



DASAMS  
Dansk Samfundsmedicinsk Selskab



# Årsmøde 2025



Abstractsamling

# Indeks

**Abstracts udtaget til mundtlig præsentation er anført med grøn tekst.**

| Abstracttitel                                                                                                                                                                                                                     | Side |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1. Municipality-level socioeconomic disparities and incident depression: A nationwide register-based cohort study                                                                                                                 | 3    |
| 2. Steno TVÆRS: Kvalitetsudvikling i Kommunerne - En model for differentieret sundhedsindsats for borgere med diabetes og anden kronisk sygdom med afsæt i Halsnæs Kommune                                                        | 4    |
| 3. Revidering af vejledning om substitutionsbehandling af opioidafhængige patienter – bedre behandling af opioidafhængighed blandt børn og unge                                                                                   | 7    |
| 4. Store sprogmodeller som opsummeringsværktøj i socialmedicin                                                                                                                                                                    | 9    |
| 5. Mønstre i rehabiliteringsteamenes anbefalinger af indsatser inden for social- og sundhedsforvaltningerne                                                                                                                       | 10   |
| 6. <span style="color: green;">The WORK-IT-OUT study. Effectiveness of Multidisciplinary Biopsychosocial Rehabilitation with Workplace Interventions for Employees on Sick Leave due to Low Back Pain: A Systematic Review</span> | 13   |
| 7. How to Consider Clinical Relevance and Usefulness in Research                                                                                                                                                                  | 14   |
| 8. Ethnic minorities in the Danish Healthcare System - a literature review                                                                                                                                                        | 15   |
| 9. <span style="color: green;">From Narrow to Broad: Exploring Antibiotic Prescription Changes in Danish Children Aged 0–5 Years (1997–2023)</span>                                                                               | 16   |
| 10. The influence of educational attainment on all-cause mortality among individuals with and without depression.                                                                                                                 | 17   |
| 11. Positive and negative aspects of social relationships and physical functioning in a Danish middle-aged cohort. Does a low socioeconomic position increase vulnerability?                                                      | 19   |
| 12. How do childhood adversities affect health later in life? - An overview of adversities in individuals seen at the Department for Social Medicine (SMK) from 2012-2024                                                         | 20   |
| 13. Systematisk kortlægning af børn som pårørende i psykiatrien – en samfundsmedicinsk udfordring                                                                                                                                 | 21   |
| 14. Sense of Coherence as a predictor of death, stroke, reinfarction, and Health-Related Quality of Life in patients with acute myocardial infarction                                                                             | 23   |
| 15. <span style="color: green;">The case for (and against) regionally employed social medicine consultants advising municipally employed case workers in complex sick leave cases</span>                                          | 24   |
| 16. The use of the Activities of Daily Living Questionnaire for people with long-term work disability: a national descriptive cross-sectional survey                                                                              | 25   |
| 17. Body weight in childhood, adolescence, and young adulthood in relation to later risk of disabilities and early retirement among Danish female nurses                                                                          | 26   |

1.

### **Municipality-level socioeconomic disparities and incident depression: A nationwide register-based cohort study.**

MB Raft (1,2), TSH Jørgensen (2,3), J Renneberg (1), CF Lassen (1), A Jørgensen (4), MB Jørgensen (4), M Osler (2),

(1) *Department for Social Medicine, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark*

(2) *Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark*

(3) *Institute of Public Health, University of Copenhagen, Denmark*

(4) *Psychiatric Center Copenhagen, Mental Health Services, Copenhagen, Denmark*

#### **Introduction**

Depression is a leading cause of years lived with disability worldwide. While individual socioeconomic position (SEP) has been repeatedly associated with depression, the evidence of neighborhood effect on mental health is mixed. This study examines the geographical distribution of incident depression across Danish municipalities and investigates whether municipality-level socioeconomic indicators of disadvantage explain geographical variations in depression.

#### **Method**

We followed 5,582,857 individuals >18 years from 2012-2023. Incident depression was based on antidepressive prescriptions (as proxy for treatment in primary sector) or registered depression diagnosis (reflecting specialized treatment). Two main survival analyses were conducted: The first analysis estimated the hazard ratios (HR) of incident depression across municipalities and the second estimated the HRs of depression based on four indicators of municipality-level SEP (socioeconomic index, average income level, proportion of the population with short education and proportion of the population on transfer payments). For this, we considered a multilevel design to account for the hierarchical structure of the data, with individuals (level 1) nested in municipalities (level 2). A significance level of 5% was applied.

#### **Results**

The HRs for incident registered depression diagnosis and antidepressive prescriptions varied across municipalities in a spatially detectable pattern, after adjusting for individual SEP. In multilevel models, we found a significantly increased hazard of antidepressive prescriptions in municipalities with a high proportion of population with short education (HR 1.14 (1.08-1.21)), in low income-municipalities (HR 1.1 (1.03-1.07)) and in municipalities with a high proportion of population on transfer payments (HR 1.18 (1.07-1.19)), after adjusting for individual SEP. For registered depression diagnosis no association was found.

#### **Discussion**

In this study we found a geographical variation of incident depression across Danish municipalities. However, we were not able to fully explain this variation by disparities in municipality-level SEP and other contextual factors, e.g. healthcare accessibility, needs further exploration.

2.

## **Steno TVÆRS: Kvalitetsudvikling i Kommunerne - En model for differentieret sundhedsindsats for borgere med diabetes og anden kronisk sygdom med afsæt i Halsnæs Kommune**

### **Forfattere:**

- 1) Anna Lilja Secher, speciallæge i samfundsmedicin, ph.d.,
- 2) Anne Cederlund Rytter, sociolog, chefkonsulent
- 3) Ulla Toft, afdelingschef, professor, ph.d., MSc Human Ernæring

### **Affiliation:**

- 1-3) Afdeling for Forebyggelse, Sundhedsfremme & Samfundet, Steno Diabetes Center Copenhagen, Danmark
- 3) Københavns Universitet

### **Introduktion:**

Med Sundhedsreformen omstilles en større del af sundhedsvæsenets aktivitet til det nære sundhedsvæsen. Samtidig stiller Sundhedsstyrelsens kvalitetsstandarder for kommunale forebyggelsestilbud<sup>1</sup> til borgere med kronisk sygdom som noget nyt krav til kvaliteten, men angiver ikke en velafprøvet vej til implementering. Med dette kvalitetsudviklingsprojekt stiller Steno Diabetes Center Copenhagen som forsknings- og udviklingshospital den nødvendige implementeringskraft til rådighed med afsæt i det nære sundhedsvæsen i Halsnæs Kommune. Formålet med projektet er at udvikle og udbrede en model for implementering af kvalitetsstandarderne for at løfte kvaliteten af sundhedsindsatser for borgere med diabetes og anden kronisk sygdom - med særlig vægt på sårbare borgere.

### **Metode:**

Med udgangspunkt i kravene fra kvalitetsstandarderne udvikles en model for robuste arbejdsgange ift. at kunne tilrettelægge personcentreret indsats af *sundhedspædagogisk, digital og fremskudt karakter* (figur 1). Modellen afprøves, tilpasses og evalueres (figur 2), og udbredes efterfølgende i Sundhedsklynge Nord/Sundhedsråd Nordsjælland. Der er i projektbeskrivelsen lagt vægt på behov for etablering af udvidet tværsektorielt samarbejde med inddragelse af traditionelle aktører, almene bolig selskaber og civilsamfundsaktører. Projektet udføres i tæt samarbejde med Halsnæs Kommune, Maglehøj boligselskab, praksiskoordinator i Halsnæs Kommune samt almen medicinske klinikker, Nordsjællands Hospital, Sundhedsklynge Nord, og Det Digitale Sundhedscenter.

### **Resultater:**

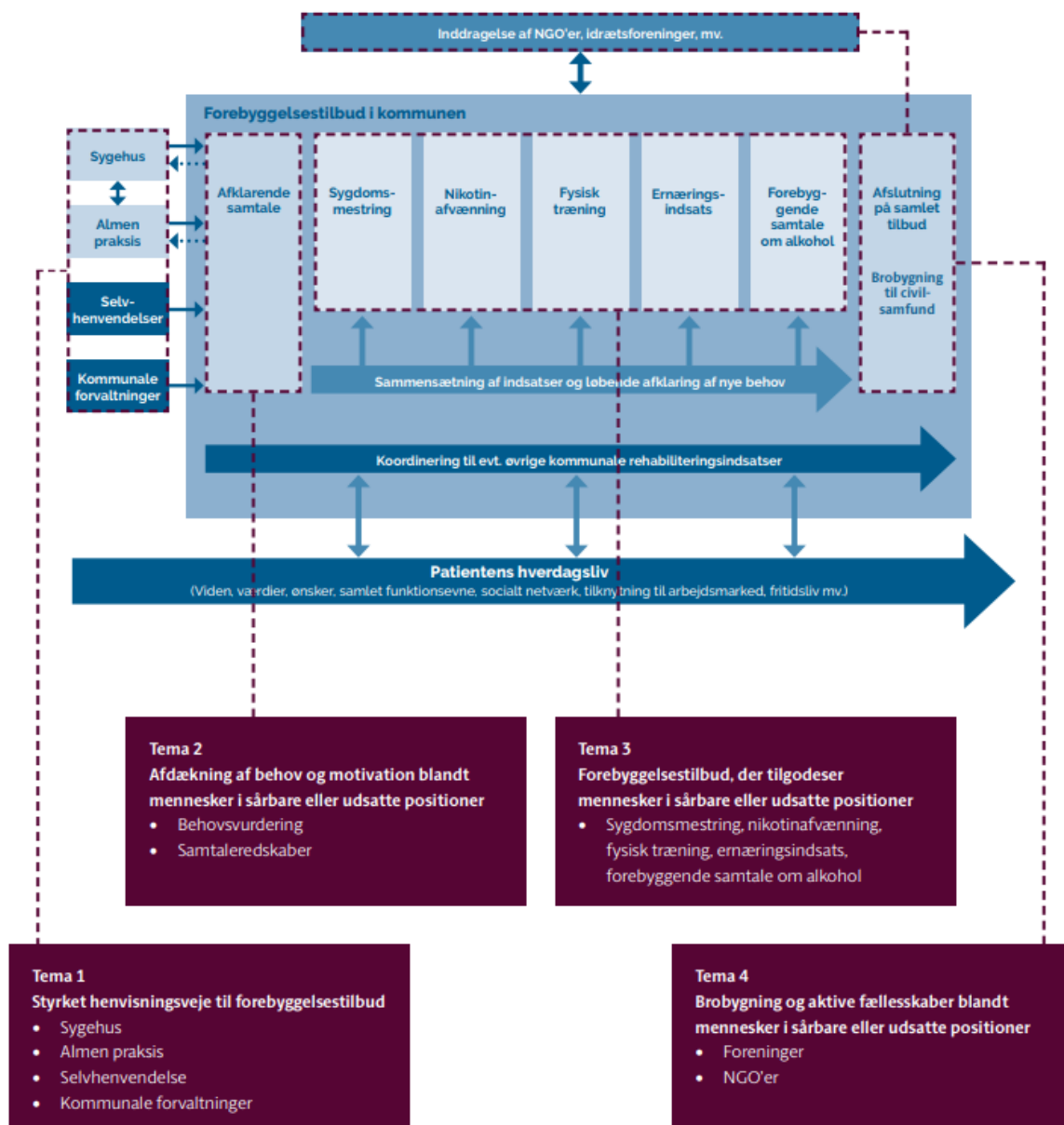
Projektet opstartes 1. marts 2025 som et 2-årigt projekt i Halsnæs Kommune og 1-årig implementeringsunderstøttelse i Sundhedsklynge Nord. I tråd med projektets formål skelnes mellem succeskriterier på henholdsvis organisatorisk niveau og individniveau. De organisatoriske indikatorer for vellykket implementering af kvalitetsstandarderne er en forudsætning for afledt sundhedseffekt på individniveau. Det overordnede kriterie på individniveau er funktionsniveauet hos den enkelte, herunder grad af egenomsorg og mestringssevne, muskelstyrke og kropsfunktion samt helbredsrelateret livskvalitet. Resultaterne forventes i 2027.

### **Diskussion/konklusion:**

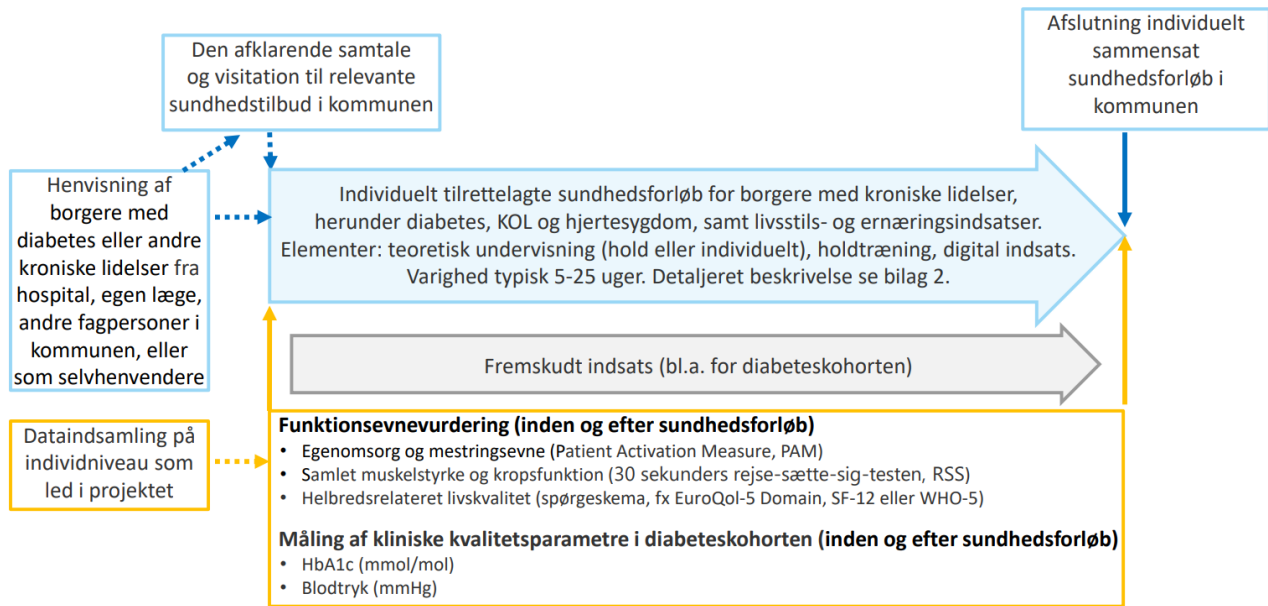
Tesen er at vellykket implementering af kvalitetsstandarderne vil bidrage til forbedret helbred og reduceret social ulighed i sundhed.

---

<sup>1</sup> Med Sundhedsreformen placeres en stor del af ansvaret for det nære sundhedsvæsen i sundhedsrådene.



**Figur 1:** Illustration af de kommunale indsatser, samarbejdspartnere og væsentlige sammenhænge jf. kvalitetsstandarderne. Dette projekt adresserer tema 1,2 og 3. (Tema 4 indgår i en større forskningsansøgning mellem Center for Aktiv Sundhed, Halsnæs Kommune, SDCC m.fl. til TrykFonden med svar februar 2025). Kilde: SST 2024; KL 2024



**Figur 2:** Oversigt over borgerens sundhedsforløb og målinger på individniveau.

### 3.

## Revidering af vejledning om substitutionsbehandling af opioidafhængige patienter – bedre behandling af opioidafhængighed blandt børn og unge

Grethe Olivia Nielsson, Introduktionslæge

Enhed for Forebyggelse og Primære Sundhedsvæsen, Sundhedsstyrelsen

### Introduktion

Kommunerne har de seneste år rapporteret øget efterspørgsel på substitutionsbehandling til unge<sup>2</sup>. I 2023 angav 120 unge (18-24 år) opioider som hovedstof i rusmiddelbehandlingen – en stigning på 39 % fra 2022<sup>3</sup>. Opioidforgiftninger blandt 16-20-årige er steget med 200 % fra 2018 til 2023<sup>4</sup>. Samlet var 6.925 personer i substitutionsbehandling i 2023<sup>5</sup>.

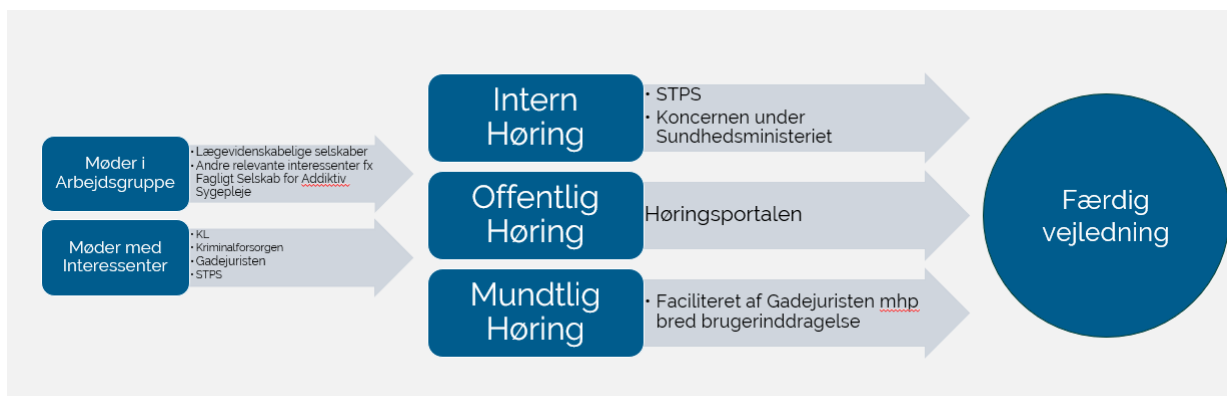
Opioidafhængighed medfører alvorlige fysiske og psykiske konsekvenser samt øget mortalitet.<sup>6</sup> Substitutionsbehandling er en afgørende behandlingsform af opioidafhængighed<sup>7</sup>. For at imødekomme aktuelle udfordringer blev Sundhedsstyrelsens 'Vejledning til læger, der behandler opioidafhængige patienter med substitutionsmedicin – Lovkrav og anbefalinger' fra 2016 besluttet revideret.<sup>8</sup>

Revideringen har til formål at imødekomme efterspørgslen på retningslinjer for substitutionsbehandling af børn og unge, samt ajourføre vejledningen ift. nye integrerede regionale behandlingstilbud for patienter med psykiske lidelser og rusmiddelproblematikker samt opdatere anbefalingerne for farmakologisk behandling.

Vejledning skal sikre korrekt behandling og danner grundlag for Styrelsen for Patientsikkerheds tilsyn. Den er forankret i Sundhedsloven (§142, §252) og Autorisationsloven (§41).

### Metode

Revideringen blev initieret i 2024 med en arbejdsgruppe bestående af lægevidenskabelige selskaber og andre relevante interessenter. Sideløbende havde Sundhedsstyrelsens projektgruppe bilaterale drøftelser med andre interessenter. Arbejdet er fortsat i gang og vejledningen forventes sendt i mundtlig og skriftlig høring i 2025.



<sup>2</sup> Indenrigs og sundhedsministeriet 'Ny kortlægning: Stigning i misbrug af opioider blandt unge i flere kommuner' 2023

<sup>3</sup> Sundhedsstyrelsen 'Stofmisbrugsbehandling – efterspørgsel og tilgængelighed Delrapport 3' 2025 – udgivet

<sup>4</sup> Sundhedsstyrelsen 'Sundhedsmæssige konsekvenser Narkotikasituationen i Danmark 2023, Delrapport 4' 2023

<sup>5</sup> Sundhedsstyrelsen 'Stofmisbrugsbehandling – efterspørgsel og tilgængelighed Delrapport 3' 2025 - udgivet

<sup>6</sup> Center for Rusmiddelforskning, Aarhus Universitet (2012): DanRIS 2011 – STOF. Dansk Registrerings- og Informationssystem. Ambulant behandling.

<sup>7</sup> Sundhed.dk 'Substitutionsbehandling ved afhængighed af opioider'

<sup>8</sup> Sundhedsstyrelsen, 'Vejledning til læger, der behandler opioidafhængige patienter med substitutionsmedicin – Lovkrav og anbefalinger', 2017

## Resultater

Der blev i processen identificeret behov for skærper, særligt vedrørende behandling af børn og unge, behandling af iatrogen skadeligt brug, samt at opdatere med nye farmakologiske behandlingsmuligheder. På baggrund af drøftelserne besluttede projektgruppen at opdele vejledningen i to dele:

- En juridisk vejledning om lægers forpligtelser ved opioidbehandling<sup>9</sup>
- En klinisk retningslinje til faglig beslutningsstøtte<sup>10</sup>

## Diskussion

Opioidafhængighed er et voksende samfundsmedicinsk problem. Behandlingen af børn og unge er i særlig grad udfordrende, med både etiske og juridiske dilemmaer, der kræver en tværfaglig indsats og klare retningslinjer. Sundhedsstyrelsen ønsker med dette arbejde at sikre en tidssvarende vejledning som understøtter patientsikkerhed og behandlingskvalitet.

---

<sup>9</sup> Ugeskrift for læger, Sundhedsstyrelsen: 'Vejledninger drejer sig om patientsikkerhed', 2012

<sup>10</sup> Sundhedsstyrelsen, 'Metodehåndbog 2018'

4.

### **Store sprogmodeller som opsummeringsværktøj i socialmedicin**

Forfatter: C Bak-Svendsen, M Axelsen, Afdelingen for Socialmedicin, Bispebjerg og Frederiksberg Hospital

#### **Introduktion:**

Nylige gennembrud inden for kunstig intelligens tæller bl.a. udviklingen af store sprogmodeller, som bl.a. udmærker sig i informationsgenfindning og tekstgeneration. I sundhedsfaglig sammenhæng har sprogmodeller vist potentiale inden for opsummering af journalnotater (1).

Det socialmedicinske speciale er et teksttungt speciale, bl.a. i forbindelse med besvarelse af §18.2-sager, hvori der laves en bio-psyko-social opsummering på baggrund af gennemlæsning af kommunale sagsakter.

Formålet med projektet er at afprøve, hvorvidt en stor sprogmodel vil kunne bruges til at lave udkast til sådanne opsummeringer, og hvorledes disse måler sig med allerede besvarede §18.2-sager.

#### **Metode:**

Gennem samarbejde med IT-specialister fra regionen stilles der en allerede udviklet sprogmodel til rådighed i en cloud-løsning, hvorigennem datasikkerheden lever op til gældende krav og standarder.

Vha. en iterativ *prompt engineering* proces vil outputtet finjusteres i et samarbejde mellem afdelingens AI-gruppe og IT-specialisterne.

§18.2-besvarelser lavet af GPT-modellen vil blive sammenlignet med allerede godkendte besvarelser i et klinisk og et sprogstatistisk spor. Det sprogstatistiske spor vil anvende kendte metoder fra Natural Language Processing (NLP), som måler i hvor høj grad opsummeringerne ligner hinanden. I det kliniske spor vil 20 §18.2-besvarelser af sprogmodellen blive sammenlignet med allerede godkendte besvarelser på en række parametre heriblandt konkrethed, korrekthed, og fuldstændighed. Sammenligningen vil blive foretaget af to overlæger.

#### **Diskussion/perspektiv**

Projektet sigter mod at undersøge pålideligheden af generativ AI som et værktøj til at støtte læger i udarbejdelsen af §18.2-sager. Herved er det tanken, at man kan forbedre effektiviteten og muligvis højne eller ensarte kvaliteten af §18.2-svar gennem brugen af AI-teknologi.

Derudover åbner det muligheden for optimering af afdelingens mere komplicerede og teksttunge arbejdsgange, herunder præjournal til socialmedicinsk undersøgelse og forberedelse til rehabiliteringsmøder.

Benyttelse af store sprogmodeller i forbindelse med patientoplysninger medfører en række dataretlige udfordringer i projektfasen samt etiske overvejelser ifm. et evt. drift scenario.

1. Van Veen D, Van Uden C, Blankemeier L, *et al.* Adapted large language models can outperform medical experts in clinical text summarization. *Nat Med* 2024; published online April 1. DOI:10.1038/s41591-024-02855-5.

## 5.

### **Mønstre i rehabiliteringsteamenes anbefalinger af indsatser inden for social- og sundhedsforvaltningerne**

Søren Valgreen Knudsen<sup>1</sup>  
René Børge Korsgaard Brund<sup>1</sup>  
Signe Hansen<sup>1</sup>  
Kirsten Fonager<sup>1</sup>

<sup>1</sup>Socialmedicinsk Enhed, Aalborg Universitetshospital

#### **Baggrund**

Beskæftigelsesreformen fra 2013 indførte tværfaglige rehabiliteringsteams for at styrke koordineringen omkring borgere med komplekse udfordringer (1). En ekspertgruppe konkluderede i 2024, at teamene var præget af tung administration og høje omkostninger (2), hvilket blev adresseret i en reform af sygedagpengesystemet i 2025 (3). Den nye lov reducerede det obligatoriske antal deltagere i rehabiliteringsteamet og gav kommunerne større fleksibilitet i sammensætningen. Formålet med denne undersøgelse var at kortlægge mønstre i, hvordan social- og sundhedsforvaltningerne bidrog i rehabiliteringsteammøder i tiden op til reformen.

#### **Metode**

Data stammede fra den Socialmedicinske Database i Region Nordjylland, hvor sundhedskoordinatorer systematisk registrerede oplysninger fra rehabiliteringsteammøder i perioden september-december 2024. Fokus var på, hvornår social- og sundhedsforvaltningerne deltog, og om hvorvidt der blev anbefalet indsatser inden for deres forvaltningsområder. Der blev gennemført frekvensanalyser på blandt andet borgernes alder, køn, uddannelse, arbejdsmarkedstilknytning og diagnose. Desuden blev der analyseret variationer på tværs af kommuner og sundhedskoordinatorer.

#### **Resultater**

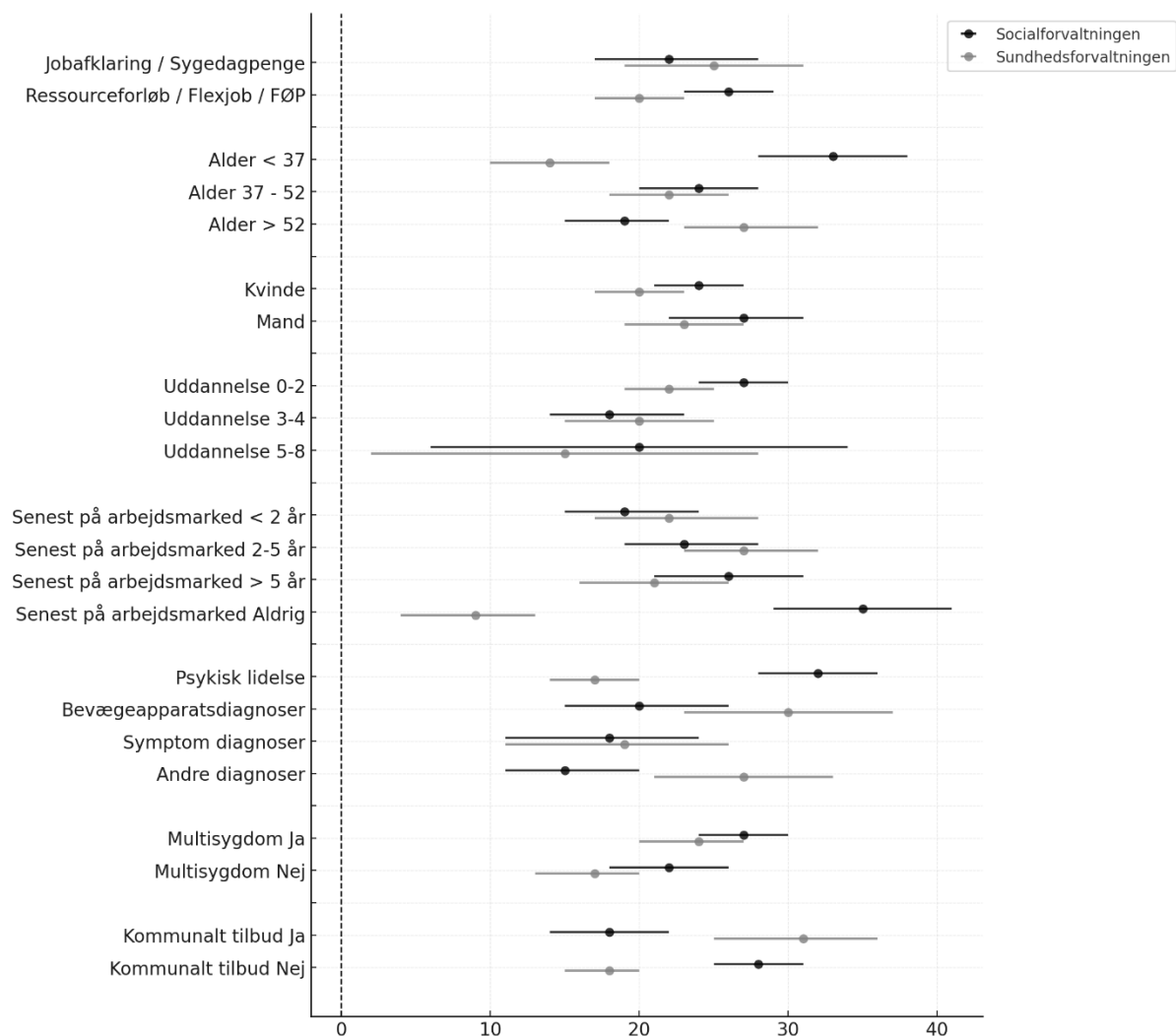
Blandt 1278 sager manglede socialforvaltningen i 8,4% af møderne og sundhedsforvaltningen i 20,1%. Derudover blev indsatser kun anbefalet i cirka hver fjerde sag fra begge forvaltninger. Socialfaglige indsatser blev hyppigst anbefalet til yngre borgere, borgere med lav uddannelse, psykiske lidelser og borgere med langvarigt fravær fra arbejdsmarkedet. Sundhedsfaglige indsatser blev oftest anbefalet til ældre borgere, borgere med somatiske lidelser og borgere med tættere tilknytning til arbejdsmarkedet (Figur 1). Der var betydelig variation mellem kommuner og sundhedskoordinatorer, men ingen entydig systematisk bias (Figur 2).

#### **Konklusion**

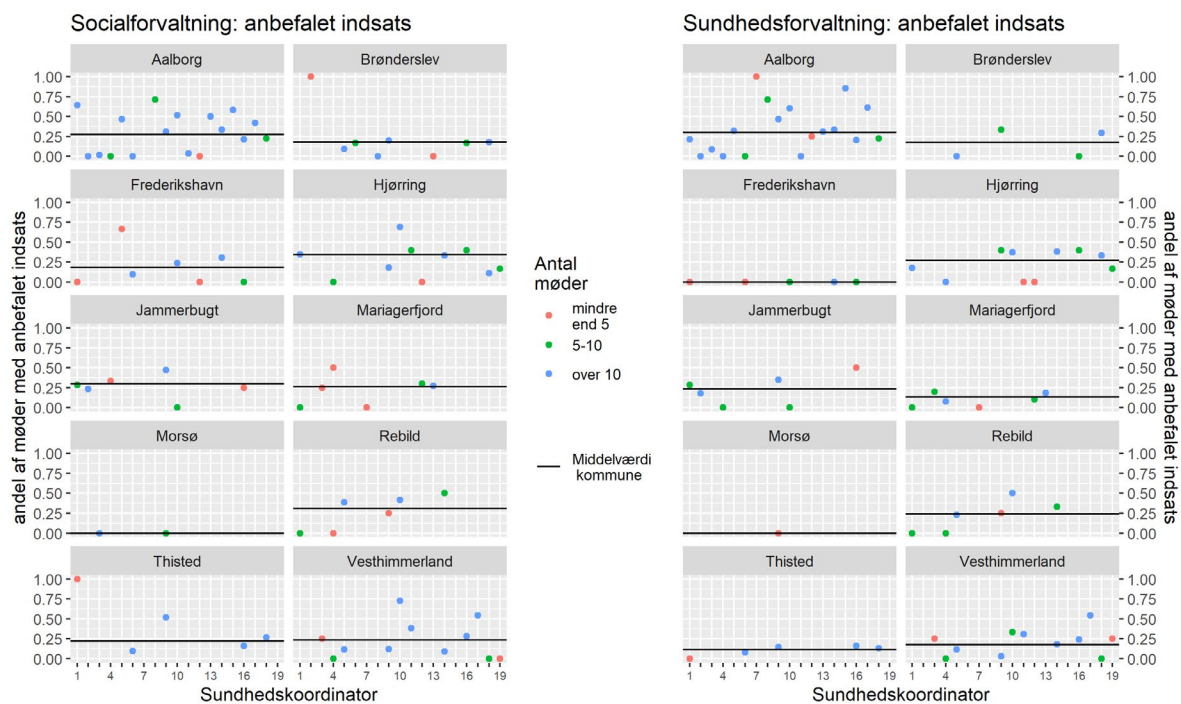
Undersøgelsen viste, at anbefalinger om indsatser på social- og sundhedsforvaltningernes områder varierede afhængigt af borgernes profil. Resultaterne kan anvendes til at udvikle beslutningsstøtteværktøjer, der kan hjælpe kommunerne med at vurdere behovet for tværfaglighed og dermed bidrage til, at de rette fagligheder bliver inddraget samt sikre en mere ensartet, effektiv og målrettet praksis. Dette vil understøtte, at reformens intention om mindre bureaukrati balanceres med behovet for støtte til borger.

#### **Referencer**

1. Regeringen. Aftale om en reform af førtidspension og fleksjob. København: Regeringen; Jun 30, 2012.
2. Beskæftigelsesministeriet. Anbefalinger til fremtidens beskæftigelsesindsats. København; Jun 2024
3. Folketinget. Forslag til lov om ændring af lov om sygedagpenge, lov om en aktiv beskæftigelsesindsats og lov om organisering og understøttelse af beskæftigelsesindsatsen m.v. København; Dec 19, 2024.



**Figur 1:** Forrest plot over andelen af personer, der har modtaget et tilbud om indsats inden for hhv. social- og sundhedsområdet, opdelt efter de undersøgte karakteristika, med tilhørende 95% konfidensinterval (CI).



**Figur 2:** Andelen af anbefalet indsatser i hver kommune på tværs af sundhedskoordinatorer

6.

**The WORK-IT-OUT study. *Effectiveness of Multidisciplinary Biopsychosocial Rehabilitation with Workplace Interventions for Employees on Sick Leave due to Low Back Pain: A Systematic Review***

Katrine Schilling Andersen<sup>1,2</sup>, Anne Petrea Hansen<sup>1</sup>, Pernille Pedersen<sup>2,3</sup>, Vivian Langagergaard<sup>1</sup>, Claus Vinther Nielsen<sup>1,2</sup> and Marc Sampedro Pilegaard<sup>1,2,3</sup>

<sup>1</sup>Department of Social Medicine and Rehabilitation, Gødstrup Hospital, Denmark

<sup>2</sup>Department of Public Health, Aarhus University, Denmark

<sup>3</sup>DEFACTUM, Central Region Denmark, Aarhus, Denmark

**Background:**

Effective management of low back pain requires a biopsychosocial approach, integrating physical, psychological, social, and occupational elements. Although moderate evidence supports the effectiveness of both multidisciplinary biopsychosocial rehabilitation and workplace intervention individually, the impact of biopsychosocial rehabilitation, including workplace intervention for employees on sick leave due to low back pain, remains unexplored.

**Objective:**

The present systematic review investigated the effectiveness of biopsychosocial rehabilitation, including workplace intervention for employees on sick leave due to low back pain.

**Metode:**

Systematic searches were conducted using MEDLINE, EMBASE, CINAHL, PEDro, and PsycInfo. Grey literature was also researched. Two reviewers independently screened studies, extracted data, and assessed the risk of bias. The results were synthesized narratively, including a description of the included interventions using the Template for Intervention Description and Replication (TIDieR), and the overall quality of evidence was presented using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE).

**Results:**

Four publications were identified, representing three randomized controlled trials involving 346 workers on sick leave due to low back pain. The evidence quality was low to very low for pain, return to work, and sick leave but moderate for improving disability after 12 months of follow-up.

**Conclusion:**

This review suggests incorporating workplace interventions as part of multidisciplinary biopsychosocial rehabilitation may benefit employees on sick leave due to low back pain. However, a significant evidence gap remains regarding the effectiveness of rehabilitation programs that integrate workplace interventions with psychosocial components. Future research should focus on expanding biopsychosocial rehabilitation approaches to improve both work outcomes and the everyday lives of individuals with low back pain.

7.

## **How to Consider Clinical Relevance and Usefulness in Research**

A Knudsen (1), E. Wæhrens (2), MT. Kristensen (3,4), J. Renneberg (1), P. Frost (1)

1: Department of Social Medicine, Bispebjerg and Frederiksberg Hospital

2: The Parker Institute, Bispebjerg and Frederiksberg Hospital

3: The Department of Physio- and Occupational Therapy, Bispebjerg and Frederiksberg hospital

4: Department of Clinical Medicine, University of Copenhagen

### **Introduction**

Most research within healthcare thrive to improve current standard practice. However, a sustainable implementation of research results into everyday practice is difficult (1). As proposed by A. Smart (2), the clinical relevance and usefulness of a research intervention should be addressed to ensure a sustainable implementation in everyday practice.

This study is part of CPH-Func, a study investigating different instruments each assessing overall functioning in a clinical setting. *The overall aim of this sub study is to evaluate whether involved clinicians find each single instrument useful and relevant in a clinical setting.*

### **Methods**

One-hundred patients were included in CPH-Func from October 2023 until December 2024. All patients underwent an evaluation of overall functioning including a test performed by an occupational therapist (AMPS-test), three tests of physical performance (30 sec. chair-stand test, hand grip strength and Cumulated Ambulation Score) and a questionnaire on vocational rehabilitation (WORQ). Results in each test were presented to the principal physician. As part of this sub study a structured questionnaire was developed to evaluate the clinical relevance of each instrument across four critical dimensions: appropriateness, accessibility, practicability, and acceptability (2). The questionnaire has been developed in accordance with a systematic, seven-step process as proposed in AMEE Guide No. 87 (3). The questionnaire is expected to be sent out in April 2025 to all physicians at the Department of Social Medicine.

### **Results**

The questionnaire, as presented to participating physicians, as well as preliminary results will be presented at the conference.

### **Discussion/Conclusion**

It is hypothesized that the framework of A. Smart will address important factors considering the clinical relevance of the instruments used to assess overall functioning. The study's findings will contribute to understand how the results of a research intervention can be effectively implemented and sustained in real-world healthcare settings.

1. Maher L, Gustafson D, Evans A. NHS Sustainability Model Institute for Innovation and Improvement.
2. Smart A. A multi-dimensional model of clinical utility. Int J Qual Health Care [Internet]. 2006 Oct [cited 2024 Aug 29];18(5):377–82. Available from: <https://pubmed.ncbi.nlm.nih.gov/16951425/>
3. Artino AR, Rochelle JS La, Dezee KJ, Gehlbach H. Developing questionnaires for educational research: AMEE Guide No. 87. 2014;36:463–74.

8.

## **Ethnic minorities in the Danish Healthcare System – a literature review**

Nicoline Vestergaard Bull<sup>a</sup>, Anne Petrea Hansen<sup>a</sup>

<sup>a</sup>Department of Social Medicine and Rehabilitation, Gødstrup Hospital, Denmark

### **Introduction**

The proportion of ethnic minorities in the Danish population has increased from 3,0 % in 1980 to 15,8 % in 2024<sup>11</sup>. The Danish healthcare system has to adapt to this growing population and ethnic minorities have been described as challenging for the healthcare professionals due to inadequate language skills in addition to cultural circumstances and differences<sup>12,13,14</sup>. In addition ethnic minorities have reported a worse self-experienced health compared to ethnic Danes in previous populations surveys<sup>15,16,17,18</sup>, but the challenges they face in the healthcare system have not been adequately uncovered.

The aim of the review is to describe the challenges ethnic minorities face in the Danish healthcare system and uncover additional factors of importance besides cultural circumstances in the meeting between ethnic minorities and the healthcare system. The uncovering will have a significant meaning for establishing a good outcome for the meeting between ethnic minorities and health professionals. In extension thereof the uncovering will contribute to ethnic minorities having more satisfactory experiences.

### **Method**

A survey of existing literature will be conducted using the PICO-model to search for relevant literature in the PubMed-database. Studies will be screened and the ones describing the experience of ethnic minorities with the Danish healthcare system will be included. In addition relevant population surveys will be included. The included studies will be presented, and emerging themes and specific challenges described. The results will be discussed and will provide the basis for possible conclusions and perspectives.

### **Results**

The results will be presented at the annual meeting of DASAMS.

### **Discussion and conclusion**

In addition the results will be discussed and will provide the basis for possible conclusions and perspectives at the annual meeting

---

<sup>11</sup> Udlændinge- og integrationsministeriet. Det Nationale Integrationsbarometer. Hvor mange og hvem er indvandrere i Danmark? Tilgået 15-10-2024, <https://integrationsbarometer.dk/tal-og-analyser/INTEGRATION-STATUS-OG-UDVIKLING>.

<sup>12</sup> Jensen NK et al. How do general practitioners experience providing care to refugees with mental health problem? A qualitative study from Denmark. BMC Family Practice 2013, 14:17

<sup>13</sup> Priebe S et al. Good practice in health care for migrants: views and experiences of care professionals in 16 European countries. BMC Public Health 2011, 11:187

<sup>14</sup> Gültekin E et al. An inconvenience to the nurse's practice: A Foucault-inspired study of ethnic minority patients. Nursing Inquiry. 2023 Jan;30(1):e12497.

<sup>15</sup> Jezek AH, Ahlmark NG, Christensen AI, Ekholm O. Sundheden blandt borgere med etnisk minoritetsbaggrund, Udtræk fra den Nationale Sundhedsprofil 2021. Statens Institut for Folkesundhed, SDU for Sundhedsstyrelsen, 2023.

<sup>16</sup> Singhammer J. Etniske minoriteters Sundhed. Aarhus: Center for Folkesundhed, Regions Midtjylland, og Partnerskabet for undersøgelse af etniske minoriteters sundhed, 2008

<sup>17</sup> Christensen AI, Davidsen M, Ekholm O, Hansen SE, Algren MH, Juel K. Den Nationale Sundhedsprofil 2010 – Hvordan har du det? København: Sundhedsstyrelsen, 2011

<sup>18</sup> Jensen HAR, Davidsen M, Ekholm O, Christensen AI, Kristensen PL, Gårn A, et al. Hvordan har du det? – trivsel, sundhed og sygdom blandt voksne i Region Syddanmark 2017. Vejle: Region Syddanmark, 2018.

9.

### **From Narrow to Broad: Exploring Antibiotic Prescription Changes in Danish Children Aged 0–5 Years (1997–2023)**

Katerina Bray<sup>1</sup>, Christina Gade<sup>1</sup>, Jón Trærup Andersen<sup>1</sup>

1. Department of Clinical Pharmacology, Bispebjerg Hospital, Copenhagen, Denmark

#### **Background**

Poor antibiotic adherence in young children contributes to antimicrobial resistance and treatment failure, making it a critical public health concern. Medication palatability, particularly in younger children, is a key factor influencing adherence. Previous studies indicate that narrow-spectrum antibiotics, such as phenoxymethylpenicillin, are frequently substituted with better-tasting, broad-spectrum alternatives like amoxicillin (1,2). This trend raises concerns about inappropriate antibiotic use and its role in exacerbating antimicrobial resistance.

This study examines the extent of prescription changes due to taste-related issues and explores demographic disparities, including parental socioeconomic status and immigration background, that may affect adherence to recommended antibiotic treatments.

#### **Methods**

This retrospective, registry-based cohort study investigates prescription changes from phenoxymethylpenicillin to amoxicillin among Danish children aged 0–5 years from 1997 to 2023. Data were retrieved from the National Danish Prescription Register and linked to demographic information from national registries. The primary outcome assessed the frequency of prescription changes within three days of the initial issue, while secondary outcomes examined the impact of demographic variables.

#### **Results**

Prescription change rates increased modestly from 2.01% in 1997 to 3.35% in 2023. Peak changes occurred in two-year-olds (4.10%), reflecting a developmental phase where resistance to medication is strong, yet reasoning and delayed gratification remain underdeveloped. First-born children had a higher likelihood of prescription changes (3.33%), likely reflecting parental inexperience. Notably, children of first- and second-generation immigrant parents and those from lower-income households were less likely to experience prescription changes, potentially indicating barriers to healthcare engagement or limited awareness of alternatives.

#### **Discussion/Conclusion**

Enhancing antibiotic adherence in early childhood is crucial for optimising treatment outcomes and mitigating antimicrobial resistance risks. This study underscores the need for a patient-centered approach in antibiotic prescribing, balancing taste considerations with clinical appropriateness. Targeted interventions, such as parental guidance and improved formulations, could support first-time parents and reduce unnecessary prescription changes.

#### **References:**

1. Bergene EH, Nordeng H, Rø TB, Steinsbekk A. Requests for new oral antibiotic prescriptions in children within 2 days: a Norwegian population-based study. *Fam Pract*. 2018 Dec 12;35(6):690–7.
2. Pottegård A, Hallas J. Børn foretrækker amoxicillin - og helst på flaske. *Ugeskr Læg*. 2010;172(50):3468–70.

10.

**The influence of educational attainment on all-cause mortality among individuals with and without depression.**

Thomas Wolff Rosenqvist<sup>1</sup>, Terese Sara Høj Jørgensen<sup>1,2</sup>, Anders Jørgensen<sup>3,4</sup>, Martin Balslev Jørgensen<sup>3,4</sup>, Frederikke Hørdam Gronemann<sup>1</sup>, Merete Osler<sup>1,2</sup>,

**Affiliations:** 1) Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospitals, Nordre Fasanvej 57, Frederiksberg 2000, Denmark. 2) Department of Public Health, University of Copenhagen, Øster Farimagsgade 5, Copenhagen K 1014, Denmark. 3) Psychiatric Center Copenhagen, Nordre Fasanvej 57, Frederiksberg 2000, Denmark. 4) Dept of Clinical Medicine, University of Copenhagen

**Introduction**

Individuals with depression excess higher all-cause mortality compared to individuals without depression; how educational attainment and depression interact on all-cause mortality is not fully explored. We utilized Aalen Additive Model, which is highly flexible and estimates the additive effects of covariates. Additive is essential for public health decisions, as it can highlight high-risk groups, where intervention would prevent most cases(1). Firstly, we examined risk differences of all-cause mortality in individuals with and without depression according to time since diagnosis. Lastly, additive interactions between depression and educational attainment were examined.

**Methods**

In this register-based study, we included individuals aged 31 years or older who had either their first recorded hospital encounter for depression (F32–F33) or their first antidepressant prescription (n=1 391 497) from January 2000 to December 2023. A reference group was matched 1:1 by sex, country of origin, and birth year. Exposure was educational attainment, categorized as short, middle, or highest. We employed Aalen to estimate risk differences (per 100 000 person-years (PY) for all-cause mortality at 0–1, 2–5, and 6–10 years. Analyses were stratified by depression status, age (31–45 years, 46–65 years, >65 years).

**Results**

In first follow-up year, individuals aged 66 years or older with depression and short education had the highest excess risk, 4 020 additional cases of all-cause mortality per 100 000 PY (95% CI, 3 491 to 4 549) compared with individuals with same age, highest education, and depression. While individuals aged 66 years or older without depression and short education, here 2 429 additional cases of all-cause mortality per 100 000 PY (95% CI, 977 to 1314) compared with those of same age, highest education, and without depression.

**Discussion:**

Short education was associated with excessive all-cause mortality; effect was amplified among individuals with depression.

1. Rod NH, Lange T, Andersen I, Marott JL, Diderichsen F. Additive Interaction in Survival Analysis: Use of the Additive Hazards Model. *Epidemiology*. 2012;23(5):733–7.

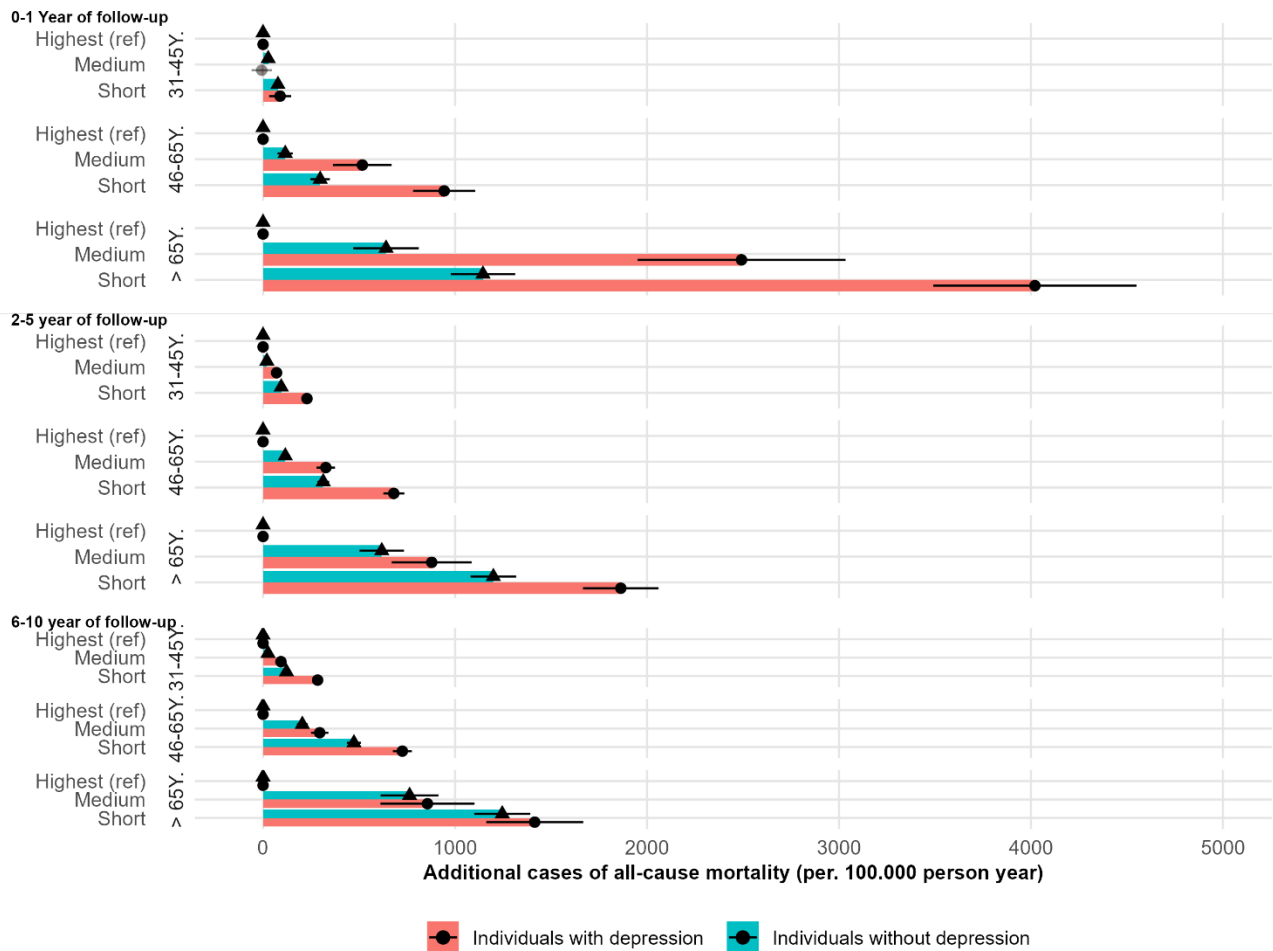


Figure 1: Additional cases of all-cause mortality per 100 000 PY for individuals (red bars) with and without depression (green bars) by educational attainment (short, medium, and highest (ref)). Lines represent the 95% confidence intervals (CI) based on robust standard errors (rSE).

11.

**Positive and negative aspects of social relationships and physical functioning in a Danish middle-aged cohort.  
Does a low socioeconomic position increase vulnerability?**

Karolina Grove Davidsen<sup>1,2</sup>, Anton Dam<sup>2</sup>, Hans Hougaard Frederiksen<sup>2</sup>, Ole Steen Mortensen<sup>1,2</sup>, Rikke Lund<sup>2</sup>

<sup>1</sup>Department of Occupational and Social Medicine, Holbæk Hospital, a part of Copenhagen University Hospital, Holbæk, Denmark

<sup>2</sup>Section of social medicine, department of Public Health, University of Copenhagen, København, Denmark

**Abstract:**

Introduction: While there is increasing evidence that physical functioning is associated with social relations in older age, relatively little is known about this in mid-life. This study explores how five aspects of social relations (both supportive and straining) are associated with physical functioning. Since socioeconomic status has been associated with social relations and physical functional ability, the study also aimed at examining a possible differential vulnerability effect.

**Methods:**

Cross-sectional data from the Copenhagen Ageing and midlife biobank (CAMB) cohort-study included participants aged 49-63 tested in chair-rise (N=4476) and handgrip strength (N=4932) and responding to questionnaires, including 25 questions on social relations. Multivariate linear regression analyses were adjusted for age, gender, occupational social class, early major life events, height/BMI, chronic diseases, and personality scores.

**Results:**

Increasing number of sources of emotional and instrumental support was associated with better physical function, strongest regarding the chair-rise test, which indicated a difference of 1.46 and 0.85 rises respectively between those with 0-1 and 5 sources of emotional support. In joint effect-analyses an interaction effect between social class and physical function measures was found.

**Conclusion:**

Increasing emotional and instrumental support is associated with better physical functioning in middle-aged Danes. The lowest levels of physical functioning are found among people with low occupational social class and low support. Identification of this vulnerable group can lead to earlier detection and initiation of mitigating measures - offering and facilitating emotional and instrumental support. This study finds no associations between relational strain and physical functioning.

12.

**How do childhood adversities affect health later in life?**

**- An overview of adversities in individuals seen at the Department for Social Medicine (SMK) from 2013-2024.**

## **INTRODUCTION**

In Denmark, in 2023, 2,806 children under the age of 19 were subjected to sexual abuse, while 6,815 were exposed to violence (psychological and physical). SMK sees individuals with complex biopsychosocial challenges. This project examines the frequency of childhood adversities for patients at SMK compared to the general population.

## **METHOD**

The SocMed database has been collecting data from SMK since 2019, covering clinical cases dating back to 2013. The data was collected in RedCap and processed in Excel.

There is data from 7,273 patients. Data on gender, age, and abuse were used.

## **RESULTS**

12% of women and 2.7% of men had experienced sexual abuse in childhood. In comparison, this figure was 0.24% for children in the general population in 2023.

15.1% of men and 16.4% of women had experienced violence in childhood. This figure is 0.59% for the general population.

Additionally, it was found that 16% of men and 23% of women had experienced either sexual abuse or violence in childhood.

Looking at age, there was a higher frequency of reported abuse in the group of patients under 50 years.

## **DISCUSSION**

The results indicate that patients seen at SMK have a higher frequency of abuse experienced in childhood compared to the general population. Research has shown that childhood adversities affect health and functioning later in life<sup>1</sup>, and this research supports that.

The overview shows a gender as well as a generational difference. This may be due to differences in reporting, questioning, or perceptions of abuse. As social medicine practitioners, it is important to be aware of how these adversities come into play and affect the health of the patients we encounter.

1) Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, 14(4), 245-258.

13.

### **Systematisk kortlægning af børn som pårørende i psykiatrien – en samfundsmedicinsk udfordring**

Signe Heuckendorff<sup>1,2</sup>

Rene B. K. Brund<sup>2</sup>

Julie Buhl-Wiggers<sup>3,4</sup>

Anne A. E. Thorup<sup>5,6</sup>

Anne Ranning<sup>7,8</sup>

Anne Dorothee Müller<sup>6</sup>

Kirsten Fonager<sup>2,9</sup>

<sup>1</sup>Psykiatrien, Aalborg Universitetshospital

<sup>2</sup>Socialmedicinsk Enhed, Aalborg Universitetshospital

<sup>3</sup>Psykiatrifonden

<sup>4</sup>Økonomisk Institut, Copenhagen Business School

<sup>5</sup>Institut for Klinisk Medicin, SUND, Københavns Universitet

<sup>6</sup>Børne- og Ungdomspsykiatrisk Center, Forskningsenheden, Region Hovedstadens Psykiatri

<sup>7</sup>Copenhagen Research Center for Mental Health, Forskningsenheden ved Psykiatrisk Center København

<sup>8</sup>Institut for Psykologi, Københavns Universitet

<sup>9</sup>Klinisk Institut, Aalborg Universitet

#### **Introduktion**

Børn af forældre med psykisk sygdom står over for betydelige sundheds- og sociale risici, herunder øget forekomst af psykiske lidelser<sup>1,2</sup>, dårligere fysisk helbred<sup>3,4</sup> og ringere uddannelsesmæssige og sociale udfald<sup>5</sup>. I Danmark har cirka 40% af børn mellem 0-16 år en forælder med en psykisk lidelse<sup>6</sup>. Trods denne høje forekomst overses disse børn ofte i sundheds- og socialsystemer. Systematisk identifikation af disse børn i psykiatrien kan skabe en mulighed for tidlig intervention med stort forebyggelsespotentiale.

#### **Metode**

Studiet anvender danske landsdækkende registre til at identificere patienter med kontakt til voksenpsykiatrien i perioden 2020-2022 samt deres børn (0-29 år). Diagnoser blev kategoriseret efter ICD-10, og sociodemografiske faktorer som uddannelse og beskæftigelse blev analyseret. Prævalensen af forældre blandt psykiatriske patienter blev estimeret, herunder forskelle i geografisk fordeling og sygdomsprofiler.

#### **Resultater**

Af 164.223 voksne psykiatriske patienter havde 24% mindst et barn under 18 år, og 8% havde udelukkende voksne børn (18-29 år). Blandt patienterne med mindreårige børn boede 59% sammen med mindst ét barn. Kvindelige patienter og patienter med højere uddannelsesniveau var mere tilbøjelige til at bo med deres børn. De mest almindelige diagnoser blandt forældre var neurotiske og stress-relaterede lidelser (31%) samt affektive lidelser (25%). Geografiske forskelle i prævalens blev observeret.

#### **Diskussion/Konklusion**

Resultaterne understreger behovet for en helhedsorienteret tilgang til patienter i psykiatrien, herunder patientens familiemæssige situation og systematisk identifikation af børn som pårørende. Variationen i forekomst på tværs af regioner og diagnoser indikerer behov for målrettede interventioner og ressourcetildeling. En systematisk indsats kan reducere intergenerationelle konsekvenser af psykisk sygdom og styrke familiens rolle i patientens recovery. Politisk og klinisk fokus er afgørende for at sikre bedre støtte til disse børn.

### Referencer

1. Uher R, Pavlova B, Radua J, et al. Transdiagnostic risk of mental disorders in offspring of affected parents: a meta-analysis of family high-risk and registry studies. *World Psychiatry*. 2023;22(3):433-448. doi:10.1002/wps.21147
2. Paananen R, Tuulio-Henriksson A, Merikukka M, Gissler M. Intergenerational transmission of psychiatric disorders: the 1987 Finnish Birth Cohort study. *Eur Child Adolesc Psychiatry*. 2021;30(3):381-389. doi:10.1007/s00787-020-01524-5
3. Heuckendorff S. *Health Outcomes in Children of Parents with Mental Health Conditions: Morbidity and Use of Healthcare Services in Early Childhood*. Aalborg University; 2021. doi:10.54337/aau461775944
4. Renneberg CK, Brund RBK, Heuckendorff S, Bech BH, Fonager K. Children of parents with different severities of mental health conditions have higher risk of somatic morbidity: a Danish nationwide register-based cohort study. *BMC Public Health*. 2023;23(1):810. doi:10.1186/s12889-023-15714-8
5. Rasmussen I, Kruse M. *Samfundsøkonomiske Konsekvenser Af at Vaere Barn Af Foraeldre Med Mentale Helbredsproblemer*.; 2022. Accessed August 13, 2024. <https://www.sdu.dk/da/om-sdu/fakulteterne/sundhedsvidenskab/nyheder/foraeldres-mentale-problemer>
6. Christesen AMS, Knudsen CK, Fonager K, Johansen MN, Heuckendorff S. Prevalence of parental mental health conditions among children aged 0–16 years in Denmark: A nationwide register-based cross-sectional study. *Scand J Public Health*. 2022;50(8):1124-1132. doi:10.1177/14034948211045462

14.

### **Sense of Coherence as a predictor of death, stroke, reinfarction, and Health-Related Quality of Life in patients with acute myocardial infarction**

Sigrid Mejlhede Gregersen (1), Hinuga Sandahl (1), Thomas Lund (1), Ole Steen Mortensen (2)

1. Arbejds- og Socialmedicinsk afdeling, Holbæk Sygehus
2. Afdeling for Socialmedicin, Institut for Folkesundhedsvidenskab, Københavns Universitet

#### **Introduction**

Acute myocardial infarction (AMI) is one of the leading causes of mortality and morbidity globally (1). Many clinical and biomedical risk factors for prognosis following AMI are well established. However, also protective factors, including psychological and social resources, are recognized as important factors. Although psychosocial factors are recognized, there is still no consensus on which are the most robust predictors (2). In the context of coping resources and resilience, Sense of Coherence (SOC) is a key concept, defined as a global orientation in which life is perceived as comprehensible, manageable, and meaningful. The aim of this study is to investigate whether SOC is a predictor of death, stroke, reinfarction, and Health-Related Quality of Life (HRQoL) in patients with ST-elevation myocardial infarction (STEMI).

#### **Methods**

This study utilizes data from the randomized trial DANAMI-2, which included 1,572 patients hospitalized with STEMI (3). A total of 1,351 participants completed questionnaires at 1 month, 12 months, and 3 years after hospitalization (4). The questionnaire included nine SOC-related items and the 36-item Short Form Health Survey (SF-36). Death, stroke, and reinfarction events, along with their timing, were recorded during an observation period of up to 1802 days. The association between SOC at 1 month and the events of death, stroke, and reinfarction, will be analyzed using Cox proportional hazards regression models. The association between SOC at 1 month and HRQoL at 12 months will be analyzed using linear regression.

#### **Results**

The results will be presented.

#### **Discussion**

We aim to discuss our findings in the context of existing research, particularly regarding SOC as a predictor of cardiovascular outcomes and patient-reported/functional outcomes, such as HRQoL. Additionally, we will discuss our results in relation to other psychosocial health factors. The impact of age and sex on SOC will also be addressed. Finally, the clinical relevance of SOC will be discussed.

#### **References**

1. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>
2. Lloyd-Jones DM, Allen NB, Anderson CAM, et al. Life's Essential 8: Updating and Enhancing the American Heart Association's Construct of Cardiovascular Health: A Presidential Advisory From the American Heart Association. *Circulation*. 2022;146(5):e18-e43.
3. Andersen HR, Nielsen TT, Rasmussen K, Thuesen L, Kelbaek H, Thayssen P, Abildgaard U, Pedersen F, Madsen JK, Grande P, Villadsen AB, Krusell LR, Haghfelt T, Lomholt P, Husted SE, Vigholt E, Kjaergard HK, Mortensen LS; DANAMI-2 Investigators. A comparison of coronary angioplasty with fibrinolytic therapy in acute myocardial infarction. *N Engl J Med*. 2003 Aug 21;349(8):733-42.
4. Mortensen OS, Bjorner JB, Oldenburg B, Newman B, Groenvold M, Madsen JK, Andersen HR. Health-related quality of life one month after thrombolysis or primary PCI in patients with ST-elevation infarction. A DANAMI-2 sub-study. *Scand Cardiovasc J*. 2005 Sep;39(4):206-12.

15.

**The case for (and against) regionally employed social medicine consultants advising municipally employed case workers in complex sick leave cases**

Logic Modeling the Bright and Dark Sides of a Local Innovative Practice using Pragmatic Formative Process Evaluation

F Martiny (1, 2), M Kousgaard (1), M Rozing (1), M Kristensen (1), P Kjellberg (3)

1. The Section of General Practice and Research Unit for General Practice, Department of Public Health, University of Copenhagen.
2. Center for Social Medicine, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark
3. The Danish Center for Social Science Research

**Introduction**

RTW interventions aim to improve vocational rehabilitation services and increase work participation among unemployed individuals with disabilities. However, their effectiveness is contested due to limited theoretical substantiation, poor implementation, and simplistic evaluation strategies. The scarce use of programme theory obscures the distinction between these failure types, creating uncertainty about the best way forward. Consequently, local innovative practices have emerged to fill the evidence gap. This study investigates and theorises a local innovative practice, which co-locates social medicine consultants (SMCs) with municipal case workers to address complex sick leave cases (the SMC-SICK initiative).

**Methods**

Using a comparative case study methodology, we conducted a pragmatic formative process evaluation to assess the promises and pitfalls of the SMC-SICK initiative in three municipalities. We investigated the rationale, content, contextual contingencies, mechanisms of action, and outcomes of the initiative. Field observations were conducted over 5 days in each municipality, followed by interviews with five SMCs, three managers from the sickness benefits department, and four focus group discussions with case workers. Data was analysed abductively using the framework method for cross-setting comparison.

**Results**

Preliminary findings suggest that the SMC-SICK initiative is a promising strategy for improving vocational rehabilitation with a good initiative-context fit. Mechanisms of action include promoting reflexive professional practice, strengthening relational coordination, and tailoring interventions to those most in need. However, challenges related to required skills, conflict of interest, and costs of the SMCs might hinder scale-up.

**Discussion**

These early insights indicate that innovative practices like the SMC-SICK initiative can inform the optimisation of RTW interventions. Nonetheless, due to pitfalls within the initiative and major contextual changes in Denmark's vocational rehabilitation field, further optimisation in collaboration with key stakeholders is needed to develop a promising complex RTW intervention.

16.

### **The use of the Activities of Daily Living Questionnaire for people with long-term work disability: a national descriptive cross-sectional survey**

Pilegaard MS<sup>1,2,3</sup>, Knudsen AA<sup>4</sup>, Brund R<sup>5</sup>, Thielen K<sup>6</sup>, Sarauw-Nielsen IP<sup>4</sup>, Pedersen P<sup>2,3</sup>, **Hansen AP<sup>1</sup>**, Eva Ejlersen Wæhrens<sup>8,9</sup>

#### **Affiliations:**

1. Department of Social Medicine and Rehabilitation, Gødstrup Hospital, Denmark
2. DEFACTUM, Central Denmark Region, Aarhus, Denmark
3. Department of Public Health, Aarhus University, Denmark
4. Department of Social Medicine, Frederiksberg Hospital, Denmark,
5. Department of Social Medicine, Aalborg University Hospital, Aalborg, Denmark
6. Department of Occupational and Social Medicine, University Hospital of Holbæk, Denmark
7. Occupation-centred Occupational Therapy, The Parker Institute, Copenhagen University Hospital Bispebjerg and Frederiksberg, Copenhagen, Denmark
8. User Perspectives and Community-based Interventions, the Research Group for Occupational Science, Department of Public Health, University of Southern Denmark, Odense, Denmark

#### **Introduction**

Long-term work disability has serious socioeconomic and personal consequences, requiring vocational rehabilitation from Denmark's municipal public employment services. An essential component of vocational rehabilitation is the evaluation of functioning. Municipalities can refer individuals to the Danish Departments of Social Medicine for a comprehensive assessment of their functioning. An important tool in assessing functioning is the validated standardized self-reported ADL-Questionnaire (ADL-Q), which assesses the performance of activities of daily living consisting of 47 ADL tasks. However, the ADL-Q has not been previously evaluated in people with long-term work disability. The present study aims to evaluate the ADL-Q in people with long-term work disability referred to the Danish Departments of Social Medicine.

#### **Methods**

The study was a national descriptive cross-sectional survey of participants recruited from the Departments of Social Medicine in four of Denmark's five administrative regions.

Participants were consecutively included in the study from February 2024 to April 2025. All participants were referrals aged 18 to 67 who could read and understand Danish without needing a professional interpreter. The participants completed the questionnaire before their clinical assessment, allowing assessors to quickly address specific challenges in daily life and enhance the overall assessment of functioning.

#### **Results and discussion**

Preliminary results will be presented and discussed during the annual meeting of DASAMS, and 202 participants have been included. The study is expected to be a helpful tool for assessing functioning in the Departments of Social Medicine and provide insight into the validity and reliability of the ADL-Q for assessing ADL ability in persons with long-term work disability.

17.

**Body weight in childhood, adolescence, and young adulthood in relation to later risk of disabilities and early retirement among Danish female nurses**

Hanna Kruse Reiband 1✉, Rikke Tannenberg Klemmensen<sup>1</sup>, Susanne Rosthøj<sup>2,3</sup>, Thorkild I. A. Sørensen<sup>4,5,6</sup> and Berit Lilienthal Heitmann<sup>1,7</sup>

1 The Research Unit for Dietary Studies, The Parker Institute, Bispebjerg and Frederiksberg Hospital, The Capital Region, Copenhagen, Denmark. 2 The Danish Cancer Institute, Research Centre, Copenhagen, Denmark. 3 Section of Biostatistics, Department of Public Health, University of Copenhagen, Copenhagen, Denmark. 4 Center for Childhood Health, Copenhagen, Denmark. 5 Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark. 6 NNF Centre for Basic Metabolic Health, University of Copenhagen, Copenhagen, Denmark. 7 Department of Public Health, Section for general Practise, Faculty of Health and Medical Sciences University of Copenhagen, Copenhagen, Denmark. ✉email: hannakrusek@hotmail.com

**BACKGROUND:**

Obesity is now the most common health problem in the younger population in Western societies and obesity rates are higher in lower socioeconomic status (SES) groups. We investigated whether overweight in childhood, independently of overweight in adulthood, influenced adult employment status and later risk of having disabilities. Using data from the Danish Female Nurse Cohort study, we examined associations between overweight in childhood/adolescence, and young adulthood and disabilities and early retirement in later adulthood (>44 years) and whether it was influenced by menopausal age (<or ≥52 years). We analysed data from 10,363 female nurses recruited in 1999, who reported whether they, as children, were larger or of similar weight size as their peers at any age below 13 years, between 13 and 19 years, their weights, and heights at 25 years, their current work situation and whether they had had disabilities for more than 6 months.

**RESULTS:**

Our results showed that overweight in childhood, adolescence and young adulthood was associated with an increased risk of disabilities and early retirement. Especially childhood overweight that did not persist into adulthood was associated with an increased risk of disabilities (OR = 1.82, 95% CI = 1.26-2.63) and early retirement (OR = 2.05, 95% CI = 1.38-3.03) in the postmenopausal group. A similar increased risk for disabilities (OR = 1.76, 95% CI = 1.26-2.47) was seen for adolescent overweight that did not persist into adulthood.

**CONCLUSION:**

The results show that in a well-educated population of women, overweight in childhood and/or adolescence had adverse socioeconomic consequences for later risk of disabilities and early retirement irrespective of weight status in adulthood.