Herlev og Gentofte Hospital



Abstracts – Forskningens Dag 2021

Udgivelsesdato: 18 oktober 2021



Herlev og Gentofte Hospital

Forskningens Dag 2021

Onsdag, 3. november 2021 kl. 9.00-15.30
Herlev Store Auditorium, Balkon og Store Mødesal

Alle ansatte er velkomne – tilmelding ikke nødvendigt
Arrangør: Forskningsrådet ved HGH-FP-Forskning@regionh.dk

09.00 Velkomst ved **Hospitalsdirektør Anne Jastrup**

09.10 **4 mdt. præsentationer á 10 minutter - Chairman: Professor Lone Skov**

- **Christian F.S. Jensen**: Microdissection Testicular Sperm Extraction vs Multiple Needle-pass Percutaneous Testicular Sperm Aspiration in Men with Non-obstructive Azoospermia: A Randomized Clinical Trial
- **Helena Osbæck Jensen**: A multimodal nutritional intervention after discharge improves Quality of Life and Physical function in older patients
- **Jonas Kristensen**: Seroprevalence of SARS-CoV-2 antibodies and reduced risk of reinfection through six months: a Danish observational cohort study of 44,000 healthcare workers
- **Klara Kvorning Ternov**: Fatigue, quality-of-life and metabolic changes in men treated with enzalutamide versus abiraterone plus prednisone for metastatic castration-resistant prostate cancer (HEAT): a randomised trial.

10.00 Kaffepause – mød dine forskerkollegaer

10.30 **Forskerbattle – hvem flytter flest stemmer?**
Professor Thomas Benfield, Amager og Hvidovre Hospital dyster mod Professor Anders Perner, Rigshospitalet over temaet COVID19.
Ringdommer: Professor Stig E. Bojesen - Moderator: Professor Estrid Høgdall

12:15 **Elektroniske præsentationer** på skærme fordelt på 6 stationer på Balkonen og i Store Mødesal
Servering af frokost

13.30 **4 præsentationer á 10 minutter - Chairman: Professor Inge Marie Svane**

- **Ema Rastoder**: Systemic corticosteroids and the risk of venous thromboembolism in COPD patients: A nationwide study of 30.473 outpatients with severe-very severe COPD
- **Jesper Jensen**: Twelve weeks of treatment with empagliflozin in patients with heart failure and reduced ejection fraction: A double-blinded, randomized, and placebo-controlled trial
- **Marta Kramer Mikkelsen**: Effects of a 12-week multimodal exercise intervention among older patients with advanced cancer – results from a randomized controlled trial
- **Nicklas K. Brustad**: High-dose Vitamin D Supplementation in Pregnancy and Bone Mineralization in Offspring until Age 6 Years: a double-blinded, randomized controlled trial.

14.15 Kaffepause på Balkonen og online afstemning

14.35 **Finale 6 udvalgte elektroniske præsentationer med online afstemning**
Chairman: Professor Christina Kruuse

15.30 Prisoverrækkelser og afslutning ved **Anne Jastrup**

Forskerbattle – hvem flytter flest stemmer?

Ringdommer: Professor Stig E. Bojesen, Klinisk Biokemisk Afd.
Moderator: Professor Estrid Høgdall, Afd. For Patologi

De to deltagere til forskerbattle, som vil duellere på Forskningens Dag er:

Professor Thomas Benfield
Amager og Hvidovre Hospital

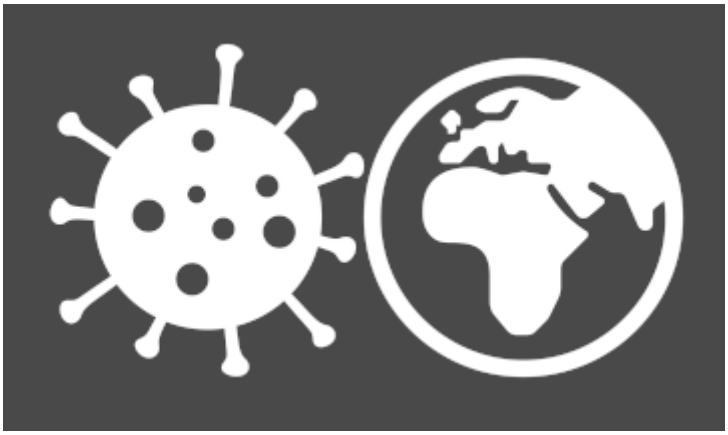
MOD

Professor Anders Perner
Rigshospitalet

De vil dyste mod hinanden i en forskningsduel over temaet COVID-19.

Det er op til deltagerne på dagen at afgøre, hvem der skal være battle-vinder, når de to forskere går i bokseringen.

Kun deltagerne har mulighed for at stille spørgsmål til de to konkurrenter, stemme på sin favorit og blive underholdt. Der vil være mobilafstemning blandt publikum både før og efter kampen.



Tabeloversigt over deltagere til mundtlig præsentation

Nr.	Navn	Afdeling for	Titel
M1	Christian F. S. Jensen	Urinvejssygdomme	Microdissection Testicular Sperm Extraction vs Multiple Needle-pass Percutaneous Testicular Sperm Aspiration in Men with Non-obstructive Azoospermia: A Randomized Clinical Trial
M2	Helena Osbæck Jensen	Diætetik og Klinisk Ernæringsforskning	A multimodal nutritional intervention after discharge improves Quality of Life and Physical function in older patients
M3	Jonas Kristensen	Akutmodtagelsen	Seroprevalence of SARS-CoV-2 antibodies and reduced risk of reinfection through six months: a Danish observational cohort study of 44,000 healthcare workers
M4	Klara K. Ternov (nr.1 af 3)	Urinvejssygdomme	Fatigue, quality-of-life and metabolic changes in men treated with enzalutamide versus abiraterone plus prednisone for metastatic castration-resistant prostate cancer (HEAT): a randomised trial
M5	Ema Rastoder	Medicinske Sygdomme, Lungemedicinsk	Systemic corticosteroids and the risk of venous thromboembolism in COPD patients: A nationwide study of 30.473 outpatients with severe-very severe COPD
M6	Jesper Jensen (nr. 1 af 3)	Hjertesygdomme	Twelve weeks of treatment with empagliflozin in patients with heart failure and reduced ejection fraction: A double-blinded, randomized, and placebo-controlled trial
M7	Marta K. Mikkelsen (nr. 2 af 2)	Kræftbehandling	Effects of a 12-week multimodal exercise intervention among older patients with advanced cancer – results from a randomized controlled trial
M8	Nicklas K. Brustad	COPSAC, Dansk Børne-Astma Center	High-dose Vitamin D Supplementation in Pregnancy and Bone Mineralization in Offspring until Age 6 Years: a double-blinded, randomized controlled trial

Tabeloversigt over deltagere til elektronisk præsentation A-F

Elektroniske præsentationer A-B foregår på Balkonen, mens elektroniske præsentationer C-F foregår i Store Mødesal.

Deltagere i tabeloversigten som er markeret med '*' deltager udenfor konkurrencen.

Nr.	Navn	Afdeling for	Titel
A1	Alexander Nolsøe	Urinvejssygdomme	Planlagt vibrationsstimulation som penil rehabilitering efter radikal prostatektomi: Identificering af de optimale stimulationsparametre ved transkutan mekanisk nerve stimulation (TMNS).
A2	Alice Røpke	Fysioterapi og Ergoterapi	HIP Fracture REhabilitation Program for older adults with hip fracture (HIP-REP) based on Activity of Daily Living: a feasibility study
A3	Anahita Rashid	Nyresygsomme	Sarcopenia and risk of osteoporosis, falls and bone fractures in patients with chronic kidney disease: a systematic review
A4	Anders Vinther*	Fysio- og Ergoterapi & Sekretariat og Kommunikation	Physical activity after colorectal cancer surgery—a cross sectional study of patients with a long term stoma
A5	Andreas Höier Aagesen	Kvindesygdomme, Graviditet og Fødsler	Genitalprolaps efter hysterektomi på benign indikation - et nationalt matched kohorte studie
A6	Ann Hou Sæter	Mave-, Tarm- og Leversygdomme	Mortality after emergency versus elective groin hernia repair: a systematic review and meta-analysis
A7	Anna Korsgaard Berg	Børn og Unge	Case-kontrol studie af hudbarrieren hos børn, unge og voksne med type 1 diabetes
A8	Anna Sophie Belling Krontoft	Allergi, Hud og Kønssygdomme	How do Patients Prefer to Receive Patient Education Material about Treatment, Diagnosis and Procedures? - A Survey Study of Patients Preferences Regarding forms of Patient Education Materials; Leaflets, Podcasts, and Video.
A9	Anne Marie Loff	Diætetik og Klinisk Ernæringsforskning (EFFECT)	Weight-loss and appetite in outpatients in hemodialysis: a retrospective cohort study
A10	Anne Mette Larsen	Diætetik og Klinisk Ernæringsforskning (EFFECT)	Low nutrient intake and a high prevalence of nutrition impact symptoms in patients with COVID-19
B11	Benjamin Nilsson Wadström	Klinisk Biokemisk Afdeling	Elevated remnant cholesterol confers 5-fold risk of peripheral artery disease, higher than for myocardial infarction and ischemic stroke: two population-based cohorts
B12	Camilla Balle Bech (nr. 1 af 2)	Diætetik og Klinisk Ernæringsforskning, EFFECT	Protein intake in geriatric patients with hip-fracture: Feasibility study evaluating current ESPEN guidelines for geriatrics
B13	Camilla Balle Bech (nr. 2 af 2)	Diætetik og Klinisk Ernæringsforskning, EFFECT	Bioelectric impedance analysis is not reliable to detect dehydration in hospitalized older patients
B14	Cecilie Meldgaard Møller	Diætetik og Klinisk Ernæringsforskning, EFFECT	Nutritional status in patients attending International Lung Day in a hospital setting
B15	Christel Baagø Schjørring	Hjerne- og Nervesygdomme	High prevalence of erectile dysfunction in acute stroke patients associates to age more than cardiovascular risk factors
B16	Christina Marisa Bergsøe	Medicinske Sygdomme, Lungemedicinsk	Risk of Chronic Obstructive Pulmonary Disease Exacerbation in Patients Who Use Methotrexate—A Nationwide Study of 58,580 Outpatients

Nr.	Navn	Afdeling for	Titel
B17	Danni Lip Hansen	Plastikkirurgisk, Surgery	Spin is present in the majority of the articles evaluating robot-assisted groin hernia repair: a systematic review
B18	Filip Søskov Davidovski	Hjertesygdomme	Association between layer-specific global longitudinal strain and cardiovascular events after coronary artery bypass grafting (1/2)
B19	Frederik Møller Jacobsen	Urinvejssygdomme	Interpretation of Composite Endpoints in Urology: An Analysis of Citation Quality
B20	Gitte Jagtman	Diætetik og Klinisk Ernæringsforskning, EFFECT	Preferred dishes and potion sizes among patients with low appetite admitted to Herlev -Gentofte University Hospital
C21	Heidi Knudsen	Bedøvelse, Operation og Behandling	Nurse-led Rapid Response Teams (RRT) – a qualitative study of RRT nurses' and ward nurses' experiences of benefits and challenges
C22	Heidi Shil Eddelien (nr. 1 af 2)	Hjerne- og Nervesygdomme	Sex Differences in Acute Stroke Symptoms - A Systematic Review of Non-randomized Studies
C23	Heidi Shil Eddelien (nr. 2 af 2)	Hjerne- og Nervesygdomme	Patient Reported Factors Associated with Early Arrival for Stroke Treatment
C24	Jaslin Pallikkunnath James	Patologi	Comprehensive gene expression profiles in FFPE tissues from unclassified IBD patients for improved diagnosis
C25	Jesper Jensen (nr. 2 af 3)*	Hjertesygdomme	Effects of empagliflozin on estimated extracellular volume, estimated plasma volume, and measured glomerular filtration rate in patients with heart failure (Empire HF Renal): a prespecified substudy of a double-blind, randomised, placebo-controlled trial
C26	Jesper Jensen (nr. 3 af 3)*	Hjertesygdomme	Metabolic effects of empagliflozin in heart failure: A randomized, double-blind, and placebo-controlled trial (Empire HF Metabolic)
C27	Joachim Hartmann	Hjertesygdomme	Gestational Age and Neonatal Electrocardiograms
C28	Joakim Nils Erik Krogh Ölmestig	Hjerne- og Nervesygdomme	The Effect of Glucagon-Like Peptide 1 (GLP-1) Receptor Agonist on Cerebral Blood Flow Velocity in Non-Stroke Volunteers
C29	Julie Isabelle Plougmann Gislinge	Kvindesygdomme, Graviditet og Fødsler	Tuboovarian abscesses and the effect of transvaginal ultrasound guided drainage – a retrospective cohort study
C30	Julie Nyholm Kyvsgaard	Børn og Unge, COPSAC	Temporal patterns of predictors of asthma-like symptoms during early childhood
D31	Karen Ruben Husby	Kvindesygdomme, Graviditet og Fødsler	Endometrie cancer efter Manchester operation: Et nationalt kohorte studie
D32	Klara K. Ternov (nr. 2 af 3)*	Urinvejssygdomme	Serum testosterone as a predictive biomarker for PSA response: results from a randomised clinical trial comparing enzalutamide with abiraterone acetate plus prednisone
D33	Klara K. Ternov (nr. 3. af 3)*	Urinvejssygdomme	Androgen changes after enzalutamide or abiraterone plus prednisone in men with castration-resistant prostate cancer (HEAT): results from a randomised clinical trial
D34	Kristine Lindhard	Nyresygdomme	Far Infrared Radiation on the Arteriovenous Fistula induces changes in VCAM and ICAM in Patients on Hemodialysis
D35	Laura Marie Hesselberg	COPSAC / Dansk Børneastma Center	Handgrip Strengths Association with Measures of Lung Function, Allergic Sensitization and Airway Dysfunction and its Role Concerning Asthma. A COPSAC2000 Cohort Study.
D36	Line Hytteballe Engell	Diætetik og Klinisk Ernæringsforskning	Kollagen og valleproteins effekter på fedtfri masse, muskelstyrke og sårheling hos ældre patienter som får foretaget en elektiv knæ- eller hofteoperation
D37	Louise Kirstine Aarestrup Eriksen	Børn og Unge, Herlev Gentofte Hospital	Objective confirmation of asthma diagnosis, treatment adherence and patient outcomes in children and adolescents
D38	Maria Booth Nielsen	Klinisk Biokemisk Afdeling	Low plasma adiponectin in risk of type 2 diabetes: observational analysis and one- and two-sample Mendelian randomization analyses in 756,219 individuals
D39	Maria Munk Pærregaard	Hjertesygdomme	Effekten af moderens alder på det neonatale elektrokardiogram
D40	Marie Møller	Nyresygdomme	Biopsy-proven diabetic nephropathy in people with type 2 diabetes. Prevalence and predictive factors: study protocol for a cross-sectional and observational PRIMETIME study
E41	Marta K. Mikkelsen (nr.1 af 2)*	Kræftbehandling	Doing what only I can do" Experiences from participating in a multimodal exercise-based intervention in older patients with advanced cancer – a qualitative explorative study

Nr.	Navn	Afdeling for	Titel
E42	Mia Bundgaard Klausen	Department of Nutrition, Exercise and Sports, University of Copenhagen, Denmark	Loss of Appetite in Patients with Chronic Obstructive Pulmonary Disease (COPD): A Descriptive and Qualitative Study with a Mixed Method Approach
E43	Mia Sofie Fischer Weis	Børn og Unge	Children and Adolescents: Perceived and objective sleep measures and clinical outcomes in patients with chronic diseases
E44	Monika Afzali Rubin	Bedøvelse, Operation og Intensiv Behandling	Family presence during cardiopulmonary resuscitation, trauma and critical care
E45	Morten Jon Andersen	Led- og Knoglekirurgi	Reduction and K-wire fixation of pediatric supracondylar humerus fractures – do we practice what we preach?
E46	Nicoline Saksager	Diætetik og Klinisk Ernæringsforskning (EFFECT)	Ernæringsstatus og Nutrition Impact Symptoms (NIS) hos ambulante patienter med hoved-halscancer
E47	Pernille Bardal	Diætetik og Klinisk Ernæringsforskning (EFFECT)	Nutrition Impact Symptoms (NIS) are related to 2-months mortality in patients with hematological diseases at Herlev Hospital
E48	Peter Kamstrup	Medicinske Sygdomme	Hydroxychloroquine as a primary prophylactic agent against SARS-CoV-2 infection: A cohort study
E49	Rikke Steen Krawcyk*	Hjerne- og Nervesygdomme og Fysio- og Ergoterapi	MOTIVATORS FOR PHYSICAL ACTIVITY IN PATIENTS WITH MINOR STROKE
E50	Samuel Kiil Sørensen	Hjertesygdomme, Hjertemedicinsk	Radiofrequency Versus Cryoballoon Catheter Ablation for Paroxysmal Atrial Fibrillation: Durability of Pulmonary Vein Isolation and Effect on Atrial Fibrillation Burden — The RACE-AF Randomized Controlled Trial
F51	Sidsel Christy Lindgaard	Kræftbehandling	Circulating Protein Biomarkers for Prognostic use in Patients with advanced Pancreatic Ductal Adenocarcinoma undergoing chemotherapy
F52	Sidsel Pedersen	Kræftbehandling, CCIT	Real-world data on patients with melanoma brain metastases and outcome related to locoregional and systemic treatment modalities
F53	Sine Buhl*	Mave-, Tarm- og Leversygdomme	Discontinuation of infliximab therapy in patients with Crohn's disease in long-term, sustained, clinical-biochemical-endoscopic remission: a double-blind, placebo-controlled, randomized clinical trial
F54	Sofie Bay Simony	Klinisk Biokemisk Afdeling	Sex differences of lipoprotein(a) levels and associated risk of morbidity and mortality by age: The Copenhagen General Population Study
F55	Søren Egstrand	Nyresygdomme	Parathyroid-specific knockout of core circadian clock gene Bmal1 increase proliferation in a mouse model of CKD
F56	Søs Bohart (nr. 1. af 2)	Bedøvelse, Operation og Intensiv Behandling	Effect of Patient- and Family-Centered Care (PFCC) interventions for adult intensive care unit patients and their families: a systematic review and meta-analysis.
F57	Søs Bohart (nr. 2 af 2)	Bedøvelse, Operation og Intensiv Behandling	Perspectives and wishes for Patient- and family-centered care as expressed by ICU survivors and family members with recent experiences of ICU admission: a qualitative interview study.
F58	Thilde Olivia Kock	Hjertesygdomme	Left Ventricular Non-Compaction in Childhood: Echocardiographic Follow-Up and Prevalence in First-Degree Relatives
F59	Trine Mølbæk-Engbjerg	Børn og Unge	Health and habits of 18-year-olds: an extensive characterization of the exposome, metabolism and multiorgan assessments.
F60	Yasemin Ronahi Kücük	Hjerne- og Nervesygdomme	RISK FACTORS FOR SPONTANEOUS MALIGNANT AND NON-MALIGNANT CEREBRAL EDEMA IN POST-ISCHEMIC STROKE - A SYSTEMATIC REVIEW
D61	David Horner	Børn og Unge, COPSAC	Supplementation with fish oil derived fatty-acids in pregnancy reduces gastroenteritis

Abstracts til Forskningens Dag 2021

Herlev og Gentofte Hospital

M1 Christian F. S. Jensen

Abstract-titel	Microdissection Testicular Sperm Extraction vs Multiple Needle-pass Percutaneous Testicular Sperm Aspiration in Men with Non-obstructive Azoospermia: A Randomized Clinical Trial
Præsenteres af	Christian F. S. Jensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Intro-læge
Ph.d. forsvaret (årstal)	
Forfatter(e)	Christian F. S. Jensen
Afdeling	Afdeling for Urinvenssygdomme, Herlev og Gentofte Hospital
Medforfatter(e) og afdeling	Christian F. S. Jensen1, Dana A. Ohl2, Mikkel Fode1, Niels Jørgensen3, Aleksander Giwercman4, Angel Elenkov4, Anna Klajnbard5, Claus Y. Andersen6, Lise Aksglaede3, Marie Louise Grøndahl5, Mette C. Bekker5, and Jens Sønksen1 1. Department of Urology, Copenhagen University Hospital - Herlev and Gentofte Hospital, Herlev, Denmark, 2. Department of Urology, University of Michigan, Ann Arbor, USA 3. Department of Growth and Reproduction, Copenhagen University Hospital - Rigshospitalet, Copenhagen, Denmark
E-mail adresse	cjen0421@regionh.dk

Abstract

Introduction

Non-obstructive azoospermia (NOA) is a severe infertility diagnosis. No level-1 evidence supports a specific surgical sperm retrieval procedure. Microdissection testicular sperm extraction (mTESE) has gained popularity due to reports on relatively high sperm retrieval rates (SRR) ranging 30–70%. However, mTESE is an invasive, demanding and costly procedure. We hypothesized that a simple modified testicular sperm aspiration (TESA) is an effective alternative to mTESE.

Methods

Ethical approval was obtained, and a prospective randomized clinical trial was conducted between 04/2017–10/2020. The calculated population size was 100 and with an expected drop-out rate of 10%, 110 men with NOA needed to be included. Men were randomized to mTESE or modified TESA. Patients with a failed TESA proceeded directly to mTESE. The primary outcome was successful sperm retrieval. SRRs were compared using Chi-square test. Statistical significance was set at $p<0.05$.

Results

110 men were included, 10 withdrew before randomization and 100 underwent surgery. Median age was 33 years (range 22–54). Spermatozoa were retrieved in 11/51 (22%) men randomized for TESA and 21/49 (43%) men undergoing mTESE (p=0.02). SSR from salvage mTESE was 4/38 (11%). Thus, the combined SRR for men randomized to TESA was 15/51 (29%) which did not reach statistical significance compared to mTESE (p=0.16).

Conclusion

In direct comparison SRR was higher in mTESE compared to modified TESA. Although not powered for such comparison, the study may indicate that combining salvage mTESE with the modified TESA is a viable alternative reducing invasiveness and cost for a proportion of patients.

M2 Helena Osbæck Jensen

Abstract-titel	A multimodal nutritional intervention after discharge improves Qality of Life and Physical function in older patients
Præsenteres af	Helena Osbæck Jensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Tina Munk
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning
Medforfatter(e) og afdeling	Tina Munk1, Jonas Anias Svendsen1, Anne Wilkens Knudsen1, Helena Osbæck Jensen1, Cathrine Stagholt Jensen1, Tanja Bak Østergaard1, Thordis Thomsen2, Henrik Højgaard Rasmussen1, Anne Marie Beck1. 1Dietetic and Nutritional Research Unit, EFFECT, Herlev-Gentofte University Hospital, Herlev, Denmark. 2Herlev Acute, Critical and Emergency Care Science Unit, Department of Anaesthesiology, Herlev-Gentofte University Hospital, Herlev, Denmark
E-mail adresse	helena.osbaeck.jensen@regionh.dk

Abstract

Rationale

Many older hospitalized patients are at nutritional risk. When discharged to own home, a "Nutrition Gap" often occurs, causing inadequate dietary intake and impeded recovery. Single nutritional intervention studies have shown a limited effect on clinical relevant outcomes. We hypothesized that a multimodal nutritional intervention is necessary to elicit a beneficial effect on clinical relevant outcomes.

Methods

A randomized controlled trial was performed for a period of 16 weeks. At discharge, the intervention group (IG) received dietetic counseling, an individual nutrition plan and a package containing foods and drinks covering dietary needs for the next 24h. Information regarding recommendations of nutritional therapy was systematically communicated to the municipality. The dietitian performed telephone follow-ups on day 4 and 30 and a home visit at 16 weeks. The control group (CG) received standard treatment. Primary outcome: readmissions within 6 months. Secondary outcomes: Quality of Life (EQ-5D-3L), risk of weight loss (SNAQ), physical function (30-CST) and mortality.

Results

We included 191 patients (IG: n=93). No significant difference was seen in readmissions. Significantly lower weight loss was seen in IG (0.7 (±4.3) vs. -1.4 (±3.6), p=0.002). A significant and clinically relevant difference was found in the EQ-5D-3L VAS-score (IG: mean 61.6 ±16.2 vs. CG: 53.3 ±19.3, p=0.011) and physical function (30s-CST) (IG: 7.2 (±4.3) vs. CG: 5.3 (±4.1), p=0.010). Mortality was not different between groups.

Conclusion

A multimodal nutritional intervention after discharge resulted in a significant and clinical relevant effect on Quality of Life and Physical function in older patients living at home.

M3 Jonas Kristensen

Abstract-titel	Seroprevalence of SARS-CoV-2 antibodies and reduced risk of reinfection through six months: a Danish observational cohort study of 44,000 healthcare workers
Præsenteres af	Jonas Kristensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	klinisk assistent/phd-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Jonas Kristensen
Afdeling	Akutmodtagelsen, Herlev og Gentofte Hospital
Medforfatter(e) og afdeling	Kasper Iversen1,2 D.M.Sc., Jonas Henrik Kristensen1,2 M.D., Rasmus Bo Hasselbalch1,2 M.D., Mia Pries-Heje3 M.D., Pernille Brok Nielsen1,2 M.D., Andreas Dehlbæk Knudsen3,4 M.D., Kamille Fogh1,2 M.D., Jakob Boesgaard Norsk1,2 M.D., Ove Andersen5 D.M.Sc., Thea Køhler Fischer6 D.M.Sc., Claus Antonio Juul Jensen7 M.D., Christian Torp-Pedersen6 D.M.Sc., Jørgen Rungby8 D.M.Sc, Sisse Bolm Ditlev14 Ph.D., Ida Hageman9 M.D., Rasmus Møgelvang3 Ph.D., Mikkel Gybel-Brask12 M.D., Ram B. Dessau16 Ph.D., Erik Sørensen M.D.12, Lene Harritshøj12 Ph.D., Fredrik Folke1,10 Ph.D., Curt Sten13 M.D., Maria Elizabeth Engel Møller11
E-mail adresse	jonas.henrik.kristensen@regionh.dk

Abstract

Introduction: Antibodies against severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) are crucial against COVID-19. We examined the seroprevalence in healthcare workers (HCW) in Copenhagen and the protective effect of antibodies against SARS-CoV-2.

Methods: In this prospective cohort study, screening for antibodies against SARS-CoV-2 (ELISA) was offered to HCW three times during six months. Personal, basic information was obtained by a survey.

Results: From April to October 2020 we screened 44,698 HCW of which 2,811 were seropositive at least once. The seroprevalence increased from 4.0% (1,501/37,452) to 7.4% (2,022/27,457) during the period (p<0.001) and was significantly higher compared to non-HCW. Frontline HCW had a significantly increased risk of seropositivity compared to non-frontline HCW with risk ratios (RR) of 1.49 (95% CI 1.34-1.65, p<0.001), 1.52 (1.39-1.68, p<0.001) and 1.50 (1.38-1.64, p<0.001) at the three rounds. The seroprevalence was 1.42- to 2.25-fold higher (p<0.001) in HCW from dedicated COVID-19 wards compared to other frontline HCW. Seropositive HCW had a RR of 0.35 (0.15-0.85, p=0.012) of reinfection during the following six months and 2,115 (95%) out of 2,248 of those who were seropositive during rounds one or two remained seropositive after four to six months. The 133 of 2,248 (5.0%) participants who seroreverted were slightly older and reported fewer symptoms compared to other seropositive participants.

Conclusions: HCW remained at increased risk of SARS-CoV-2 infection during the six months. Antibodies against SARS-CoV-2 persisted for at least six months in the vast majority of HCW and was associated with a significantly lower risk of reinfection.

M4 Klara K. Ternov (nr.1 af 3)

Abstract-titel	Fatigue, quality-of-life and metabolic changes in men treated with enzalutamide versus abiraterone plus prednisone for metastatic castration-resistant prostate cancer (HEAT): a randomised trial
Præsenteres af	Klara Kvorning Ternov
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	MD, PhD
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Klara K. Ternov*,1,6 Jens Sønksen,1,6 Mikkel Fode,1,6,7 Henriette Lindberg,2
Afdeling	Urologisk afdeling
Medforfatter(e) og afdeling	Klara K. Ternov*,1,6 Jens Sønksen,1,6 Mikkel Fode,1,6,7 Henriette Lindberg,2 Caroline M. Kistorp,3,6 Rasmus Bisbjerg,1 Jens Faber,4,6 Ganesh Palapattu,5 Peter B. Østergren1,6,7 1Department of Urology, Herlev and Gentofte University Hospital, Herlev, Denmark 2Department of Oncology, Herlev and Gentofte University Hospital, Herlev, Denmark 3Department of Endocrinology, Copenhagen University Hospital, Rigshospitalet, Denmark.
E-mail adresse	klara.kvorning.ternov@regionh.dk

Abstract

Introduction

The objective was to compare fatigue, quality-of-life (QoL) and metabolic changes between enzalutamide (ENZ) and abiraterone acetate plus prednisone (AAP) in men with metastatic castration-resistant prostate cancer.

Methods

In this randomised (1:1) phase IV trial, ENZ (160 mg/day) was compared with AAP (1000 mg abiraterone acetate and 10 mg prednisone/day). Eligible patients had progressive metastatic prostate cancer on androgen deprivation therapy, without prior mCRPC treatment or diabetes. The primary outcome was the between-group difference in changed fatigue assessed by the questionnaire Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-Fatigue). Secondary outcomes included treatment differences in changed QoL, weight, body composition assessed with dual x-ray absorptiometry, blood pressure, glycated haemoglobin (Hb1AC), and cholesterols and incidence of T2D defined as HbA1c >48 mmol/mol. Follow-up was 12 weeks. The between-group differences in changes and incidence were analysed with mixed models and Fisher's exact analyses, respectively.

Results

From June 2017 to September 2019, 170 participants were randomized to receive ENZ (n=84 analysed) or AAP (n=85 analysed). Treatment differences in fatigue (-3.4 points [95% confidence interval -5.6; -1.2], p=0.003), QoL and cholesterols were in favour of AAP. A higher incidence of T2D (8 vs 0 patients, p=0.004) and a greater increase in in HbA1c, weight, and visceral fat mass was found for AAP than ENZ (table 1).

Conclusion

AAP should be considered the first choice for men where fatigue is a concern. However, this may be at the expense of metabolic worsening compared with ENZ.

M5 Ema Rastoder

Abstract-titel	Systemic corticosteroids and the risk of venous thromboembolism in COPD patients: A nationwide study of 30.473 outpatients with severe-very severe COPD
Præsenteres af	Ema Rastoder
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	PhD-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Ema Rastoder
Afdeling	Lungemedicinsk afdeling
Medforfatter(e) og afdeling	Ema Rastoder 1, Pradeesh Sivapalan 1, Josefin Eklöf 1, Mohamad Isam Saeed 1, Alexander Svorre Jordan 1, Howraman Meteran 1, Louise Tønnesen 1, Tor Biering-Sørensen 2, Anders Løkke 3,4, Niels Seersholm 1, Thyge Lynghøj Nielsen 5, Jørn Carlsen 6, Julie Janner 7, Nina Godtfredsen 7, Uffe Bodtger 8, Christian B. Laursen 9, Ole Hilberg 3,4, Filip Krag Knop 10,11,12, Helene Priemé 13, Truls Sylvan Ingebrigtsen 14, Vibeke Gottlieb 1, Jon Torgny Wilcke 1 and Jens Ulrik Stæhr Jensen 1,12
E-mail adresse	ema.rastoder@regionh.dk

Abstract

Background: Due to repeated exacerbations a large group of patients with chronic obstructive pulmonary disease (COPD) are often exposed to oral corticosteroids (OCS). Corticosteroids may be thrombogenic. We evaluated the risk of venous thromboembolia and death in patients with acute exacerbation of COPD (AECOPD) according to two different dosing regimens.

Method: This was a nationwide observational cohort study of outpatients with COPD with a 6 month follow up time. It was based on a linked administrative registry data between January 1st 2010 and 28th February 2018. In total 30.473 patients treated with either short course (<250mg) or long course (>250mg) of OCS for AECOPD were included in the study. Cox proportional hazard regression was used to estimate the risk of VTE hospitalization or all-cause mortality.

Results: The incidence of VTE was low. However, long course of OCS was associated with an increased risk of VTE compared to short course, (HR 1.73, CI 1.08 to 2.79; $p < 0.0001$). Furthermore, we found a higher risk of all-cause mortality in the long course group, HR 1.62 (CI 1.57 to 1.62; $p<0.0001$.)

Conclusion: The risk of VTE hospitalization was higher among patients who used long courses of OCS, however the absolute risk was low, suggesting some under-reporting of the condition. Explanations for the finding include a true effect and residual confounding and as such our results need confirmation in experimental studies.

M6 Jesper Jensen (nr. 1 af 3)

Abstract-titel	Twelve weeks of treatment with empagliflozin in patients with heart failure and reduced ejection fraction: A double-blinded, randomized, and placebo-controlled trial
Præsenteres af	Jesper Jensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Post Doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Jesper Jensen(1)
Afdeling	(1)Kardiologisk afdeling, Herlev-Gentofte Hospital
Medforfatter(e) og afdeling	Massar Omar(2), Caroline Kistorp(3), Mikael Kjær Poulsen(2); Christian Tuxen(4), Ida Gustafsson(4), Lars Køber(5), Finn Gustafsson(5), Jens Faber(6), Emil Loldrup Fosbøl(5), Niels Eske Bruun(7), Jan Christian Brønd (8), Julie Lyng Forman(9), Lars Videbæk (2), Jacob Eifer Møller(2), Morten Schou(1). (2) Kardiologisk afdeling, OUH; (3) Endokrinologisk afdeling, RH; (4) Kardiologisk afdeling, BFH; (5) Kardiologisk afdeling, RH; (6) Medicinsk afdeling, HGH; (7) Kardiologisk afdeling, Roskilde; (8) Institut for idræt og biomekanik, SDU; (9) Biostatistisk afdeling, KU
E-mail adresse	jesper.jensen.06@regionh.dk

Abstract

Background:

To investigate the effect of the sodium-glucose co-transporter-2 inhibitor empagliflozin on N-terminal pro-b-type natriuretic peptide (NT-proBNP) in patients with heart failure (HF) and reduced ejection fraction (HFrEF).

Methods:

Empire HF was an investigator-initiated, multi-center, double-blinded, placebo-controlled, randomized trial. Patients with mildly symptomatic HFrEF, mean (standard deviation (SD)) age 64 (11) years, 85% male, and mean left ventricular ejection fraction 29% (8), on recommended HF therapy were assigned to receive either empagliflozin 10mg once daily or placebo for 12 weeks. The primary endpoint was the between-group difference in the change of NT-proBNP from baseline to 12 weeks.

Results:

In total, 95 patients were assigned to empagliflozin and 95 to placebo. No significant difference in the change of NTproBNP with empagliflozin versus placebo was observed [Empagliflozin: baseline, median (interquartile range (IQR)) 582 (304-1020) pg/mL, 12 weeks, 478 (281-961) pg/mL; Placebo: baseline, 605 (322-1070) pg/mL, 12 weeks, 520 (267-1075) pg/mL, adjusted ratio of change empagliflozin/placebo 0.98; 95% confidence interval (CI) 0.82-1.11, P = 0.7]. Further, no significant difference was observed in accelerometer-measured daily activity level [adjusted mean difference of change, empagliflozin versus placebo, -26.0 accelerometer counts; 95% CI -88.0 to 36.0, P = 0.4] or Kansas City Cardiomyopathy Questionnaire Overall Summary Score [adjusted mean difference of change, empagliflozin versus placebo 0.8; 95% CI -2.3 to 3.9, P = 0.6].

Conclusion:

In low-risk patientswith HFrEF with mild symptoms and on recommended HF therapy, empagliflozin did not change NT-proBNP after 12 weeks. Further, no change in daily activity level or health status was observed.

M7 Marta K. Mikkelsen (nr. 2 af 2)

Abstract-titel	Effects of a 12-week multimodal exercise intervention among older patients with advanced cancer – results from a randomized controlled trial
Præsenteres af	Marta Kramer Mikkelsen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Sygeplejerske, Post doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Marta Kramer Mikkelsen
Afdeling	Afdeling for Kræftbehandling, Herlev og Gentofte Hospital
Medforfatter(e) og afdeling	Cecilia M Lund 1, Anders Vinther 2, Ander Tolver 3, Julia S Johansen 1,4 , Inna Chen 4, Anne-Mette Ragle 2, Bo Zerahn 5, Lotte Engell-Nørregård 4, Finn Ole Larsen 4, Susann Theile 4, Dorte L. Nielsen 4, Mary Jarden 6 1 Dpt. of Medicine, HGH, 2 Dpt. of Physiotherapy and Occupational Therapy & Hospital Secretariat and Communications, Research, HGH, 3 Data Science Laboratory, Dpt. of Mathematical Sciences, University of Copenhagen, 4 Dpt. of Oncology, HGH, 5 Dpt. of Clinical Physiology and Nuclear Medicine, HGH, 6 Dpt. of Hematology, Center for Cancer and Organ Diseases, Rigshospitalet
E-mail adresse	marta.kramer.mikkelsen@regionh.dk

Abstract

Introduction: Older patients with cancer are at risk of physical decline and reduced quality of life during oncological treatment. Patients with cancer are recommended to exercise, but evidence on the effect of exercise in the older cancer population is limited. The study aim was to investigate the feasibility and effect of a multimodal exercise intervention in older patients with advanced cancer.

Methods: 84 older patients (≥65 years) with advanced pancreatic, biliary tract or non-small cell lung cancer receiving systemic oncological therapy were randomized 1:1 to intervention or control groups. The intervention was a 12-week multimodal exercise-based program composed of supervised exercise twice weekly followed by a nutritional supplement, homed-based walking, and nurse-led support based on identified needs. The primary endpoint was change in physical function (30-second chair stand test) at 13 weeks.

Results: Median age of the participants was 72 years. Median adherence to the supervised exercise sessions was 69% (interquartile range 21–88) and 75% (interquartile range 33–100) for the homed-based walking. At 13 weeks, there was a significant difference in change scores of 2.4 repetitions in the chair stand test, favoring the intervention group ($p < 0.0001$). Significant beneficial effects were also found in physical endurance (6-minute walk test), physical activity, symptoms of depression and anxiety, some domains of quality of life, and lean body mass. No effects were seen for dose intensity, hospitalizations, or survival.

Conclusion: A 12-week multimodal exercise intervention with individualized support improved physical function in older patients with advanced cancer during oncological treatment.

M8 Nicklas K. Brustad

Abstract-titel	High-dose Vitamin D Supplementation in Pregnancy and Bone Mineralization in Offspring until Age 6 Years: a double-blinded, randomized controlled trial (OBS dette abstract blev udvalgt til oral præsentation i nov. 2019, men pga. forskningsophold i Boston kunne undertegnede desværre ikke deltage)
Præsenteres af	Nicklas Brustad
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge, ph.d., post.doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Nicklas Brustad
Afdeling	COPSAC, Dansk BørneAstma Center
Medforfatter(e) og afdeling	Nicklas Brustad, MD1, Martin Krakauer, MD, PhD2; Rebecca K. Vinding, MD, PhD1, Jakob Stokholm, MD, PhD1; Klaus Bønnelykke, MD, PhD1; Hans Bisgaard, MD, DMSc1; Bo L. Chawes, MD, PhD, DMSc1. 1) COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Copenhagen, Denmark. 2) Department of Clinical Physiology and Nuclear Medicine, Herlev and Gentofte Hospital, University of Copenhagen, Denmark.
E-mail adresse	nicklas.brustad@dbac.dk

Abstract

Introduction
Studies suggest an association between maternal vitamin D status during pregnancy and offspring anthropometry and bone mineralization, but investigations are few with ambiguous results.

Methods
We investigated the effect of 2800 vs. 400IU/day of gestational vitamin D supplementation on anthropometric and bone outcomes until age 6 years in a double-blinded, randomized controlled trial (RCT) in the COPSAC2010 mother-child cohort. We included 738 women in pregnancy week 24 and followed 700 children with longitudinal anthropometry assessments (length/height, weight, BMI, head-, thorax- and waist circumference) until age 6 and DXA-scans (bone mineral content/density (BMC/BMD)) at age 3 and 6.

Results
584 children were included in the vitamin D RCT, 517 (89%) completed age 6 year follow-up. A mixed effects model analysis of DXA-outcomes showed that children in the vitamin D vs. placebo group had higher whole-body BMC: mean difference adjusted for age, sex, height and weight (aMD) (95% CI); 11.5g (2.3-20.7), p=0.01, higher whole-body less head BMC: aMD; 7.5g (1.5-13.5), p=0.01, and higher head BMD: aMD; 0.023g/cm2 (0.003-0.0042), p=0.03. The largest effect was in children from vitamin D insufficient mothers (<75nmol/l) and among winter births.
We found borderline lower prevalence of fractures in the vitamin D group: n=23 vs. n=36, incidence risk ratio; 0.63 (0.37-1.05), p=0.08, but no differences in any anthropometric outcomes (all p-values>0.05).

Conclusion
High-dose vitamin D supplementation in pregnancy improved offspring bone mineralization through age 6 compared with standard dose, suggesting an increased recommended gestational intake, which may reduce the risk of fractures and osteoporosis later in life.

A1 Alexander Nolsøe

Abstract-titel	Planlagt vibrationsstimulation som penil rehabilitering efter radikal prostatektomi: Identificering af de optimale stimulationsparametre ved transkutan mekanisk nerve stimulation (TMNS).
Præsenteres af	Alexander Nolsøe
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.d-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Læge, Ph.d. Mikkel Fode, Urologisk afdeling, Herlev Hospital og Læge, Alexander
Afdeling	Urologisk Afdeling
Medforfatter(e) og afdeling	Læge, Alexander Nolsøe, Urologisk afdeling, Herlev Hospital Læge, Ph.d. Peter Østergren, Urologisk afdeling, Herlev Hospital Læge, Christian Fuglesang Skjødt Jensen, Urologisk afdeling, Herlev Hospital Professor, dr.med. Jens Sønksen, Urologisk afdeling, Herlev Hospital
E-mail adresse	Alexandernolsoe@gmail.com

Abstract

Introduction:
Erektil dysfunktion er desværre en af de hyppigste bivirkninger til radikal prostatektomi (RP). Det skyldes primært nervebeskadigelse der fører til midlertidig eller varig nedsat evne til at få rejsning. Kliniske studier med såkaldte "penil rehabiliteringsprogrammer" hvor man forsøger at øge ilttilførslen i perioden med reduceret nervefunktion, har overvejende ikke kunnet vise forbedringer i rejsningsfunktionen. Et studie fra Urologisk afdeling, Herlev Hospital i 2013 viste dog en tendens til bedring ved brug vibrationsbehandling som simulation af seksuelt samleje, men resultatet var ikke signifikant. Patienterne fulgte et program der oprindelig var designet til mænd med rygmarvsskade, med en høj amplitude på vibratoren i intervaller af 10 sekunder. Vi tror at grunden til den manglende signifikante forskel skyldes, at vi ikke kender de optimale stimulationsparametre. En stimulering der minder mere om seksuelt samleje vil formentlig give bedre resultater.

Method:
Vi vil undersøge de optimale vibratorindstillinger i et pilotstudie med 30 patienter som har fuld rejsningsfunktion og ikke bruger medicinske hjælpemidler og skal have foretage nerve-skånende RP. Patienter bliver instrueret i at bruge ferticare vibratoren og tilbudt PDE5-hæmmer, som er standard of care, efter operationen og føre en dagbog hver dag hvor de skriver indstillinger ned, om de får rejsning og el. orgasme og deres oplevelse af vibratoren. De følges i 6 mdr. og udfylder desuden månedlige spørgeskemaer vedr. rejsningfunktion

Results:
Det primære outcome er tidsforbrug og om de fik rejsning ved brug af vibratoren målt ved forskellige tidsintevaller. Der gøres brug af eksplorativ statistik.

Conclusion:
Resultaterne vil danne grundlaget for et randomiseret studie med 100 patienter.

A2 Alice Røpke

Abstract-titel	HIP Fracture REhabilitation Program for older adults with hip fracture (HIP-REP) based on Activity of Daily Living: a feasibility study
Præsenteres af	Alice Røpke
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.d. studerende
Ph.d. forsvaret (årstal)	2022
Forfatter(e)	Alice Røpke
Afdeling	Herlev og Gentofte Hospital, Afdelingen for Ergoterapi og Fysioterapi
Medforfatter(e) og afdeling	Anne-Le Morville: ADULT Research Group Department of Rehabilitation, School of Health and Welfare, Jönköping University, Jönköping, Sweden Trine Elleby Møller: Municipality of Gentofte's Centre for Prevention and Rehabilitation Emma Cæcilie Guttzeit Delkus: Municipality of Lyngby-Taarbaek, Center for Training and Rehabilitation Carsten Bogh Juhl: Department of Physiotherapy and Occupational Therapy Copenhagen University Hospital, Herlev and Gentofte Department of Sports Science
E-mail adresse	alice.roepke@regionh.dk & alro@kp.dk

Abstract (Words 247)

Background: A Rehabilitation Program for older adults with hip fracture (HIP-REP) based on Activity of Daily Living (ADL) has been developed.

Methods: Objectives to assess the feasibility and safety of the HIP-REP program to inform a future randomized controlled trial (RCT). Feasibility study was inspired by Medical Research Council framework phase II. Setting was cross-sectoral including Copenhagen University Hospital, Herlev and Gentofte and rehabilitation centers in Herlev, Gentofte and Lyngby-Taarbæk municipalities. The participants were 18 older adults (above 65 years) with hip fracture (HF). A cross-sectoral rehabilitation intervention tailored to the needs of older adults with HF highlighting systematic goal setting and strategies focused on ADL. Pre-defined feasibility criteria: participants recruitment, retention, duration of measuring the outcome, adherence to intervention, and adverse events, along with self-reported outcomes and an objective measurement of performance in ADL.

Results: Recruitment rate was 4.5/month. Outcome measures were performed but length and number of questionnaires were a burden. Thirteen out of eighteen participants completed the study three dropped out and two died. Adherence among the 13 was 100%. Focus group revealed issues regarding coordinating the intervention and documentation in database. Participants expressed satisfaction with the intervention and felt safe during intervention. No clear association between outcome improvements and intervention adherence.

Conclusions: The cross-sectoral intervention based on ADL was feasible and safe for older adults with HF. A future RCT, with an improved recruitment strategy and reduce number of outcome measures will evaluate the effectiveness in improving independence and safety performance of ADL.

A3 Anahita Rashid

Abstract-titel	Sarcopenia and risk of osteoporosis, falls and bone fractures in patients with chronic kidney disease: a systematic review
Præsenteres af	Anahita Rashid
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningsårsstuderende
Ph.d. forsvaret (årstal)	
Forfatter(e)	
Afdeling	Afdeling for nyresygdomme, Herlev Hospital
Medforfatter(e) og afdeling	Anahita Rashid1*, Sabina Chaudhary Hauge1, Charlotte Suetta2,3,4, Ditte Hansen1,5 1Department of Nephrology, Copenhagen University Hospital, Herlev and Gentofte, Denmark 2Geriatric Research Unit, Copenhagen University Hospital, Herlev and Gentofte, Denmark 3Geriatric Research Unit, Copenhagen University Hospital, Bispebjerg and Frederiksberg, Denmark 4CopenAge – Copenhagen Center for Clinical Age Research, University of
E-mail adresse	anahita.rashid@regionh.dk

Abstract

Introduction
Chronic kidney disease (CKD) is known to increase the risk of osteoporosis, sarcopenia, falls, and fractures. The aim of this systematic review was to explore the occurrence of osteoporosis, falls, and fractures in patients with sarcopenia and CKD, and to explore the possible association between sarcopenia and osteoporosis, falls, and fractures in patients with CKD.

Methods
This systematic review was conducted according to the PRISMA guideline. The protocol was registered at PROSPERO. The systematic literature search was conducted in Pubmed (1966 to present) and EMBASE (1974 to present) on December 4, 2020. The risk of bias was assessed with the Newcastle-Ottawa Scale.

Results
Six studies were eligible and included. No studies reported the occurrence of osteoporosis, falls, and bone fractures in patients with CKD and sarcopenia. Sarcopenia had a significant association with low bone mineral density (BMD) and osteoporosis in patients with CKD. The risk of bias assessed with the Newcastle-Ottawa Scale varied from 4-8 stars (median of 7 stars). Due to the included studies' heterogeneity, a meta-analysis could not be conducted.

Conclusion
The occurrence of osteoporosis, fall, and bone fractures could not be described from the included studies, but an association between sarcopenia and decreased BMD/osteoporosis in patients with CKD was found. As studies suggest an association between sarcopenia and osteoporosis in CKD, future studies should explore how sarcopenia and osteoporosis interacts in the CKD population.

A4 Anders Vinther

Abstract-titel	Physical activity after colorectal cancer surgery—a cross sectional study of patients with a long-term stoma
Præsenteres af	Anders Vinther IKKE KONKURRENCE (kun muligt i seession, hvor Anders er chair)
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Seniorforsker, Fysioterapeut, Ph.d.
Ph.d. forsvaret (årstal)	2009
Forfatter(e)	Anders Vinther
Afdeling	Afd. for Fysioterapi og Ergoterapi & Direktionssekretariat og Kommunikation
Medforfatter(e) og afdeling	Marianne Krogsgaard(1,3,6), Rune Martens Andersen(2,3,6), Anne K. Danielsen(3), Thordis Thomsen(4), Tobias Wirenfeldt Klausen(5), Bo Marcel Christensen(6) · Ismail Gögenur(1) 1) Centre for Surgical Sciences, Department of Surgery, Zealand Hospital, 2) The Research Unit PROgrez, Department of Physiotherapy and Occupational Therapy, Næstved-Slagelse-Ringsted Hospitals, 3) Dpt. of Gastroenterology, HGH, 4) Herlev Acute, Critical and Emergency Care Science Group, Dpt. of Anaesthesiology, HGH, 5) Dpt. of Hematology, HGH, 6) Dpt. of Surgery and Transplantation, RH
E-mail adresse	anders.vinther@regionh.dk

Abstract

Introduction:
Physical activity is recommended to cancer survivors by the World Health Organisation (WHO) and is associated with improved survival after colorectal cancer. It remains unclear whether having a stoma is a barrier for an active lifestyle. We examined the level of physical activity and explored factors impacting physical activity in survivors with a stoma.

Methods:
A total of 1265 (65%) patients in the Danish Stoma Database completed a multidimensional survey. Physical activity of moderate- and vigorous-intensity was assessed using two validated questions. Based on WHO guidelines, physical activity was categorised into 'Meeting' or 'Not Meeting' recommendations. Multivariate regression analysis, adjusting for potential confounders, provided odds ratio (OR) and 95% confidence intervals (CI) for factors' association with 'Not Meeting' guideline recommendations.

Results:
In total, 571 colorectal cancer survivors reported on physical activity at a median of 4.3 years (IQR 3.1–5.8) after stoma surgery. 293 patients (51%) met recommendations and 63% of them were 'Highly active'. 278 (49%) did not meet recommendations. Of the factors analysed, patients not using support garment were more likely (OR 1.72 [95% CI 1.16; 2.54]) not to meet guideline recommendations. No association was observed between stoma type, surgical procedure, parastomal bulging and 'problematic stoma' and level of physical activity, respectively.

Conclusion:
In this large sample of colorectal cancer survivors with a stoma half of patients met or exceeded WHO guideline recommendations for physical activity. Of patients not meeting recommendations some could potentially meet the recommendations by modest increases in either moderate or vigorous activity.

A5 Andreas Höier Aagesen

Abstract-titel	Genitalprolaps efter hysterektomi på benign indikation - et nationalt matched kohorte studie
Præsenteres af	Andreas Höier Aagesen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Stud.med - Forskningsårsstuderende
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Andreas H. Aagesen, Niels Klarskov, Kim Oren Gradel, Karen Ruben Husby
Afdeling	Afdeling for Kvindesygdomme, Graviditet og fødsler - Herlev Hospital
Medforfatter(e) og afdeling	Niels klarskov & Karen Ruben Husby - Afdelingen for Kvindesygdomme, Graviditet og fødsler Kim Oren Gradel Center for Clinical Epidemiology, Odense University Hospital, Odense, Denmark Research Unit of Clinical Epidemiology, Department of Clinical Research, University of Southern denmark, Odense, Denmark
E-mail adresse	andreas.hoeier.aagesen.02@regionh.dk

Abstract

Introduktion

Hysterektomi er blandt de hyppigste operationer i sundhedsvæsnet og behandler effektivt en række gynækologiske sygdomme såsom blødningsforstyrrelser, polypper og cancer. Studier peger på at genitalprolaps kan være en senfølge til hysterektomi. Genitalprolaps forringer livskvaliteten væsentligt og livstidsrisikoen for kirurgisk behandling er 18,7 %. Vaginale fødsler er den største risikofaktor for genitalprolaps. Det er ikke afklaret hvordan hysterektomi og vaginale fødsler interagerer i udviklingen af genitalprolaps. Formålet med dette studie er at undersøge denne sammenhæng mellem hysterektomi og genitalprolaps.

Metode

Vores kohorte blev baseret på danske registre. Vi identificerede kvinder født 1947 – 2000. Kvinder som blev hysterektomeret på benign indikation fra 1977-2018 blev matchet på alder og kalenderår med 5 ikke-hysterektomerede kvinder. Kun kvinder der ikke tidligere var genitalprolaps-opereret blev inkluderet. Kohorten blev fulgt fra indeks indtil slut eller censur ved cancerdiagnose eller emigration. Vi sammenlignede hysterektomerede og ikke-hysterektomerede kvinder med Cox regression, justeret for alder, indkomst, uddannelse og vaginale fødsler.

Resultater

Vi inkluderede 80.444 hysterektomerede og 396.303 ikke-hysterektomerede kvinder. Risikoen for genitalprolaps var større for de hysterektomerede kvinder, HR: 1,4 CI 95% [1,4;1,5]. Risikoen for prolapsoperation steg med antal vaginale fødsler – yderligere for de hysterektomerede kvinder:

Antal vaginale fødsler	Referencegruppe	Hysterektomerede kvinder
0	1. (Ref)	1.6 [1.0-2.6]
1	8.6 [6.4 – 11.5]	11.3 [8.3-15.3]
2	14.7 [11.1-19.5]	21.2 [15.9-28.1]
3	20.4 [15.3-27.1]	29.6 [22.2-39.6]
≥4	23.2 [17.3-31.1]	31.7 [23.2-43.4]

Konklusion

Studiet viser, at risikoen for genitalprolaps er større efter hysterektomi – og øget ved stigende antal vaginale fødsler. Dette skal medtages i risikoafvejning ved foretagelse af hysterektomi.

A6 Ann Hou Sæter

Abstract-titel	Mortality after emergency versus elective groin hernia repair: a systematic review and meta-analysis
Præsenteres af	Ann Hou Sæter
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Skolarstipendiat, stud.med.
Ph.d. forsvaret (årstal)	
Forfatter(e)	Ann Hou Sæter
Afdeling	Center for Perioperativ Optimering, Afdeling for Mave-, Tarm- og Leversygdomme
Medforfatter(e) og afdeling	Siv Fonnes, Jacob Rosenberg & Kristoffer Andresen Center for Perioperativ Optimering, Afdeling for Mave-, Tarm- og Leversygdomme, Kirurgisk Sektion, Herlev Hospital
E-mail adresse	ann.hou.saeter@regionh.dk / ahsaeter@gmail.com

Abstract

Introduction

Emergency groin hernia repair is associated with an increased risk of mortality, but the exact risk is unknown. This review aimed to investigate 30- and 90-day postoperative mortality in patients who had undergone emergency or elective groin hernia repair.

Methods

This review was reported after the PRISMA 2020 guidelines. A protocol (CRD42021244412) was registered to PROSPERO. Three databases (PubMed, EMBASE, and Cochrane CENTRAL) were searched in April 2021. The identified studies were screened for eligibility and included if they reported 30- and/or 90-day mortality following emergency or elective groin hernia repair. Meta-analyses were conducted when possible, and a subgroup analysis on patients undergoing bowel resection was made.

Results

We included 37 studies with a total of 30,740 patients receiving emergency repair and 457,253 receiving elective repair. Meta-analyses could not be conducted for the two repair settings separately due to heterogeneity. However, the 30-day mortality ranged from 0.0–1.7% following elective repair and 0.0–11.8% following emergency repair. The risk of 30-day mortality following emergency repair was estimated to be 26-fold higher than after elective repair. A subgroup meta-analysis on bowel resection in emergency repair estimated 30-day mortality to be 7.9%.

Conclusion

Emergency groin hernia remains a challenging and potentially fatal surgical emergency. This review emphasizes the importance of performing hernia repair in an elective setting to prevent a potential acute presentation with acute surgical intervention. Patients presenting with symptoms of emergency groin hernias should receive particular attention to minimize the high risk of mortality and morbidity following emergency repair.

A7 Anna Korsgaard Berg

Abstract-titel	Case-kontrol studie af hudbarrieren hos børn, unge og voksne med type 1 diabetes
Præsenteres af	Anna Korsgaard Berg
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge og PhD-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Anna Korsgaard Berg
Afdeling	Afdeling for Børn og Unge, Herlev Hospital
Medforfatter(e) og afdeling	Annemarie Cecilie Grauslund1, Steffen Ullitz Thorsen1, Claus Zachariae2, Jannet Svensson1 and Jacob Pontoppidan Thyssen3 1 Afdeling for Børn og Unge, Herlev Hospital 2 Afdeling for Allergi, Hud- og Kønssygdomme, Gentofte Hospital 3 Dermatologisk Afdeling, Bispebjerg Hospital
E-mail adresse	anna.korsgaard.berg.02@regionh.dk

Abstract

Introduktion: Eksem er en hyppig reaktion til insulinpumper og/eller glukosesensorer hos pædiatriske patienter med type 1 diabetes (T1D). Huden, især epidermis, er en afgørende barriere mod ydre allergener og irritative stoffer og dermed eksemrisiko, og det viser sig eksempelvis hos patienter med børneeksem ved øget transepidermalt vandtab (TEWL). Formålet med nærværende undersøgelse er derfor at undersøge hudbarrieren hos patienter med T1D.

Metode: Dette er et case-kontrol studie af 45 patienter med T1D i forskellige aldersgrupper (36 i alderen 4-19 år og 9 med mere end 30 års diabetesvarighed) sammenlignet med 45 raske alders- og kønsmatchede kontroller. For hver deltager måles TEWL, pH, talgindhold og hydrering på både volar underarm og øvre balle udover en undersøgelse af mikrobiom i næse og på balle. T-test er blevet brugt til at bestemme en mulig forskel mellem cases og kontroller for normalfordelte variabler samt Kruskal-Wallis-test til ikke-normale fordelinger.

Resultater: TEWL og Sebum-indhold var ikke-normalt fordelt i de to grupper, men Kruskal-Wallis-testen afslørede en næsten signifikant forskel mellem TEWL ved underarmen mellem de to grupper, men ingen andre forskelle. Både pH og hydrering var normalfordelt, og t-testen afslørede en signifikant forskel mellem pH ved underarmen med et gennemsnit hos cases på 5,4 og 5,7 hos kontroller ($p < 0,05$). Mikrobiom data afslørede forskel mellem næse og balle, men ikke mellem cases og kontroller.

Konklusion: Disse indledende data viser, at den overordnede hudbarriere hos patienter med T1D heldigvis ikke er meget forskellig fra hudbarrieren hos raske, men yderligere undersøgelser er stadig berettigede.

A8 Anna Sophie Belling Krontoft

Abstract-titel	How do Patients Prefer to Receive Patient Education Material about Treatment, Diagnosis and Procedures? - A Survey Study of Patients Preferences Regarding forms of Patient Education Materials; Leaflets, Podcasts, and Video.
Præsenteres af	Anna Krontoft
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk sygeplejespecialist
Ph.d. forsvaret (årstal)	
Forfatter(e)	Anna Krontoft
Afdeling	Afd. for Allergi, Hud og Kønssygdomme
Medforfatter(e) og afdeling	Afd. For Allergi, Hud og Kønssygdomme, Gentofte hospital
E-mail adresse	Anna.sophie.belling.krontoft@regionh.dk

Abstract

Aim: The aim of this study was to explore patients preferences for forms of patient education material, including leaflets, podcasts, videos; that is, to determine what forms of information, besides that provided verbally by healthcare personnel, do patients prefer following visits to hospital.
Methods: The study was a mixed methods study, using a survey design with primarily quantitative items but with a qualitative component. A survey was distributed to patients over 18 years between May and July 2020 and 480 patients chose to respond.
Results: Text-based patient education materials (leaflets), is the form that patients have the most experience with and was preferred by 86.46% of respondents; however, 50.21% and 31.67% of respondents would also like to receive patient education material in video and podcast formats, respectively. Furthermore, several respondents wrote about the need for different forms of patient education material, depending on the subject of the supplementary information.
Conclusion: This study provides an overview of patient preferences regarding forms of patient education material. The results show that the majority of respondents prefer to use combinations of written, audio, and video material, thus applying and co-constructing a multimodal communication system, from which they select and apply different modes of communication from different sources simultaneously.

A9 Anne Marie Loff

Abstract-titel	Weight-loss and appetite in outpatients in hemodialysis: a retrospective cohort study
Præsenteres af	Anne Marie Loff
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Anne Marie Loff
Afdeling	Enheden for Diætetik og Klinsik Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Anisette Leander Jakobsen(1), Tina Munk(1), Anne Wilkens Knudsen(1) (1) Dietetic and Nutritional Research Unit, EFFECT, Herlev Gentofte University Hospital, Herlev, Denmark
E-mail adresse	anne.marie.loff@regionh.dk

Abstract

Introduction
Patients in hemodialysis(HD) are at risk of malnutrition. In the clinical practice the patient's nutritional status and appetite are established every 3-months. Patients with>5% weight-loss are to be referred to nutritional counselling by a specialized dietician. The aim of this study was to assess appetite evaluation and weight-loss.

Methods
A retrospective cohort study of current outpatients in HD in year 2020, going back from 9 to 24 months depending on duration of time in HD. From the 3-months evaluations nutritional status, relevant biochemistry, and appetite evaluation were collected.

Results
A total of 76 patients (41% women) were included, mean age 69 y ±12, dry weight 78 kg ±20, BMI 26 ±6.3, n-PCR 0.8 g/kg/d ±0.2. At baseline poor appetite was evident in 24 (32%). A larger proportion of patients with poor appetite were women (p=0.009). Patients with poor appetite had lower; dry weight (p=0.009), height (p<0.001), p-albumin (p=0.003), p-phosphate (p=0.019), and p-urea (p=0.030). A weight-loss of>5% over a 3-months period was found in 24 (32%) patients. From baseline to the 2-years follow-up (n=52) the average weight-change was -1.9 kg ±5.7, p=0,021, weight-loss was found in 28 (54%). Men had an average weight change of -3.0 kg ±5.6, p=0.005 whereas women had a weight change of -0.2 kg ±5.6, p=0.877.

Conclusion
We found an overall weight-loss over time, more so in men than in women, and an increase in nutritional risk over time. Poor appetite was associated with increased nutritional risk and variables related to a depleted nutritional status.

A10 Anne Mette Larsen

Abstract-titel	Low nutrient intake and a high prevalence of nutrition impact symptoms in patients with COVID-19
Præsenteres af	Anne Mette Larsen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Martine Kjærsgaard Larsen & Anne Wilkens Knudsen
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Martine Kjærsgaard Larsen(1), Anne Wilkens Knudsen(1), Anne Mette Larsen(1), Pia Sonne(1), Helena Osbæk Jensen(1), Tina Munk(1) (1) Dietetic and Nutritional Research Unit, EFFECT, Herlev Gentofte University Hospital
E-mail adresse	anne.mette.larsen.01@regionh.dk

Abstract

Introduction
Knowledge regarding nutritional status and target areas of the nutritional therapy to patients admitted to the hospitals with COVID-19 is limited. Therefore, the aim was to describe the nutritional status and nutrition impact symptoms (NIS) in patients with COVID-19 referred to nutritional therapy.

Methods
This was a retrospective observational study of patients admitted with COVID-19 in 2020 and referred to clinical dietitians. Data on nutritional intake, route, NIS, inflammation, 30-days mortality, and readmissions were collected.

Results
We included 81 patients (male 51%), median age 75 (IQR:63-83), BMI 25 (IQR:21-28). Total LOS was median 10 days (IQR:6-17). Patients were referred to the clinical dieticians at median day 4 (IQR:3-8). Only 8% covered both energy- and protein requirement at referral. Nutrition route was primarily oral 70 (89%). The 3 most common NIS were; decreased appetite 50 (88%), shortness of breath 26 (55%), and early satiety 20 (47%).
At the 30-days follow-up 23 (28%) patients were dead, of these 16 (70%) before discharge. The surviving patients were younger (median 72 vs. 82 y, p=0.002), and fewer were admitted from a care facility (17 vs. 48%, p=0.005). Further, survivors had at baseline a lower p-CRP (50 vs. 97, p=0.004), more covered ≥75% of their energy requirement (43 vs. 25%, p=0.001), and protein requirement (34 vs. 23%, p=0.032). A total of 21 (26%) were readmitted within 30 days.

Conclusion
Patients with COVID-19 had several NIS and the majority had a nutritional intake below requirement. Therefore, nutritional therapy is relevant in this group of patients.

B11 Benjamin Nilsson Wadström

Abstract-titel	Elevated remnant cholesterol confers 5-fold risk of peripheral artery disease, higher than for myocardial infarction and ischemic stroke: two population-based cohorts
Præsenteres af	Benjamin Nilsson Wadström
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	Klinisk assistent, PhD-studerende
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Benjamin Nilsson Wadström(1,2), MD
Afdeling	Klinisk biokemisk afdeling
Medforfatter(e) og afdeling	BMD, Anders Berg Wulff(1,2), MD, PhD, Kasper Mønsted Pedersen(1-3), MD, Gorm Boje Jensen(4), MD, DMSc, Børge Grønne Nordestgaard(1-4), MD, DMSc 1 Klinisk biokemisk afdeling, Herlev og Gentofte Hospital 2 Herlev-Østerbroundersøgelsen, Herlev og Gentofte Hospital 3 Institut for klinisk medicin, Sundhedsvidenskabelig Fakultet, Københavns Universitet 4 Østerbroundersøgelsen, Frederiksberg Hospital
E-mail adresse	karl.benjamin.walter.nilsson.wadstroem@regionh.dk

Abstract

Introduction: The atherogenic potential of cholesterol in triglyceride-rich lipoproteins, also called remnant cholesterol, is being increasingly acknowledged. Elevated remnant cholesterol is associated with increased risk of myocardial infarction and ischemic stroke. We tested the hypothesis that elevated remnant cholesterol is also associated with increased risk of peripheral artery disease.

Methods: We studied 106,937 individuals from the Copenhagen General Population Study recruited in 2003-15. During follow-up until 2018, 1,586 were diagnosed with peripheral artery disease, 2,570 with myocardial infarction, and 2,762 with ischemic stroke. We also studied 13,974 individuals from the Copenhagen City Heart Study recruited in 1976-78. During up to 43 years of follow-up, 1,033 were diagnosed with peripheral artery disease, 2,236 with myocardial infarction, and 1,976 with ischemic stroke. Remnant cholesterol was calculated from a standard lipid-profile. Diagnoses were from Danish, nationwide health registries.

Results: In the Copenhagen General Population Study, higher remnant cholesterol levels were associated with higher risk of peripheral artery disease, up to a multivariable adjusted hazard ratio of 4.8 (95% confidence interval: 3.1-7.5) for individuals with levels ≥1.5 mmol/L (58 mg/dL) versus <0.5 mmol/L (19 mg/dL). Corresponding results were 4.2 (2.9-6.1) for myocardial infarction and 1.8 (1.4-2.5) for ischemic stroke. In the Copenhagen City Heart Study, corresponding hazard ratios were 4.9 (2.9-8.5) for peripheral artery disease, 2.6 (1.8-3.8) for myocardial infarction, and 2.1 (1.5-3.1) for ischemic stroke.

Conclusion: Elevated remnant cholesterol is associated with a 5-fold increased risk of peripheral artery disease in the general population, higher than for myocardial infarction and ischemic stroke.

B12 Camilla Balle Bech (nr. 1 af 2)

Abstract-titel	Protein intake in geriatric patients with hip-fracture: Feasibility study evaluating current ESPEN guidelines for geriatrics
Præsenteres af	Camilla Balle Bech
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Amalie Frederiksen
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning
Medforfatter(e) og afdeling	Amalie Kruse Sigersted Frederiksen1, Anne Wilkens Knudsen1, Camilla Balle Bech1, Anne Marie Beck1,2, Tina Munk1 1Dietetic and Nutritional Research Unit, EFFECT, Herlev-Gentofte University Hospital, Herlev, Denmark 2University College Copenhagen, Faculty of Health, Institute of Nursing and Nutrition, Copenhagen, Denmark
E-mail adresse	camilla.balle.bech@regionh.dk

Abstract:
Rationale: Geriatric patients with hip-fracture are often malnourished or at risk of developing malnutrition. These patients often have poor oral food intake and difficulties reaching their recommended protein intake. Recently published ESPEN guidelines in geriatrics recommend oral nutritional supplement (ONS) providing at least 30g protein/day. The aim of the study was to assess the feasibility of the ESPEN recommendations.

Methods: Inclusion: Patients ≥65 years with a hip-fracture. Exclusion: Impaired renal function, GI problems or dysphagia. Patients received standard care and were offered 2 servings ONS daily (18g protein/125 ml serving), from first postoperative day until hospital discharge. Average protein- and energy intake during hospitalization was recorded.

Results: Thirteen patients were excluded. Forty patients (70% W) median age 86.5 years (IQR 78.8-90.0) were included. Five patients met the recommended 30g protein/day from ONS. They had a higher median protein intake from ONS than the other 35 patients (36.0g (36.0-36.0) vs. 18.0g (10.5-23.8) p=0.0006). Total protein intake was not significantly higher (1.01g/kg BW/day (0.74-1.14) vs. 0.66g/kg BW/day (0.57-0.93) p = 0.152). No difference was found in protein intake from food alone between groups (18.0g (15.3-29.4) vs. 23.4g (14.5-28.9) p =1).

Conclusion: Protein intake from food was very low in this population of geriatric patients with hip-fracture. The recommended protein intake of 30g from ONS was met in only 5/40 patients during hospital stay. ONS did not affect the protein intake from food. Further efforts are needed to improve awareness of and adherence to ONS to meet the guidelines.

B13 Camilla Balle Bech (nr. 2 af 2)

Abstract-titel	Bioelectric impedance analysis is not reliable to detect dehydration in hospitalized older patients
Præsenteres af	Camilla Balle Bech
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Camilla Balle Bech
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Camilla Balle Bech1, Johanna Seemer2, Anne Marie Beck1, Charlotte Suetta3, Anne Wilkens Knudsen1, Tina Munk1 1Dietetic and Clinical Nutritional Research Unit, EFFECT, Copenhagen University Hospital – Herlev and Gentofte, Herlev, Denmark 2Institute for Biomedicine of Aging (IBA), Friedrich-Alexander Universität Erlangen-Nürnberg, Nuremberg, Germany 3Medical Department, Copenhagen University Hospital – Herlev and Gentofte, Herlev, Denmark
E-mail adresse	camilla.balle.bech@regionh.dk

Abstract

Background

Hyperosmolar dehydration is common among older patients and a potentially reversible risk factor for morbidity and mortality. Thus, a simple and valid method to detect dehydration is needed. Bioelectrical impedance analysis (BIA) is easy to apply and some BIAs are theoretically able to assess total body water (TBW). The study aims to investigate whether hydration status determined by BIA correlates with directly measured serum osmolality.

Methods

Patients were recruited from the emergency department at Herlev Hospital. Exclusion criteria were age ≤65 years, eGFR<30 mmol/L, severe heart failure, decompensated cirrhosis, alcohol intake and initiated rehydration treatment. Hydration status was assessed via serum-osmolality [mOsm/kg] (gold standard) and BIA analysis of TBW [l] (InBody S10, Segmental Multi-frequency Impedance). Dehydration was defined as >300 mOsm/kg and according to internal BIA algorithms. Correlation of continuous variables was analysed with Pearson-correlation and binary variables with Phi-coefficient.

Results

Twenty-eight participants (64% female, 79±8 years) were included. Three (11%) were dehydrated according to osmolality. There was no significant association between osmolality and BIA assessments of dehydration (binary: r2=-0.067, p=0.724; continuous: r2=0.276, p=0.16). A sensitivity of 33%, a specificity of 56%, a positive predictive value of 8% and a negative predictive value 87% were observed. Agreement of measurement was poor (κ=-0.05).

Conclusions

Dehydration assessed by BIA was invalid in detecting dehydration in older hospitalised patients, as agreement with directly measured osmolality was poor. Therefore, BIA should not be used in clinical practice to screen for dehydration. Recent literature instead recommends using calculated osmolarity to screen for dehydration.

B14 Cecilie Meldgaard Møller

Abstract-titel	Nutritional status in patients attending International Lung Day in a hospital setting
Præsenteres af	Cecilie Meldgaard Møller
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist, MSc
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Cecilie Meldgaard Møller
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Cecilie Meldgaard Møller(1), Pia Sonne(1), Anne Wilkens Knudsen(1), Tina Munk(1) [1] Dietetic and Nutritional Research Unit, EFFECT, Herlev Gentofte University Hospital, Herlev or Gentofte, Denmark.
E-mail adresse	cecilie.meldgaard.moller@regionh.dk

Abstract

Introduction
To determine the relevance of nutritional counseling on the yearly International Lung Day (ILD), we aimed to assess; 1) nutritional status of the participants and 2) to which degree nutrition impact symptoms (NIS) were present.

Methods
A cross-sectional study was performed at Herlev and Gentofte Hospital. Nutritional status was determined by BMI, and fat free mass index (FFMI) was measured with a Bioelectrical Impedance. Depletion was defined by FFMI <15 kg/m2 for women and <16 kg/m2 for men. Lung function was measured as FEV1%. Lung obstruction was defined as FEV1% <70%. NIS was assessed using the Eating Symptoms Questionnaire (ESQ). The Simplified Nutritional Appetite Questionnaire (SNAQ) was used to determine nutritional risk, and quality of life was measured using the EQ-5D-VAS questionnaire.

Results
102 people were included (women 65%). Median age was 73 years (IQR 65-77). Lung obstruction was evident in 41%. Median BMI was 24 (IQR 22-27), and 9% were underweight (BMI≤20.5). Unintentional weight loss within the last three months was experienced by 15% and 17% were depleted. According to the SNAQ, 22% were at nutritional risk and these participants had a significantly lower BMI (p=0.009) and VAS-score from the EQ-5D-VAS (p=0.003). The three most common NIS were; dry mouth (34%), pain in the stomach (31%), and diarrhea (25%).

Conclusion
Participants attending ILD revealed a fairly high prevalence of lung obstruction, nutritional risk and NIS. The presence of clinical dieticians at the ILD is therefore important to identify participants in need of nutritional guidance.

B15 Christel Baagø Schjørring

Abstract-titel	High prevalence of erectile dysfunction in acute stroke patients associates to age more than cardiovascular risk factors
Præsenteres af	Christel Baagø Schjørring
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Reservelæge
Ph.d. forsvaret (årstal)	
Forfatter(e)	Christel Baagø Schjørring
Afdeling	Dept. of Neurology, Herlev and Gentofte Hospital
Medforfatter(e) og afdeling	Heidi S. Eddelien, MSc, Dept. of Neurology, Herlev and Gentofte Hospital Thomas Christensen, DMSc, Dept. of Neurology, North Zealand Hospital Anne K. Danielsen, PhD, Dept. of Gastroenterology, Herlev and Gentofte Hospital Nete Hornnes MPH, PhD, Dept. of Neurology, Herlev and Gentofte Hospital Jawad H. Butt, MD, Dept. of Cardiology, Rigshospitalet Christina Kruuse, DMSc, Dept. of Neurology, Herlev and Gentofte Hospital
E-mail adresse	christel.baagoe.schjoerring@regionh.dk

Abstract

Introduction: Erectile dysfunction (ED) is an important preliminary marker for cardiovascular disease (CVD), but little is known about the association between ED and stroke. This study investigated prevalence of ED in patients admitted with a stroke and whether ED be associated with CVD risk factors and stroke severity.

Methods: We did a cross-sectional survey using a questionnaire at two non-comprehensive stroke units in the Capital Region of Denmark between February 2018 to January 2019 and included 479 patients with stroke. ED and stroke risk factors were self-reported. Multiple logistic regression was performed to investigate the association between risk factors and ED.

Results: In total, 287 of the included patients were men and 116 (40.4%) reported having ED. Advanced age was significantly associated with prevalent ED (reference ≤60 years: odds ratio [OR]=3.93, 95% confidence interval [CI] 1.84-8.37 for men 71-80 years and OR=4.61, 95% CI 1.92-11.08 for men >80 years). Though there was a trend, a history of arteriosclerosis, sleep apnea, diabetes, hypercholesterolemia, and physical inactivity was not significantly associated with increased likelihood of prevalent ED. Prevalent ED was not significantly associated with increased stroke severity.

Conclusion: In patients admitted with a stroke four out of ten men reported ED, and advanced age was associated with ED. The consequences and treatment of ED in stroke patients should be addressed by physicians.

B16 Christina Marisa Bergsøe

Abstract-titel	Risk of Chronic Obstructive Pulmonary Disease Exacerbation in Patients Who Use Methotrexate—A Nationwide Study of 58,580 Outpatients
Præsenteres af	Christina Marisa Bergsøe
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Medicinstuderende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Christina Marisa Bergsøe
Afdeling	Department of Medicine, Section of Respiratory Medicine, Herlev and Gentofte
Medforfatter(e) og afdeling	Pradeesh Sivapalan 1,2, Mohamad Isam Saeed 1, Josefin Eklöf 1, Zaigham Saghir 1,3, Rikke Sørensen 4, Tor Biering-Sørensen 5 and Jens-Ulrik Stæhr Jensen 1, 3, 6 1 Department of Medicine, Section of Respiratory Medicine, Herlev and Gentofte Hospital, University of Copenhagen, Denmark 2 Department of Medicine, Section of Respiratory Medicine, Herlev and Gentofte Hospital, University of Copenhagen, Denmark; Department of Internal Medicine, Zealand University Hospital, Roskilde, Denmark
E-mail adresse	christina.marisa.bergsoee@regionh.dk

Abstract

Introduction: Patients with severe chronic obstructive pulmonary disease (COPD) experience frequent acute exacerbations and require repeated courses of corticosteroid therapy, which may lead to adverse effects. Methotrexate (MTX) has anti-inflammatory properties. The objective of this study was to describe the risk of COPD exacerbation in patients exposed to MTX.

Methods: In this nationwide cohort study of 58,580 COPD outpatients, we compared the risk of hospitali-zation-requiring COPD exacerbation or death within 180 days in MTX vs. non-MTX users in a propensity-score matched study population as well as an unmatched cohort, in which we adjusted for confounders.

Results: The use of MTX was associated with a reduction in risk of COPD exacerbation in the propensi-ty-score matched population at 180 days follow-up (HR 0.66, CI 0.66–0.66, p<0.001). Similar results were shown in our sensitivity analyses at 180-day follow-up on unmatched population and 365-day follow-up on matched and unmatched population (HR 0.76 CI 0.59–0.99, HR 0.81 CI 0.81–0.82, and HR 0.92 CI 0.76—1.11 respectively).

Conclusion: MTX was associated with a lower risk of COPD exacerbation within the first six months after study entry. The finding seems biologically plausible and could potentially be a part of the management of COPD patients with many exacerbations.

B17 Danni Lip Hansen

Abstract-titel	Spin is present in the majority of the articles evaluating robot-assisted groin hernia repair: a systematic review
Præsenteres af	Danni Lip Hansen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Skolar
Ph.d. forsvaret (årstal)	
Forfatter(e)	Danni Lip Hansen
Afdeling	Department of Surgery, Herlev and Gentofte Hospitals
Medforfatter(e) og afdeling	Siv Fonnes, Department of Surgery, Herlev and Gentofte Hospitals Jacob Rosenberg, Department of Surgery, Herlev and Gentofte Hospitals
E-mail adresse	lip.dlh.h@gmail.com

Abstract

Introduction: The number of articles published each year is increasing, resulting in greater competition to get work published. Spin is defined as specific reporting strategies used to distort the readers' interpretation of results so that they are viewed more favourable. However, prevalence of spin in studies comparing robot-assisted groin hernia repair with traditional methods is unknown.

The aim of this study was to determine the frequency and extent of misrepresentation of results, spin, in studies assessing robot-assisted groin hernia repair.

Methods: This systematic review was reported according to PRISMA guidelines, and a protocol was registered at PROSPERO before data extraction. Database search included PubMed, EMBASE, and Cochrane Central.

Results: Of 35 included studies, spin was present in 57%. Within these, 95% had spin present in the abstract and 80% in the conclusion of the article. There was no association between study size and spin ($p>0.05$). However, presence of spin in studies positively minded towards robot-assisted hernia repair was higher ($p<0.001$) compared with those against or being neutral in their view of the procedure. Furthermore, being funded by or receiving grants from Intuitive Surgical were associated with a higher prevalence of spin ($p<0.01$) compared with those who were not.

Conclusion: Spin was found to be common in articles reporting on robot-assisted groin hernia repair, and presence of spin was higher in studies funded by or receiving grants from the robot company. This suggests that readers should be cautious when reading similar literature.

B18 Filip Søskov Davidovski

Abstract-titel	Association between layer-specific global longitudinal strain and cardiovascular events after coronary artery bypass grafting
Præsenteres af	Filip Søskov Davidovski, MB
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Research Fellow på Hjertemedicinsk afdeling Herlev og Gentofte Hospital
Ph.d. forsvaret (årstal)	Ikke relevant
Forfatter(e)	Filip Søskov Davidovski, BSc (1)
Afdeling	Cardiovascular non-invasive Imaging Research Laboratory (CIRL) Hjertemedicinsk
Medforfatter(e) og afdeling	Mats Christian Højbjerg Lassen, MD (1); Kristoffer Grundtvig Skaarup, MD (1); Morten Sengeløv, MD (1); Søren Lindberg, MD, PhD (1); Flemming Javier Olsen, MD (1); Kirstine Ravnkilde (1), MB; Thomas Fritz-Hansen, MD (1); Sune Pedersen, MD, PhD (1); Allan Iversen, MD, PhD (1); Søren Galatius, MD, DMSc (1); Gunnar Gislason, MD, PhD (1) ; Rasmus Møgelvang, MD, PhD (2); Tor Biering-Sørensen, MD, PhD, MPH (1) 1. Department of Cardiology, Herlev & Gentofte Hospital, University of Copenhagen, Denmark. 2. Department of Cardiology, Rigshospitalet, University of Copenhagen.
E-mail adresse	filip.soeskov.davidovski.01@regionh.dk

Abstract

Introduction: Sectionalized quantification of layer-specific global longitudinal strain (GLS) has become available with technological advancements. We sought to investigate the prognostic value of layer-specific strain in patients undergoing CABG.

Methods: This retrospective cohort study comprised patients undergoing isolated CABG between 2006 and 2011. The patients were followed through nation-wide registries for the composite endpoint of heart failure (HF) or cardiovascular death (CVD) (HF/CVD). Multivariable Cox regression models adjusted for clinical and echocardiographic baseline characteristics, as well as European System for Cardiac Operative Risk Evaluation II (EuroSCORE II) were used to assess the association between layer-specific GLS and the endpoint.

Results: Of 641 patients included (mean age 67 years, 84% male), 62 experienced the composite of outcome (HF: n=30, CVD: n=38) during a median follow-up of 3.8 years. Patients who developed the outcome during follow-up had reduced layer-specific GLS in all layers (GLSendo: -14.3% vs. -16.3; GLSww: -12.2 vs. -13.9; GLSepi: -10.7 vs. -12.2). Additionally, all layer-specific GLS parameters were predictors of outcome in unadjusted models (GLSendo: HR=1.11 (1.05-1.17); GLSww: HR=1.13 (1.06-1.21); GLSepi: HR=1.15 (1.07-1.24), per 1% absolute decrease). The risk of the endpoint increased linearly with decreasing absolute GLS for all layers (Figure 1). These findings were unchanged in multivariable models. Patients with reduced GLS in any layer had a higher risk of HF/CVD, however, the risk was highest for those with reduced epicardial GLS (HR=2.60 (1.46-4.66), p=0.001).

Conclusion: Layer-specific GLS is an independent prognosticator of cardiovascular events after CABG. Reduced epicardial GLS poses the highest risk of HF/CVD.

B19 Frederik Møller Jacobsen

Abstract-titel	Interpretation of Composite Endpoints in Urology: An Analysis of Citation Quality
Præsenteres af	
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	
Ph.d. forsvaret (årstal)	
Forfatter(e)	
Afdeling	Afdeling for urinvejssygdomme, forskning, Herlev og Gentofte hospital.
Medforfatter(e) og afdeling	Frederik M. Jacobsen*, Klara Kvorning Ternov*, Alexander B. Nolsøe, Peter Østergren, Mikkel Fo-de, Jens Sønksen, and Christian Fuglesang S. Jensen Afdeling for urinvejssygdomme, forskning, Herlev og Gentofte hospital.
E-mail adresse	frederik.moeller.jacobsen@regionh.dk

Abstract Introduction: Composite endpoints (CE) are endpoints combining at least two singleton endpoints. Interpretation of CEs requires evaluation of the singleton endpoints' importance to patients and similarity of the effect on each of the singleton endpoints. This makes interpretation of studies reporting CEs diffi-cult and infers a risk of erroneous citations. This study aimed to investigate how urological studies using CEs as primary outcome are cited.
Methods: In this quality analysis of citations, three randomized clinical trials (RCT) investigating oncological urology (study 1-3) and three investigating non-oncological urology (study 4-6) were selected for citation analysis based on pre-defined criteria. A total of 531 papers citing the selected studies were reviewed; Citations were evaluated on whether they referred to the CE if this was done cor-rectly and if singleton endpoints were defined and/or discussed.
Results: In total 223/531 (42%) citations referred to the CE and 217/223 (97.3%) correctly cited the CE. However, only 91/217 (41.9%) defined and/or discussed the singleton endpoints of the CE. The lack of a validated instrument for citation analysis is a limitation of the study. Meanwhile, the main strength is the large number of individually analyzed citations.
Conclusion: The CEs of urological RCTs are generally cited without referring to the CE but when cited, CEs of urological RCTs are described correctly. However, in the majority of cases when citing the CE sin-gleton endpoints that makes up the CE are not discussed.

B20 Gitte Jagtman

Abstract-titel	Preferred dishes and potion sizes among patients with low appetite admitted to Herlev -Gentofte University Hospital
Præsenteres af	Gitte Jagtman
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	So.Su.ass.
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Gitte Jagtman og Jonas Anias Svendsen
Afdeling	Dietetic and Nutritional Research Unit, EFFECT,
Medforfatter(e) og afdeling	Tina Munk, Anne Wilkens Knudsen, Amalie Kruse Sigersted Frederiksen, Emma Peyron, Anne Marie Beck, Dietetic and Nutritional Research Unit, EFFECT,.
E-mail adresse	gitte.jagtman@regionh.dk

Abstract

Introduction

Patients has low appetite and food is the first line of intervention. During the development of a new a la carte food concept, we aimed to investigate preferred dishes and portion sizes by asking inpatients.

Methods

A survey was conducted in summer 2020. Participants were from Oncology, Gastroenterology, Urology and Medical wards. The survey examined patient's thoughts about types of food, number of desired dishes, preferred meal sizes, preference for hot or cold meals and when to serve in-between-meals. Lastly, they were asked to make fictitious orders for a full day choosing between 18 breakfast items, 43 lunch and dinner meals, and 18 in-between-meals.

Results

The survey included 130 patients (52% women), median age 72 years. The selection of dishes on the menu was considered appropriate by 86%. Most patients preferred traditional Danish dishes (84%) served in small portions sizes (71%) equivalent to 190 grams. The option of choosing several small dishes for each meal was desired. The majority (67%) chose their breakfast served cold with a median of 3 items, most popular was soft boiled egg (47%). Lunch served cold was preferred by 39% and they chose 4 dishes (median). Old fashioned apple pie was most popular (26%). Dinner served warm was preferred by 60% and they chose 2.5 dishes (median). Most popular was baked salmon (29%). Almost all patients (94%) expressed that in-between-meals could be served with a main meal.

Conclusion

Patients prefer traditional Danish dishes in small portion sizes and to choose from several different dishes.

C21 Heidi Knudsen

Abstract-titel	Nurse-led Rapid Response Teams (RRT) – a qualitative study of RRT nurses' and ward nurses' experiences of benefits and challenges.
Præsenteres af	Heidi Knudsen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk sygeplejespecialist, MHSc
Ph.d. forsvaret (årstal)	
Forfatter(e)	Heidi Knudsen
Afdeling	Afdeling for Bedøvelse, Operation og Intensiv Behandling
Medforfatter(e) og afdeling	Charlotte Lamprecht, Afdeling for Bedøvelse, Operation og Intensiv Behandling Thordis Thomsen, Herlev Acute, Critical and Emergency Care Science Unit, Afdeling for Bedøvelse, Operation og Intensiv Behandling
E-mail adresse	Heidi.Knudsen@regionh.dk

Abstract

Introduction

In 2018 , the Rapid Response Team (RRT), also known as MAT-team, at Herlev University Hospital switched from being physician- to nurse-led.

Objectives

To explore how RRT nurses experienced the responsibility of leading RRTs, and, secondly, to explore how RRT and ward nurses experienced communication and collaboration in nurse-led RRTs.

Methods

A qualitative study with data collection using individual and group interviews with 8 RRT and 11 ward nurses from gastro-surgical, medical and hematological wards. Data were analyzed using content analysis.

Results

The following themes specific to RRT nurses were identified: 1. Am I sufficiently qualified referring to insecurity about performing in unpredictable situations; 2. feeling professionally challenged in a good way; 3. fear of overstepping professional boundaries; and, finally, 4.the value of debriefing. Ward nurses expressed learning from RRTs as role models and consultants. Common for both RRT and ward nurses was 1. the importance of aligning expectations as RRT nurses sometimes encountered that ward nurses expected them to “take over” while ward nurses on the other hand felt “caught up” and prevented from tending to competing duties, and, 2. communication mismatch due to RRT and ward nurses using different communication and triage tools.

Conclusions

Experiences of the nurse-led RRT included professional growth, increased competency in managing deteriorating patients, reassurance and support for ward nurses. Aligning responsibilities and tasks during RRT triggers and consensus regarding communication and triage tools in RRT triggers is needed. Finally, research into potential ramifications for patient safety and for nurses in situations where professional boundaries are stretched is relevant.

I

C22 Heidi Shil Eddelien (nr. 1 af 2)

Abstract-titel	Sex Differences in Acute Stroke Symptoms - A Systematic Review of Non-randomized Studies
Præsenteres af	Heidi Shil Eddelien
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningsassistent/phd studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Eddelien HS, Kücük YR, Kruuse C
Afdeling	Department of Neurology
Medforfatter(e) og afdeling	Eddelien HS, Kücük YR, Kruuse C Department of Neurology, Copenhagen University Hospital – Herlev and Gentofte, Copenhagen, Denmark & Dept of Clinical Medicine, University of Copenhagen, Denmark
E-mail adresse	heidi.shil.eddelien.01@regionh.dk

Abstract

Introduction

Stroke symptoms may be associated with sex as seen in acute coronary syndromes where female sex is increasingly prone to present with atypical symptoms, stroke chameleons. Misinterpretation of stroke chameleons may cause delayed treatment. We aimed to identify sex-difference in typical and atypical stroke symptoms on admission for acute stroke treatment.

Methods

A systematic review was performed according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Literature search in PubMed and Embase Library, and subsequent selections were made in accordance to our PROSPERO protocol (CRD42021230872). Inclusion criteria were patients ≥ 18 years with a stroke diagnoses verified by a stroke specialist or imaging modalities. Risk of bias was assessed by the application of the Risk of Bias In Non-randomized Studies of Interventions. Heterogeneity of studies did not allow meta-analysis.

Results

In total, 12 studies met the inclusion criteria and reported on 21.098 patients, of whom 10.643 (50.4%) were of female sex. For female sex, facial weakness and for male sex, balance and arm/leg weakness were reported to be significant typical symptoms. Compared to male sex, female sex presented significantly more often with atypical stroke symptoms such as mental status chances, confusion, fatigue, and incontinence. In male sex brain stem syndrome and cranial nerve disorder were more frequent.

Conclusion

Both sexes had typical stroke symptoms on presentation, albeit female sex compared to male sex presented with more atypical symptoms. Attention should be given to possible stroke chameleons in female sex to facilitate recognition and timely treatment of stroke.

C23 Heidi Shil Eddelien (nr. 2 af 2)

Abstract-titel	Patient Reported Factors Associated with Early Arrival for Stroke Treatment
Præsenteres af	Heidi Shil Eddelien
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningsassistent/phd studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Eddelien HS
Afdeling	Department of Neurology, Herlev and Gentofte Hospital
Medforfatter(e) og afdeling	Eddelien HS (1,5), Butt JH (2,5), Amtoft AC (1), Nielsen NSK (1), Jensen E (1), Danielsen I (1), Christensen T (3,5), Danielsen AK (4,5), Hornnes N (1), Kruuse C (1,5). 1: Department of Neurology,Herlev and Gentofte Hospital 2: Department of Cardiology, Rigshospitalet 3: Department of Neurology, Rigshospitalet 4: Department of Gastroenterology, Herlev and Gentofte Hospital 5: Faculty of Health and Medical Sciences, University of Copenhagen
E-mail adresse	heidi.shil.eddelien.01@regionh.dk

Abstract

Introduction

Timely evaluation and initiation of treatment is key for improving stroke outcomes, although minimizing the time from symptom onset to first contact with healthcare professionals remains a challenge. We aimed to identify patient-related factors associated with early hospital arrival.

Methods

In this cross-sectional survey, we included patients with stroke or transient ischemic attack admitted directly to one of two non-comprehensive stroke units or transferred to units from comprehensive stroke centers in the Capital Region of Denmark. Patient-reported factors associated with early hospital arrival were analyzed using multivariable logistic regression analysis adjusted for age, sex, education, living arrangement, brain location of the stroke, stroke severity, patient-perceived symptom severity, history of prior stroke, stroke risk factors, and knowledge of stroke symptoms.

Results

In total, the study included 479 patients (median age 74 years (25th–75th percentile 64–80), 40% women), of whom 46.4% arrived within 180 minutes of symptom onset. Factors associated with early hospital arrival were patients or bystanders choosing emergency medical service (EMS) for the first contact (odds ratio (OR), 3.41; 95% confidence interval (CI), 1.57–7.35) or the patient's perceived symptom severity above the median score of 25 on a 100-point verbal scale (OR, 2.44; 95% CI, 1.57–3.82).

Conclusions

Delays occurred mainly due to patient factors associated with selecting EMS as the source of medical assistance and perceiving symptoms as severe. Thus, identifying the specific behavioral motivators and barriers related to contacting EMS and understanding stroke symptom severity, which are key to early treatment, is critical.

C24 Jaslin Pallikkunnath James

Abstract-titel	Comprehensive gene expression profiles in FFPE tissues from unclassified IBD patients for improved diagnosis
Præsenteres af	Jaslin Pallikkunnath James
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	Forsker
Ph.d. forsvaret (årstal)	NAP
Forfatter(e)	Jaslin P James(1),
Afdeling	Patologiafdeling
Medforfatter(e) og afdeling	Ib Jarle Christensen(1), Tim Svenstrup Poulsen(1), Boye S Nielsen(2), Lene Buhl Riis(1) and Estrid Høgdall(1) (1) Department of Pathology, Herlev University Hospital, 2730, Herlev, Denmark (2) Bioneer A/S, Hørsholm, Kogle Allé 2, 2970 Hørsholm, Denmark
E-mail adresse	jaslin.pallikkunnath.james@regionh.dk

Abstract

Introduction: Differential diagnosis of Crohn's Disease (CD) and Ulcerative Colitis (UC) among Inflammatory Bowel Disease Unclassified (IBDU) patients from start of diagnosis is essential for choosing the optimal treatment. IBDU is a chronic inflammatory disease of the gastrointestinal tract and the rarest of the inflammatory bowel disease (IBD) subgroups.

Methods: Formalin-fixed, paraffin-embedded (FFPE) mucosal biopsies (CD, n= 16; UC, n= 17; Normal (N), n=10) were obtained from patients treated at Herlev hospital, Denmark. Samples were randomly selected and thus the patients had diverse disease characteristics such as year of diagnosis with IBD, grade of inflammation, treatment and disease location. Total RNA was used to analyze gene expression using the Ion AmpliSeq human transcriptome gene panel. Primary data analysis was performed using the AmpliSeqRNA plug-in in the torrent suite software. Differential gene expression analysis was done using LIMMA and EDGER packages from R.

Results: For all samples, an avarage of 14 million mapped reads were generated with mean mapping rate of 98.9% aligned to hg19 human transcriptome reference sequence. Among more than 20,000 genes in the panel, our analysis revealed 3, 220 and 567 genes differentially expressed in CD vs. UC, CD vs. N and UC vs. N respectively, with a cutoff of adjusted P values less than 0.01.

Conclusion: Our study gives insights into using the differential gene expression profiles obtained from archived FFPE tissues for discrimination of the two closely related disease entities, here CD and UC.

C25 Jesper Jensen (nr. 2 af 3)

Abstract-titel	Effects of empagliflozin on estimated extracellular volume, estimated plasma volume, and measured glomerular filtration rate in patients with heart failure (Empire HF Renal): a prespecified substudy of a double-blind, randomised, placebo-controlled trial
Præsenteres af	Jesper Jensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Post Doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Jesper Jensen(1)
Afdeling	(1)Kardiologisk afdeling, Herlev-Gentofte Hospital
Medforfatter(e) og afdeling	Massar Omar(2), Caroline Kistorp(3), Christian Tuxen(4), Ida Gustafsson(4), Lars Køber(5), Finn Gustafsson(5), Jens Faber(6), Mariam Elmegaard Malik(1), Emil Loldrup Fosbøl(5), Niels Eske Bruun(7), Julie Lyng Forman(8), Lars Thorbjørn Jensen(9), Jacob Eifer Møller(2), Morten Schou(1). (2) Kardiologisk afdeling, OUH; (3) Endokrinologisk afdeling, RH; (4) Kardiologisk afdeling, BFH; (5) Kardiologisk afdeling, RH; (6) Medicinsk afdeling, HGH; (7) Kardiologisk afdeling, Roskilde; (8) Biostatistisk afdeling, KU; (9) Klinisk fysiologisk afdeling, HGH
E-mail adresse	jesper.jensen.06@regionh.dk

Abstract

Introduction:

Sodium-glucose co-transporter-2 (SGLT2) inhibitors are a promising treatment option in patients with heart failure. We investigated the effects of empagliflozin on fluid volumes and renal function in patients with heart failure and reduced ejection fraction.

Methods:

Prespecified substudy of an investigator-initiated, double-blind, randomised, placebo-controlled trial. The study was done at Herlev-Gentofte University Hospital, with patients recruited from four heart failure outpatient clinics. Patients with New York Heart Association class I–III symptoms, with a left ventricular ejection fraction of 40% or lower, and on guideline-directed heart failure therapy were randomly assigned to empagliflozin 10 mg or matched placebo once daily for 12 weeks. The coprimary outcomes were the between-group difference in the changes in estimated extracellular volume, estimated plasma volume, and measured glomerular filtration rate (GFR).

Results:

We assessed 391 patients for eligibility, of whom 120 (31%) were randomly assigned to empagliflozin or placebo. In intention-to-treat analyses, empagliflozin treatment resulted in reductions in estimated extracellular volume (adjusted mean difference –0·12 L, 95% CI –0·18 to –0·05; p=0·00056), estimated plasma volume (–7·3%, –10·3 to –4·3; p<0·0001), and measured GFR (–7·5 mL/min, –11·2 to –3·8; p=0·00010) compared with placebo. Five (8%) of 60 patients in the empagliflozin group and three (5%) of 60 patients in the placebo group had one or more serious adverse events.

Conclusion:

In patients with heart failure and reduced ejection fraction, empagliflozin reduced fluid volumes and measured GFR. Fluid volume changes might be an important mechanism underlying the beneficial clinical effects of SGLT2 inhibitors.

C26 Jesper Jensen (nr. 3 af 3)

Abstract-titel	Metabolic effects of empagliflozin in heart failure: A randomized, double-blind, and placebo-controlled trial (Empire HF Metabolic)
Præsenteres af	Jesper Jensen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Post Doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Jesper Jensen(1)
Afdeling	(1)Kardiologisk afdeling, Herlev-Gentofte Hospital
Medforfatter(e) og afdeling	Massar Omar(2), Caroline Kistorp(3), Christian Tuxen(4), Ida Gustafsson(4), Lars Køber(5), Finn Gustafsson(5), Jens Faber(6), Julie Lyng Forman(7), Jacob Eifer Møller(2), Morten Schou(1). (2) Kardiologisk afdeling, OUH; (3) Endokrinologisk afdeling, RH; (4) Kardiologisk afdeling, BFH; (5) Kardiologisk afdeling, RH; (6) Medicinsk afdeling, HGH; (7) Biostatistisk afdeling, KU
E-mail adresse	jesper.jensen.06@regionh.dk

Abstract

Background:

Insulin resistance is a part of the heart failure syndrome. Whether sodium-glucose co-transporter-2 (SGLT2) inhibitors improve insulin resistance in patients with heart failure and reduced ejection fraction (HFrEF) is unknown. We investigated the effect of empagliflozin on measures of insulin resistance in patients with HFrEF.

Methods:

In this prespecified sub-study of the Empire HF trial, an investigator-initiated, double-blind, placebo-controlled, and randomized trial, patients with New York Heart Association class I-III symptoms, with a left ventricular ejection fraction of 40% or lower, and on guideline-directed heart failure therapy, were randomly assigned to oral empagliflozin 10 mg or matching placebo once daily for 12 weeks. Endpoints were the between-group difference in the change of the Homeostatic Model Assessment (HOMA) insulin sensitivity and the Matsuda insulin sensitivity Index based on oral glucose tolerance testing (OGTT).

Results:

In total, 120 patients were assigned to treatment, including 105 patients (88%) without diabetes. Empagliflozin significantly improved the hepatic and the peripheral insulin sensitivity [HOMA insulin sensitivity: Adjusted mean ratio of change, empagliflozin versus placebo, 1.13; 95% confidence interval (CI) 1.04 to 1.21, P=0.004. Matsuda insulin sensitivity Index: 1.20; 1.11 to 1.27, P<0.0001]. In subgroup analyses, no significant interactions were observed between diabetes status and the effect of empagliflozin [HOMA insulin sensitivity, adjusted interaction P=0.9; Matsuda insulin sensitivity Index, adjusted interaction P=0.6].

Conclusion:

In patients with HFrEF, predominantly without diabetes, 12 weeks treatment with empagliflozin improved the hepatic and peripheral insulin resistance, which may have implications for the long-term treatment and prevention of type 2 diabetes.

C27 Joachim Hartmann

Abstract-titel	Gestational Age and Neonatal Electrocardiograms
Præsenteres af	Joachim Hartmann
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningårsstuderende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Joachim Hartman, BSc.med
Afdeling	Afdeling for Hjertesygdomme, Herlev og Gentofte Hospital
Medforfatter(e) og afdeling	Joachim Hartmann, BSc.med; Maria Munk Pærregaard, MD; Jakob Norsk, MD; Adrian Pietersen, MD, DMSc; Kasper Karmark Iversen, MD, DMSc; Henning Bundgaard, MD, DMSc; Alex Hørby Christensen, MD, PhD.
E-mail adresse	joachim.emil.roennov.hartmann@regionh.dk

Abstract:

Objective

The interpretation of the neonatal electrocardiogram (ECG) is challenging, as it reflects the underlying developing physiology. The possible effects of gestational age (GA) on the ECG has never been evaluated in a large general population study. We aimed to investigate this topic and to create reference values.

Methods

The Copenhagen Baby Heart Study is a prospective, general population study that offered cardiac evaluation of neonates. ECGs and echocardiographies were obtained and systematically analyzed. GA, weight, height, and other baseline variables were registered.

Results

We included 16,462 neonates (52% boys) with normal echocardiographies. Median postnatal age was 11 days (range 0–30) and median GA was 281 days (range 238–301). Analyzing the ECG parameters as a function of GA we found an effect of GA on almost all investigated ECG parameters. The largest percentual effect of GA was on heart rate (HR) (147 bpm vs. 139 bpm for GA ≤35 vs. ≥42 weeks), QRS-axis (103° vs. 116°), and R-wave in V1(R-V1) (0.97 mV vs. 1.19 mV). Boys had longer PR- and QRS-intervals and a more right-shifted QRS-axis within multiple GA-intervals (all $p<0.01$). The effect of GA generally persisted after multifactorial adjustment for HR, weight, postnatal age, and sex.

Conclusion

Gestational age was associated with significant differences in multiple neonatal ECG parameters. The effects generally persisted after multifactorial adjustment, indicating a direct effect of GA on the developing neonatal cardiac conduction system. For HR, QRS-axis and R-V1 the use of GA-specific reference values may optimize clinical handling of neonates.

C28 Joakim Nils Erik Krogh Ölmestig

Abstract-titel	The Effect of Glucagon-Like Peptide 1 (GLP-1) Receptor Agonist on Cerebral Blood Flow Velocity in Non-Stroke Volunteers
Præsenteres af	Joakim Ölmestig
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge, Ph.d.-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Joakim Ölmestig
Afdeling	Afdeling for Hjerne- og Nervesygdomme, Herlev Gentofte Hospital
Medforfatter(e) og afdeling	Ida R. Marlet 1, Tina Vilsbøll 2, Jørgen Rungby 3, Egill Rostrup 4, Kate L. Lambertsen 5,6, Christina Kruuse 1 1 Afdeling for Hjerne- og Nervesygdomme, Herlev Gentofte Hospital 2 Steno Diabetes Center Copenhagen, Herlev Gentofte Hospital 3 Endokrinologisk afdeling, Bispebjerg Hospital 4 Center for Neuropsychiatric Schizophrenia Research, Psykiatrisk Center Glostrup 5 Department of Neurobiology Research, Syddansk Universitet 6 Neurologisk afdeling, Odense Universitets Hospital
E-mail adresse	joakim.nils.erik.krogh.oelmestig@regionh.dk

Abstract

Introduction

Glucagon-like peptide 1 (GLP-1) receptor agonists (GLP-1RA) are widely used for the treatment of type 2 diabetes, and recent studies indicate that they may be cardio- and neuroprotectants. The safety and effect of a single dose of exenatide, a short-acting GLP-1RA, on cerebral and peripheral arterial function remains unknown.

Methods

In this randomized, double-blinded pilot trial, we assigned non-stroke, non-diabetic elderly volunteers to receive a single dose of subcutaneous exenatide (5 µg) or placebo. Primary outcome was immediate changes over time in blood flow velocity of the middle cerebral arteries (VMCA) assessed by repeated transcranial Doppler measurements. Secondary outcomes were changes in peripheral arterial function measured by EndoPAT2000, ankle-brachial index (ABI), and inflammatory- and endothelial-specific biomarkers.

Results

We included 30 healthy volunteers (13 women) mean±SD, age 62.3±7.7 years; body weight 79.6±12.7 kg; VMCA 65.3±10.7 cm/s; fasting plasma glucose 5.5±0.5 mmol/l; HbA1c 33.9±4.1 mmol/mol. No change in VMCA were observed with exenatide or placebo (p=0.058). Exenatide did not change ABI (p=0.71), peripheral arterial function (p=0.45), or inflammatory- and endothelial biomarkers. Exenatide increased plasma insulin up to 45 minutes post-medication (p=0.0003) followed by reduced plasma glucose by 0.61±0.23 mmol/l (p=0.0001) starting from 45 minutes post-medication. No severe adverse events were observed.

Conclusion

A single dose of exenatide did not change cerebral blood flow velocity in elderly volunteers and had no immediate effect on peripheral vessel function. Possible benefits remain to be explored in patients with cerebrovascular disease. A reduction in plasma glucose confirmed exenatide glucose lowering effect in non-diabetics.

C29 Julie Isabelle Plougmann Gislinge

Abstract-titel	Tuboovarian abscesses and the effect of transvaginal ultrasound guided drainage – a retrospective cohort study
Præsenteres af	Julie Isabelle Plougmann Gislinge, MD
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Reservelæge
Ph.d. forsvaret (årstal)	
Forfatter(e)	Julie Isabelle Plougmann Gislinge, MD
Afdeling	Afdelingen for Kvindesygdomme, Graviditet og Fødsler
Medforfatter(e) og afdeling	Therese Faurschou Nielsen, MD Helle Vibeke Clausen, MD, PhD
E-mail adresse	julie.isabelle.plougmann@regionh.dk

Abstract

Objective: Our aim was to evaluate the effect of TVULD with antibiotic treatment on both short and long-term outcomes for patients admitted with a tuboovarian abscess (TOA).

Study design: This was a retrospective cohort study. All women admitted with a TOA to our Department were included from March 2017- May 2020. They were evaluated with a gynecological examination, TVUL and WBC and CRP. All received intravenous antibiotics and were evaluated for possible TVULD. All received orally administered antibiotics upon discharge, and follow-up was with a 1-3-month interval until patients were without symptoms or underwent laparoscopic surgery.

Results: Forty patients were included, 30 (75%) premenopausal. Mean size of TOA were 6.3 cm (SD 2.3), and 35 (87.5%) patients received both antibiotics and drainage. Comparing the surgery vs. non-surgery group, we found that temperature at admission, size of TOA, aspirated material in ml and need of more than one drainage predicted undergoing laparoscopy following discharge. However, when performing multivariate analysis comparing the two groups, we did not find any statistical significant difference (p=0.093). Finally, we found that more than one drainage increased the risk of undergoing laparoscopy (OR 8, CI 1,43-44,92).

Conclusion: TVULD combined with antibiotics are a safe and effective treatment for TOAs. We found a trend supporting that patients needing laparoscopy following initial TVULD present with a more severe clinical picture, and that patients with more than one drainage, is in increased risk of requiring secondary laparoscopy. These findings need to be confirmed in larger prospective studies.

C30 Julie Nyholm Kyvsgaard

Abstract-titel	Temporal patterns of predictors of asthma-like symptoms during early childhood
Præsenteres af	Julie Nyholm Kyvsgaard
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge og ph.d. studerende
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Julie N. Kyvsgaard, MD1,2
Afdeling	1. COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Department
Medforfatter(e) og afdeling	Bo L. Chawes, MD, DMSc, PhD1; Klaus Bønnelykke, MD, PhD1; Jakob Stokholm, MD, PhD1,2,3; Hans Bisgaard, MD, DMSc1 1. COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Department of Pediatrics, Herlev and Gentofte Hospital, University of Copenhagen, Copenhagen, Denmark 2. Department of Pediatrics, Slagelse Hospital, Slagelse, Denmark 3. Section of Microbiology and Fermentation, Department of Food Science, University of Copenhagen
E-mail adresse	julie.kyvsgaar@dbac.dk

Abstract

Introduction

Asthma-like symptoms in young children are common. Recurrent episodes of asthma-like symptoms often precede asthma in childhood. Little is known about predictors of the symptom burden of asthma-like episodes in early childhood. We investigated possible predictors of the burden of episodes with asthma-like symptoms during the first three years of life and explored interaction with age of the child.

Methods

The COpenhagen Prospective Studies in Childhood2010 mother-child cohort includes 700 children followed prospectively from pregnancy. Asthma-like symptoms (cough, shortness of breath, and/or wheeze) were recorded in a daily diary by the parent(s) in the first three years of life. A wide range of possible predictors of episodes with asthma-like symptoms were assessed.

Results

The children had a median (interquartile range) of 5 (2-10) episodes with asthma-like symptoms during the first 3 years of life. The multivariable analysis showed that maternal asthma, low birth weight, male gender, maternal antibiotic use during child's 1st year of life, genetic risk score for severe asthma, and the infant's airway immune mediator score were significantly predicted a higher number of episodes with asthma-like symptoms with a 18% increase in number of episodes per extra predictor (Incidence rate ratio 1.18, 95% CI 1.11-1.25; p<0.001). Of predictors identified birth weight, maternal asthma, preterm birth, cesarean delivery, and sibling(s) at birth significant interacted with age.

Conclusion

Using unique day-to-day diary recordings of asthma-like symptoms, we identified several predictors of such episodes in early childhood, which in the future may be used in the clinic for personalized prognostics.

D31 Karen Ruben Husby

Abstract-titel	Endometrie cancer efter Manchester operation: Et nationalt kohorte studie
Præsenteres af	Karen Ruben Husby
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.d.-studerende
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Karen Ruben Husby, Kim Oren Gradel, Niels Klarskov
Afdeling	Afdeling for Kvindesygdomme, Graviditet og Fødsler
Medforfatter(e) og afdeling	Kim Oren Gradel, Center for Clinical Epidemiology, Odense University Hospital, Odense, Denmark Research Unit of Clinical Epidemiology, Department of Clinical Research, University of Southern Denmark, Odense, Denmark
E-mail adresse	karen.ruben.husby.02@regionh.dk

Abstract

Introduktion:

Livsidsrisikoen for operation for genitalprolaps er 18,7%. Der er ikke enighed om hvilken operationstype der er bedst. Ved Manchester operationen fjernes et stykke af livmoderhalsen mens resten af livmoderen bevares. Manchester operationen giver færre recidiver end øvrige operationsteknikker, er lille, billig og giver få komplikationer. Operationen kan imidlertid give stenose af livmoderhalsen, hvilket har rejst bekymring for hvorvidt diagnostik af en eventuel endometriecancer kan blive forsinket med forværring af prognosen til følge.

Formålet med studiet var at undersøge risikoen for og prognosen ved endometriecancer hos kvinder opereret med Manchester operation. Vi sammenlignede med en kontrolgruppe af kvinder opereret for prolaps i forvæggen af vagina.

Metode:

Vi dannede en kohorte af kvinder født 1947-2000 baseret på danske registre. Vi inkluderede kvinder opereret med Manchester operation og forvægsplastik 1977-2018 til hhv. eksponeret gruppe og kontrolgruppe.

Vi undersøgte risikoen for endometriecancer og cancer-specifik død ved cox proportional hazard regressions (HR). Analyserne blev justeret for alder, kalenderår, indkomst og paritet.

Forskel i stadiet ved diagnosetidspunktet undersøgte vi ved en chi-square test for trend.

Resultater:

Studiekohorten inkluderede 23.9935 kvinder opereret med Manchester operation og 51.008 opereret med forvægsplastik.

Hazard ratio (HR) for endometriecancer efter Manchester operation var 0,98 (95% CI 0,85-1,14) i forhold til forvægsplatik.

Stadiet for endometrie cancer på diagnosetidspunkt var ikke signifikant forskelligt i de to grupper (p=0,14).

HR for cancer-specifik død efter Manchester operation var 0,82 (95% CI 0,61 – 1,11).

Konklusion:

Manchester operationen ændrede ikke risikoen for endometriecancer, cancer-stadiet ved diagnosetidspunktet eller risikoen for cancer-specifik død.

D32 Klara K. Ternov (nr. 2 af 3)

Abstract-titel	Serum testosterone as a predictive biomarker for PSA response: results from a randomised clinical trial comparing enzalutamide with abiraterone acetate plus prednisone
Præsenteres af	Klara Kvorning Ternov
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	MD, PhD
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Klara K. Ternov*,1,4 Jens Sønksen,1,4 Mikkel Fode,1,4,5 Henriette Lindberg,2
Afdeling	1Department of Urology, Herlev and Gentofte University Hospital, Herlev, Denmark
Medforfatter(e) og afdeling	Klara K. Ternov*,1,4 Jens Sønksen,1,4 Mikkel Fode,1,4,5 Henriette Lindberg,2 Rasmus Bisbjerg,1 Ganesh Palapattu,3,6 Peter B. Østergren1,4,5 1Department of Urology, Herlev and Gentofte University Hospital, Herlev, Denmark 2Department of Oncology, Herlev and Gentofte University Hospital, Herlev, Denmark 3Department of Urology, Michigan Medicine, Ann Arbor, USA. 4Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
E-mail adresse	klara.kvorning.ternov@regionh.dk

Abstract

Introduction

The objective was to investigate the prostate-specific antigen (PSA) treatment response based on baseline testosterone levels in men treated first-line with enzalutamide (ENZ) or abiraterone acetate plus prednisone (AAP) for mCRPC.

Methods

We randomised (1:1) men to ENZ (160mg/day) or AAP (1000mg abiraterone acetate and 10mg prednisone/day) groups, in this investigator-initiated phase IV trial. Eligible patients had progressive metastatic prostate cancer despite castrate levels of testosterone (<1.7nmol/L). In this exploratory analysis, patients were grouped according to baseline testosterone levels above the mean or less than or equal to the mean. PSA progression-free survival (PFS) was analysed with Kaplan-Meier and with univariate and multivariable (including treatment, testosterone and PSA) cox regression. PSA response rates (≥50% reduction in PSA) were compared with Chi-Square test. Serum testosterone was measured by the gold standard assay liquid chromatography–tandem mass spectrometry.

Results

166 patients (82 treated with ENZ and 84 with AAP) were included in the analyses. The mean baseline testosterone was 0.35nmol/L. Men with baseline testosterone above the mean value had longer PSA PFS. No interaction was found between treatment subgroups in PSA PFS (P=0.635). The PSA response rate was greater in those with higher testosterone compared with those with lower testosterone overall (91% vs 74%, P=0.007). This difference was only statistically significant in the AAP treatment subgroup (table 1).

Conclusion

Baseline serum testosterone seems to be predictive of PSA response in men with mCRPC treated with ENZ or AAP and may be useful for risk stratification of men with mCRPC.

D33 Klara K. Ternov (nr. 3. af 3)

Abstract-titel	Androgen changes after enzalutamide or abiraterone plus prednisone in men with castration-resistant prostate cancer (HEAT): results from a randomised clinical trial
Præsenteres af	Klara Kvorning Ternov
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	MD, PhD
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Klara K. Ternov*,1,6 Jens Sønksen,1,6 Mikkel Fode,1,6,7 Henriette Lindberg,2
Afdeling	Urologisk afdeling
Medforfatter(e) og afdeling	Klara K. Ternov*,1,6 Jens Sønksen,1,6 Mikkel Fode,1,6,7 Henriette Lindberg,2 Caroline M. Kistorp,3,6 Rasmus Bisbjerg,1 Jens Faber,4,6 Ganesh Palapattu,5 Peter B. Østergren1,6,7 1Department of Urology, Herlev and Gentofte University Hospital, Herlev, Denmark 2Department of Oncology, Herlev and Gentofte University Hospital, Herlev, Denmark 3Department of Endocrinology, Copenhagen University Hospital, Rigshospitalet, Denmark.
E-mail adresse	klara.kvorning.ternov@regionh.dk

Abstract

Introduction
Enzalutamide (ENZ) and abiraterone acetate plus prednisone (AAP) are both androgen receptor targeting treatments for metastatic castration-resistant prostate cancer (mCRPC). AAP inhibits the androgen production, whereas ENZ blocks the androgen receptor signalling. Herein, we evaluate and compare treatment changes in serum androgens for ENZ and AAP.

Methods
First-line ENZ (160mg/day) and AAP (1000mg abiraterone acetate and 10mg prednisone/day) for mCRPC were compared in this randomised (1:1) phase IV trial. Eligible patients had progressive metastatic prostate cancer on androgen deprivation therapy (testosterone <1.7nmol/L). Fasting serum androgens, including testosterone and precursors to testosterone (androstenedione, dehydroepiandrosterone sulphate [DHEAS] and 17-Hydroxyprogesterone [17-OHP]), were measured by the gold standard assay liquid chromatography – tandem mass spectrometry before 11 am at baseline and at 12-week post-intervention. The treatment difference in changed androgens was compared with mixed models analysis, and the within-subject change for each treatment group was analysed with paired samples t-test.

Results
From June 2017 to September 2019, 170 participants were randomized to receive ENZ (n=84 analysed) or AAP (n=85 analysed). A larger decline in testosterone, androstenedione and DHEAS was found for AAP than ENZ. In the ENZ group, testosterone and DHEAS increased from baseline to week 12, whereas decreased in the AAP group. No treatment difference was found for 17-OHP (table 1).

Conclusion
In men on androgen deprivation therapy, with remaining androgens mainly derived from the adrenal production, ENZ and AAP both inhibit the androgen stimulation of prostate cancer, but by different mechanism of action resulting in different androgen profiles.

D34 Kristine Lindhard

Abstract-titel	Far Infrared Radiation on the Arteriovenous Fistula induces changes in VCAM and ICAM in Patients on Hemodialysis
Præsenteres af	Kristine Lindhard
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Afdelingslæge
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Kristine Lindhard
Afdeling	Afdeling for nyresygdomme
Medforfatter(e) og afdeling	Boye L. Jensen, Afdeling for kardiovaskulær og nyre sygdom, OUH Christine Meyer Olesen, Henrik Post Hansen, Ditte Hansen, Afdeling for nyresygdomme, Herlev Hospital Marianne Rix, nefrologisk klinik, Rigshospitalet Brian Lindegaard-Pedersen, karkirurgisk klinik, Rigshospitalet Marjo Waarenburg og Casper schalwijk, Cardiovascular disease, Maastricht, Holland James Heaf, nefrologisk afdeling, Roskilde sygehus
E-mail adresse	kristine.lindhard.rasmussen@regionh.dk

Abstract

Introduction

There is a substantial risk of stenosis in the arteriovenous fistula (AVF) in hemodialysis patients. Far infrared radiation (FIR) is a non-invasive intervention with a potentially beneficial effect on AVF patency, although the mechanism is not fully understood. The aim of this study was to investigate the effect of a single FIR-treatment on inflammatory and vasodilating factors.

Methods

Forty hemodialysis patients with an AVF were included in the study. Each patient was randomized to receive either FIR (FIR group) or no FIR (control group). Blood samples were drawn from the AVF arm and the non-AVF arm before (T0) and after (T40) treatment in both groups. The changes (median □interquatile range□) in several inflammatory and vasodilating factors during FIR were explored.

Results:

Nineteen patients in the FIR and 21 patients in the control group were included. After one FIR-treatment, both Vascular Cell adhesion molecule (VCAM) and Intercellular adhesion molecule (ICAM) changed, although the change was significantly lower in the AVF arm compared to the control group. VCAM: -31.55 (-54.33;22.1) vs. -89.87 (-121.55;-29.31), p:0.005 and ICAM: -24.19 (-43.53;25.26) vs. -49 (-79.91;-11.58), p:0.02. Other factors, such as interleukines, nitric oxide and tumor-necrosis-factor 1 also declined, but with no significant differences related to FIR.

Conclusion

A single FIR-treatment attenuated the decrease in VCAM and ICAM in the AVF arm compared to a control group. These findings do not support the hypothesis of FIRs beneficial effects on the endothelium, although the long-term effects of FIR on these factors and their beneficial effects are unknown.

D35 Laura Marie Hesselberg

Abstract-titel	Handgrip Strengths Association with Measures of Lung Function, Allergic Sensitization and Airway Dysfunction and its Role Concerning Asthma. A COPSAC2000 Cohort Study.
Præsenteres af	Laura Marie Hesselberg
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge, Phd - studerende.
Ph.d. forsvaret (årstal)	
Forfatter(e)	Laura Marie Hesselberg, læge.
Afdeling	COSAC / Dansk børneastma center
Medforfatter(e) og afdeling	Julie Nyholm Kyvsgaard, MD Jakob Stokholm, Associate Professor, MD, PhD Klaus Bønnelykke, Professor of Pediatrics, Senior Hospital Physician, MD, PhD Hans Bisgaard, Professor of Paediatrics, DMSc, MD Bo Chawes, Associate Professor, MD, PhD, DMSc
E-mail adresse	laura.marie.hesselberg.01@regionh.dk

Abstract

Introduction: An association between handgrip strength (HGS) and pulmonary function has been shown in previous studies, but the nature of this concerning asthma remains unclear. In this study, we aimed to investigate the relationship between HGS, pulmonary health, allergy endpoints, and HGS's potential role in optimizing diagnosing asthma.

Methods: A cross-sectional study including 330 participants (mean age: 17.7 years, males: 48.7%) from the COPSAC2000 cohort. Possible associations between HGS and parameters of allergic sensitization, pulmonary function, airway resistance, reactivity, and inflammation were assessed. The influence of asthma on associations between HGS, forced expiratory volume at 1 second (FEV1) and forced vital capacity (FVC) was assessed. Examinations of whether HGS improves FEV1-estimation, and if adjustment for HGS improves the classification of asthma status based on FEV1 were done.

Results: In adjusted analyses HGS significantly positively associates with FEV1 β-coefficient (CI95%): (males: 0.01L (0.003:0.022), P= 0.009), (females: 0.01L (0.001:0.025), P=0.039) and FVC: (males: 0.01L, (0.002:0.023), P=0.023), (females: 0.02L (0.002:0.029), P=0.024).There is no significant interaction between HGS and asthma in estimation of FEV1 (males: P=0.088), (females: P=0.823) and FVC (males: P=0.134), (females: P=0.957). HGS improves the adjusted coefficient of determination(R2) for FEV1-estimation (males: P=0.009, females: P<0.001). HGS does not improve classification of asthma status (males: P=0.703) (females: P=0.846).

Conclusion: HGS is associated with FEV1 and FVC, but not with other pulmonary health or allergy endpoints, suggesting that the association is not driven by asthma. HGS improves the accuracy of FEV1 estimation but does not improve the classification of asthma based on FEV1.

D36 Line Hytteballe Engell

Abstract-titel	Kollagen og valleproteins effekter på fedtfri masse, muskelstyrke og sårheling hos ældre patienter som får foretaget en elektiv knæ- eller hofteoperation
Præsenteres af	Line Hytteballe Engell
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist, MSc
Ph.d. forsvaret (årstal)	%
Forfatter(e)	Line Hytteballe Engell
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning
Medforfatter(e) og afdeling	Line Hytteballe Engell1, Sandra Stenholt1, Anne Marie Beck2,3, Tina Munk3, Jens Rikardt Andersen1 1 Institut for Idræt og Ernæring, Københavns Universitet 2 Københavns Professionshøjskole 3 Enheden for Diætetik og Klinisk Ernæringsforskning hos Herlev og Gentofte Hospital
E-mail adresse	line.hytteballe.engell@regionh.dk

Abstract

Introduktion

Osteoartrosepatienter plages ofte af stærke smerter, hvilket reducerer deres mobilitet og øger risikoen for tab af muskelmasse. Et sufficient proteinindtag vil bidrage til at stimulere muskelproteinsyntesen og forebygge tab af FFM. Det ønskes undersøgt om tilskud af valleprotein eller kollagen kan bidrage til at bevare FFM ifm. en hofte- eller knæalloplastik. Sammenlignet med valleprotein har kollagen en lavere proteinkvalitet. Tidligere studier har dog givet anledning til spørgsmål om kollagens teoretisk lavere kvalitet har betydning i praksis. Formålet med studiet var at sammenligne den kliniske effekt af to daglige proteindrikke beriget med valleprotein eller kollagen på FFM, muskelstyrke, funktionsevne, sårheling og livskvalitet hos patienter ≥65 år, som undergik en knæ- eller hoftealloplastik.

Metode

Enkeltblindet RCT studie. Deltagerne blev rekrutteret til to interventionsgrupper, hvoraf de skulle fordele 30 g kollagen eller valleprotein i en kold drik, fordelt over en periode på 30 dage. Proteintilskuddet blev opstartet en uge før operation. Fire ugentlige BIA-målinger blev foretaget af deltagernes totale FFM, samt FFM i deres raske og opererede ben. Sekundært blev håndgrebsstyrke, ekstensionsstyrke, gangfunktion, evne til at rejse og sætte sig, livskvalitet, compliance, sårheling, rødme og infektionstegn, samt vurdering af tilskuddenes velsmag og konsistens monitoreret.

Resultater

9 deltagere gennemførte studiet. I kollagengruppens opererede ben blev fundet en signifikant stigning i FFM fra baseline til udgangen af forsøget (p=0,04). Hverken for de primære eller sekundære endepunkter blev der påvist en signifikant forskel mellem grupperne.

Konklusion

Der bør udføres flere studier med større teststyrke og længere interventionsperiode mhp. at undersøge interventionens effekt yderligere.

D37 Louise Kirstine Aarestrup Eriksen

Abstract-titel	Objective confirmation of asthma diagnosis, treatment adherence and patient outcomes in children and adolescents
Præsenteres af	Louise Kirstine Aarestrup Eriksen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	KBU-læge
Ph.d. forsvaret (årstal)	
Forfatter(e)	Aarestrup LK, MD
Afdeling	Afdeling for Børn og Unge, Herlev Gentofte Hospital
Medforfatter(e) og afdeling	Hermansen MN, MD, PhD Prahl J, MD, PhD Hansen KS, MD, PhD Chawes BL, MD, PhD, DMSc Afdeling for Børn og Unge, Herlev Gentofte Hospital
E-mail adresse	Louise_aarestrup@live.dk

Abstract (248 words)

Background: International guidelines recommend that asthma should be confirmed objectively. In adults, objective confirmation has been shown to improve treatment adherence, but this is less studied in children and adolescents.

Objective: To investigate the diagnostic work-up in children with asthma hypothesizing that objective confirmation of the diagnosis is associated with improved treatment adherence and patient outcomes.

Methods: We reviewed the medical records of children aged 5-18 years, who in 2018 were diagnosed with asthma at the Department of Pediatrics, Herlev-Gentofte Hospital, Denmark. Objective confirmation of the diagnosis was based either on 1) lung function (spirometry, plethysmography), 2) bronchodilator response, 3) bronchial hyperresponsiveness, or 4) elevated FeNO, and was associated with treatment adherence (proportion of days covered, PDC), lung function development and exacerbations during a two-year follow-up period.

Results: A total of 88 children (57% males), median (IQR) age 9 (7–12) years were included. Asthma was objectively confirmed in 67 (76%). Children with objective confirmation of the diagnosis were more likely to redeem short-acting b2-agonist prescriptions: at least once, aOR=1.3 (95% CI, 1.1–13.1), p=0.036, and were more adherent to inhaled corticosteroid treatment: PDC>80%, aOR=10.4 (1.8–201.1), p=0.033. Further, objective confirmation was associated with improved lung function and reduced bronchodilator response, but not with exacerbations, during the two-year follow-up period.

Conclusion: Objective confirmation of the asthma diagnosis in children and adolescents is associated with an increased treatment adherence and improved lung function, which underscores the importance of conducting objective tests in the diagnostic work-up in pediatric asthma management.

D38 Maria Booth Nielsen

Abstract-titel	Low plasma adiponectin in risk of type 2 diabetes: observational analysis and one- and two-sample Mendelian randomization analyses in 756,219 individuals
Præsenteres af	Maria Booth Nielsen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge og PhD-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Maria Booth Nielsen
Afdeling	Klinisk Biokemisk Afdeling
Medforfatter(e) og afdeling	Yunus Çolak, MD, PhD; Klinisk Biokemisk Afdelingen Herlev og Gentofte Hospital Marianne Benn, MD, PhD, DMSc; Klinisk Biokemisk Afdelingen Rigshospitalet Børge G. Nordestgaard, MD, DMSc; Klinisk Biokemisk Afdeling Herlev og Gentofte Hospital
E-mail adresse	maria.booth.nielsen@regionh.dk

Abstract

Introduction: Adiponectin is a protein-hormone produced and secreted predominately by adipocytes with potential insulin-sensitizing, anti-inflammatory, and atherogenic properties suggested in experimental animal models. Observational studies have shown an inverse association between plasma adiponectin and risk of type 2 diabetes but investigations regarding a causal relationship have been unclear.
We tested the hypothesis that low plasma adiponectin is observationally and genetic, causally associated with increased risk of type 2 diabetes.

Methods: We examined 30,045 Copenhagen individuals observationally (1,751 type 2 diabetes; plasma adiponectin), 96,903 Copenhagen individuals using one-sample Mendelian randomization (5,012 type 2 diabetes; five genetic variants), and 659,316 Europeans (ADIPOGen, GERA, DIAGRAM, UK Biobank) using two-sample Mendelian randomization (62,892 type 2 diabetes; ten genetic variants).

Results: Observationally, and compared to individuals with median plasma adiponectin of 28.9µg/mL(4th quartile), multivariable adjusted hazard ratios for type 2 diabetes were 1.42(95% CI:1.18-1.72) for 19.2µg/mL(3rd quartile), 2.21(1.84-2.66) for 13.9µg/mL(2nd quartile), and 4.05(3.38-4.86) for 9.2µg/mL(1st quartile). Corresponding cumulative incidences for type 2 diabetes at age 70 were 3%, 7%, 11%, and 20%, respectively. A 1µg/mL lower plasma adiponectin conferred a hazard ratio for type 2 diabetes of 1.07(1.06-1.09), while genetic, causal risk ratios per 1 unit log-transformed lower plasma adiponectin were 1.13(0.83-1.53) in one-sample Mendelian randomization and 1.26(1.01-1.57) in two-sample Mendelian randomization.

Conclusion: In conclusion, low plasma adiponectin is associated with increased risk of type 2 diabetes, an association that could represent a causal relationship.

D39 Maria Munk Pærregaard

Abstract-titel	Effekten af moderens alder på det neonatale elektrokardiogram
Præsenteres af	Maria Munk Pærregaard
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge, ph.d-studerende.
Ph.d. forsvaret (årstal)	
Forfatter(e)	Maria Munk Pærregaard.
Afdeling	Kardiologisk afd. Herlev.
Medforfatter(e) og afdeling	Joachim Hartmann (1), Ottilia Vøgg (1), Adrian Pietersen (1), Heather A. Boyd (3), Anna Axelsson Raja (2), Kasper Karmark Iversen (1), Henning Bundgaard (2), Alex Hørby Christensen (1,2). (1) Kardiologisk afd. Herlev Hospital, (2) Kardiologisk afd. Rigshospitalet, (3) Afdeling for epidemiologisk forskning, Statens serum institut.
E-mail adresse	maria.munk.paerregaard@regionh.dk

Abstract

Baggrund: Studier har vist en øget prævalens af medfødte hjertesygdomme blandt børn født af kvinder ≥35 år. I løbet af de seneste årtier, har den gennemsnitlige alder for fødende kvinder været stigende. Vi undersøgte om moderens alder påvirkede det elektriske system hos det nyfødte barn.

Metode: Copenhagen Baby Heart Study er et prospektivt populationsstudie der i 2016-2018 tilbød alle nyfødte i Københavnsområdet en hjerteundersøgelse, herunder ekkokardiografi og elektrokardiogram.

Resultater: Vi inkluderede 16.518 nyfødte i alderen 0-30 dage (median 11 dage, 52% drenge) med normal ekkokardiografi. Medianværdien for mødrenes alder var 31 år (spændvidde 16-54 år). Vi opdelte mødrene i fire aldersgrupper og havde 790 EKG'er fra nyfødte hvis mødre var mellem 16-24 år, 11.403 havde mødre mellem 25-34 år, 4.279 havde mødre mellem 35-44 år og 46 havde mødre i alderen 45-54 år. Ved systematisk sammenligning af de nyfødtes elektrokardiografiske parametre imellem de fire aldersgrupper fandt vi en signifikant forskel i QRS-aksen og R-amplituden i V1 (begge $p<0.01$). Dette var stadig signifikant efter korrigering for hjertefrekvens, barnets køn, gestationsalder, barnets vægt ved hjerteundersøgelsen, rygning under graviditeten, moderens prægraviditets-BMI, præ- og gestationel diabetes, tvillinge graviditeter, paritet, brug af fertilitetsbehandling og kejsersnit. Øvrige undersøgte elektrokardiografiske parametre var ikke påvirket af moderens alder.

Konklusion: Vores resultater viser en signifikant association mellem moderens alder og den nyfødtes QRS-akse og R-amplituden i V1. Den absolutte forskel var dog lille og antyder at moderens alder ikke har en klinisk signifikant effekt på det elektriske system hos nyfødte.

D40 Marie Møller

Abstract-titel	Biopsy-proven diabetic nephropathy in people with type 2 diabetes. Prevalence and predictive factors: study protocol for a cross-sectional and observational PRIMETIME study
Præsenteres af	Marie Møller
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge og PhD-studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Marie Møller
Afdeling	Afdeling for Nyresygdomme B109, Herlev Hospital
Medforfatter(e) og afdeling	Ditte Hansen og Iain Bressendorf, Afd. for nyresygdomme (Herlev Hospital) Rikke Borg og Karina Haar Jensen, Nyremedicinsk afdeling (Sjællands universiteteshospital, Roskilde) Peter Rossing og Frederik Persson, Steno Diabetes Center Copenhagen
E-mail adresse	marie.moeller@regionh.dk

Abstract

Background: Diabetic kidney disease (DKD) is a severe complication of diabetes. The diagnosis is based on clinical characteristics; persistent macroalbuminuria, hypertension, and decline in kidney function, although this method is subject to significant uncertainty. The only way to secure an accurate diagnosis, diabetic nephropathy(DN), is via kidney biopsy.
The clinical presentation of DN can be associated with a heterogeneous range of histological features, including glomerulosclerosis, tubulointerstitial fibrosis, tubular atrophy, and arteriolar hyalinosis, demonstrating the condition's complexity. Current treatment plans aim to slow the condition's progression, with little focus on underlying and individual pathological processes.

Methods: We will prospectively collect research biopsies from an unselected cohort of eligible participants with type 2 diabetes(T2DM), severe albuminuria (≥ 700 g/d), and an eGFR > 30 mL/min/1.73 m2. The kidney tissue, blood, urine, feces, and saliva samples will be thoroughly investigated with cutting-edge molecular technologies for comprehensive profiling and associated with disease course and clinical outcome with annual follow-up for 20 years. We will use the tissue for a precise histological diagnosis and next-generation sequencing to provide a new understanding of the molecular features of DN. Proteomic and metabolomic profiles will be made from urine and plasma. Lastly, we plan to profile the whole genome and microbiome.

Discussion: This study will investigate the prevalence of DN in individuals with T2DM with albuminuria. The deep characterization of the biopsy material and biological biospecimen may lead to a better understanding of the pathological processes involved and reveal new targets for individualized treatment and improve diagnostic accuracy.

E41 Marta K. Mikkelsen (nr.1 af 2)

Abstract-titel	"Doing what only I can do" Experiences from participating in a multimodal exercise-based intervention in older patients with advanced cancer – a qualitative explorative study
Præsenteres af	Marta Kramer Mikkelsen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Sygeplejerske, Post doc
Ph.d. forsvaret (årstal)	2021
Forfatter(e)	Marta Kramer Mikkelsen
Afdeling	Afdeling for Kræftbehandling
Medforfatter(e) og afdeling	Hanne Michelsen 1, Dorte L Nielsen 2, Anders Vinther 3, Cecilia M Lund 4, Mary Jarden 5. 1 Department of Oncology, Clinical Research Unit, Herlev and Gentofte Hospital 2 Department of Oncology, Herlev and Gentofte Hospital 3 Department of Physiotherapy and Occupational Therapy & Hospital Secretariat and Communications, Research, Herlev and Gentofte Hospital 4 Department of Medicine, Herlev and Gentofte Hospital 5 Department of Hematology, Center for Cancer and Organ Diseases, Rigshospitalet
E-mail adresse	marta.kramer.mikkelsen@regionh.dk

Abstract

Introduction: There is sparse evidence regarding patients' experiences of exercise programs in older cancer populations. The study aim was to explore the experiences of older patients with advanced cancer who participated in a 12-week multimodal exercise program in a hospital setting.

Methods: Semi-structured interviews were conducted with participants (≥ 65 years) who completed the intervention regardless of compliance rate. Data were analyzed using thematic analysis.

Results: Median age of the participants was 71 years. All participants received palliative treatment for advanced pancreatic (N=9), biliary tract (N=2), or non-small cell lung cancer (N=7). Adherence to the intervention ranged from 0 to 96% for the supervised exercise, and from 0 to 100% for the home-based walking. Three main themes were identified: 1) Motivated to strengthen body and mind, with the subthemes "Doing what only I can do" and "Reaching goals with support from health care professionals and peers", 2) Exercise as an integrated part of the treatment course, and 3) Overcoming undeniable physical limitations. The participants experienced several benefits from participation, including physical improvements, increased energy, and improved social engagement. Setting and reaching goals, being positively pushed and cheered on, and integration of fun games increased motivation to exercise. In contrast, being pushed beyond physical limitations and experiencing severe symptoms were identified as barriers toward exercising. Adherence was facilitated by coordinating medical appointments with exercise sessions and receiving comprehensive support and guidance.

Conclusion: Structured exercise was feasible among older patients with advanced cancer and the overall satisfaction was high.

E42 Mia Bundgaard Klausen

Abstract-titel	Loss of Appetite in Patients with Chronic Obstructive Pulmonary Disease (COPD): A Descriptive and Qualitative Study with a Mixed Method Approach
Præsenteres af	Mia Bundgaard Klausen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk diætist
Ph.d. forsvaret (årstal)	
Forfatter(e)	M. B. Klausen
Afdeling	Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	M. Bergmann1, L. Holm2, J. R. Andersen1, JU. S. Jensen3 and H. Meteran3,4 1: Department of Nutrition, Exercise and Sports, University of Copenhagen, Denmark 2: Department of Food and Resource Economics, University of Copenhagen. 3: Department of Internal Medicine, Respiratory Medicine Section, Copenhagen University Hospital – Herlev-Gentofte. 4: Department of Microbiology and Immunology, University of Copenhagen.
E-mail adresse	mia.bundgaard.klausen.01@regionh.dk

Abstract:
Background: Loss of appetite in patients with COPD can lead to malnutrition and unintentional weight loss, which is associated with an increased risk of morbidity and mortality.

Aim: To identify COPD-related factors associated with a loss of appetite and to explore COPD patients' experience of appetite and eating problems.

Methods: A questionnaire was posted in a COPD-specific online forum, containing Council on Nutrition Appetite Questionnaire (CNAQ), which is validated to examine loss of appetite in older adults and in patients with chronic disease. 10 patients from the questionnaire were randomly recruited for semi-structured phone interviews, where the patient's experience regarding their appetite and eating were explored.

Results: 87 patients responded to the questionnaire. 61 % had a loss of appetite. Factors associated with a loss of appetite were: Lower BMI (25.2 vs. 27.9), Living alone (68 % vs. 32 %), Lower FEV1 % predicted (30.5 vs. 42), Higher CAT-score (23 vs. 17.5) and delivery of all daily meals (19 % vs. 0 %). Among the interviewed patients a lack of daily routine, poor knowledge of nutrition, a lack of social contact, bodily limitations, a lack of help and support, limited physical activity and a lack of acceptance of life influenced their appetite and dietary intake.

Conclusion: Severity of disease, living alone, a lower BMI and a need for meal delivery were associated with a loss of appetite. Loss of appetite is multifactorial and each patient had different main concerns regarding their eating, which was within the mentioned themes.

E43 Mia Sofie Fischer Weis

Abstract-titel	Children and Adolescents: Perceived and objective sleep measures and clinical outcomes in patients with chronic diseases
Præsenteres af	Mia Sofie Fischer Weis
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	stud.med
Ph.d. forsvaret (årstal)	
Forfatter(e)	Weis MSF
Afdeling	Afdeling for børn og unge, Herlev og Gentofte Hospital
Medforfatter(e) og afdeling	Helms P, Afdeling for Børn og Unge, Herlev og Gentofte Hospital Thorsen SU, Afdeling for børn og unge, Herlev og Gentofte Hospita Paulsrud C, Afdeling for børn og unge, Herlev og Gentofte Hospital Grejsen J, Afdeling for børn og unge, Herlev og Gentofte Hospital Jennum P, Dansk Center for Søvnmedicin, Glostrup/Rigshospitalet Debes NM, Afdeling for børn og unge, Herlev og Gentofte Hospital Svensson J, Afdeling for børn og unge, Herlev og Gentofte Hospital
E-mail adresse	mia.sofie.fischer.weis@regionh.dk

Abstract

Introduction: Sleep disturbances are common in children and adolescents especially among those with chronic diseases. Disturbed sleep might affect disease management and clinical outcomes.

Methods: We included 19 children with type 1 diabetes (T1D), 15 children with Tourette Syndrome (TS) and 11 healthy controls. All participants were examined with the Scandinavian Sleep Questionnaire – children and adolescents (SSQ-CA) and actigraphy (AG) for one week. Sleep duration/total sleep time, latency and sleep efficiency were calculated from AG data. Outcomes measures included HbA1c, time-in-range (%) and time-below-range (%) for T1D and Yale Global Tic Severity Scale (YGTSS) for TS. Principal component (PC) regression analysis was used to model the possible effect of our multiple and correlated exposures on the disease-specific outcomes.

Results: Only 4% of included participants with AG data had sufficient sleep based on international guidelines. For one unit increase in a PC that “captured” perceived insufficient sleep was associated with a 4.3 mmol/mol increase in HbA1c (95% CI: 1.5 to 7.1 mmol/mol). One unit increase in the latter PC showed a tendency for an inverse associated with time-in-range (-4.7%, 95% CI: -9.6 to 0.2%). One unit increase in a PC that “captured” poor objective sleep showed a tendency for a positive association with HbA1c (3.9 mmol/mol, 95% CI: -0.7 to 8.5 mmol/mol). We found no associations between any of the PC’s and YGTSS. All estimates remained robust after adjustment for sex or age.

Conclusion: Further investigation of sleep duration, quality and effects in children and adolescents with chronic diseases are warranted.

E44 Monika Afzali Rubin

Abstract-titel	Family presence during cardiopulmonary resuscitation, trauma and critical care
Præsenteres af	Monika Rubin
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	ph.d. studerende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Rubin MA, Svensson TLG, Herling SF, Jabre P, Møller AM
Afdeling	Afdeling for Bedøvelse, Operation og Intensiv Behandling
Medforfatter(e) og afdeling	Tintin LG Svensson(1), Suzanne Forsyth Herling(2), Patricia Jabre(3), Ann Møller(4) (1) Department of Anaesthesia, Bispebjerg Hospital, Copenhagen, Denmark. (2) The Neuroscience Centre, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark. (3) Assistance Publique-Hôpitaux de Paris (AP-HP), SAMU (Service d'Aide Médicale Urgente) de Paris, Hôpital Universitaire Necker-Enfants Malades, Paris, France. (4) Cochrane Emergency Care Group
E-mail adresse	monika.afzali.rubin@regionh.dk

AbstractSkriv dit abstract her , max 250 ord

Introduction:
Patients and their relatives often expect to be actively involved in decisions of treatment; even during resuscitation. The principle of family presence during resuscitation (FPDR) is a triad where the intervention of FPDR affects both the healthcare professionals, the relatives present, and the patient involved. The aim of this systematic Cochrane review was to assess existing evidence for the effect of FPDR in the emergency department or pre-hospital setting.

Methods:
We searched medical databases from 1980 to March 2021 without language limits. We included randomized controlled trials (RCT). Two authors screened the search results for eligible studies and extracted relevant data. For each study, two authors independently used Cochrane's assessment of risk of bias tool 2.0 to evaluate risk of bias.

Results:
We screened 6794 studies, but only 2 trials (3 papers) with 595 participants (age 19-78) were included: a cluster-RCT involving 15 pre-hospital emergency medical services units, investigating FPDR in patients with cardiac arrest, it's 1-year evaluation, and a small pilot study of FPDR in patients undergoing trauma and critical care in an emergency department.
There is an indication that FPDR improves psychological outcomes for relatives without affecting duration of patient resuscitation or personal stress in healthcare professionals. However, the studies are very few and have high risk of bias, so these effects are very uncertain.

Conclusion:
Our confidence (certainty) in the evidence is very low. There is too little evidence to determine any certain effects of FPDR on the psychological outcomes for relatives or any other outcomes.

E45 Morten Jon Andersen

Abstract-titel	Reduction and K-wire fixation of pediatric supracondylar humerus fractures – do we practice what we preach?
Præsenteres af	Morten Jon Andersen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Afdelingslæge
Ph.d. forsvaret (årstal)	
Forfatter(e)	Morten Jon Andersen
Afdeling	Afdeling for Led- og Knoglekirurgi
Medforfatter(e) og afdeling	
E-mail adresse	morten.jon.andersen@regionh.dk

Abstract

Introduction

Faulty reduction or fixation of pediatric supracondylar humerus fractures (SCHF) can lead to loss of reduction (LOR) or malunion. Wire configuration has been extensively investigated and support two divergent lateral-entry K-wires for stable fractures and either three divergent lateral-entry or two crossed K-wires for unstable fractures.

Aim

We aimed to investigate if adequate surgical reduction and fixation of SCHF were obtained.

Method

We reviewed all SCHF at Herlev Hospital from 2017-2020. Age, gender, Gartland classification, reduction, K-wire configuration, and LOR were recorded. Type 2A fractures were defined as minimally displaced and stable and other types as displaced and unstable. Satisfactory reduction was defined as the anterior humeral line passing through the capitellum, the absence of rotation, varus and valgus, and less than 5 mm of displacement.

Results

We reviewed 171 fractures. Mean age was 6 years. 53 (31%) fractures were stable/minimally displaced. 8/53 (15%) minimally displaced and 39/118 (33%) displaced fractures were inadequately reduced. 23/118 (20%) unstable fractures were fixed with two lateral-entry wires, 13 (8%) with three lateral-entry wires and 56 (33%) with crossed wires. In 50/171 (29%) cases K-wire placement suffered from improper technic. We found 4 (2,3%) reoperations.

Conclusion

Satisfactory reduction was not achieved in 27% of cases. 20% of unstable fractures were only treated with two lateral-entry K-wires. K-wire configuration was technically faulty in 29% of cases. Focus should be on satisfactory reduction and adequate configuration of wires but equally so on the technical aspect of placing the wires to avoid instability and LOR.

E46 Nicoline Saksager

Abstract-titel	Ernæringsstatus og Nutrition Impact Symptoms (NIS) hos ambulante patienter med hoved-halscancer
Præsenteres af	Nicoline Saksager
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Nicoline Saksager & Anne Wilkens Knudsen
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Pernille Bardal(1), Tina Munk(1) (1) Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT, Herlev Gentofte Hospital, Herlev, Danmark
E-mail adresse	nicoline.saksager.01@regionh.dk

Abstract

Introduktion
Patienter med hoved-halscancer er i høj risiko for at opleve et vægttab i forbindelse med deres behandling. Derfor bliver patienterne på Herlev Hospital systematisk tilbudt vejledning ved klinisk diætist ved opstart af deres behandling. For at optimere den diætetiske behandling ønskede vi at undersøge 1) forekomsten af Nutrition Impact Symptoms(NIS) 2) patienternes vægtudvikling 2 mdr. efter diætetisk vejledning.

Metode
Et retrospektivt kohortestudie, hvor journaldata blev indsamlet på ambulante patienter med hoved-halscancer, Herlev Hospital, som var henvist til ernæringsterapi hos de kliniske diætister. Data for vægt, BMI, ernæringsrisiko (NRS-2002 score≥3), NIS og funktionsniveau ved diætetisk vejledning samt vægtudvikling og mortalitet efter 2 måneder blev indsamlet.

Resultater
Vi inkluderede 125 patienter (74% mænd), median alder 66 år (IQR:58-72), BMI 26 (IQR:23-29). 44 (36%) var i ernæringsrisiko. Nedsat funktionsniveau blev oplyst af 75 (60%). De 3 hyppigst forekommende NIS-symptomer var; mundtørhed (75%), smagsforandringer (73%) og smerter (68%). De 3 hyppigste NIS, patienterne oplevede nedsatte deres kostindtag var; smagsforandringer (27%), synkeproblemer (27%) og ingen appetit (25%). To måneder efter diætetisk vejledning var 3 (2%) patienter døde. Vægt kunne findes i journalen efter 2 måneder (range: 1-3) på 78 (62%). Det gennemsnitlige vægttab var -4,5 kg (IQR:-7,1—0,9) og 44 (56%) havde et vægttab på over 5%.

Konklusion
Ved diætetisk vejledning havde mere end en fjerdel af patienterne synkeproblemer, smagsforandringer og ingen appetit, som de oplevede nedsatte deres kostindtag. Der kunne kun findes opfølgende registrering af vægtudvikling hos 62% af patienterne, hvoraf over halvdelen havde et vægttab på mere 5%.

E47 Pernille Bardal

Abstract-titel	Nutrition Impact Symptoms (NIS) are related to 2-months mortality in patients with hematological diseases at Herlev Hospital
Præsenteres af	Pernille Bardal
Præsenteres på	☐ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Diætist
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Pernille Bardal & Anne Wilkens Knudsen
Afdeling	Enheden for Diætetik og Klinisk Ernæringsforskning, EFFECT
Medforfatter(e) og afdeling	Pernille Bardal(1), Nicola Nedic(1), Anne Marie Beck(1), Tina Munk(1), Anne Wilkens Knudsen(1) (1) Dietetic and Nutritional Research Unit, EFFECT, Herlev Gentofte University Hospital, Herlev, Denmark
E-mail adresse	pernille.bardal@regionh.dk

Abstract

Introduction
Nutrition Impact Symptoms (NIS) has previously been found to be associated with impaired nutritional status. Both low BMI and weight-loss has independently been found to predict overall survival in patients with cancer. Therefore, we aimed to asses the prevalence of NIS in patients with hematological diseases and the relationship with overall mortality.

Methods
A retrospective cohort study was performed among patients referred to a Clinical Dietician for nutritional therapy from the Hematological Department. At the time of referral, we recorded weight, BMI, Nutritional risk (NRS-2002≥3) and the result of 16 NIS-questions (NIS-points at each NIS-question range: 0-10, total possible NIS-points: range 0-160) . Two-months mortality data were obtained.

Results
We included 110 participants (45% women), median age 67 years (IQR:60–74), median BMI 24.5 kg/m² (IQR:21.4–27.1). Nutritional risk was recorded in 84 patients. Of these 44 (52%) were at Nutritional risk. Records of NIS were found in 95 patients. The three most common NIS hindering nutritional intake was: No appetite (53%), early satiety (34%), and nausea (27%). A total of 19 (17%) died within 2 months. Total NIS-point was significantly higher in the group at nutritional risk (20 vs. 0 points, p=0.0322), and in patients who died during the 2 months follow-up period (24 vs. 12 points, p=0.0126). Further, baseline BMI was lower among patients who died during the 2-month follow-up period (20 vs. 25 kg/m², p = 0.0309).

Conclusions
Nutrition Impact Symptoms (NIS) are related to Nutritional risk and 2-months mortality in patients with a hematological disease.

E48 Peter Kamstrup

Abstract-titel	Hydroxychloroquine as a primary prophylactic agent against SARS-CoV-2 infection: A cohort study
Præsenteres af	Peter Kamstrup
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.D.-studerende, klinisk assistent.
Ph.d. forsvaret (årstal)	
Forfatter(e)	Peter Kamstrup, læge, ph.d.-studerende
Afdeling	Section of Respiratory Medicine, Department of Medicine, Copenhagen University
Medforfatter(e) og afdeling	Pradeesh Sivapalan (1) PhD; Josefin Eklöf (1) PhD; Nils Hoyer (1)PhD; Charlotte Suppli Ulrik (2) DMSc; Lars Pedersen (3) PhD; Therese S. Lapperre (3) PhD; Zitta Barrella Harboe (4,10) PhD; Uffe Bodtger (5,10) PhD; Rasmus Dahlin Bojesen (6) PhD; Kjell Erik Julius Håkansson (2) MD; Casper Tidemandsen (2) MD; Karin Armbruster (1) MD; Andrea Browatzki (4) MD; Howraman Meteran (1) PhD; Christian Niels Meyer (7) MD; Kristoffer Grundtvig Skaarup (8) MD; Mats Christian Højbjerg Lassen (8) BSc; Jens D. Lundgren (10,11) DMSc; Tor Biering-Sørensen (8,9,10) PhD; Jens-Ulrik Stæhr Jensen (1,10,11) PhD.
E-mail adresse	peter.kamstrup@regionh.dk

Abstract

INTRODUCTION: Hydroxychloroquine has been proposed as a primary prophylactic agent against COVID-19. We aimed to investigate if patients treated with hydroxychloroquine for a non-SARS-CoV-2-indication had a lower risk of PCR-verified infection with SARS-CoV-2, compared with matched controls.

METHODS: A cohort comprising all persons treated with hydroxychloroquine in Denmark in both 2019 and 2020 (i.e. before and after SARS-CoV-2 was confirmed in Denmark) matched by age and sex with controls. Data were collected using the Danish national registries containing complete information on patient health data, prescriptions and microbiological test results. The main outcome was an adjusted Cox regression model. A sensitivity analysis was carried out by propensity-score matching.

RESULTS: A total of 5,488 hydroxychloroquine-users were matched with 54,846 non-users. At baseline the groups differed on diagnoses of pulmonary, cardiovascular, renal and gastrointestinal / metabolic disease as well as receiving antirheumatic drugs. The final model was adjusted for these potential confounders and the propensity-score cohort was matched for the same co-variates. Use of hydroxychloroquine for non-COVID-19 indication was not associated with any change in the risk of PCR-confirmed SARS-CoV-2 [HR of 0.90 (95% Confidence Interval 0.76-1.07)] which was robust in the sensitivity analysis.

CONCLUSION: Our study, is the largest to investigate the primary prophylactic effect of hydroxychloroquine against SARS-CoV-2, was neutral. This is consistent with COVID-19 randomized trials reporting a neutral effect of this drug for post-exposure prophylaxis and for treatment of clinical disease. Our results do not support using this drug for primary prophylaxis against COVID-19.

Funding: The Novo Nordisk Foundation.

E49 Rikke Steen Krawcyk

Abstract-titel	MOTIVATORS FOR PHYSICAL ACTIVITY IN PATIENTS WITH MINOR STROKE
Præsenteres af	Rikke Steen Krawcyk
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Post. doc
Ph.d. forsvaret (årstal)	2019
Forfatter(e)	Rikke Steen Krawcyk, ph.d., Herlev hospital
Afdeling	Afdeling for Hjerne- og Nervesygdomme samt Afdeling for Ergoterapi og Fysioterapi
Medforfatter(e) og afdeling	Laura Cathrine Christoffersen, MD, Afdeling for Hjerne- og Nervesygdomme, Herlev Hospital Anne Kjærgaard Danielsen, Ph.d., Afdeling for Mave-, Tarm- og Leversygdomme, Herlev Hospital Christina Kruuse, Ph.D., DMSci, Afdeling for Hjerne- og Nervesygdomme, Herlev Hospital
E-mail adresse	Rikke.steen.krawcyk@regionh.dk

Abstract

Introduction: Physical inactivity is a major risk factor for stroke. To encourage patient engagement in physical activity after stroke, it is essential to identify how to best motivate the patients. We aimed to explore possible motivators and barriers for physical activity in patients discharged after a minor stroke or transient ischemic attack (TIA).

Methods: In a qualitative study (ID: NCT04332458), we included patients with minor stroke or TIA for semi-structured focus group interviews. Audio recordings were transcribed to text verbatim and analyzed with qualitative content analysis.

Results: Six interviews including 35 patients were performed. The results showed that the patients had a positive attitude towards physical activity, and they preferred to exercise locally under supervision of health professionals. Physical activity with others was motivating and obligating, and if possible as a weekly routine. Some experienced physical- and mental sequelae, which kept them from exercising.

Conclusions: The results of this study provide valuable knowledge of what motivates and prevents patients with minor stroke or TIA to be physically active after hospital discharge, and what aspects to consider when designing future exercise studies. Consequently, it is recommended that this sub-group of stroke patients are offered supervised physical activity in order to prevent cardiovascular disease, including stroke.

E50 Samuel Kiil Sørensen

Abstract-titel	Radiofrequency Versus Cryoballoon Catheter Ablation for Paroxysmal Atrial Fibrillation: Durability of Pulmonary Vein Isolation and Effect on Atrial Fibrillation Burden — The RACE-AF Randomized Controlled Trial
Præsenteres af	Samuel Kiil Sørensen
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	Klinisk assistent
Ph.d. forsvaret (årstal)	N/A
Forfatter(e)	Samuel Kiil Sørensen
Afdeling	Hjertemedicinsk Afdeling
Medforfatter(e) og afdeling	Arne Johannessen, Hjertemedicinsk Afdeling René Husted Worck, Hjertemedicinsk Afdeling Morten Lock Hansen, Hjertemedicinsk Afdeling Jim Hansen, Hjertemedicinsk Afdeling
E-mail adresse	samuel.kiil.soerensen@regionh.dk

Abstract

INTRODUCTION

Recurrent paroxysmal atrial fibrillation (AF) after catheter ablation is presumably caused by failure to achieve durable pulmonary vein isolation (PVI). The primary methods of PVI are radiofrequency (RF) and cryoballoon (CRYO) catheter ablation, but these have not been directly compared with respect to PVI durability and the effect thereof on AF burden (% of time in AF).

METHODS

We randomized 98 patients 1:1 to PVI by RF or CRYO and inserted implantable cardiac monitors ≥1 month before PVI for assessment of AF burden and recurrence. All patients underwent a second procedure after 4-6 months to determine PVI durability.

RESULTS

In the second procedure, 152/199 (76%) pulmonary veins (PVs) were found durably isolated after RF and 161/200 (81%) after CRYO (p=0.32). Median AF burden before PVI was 5.4% (interquartile range: 0.5%–13.0%) versus 4.0% (0.6%–18.1%), RF versus CRYO (p=0.71), and reduced to 0.0% (0.0%–0.1%) and 0.0% (0.0%–0.5%), respectively (p=0.58)—a reduction of 99.9% (92.9%–100.0%) and 99.3% (85.9%–100.0%; p=0.36). AF burden after PVI significantly correlated to the number of durably isolated PVs (p<0.01), but 9/45 (20%) patients with durable isolation of all veins had recurrence of AF within 4 to 6 months after PVI (excluding a 3-month blanking period).

CONCLUSION

PVI by RF and CRYO produce similar PVI durability. Both treatments lead to marked reductions in AF burden, which is related to the number of durably isolated PVs. However, for one-fifth of patients, complete and durable PVI was not sufficient to prevent even short-term AF recurrence.

F51 Sidsel Christy Lindgaard

Abstract-titel	Circulating Protein Biomarkers for Prognostic use in Patients with advanced Pancreatic Ductal Adenocarcinoma undergoing chemotherapy
Præsenteres af	Sidsel Christy Lindgaard
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Klinisk Assistent
Ph.d. forsvaret (årstal)	
Forfatter(e)	Sidsel C. Lindgaard
Afdeling	Afd. for Kræftbehandling
Medforfatter(e) og afdeling	Emil Maag, BioXpedia; Zsófia Sztupinszki, Kræftens Bekæmpelse; Inna Chen, Afd. for Kræftbehandling HGH; Astrid Z. Johansen, Afd. for Kræftbehandling HGH; Benny V. Jensen, Afd. for Kræftbehandling HGH; Stig E. Bojesen, Klinisk Biokemisk Afd. HGH; Dorte L. Nielsen, Afd. for Kræftbehandling HGH; Zoltan Szallasi, Computational Health Informatics Program, Boston Children's Hospital, Harvard Medical School; Julia S. Johansen, Afd. for Kræftbehandling og Afd. for Medicinske Sygdomme HGH.
E-mail adresse	sidsel.christy.lindgaard@regionh.dk

Abstract PURPOSE: Advanced pancreatic ductal adenocarcinoma (PDAC) has a dismal prognosis. The aim of this study was to find a prognostic protein signature for overall survival (OS) in patients with advanced PDAC and to explore if changes of circulating protein levels during palliative treatment could predict survival.
EXPERIMENTAL DESIGN: We investigated 92 proteins, involved in inflammation and cancer, using the Olink immuno-oncology panel in serum from 363 patients with advanced PDAC before standard 1st line chemotherapy. Protein panels for several survival cut-offs were developed by two bioinformaticians working independently, using LASSO and Ridge regression models. The changes in these proteins during treatment with palliative chemotherapy were also examined.
RESULTS: Two panels of proteins were identified to discriminate patients with very short vs. long OS (i.e. <90 days vs. >2 years). Index I (CSF-1, IL-6, PDCD1, TNFRSF12A, TRAIL, TWEAK, CA19-9) had an AUC of 0.99 (95% CI 0.98–1) (discovery cohort) and 0.89 (0.74–1) (replication cohort). For Index II (CXCL13, IL-6, PDCD1, TNFRSF12A) the AUC was 0.97 (0.93–1) (discovery cohort) and 0.82 (0.68–0.96) (replication cohort). Four proteins (ANGPT2, IL-6, IL-10, TNFRSF12A) were associated with survival across all treatment groups. Longitudinal samples revealed several changes, including four proteins also a part of the prognostic signatures (CSF-1, CXCL13, IL-6, TNFRSF12A).
CONCLUSIONS: This study identified two circulating protein indices with the potential to identify patients with advanced PDAC with a very short OS compared to patients with long OS. Changes in several of these proteins during chemotherapy were also associated with survival.

F52 Sidsel Pedersen

Abstract-titel	Real-world data on patients with melanoma brain metastases and outcome related to locoregional and systemic treatment modalities
Præsenteres af	Sidsel Pedersen
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningsårsstuderende (medicinstuderende)
Ph.d. forsvaret (årstal)	
Forfatter(e)	Sidsel Pedersen
Afdeling	National Center for Cancer Immune Therapy, Dept. of Oncology, Herlev Hospital
Medforfatter(e) og afdeling	Søren Møller (1), Marco Donia(2,3), Gitte Fredberg Persson (3), Inge Marie Svane (2,3), Eva Ellebæk (2,3) 1 - Deptartment of Oncology, Rigshospitalet 2 - National Center for Cancer Immune Therapy, Dept. of Oncology, Herlev Hospital 3 - Department of Oncology, Herlev Hospital
E-mail adresse	sidsel.koelle.pedersen.02@regionh.dk

Abstract

Introduction: Novel medical therapies have revolutionized the outcome for patients with melanoma. However, patients with melanoma brain metastases (MBM) still have poor survival. Data are limited as these patients are generally excluded from clinical trials, wherefore real-world data on treatment modalities and clinical outcome may support more evidence-based treatment choices for patients with MBM.

Methods: Patients with MBM treated in the Capital Region of Denmark from 2008-2020 were included retrospectively. Patient characteristics, treatment-, and outcome data were collected from The Danish Metastatic Melanoma Database, pathology registries, electronic patient files, and radiation plans. Based on the introduction of new therapies in Denmark in 2015, the cohort was split accordingly for comparison.

Results: The median overall survival (mOS) for patients diagnosed with MBM before and after 2015 was 4.4 and 7.6 months, respectively. A total of 527 patients with MBM were identified.

Patients receiving surgical excision as first choice of treatment had a superior outcome (mOS 10.9 months), whereas patients receiving WBRT as first choice of treatment had a poor outcome (mOS 3.4 months). SRS after surgery did not change the outcome. Of the 40 patients alive >3 years after diagnosis of MBM, 80% received immunotherapy at some point after diagnosis. Patients with meningeal carcinosis did not seem to benefit from treatment with CPI.

Conclusions: The outcome for patients with MBM has significantly improved after 2015, but long-term survivors are rare. The majority of patients alive >3 years after diagnosis of MBM received immunotherapy.

F53 Sine Buhl

Abstract-titel	Discontinuation of infliximab therapy in patients with Crohn's disease in long-term, sustained, clinical-biochemical-endoscopic remission: a double-blind, placebo-controlled, randomized clinical trial
Præsenteres af	Sine Buhl
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	Reservelæge
Ph.d. forsvaret (årstal)	2018
Forfatter(e)	Se forfatterliste nedenfor
Afdeling	Gastroenheden, Medicinsk Sektion
Medforfatter(e) og afdeling	Buhl S(1), Steenholdt C (1), Brynskov J(1) , Christensen KR (1), Dorn-Rasmussen M(1), Thomsen OØ(1), Bendtzen K(2) , Klausen TW(1), Dahlerup JF(3), Thorsgaard N(4) , Jahnsen J(5), Molazahi A(6), Pedersen N(7), Kjeldsen J(8), Almer S(9), Dahl EE(10), Vind I(11), Cannon AG(12), Marsal J(13), Sipponen T(14), Agnholt J(3), Kievit HA(4), Aure SL(5), Martinsen L(6), Meisner S(7), Møller J(8), Ainsworth MA(8) 1 Dept of Gastroenterology, Copenhagen University Hospital, Herlev, Denmark;2 Institute for Inflammation Research, Copenhagen University Hospital, Rigshospitalet, Denmark; 3 Dept of Hepatology and Gastroenterology, Aarhus University Hospital,
E-mail adresse	sine_buhl@hotmail.com

Abstract

Introduction: It remains unknown whether infliximab (IFX) can be discontinued successfully, once Crohn's disease (CD) patients have attained sustained, combined clinical, biochemical, and endoscopic remission.

Methods: Double-blind, randomized, placebo-controlled multicenter trial enrolling patients with luminal CD treated with IFX maintenance therapy for at least 1 year, in combined clinical, biochemical and endoscopic remission at the time of inclusion. Patients were randomized 1:1 to continue IFX therapy or matching placebo infusions for a duration of 48 weeks. Concomitant therapy with stable doses of immunomodulators was allowed. Primary endpoint was time to relapse.

Results: The study population comprised 115 patients (n=54 female; age median 34 years [IQR 26-50]; IFX treatment duration median 23 months [IQR 16-39]). All patients were in combined clinical- (CDAI median 41 [IQR 15-66]), biochemical- (CRP median 3mg/L [IQR 2-4]), and endoscopic- (Simple Endoscopic Score for CD median 0, [IQR 0-0] (n=99)) remission. Patients were randomized to continued IFX therapy (n=59) or to start placebo (n=56). Time to relapse was significantly shorter among patients who discontinued IFX as compared to those continuing IFX ($p<0.001$). After one year, relapse-free survival was 51% in the PBO group and 100% in the IFX group (Kaplan Meier survival analysis). Concomitant immunosuppressants numerically increased time to relapse for placebo treated patients. However, also for this subgroup, time to relapse remained significantly shorter than in the IFX group.

Conclusions: This first double-blind placebo-controlled RCT of IFX withdrawal in Crohn's disease patients strongly suggests that discontinuation of IFX leads to a considerable risk of relapse.

F54 Sofie Bay Simony

Abstract-titel	Sex differences of lipoprotein(a) levels and associated risk of morbidity and mortality by age: The Copenhagen General Population Study
Præsenteres af	Sofie Bay Simony
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	ph.d.-studerende
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Sofie Bay Simony
Afdeling	Klinisk Biokemist Afdeling
Medforfatter(e) og afdeling	Martin Bødtker Mortensen, Afdeling for Hjertesygdomme, Aarhus Universitetshospital Anne Langsted, Klinisk Biokemisk Afdeling, Herlev og Gentofte Hospital Shoaib Afzal, Klinisk Biokemisk Afdeling, Herlev og Gentofte Hospital Pia Rørbæk Kamstrup, Klinisk Biokemisk Afdeling, Herlev og Gentofte Hospital Børge Grønne Nordestgaard, Klinisk Biokemisk Afdeling, Herlev og Gentofte Hospital
E-mail adresse	sofie.bay.simony@regionh.dk

Abstract

Introduction: We tested the hypothesis that lipoprotein(a) levels and lipoprotein(a) associated risk of morbidity and mortality by age are similar in women and men.

Methods: We included 37,545 women and 32,497 men from the Copenhagen General Population Study.

Results: Plasma lipoprotein(a) increased with age and in women we found an additional increase around age 50 (age by sex interaction P=4·10-7). In women, levels were 22% higher after menopause (P=1·10-57) and 12% lower during hormone replacement (P=2·10-19). Adjustment for eGFR (estimated Glomerular Filtration Rate) in both sexes and plasma estradiol in women resulted in attenuated sex differences in lipoprotein(a) levels across age. In sex and age stratified multivariable adjusted models, lipoprotein(a) >40 mg/dL(83 nmol/L) versus <10 mg/dL(18 nmol/L) was associated with increased risk of myocardial infarction, ischemic heart disease, aortic valve stenosis, and heart failure (men only), but not statistically significant with risk of ischemic stroke, cardiovascular mortality, or all-cause mortality. There was no convincing evidence for lipoprotein(a) by sex interaction on risk of myocardial infarction, ischemic heart disease, ischemic stroke, aortic valve stenosis, heart failure, cardiovascular mortality, or all-cause mortality, overall or in those aged <50 or ≥50 years (P=0.02-0.83).

Conclusion: Lipoprotein(a) levels increase around age 50 selectively in women; however, risk of morbidity and mortality for high lipoprotein(a) was similar in women and men above age 50. This implies that elevated lipoprotein(a) above age 50 is a relatively more important cardiovascular risk factor in women than in men, pointing toward repeat measurement in women above age 50.

F55 Søren Egstrand

Abstract-titel	Parathyroid-specific knockout of core circadian clock gene Bmal1 increase proliferation in a mouse model of CKD
Præsenteres af	Søren Egstrand
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	Klinisk Assistent
Ph.d. forsvaret (årstal)	-
Forfatter(e)	Egstrand S
Afdeling	Afdeling for Nyresygdomme, afd. B, Herlev Hospital, Denmark
Medforfatter(e) og afdeling	Nordholm A, Mace ML, Morevati M, Olgaard K & Lewin E Afdeling for Nyresygdomme, afd. B, Herlev Hospital, Danmark Nefrologisk Klinik P, Rigshospitalet, Danmark
E-mail adresse	soeren.egstrand.01@regionh.dk

Abstract

Introduction: Rhythms in sleep/wake cycle, hormone secretion and metabolism are controlled by a circadian clock. We have shown for the first time that an internal molecular circadian clock operates in the parathyroid gland, but the function of the clock in the parathyroids is currently unknown.

Methods: Parathyroid-specific knockout of the core circadian clock gene Bmal1 (KO) was generated by Cre-loxP recombination by crossing PTHcre mice with Bmal1flox/flox mice (WT). Parathyroid glands were harvested at 4h interval. Chronic kidney disease (CKD) was induced by Adenine/high-phosphate diet. Plasma-PTH was measured. Parathyroid gene expression was examined by qPCR. Proliferation was examined by Ki-67 immunostaining. Circadian rhythmicity was assessed by cosinor-analysis.

Results: KO mice had abolished circadian rhythmicity of Bmal1 gene-expression. The disturbed clock resulted in abrogated rhythmicity of clock-controlled cell cycle regulator; Wee1 and of regulators of parathyroid proliferation; Gcm2 and Gata3. Plasma-PTH was rhythmic in both KO and WT. In CKD, we found significantly increased Ki-67 labeling index in KO compared with WT (9.3% vs. 2.2%, p=0.018).

Conclusion: Knockout of Bmal1 in the parathyroid glands resulted in disrupted rhythm of circadian clock genes and clock-controlled cell cycle regulator Wee1. We found significant rhythms of proliferation regulators; Gcm2 and Gata3 in parathyrod glands of WT mice. Absence of rhythmicity of these genes in the KO indicate regulation by the circadian clock.
Interestingly, we found markedly increased Ki-67 immunostaining when KO mice were challenged by uremia compared to WT, suggesting a key role of the circadian clock in regulating proliferation of the parathyroid glands.

F56 Søs Bohart (nr. 1. af 2)

Abstract-titel	Effect of Patient- and Family-Centered Care (PFCC) interventions for adult intensive care unit patients and their families: a systematic review and meta-analysis.
Præsenteres af	Søs Bohart
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.D.-studerende og intensiv sygeplejerske
Ph.d. forsvaret (årstal)	
Forfatter(e)	Søs Bohart
Afdeling	Afdeling for Bedøvelse, Operation og Intensiv Behandling, HGH (Herlev martriklen)
Medforfatter(e) og afdeling	Ann Merete Møller, MD, professor* Anne Sofie Andreasen, MD, Ph.D.* Tina Waldau, MD, MPG, Ph.D.* Cornelia Lamprecht, Msc, RN* Thordis Thomsen, RN, professor* *Afdeling for Bedøvelse, Operation og Intensiv Behandling, Herlev og Gentofte Hospital (Herlev martriklen)
E-mail adresse	Søs Bohart

Abstract

INTRODUCTION

Objectives of the study was to assess the evidence for the feasibility and effect of Patient- and family-centered care (PFCC) interventions provided in the Intensive care unit (ICU), single or multicomponent, versus usual care, for reducing ICU delirium, anxiety, depression and PTSD in patients and family-members.

METHODS

Design: A systematic review and meta-analysis following the PRISMA guidelines and GRADE approach. A systematic literature search of relevant databases, screening and inclusion of studies, data extraction and assessment of risk of bias according to Cochrane methodology. The study is preregistered on PROSPERO (CRD42020160768).

Setting: Adult ICUs.

RESULTS

Nine RCTs enrolling a total of 1170 patients and 1226 family-members were included. We found moderate to low certainty evidence indicating no effect of PFCC on delirium, anxiety, depression, PTSD, in-hospital mortality, ICU-LOS, or family-members' anxiety, depression and PTSD. No studies looked at the effect of PFCC on pain or cognitive function in patients. Evaluation of feasibility outcomes was scarce. The certainty of the evidence was low to moderate, mainly due to substantial ROB in individual studies and imprecision due to few events and small sample RCTs.

CONCLUSION

It remains uncertain whether PFCC compared to usual care may reduce delirium in patients and psychological sequelae of ICU admission in patients and families due to limited evidence of moderate to low certainty. Lack of systematic process evaluation of intervention feasibility as recommended by the Medical Research Council to identify barriers and facilitators of PFCC in adult ICU contexts further limits the conclusions that can be drawn.

F57 Søs Bohart (nr. 2 af 2)

Abstract-titel	Perspectives and wishes for Patient- and family-centered care as expressed by ICU survivors and family members with recent experiences of ICU admission: a qualitative interview study.
Præsenteres af	Søs Bohart
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.D.-studerende og intensiv sygeplejerske
Ph.d. forsvaret (årstal)	
Forfatter(e)	Søs Bohart
Afdeling	Afdeling for Bedøvelse, Operation og Intensiv Behandling, HGH (Herlev martriklen)
Medforfatter(e) og afdeling	Ann Merete Møller, MD, professor* Anne Sofie Andreasen, MD, Ph.D.* Tina Waldau, MD, MPG, Ph.D.* Cornelia Lamprecht, Msc, RN* Thordis Thomsen, RN, professor* *Afdeling for Bedøvelse, Operation og Intensiv Behandling, Herlev og Gentofte Hospital (Herlev martriklen)
E-mail adresse	soes.bohart@regionh.dk

Abstract

Introduction:

Patients and family-members in intensive care units (ICU) are at high risk of short- and long-term detrimental psychological consequences. Patient- and family-centered care (PFCC) may be effective in minimizing undue suffering and improving psychological outcomes. Therefore, we aimed to explore perspectives and wishes for PFCC among adult patients and family members with recent experience of ICU admission.

Method:

A qualitative interview study with survivors of ICU and family-members in Denmark. Participants were recruited from six ICUs across Denmark. Inclusion criteria: having experienced admission to an adult ICU as a patient or family member within the previous month, >18 years of age, provision of informed consent to participate in the study. Data was collected through semi structured dyad interviews with the patient and a family-member according to a pre-defined interview guide. In cases where it was not possible to include both patient and family-members, we included the possible part (patient or family-member) in an individual interview. The interviews were recorded using a digital voice recorder and transcribed verbatim and imported into a data management software system (NVivo 12).
The study adheres to the Consolidated Criteria for Reporting Qualitative research (COREQ) checklist. The Danish Data Protection Agency has approved the study (P-2020-822).

Results & Conclusion:

Inductive content analysis of the data is ongoing. Final results will be ready for presentation at "Forskningens dag" November 2021.

F58 Thilde Olivia Kock

Abstract-titel	Left Ventricular Non-Compaction in Childhood: Echocardiographic Follow-Up and Prevalence in First-Degree Relatives
Præsenteres af	Thilde Olivia Kock
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Forskningsårsstuderende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Thilde Olivia Kock
Afdeling	Kardiologisk afdeling S
Medforfatter(e) og afdeling	Marie Fagerlund Boerresen, Kardiologisk afdeling S; Anne-sophie Sillesen, Kardiologisk afdeling S; Jakob Boesgaard Norsk, Kardiologisk afdeling S; Maria Munk Munk Paerregaard, Kardiologisk afdeling S; Niels G Vejlstrup, Hjertemedicinsk klinik B; Alex Christensen, Kardiologisk afdeling S; Kasper Iversen, Kardiologisk afdeling S; Henning Bundgaard, Hjertemedicinsk klinik B; Anna Axelsson Raja, Hjertemedicinsk klinik B.
E-mail adresse	thilde.olivia.kock@regionh.dk

Abstract

Introduction

Left ventricular non-compaction (LVNC) is characterised by a thin epicardial compact layer and a thick endocardial non-compact layer of the myocardial wall. LVNC may be associated with reduced systolic function of the left ventricle (LV). We assessed the development in LV function in children diagnosed with LVNC. Additionally, we assessed the phenotypic heredity of LVNC in first-degree relatives.

Method

Echocardiography was performed in children diagnosed with LVNC neonatally in the Copenhagen Baby Heart Study, matched controls and first-degree relatives. LVNC was defined as a non-compact to compact thickness ratio ≥ 2 in one or more segments.

Results

Of the 16 LVNC cases from CBHS, 10 were re-evaluated (age 3.5 (IQR 3, 4) years, 80% male) together with 20 matched controls (age 4 (IQR 3, 4) years, 70% male), 29 first-degree relatives to LVNC cases (age 29 (IQR 4, 35) years, 44.8% male) and 55 first-degree relatives to controls (age 32 (IQR 11, 36) years, 50.9% male). The median LV fractional shortening (FS) at follow-up was 30.5% in cases and significantly lower than in controls (median 32.5%, p=0.03). FS was unchanged from baseline to follow-up (28.8% (IQR 26.2, 29.2) vs. 30.5% (IQR 29.3, 32.0), p=0.24). LVNC was seen in 34.5% of first-degree relatives to children with LVNC and 0% to matched controls (p<0.001).

Conclusion

At 2-4 years of age, children with LVNC diagnosed neonatally still had reduced LV systolic function compared to controls. There was no further progression of LV dysfunction. One third of first-degree relatives to children with LVNC fulfilled criteria for LVNC.

F59 Trine Mølbæk-Engbjerg

Abstract-titel	Health and habits of 18-year-olds: an extensive characterization of the exposome, metabolism and multiorgan assessments.
Præsenteres af	Trine Mølbæk-Engbjerg
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Ph.D. stud, MD.
Ph.d. forsvaret (årstal)	
Forfatter(e)	Trine Mølbæk-Engbjerg, MD
Afdeling	Børneafdelingen, Herlev-Gentofte hospital,
Medforfatter(e) og afdeling	Nilofar V. Følsgaard, MD, PhD; Hedda Løvenhøj; Nicklas Brustad MD, PhD; Christian Carlson MD, PhD; Emil Christensen MD, PhD; Lærke Sass MD, PhD; Rikke Sunde MD; Jakob Stokholm, MD; PhD; Klaus Bønnelykke, MD, PhD; Bo Chawes, MD, PhD, DMSc; Hans Bisgaard, MD, DMSc. Dansk BørneAstma center, COPSAC Herlev Gentofte hospital, Børne- og ungeafdelingen
E-mail adresse	trine.moelbaek@dbac.dk

Abstract

Introduction

In recent years there has been an increasing interest investigating the overlap between non-communicable, lifestyle related disorders such as asthma, obesity and neuropsychiatric disorders. Our aim was to investigate common risk factors of non-communicable disorders by age 18 years through multiorgan assessments.

Methods

The study population is COPSAC2000, which is a prospective clinical birth cohort study of 411 children born to mothers with a diagnosis of asthma. The children were enrolled at 1 month of age and were followed at the COPSAC clinical research unit with semi-annual scheduled visits until age 7 years and again at age 12 and 18 with additional acute care visits on occurrence of any respiratory, allergy, or skin-related symptoms. At the 18-year follow-up, we collected biomaterial, extensive exposome information, assessed the metabolism and did multiorgan investigations. Electronic questionnaires including behavioural traits and potential psychopathology were filled out during the visit

Results

A total of 390 of the 411 children in the cohort completed the 18-year visit (90 %). The mean age was 17.7 years, 49.4 % were males, and 96.6 % were Caucasians. The mean BMI was 22.8 (SD 0.39) for males and 23.3 (SD 0.42) for females and 22 % were obese (BMI>25). Of the 22 % obese individuals, 7 % had a BMI > 30. A total of 113 (29 %) had an asthma diagnosis.

Conclusion

This huge dataset on health and habits provides strong data to explore common risk factors behind the commonality between lifestyle-related non-communicable diseases.

F60 Yasemin Ronahi Kücük

Abstract-titel	RISK FACTORS FOR SPONTANEOUS MALIGNANT AND NON-MALIGNANT CEREBRAL EDEMA IN POST-ISCHEMIC STROKE - A SYSTEMATIC REVIEW
Præsenteres af	Yasemin Ronahi Kücük
Præsenteres på	☒ Dansk ☐ Engelsk
Stillingsbetegnelse	Læge og forskningsstuderende
Ph.d. forsvaret (årstal)	
Forfatter(e)	Yasemin R. Kücük
Afdeling	Afdeling for Hjerne- og Nervesygdomme, Herlev Gentofte Hospital og Københavns Universitet
Medforfatter(e) og afdeling	Mia Kolmos, Christina R. Kruuse Afdeling for Hjerne- og Nervesygdomme, Herlev Gentofte Hospital og Københavns Universitet
E-mail adresse	yasemin.ronahi.kuecuek@regionh.dk

Abstract

Background and purpose: Cerebral edema can be a complication to acute ischemic stroke. We know little of which patients are at risk of developing stroke related cerebral edema. The aim of this review was to identify modifiable and non-modifiable risk factors of developing post-stroke malignant or non-malignant cerebral edema post-ischemic stroke.

Methods: A systematic search of PubMed and Embase library was performed by two investigators using the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines.

Results: In total, 21 papers met the inclusion criteria. Five papers reported on non-malignant edema. A high National Institute Health Stroke Scale (NIHSS) score on admission, increased intracranial pressure measured with Transcranial Doppler, large infarct volume on cerebral computed tomography (CTC) scan and post-processing software or xenon-contrast CTC identified patients at risk of non-malignant edema. In total, 16 papers found significant risk factors for malignant edema to be: younger age, higher admission NIHSS score, and large infarct volumes on CTC, magnetic resonance imaging- or positron emission tomography of the brain.

Conclusion: Younger age, a high NIHSS score on admission, and large infarct volumes determined by neuroimaging were associated with increased risk of malignant edema. No consensus was reported on the risk factors for non-malignant edema development. It is essential to create consensus on a definition of malignant and non-malignant edema for future papers to compare study populations. This could be improved by the application of same outcome measures and report of useful cut-off values for risk factors.

D61 David Horner

Abstract-titel	Supplementation with fish oil derived fatty-acids in pregnancy reduces gastroenteritis
Præsenteres af	David Horner
Præsenteres på	☐ Dansk ☒ Engelsk
Stillingsbetegnelse	PhD Studerende
Ph.d. forsvaret (årstal)	2023
Forfatter(e)	David Horner MD, Mathis Hjort Hjelmsø PhD
Afdeling	Børne- og Ungeafdelingen, COPSAC
Medforfatter(e) og afdeling	Jonathan Thorsen, MD, PhD, Morten Rasmussen, PhD, Anders Eliasen, MSc, Rebecca Kofod Vinding, MD, PhD, Ann-Marie Malby Schoos, MD, PhD, Nicklas Brustad, MD, PhD, Rikke Bjersand Sunde, MD, Klaus Bønnelykke, MD, PhD, Bo L Chawes, MD, PhD, DMSc, Jakob Stokholm, MD, PhD, Hans Bisgaard, MD, DMSc
E-mail adresse	david.horner@dbac.dk

Abstract

Objective

We hypothesised that insufficient intake of fish oil derived omega-3 long chain polyunsaturated fatty acids (n-3 LCPUFA) during pregnancy is a contributing factor to gastroenteritis in early childhood. We examined the effect of n-3 LCPUFA supplementation on gastroenteritis symptoms in the offspring's first three years of life.

Methods

A double blinded, randomised controlled trial whereby 736 mothers were administered n-3 LCPUFA or control from pregnancy week 24 until one week after birth. We measured the number of days with gastroenteritis, number of episodes with gastroenteritis and the risk of having a gastroenteritis episode in the first three years of life.

Results

A median reduction of 2.5 days with gastroenteritis (p=0.018), corresponding to a 14% reduction in the n-3 LCPUFA group compared with the controls in the first three years of life (p=0.037). A reduction in the number of gastroenteritis episodes (p=0.027) and reduced risk of having an episode (HR 0.80 [0.66-0.97], p=0.023). Sub-analysis showed that the effect was strongest in mothers with low pre-intervention blood levels of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), where n-3 LCPUFA led to a 23% reduction in days with gastroenteritis (p=0.017).

Conclusion

Fish oil supplementation from the 24th week of pregnancy led to a reduction in the number of days and episodes with gastroenteritis symptoms in the first three years of life, particularly in the women with low blood levels at inclusion. The findings suggest n-3 LCPUFA supplementation as a preventive measure against gastrointestinal infections in early childhood.