The 10-year COPD Programme in Finland: effects on quality of diagnosis, smoking, prevalence, hospital admissions and mortality.

https://arctichealth.org/en/permalink/ahliterature135938

Author: Vuokko L Kinnula
Tuula Vasankari
Eva Kontula
Anssi Sovijarvi
Olli Saynajakangas
Anne Pietinalho

Author Affiliation: Department of Medicine, Division of Pulmonary Medicine, University of Helsinki, Helsinki, Finland.
vuokko.kinnula@helsinki.fi

Source: Prim Care Respir J. 2011 Jun;20(2):178-83

Date: Jun-2011

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Diagnostic Techniques, Respiratory System - standards
Female
Finland - epidemiology
Hospitalization - trends
Humans
Male
Middle Aged
Prevalence
Program Evaluation - methods
Pulmonary Disease, Chronic Obstructive - diagnosis - epidemiology - therapy
Quality Assurance, Health Care
Retrospective Studies
Smoking - adverse effects - epidemiology
Smoking Cessation - statistics & numerical data
Survival Rate - trends
Young Adult
Abstract: The Finnish National Programme for Chronic Bronchitis and Chronic Obstructive Pulmonary Disease (COPD) 1998-2007 was set up to reduce the prevalence of COPD, improve COPD diagnosis and care, reduce the number of moderate to severe cases of the disease, and reduce hospitalisations and treatment costs due to COPD. Over 900 events for 25,000 participating healthcare workers were arranged. The major strengths of this programme included multidisciplinary strategies and web-based guidelines in nearly all primary health care centres around the country.

Data from national registries, epidemiological studies and questionnaires were used to measure whether the goals had been reached.

The prevalence of COPD remained unchanged. Smoking decreased in males from 30% to 26% (p

Notes: Comment In: Prim Care Respir J. 2011 Jun;20(2):109-1021603847

PubMed ID: 21431275 View in PubMed

Author: Pekka Jousilahti
Tiina Laatikainen
Veikko Salomaa
Arto Pietilä
Erkki Vartiainen
Pekka Puska

Author Affiliation: National Institute for Health and Welfare, Department of Health, Helsinki, Finland. Electronic address: pekka.jousilahti@thl.fi.

Source: Glob Heart. 2016 06; 11(2):207-12

Date: 06-2016

Language: English

Publication Type: Journal Article

Review

Keywords: Cardiovascular Diseases - mortality - prevention & control
Finland - epidemiology
Forecasting
Public Health
Risk Assessment - methods
Risk factors
Survival Rate - trends

Abstract: In the 1960s and early 1970s, coronary heart disease (CHD) mortality in Finland was the highest in the world, and within Finland, mortality was particularly high in the eastern part of the country. The North Karelia Project, the first large community-based cardiovascular diseases prevention program was established in 1972 to reduce the extremely high CHD mortality through behavioral change and reduction of the main cardiovascular disease risk factors among the whole population of North Karelia, the easternmost province of Finland. During the 40-year period from 1972 to 2012, smoking prevalence, serum total cholesterol, and systolic blood pressure declined markedly, except a small increase in serum cholesterol levels between 2007 and 2012. From the early 1970s to 2012, CHD mortality decreased by 82% (from 643 to 118 per 100,000) among working-age (35 to 64 years) men. Among working-age women, the decline was 84% (from 114 to 17 per 100,000). During the first 10 years, changes in these 3 target risk factors explained nearly all of the observed mortality reduction. Since the mid-1980s, the observed reduction in mortality has been larger than the predicted reduction. In the early 1970s, premature CHD mortality (35 to 74 years) was about 37% higher among Eastern Finnish men and 23% higher among Eastern Finnish women, compared with men and women in Southwestern Finland. During the last 40 years, premature CHD mortality declined markedly in both areas, but the decline was larger in Eastern Finland and the mortality gap between the two areas nearly disappeared.

PubMed ID: 27242088 View in PubMed

Abdominal Aortic Calcifications Predict Survival in Peritoneal Dialysis Patients.

https://arctichealth.org/en/permalink/ahliterature298110

Arctic Health
Author: Satu Mäkelä
Markku Asola
Henrik Hadimeri
James Heaf
Maija Heiro
Leena Kauppila
Susanne Ljungman
Mai Ots-Rosenberg
Johan V Povlsen
Björn Rogland
Petra Roessel
Jana Uhlinova
Maarit Vainiotalo
Maria K Svensson
Heini Huhtala
Heikki Saha

Author Affiliation: Tampere University Hospital, Tampere, Finland satu.m.makela@pshp.fi.


Language: English

Publication Type: Journal Article
Multicenter Study
Observational Study
Research Support, Non-U.S. Gov't
Peripheral arterial disease and vascular calcifications contribute significantly to the outcome of dialysis patients. The aim of this study was to evaluate the prognostic role of severity of abdominal aortic calcifications and peripheral arterial disease on outcome of peritoneal dialysis (PD) patients using methods easily available in everyday clinical practice.

We enrolled 249 PD patients (mean age 61 years, 67% male) in this prospective, observational, multicenter study from 2009 to 2013. The abdominal aortic calcification score (AACS) was assessed using lateral lumbar X ray, and the ankle-brachial index (ABI) using a Doppler device.

The median AACS was 11 (range 0 - 24). In 58% of the patients, all 4 segments of the abdominal aorta showed deposits, while 19% of patients had no visible deposits (AACS 0). Ankle-brachial index was normal in 49%, low (1.3) in 34% of patients. Altogether 91 patients (37%) died during the median follow-up of 46 months. Only 2 patients (5%) with AACS 0 died compared with 50% of the patients with AACS = 7 (p

PubMed ID: 29386304 View in PubMed
Publication Type: Article
Keywords: Abdominal Injuries - diagnosis - epidemiology - therapy
Adolescent
Adult
Disease Management
Female
Follow-Up Studies
Hospital Mortality - trends
Hospitals, Low-Volume - statistics & numerical data
Humans
Incidence
Injury Severity Score
Length of Stay - trends
Male
Middle Aged
Prognosis
Retrospective Studies
Survival Rate - trends
Sweden - epidemiology
Tomography, X-Ray Computed
Trauma Centers - statistics & numerical data
Young Adult

Abstract: Abdominal injuries occur relatively infrequently during trauma, and they rarely require surgical intervention. In this era of non-operative management of abdominal injuries, surgeons are seldom exposed to these patients. Consequently, surgeons may misinterpret the mechanism of injury, underestimate symptoms and radiologic findings, and delay definite treatment. Here, we determined the incidence, diagnosis, and treatment of traumatic abdominal injuries at our hospital to provide a basis for identifying potential hazards in non-operative management of patients with these injuries in a low trauma volume hospital.

This retrospective study included prehospital and in-hospital assessments of 110 patients that received 147 abdominal injuries from an isolated abdominal trauma (n = 70 patients) or during multiple trauma (n = 40 patients). Patients were primarily treated at the University Hospital of Umeå from January 2000 to December 2009. The median New Injury Severity Score was 9 (range: 1-57) for 147 abdominal injuries. Most patients (94%) received computed tomography (CT), but only 38% of patients with multiple trauma were diagnosed with CT
Abnormal electroencephalograms in patients with long QT syndrome.

https://arctichealth.org/en/permalink/ahliterature106966

Author: Kristina H Haugaa
Tommy Tveit Vestervik
Stein Andersson
Jan Peder Amlie
Ellen Jørum
Leif Gjerstad
Erik Taubøll

Author Affiliation: Department of Cardiology, Oslo University Hospital-Rikshospitalet, Oslo, Norway; Institute of Clinical Medicine, University of Oslo, Oslo, Norway. Electronic address: kristina.haugaa@rr-research.no.

Source: Heart Rhythm. 2013 Dec;10(12):1877-83

Date: Dec-2013

Language: English

Publication Type: Article
Abstract:
The long QT syndrome (LQTS) is an inherited cardiac channelopathy associated with syncope and sudden cardiac death due to ventricular arrhythmias. It is most frequently caused by potassium channel mutations. Potassium channels are also expressed in brain tissue and play an important role in idiopathic epilepsies. Recent reports have indicated that related potassium channel mutations may coexpress as concomitant epilepsy and LQTS.

The purpose of this study was to explore cerebral activity by means of EEG recordings in individuals with LQTS related to potassium channel mutations.

Seventeen individuals with confirmed LQTS related to potassium channel mutations (11 LQT1 and 6 LQT2) were prospectively studied with 21-channel electroencephalography (EEG) LQTS-related symptoms, comorbidity, medication, and QTc (12-lead ECG) were recorded. Sixteen healthy individuals previously studied with EEG served as a control group. All EEGs were reviewed by two independent neurophysiologists.

EEG recordings were abnormal in 12 of 17 patients (71%) in the LQTS group, whereas abnormalities were present in only 2 of 16 healthy controls (13%; P

Notes: Comment In: Heart Rhythm. 2013 Dec;10(12):1884-524121000
PubMed ID: 24080067 View in PubMed
c

Acetabular reconstruction with impaction bone grafting and cemented polyethylene socket in total hip revision arthroplasty.
https://arctichealth.org/en/permalink/ahliterature276221

Author: I. Kostensalo
M. Seppänen
P. Virolainen
J. Mokka
M. Koivisto
K T Mäkelä

Date: Dec-2015
Language: English
Publication Type: Article
Abstract:

Bone deficiency in revision total hip arthroplasty is a challenge to the surgeon. One option for restoration of the bone stock is impaction bone grafting and use of a cemented socket. The aim of this study was to evaluate the mid-term clinical outcome of impaction bone grafting and cemented socket revisions.

A total of 59 patients (60 hips) underwent revision arthroplasty with impaction bone grafting and application of a cemented socket on the acetabular side in the Turku University Hospital from 1999 to 2004. The study end-point was re-revision for any reason. The cumulative percentages for survival were followed and estimated with Kaplan-Meier curves. Associations between occurrence of re-revision and potential risk factors were analyzed with logistic regression. Results were quantified by odd ratios and 95% confidence intervals. The mean age of the patients was 69 years (33% male). A total of 3% of the patients had a class I Paprosky acetabular defect, 38% had class II, and 55% had class III.

The overall survival rate was 73%. The mean follow-up time was 7 years. The most common reason for re-revision was aseptic loosening of the acetabular component (13 patients, 81% of re-revisions). Cox's regression analysis did not identify any risk factors for re-revision.

Our results were inferior compared to some previous studies. Impaction bone grafting of acetabular defects in revision total hip arthroplasty may not always provide a reliable bone stock in long-term.

PubMed ID: 25681057 View in PubMed
Achievements in congenital heart defect surgery: a prospective, 40-year study of 7038 patients.

https://arctichealth.org/en/permalink/ahliterature262107

Author: Gunnar Erikssen
Knut Liestøl
Egil Seem
Sigurd Birkeland
Kjell Johan Saatvedt
Tom Nilsen Hoel
Gaute Døhlen
Helge Skulstad
Jan Ludvig Svennevig
Erik Thaulow
Harald Lauritz Lindberg

Source: Circulation. 2015 Jan 27;131(4):337-46; discussion 346

Date: Jan-27-2015

Language: English
Publication Type: Article

Keywords: Achievement
Adolescent
Child
Child, Preschool
Female
Follow-Up Studies
Heart Defects, Congenital - diagnosis - mortality - surgery
Humans
Infant
Male
Norway - epidemiology
Prospective Studies
Registries
Survival Rate - trends
Time Factors
Treatment Outcome

Abstract: This article presents an update of the results achieved by modern surgery in congenital heart defects (CHDs) over the past 40 years regarding survival and the need for reoperations, especially focusing on the results from the past 2 decades.

From 1971 to 2011, all 7038 patients

Notes: Comment In: Circulation. 2015 Jan 27;131(4):328-305538228

PubMed ID: 25538230 View in PubMed
An analysis of results of treatment of 212 patients with peritonitis of different etiology allowed the author to establish main factors (clinical and laboratory), responsible for the level of lethality. A scheme of assessment of the outcome of the disease is proposed. It has advantages over the Mannheim Peritonitis Index.
[Acute coronary syndrome: regional experience of rendering urgent aid at prehospital stage in Khanty-Mansi Autonomous Okrug--Yugra].

https://arctichealth.org/en/permalink/ahliterature117732

Author: I A Urvantseva
        L V Salamatina
        I A Andreeva
        E V Milovanova
        S I Mamedova
        O R Ibragimov
        A A Seitov


Date: 2013

Language: Russian

Publication Type: Article

Keywords: Acute Coronary Syndrome - epidemiology - therapy
          Ambulatory Care - methods
          Electrocardiography
          Emergency Medical Services - methods
          Female
          Fibrinolytic Agents - therapeutic use
          Follow-Up Studies
          Humans
          Incidence
          Male
          Middle Aged
          Prognosis
          Retrospective Studies
          Russia - epidemiology
          Survival Rate - trends
          Thrombolytic Therapy - methods
          Time Factors

Abstract: Aim of the study was assessment of efficacy of rendering urgent aid to patients with acute coronary syndrome (ACS) at prehospital stage on the territory of Khanty-Mansi Autonomous Okrug (KhMAO). The analysis showed that yearly about 5000 inhabitants of KhMAO-Yugra received prehospital medical care (30% because of acute myocardial infarction, 70% because of unstable angina). Over 3 years portion of persons requesting medical aid during first 3 hours after onset of pain attack increased 6.1%. Rate of prehospital fibrinolysis did not exceed 6.5%. Alteplase was used most often (79.7%). Late patient's appeal was among causes of rare application of thrombolytic therapy (41.8%). Most physicians responsible for prehospital care considered it necessary to refer patients with ACS directly to centers of interventional cardiology. The data obtained would promote improvement of quality of medical aid to ACS patients at prehospital stage.

PubMed ID: 24654430 View in PubMed

[Acute non ST-elevation coronary syndrome in real practice of hospitals in Russia. Comparative data]
to compare data on pre- and in hospital treatment of non ST-elevation (NSTE) acute coronary syndromes (ACS) in Russian ACS registers RECORD (recruitment from 11.2007 to 02.2008) and RECORD-2 (from 04/2009 to 04.2011). Four of 7 hospitals participating in RECORD-2 were invasive (57.1% vs. 55.6% in RECORD). In RECORD-2 10-30 consecutive patients with NSTEACS were included monthly in each center; recruitment in RECORD was described elsewhere.

Mean age of patients was similar in two registries. Portion of women was significantly higher in RECORD-2 (42.9% vs. 26.0% in RECORD; 140) gave results close to those in all patients except mortality which was statistically similar but numerically higher in RECORD-2 (9.3 vs. 7.9% in RECORD; p=0.68).

Comparison of data of 2 limited NSTEACS registers conducted with interval of about 2 years showed only modest shift towards fulfillment of contemporary recommendations which was not associated with increase in rates of PCI and improvement of outcomes especially in high risk patients.