measurement have shown promise, but none have yet been clinically implemented. The relationship between the retinal arteriovenous-ratio (A/V ratio) and ICP is well known but not fully understood.</p> <p>This study aimed to further elucidate the relationship between ICP and A/V ratio measured with non-invasive fundoscopy in a porcine model.</p>
Design and Methods	We achieved controlled values of ICP ranging from normal (5-15 mmHg) to elevated (> 20 mmHg) within the same animal subject by inserting catheters in the epidural space. Six pigs were included. Fundoscopy was performed at baseline and at predefined ICP values. Fundoscopy videos were blinded and randomized by an independent third party. Videos were then evaluated by two independent observers.
Primary variables	A/V-ratio in response to change in ICP
Preliminary results	Mixed-effect linear regression revealed a significant inverse correlation between A/V ratio and ICP for ICP \geq 20 mmHg (slope coefficient - 0.0026734 [95%-CI: -0.0039347 – (-0.0014121)], $p < 0.001$). For ICP \leq 19 mmHg there was no change in A/V ratio ($p = 0.987$). ROC curve analysis showed high sensitivity (87.5%) but low specificity (26.72%) for detecting ICP \geq 20 mmHg. The results support the hypothesis that an increase in ICP is associated with a decrease in A/V ratio, suggesting the potential of this approach as a screening tool.
Conclusion	Further research integrating multifactorial models and machine learning is needed to enhance the diagnostic accuracy of A/V ratio via fundoscopy, enabling it to serve as a cost-effective and easy-to-use screening tool in settings with limited access to advanced, invasive modalities.

Runde 1, Lokale I – Forebyggelse og sundhed

Chairman: Robin Christensen

Astrid J. Damgaard: The Validity and reliability of the Danish and Swedish versions of the Bristol Rheumatoid Arthritis Fatigue Questionnaires (BRAFs) in patients with Spondyloarthritis.

Author(s)	Astrid J. Damgaard, Jette Primdahl, Ann Bremander, Emma Dures, Elisabet Lindqvist, Elisabeth Mogard, Henrik F. Krarup, John Graversgaard and Kirsten Knak
Speaker(s)	Astrid J. Damgaard
Runde theme	Forebyggelse og sundhed
Background and Aim	<p>Severe fatigue is highly prevalent in people with inflammatory arthritis. The Bristol Rheumatoid Arthritis Fatigue Multi-Dimensional Questionnaire (BRAf-MDQ) and the Bristol Rheumatoid Arthritis Fatigue Numerical Rating Scales (BRAf-NRS v2) (BRAFs) are valid and reliable disease-specific tools for measuring fatigue in patients with rheumatoid arthritis, but may also be valid for use in patients with spondyloarthritis (SpA).</p> <p><i>Aim:</i> To investigate the validity, reliability and interpretability of the Danish and Swedish versions of BRAFs in patients with SpA.</p>
Design and Methods	The validation followed COSMIN. Participants received an online survey. The BRAf-MDQ was assessed for a) Content validity, b) Structural validity, c) Internal consistency, d) Measurement error and reliability, and e) Construct validity. The BRAf-NRS v2 was evaluated for construct validity and reliability. Test-retest reliability was assessed with a minimum one-hour interval between surveys (T1 and T2).
Primary variables	BRAFs
Preliminary results	In Denmark, 234 (53.8%) completed T1 and 125 (82.2%) completed T2. In Sweden, 183 participants (43.6%) completed T1 and 171 (93.4%) completed T2. In Denmark and Sweden, respectively: a) The content validity was good, b) Structural validity for BRAf-MDQ: the explanatory factor analysis identified five factors, c) Internal consistency: Cronbach's α was 0.94/0.95 for BRAf-MDQ and 0.79-0.93/0.76-0.94 for the four subscales), d) Intraclass correlation coefficients (ICC) were 0.96/0.93 for BRAf-MDQ and 0.84-0.93/0.86-0.90 for the subscales (severity, effect and coping). The BRAf-NRS scales had ICCs of 0.70-0.90 and 0.71-0.89. None of the Bland-Altman plots showed trends between the difference and the mean. e) Construct validity: 80% of the hypotheses were fulfilled for the BRAFs.
Conclusion	This study found good content validity, acceptable construct validity and good relative and absolute reliability for the BRAf-MDQ and BRAf-NRS Severity and Effect in Denmark and Sweden, which means the BRAFs can be used to measure fatigue in patients with SpA.

Randi Karkov Knudsen: Mindfulness and Compassion in a Healthcare Context: Exploring how healthcare professionals experience and understand the process of implementing mindfulness in hospital settings – an action research study.

Author(s)	Randi Karkov Knudsen, PhD student, Centre for Research in Patient Communication, Odense University Hospital, Department of Clinical Research, University of Southern Denmark
Speaker(s)	Randi Karkov Knudsen
Runde theme	Forebyggelse og Sundhed
Background and Aim	<p>Mindfulness-based interventions have been suggested as a relevant training vehicle to support healthcare professionals' well-being and mental health while simultaneously improving relationship-building, communication, and patient care. Existing research on mindfulness-based interventions is dominated by quantitative studies measuring the effect of mindfulness training on stress and burnout, and only a few studies have focused on the process of implementing mindfulness practice in hospital contexts.</p> <p>Aim</p> <p>The aim of this project was first to explore healthcare professionals' experiences of how attending an 8-week course in Mindfulness- based stress reduction (MBSR) influenced their work life and interaction with patients and colleagues, and second to explore how healthcare staff and managers understand the process of implementing mindfulness in hospital settings and uncover and test mental models that might influence this process.</p>
Design and Methods	The project was inspired by action research, an approach suitable for exploring change processes in complex workplace settings and enhancing local anchoring. The project was conducted in a cardiology department and in an obstetrics and gynaecology department. Four MBSR courses with a total of 56 healthcare professionals were completed. Data was generated through participant observation, focus group interviews, individual interviews and workshops.
Primary variables	
Preliminary results	The findings showed that showed that healthcare professionals experienced that attending an MBSR course had the potential to initiate a process of change. They shifted from a tendency to multitask, be self-critical, and neglect personal needs to becoming better at focusing on one task at a time, making conscious choices and allowing pauses and self-compassion as a prerequisite for taking care of others. Furthermore, the healthcare professionals described an increased presence and compassion for their patients and colleagues.
Conclusion	The study suggested that offering MBSR courses to healthcare professionals could be a valuable approach to cultivating a

	<p>compassionate workplace culture, ultimately resulting in better patient care. However, successful implementation is complex, and it requires developing strategies to address underlying assumptions about mindfulness, embrace paradoxes, create psychological safety, and actively engage local mindfulness ambassadors in the creation of a shared vision for facilitating a mindful culture.</p>
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Sif Højmark Vobbe: Tvang i Præhospital behandling

Author(s)	Sif Højmark Vobbe
Speaker(s)	Sif Højmark Vobbe
Runde theme	Forebyggelse og sundhed
Background and Aim	In Denmark, 3,052 individuals were involuntarily admitted to hospital in 2022. The use of coercion raises fundamental questions about human rights. Pre-hospital staff often face difficult ethical challenges when patients resist the treatment they need. Only few studies have examined coercion in a pre-hospital context. The aim of this study is to investigate the characteristics of patients who are exposed to coercion in pre-hospital treatment in the Region of Southern Denmark.
Design and Methods	The study is a descriptive cross-sectional study. Data was collected from the prehospital medical records in the Region of Southern Denmark. In the first six months of 2022, 6,743 prehospital medical records with descriptions of potential coercion were extracted from the total number of 39,201 patient encounters. Descriptive statistics were used. χ^2 test and ANOVA test were used to examine marginal associations.
Primary variables	Four types of coercion were identified by manual review of the records: forced hospitalization, necessity/self-defense, hidden coercion with the involvement of the police and hidden coercion without the involvement of the police. Further, we identified the study population's use of drugs of abuse, self-harming behavior, and the overall police involvement.
Preliminary results	In total, 423 cases of coercion were identified. 67 patients were compulsorily detained in hospital. 48 patients were exposed to actions based on necessity/self-defense. 45 patients were exposed to hidden coercion with the involvement of the police and 263 were exposed to hidden coercion without the involvement of the police. In total, 54,6% were men. The median age of the total study population was 56 years. Overall, 115 patients (27,2%) were under the influence of drugs of abuse and 45 (10,6%) had self-harming behavior. The police were involved in 95 (22.5%) cases of coercion.
Conclusion	The results show that the most frequent form of coercion is paternalism applied by using hidden force without the involvement of the police. In addition, the results show that the police were predominantly involved when the emergency medical service was treating patients who were affected by drugs of abuse. A clearer legal basis and requirements for reporting all types of coercion will contribute to greater security for patients and staff.

Trine Graabæk: Stop medicinspild – et deskriptivt studie af medicinrester afleveret af borgere på danske apoteker

Author(s)	Trine Graabæk, Odense Universitetshospital, Odense Geert Amstrup, Lægeforeningen, København Birgitte Gram Blenstrup, Lægeforeningen, København Katrine Vinther Kloster, tidligere Enghave Apotek, København Birgitte Nørby Winther, Danmarks Apotekerforening, København Peter Thøgersen, Pharmad Danmark, København Lotte Stig Nørgaard, Københavns Universitet, København
Speaker(s)	Trine Graabæk, Odense Universitetshospital, Odense
Runde theme	Forebyggelse og sundhed
Background and Aim	Medicinspild er en trussel mod både patientsikkerheden, miljøet og sundhedsøkonomien. Medicin spild kan stamme fra mange kilder såsom produktion, distribution, forbrug og bortskaffelse af lægemidler både på hospitaler og i borgernes hjem. Alliancen Stop Medicin spild, som består af Pharmad Danmark, Gigtforeningen, Lægeforeningen, Ældre Sagen og Danmarks Apotekerforening, ønsker at finde konkrete løsninger for at reducere medicin spild og skabe bedre livskvalitet for landets borgere. Dog ved man ikke, hvor stort et problem medicin spild fra borgernes hjem er i Danmark, så derfor igangsatte Alliancen dette projekt, som skal afdække omfang og type af borgeres medicinrester afleveret på apotekerne.
Design and Methods	Et elektronisk spørgeskema blev sendt til 39 apoteker i Danmark, fordelt både i landdistrikter og i byer. Gennem 1 uge i foråret og sommeren 2022 indsamlede apotekerne alle medicinrester afleveret af borgere i skranken på apoteket og gennemgik disse.
Primary variables	Antal medicinrester indsamlet på apotekerne.
Preliminary results	I alt blev der indsamlet 4.384 medicinrester på apotekerne, der hver indsamlede mellem 6 og 546 medicinrester. Af disse medicinrester var 21 % uåbnede pakninger, og 57 % af medicinresterne var stadig holdbare. De fleste medicinrester var tabletter (55 %). Der kunne findes varenummer på 3.655 af medicinresterne, og blandt disse var der 1.614 forskellige varenumre. Den primære gruppe af medicinrester var smertestillende lægemidler (9 %). Prisen for medicinresterne udgjorde knap 600.000 kr.
Conclusion	Der bliver afleveret en meget svingende mængde medicinrester fra borgere på landets apoteker. Hvis omfanget fundet i denne undersøgelse ekstrapoleres til landsplan, svarer det til, at der bliver destrueret 5 medicinrester hvert minut. I fremtiden bør alle aktører arbejde på løsninger for, at medicin spild reduceres.

Runde 2, Lokale G – Klinisk forskning

Chairman: Frantz Rom Poulsen

Caroline T. Thorarinsson: Metoder til identifikation af kronisk brug af opioider i de danske sundhedsregistre

Author(s)	<p>Caroline Thingholm Thorarinsson, M.Sc., Biostatistician¹, Mette Wod, M.Sc. Ph.D., Associate Professor^{1,2}, Henrik Vægter, P.T., Ph.D., Professor^{2,3}, Torben Knudsen, D.M.Sc., Ph.D. Clinical Professor^{4,5}, Bente Mertz Nørgård, M.D., D.M.Sc., Ph.D., Clinical Professor^{1,2}.</p> <p>¹Center for Clinical Epidemiology, Odense University Hospital ²Department of Clinical Research, University of Southern Denmark ³Pain Research Group/Pain Center, Department of Anesthesiology and Intensive Care Medicine ⁴Department of Medicine, Hospital South West Jutland ⁵Department of Regional Health Science, Center Southwest Jutland</p>
Speaker(s)	Caroline T. Thorarinsson
Runde theme	Klinisk forskning
Background and Aim	<p>Brug af opioider er et højaktuelt emne, som vækker stor bekymring grundet risiko for skadelige virkninger og afhængighed. Især kronisk brug øger risikoen for uheldige udfald. Det har gennem de seneste år været af stor samfundsmæssig interesse at mindske brugen af opioider. Der mangler dog forskningsbaseret evidens for, hvordan dette gøres bedst blandt personer, som har et kronisk brug.</p> <p>En standard metode findes ikke på nuværende tidspunkt, hvilket gør det vanskeligt at vurdere risici og langtidsudsigter for denne gruppe af personer. Formålet med dette projekt er at udvikle en standardmetode til at identificere kroniske brugere af opioider ud fra de danske sundhedsregistre.</p>
Design and Methods	<p>Gruppen af patienter med kronisk opioidbrug vil blive identificeret ud fra forskellige algoritmer brugt i allerede publiceret forskning. Hver af disse vil blive testet i forhold til en forudbestemt guldstandard, defineret ud af fra en kombination af data fra lægemiddelsstatistikregisteret og selvrapporeret brug blandt patienter på de danske smertecentre. For at teste hver algoritme i forhold til guldstandard, vil der blive brugt mål som positive/negative prædiktive værdier, sensitivitet og specificitet.</p>
Primary variables	<p>Vi har adgang til de danske sundhedsregistre, og ud fra indlæste recepter registreret i lægemiddelsstatistikregisteret defineres kronisk opioidbrug.</p>
Preliminary results	<p>Ovenstående studie er en del af et Ph.D.-projekt, som ikke er startet op endnu. Vi har dog testet nogle algoritmer i forbindelse med et andet studie omkring kronisk opioidbrug blandt IBD-patienter. Disse vil blive præsenteret.</p>
Conclusion	Ingen konklusion endnu.

Dorota Kuettel: The association between different articular manifestations reported by patients or recorded at clinical examination and magnetic resonance imaging – Inflammation in hands of rheumatoid arthritis patients at self-reported flares

Author(s)	Dorota Kuettel, Daniel Glinatsi, Mikkel Østergaard, Jette Primdahl, Lene Terslev, Ulrich Weber, Kim Hørslev-Petersen
Speaker(s)	Dorota Kuettel
Runde theme	Klinisk forskning
Background and Aim	In rheumatoid arthritis (RA), clinical assessment of joints focuses on tenderness and swelling to determine whether active inflammation is present. Magnetic resonance imaging (MRI) is more sensitive than clinical examination in detecting inflammation. Aim: To investigate whether joint tenderness and swelling reported by patients and recorded by clinical examination can be considered a proxy for inflammatory joint involvement by MRI.
Design and Methods	Consecutive RA patients from FLARA-cohort self-reporting a hand flare were included. The patients were examined for swollen and tender joints (SJ/TJ), indicated SJ and TJ on a mannequin and underwent MRI of unilateral wrist, 2 nd to 5 th metacarpophalangeal (MCP) and proximal interphalangeal (PIP) joints. All MRIs were evaluated by two assessors for synovitis, tenosynovitis and bone marrow edema (BME), according to RAMRIS scoring system. A positive MRI for a inflammatory lesion was considered if two readers scored ≥ 1.0 for the inflammatory lesion. The frequencies of MRI-positive findings were calculated. Generalized estimating equations were utilized to assess the association of MRI lesions with patient reported and clinically examined, respectively, articular manifestations: (1) Swelling (regardless of tenderness), (2) Concomitant swelling and tenderness, (3) Tenderness only (Primary variables)
Results	In 29 RA patients reporting a flare (mean age 65, 69% female), 261 joints were assessed. Swollen joints, as well as concomitantly swollen and tender joints were associated with inflammation on MRI with odds ratio (OR) estimates with 95% confidence intervals [95% CI] being highest for synovitis (OR 2.16 [1.51;3.07]) and lowest for BME (OR 1.31 [1.0; 1.71]). Independent associations were only observed for MRI synovitis in clinically swollen joints (OR 2.31 [95%CI 1.27; 4.22]), in swollen joints reported by patients (OR 2.09 [1.04; 4.19]), and in concomitantly swollen and tender joints on clinical examination (OR 2.98 [1.74; 5.12]). Tender only joints, were not associated with any MRI inflammatory lesion.
Conclusion	Joint tenderness alone had no association with MRI inflammation in RA patients reporting a flare, indicating that tenderness alone is associated with factors other than local inflammation. Clinical and patient-reported swelling were associated with MRI inflammation, with the most robust association observed for MRI synovitis.

Maria Klitgaard Christensen: Disparities in access to new pharmaceuticals among Danish heart failure patients: a national longitudinal cohort study

Author(s)	Maria Klitgaard Christensen, Vibe Bolvig Hyldgård, Christian Madelaire, Andreas Kristian Pedersen, Jacob Eifer Møller, Rikke Søgaard
Speaker(s)	Maria Klitgaard Christensen
Runde theme	Klinisk forskning
Background and Aim	<p>The European Society of Heart Failure gave angiotensin receptor neprilysin inhibitor (ARNi) and sodium-glucose co-transporter 2 inhibitors (SGLT2i) a class I indication from 2016 and 2021, respectively. However, the inclusion of a specific course of treatment in clinical guidelines does not ensure patients' access, which relies on multiple factors such as physician and patient awareness, health issuance and prescription fulfillment. Previous studies have found that demographic factors, socioeconomic status and geographic location are associated with disparities in access to other types of heart failure pharmacological treatments, challenging the principle of equitable access based on need within the Danish healthcare system.</p> <p>The aim of this study was to investigate demographic, geographic and socioeconomic disparities in access to ARNi and SGLT2i for heart failure patients in the Danish national healthcare system.</p>
Design and Methods	<p>The study was an observational longitudinal cohort study based on Danish national registers, and the study period was from July 14th 2016 to June 30th 2022.</p> <p>We investigated disparities in medication access using cumulative incidence functions based on the Aalen-Johansen estimator and Cox proportional hazard models.</p>
Primary variables	Sex, age, living status, national origin, regional residence, education and family income.
Preliminary results	After adjustment for patients' baseline characteristics and comorbidities, we found a lower access to ARNi and SGLT2i among females, patients aged 80 and above, non-native Danish, lower education group, low family income, patients living alone and patients residing outside the Capital Region of Denmark compared with the reference levels.
Conclusion	We found unwarranted disparities in access to ARNi and SGLT2i for a wide range of demographic, geographic and socioeconomic characteristics.

Jette Primdahl: Development and feasibility test of a novel vocational rehabilitation intervention (WORK-ON) for people with inflammatory arthritis at risk of job loss

Author(s)	Christina Merete Tvede Madsen, Ann Bremander, Jeanette Reffstrup Christensen, Linda Eggen and Jette Primdahl
Speaker(s)	Jette Primdahl
Runde theme	Klinisk forskning
Background and Aim	People with inflammatory arthritis (IA) often have a decreased ability to work, an increased risk of long-term sick leave, and up to 38% lose their jobs within the first few years of their diagnosis. As a result, people with IA have a high risk of permanent exclusion from the labor market. The aim of this study was thus to develop and feasibility test a vocational rehabilitation offer (WORK-ON) for patients with IA.
Design and Methods	The development followed the UK Medical Research Council's framework for complex interventions and involved relevant stakeholders including 5 patient research partners. WORK-ON was based on self-management, occupational balance, shared decision making, and Focused Acceptance and Commitment therapy. The intervention lasted for 6 months and consisted of: 1) a coordinating occupational therapist experienced in rheumatology rehabilitation who performed an initial assessment and goalsetting in collaboration with the participant; 2) the coordinating occupational therapist provided individually tailored support throughout the intervention, including support in navigating the primary and secondary healthcare systems, 3) three group Rundes for peer support, and 4) need based individual consultations with a physiotherapist, a nurse, and/or a social worker. We tested WORK-ON on 19 patients from the Danish Hospital for Rheumatic Diseases, Sønderborg in 2022-2023. We interviewed the participants and the rehabilitation clinicians who delivered the intervention to explore their perspectives.
Primary variables	Outcome measures: WAI single item, WPAI: GH, EQ5D-5L, OBQ-11, WHO-5, BRAF-NRSv2, sick leave, pain, physical activity and sleep
Preliminary results	The recruitment procedure, intervention delivery and fidelity, and feasibility of outcome measures were acceptable. Throughout the feasibility test, sickness absenteeism increased. Further, there was a tendency in improvement in quality of life, physical activity, feeling rested after sleep and pain.
Conclusion	WORK-ON is considered feasible and meaningful, although some adjustments are needed before testing in a subsequent RCT.

Runde 2, Lokale L – Klinisk forskning

Chairman: Afventer

Mathias Just Nortvig: Screening iNPH Patients Using Fundoscopy: A Novel Method

Author(s)	Mathias Just Nortvig, Mikkel Christian Schou Andersen, Niclas Lyng Eriksen, Asger Bjørnkær Nielsen, Emma Tubæk Nielsen, Christian Bonde Pedersen, Sune Munthe, Frantz Rom Poulsen
Speaker(s)	Mathias Just Nortvig
Runde theme	Klinisk forskning
Background and Aim	Idiopathic normal pressure hydrocephalus (iNPH) is one of the few forms of dementia that can be treated. Individuals with iNPH experience symptoms such as impaired gait, urinary incontinence and cognitive decline. Many iNPH patients are misdiagnosed with other type of dementia and often end up in nursing homes. iNPH is significantly underdiagnosed, with an estimated 5,9 % of individuals aged 80 year and above affected. Approximately 75-80 % of iNPH patients could benefit from a ventriculoperitoneal shunt. This study aims to evaluate fundoscopy as a non-invasive method for screening patients with suspected iNPH.
Design and Methods	All patients with suspected iNPH who underwent a lumbar infusion test were included. Fundoscopy was performed at baseline and at various time stamps during the infusion test. Intracranial pressure (ICP) was continually measured using the LiquoGuard® 7. Images of the retina obtained from fundoscopy were analyzed by an AI algorithm to determine the arteriole-venule ratio (A/V ratio). The A/V-ratio was correlated with iNPH. Additionally, baseline ICP values and amplitudes were investigated in the two groups.
Primary variables	Arteriole/venule ratio
Preliminary results	A significant mean difference in the A/V ratio was found between the iNPH and non-iNPH groups (mean: -0.0427, p-value: 0.0172). When the ICP was above 20 mmHg in both groups, there was no significant mean difference between the two groups (mean: -0.0096, p-value: 0.5766).
Conclusion	Diagnosing iNPH remains challenging. Early identification of iNPH patients and accurate diagnosis are critical for optimizing treatment outcome. The A/V ratio can help distinguish between iNPH and non-iNPH groups. A screening method for iNPH would be highly beneficial for patients and could have a great impact on society, both medically and socioeconomically.

Mette Louise Andersen: Maternal multiple sclerosis and postpartum depression: a population-based cohort study

Author(s)	Mette Louise Andersen, Pavithra Laxsen Anru, Bente Mertz Nørgård, Egon Stenager, Elsebeth Stenager, Thomas McElrath, and Line Riis Jølving
Speaker(s)	Mette Louise Andersen, PhD student
Runde theme	Klinisk forskning
Background and Aim	Postpartum depression (PPD) is the most common mental disorder in relation to childbirth with a global estimated prevalence among mothers of 10-15%. Women with multiple sclerosis (MS) have increased risk of depression, but whether this involves motherhood is not clarified. We aimed to investigate if mothers with MS have increased risk of postpartum depression.
Design and Methods	We used the Danish National Health registers to establish the study population of all childbirths in Denmark from 1995 to 2019. Women with MS diagnosed before pregnancy constituted the exposed group and women without MS constituted the unexposed group. We used antidepressant prescriptions as a proxy for depression. Women with any psychiatric medication in the 6 month before conception were excluded. In logistic regression models we estimated odds ratios (OR) and 95 % confidence intervals (95% CI) of antidepressant prescriptions in the 12 months following childbirth. The risk estimates were adjusted for relevant confounders such as maternal age, parity, BMI, calendar year of birth, adverse obstetrical outcomes, and hospitalizations during pregnancy.
Primary variables	Postpartum depression within 12 months after childbirth.
Preliminary results	The study cohort consisted 1,458,628 childbirths, including 2,655 childbirths in women with MS. We found that women with MS are at increased risk of a postpartum depression with adjusted OR 1.87 (95% CI 1.46-2.41).
Conclusion	The preliminary results of our study reveal a significant risk of postpartum depression in women with MS. To our knowledge this study present real-world data on the largest number of childbirths by mothers with MS. In a clinical context it is important to be able to identify risk groups. Focus on postpartum depression is essential for facilitation of preventive activities, early detection, support and timely treatment.

Stine Gram: Understanding palmoplantar keratoderma. A rare genetic skin disease affecting palms and soles.

Author(s)	SB Gram, K Brusgaard, U Lei, M Sommerlund, GR Vinding, AH Christensen, SP Fast, RO Bach, A Bygum, LB Ousager
Speaker(s)	Stine Gram
Runde theme	Klinisk forskning
Background and Aim	Palmoplantar keratoderma (PPK) is a rare disorder by thickened skin on palms and soles, often accompanied by pain, sweating, and an unpleasant odour. The patient group is very heterogeneous presenting with either isolated skin disease or PPK as part of syndromes with increased risk of various other diseases. Numerous genes are related to PPK contributing to the diversity of the disease. Few studies have performed genetic testing on clinical well-described patient groups as they present in dermatological setting. Our aim was to improve the understanding of the clinical and genetic spectrum of PPK and evaluate the value of genetic testing in a large Danish cohort.
Design and Methods	We recruited patients and affected family members from 2016-2022. All study participants underwent deep phenotypic and genetic testing.
Primary variables	Clinical symptoms, family history, extensive genetic testing.
Preliminary results	Our Danish cohort consists of 142 study subjects from 76 families. We identified a genetic diagnosis in 83% of the families. Variants in <i>AAGAB</i> was the single genetic cause of punctate PPK. Further, we showed that a specific variant (c.370C>T) was inherited from a common ancestor in the Region of Southern Denmark. In contrast, in the non-punctate types (diffuse, focal and striate), more overlapping phenotypes were found making clinical sub-classification challenging. Disease-causing variants were identified within 12 different genes, showing more complex genotype-phenotype patterns. Within this subgroup, we also identified two families with variants in <i>DSP</i> . A gene not only linked to PPK, but also associated with risk of cardiomyopathy, and thereby a crucial subgroup to identify.
Conclusion	We established the largest cohort of its kind with patients with the rare disease PPK. Our results of systematically genetic testing demonstrate the hereditary nature of PPK. It emphasizes the value of genetic testing for accurate diagnoses and distinguishing between different subtypes of PPK, including identifying patients with risk of associated diseases.

Peter Martin Hansen: Association of ambulance and helicopter response times with patient survival: A systematic literature review and meta-analysis

Author(s)	Peter Martin Hansen, Martine Siw Nielsen, Marius Rehn, Annmarie Lassen, Anders Perner, Søren Mikkelsen, Anne Craveiro Brøchner
Speaker(s)	Peter Martin Hansen
Runde theme	Klinisk forskning
Background and Aim	Only sparse scientific evidence supports the notion that the shortest possible response time relates to improved patient outcomes in acute conditions, other than out-of-hospital cardiac arrest and trauma. Confounders such as bidirectional causality and confounding by indication influence patient-centered outcomes, which may prevent actionable conclusions from literature reviews. The purpose of the systematic review with meta-analysis was to assess the current evidence on association, if any, between ambulance and helicopter response times and survival in patients treated by ambulance and helicopter services.
Design and Methods	The systematic search was conducted in MEDLINE, Cochrane Library, EMBASE, CINAHL, Scopus, and Clinical Trial Registries. All study designs and settings identified as relevant to the topic were eligible. We retrieved data from a predefined template and performed a meta-analysis of studies providing odds ratios. Two reviewers worked independently, and conflicts were resolved by a third reviewer and initially, we identified 326 studies for full-text retrieval. We used PRISMA guidelines for abstracting data and GRADE methodology for assessing data quality and validity. Data were pooled using a random-effects model.
Primary variables	The primary study outcome was patient survival, and the main measurement was response time for emergency medical services vehicles.
Preliminary results	The investigators included 111 studies comprising 634 244 patients in the review. In a meta-analysis of 43 studies, we found no overall association between ambulance/helicopter response time and survival (Odds Ratio 1.02, 95% CI [0.89; 1.16]). Certainty of evidence was very low, including predominant heterogeneity. In two sub-group analyses, we found a positive correlation between ambulance and helicopter response times and patient survival.
Conclusion	The main finding of this review and meta-analysis was indicative of no association between ambulance and helicopter response times and patient survival, however with very low certainty of evidence. We found substantive research and knowledge gaps.

Rasmus B. Lindhardt & Sebastian B. Rasmussen: AI-based Prognostication of Chronic Kidney Disease Risk After Cardiac Surgery

Author(s)	Rasmus B. Lindhardt, Sebastian B. Rasmussen, Meera Machado, Lars P. Riber, Jens F. Lassen, & Hanne B. Ravn
Speaker(s)	Rasmus B. Lindhardt & Sebastian B. Rasmussen
Runde theme	Klinisk forskning
Background and Aim	Chronic kidney disease (CKD) is a serious long-term complication to cardiac surgery. Due to a lack of follow-up, CKD often goes undiagnosed for extended periods. We aimed to develop an explainable AI-based model to identify patients at high-risk of CKD following cardiac surgery.
Design and Methods	Over 200 clinical variables from Danish patients undergoing cardiac surgery at Odense University Hospital between 2000 and 2022 were extracted from the Western Denmark Heart Registry and merged with biochemical data from regional laboratory systems. Patients with preoperative kidney dysfunction or missing CKD data were excluded. The dataset was divided into balanced training, validation, and test samples, and then input into an explainable AI framework that generated symbolic regression models for prognostication. Model performance was evaluated using ROC curve and calibration plot.
Primary variables	Primary variables were AI-selected predictors of CKD and predicted CKD probability for each individual patient.
Preliminary results	Data from 11,457 patients were used to develop the AI-based model (Fig.1). Baseline eGFR, absolute creatinine increase, and age were identified as key predictors of CKD within 3 years after surgery. The model achieved a ROC-AUC of 85%, with the calibration plot showing no significant difference between predicted and observed outcomes (Fig.2). Using a 14% screening threshold — reflecting the overall CKD occurrence in the study population — 35% of cardiac surgery patients should be screened for CKD development by serum creatinine measurements, correctly identifying 82% of all new CKD cases following surgery.
Conclusion	We developed a model capable of identifying patients at high risk of CKD within three years after cardiac surgery, and demonstrated that by monitoring one-third of patients, we could identify more than 80% of those who develop CKD. The model requires external validation before future implementation into clinical practice.

Sanjeewa Patabendige: Thoracic Ultrasound in the assessment of patients with fibrosing interstitial lung diseases: a systematic review.

Author(s)	Sanjeewa Patabendige, Casper Falster, Henrik Z Langkilde, Stefan MW Harders, Elisabeth Bendstrup, Michael Thomas Durheim, Jesper Rømhild Davidsen
Speaker(s)	Sanjeewa Patabendige
Runde theme	Klinisk forskning
Background and Aim	<p>Fibrotic interstitial lung disease (F-ILD) represents a heterogeneous disease category with many subtypes. Among F-ILDs, idiopathic pulmonary fibrosis (IPF) is the prototype of progressive pulmonary fibrosis (PPF) phenotypes. Thoracic ultrasound (TUS) has shown to be a potential radiation free modality for both diagnostics and monitoring disease severity of F-ILD. In this way, TUS can potentially detect F-ILD development into PPF. However, consistent knowledge on the use of TUS in F-ILD patients is limited.</p> <p>The aim of this study was to report the existing knowledge on different TUS measures in F-ILD patients related to diagnostics, and to predict F-ILD progression.</p>
Design and Methods	MEDLINE, Embase, CINAHL, and Cochrane library databases were searched. Subject headings or subheadings combined with text words for the concepts of ILD, ultrasound and diagnosis were used. Prospective, cross-sectional, and retrospective studies were considered eligible. Risk of bias was assessed using quality assessment of diagnostic accuracy studies-2.
Primary variables	Studies including TUS performance on patients with F-ILD.
Preliminary results	In total 6,697 references were identified, and 18 studies were included. Six studies included IPF and TUS, and 12 non-IPF subtypes of F-ILD and TUS. B-lines, artefacts, abnormalities related to pleura or diaphragm, and lung ultrasound surface wave elastography were the TUS modalities chosen to investigate. Furthermore, there were substantial differences between definitions and used TUS protocols including the number of lung zones examined in studies. In such, meta-analysis was not feasible due to heterogeneity among studies.
Conclusion	Available data on TUS in F-ILD is sparse and heterogeneous. No consistent validity was found on the use of the different TUS modalities to diagnose F-ILD, or to monitor disease progression. Thus, a firm conclusion on the different types of TUS modalities' ability to assess patients with F-ILD requires further prospective research and is warranted.

Astrid J. Damgaard: The development of a COMbined Fatigue Intervention (COMFI)

Author(s)	Astrid J. Damgaard, Jette Primdahl, Ann Bremander, Emma Dures, Elisabet Lindqvist, Elisabeth Mogard and Kirsten Knak
Speaker(s)	Astrid J. Damgaard
Runde theme	Forebyggelse og sundhed
Background and Aim	<p>Inflammatory arthritis (IA) encompasses autoimmune rheumatic diseases, such as rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis. Fatigue is highly prevalent in people with IA with 41-57% suffering from severe fatigue. Patients describe fatigue as overwhelming, unpredictable, challenging to manage, and affecting all areas of everyday life, including the ability to work. To encompass the complex nature of fatigue, a comprehensive management approach is needed. Studies have shown that interventions with physical activity (PA) or a cognitive behavioural approach (CBA) can significantly reduce fatigue severity and/or impact in people with IA compared to usual care. To date, no studies have investigated the combined effect of CBA and PA on fatigue severity and impact in patients with IA.</p> <p>Aim: To develop a group-based outpatient fatigue intervention combining CBA and PA support (COMFI) for people with IA to improve self-management of fatigue and reduce fatigue severity and –impact - suitable in a Danish and Swedish context.</p>
Design and Methods	The development process followed the British Medical Research Council's framework for complex interventions. The development was based on existing evidence, self-management, Focused Acceptance and Commitment Therapy (FACT) and input from four parallel workshops involving six patient research partners, seven patients, five relatives, 14 health professionals and six researchers in Denmark and Sweden.
Primary variables	The Bristol Rheumatoid Arthritis Fatigue Questionnaires and Numerical Rating Scales v2 for severity, effect and coping.
Preliminary results	The developed fatigue intervention is a 24 weeks group-based outpatient intervention consisting of 1) Six group Rundes based on CBA and PA, 2) a seventh group booster Runde in week 24, 3) one optional individual Runde in week 6-9 of the intervention, and 4) a support line in week 13-23 of COMFI. Relatives participate in two of the Rundes.
Conclusion	COMFI is described in a manual and ready to be tested in a feasibility study at The Danish Hospital for Rheumatic Diseases, Sønderborg and Lund University Hospital, Lund, Sweden.

Bjarke Kjær Hansen: Præhospital afslutning af patientbehandling

Author(s)	Bjarke Kjær Hansen, Simon Kondrup, Peter Biesenbach, Annmarie Touborg Lassen, Søren Mikkelsen
Speaker(s)	Bjarke Kjær Hansen
Runde theme	Forebyggelse og sundhed
Background and Aim	<p>Antallet af patienter der ses i akutmodtagelserne er stigende, hvilket kan føre til travlhed og potentielt skabe risiko for patientsikkerheden. Færdigbehandling af patienter i hjemmet, efter kontakt med en ambulance kan reducerer antallet af patienter i akutmodtagelserne. Patientsikkerheden er dog central.</p> <p>Formålet med dette studie var at evaluere de præhospitale visitations enheder (PHV), hvor en enkelt paramediciner, blev disponeret til patienter der ringede 112, med det formål, hvis muligt, at færdiggøre behandlingen på stedet, efter telefon konsultation med en læge.</p>
Design and Methods	<p>Vores registerstudie går fra 3. december 2022 til 3. september 2023. Vi inkluderede alle patienter behandlet af en PHV i optageområdet for Odense Universitetshospital og Kolding Sygehus, i alt 810.000 indbyggere.</p> <p>Alle præhospitale PHV missioner i perioden, blev hentet fra den Præhospitale Patient Journal, og gennemgået manuelt.</p>
Primary variables	<p>Nye hændelser inden for 48 timer: død, indlæggelse, fornyet kontakt uden efterfølgende indlæggelse eller ingen fornyet kontakt.</p> <p>Vi undersøgte desuden hvor meget tid PHV'en brugte på stedet.</p>
Preliminary results	<p>I perioden for studiet er der registreret 10,807 missioner som endte i at patienten blev afsluttet på stedet efter kontakt med en ambulance. I samme periode registrerede vi 602 PHV missioner. Af disse blev 288 frigivet fremfor at blive indlagt. Af de 288 havde 242 ingen fornyet kontakt, 40 blev indlagt, 6 havde en fornyet kontakt uden at blive indlagt.</p> <p>Ingen patienter døde og vi havde ingen patienter som ikke kunne følges op på.</p> <p>I gennemsnit brugte PHV'en 60 minutter på stedet.</p> <p>Data manglede i 52 missioner.</p>
Conclusion	<p>En meget lille del af de frigivet patienter blev frigivet af PHV'erne. En svaghed ved studiet er derfor den lille mængde af disponeringer af PHV'erne sammenlignet med disponeringen af ambulancer. Det er muligt at personalet på AMK, ikke har været komfortable med at disponerer PHV'en og i stedet har sendt ambulancer.</p>

	<p>Præhospital frigivelse af patienter, efter telefon konsultation med en læge er dog både muligt og patientsikkert.</p> <p>For at ordningen kan komme til sin fulde ret, skal der mere uddannelse til af personalet der disponerer på AMK.</p>
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Emilie Rosenfeldt Christensen: Prediction of imminent osteoporotic fracture risk – can addition of self-reported clinical risk factors improve the prediction of the register-based FREM algorithm?

Author(s)	Emilie Rosenfeldt Christensen, Kasper Westphal Leth, Frederik Lykke Petersen, Tanja Gram Petersen, Sören Möller, Bo Abrahamsen, Katrine Hass Rubin
Speaker(s)	Emilie Rosenfeldt Christensen
Runde theme	Forebyggelse og sundhed
Background and Aim	Accurate assessment of fracture risk is crucial. Unlike established risk-prediction tools that rely on patient recall, the Fracture Risk Evaluation Model (FREM) utilises registry data to estimate risk of major osteoporotic fracture (MOF). We investigated whether adding self-reported data on clinical risk factors for osteoporosis to the FREM algorithm improved prediction of one-year fracture risk by comparing three approaches: the FREM algorithm (FREM ^{orig}), clinical risk factors (CRF ^{only}), and FREM combined with clinical risk factors (FREM-CRF).
Design and Methods	Clinical risk factor information was obtained through questionnaires sent to women aged 65-80 years living in the Region of Southern Denmark on February 1 st , 2010, who were invited to participate in the Risk-stratified Osteoporosis Strategy Evaluation (ROSE) study. Register data was obtained through national health registers and linked to the survey data. Positive and negative predictive values and concordance statistics were calculated for the performance of each approach using logistic regression and Cox proportional hazards models.
Primary variables	Wrist, humerus, vertebral and hip fractures, and risk factors for osteoporosis as defined by the Danish National Treatment Guideline.
Preliminary results	Of the 18,605 women included, 280 sustained a MOF within one year. All three approaches performed similarly in one-year fracture risk prediction for low- and high-risk individuals. However, the FREM ^{orig} and FREM-CRF approaches slightly overestimated fracture risk for medium-risk individuals.
Conclusion	Adding self-reported clinical data to the FREM algorithm did not increase precision in predicting one-year MOF risk. The discrimination of FREM ^{orig} was similar to that achieved using CRF ^{only} , suggesting it may be possible to achieve the same precision in risk in fracture-risk prediction by using register data instead of relying on self-reported risk information.

Runde 2, Lokale J – Forebyggelse og sundhed

Chairman: Afventer

Henriette Boye & Nazanin Azarinejad Mohammadi: Odense Børnekoorte – et projekt om børns sundhed

Author(s)	Odense Børnekoorte
Speaker(s)	Henriette Boye, Nazanin Azarinejad Mohammadi
Runde theme	Forebyggelse og Sundhed
Background and Aim	Odense Børnekoorte (OBK) er en prospektiv fødselskoorte. Forsknings projektet har til formål at fremme og bidrage viden om børns sundhed i samarbejde med Odense kommune, OUH, SDU og Psykiatrien i region Syddanmark. OBK har fokus på at identificere sociale, miljømæssige og arvelige faktorer der fremmer sundhed eller forårsager mistrivsel, somatisk og psykisk sygdomme hos børn. Herunder indsamling af dybdegående oplysninger om samspillet mellem barnet under graviditet, fødsel og opvækst og de sociale miljømæssige påvirkninger fra samfundet.
Design and Methods	I perioden mellem 1/1 2010 og 31/12 2012 er der rekrutteret 2.875 gravide i projektet. Inklusionskriteriet var at kvinden var bosat i Odense Kommune under graviditeten. I dag er der 2.464 familier, i alt 2.511 børn med i projektet. Der indsamles data i form af biologisk materiale fra forældre og børn, samt spørgeskema og registeroplysninger.
Primary variables	<ul style="list-style-type: none"> • Spørgeskemaer ved GA uge 10, uge 28, 3 mdr. 18 mdr. 3, 5, 7, 9 og 12 år. Livsstil, sygdomshistorik, amning, søvn, fysisk aktivitet, kost m.m. • Sprogspørgeskemaer (MacArthur-Bates) ved 3 år. • Adfærdsspørgeskemaer (Child Behaviour Check List) ved 3, 5½ og 9½ år. • Kliniske målinger og biologisk materiale (højde, vægt, BT m.m.) ved 3 og 18 mdr., 3, 5, 7, 9 og 12 år. • DXA scanninger ved 7, 9 og 12 år • IQ test (WISC-V) ved 7 år. • Kidsscreen ved 7, 9 og 12 år. • Social Responsiveness Scale (SRS) ved 9½ år. • Biobank med ca. 300.000 rør: <ul style="list-style-type: none"> ▪ Mor: uge 10 – blodprøve, uge 28-30 – blodprøve, døgn urin og spot urin ▪ Far – hår el. blodprøve ▪ Fødsel – ns væv og ns blod, hår fra nyfødt ▪ Mælketand

Preliminary results	Data fra OBK byder ind med robust dataset indsamlet over tid som tiltrækker forskere med adskillige forskningsområder blandt andet inden for pesticider, hormonforstyrrende stoffer, kortisol og modermælk sammenholdt med barnets fødselsvægt, blodtryk, neurologiske og kognitive udvikling. Publicerede videnskabelige artikler skabt på baggrund af projektets forskning er nået op til 122 og flere artikler er på vej.
Conclusion	Samarbejde mellem den primære og sekundære sektor har givet mulighed for at frembringe viden, der i høj grad er relevant i en kommunal praksis i arbejdet med børns sundhed og trivsel.

Katrine Prisak Jakobsen: AVID – Addressing Health and Socioeconomic Disparities among Individuals with Visual Impairments in Denmark

Author(s)	Katrine Prisak Jakobsen, Lonny Stokholm, Linda Juel Ahrenfeldt, Jakob Grauslund, Sören Möller
Speaker(s)	Katrine Prisak Jakobsen
Runde theme	Forebyggelse og sundhed
Background and Aim	<p>Individuals with severe visual impairments face challenges participating in society and maintaining their health. The specific nature of these challenges remains largely unknown in Denmark. The situation has worsened, with one- third of the population reporting a poor quality of life in Denmark over the past few decades.</p> <p>The PhD project aims to uncover social health inequality among individuals with severe visual impairments compared to the general population in Denmark.</p>
Design and Methods	<p>To address our research question, we will use a dual-approach methodology with both a qualitative and a quantitative approach. This includes semi-structured interviews with individuals, their relatives, and healthcare professionals to uncover areas in which individuals with visual impairments are disadvantaged in the healthcare system.</p> <p>We will perform epidemiological register-based studies carried out on Danish registry data employing both health, demographic, and socioeconomic status and a dataset from patient organization.</p>
Primary variables	<p>We will address somatic health by explorative investigating health conditions. Moreover, identify psychiatric comorbidities through prescriptions obtained from the Danish national prescription registry. To uncover social health inequality we will include variables: income, highest obtained education, employment and proportion on long-term sick leave and early retirement.</p>
Preliminary results	<p>In preparation for the project, we performed a sub-study to establish the most valid criteria for identifying individuals with severe visual impairments in the Danish Health Registries. From preliminary results, we conclude that many individuals with severe visual impairments cannot be detected in the Danish National Patient Registry alone. In addition, a large number of individuals are diagnosed with blindness (n=15,033) without being members of The Danish Association of the Blind</p>
Conclusion	<p>Despite the above-mentioned challenges, it is possible to establish criteria to identify individuals with severe visual impairments in the Danish Health Registries and therefore possible to answer the aim of the PhD project.</p>

Kim Oren Gradel: Video consultations in relation to patient and hospital characteristics – a Danish population-based study

Author(s)	Kim Oren Gradel ¹ , Israa Ali Assaf ¹ , Knud Bonnet Yderstræde ² , Jette Ammentorp ³ , Bente Mertz Nørgård ¹ ¹ Center for Clinical Epidemiology; ² Steno Diabetes Center; ³ Centre for Research in Patient Communication, OUH
Speaker(s)	Kim Oren Gradel
Runde theme	Forebyggelse og Sundhed
Background and Aim	Video consultations (VCs) reduce time spent on transport for the patients and may reduce resources in the clinic. We aimed to assess the use of VCs in the Region of Southern Denmark (RSD) in relation to patient and hospital characteristics.
Design and Methods	We included all somatic contacts to public hospitals in the RSD, 1/1/2021-30/6/2023, for patients aged 18+ years and wards with ≥ 100 VCs. We applied multivariate regression analyses to evaluate variables that predicted whether the patients used VCs. We used multilevel analyses to account for variations between wards and hospitals.
Primary variables	Sex, civil status, education, family income, age, comorbidity, origin
Preliminary results	In the study period, 351,372 patients had 3,215,764 contacts to a ward with ≥ 100 VCs. Among these, 32,383 contacts (1%) was a VC, with high variations between the six hospitals (0.4-2.1%) and their 35 wards (0.1-8.1%). A total of 17,994 patients (5.1%) had ≥ 1 VCs. Females, patients of Danish origin (compared to immigrants) and patients with higher education or income used VCs more often. Married, divorced, or widowed patients (in comparison to singles) used less VCs, which was also associated with higher age. Concerning comorbidity, results depended on whether the contact or the patient was the analytic unit. Patients with ≥ 1 or 0 VCs had a median of 17 or 4 contacts, respectively. The number of contacts is a proxy marker of comorbidity, which probably explains why comorbidity especially predicted more VCs on the patient level.
Conclusion	In spite of high variations between hospitals and wards, background variables (sex, civil status, age, education, income, and origin) were fairly consistent predictors of the use of VCs. In contrast, results for comorbidity were more varied and inconsistent.

Oliver Beierholm Sørensen: Et kvalitativt studie af relevante aktørers perspektiver på frivillige førstehjælperes involvering i det præhospitale system i Danmark

Author(s)	Oliver Sørensen, Eva Laerkner, Fredrik Folke, Henriette Bruun, Søren Mikkelsen
Speaker(s)	Oliver Beierholm Sørensen
Runde theme	Forebyggelse og sundhed
Background and Aim	<p>I Danmark får ca. 5000 personer hjertestop uden for hospital hvert år. Påbegyndelse af hjertelungeredning før ambulancens ankomst og tidlig defibrillering er forbundet med øget overlevelse. Der er etableret programmer, der mobiliserer frivillige førstehjælpere for at nedbringe tiden til behandling. I ca. halvdelen af hændelserne med hjertestop ankommer mindst én frivillig til stedet før ambulancen. Intuitivt bør dette være gavnligt for at sikre hurtig og effektiv hjertelungeredning. Programmerne er dog indlejret i et komplekst samspil mellem professionelle aktører og ikke- professionelle aktører uden formel uddannelse.</p> <p>Vi ønsker at udforske involveredes aktørers perspektiver på akutte førstehjælpsprogrammer i Danmark for at opnå større indsigt i muligheder og udfordringer mellem de forskellige aktører.</p>
Design and Methods	<p>Dette kvalitative og eksplorative projekt anvender et fænomenologisk-hermeneutisk videnskabeligt perspektiv og Interpretive Phenomenology Analysis (IPA) tilgang til analysen af projektets data. Data indsamles gennem individuelle semistrukturerede interviews, og analysen udføres ved brug af IPA's metodologiske trin i en tematisk analyse.</p> <p>De 5 studier for dette PhD-projekt undersøger:</p> <p>I: At være frivillig førstehjælper uden sundhedsfaglig baggrund II: At modtage hjælp fra frivillige førstehjælpere i patienternes eget hjem III: Præhospitalt personales perspektiv i samspil med frivillige førstehjælpere IV: Hvorfor man gør sin private AED tilgængelig for offentligheden V: At være frivillig førstehjælper i Danmark, som ikke alarmeres</p>
Primary variables	Vi ønsker at undersøge: <i>motivationer, oplevelser, udfordringer, utilfredshed, villighed, samarbejde og interaktioner</i> i de forskellige deltagergrupper.
Preliminary results	Studie 3 viser at frivillige førstehjælpsprogrammer anses for at have værdi, men primært ved behandling af hjertestop. Belyser potentielle forbedringsområder i de danske frivillige programmer.
Conclusion	Projektet forventes at bidrage væsentligt med nuanceret viden om frivilliges motivation samt identifikation af potentialer og udfordringer i det komplekse samspil, og give grundlag for forbedring af frivillige førstehjælpsprogrammer og den samlede indsats for genoplivning.

Runde 2, Lokale I – Patient- og pårørende inddragelse i forskning og tværsektoriel forskning

Chairman: Christian Backer Mogensen

Anne Kragh Sørensen og Sebrina Maj-Britt Hansen: Patientinvolvering i forskning – erfaringer fra et Ph.d.-projekt

Author(s)	Sebrina Maj-Britt Hansen, Anne Kragh Sørensen, Søren Bie Bogh, Søren Fryd Birkeland og Lars Morsø
Speaker(s)	Anne Kragh Sørensen (patient) og Sebrina Maj-Britt Hansen (Ph.d.-studerende)
Runde theme	Patient- og pårørende inddragelse i forskning
Background and Aim	Patientinvolvering er et krav som forskere stadig oftere møder – både når forskningsspørgsmålet skal formuleres, fondsansøgningen skrives og i forskningsaktiviteter. Men hvordan foregår patientinvolvering i praksis?
Design and Methods	Dette er et case studie, hvor seks patienter og pårørende er tilknyttet et ph.d.-projekt. Projektet handler om anvendelse af patientklager til læring og udvikling, og dette case studie beskriver de praktiske forhold omkring patientinvolvering, samt parternes oplevelser og samarbejde.
Primary variables	-
Preliminary results	<p>Patientrepræsentanten fortæller om interesser for at deltage i projekter, herunder motivation og oplevelse af forskernes involverende tiltag. Derudover italesættes også hvad der kan påvirke involveringen set fra patientrepræsentanten.</p> <p>Derudover formidles hvordan patientinvolvering er foregået i praksis, herunder opstartsmøder, forskningsspørgsmål, fondsansøgninger og fremtidige aktiviteter.</p> <p>Samarbejdet har også vist, hvordan man skal overveje om man bør involvere patienter. F.eks. ved et systematisk review, hvor det akademiske engelsk kan være svært at gå til.</p>
Conclusion	Case studiet giver et indblik i hvordan patientinvolvering i forskningsprocesser kan se ud. Det belyser de interesser hver part kan have i samarbejdet, og hvilket positive indvirkninger det kan have på et projekt. Case studiet belyser også hvilket arbejde der ligger i patient-forsker samarbejdet.

Trine Graabæk: Patientens stemme i forskning: Brug af medicin blandt ældre borgere

Author(s)	<p>Trine Graabæk¹, Mette Lindholm Amlund², Juliane Maria Rosendahl¹, Jesper Ryg³, Anton Pottegård^{1,4}, Astrid Janssens^{2,5,6} Carina Lundby^{1,4}</p> <p>1) Sygehusapotek Fyn, Odense Universitetshospital 2) Center for Forskning Sammen med Patienter og Pårørende, Odense Universitetshospital 3) Ældre medicinsk Afdeling, Odense Universitetshospital 4) Klinisk farmakologi, farmaci og miljømedicin, Institut for Sundhedstjenesteforskning, Syddansk Universitet 5) Brugerperspektiver og Borgernære Indsatser, Institut for Sundhedstjenesteforskning, Syddansk Universitet 6) Bioethics and Health Humanities, Utrecht University Medical Center, Utrecht University, Utrecht, Netherlands</p>
Speaker(s)	<p>Trine Graabæk, Odense Universitetshospital, Odense</p>
Runde theme	<p>Patient- og pårørendeinddragelse i forskning</p>
Background and Aim	<p>Der findes meget forskning inden for brug af medicin blandt ældre. Forskningen tager dog typisk udgangspunkt i spørgsmål stillet af forskerne selv. Vi ønsker derfor at undersøge, hvilke forskningsspørgsmål omkring brug af medicin, som ældre borgere fra 65 år, deres pårørende og deres behandlere selv synes er vigtigst at få besvaret.</p>
Design and Methods	<p>Vi følger en systematisk proces kaldet James Lind Alliance med 5 overordnede trin: Oprettelse af en styregruppe, indsamling af tanker og undren, omdannelse til forskningsspørgsmål, undersøgelse af eksisterende viden og til sidst prioritering. Målet er at finde en top-10 liste over de forskningsspørgsmål omkring brug af medicin blandt ældre, som de ældre selv, deres pårørende og deres behandlere synes er vigtigst.</p>
Primary variables	<p>Tanker og undren om brug af medicin blandt ældre</p>
Preliminary results	<p>Vi har oprettet en styregruppe med 2 patienter, 1 pårørende og 7 behandlere. Styregruppen udarbejdede et spørgeskema, som 155 personer har besvaret, heraf 74 ældre borgere, 31 pårørende, 56 behandlere og 2 der ikke ønsker at svare (flere svar mulige). Der er indsendt 264 tanker og undren, som er omdannet til 139 forskningsspørgsmål. De fordeler sig på 10 forskellige emner, bl.a. bivirkninger, afmedicinering og rådgivning. Vi er i gang med at undersøge eksisterende viden.</p>
Conclusion	<p>De tanker og undren, som ældre borgere, deres pårørende og deres behandlere har, er meget forskelligartede og dækker et bredt område. Arbejdet fortsætter med at finde de vigtigste forskningsspørgsmål omkring brug af medicin. Top-10 listen deles derefter med forskere, så de kan skabe ny viden, der rent faktisk betyder noget for ældre borgere.</p>

Mette Lykke Kristensen: Hospital-at-home: klar til opgaven?

Author(s)	Mette Lykke Kristensen, Ph.d.-studerende SDU Pernille Tanggaard Andersen, professor og institutleder for IST Mette Elkjær, Post.doc. og leder af Tværsektorielt Forskningscenter SHS Jens Søndergaard, Professor og leder af FEA, SDU Mette Maria Skjøth, Leder af CIMT, OUH og SDU
Speaker(s)	Mette Lykke Kristensen
Runde theme	Tværsektoriel forskning
Background and Aim	Den nye sundhedsstrukturreform sigter mod at flytte hospitalsbehandling til patientens hjem, kendt som Hospital-at-Home. Studier viser, at dette kræver effektiv styring, kommunikation og koordinering blandt det tværfaglige og tværsektorielle behandlingsteam. Hospital-at-Home medfører nye opgaver og samarbejdsmodeller, som kan udfordre sundhedsprofessionelles kompetencer. Ph.d.-studiets formål er at 1) identificere kompetencekrav til sundhedsprofessionelle ved levering af hospitalsbehandling i hjemmet, 2) undersøge, hvordan sundhedsprofessionelle oplever overgangen fra sygehus til hjemmeregion og 3) udvikle anbefalinger til fremtidig uddannelse af sundhedsprofessionelle, der skal varetage Hospital-at-Home-opgaver. Formålet med ph.d.-studiet er at undersøge, hvad der kræves af sundhedsprofessionelle for at levere sikker og højkvalitets Hospital-at-Home-behandling.
Design and Methods	1) Scoping review af global litteratur om erfaringer med kompetencer, relationer mellem personale og professionel støtte ved levering af Hospital-at-Home. 2) Interviewstudie med 20 semistrukturerede interviews af sundhedsprofessionelle i Region Syddanmark, herunder læger, paramedicinere, sygehus-sygeplejersker og hjemmesygeplejersker. Fokus er på professionel identitet, facilitatorer og barrierer ved levering af Hospital-at-Home. Data analyseres tematisk for at identificere centrale temaer og mønstre i oplevelserne. 3) Afholdelse af 1-2 workshops for at udvikle anbefalinger til fremtidig opkvalificering og støtte af sundhedsprofessionelle, der arbejder med Hospital-at-Home
Primary variables	
Preliminary results	De første resultater af litteraturreviewet forventes i foråret 2025. Hele ph.d.-projektet afsluttes i januar 2027
Conclusion	For at sundhedsprofessionelle effektivt kan tilpasse sig Hospital-at-Home-modellen, er det nødvendigt med evidensbaserede anbefalinger, der understøtter relevant opkvalificering og professionel støtte.

Rikke Kirstine Kristensen: Feasibility of a Cross-Sectoral Collaboration Model for ADHD and Autism: Insights from Family and Professional Experiences

Author(s)	Rikke Kirstine Kristensen
Speaker(s)	Rikke Kirstine Kristensen
Runde theme	Tværasektoriel forskning
Background and Aim	Cross-sectoral collaboration is crucial for ensuring cohesive care pathways for children and adolescents with ADHD or autism and their families. This presentation highlights insights from a collaboration project between psychiatry and municipalities. The aim is to explore how both families and professionals experience this collaboration, with a focus on key factors that promote or hinder success.
Design and Methods	The study uses a mixed-methods approach, combining quantitative Patient-Reported Outcome (PRO) data and qualitative interviews with families, relatives, and professionals from psychiatry and municipalities. The qualitative analysis focuses on the experiences of collaboration across sectors, while the PRO data assess the relevance and meaningfulness of measured outcomes for families. Additionally, PRO data have been central to the feasibility analysis, examining whether the selected tools effectively measure the intended parameters in line with the collaboration model's goals.
Primary variables	The primary variables include the integration and implementation of the collaboration model, along with the use of key PRO measures: W-FIRS, PedsQL, and ADHD RS. These tools evaluate functioning, quality of life, and symptom burden in children with ADHD. Furthermore, emphasis is placed on whether the measured outcomes align with the needs of both families and professionals. PRO data play a critical role in assessing whether the chosen instruments address the key factors for the model's success.
Preliminary results	Preliminary findings indicate that clear communication and mutual trust between sectors are essential for successful collaboration. Families face challenges with goal-setting and coordination, while professionals highlight that current collaboration structures still require improvement to support better information flow. PRO data help identify measurable improvements but are sometimes perceived as stigmatizing by families.
Conclusion	Preliminary analysis suggests that successful cross-sectoral collaboration requires structural support and a deeper understanding of both families' and professionals' experiences. Effective integration of psychiatric and municipal services improves outcomes for children, families, and professionals, yet adjustments to the collaboration model are still needed to ensure smoother care pathways.

Tine Rosenberg: Home based daratumumab treatment guided by Patient Reported Outcome data in patients with multiple myeloma

Author(s)	Tine Rosenberg, Jannie Kirkegaard, Michael Tveden Gundersen, Maja Kjær Rasmussen, Karin Brochstedt Dieperink, Thomas Lund
Speaker(s)	Tine Rosenberg
Runde theme	Tværasektorial forskning
Background and Aim	<p>Survival of patients with multiple myeloma has been significantly prolonged, but it remains incurable with lifelong treatment needs. Due to increasing prevalence, treatment relocation and use of electronic Patient Reported Outcome (PRO) data are gaining ground to release resources at the hospital.</p> <p>The aims of this study were to investigate the feasibility of daratumumab to be administered by a primary care nurse at the patients' home or at a local healthcare clinic and to develop a questionnaire addressing side effects and an algorithm stratifying patients according to treatment readiness.</p>
Design and Methods	<p>From April 2022 to June 2023, we conducted a prospective, single-center, non-randomized study including 18 patients already receiving daratumumab for ≥ 6 cycles and 12 patients new on daratumumab. New patients were followed for six 28-day cycles with every second treatment given by a primary care nurse. Patients already on treatment were followed for 7 cycles with 2/3 treatments given outside the hospital. Prior to treatment, patients had a telephone consultation with a hematology nurse and reported their side effects electronically.</p>
Primary variables	Administered, redirected, and cancelled administrations; time spent; unplanned contacts to the healthcare system; positive predictive value.
Preliminary results	<p>Of 123 hospital-planned administrations, 122 (97.6%) were given. Of 144 outsourced administrations, 133 (92.4%) were given as planned, six (4.2%) were redirected to the hospital, and five (3.4%) were cancelled. In terms of location, there was no significant difference in numbers of cancellations. Patients spent significantly less time on outsourced treatments, even when deducting travel time. Reducing patients' visits at the hospital did not cause additional unplanned contacts to the healthcare system. The algorithm showed a positive predictive value of 100%.</p> <p>Patients were satisfied receiving treatment at home and reporting side effects themselves; 84% of patients would like to continue treatment at home.</p>
Conclusion	Administration of daratumumab by a primary care nurse is feasible and preferable. PRO data effectively evaluate patients prior to treatment.