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Agreement between Cochrane Neonatal Group reviews and clinical guidelines for newborns at a Copenhagen University Hospital - a cross-sectional study.

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Abstract: AIM: To assess the agreement between Cochrane Neonatal Group reviews and clinical guidelines of a University Neonatology Department, to evaluate the reasons for potential disagreements and to ascertain whether Cochrane reviews were considered for the guidelines development. METHODS: The recommendations in the reviews and guidelines were compared and classified as being in 'agreement', 'partial agreement' or 'disagreement'. The guideline authors were interviewed for reasons about disagreement and whether Cochrane reviews were considered during the guideline development. RESULTS: Agreement between reviews and guidelines was found for 133 interventions (77%), partial agreement for 31 interventions (18%) and disagreement for nine interventions (5%). Six interventions were recommended in the guidelines, but not in the reviews. Three interventions were recommended in the reviews, but not in the guidelines. Use of consensus statements, evidence on surrogate markers, observational studies, basic immunology and pathophysiological knowledge, expert opinion, economical constraints, reservations about the external validity and unawareness of reviews were reasons for disagreement. Cochrane reviews were rarely (22%) used during the guideline development. CONCLUSION: We found agreement between more than three quarters of Cochrane reviews and neonatal guidelines. However, few important disagreements occurred. Reviews were only used for guideline development in about a fifth of cases.

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INTRODUCTION: Advances in perinatal care have increased the survival rate of extremely preterm (ETP) infants during the last decades. A key factor has been the ability to provide respiratory support with mechanical ventilation. Mechanical ventilation, however, is associated with pulmonary disease, such as bronchopulmonary dysplasia (BPD). A national prospective study of all EPT infants born in 1994-95 in Denmark found a low incidence of chronic lung disease (CLD), defined as oxygen dependence at 36 weeks postnatal age. In the cohort of surviving infants (n = 195), the incidence of CLD was 15% (95% CI: 11-19). Only 46% of the surviving children had been mechanically ventilated during the neonatal period, and this factor was proposed as an explanation of the low percentage of infants with CLD. MATERIAL AND METHODS: The present study evaluated CLD in a cohort of EPT infants born in 1998-2001 at Rigshospitalet, the university hospital in Copenhagen. The incidence of CLD was compared to that found in the cohort born in 1994-1995 and the data from the two cohorts were analysed together to investigate changes in CLD. RESULTS: Although only 39% had been treated with mechanical ventilation in the neonatal period, as many as 37% (95% CI: 31-43) of the surviving children in the study (n = 220) had CLD. Analysing the data from the cohort born in 1994-95 and the cohort born in 1998-2001 together, the increase in CLD could be explained by an improved survival rate and a lower gestational age and birth weight in the 1998-2001 cohort. DISCUSSION: Our results support the theory that CLD in EPT infants results from insults other than mechanical ventilation.
INTRODUCTION: During the 1990s, knowledge on the psychosocial consequences of extremely preterm birth was requested. The Danish Paediatric Society therefore launched a prospective longitudinal study of all children born in Denmark in 1994-95 with a gestational age of
[Pre-graduate training program in interviewing children in pediatric departments at the Rigshospitalet and Amager Hospital]

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Abstract: The study describes a training program in interviewing children at the Departments of Pediatrics, Copenhagen University Hospital, Rigshospitalet and Amager Hospital, Faculty of Health, University of Copenhagen and evaluates the training sessions. The students' self-assessment ratings were summarized and compared using Mann-Whitney U test. Most students rated their learning outcome in interviewing children high. In conclusion, training of medical students in interviewing skills in a clinical department of pediatrics is feasible, although time consuming.

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INTRODUCTION: In 1995 extracorporeal membrane oxygenation (ECMO) was introduced in Denmark as a treatment for critically ill infants. ECMO is primarily used in infants with severe meconium aspiration, but can be used for all kinds of pulmonary and cardiac failures as well. The purpose of our work was to evaluate the Danish ECMO-treatment. MATERIALS AND METHODS: We performed a retrospective study of 55 infants receiving ECMO, and the parents of the surviving children were sent questionnaires. All the completed questionnaires were returned except for one from a family that emigrated from Denmark. The statistical analyses are based on chi2-tests and 95% CI. RESULTS: Only in four cases was the treatment without complications. Thirty-one infants had technical complications and 48 had medical complications. Cerebral complications arose in 28 infants. Thirty-nine (71%) infants were alive at the time of the survey. 42% of the parents reported sequels or suspicion of sequels. The primary sequels were reduced hearing, which was observed in eight infants, and chronic lung disease, which was observed in seven. Only one child was severely disabled. CONCLUSION: The underlying diagnoses, mortality and disability correspond to the results in an English randomised study.
Secular change in size at birth from 1973 to 2003: national data from Denmark.

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Abstract: OBJECTIVE: To explore whether birth weight (BW) has been increasing in Denmark at the same level as in other countries and whether this increase is paralleled by an increase in birth length (BL) or whether body proportionality, expressed as ponderal index (PI), has changed. RESEARCH METHODS AND PROCEDURES: This study used data analysis of information from The Danish Medical Birth Registry including all single live births in Denmark from 1973 to 2003 (n = 1,863,456). BW, BL, gestational age, maternal age, and smoking status (only from 1991 on) were measured. RESULTS: Mean BW increased steadily during the period (160 grams; equivalent to approximately 5 g/yr) at a rate higher than that reported from other countries. BL showed only a minor increase (2.4 mm), leading to an increase in PI (0.8 kg/m3) during the period. Controlling for the effect of increasing maternal age and decreasing gestational age and maternal smoking prevalence (only data after 1991), there was still an increase in BW of approximately 4 g/yr. DISCUSSION: During the last 30 years, neonates have become bigger, with a larger relative increase in BW than BL, leading to an increase in PI. The increasing BW and PI, which may be caused by increased maternal weight, could further promote the obesity epidemic.

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Objective: The objective of this study was to analyze the population incidence of retinopathy of prematurity treatment in Denmark in the 10-year period from 1996 to 2005. Methods: Patient charts of infants treated for retinopathy of prematurity and the national birth registry provide information about neonatal parameters. These parameters, along with birth in the latter half of the period (2001-2005), were analyzed as risk factors for retinopathy of prematurity. The national registry for blind and visually impaired children was accessed to obtain information about visual impairment attributable to retinopathy of prematurity in both treated and untreated infants. Results: The study population consisted of 5467 Danish preterm infants born in 1996 to 2005, with a gestational age of or = 5 postnatal weeks; 2616 were born in 1996 to 2000, and 2851 were born in 2001 to 2005. The incidence of treated retinopathy of prematurity cases increased significantly from 1.3% in 1996 to 2000 to 3.5% in 2001 to 2005. Significant risk factors for retinopathy of prematurity treatment were low gestational age, male gender, and multiple birth. Other, yet unknown factors contributed to the increased incidence in the latter half of the period. Of the study population, 0.6% were registered as visually impaired because of retinopathy of prematurity within 2 years after birth (early-detected visual impairment). The incidences were not significantly different between 1996 to 2000 and 2001 to 2005. Of all of the early-detected, visually impaired children, 16% had not been treated for retinopathy of prematurity and were considered screening failures. Conclusions: The incidence of retinopathy of prematurity treatment in Denmark has more than doubled during the past half-decade. This increase could not be fully explained by increased survival rates for the infants or by changes in the investigated neonatal risk factors.