[2 significant stages in the management of mucoviscidosis: the French experience with dornase alfa (Pulmozyme) and the impact in international registries].

https://arctichealth.org/en/permalink/ahliterature204402

Author: F. Brémont
J. Navarro


Date: Apr-1998

Language: French

Publication Type: Article

Keywords: Canada - epidemiology
Cystic Fibrosis - drug therapy - epidemiology
Deoxyribonuclease I - adverse effects - therapeutic use
Expectorants - adverse effects - therapeutic use
France - epidemiology
Humans
Italy - epidemiology
Recombinant Proteins - adverse effects - therapeutic use
Registries - statistics & numerical data
United States - epidemiology

PubMed ID: 9759154 View in PubMed
4-year experiences with computer-assisted registration of postoperative wound infections and identification of risk factors.

https://arctichealth.org/en/permalink/ahliterature226352

Author: A. Bremmelgaard
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Author Affiliation: Frederiksberg Hospital, klinisk mikrobiologisk afdeling.


Date: May-13-1991

Language: Danish

Publication Type: Article

Keywords: Automatic Data Processing
Denmark - epidemiology
Female
Humans
Male
Registries - statistics & numerical data
Regression Analysis
Risk factors
Surgical Wound Infection - epidemiology - etiology

Abstract: A continuous record of postoperative surgical infections was carried out by electronic data processing of 9,181 orthopaedic and general operations. The overall infection rate was 5.7%, ranging from 2.0% (clean wounds) to 22.1% (dirty wounds). The corresponding deep infection rates were 1.7%, 0.4% and 5.4%, respectively. Employing a multiple logistic regression analysis, ten risk factors were evaluated. Factors found to be significant for both departments were: wound contamination, duration of operation and age. In addition, in the department of orthopaedic surgery: date of operation and surgeon, and in the department of general surgery: planning of operation, length of preoperative stay and anatomic groups. Sex had no influence on postoperative infection. Significant factors altered during the four years. Postoperative stay was, on an average, 13.9 days longer in infected patients.

PubMed ID: 2028549 View in PubMed


https://arctichealth.org/en/permalink/ahliterature284817

Author: Solfrid Romundstad
Sven Svebak
Are Holen
Jostein Holmen

Source: Psychosom Med. 2016 Apr;78(3):345-53

Date: Apr-2016

Language: English
Abstract: Associations between the sense of humor and survival in relation to specific diseases has so far never been studied.

We conducted a 15-year follow-up study of 53,556 participants in the population-based Nord-Trøndelag Health Study, Norway. Cognitive, social, and affective components of the sense of humor were obtained, and associations with all-cause mortality, mortality due to cardiovascular diseases (CVD), infections, cancer, and chronic obstructive pulmonary diseases were estimated by hazard ratios (HRs).

After multivariate adjustments, high scores on the cognitive component of the sense of humor were significantly associated with lower all-cause mortality in women (HR = 0.52, 95% confidence interval [CI] = 0.33-0.81), but not in men (HR = 0.88, 95% CI = 0.59-1.32). Mortality due to CVD was significantly lower in women with high scores on the cognitive component (HR = 0.27, 95% CI = 0.15-0.47), and so was mortality due to infections both in men (HR = 0.26, 95% CI = 0.09-0.74) and women (HR = 0.17, 95% CI = 0.04-0.76). The social and affective components of the sense of humor were not associated with mortality. In the total population, the positive association between the cognitive component of sense of humor and survival was present until the age of 85 years.

The cognitive component of the sense of humor is positively associated with survival from mortality related to CVD and infections in women and with infection-related mortality in men. The findings indicate that sense of humor is a health-protecting cognitive coping resource.
The aim of this study is to describe the 21 year trends in myocardial infarction among middle-aged inhabitants in the city of Turku, in southwestern Finland. Since 1972 the coronary register in Turku has monitored acute coronary events leading to hospital admission or death, first according to the methods of the World Health Organization Heart Attack Register Study, and since 1982 according to the methods of the WHO MONICA. From 1972 to 1992 we registered 7374 events of suspected myocardial infarction, of which 6045 events occurring in inhabitants of Turku aged 35-64 years, fulfilled the criteria for myocardial infarction. Within 28 days, 2266 coronary events proved fatal. During the 21-year period, the incidence of definite myocardial infarction fell by 55% in men and by 62% in women, and coronary mortality fell by 66 and 81%, respectively. From 1972 to 1982, total mortality and coronary mortality decreased in parallel. Later on, the decrease in total mortality levelled off, even though coronary mortality fell still steeper, because mortality from external causes of death increased. The favourable long-term trends reflect favourable changes in total cholesterol and blood pressure in the middle-aged population, and the improvement in the treatment of myocardial infarction. Further efforts are needed to enhance this trend, but also to reduce total mortality among middle-aged people.
A 22- to 25-year follow-up study of former child psychiatric patients: a register-based investigation of the course of psychiatric disorder and mortality in 546 Danish child psychiatric patients.

https://arctichealth.org/en/permalink/ahliterature34537

Author: P H Thomsen

Author Affiliation: Research Center, Psychiatric Hospital for Children and Adolescents, Risskov, Denmark.

Source: Acta Psychiatr Scand. 1996 Dec;94(6):397-403

Date: Dec-1996

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Cause of Death
Child
Child Behavior Disorders - mortality - therapy
Child, Preschool
Denmark - epidemiology
Female
Follow-Up Studies
Humans
Male
Mental Disorders - mortality - therapy
Patient Readmission - statistics & numerical data
Registries - statistics & numerical data
Research Support, Non-U.S. Gov't
Risk
Suicide - statistics & numerical data
Survival Rate

Abstract: A total of 546 children and adolescents, aged 5 to 15 years, who were admitted as in-patients to psychiatric hospitals throughout Denmark between 1970 and 1973, were followed up with regard to later readmissions and mortality. Approximately one-third of the sample had at least one readmission after the age of 18 years; there was no significant difference between male and female subjects. Probands with three selected diagnoses, namely childhood neurosis, conduct disorder and maladjustment reactions, did have a significantly greater general risk of readmission to psychiatric hospital in adulthood than the background population. In total, 24 probands (22 male, and 2 female subjects) died during the study period. Eight subjects had committed suicide. The standard mortality rate was significantly increased.

PubMed ID: 9020989 View in PubMed

https://arctichealth.org/en/permalink/ahliterature177383

Author: Orjan Hallberg
        Olle Johansson


Date: Dec-2004

Language: English

Publication Type: Article

Keywords: Chronic Disease - epidemiology
          Electromagnetic fields - adverse effects
          Health status
          Incidence
          Population Dynamics
          Registries - statistics & numerical data
          Sweden
          Television

PubMed ID: 15548949 View in PubMed
Acceptable nationwide outcome after paediatric inguinal hernia repair.

https://arctichealth.org/en/permalink/ahliterature259226

Author: T. Bisgaard
H. Kehlet
J. Oehlenschlager
J. Rosenberg


Date: Jun-2014

Language: English

Publication Type: Article

Keywords: Adolescent
Child
Child, Preschool
Denmark - epidemiology
Female
Hernia, Inguinal - surgery
Herniorrhaphy - adverse effects - statistics & numerical data
Humans
Infant
Infant, Newborn
Male
Registries - statistics & numerical data

Abstract: The primary objective was to describe 30-day outcomes after primary inguinal paediatric hernia repair. Prospectively collected data from the National Patient Registry covering a 2-year study period 1 January 2005 to 31 December 2006 were collected. Unexpected outcomes were defined as either/or hospital stay for >1 day (i.e. 2 nights at hospital or more), readmission within 30 days, reoperations within 12 months after repair including repair for recurrence, and death within 30 days after repair.

The study cohort comprised 2,476 patients, and unexpected outcome was found in 267 patients/repairs (10.8 %). Prolonged hospital stay was by far the most prevalent indicator of unexpected outcome. Prolonged hospital stay was in 8.2 %, readmission in 2.1 %, reoperation in 0.7 %, and complications were observed in 1.1 %. One patient died within 30 days after repair, but death was not associated with the inguinal hernia repair. The usual technique was a simple sutured plasty (96.5 %). Emergency repair was performed in 54 patients (2.2 %) mainly in children between 0 and 2 years (79.6 %). During the 1 year follow-up, reoperation for recurrent inguinal hernia was performed in 8 children after elective repair (recurrence rate 0.3 %). Paediatric repairs were for most parts performed in surgical public hospitals, and most departments performed less than 10 inguinal hernia repairs within the 2 years study period.

These nationwide results are acceptable with low numbers of patients staying more than one night at hospital, low morbidity, and no procedure-related mortality.

PubMed ID: 23508870 View in PubMed
Access to treatment and educational inequalities in cancer survival.

https://arctichealth.org/en/permalink/ahliterature266954

Author: Jon H Fiva
Torbjørn Hægeland
Marte Renning
Astri Syse

Source: J Health Econ. 2014 Jul;36:98-111

Date: Jul-2014

Language: English

Publication Type: Article

Keywords: Adult
Aged
Cancer Care Facilities - utilization
Educational Status
Female
Geography
Health Behavior
Health Services Accessibility
Health Status Disparities
Healthcare Disparities
Humans
Male
Middle Aged
Neoplasms - mortality
Norway - epidemiology
Physician-Patient Relations
Quality of Health Care
Referral and Consultation - standards - statistics & numerical data
Registries - statistics & numerical data
Socioeconomic Factors
Specialization - standards - statistics & numerical data
Survival Analysis
Travel

Abstract: The public health care systems in the Nordic countries provide high quality care almost free of charge to all citizens. However, social inequalities in health persist. Previous research has, for example, documented substantial educational inequalities in cancer survival. We investigate to what extent this may be driven by differential access to and utilization of high quality treatment options. Quasi-experimental evidence based on the establishment of regional cancer wards indicates that (i) highly educated individuals utilized centralized specialized treatment to a greater extent than less educated patients and (ii) the use of such treatment improved these patients' survival.

PubMed ID: 24780404 View in PubMed
Accounting for depressive symptoms in women: a twin study of associations with interpersonal relationships.

https://arctichealth.org/en/permalink/ahliterature45767

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Source: 
J Affect Disord. 2004 Oct 1;82(1):101-11

Date: 
Oct-1-2004

Language: 
English

Publication Type: 
Article

Keywords: 
Adult
Aged
Cross-Sectional Studies
Depressive Disorder - genetics - psychology
Female
Humans
Interpersonal Relations
Male
Marriage
Registries - statistics & numerical data
Research Support, Non-U.S. Gov’t
Research Support, U.S. Gov’t, P.H.S.
Social Support
Sweden

Abstract: 
BACKGROUND: This study examined how interpersonal relationships, specifically marital quality and adequacy of social support, are associated with depressive symptoms among women. METHODS: A sample of 326 female monozygotic and dizygotic twin pairs and their spouses was drawn from the Swedish Twin Registry. Associations among the three variables were evaluated by comparing similarities among monozygotic and dizygotic female twin pairs. RESULTS: Interpersonal relationships contributed between 18% and 31% of the variance for depressive symptoms in women. Associations among the three variables were accounted for by genetic influences when women’s reports were used. Non-shared environmental influences were important for the association between marital quality and depressive symptoms when a combination of husband and wife reports of marital quality were used. LIMITATIONS: The data is cross-sectional and the generalizability of these findings to depressive symptoms in men or to individuals with major depression is not clear. CONCLUSIONS: These findings indicate important associations among marital quality, social support and depressive symptoms in women, which should be taken into consideration for prevention and intervention strategies targeting depression.

PubMed ID: 
15465582 View in PubMed

https://arctichealth.org/en/permalink/ahliterature122335

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        Daniel Agardh
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Date: Oct-2012

Language: English

Publication Type: Article

Keywords: Acculturation
          Celiac Disease - epidemiology
          Child
          Child, Preschool
          Cohort Effect
          Cohort Studies
          Cost of Illness
          Emigrants and Immigrants - statistics & numerical data
          Environmental health
          Female
          Health Status Disparities
          Humans
          Incidence
          Male
          Mothers - statistics & numerical data
          Proportional Hazards Models
          Registries - statistics & numerical data
          Risk assessment
          Risk factors
          Sweden - epidemiology
          Time Factors
          Young Adult
Abstract: The burden of celiac disease (CD) is increasingly recognized as a global problem. However, whether this situation depends on genetics or environmental factors is uncertain. The authors examined these aspects in Sweden, a country in which the risk of CD is generally considered to be high. If environmental factors are relevant, CD risk in second-generation immigrant children should be related to maternal length of stay in Sweden before delivery.

Linking the Swedish Medical Birth Registry to other national registries, the authors investigated all singleton children (n = 792,401) born in Sweden between 1987 and 1993. They studied the risk of CD in children before age 6 as a function of the mother’s geographical region of birth and length of stay in Sweden before delivery using Cox regression models.

In children whose mothers immigrated to Sweden from a country outside of Europe, a maternal length of stay in Sweden of more than 5 years increased the hazard ratio (HR) of CD (1.73, 95% confidence interval (CI) 1.06-2.81). The authors observed a similar result among children born to mothers from a Nordic country outside of Sweden (HR 1.57, 95% CI 0.89-2.75), but a non-conclusive protective effect was observed in second-generation immigrant children from a non-Nordic European country (HR 0.65, 95% CI 0.39-1.09).

The risk of CD among second-generation immigrants seems to be conditioned by maternal length of stay in Sweden before delivery, suggesting that environmental factors contribute to the variation in CD risk observed across populations.

PubMed ID: 22827636 View in PubMed