



**Abstractsamling**  
**til**  
**forsknings-sessioner**

**mandag, den 26. september 2022**  
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## Indhold

<b>1. Børnevægt</b>	<b>4</b>
1.1. Using Intervention Mapping to develop a home-based intervention addressing infancy to promote healthy weigh development in Denmark: The Bloom Trial	4
1.2. Developing the Bloom Trial: Parents' perceptions of barriers and facitilitators for adhering to advice from community health nurse faouring a healthy child weight development	6
1.3. Developing the Bloom Trial: Co-creating an intervention promoting healthy weight development during infancy with community health nurses and parents	8
1.4. Implementing the Bloom Trial to promote healty weight development during infancy: Community health nurses' perceptions of potential barriers	10
<b>2. Sundhedsfremme på erhvervsskoler</b>	<b>12</b>
2.1. Effectiveness of the multi-component intervension Focus on reducing smoking among students in the vocational education setting: A stratified cluster randomized controlled trial	12
2.2. Hvad er formative evaluering? Introduktion til teoretisk afsæt, potentielle bidrag og eksempler på konkrete resultater fra en formativ evaluering	14
2.3. Datadreven Sundhedsfremme på Erhvervsuddannelser – En model til fremme af sundhed og trivsel	16
<b>3. Rygning og sundhedsadfærd</b>	<b>18</b>
3.1. Making smoking history: temporal changes from 2017 to 2021 in support for a future smoking ban and increasing taxes in the general population of Denmark	18
3.2. Prevalence of use of smokeless tobacco and nicotine pouches in the Capital Region of Denmark 2021	19
3.3. Social inequality in health behaviours in cohabitating individuals with CVD	21
<b>4. Alkohol og kost</b>	<b>23</b>
4.1. Educational differences in alcohol consumption according to age in the Capital Region of Denmark in 2021	23
4.2. Monitoring 21 years of dietary salt intake in a general adult population – Assessing the progress of the Danish Action on Salt	25
4.3. Kan en virtual reality festsimulation VR FestLab forbedre danske elevvers alkoholkompetencer?	26
<b>5. Sundhedsfremme og forebyggelsesindsatser</b>	<b>28</b>
5.1. Systematiske og målrettede individorienterede forebyggende helbredsundersøgelser – En realistisk syntese	28
5.2. Our Healthy Community – implementation of a new model for health promotion and disease prevention in Danish Municipalities	30
5.3. Langsynet forebyggelse af kræft i huden	32



<b>6. Mental sundhed</b>	<b>33</b>
6.1. Effekt af Mindfulness-Baseret Stress Reduktion (MBSR) til lærerstuderende. Et randomiseret studie i det virkelige liv	33
6.2. Udviklingen af en taksonomi for centrale roller indenfor mental sundhedsfremme i en dansk tværsektoriel kontekst	34
6.3. Kan robotter fremme mental sundhed på arbejdspladsen?	36
<b>7. Multimobiditet og aktiv patientstøtte</b>	<b>38</b>
7.1. Organisering og implementering af Aktiv Patientstøtte – en national telefonbaseret indsats med støtte til egenomsorg	38
7.2. 'The good user gets it all': Access to healthcare for people with multiple chronic conditions	39
7.3. Treatment burden and associated factors: a population-based survey in Central Denmark Region 2017	40
<b>8. Pårørende rolle</b>	<b>42</b>
8.1. Compassion Training for Informal caregivers of people with a mental illness: Results of a Randomized Clinical Trial	42
8.2. Mediators for the effect of Compassion Cultivating Training: A longitudinal path analysis in a randomized controlled trial among caregivers of people with mental illness	43
8.3. Ethical issues in dementia guidelines for people with dementia and informal caregivers in Denmark: A qualitative thematic synthesis	44
<b>9. PTSD og demens</b>	<b>46</b>
9.1. Bodies, vulnerabilities and transformations: a qualitative study on body therapy among veterans with PTSD in Denmark	46
9.2. Effects of Mind-Body Therapy on Post-traumatic Stress Disorder among Danish Military Veterans: A Randomized Clinical Trial	48
9.3. OMTANKE – en indsats til at støtte mennesker med demens, deres pårørende og sundhedsprofessionelle i at mestre etiske dilemmaer i livet med demens	49
<b>10. Udvikling i livskvalitet og sundhed</b>	<b>51</b>
10.1. Impact of the COVID-19 pandemic, temporal changes and educational differences in quality of life in the Capital Region of Denmark from 2017 to 2021	51
10.2. Udvikling i social ulighed i børn og unges udvikling, sundhed og trivsel i 23 kommuner i perioden 2002-2019	52
10.3. Evidensbegrebet i folkesundhedsvidenskab	54



## 1. Børnevægt

### 1.1. Using Intervention Mapping to develop a home-based intervention addressing infancy to promote healthy weight development in Denmark: The Bloom Trial

**Camilla Thørring Bonnesen, RR Carlsson, LAS Brautsch, L Kierkegaard**

National Institute of Public Health, University of Southern Denmark

#### *Primært budskab*

The development process resulted in a complex intervention addressing known risk factors for child overweight e.g., meals, movement, screen time and sleep, and introduce a new theme: sense of security.

#### *Implikationer for praksis*

Transparency of the developmental process may enable future intervention studies to build on our findings and accumulate knowledge to promote healthy weight development among infants and children.

#### *Baggrund*

Clear documentation of the understanding of the problem, development process, and content of interventions is essential to understand why interventions succeed or fail. Transparent reporting will enable future researchers to build on previous evidence and replicate or adapt interventions for new contexts. This paper describes the theory- and evidence-based systematic development of the Bloom Trial - a home-based intervention to promote healthy weight development among infants and children.

#### *Metode*

Development of the intervention is guided by the six-step planning tool the Intervention Mapping protocol. Step 1: Needs assessment including identification of risk factors in infancy and existing interventions, interviews with parents, and an organizational capacity assessment. Step 2: Development of program theory and matrices. Step 3: Selection of theoretical methods and practical applications for modifying personal and environmental determinants. Step 4: Development of intervention tools. Step 5: Planning of program adoption, implementation, and sustainability. Step 6: Generation of an evaluation plan.

#### *Resultater*

The Bloom intervention is universal but with a strong focus on families with low socio-economic position and non-Danish ethnic background. It is aimed at first-time parents and addresses early risk factors for child overweight such as parental skills and healthy habits related to food and meals, movement, screen time and sleep, and introduce a new theme: sense of security in the family. It will be integrated in existing services delivered by community health nurses supplemented with extra elements such as telephone consultations, family groups and a video library.



## *Konklusion*

The transparency of the developmental process and theoretical, empirical, and contextual foundation of the Bloom Trial may enable future studies to build on our findings and accumulate knowledge to promote healthy weight development among infants and children.



## 1.2. **Developing the Bloom Trial: Parents' perceptions of barriers and facilitators for adhering to advice from community health nurse favouring a healthy child weight development**

**Rikke Rothkegel Carlsson**, LAS Brautsch, L Kierkegaard, CT Bonnesen, National Institute of Public Health, University of Southern Denmark

### *Primært budskab*

Health nurses are emphasized as a trustful relation and the key informant about children's health, but parents expressed the importance of addressing behaviours in a non-stigmatising manner.

### *Implikationer for praksis*

Adapting information gained from parents in development of the trial will increase the chances of a relevant, successful, and sustainable intervention promoting healthy child weight development.

### *Baggrund*

Childhood obesity is a global health problem and infancy is an important window of opportunity for promoting healthy weight development. In Denmark, community health nurses cover most families with a new-born child leaving a huge potential for promoting healthy weight development. This study examines parents' perceptions of barriers and facilitators for adhering to advice from the health nurse regarding healthy weight development of their child.

### *Metode*

Sixteen interviews with parents (children aged 0- 2 years) living in Denmark were conducted. Parents were strategically sampled representing variations across child age, family socioeconomic position, ethnicity, and geography. All interviews were based on a semi-structured interview guide, recorded, and transcribed verbatim and analysed using a thematic analysis.

### *Resultater*

Preliminary results indicate that parents generally experience visits from their health nurse positively. Health nurses are emphasized as a confident and trustful relation and the key informant about children's health. Variations in how parents adhere to advice favouring healthy weight development of their child were found. Generally, parents adopted a positive attitude towards the health nurse, also when she addressed behaviour or practice of the parents, but parents expressed the importance of doing so in a non-stigmatising or finger pointing manner. The degree to which parents follow the advice from their health nurse depend on cultural background, advice from family and friends, and use of online information.



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## *Konklusion*

Parents generally have a confident and trustful relation to the health nurse, and she constitutes the key informant on child health. This leaves a potential for the structure of Danish health nurses for future interventions promoting healthy weight development. Adaptation of the future intervention program to the needs of parents will increase the chances of developing a relevant, successful, and sustainable intervention.



## 1.3. **Developing the Bloom Trial: Co-creating an intervention promoting healthy weight development during infancy with community health nurses and parents**

**Lene Kierkegaard**, R Rothkegel Carlsson, LAS Brautsch, CT Bonnesen,  
Center for Intervention Research, National Institute of Public Health, SDU, Denmark

### *Primært budskab*

The co-creation process resulted in development of intervention content focusing on nutrition, physical activity, sleep, screen time and sense of security from pregnancy to child age 2½ years.

### *Implikationer for praksis*

*Involving* parents and stakeholders in the development of an intervention increases the chances of producing a relevant, successful, and sustainable intervention.

### *Background*

Childhood obesity is a major public health challenge, and it is recommended to promote healthy weight development already during infancy. It is important to co-create interventions to maximize the feasibility and thus improve the chances of successful implementation. This paper describes the co-creation process of the Danish Bloom Trial – an early intervention to promote healthy weight development among children of first-time parents.

### *Method*

Development of the trial is inspired by co-creation frameworks and the Intervention Mapping protocol. The co-creation process comprises three stages: 1) Evidence review, qualitative research with community health nurses (CHNs) and parents, and stakeholder consultations; 2) co-creation of the intervention content including workshops and group meetings with CHNs and other stakeholders and focus group discussions with parents; and 3) prototyping, feasibility- and pilot-testing. Currently, we are in stage 2 and have conducted four workshops with CHNs and one parent group discussion.

### *Results*

During stage 1, we identified the intervention setting; the unique system of CHNs in Danish municipalities. Furthermore, we identified the need for developing intervention content focusing on nutrition, physical activity, sleep, screen time and sense of security to promote healthy child weight development. The main intervention components are a course for CHNs and guidelines on how to talk to parents about behavioural risk factors. The main components for parents are eight home visits and six telephone consultations from CHNs during pregnancy and until the child is 2½ years old and a video library.





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## *Conclusion*

The description of the development of the Bloom Trial provides an example of how to co-create an intervention balancing evidence, the practical work of the implementers and the needs of the families. Co-creation with relevant stakeholders increases the chances of producing a relevant, successful, and sustainable intervention.



## 1.4. Implementing the Bloom Trial to promote healthy weight development during infancy: Community health nurses' perceptions of potential barriers

**Louise Ayoe Sparvath Brautsch**, L Kierkegaard, RR Carlsson, CT Bonnesen  
Center for Intervention Research, National Institute of Public Health, SDU,  
Denmark

### *Primært budskab*

Involving community health nurses' perceptions aim at increasing the chances of producing a relevant and successful implementation strategy.

### *Implikationer for praksis*

The study pinpoints key barriers (e.g. lack of time, project fatigue and cultural differences) of implementing an intervention promoting healthy weight in the community health nurse setting in Denmark.

### *Baggrund*

The overall aim of the Bloom Trial is to develop and test a program promoting healthy weight development during infancy within the community health nurse setting in Denmark. Many interventions are poorly implemented, and to ensure adequate implementation support, previous studies have suggested to assess barriers and organizational readiness before intervention start. The aim of the present study is to assess barriers for implementing and sustaining the Bloom Trial among program adopters and implementers.

### *Metode*

Barriers were identified on different levels. Organizational barriers within the work of health nurses included lack of time, economic resources, project fatigue, and political priority. Furthermore, health nurses lacked relevant tools to guide parents about promoting healthy weight development. Interpersonal barriers between health nurses and parents were identified as the difficulties of having conversations about healthy weight development, especially if the parents or health nurses were overweight themselves. Cultural differences including language barriers and different perceptions of for example healthy food choices were also found.

### *Resultater*

Barriers were identified on different levels. Organizational barriers within the work of health nurses included lack of time, economic resources, project fatigue, and political priority. Furthermore, health nurses lacked relevant tools to guide parents about promoting healthy weight development. Interpersonal barriers between health nurses and parents were identified as the difficulties of having conversations about healthy weight development, especially if the parents or health nurses were overweight themselves. Cultural differences including language barriers and different perceptions of for example healthy food choices were also found.



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## *Konklusion*

The findings are central for ensuring that the Bloom Trial is relevant and applicable to the setting of health nurses in Danish municipalities. This is crucial for ensuring successful adoption, implementation, and prolonged sustainability. Key message: Involving community health nurses' perceptions aim at increasing the chances of producing a relevant and successful implementation strategy. Implication for practice: The study pinpoints key barriers (e.g. lack of time, project fatigue and cultural differences) of implementing an intervention promoting healthy weight in the community health nurse setting in Denmark.



## 2. Sundhedsfremme på erhvervsskoler

### 2.1. Effectiveness of the multi-component intervention Focus on reducing smoking among students in the vocational education setting: A stratified cluster randomized controlled trial

**Simone Gad Kjeld**, LC Thygesen, D Danielsen, GS Jakobsen, MP Jensen, T Holmberg, LS Bast, L Lund, C Pisinger, S Andersen  
Centre for Intervention Research, National Institute of Public Health, SDU, Denmark

#### *Primært budskab*

This study highlighted the effectiveness of a comprehensive smokingreducing intervention among specific subgroups and the importance of implementation

#### *Implikationer for praksis*

Future efforts aiming to reduce smoking among youth and high-risk populations could benefit from focusing on how to reach boys, schools without a specific health focus, and how to ensure proper implementation

#### *Baggrund*

Social inequality in smoking continues to be an important public health issue. Upper secondary schools offering vocational education and training (VET) or preparation for youth education often comprise more students from lower socioeconomic backgrounds and have higher smoking prevalences than general high schools. This study examined the effects of a school-based multi-component intervention, Focus, on reducing smoking among Danish students at VET and preparatory upper secondary schools.

#### *Metode*

Focus was evaluated in a cluster randomized controlled trial with eight schools in the intervention group (n=1,028 students) and six schools in the control group (n=815 students). The intervention comprised six components: smoke-free school hours, courses for school staff, edutainment sessions, class lessons, class-based competition, and access to smoking cessation support. Primary outcomes were daily number of cigarettes and smoking status (daily or regular). Effects of the intervention were tested using multiple imputations of missing information at follow-up. Further, a range of secondary outcomes were examined.

#### *Resultater*

Overall, no statistically significant intervention effects were found in intention-to-treat analyses concerning daily smoking consumption and status. Pre-planned subgroup analyses showed significantly less smoking among girls and in social and healthcare VET schools comparing the intervention group with their counterparts in the control group. Per-protocol analysis suggested that schools with full intervention had higher benefits of the intervention compared with the control group, while no marked differences were seen among schools with partial intervention.



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## *Konklusioner*

Results from this study suggested that the effectiveness of the Focus intervention differed according to gender, school type, and level of implementation.



## 2.2. Hvad er formative evaluering? Introduktion til teoretisk afsæt, potentielle bidrag og eksempler på konkrete resultater fra en formativ evaluering

**Anne Sidenius**, C Heinze (1, 2), L Winther Ringgaard (1), RD Hartmeyer (1), A-L Bjerregaard (3), CD Klinker (1)

1 Enhed for Sundhedsfremmeforskning, Steno Diabetes Center Copenhagen, Region Hovedstaden, 2 Statens Institut for Folkesundhed, Syddansk Universitet, 3 Steno Diabetes Center Sjælland, Region Sjælland

### *Primært Budskab*

At tilføje en formativ evaluering i de tidlige projektfaser kan medføre vigtig læring og være med til at sikre betydningsfulde ændringer løbende samt sætte retning i forhold til at nå de ønskede mål.

### *Implikationer for praksis*

Oplægget giver en indføring i, hvordan man i praksis kan arbejde med evaluering som proces for læring og udvikling og sætte fokus på et projekts potentielle barrierer, styrker og svagheder.

### *Baggrund*

En stor andel af danske erhvervsskoleelever er i risiko for at udvikle sygdomme senere i livet som følge af dårlig kost, rygning, lav fysisk aktivitet og dårlig mental sundhed – der er derfor behov for effektive sundhedsfremmende interventioner rettet mod erhvervsskoleelever. Projektet Datadreven Sundhedsfremme på Erhvervsuddannelser (Data Sund EUD) har til formål at udvikle en bæredygtig og systemforandrende model til fremme af sundhed og trivsel blandt erhvervsskoleelever. Data Sund EUD-modellen bygger på en systemorienteret og samskabende tilgang, hvor ansatte og elever på erhvervsuddannelser sammen med kommune og lokale aktører selv bestemmer, hvordan de vil fremme sundhed blandt eleverne med udgangspunkt i viden, data og motivation. Data Sund EUD-modellen testes i løbet af 2022-24 via virknings- og procesevaluering på otte erhvervsuddannelser i fire kommuner/to regioner. Modellen, der afprøves på de otte skoler, er udviklet i to faser: En indledende fase, hvor de overordnede komponenter og strukturer af modellen blev udviklet på baggrund af tidligere projekterfaringer, litteratur og viden om erhvervsskoleelevers sundhedsadfærd samt en justerende udviklingsfase, hvor den foreløbige model blev afprøvet på en præpilotskole (Holbæk EUC-Nordvestsjælland) i 2021-22 og løbende tilpasset via en formativ evaluering med fokus på modellens styrker, svagheder og særlige udfordringer – det er eksempler fra denne formative evaluering, der præsenteres på oplægget. Formålet med den formative evaluering var at vurdere, videreudvikle, konkretisere og tilpasse modellen på baggrund af data og input fra praksis. Modellen, der blev afprøvet på Holbæk EUC-NVS, var bygget op omkring en kortlægning af skolens elevers sundhed og trivsel (sundhedsprofil), fællesmøder med formidling af sundhedsprofil, workshops med 5-7 elever/medarbejdere, etablering af en koordinationsgruppe med repræsentanter fra skolens ledelse, medarbejdere, elever og Holbæk Kommune, samt udpegning af en lokal tovholder på skolen.



På oplægget gennemgås centrale ændringer i bl.a. disse elementer.

## *Metode*

Teoretisk baserer formativ evaluering sig på aktionsforskning, der betragter forskning som en dynamisk proces, der ikke kan forudbestemmes, men ændres og udvikles i takt med, at forskere og deltagere (praksis) øger deres indsigt i de emner, processen angår – en sådan tilgang kan være yderst relevant, når man ønsker at opnå viden om, hvordan implementering af ny viden og nye processer foregår i praksis. Den formative evaluering i Datadreven Sundhedsfremme på Erhvervsuddannelser i præpilotfasen på Holbæk EUC-NVS baserede sig på følgende kvalitativ dataindsamling: - Observationer og noter under koordinationsgruppemøder, fællesmøder og workshops - Løbende telefoninterview med medlemmer fra koordinationsgruppen (repræsentanter for ledelse og medarbejdere samt skolens tovholder i projektet) - Korte interviews med 3 elever fra koordinationsgruppen - Opfølgende interview med workshopdeltagere - Interview med to kommunale deltagere - Ugentlige møder med projektets to regionale projektkoordinatorer.

Centrale aktører var aktivt involverede i den formative evaluering for at understøtte kontinuerlig forandring og forbedring af projektet og træffe beslutninger om retning og ændringer undervejs. Faste projektmøder mellem projektledelse, forskning og repræsentanter for praksis (de to regionale koordinatore) fungerede som centralt læringsrum for kapacitetsopbygning, fortolkning af data, faglig/praktisk sparring samt beslutningstagen. Projektets specifikke aktiviteter – herunder de enkelte interventionskomponenter og rekrutteringsstrategier – blev udviklet og justeret på disse projektmøder med udgangspunkt i data og lokale praksiserfaringer og efterfølgende kvalificeret og drøftet med repræsentanter for Holbæk EUC-NVS via en regional koordinator

## *Resultater*

Den formative evaluering i projekt Datadreven Sundhedsfremme på Erhvervsuddannelser på Holbæk EUC-NVS førte både mindre justeringer og større ændringer med sig, herunder fravalg af en gennemgående koordinationsgruppe på skolen, en styrket formidlingsindsats til aktører på skolen samt tilpasning af lokale beslutningsprocesser. En række konkrete eksempler på ændringer i Datadreven Sundhedsfremme på Erhvervsuddannelser præsenteres med udgangspunkt i hvilke data fra den formative evaluering, der gav anledning til selvsamme justeringer. Der er tale om foreløbige resultater.

## *Konklusion*

Formativ evaluering producerer praktisk viden på baggrund af erfaringer og praksis blandt de involverede – herunder fagprofessionelle – og kan således sikre tidlig indflydelse og en oplevelse af lydhørhed, gensidig forståelse og fælles mål, og herigennem være med til at bygge bro mellem forskning og praksis. Dertil kan en formativ evaluering være med til løbende at forbedre et projekt via dybdegående viden om udfordringer og gode erfaringer; derved reduceres uhensigtsmæssige processer, tilgange og interventionselementer i et igangværende projekt, inden effekten heraf undersøges nærmere.



## 2.3. Datadreven Sundhedsfremme på Erhvervsuddannelser – En model til fremme af sundhed og trivsel

**Lene Winther Ringgaard (1)**, RD Hartmeyer (1), C Heinze (1, 2), A Sidenius (1), A-L Bjerregaard (3), CD Klinker (1)

1 Sundhedsfremmeforskning, Steno Diabetes Center Copenhagen, Region H, Herlev, 2 Statens Institut for Folkesundhed, Syddansk Universitet, København, 3 Steno Diabetes Center Sjælland, Holbæk

### *Primært Budskab*

At arbejde ud fra principperne datadrevent, samskabende og systemtænkende med sundhedsfremme på erhvervsuddannelserne virker lovende, men også udfordrende.

### *Implikationer for praksis*

Oplægget giver en introduktion til en model for, hvordan der kan arbejdes med sundhedsfremme på erhvervsuddannelser i et partnerskab mellem skoler, kommuner og lokale aktører.

### *Baggrund*

En stor andel af erhvervsskoleelever er i risiko for at udvikle sygdomme som følge af dårlig kost, rygning, lav fysisk aktivitet og dårlig mental sundhed, og der er derfor behov for effektive sundhedsfremmende interventioner målrettet erhvervsskoleelever. At forandre sundhedsadfærd er komplekst, da adfærd påvirkes af mange faktorer. Datadreven Sundhedsfremme på Erhvervsuddannelser (Data Sund EUD) har til formål at udvikle en bæredygtig og systemforandrende model til fremme af sundhed og trivsel blandt erhvervsskoleelever. Der er i perioden 2020-22 udviklet en model, som testes og evalueres på otte skoler i fire kommuner i 2022-24. Data Sund EUD-modellen og de foreløbige resultater fra procesevalueringen bliver præsenteret her.

### *Metode*

Data Sund EUD-modellen bygger på en systemorienteret og samskabende tilgang, hvor ansatte og elever på erhvervsuddannelser, kommunen og lokale aktører selv bestemmer - med udgangspunkt i viden, data og motivation - hvordan de vil fremme sundhed blandt eleverne. Modellen, der afprøves, er bygget op om faserne: Fase 1: Etablering af samarbejde ml erhvervsuddannelse og kommune, kortlægning af elevernes sundhed og trivsel, drøftelser af sundhedsprofildata med skolens ansatte og elever, samt valg af det sundhedstema, skolen vil arbejde med. Fase 2: Workshops med ansatte, elever, kommune og lokale aktører, hvor årsagerne til det valgte sundhedstema kortlægges og specifikke indsatsområder udvælges. Fase 3: Lokale arbejdsgrupper udvikler og igangsætter aktiviteter på skolen. Der gennemføres en formativ, proces- og effektevaluering.





## *Resultater*

De første fire erhvervsuddannelser har i foråret 2022 gennemført fase 1 og 2. Foreløbige resultater fra procesevalueringen viser, at 88% af de ansatte (N=56) og 51% af eleverne (N=384) synes, det er spændende at høre om resultater fra skolens sundhedsprofilen, og 44% af de ansatte og 52% af eleverne oplever, at de har fået ny viden om, hvorfor det er vigtigt, skolen arbejder med sundhed og trivsel. I alt to erhvervsuddannelser har valgt sundhedstemaet mental sundhed og to har valgt fysisk aktivitet.

## *Konklusion*

Med udgangspunkt i en datadrevet proces, systemtækningsmetoder og samskabelse af aktiviteter i partnerskaber mellem skoler, kommuner og lokale aktører virker udsigterne til at udvikle en bæredygtig og skalerbar model til fremme af sundhed og trivsel blandt erhvervsskoleelever lovende.



### 3. Rygning og sundhedsadfærd

#### 3.1. Making smoking history: temporal changes from 2017 to 2021 in support for a future smoking ban and increasing taxes in the general population of Denmark

**Cecilie Coltermann Toxværd (1)**, GJ Lau (1), AH Andersen (1), MH Eliassen (1), C Pisinger (1, 2)

1 Center for Clinical Research and Prevention, Copenhagen University Hospital – Bispebjerg and Frederiksberg, Copenhagen, Denmark, 2 The Danish Heart Foundation, Copenhagen, Denmark

##### *Primært budskab*

En stor del af befolkningen i Region Hovedstaden støtter et fremtidigt rygeforbud og øgede tobakspriser. Denne andel er steget siden 2017.

##### *Implikationer for praksis*

Resultaterne indikerer, at en stor del af den danske befolkning er parate til et fremtidigt rygeforbud og stigende tobakspriser.

##### *Baggrund*

An end date for smoking has been adopted in several countries and is being discussed by several governments across the world. We know from previous danish study that by 2017 half of the population supported a future smoking ban and increasing tobacco taxes. New data has been collected in 2021 which add new knowledge about temporal changes in citizens' support for a future smoking ban.

##### *Metode*

The study was based on two waves of the Danish Capital Region Health Survey conducted in 2017 and 2021 among citizens aged  $\geq 16$  years old. The response rates were 52.6% (n=55,185) in 2017 and 54.9% in 2021 (n=56,245). Data were weighted for non-response.

##### *Resultater*

Results show that public support for a future smoking ban increased from 50.3% in 2017 to 55.2% in 2021. In both years, the majority support a ban within 5 years. Support for increasing tobacco taxes increased from 59% in 2017 to 68% in 2021. Furthermore, 8.2% supported a small, 10% a moderate, and 51% a large/very large increase in tobacco tax anno 2021.

##### *Konklusion*

This study shows increased readiness to support a future smoking ban and increasing tobacco taxes in Denmark. In 2021, more than half of the population support a future smoking ban and a major increase in tobacco taxes. Findings may help policymakers in decisions on tobacco control.



## 3.2. Prevalence of use of smokeless tobacco and nicotine pouches in the Capital Region of Denmark 2021

**Marie Holm Eliassen (1)**, CG Toxværd (1), CJ Lau (1), C Pisinger (1, 2), MH Jacobsen (1), N Gøtzche (1)

1 Center for Klinisk Forskning og Forebyggelse, Københavns Universitetshospital – Bispebjerg og Frederiksberg, København, Danmark, 2 Hjerteforeningen, København, Danmark

### *Primært budskab*

Brug af røgfri tobak/nikotinposer er især udbredt blandt unge, og især unge mænd, i Region Hovedstaden i 2021. Samtidig er det største fald i daglig rygning fra 2017 til 2021 sket blandt unge mænd.

### *Implikationer for praksis*

Resultaterne indikerer, at der er sket et skift i type af tobaksprodukter blandt unge. Det er vigtigt at have fokus på alle typer tobaks- og nikotinprodukter i forebyggelsesøjemed.

### *Baggrund*

Smokeless tobacco e.g. snus and chewing tobacco as well as tobacco free nicotine pouches gain increasing popularity. However, little is known about the prevalence of use in Denmark. The aim was to examine the prevalence of use of smokeless tobacco and nicotine pouches including sociodemographic characteristics of users in the general population in the Capital Region of Denmark in 2021, and to compare the prevalence with temporal changes in daily smoking from 2017 to 2021.

### *Metode*

The study was based on the Danish Capital Region Health Survey 2017 and 2021 including 55,185 (response rate 52.6%) and 56,245 (54.9 %) persons aged  $\geq 16$  years old, respectively. Use of smokeless tobacco—defined as snus, chewing tobacco, tobacco bites or the like—and tobacco free nicotine pouches was assessed in 2021. The results were weighted for survey design and non-response.

### *Resultater*

In 2021, the prevalence of use of smokeless tobacco/nicotine pouches was 3.5%. Of these, 59% used nicotine pouches. Young men (aged 16–24 years) had the highest prevalence of use of smokeless tobacco/nicotine pouches in 2021 (17.1%). Women in the same age group had a prevalence of 5.9%. No social gradient was seen for the use of smokeless tobacco/nicotine pouches. Additionally, young men had the greatest decrease in daily smoking across age groups, from 16% in 2017 to 8% in 2021.



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## *Konklusion*

The high prevalence of use of smokeless tobacco/nicotine pouches among young men, whom at the same time had the greatest decrease in daily smoking from 2017 to 2021, indicates a shift in use of tobacco products. The findings emphasize the need of preventing all types of tobacco and nicotine products.



## 3.3. Social inequality in health behaviours in cohabitating individuals with CVD

**Jes Bak Sørensen (1)**, K Friis (1), NK Nissen (1), T Maribo (1, 2), BK Nielsen (1), CT Mejdahl (1), AML Thomsen (1)

1 DEFACTUM, Central Denmark Region, Denmark, 2 Department of Public Health, Aarhus University, Aarhus, Denmark

### *Primært budskab*

Social inequality in health behaviour was found among cohabitating individuals with CVD. Thus, low educational attainment affects CVD risk profile regardless of cohabitation status.

### *Implikationer for praksis*

Social inequality in health behaviour among cohabitating individuals with CVD should be addressed in public health strategies, targeted secondary prevention, treatment and rehabilitation.

### *Baggrund*

Despite a decrease in mortality rates CVD remains the leading cause of morbidity and mortality in Europe. Health behavioural risk factors, low socioeconomic status and cohabitation status are all associated with CVD. However, little is known about social inequality in health behaviour among cohabitating individuals with CVD. Thus, the aim of this study was to examine social inequality in health behaviour among cohabitating individuals with CVD.

### *Metode*

Register data on CVD were linked with self-reported health behaviour from the Danish 2017 population-based health survey "How are you?". In total, 2,443 survey participants aged 45 years and above were registered with CVD. Daily smoking was assessed using a single question about smoking habits. Physical inactivity was categorised as less than 30 minutes of physical activity at least six days per week. Respondents with a BMI  $\geq 30$  were considered obese. Unhealthy diet was assessed using the Diet Quality Score. Moderate risk alcohol consumption was categorised as exceeding the Danish Health Authority's recommendations. Self-reported educational attainment was used as a marker of social position and was categorised as low (0-10 years), medium (11-15 years) or high ( $\geq 15$  years). Sociodemographic differences in health behaviour were compared using adjusted logistic regression models with health behaviours as dependent variables and adjusted for sex, age, ethnic background, time since initial CVD diagnosis and multimorbidity.

### *Resultater*

Cohabitating individuals with CVD and low educational attainment had higher adjusted odds for daily smoking (3.31), physical inactivity (2.10), unhealthy diet (6.37) and obesity (2.55) than cohabitating individuals with CVD and high educational attainment. However, they also had lower adjusted odds for moderate risk alcohol intake (0.35)



## *Konklusion*

Social inequality in daily smoking, physical inactivity, unhealthy diet and obesity was found among cohabitating individuals with CVD



## 4. Alkohol og kost

### 4.1. Educational differences in alcohol consumption according to age in the Capital Region of Denmark in 2021

**Marie Grønkjær (1)**, MH Eliassen (1), G Askgaard (1, 2, 3), CJ Lau (1), AH Andreasen (1)

1 Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospital, Denmark, 2 Department of Hepatology and Gastroenterology, Aarhus University Hospital, Aarhus, Denmark, 3 Section of Gastroenterology and Hepatology, Medical Department, Zealand University Hospital, Køge, Denmark

#### *Primært budskab*

Der er ulighed i stort alkoholindtag blandt mænd i alderen 35-64 år, som sandsynligvis bidrager til den sociale ulighed, der ses i alkoholrelateret sygdom og død.

#### *Implikationer for praksis*

I prioriteringen og planlægningen af alkoholforebyggelse bør der være særligt fokus på at reducere storforbrug af alkohol blandt kortuddannede mænd i alderen 35-64 år.

#### *Baggrund*

There is substantial socioeconomic inequality in alcohol-related disease and death despite no apparent socioeconomic gradient in alcohol consumption, referred to as the "alcohol harm paradox". Age may modify the socioeconomic gradient in alcohol consumption. The aim of the study was to explore educational differences in alcohol consumption according to age and sex in a general adult population.

#### *Metode*

We used data on alcohol consumption from the Danish Capital Region Health Survey 2021, including 56,245 participants aged  $\geq 16$  years (response rate 54.9%). Information on educational level came from national registries. Prevalence of high-risk alcohol consumption ( $>14/21$  drinks/week for women/men) according to educational level, age group (16-34years, 35-64years and 65+years) and sex was weighted for survey design and non-response.

#### *Resultater*

Preliminary results show that for the 35-64-year-olds, there was a higher prevalence of high-risk alcohol consumption among those of lower educational levels among men, while no clear association was seen among women. Opposite, for the 65+ years-age group, a tendency of higher prevalence of high-risk alcohol consumption was seen for higher educational levels in both sexes. For the 16-34-year-olds, being under education and having a high school degree were associated with high-risk alcohol consumption.



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## *Konklusion*

The impact of age and sex on social inequality in alcohol consumption is important when prioritizing and planning alcohol prevention. The educational gradient among men aged 35-64 years may contribute to the alcohol harm paradox, and a special focus should be on minimizing high-risk alcohol consumption in those of low educational level aged 35-64 years.





## 4.2. Monitoring 21 years of dietary salt intake in a general adult population – Assessing the progress of the Danish Action on Salt

**Kirsten Scroll Bjørnsbo**, U Toft, Center for Klinisk Forskning og Forebyggelse, Bispebjerg og Frederiksberg Hospital, Frederiksberg, Danmark

### *Primært budskab*

En saltreduktion på 3 gram/dag vil spare liv og penge, men saltindtaget er uændret højt 1999-2020. Saltindsatsen har manglet gennemslagskraft til at sænke salt i forarbejdede fødevarer.

### *Implikationer for praksis*

Det må sikres, at fødevarerindustrien ensartet og inden for en given tidsramme opfylder saltmålene - om nødvendigt gennem obligatorisk reformulering.

### *Baggrund*

Reductions in salt intake have the potential to markedly improve population health at low cost. Average salt intake in adult Danes is 9.5 g/d, and much higher than the recommended 5-6 g/d. The Danish Saltpartnership (2010 - 2018) aimed at reducing the average salt consumption by 3 g per day per capita. Progress has been monitored by frequent spot urine population samples. This paper aims to investigate the development in salt intake among Danes before, during and after the Danish Action on Salt.

### *Metode*

This study includes five individual surveys: Inter99 (1999), Health2006 (2006), Health2010 (2010), DanFunD (2014) and Health2016 (2017), as well as the DanFunD follow-up study (2020). All were random samples of adults from suburbs of Copenhagen. Spot urine was collected and analysed for creatinine and sodium in 24,126 Danes. Daily salt intake (g/d) was estimated from a Danish model for 24-hour creatinine and sodium excretion. Cross sectional analysis on trends in salt intake was performed based on the five individual studies. A longitudinal analysis was performed on change in salt intake in participants completing both DanFund surveys.

### *Resultater*

Average salt consumption increased significantly (0.32 g/d [0.18;0.46]) from 8.8 g/d in 1999 to 9.1 g/d in 2017 with a small decrease in salt intake in 2010 to 8.3 g/d. Adjustment for gender, age, and BMI did not change the result (0.31 g/d [0.21;0.41]). Mean salt intake per day increased significantly (0.64 g/d [0.62;0.67]) between individuals participating in both DanFund surveys (2014 and 2020), 8.6 g/d and 9.1 g/d respectively.

### *Konklusion*

The Danish salt intake as measured from spot urine increased by 0.3 g/d from 1999 – 2017. Salt intake level was the same in 2017 and 2020. Upstream approaches must be applied to meet the EU reduction of 3 grams of salt daily. Progressively lower salt targets must be set, with clear time frames for industry, if needed through national legislation.



## 4.3. Kan en virtual reality festsimulation VR FestLab forbedre danske elevers alkoholkompetencer?

**Julie Dalgaard Guldager (1,2)** S Lavasani Kjær (2), U Grittner (3), C Stock (2, 4)  
1 Fysioterapiafdelingen, University College Syddanmark, Esbjerg, Danmark, 2 Enheden for Sundhedsfremmeforskning, Det sundhedsvidenskabelige fakultet, Syddansk Universitet, Esbjerg, Danmark, 3 Institut of Biometry and Clinical Epidemiology, Charit´-Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin and Berlin Institute of Health, Tyskland, 4 Institut for Health and Nursing Science, Charité-Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin and Berlin Institute of Health, Berlin, Tyskland

### *Primært budskab*

VR FestLab kunne være et værdifuldt bidrag til skolebaseret alkoholforebyggende undervisning, men kan ikke stå alene.

Fremtidig forskning bør fokusere på dosis-effekt forholdet af det nye værktøj VR FestLab.

### *Baggrund*

VR FestLab er en nyudviklet simuleret "fest", hvor spilleren bliver tilbudt alkohol, mens de styrer deres egen festoplevelse i virtual reality. Vi evaluerede effekten af VR FestLab på 15-18-årige skoleelevers "drinking refusal self-efficacy" og testede brugertilfredsheden. Derudover undersøgte vi, om der var ændringer i elevernes viden/bevidsthed om alkohol, kommunikationsevner, villighed til social støtte og modtagelighed for gruppepres.

### *Metode*

Interventionen bestod af 15 minutters spilletid og 30 minutters gruppediskussion i klassen. Interventionsgruppen spillede VR FestLab, og kontrolgruppen spillede VR-spillet "Oculus Quest - First Steps" (intet undervisningsindhold).

I dette klynge-randomiseret kontrolleret forsøg blev skolerne randomiseret til interventions-/kontrolgruppe. Der blev rekrutteret 13 danske skoler, og herunder deltog 268 elever i intervention- og 305 i kontrolgruppen. Eleverne udfyldte et spørgeskema før og umiddelbart efter interventionen. Data blev analyseret ved hjælp af "mixed" lineære regressionsmodeller.

### *Resultater*

50% af eleverne mente, at VR FestLab var realistisk, 57 % ville gerne udforske det yderligere, og 43 % ville anbefale det til venner. Vi fandt en lille, men ikke-signifikant effekt på "drinking refusal self-efficacy" til fordel for interventionen. Der blev ikke fundet forskelle mellem interventions- og kontrolgruppen for de sekundære resultater.



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## *Konklusion*

VR FestLab bør anvendes med højere frekvens end i dette RCT og i kombination med andre evidensbaserede alkoholforebyggende tiltag til unge. Yderligere forskning er nødvendig for at forbedre effektiviteten af VR FestLab.



## 5. Sundhedsfremme og forebyggelsesindsatser

### 5.1. Systematiske og målrettede individorienterede forebyggende helbredsundersøgelser – En realistisk syntese

**Marie Broholm Jørgensen (1)**, F Nilou (1), NB Christoffersen (1), T Thilsing (2)  
1 Statens Institut for Folkesundhed, Syddansk Universitet, 2 Forskningsenheden for Almen Praksis, Syddansk Universitet

#### *Primært budskab*

Syntesen viser, at forståelsen af, at der gælder en one-size-fits-all model, bør forlades, og at der i stedet peges på, hvad der virker, for hvem, hvordan og under hvilke omstændigheder.

#### *Implikationer for praksis*

Syntesen giver praktisk og teoretisk viden til arbejdet med komplekse indsatser indenfor målrettet forebyggelse af kronisk sygdom og er et fælles vidensgrundlag, fremtidige projekter kan gøre brug af.

#### *Baggrund*

Kompleksiteten af forebyggelsesindsatser er formentlig en væsentlig medvirkende årsag til varierende udfald af evalueringer. Med afsæt i, at det rent videnskabeligt er vanskeligt at påvise effekten af målrettede forebyggende helbredsundersøgelser, er formålet at udvikle en samlet teori for, hvorfor og hvordan en målrettet forebyggende indsats virker overfor kronisk sygdom på personer i øget risiko, samt for hvem virker det, og under hvilke betingelser man kan forvente at se en virkning.

#### *Metode*

Undersøgelsen udføres som en realistisk syntese og vil være inspireret af arbejdsgange og kvalitetsstandarderne beskrevet i [www.ramesesproject.org](http://www.ramesesproject.org) under RAMESES I. Syntesen består af fire faser, der inkluderer relevant litteratur og indsamling af kvalitativt datamateriale igennem interviews og workshops med udvalgte nøglepersoner og borgere. I fase 1, som er et litteraturstudie med fokus på systematiske reviews, inkluderede vi 33 studier i den endelige analyse. På baggrund af analysen udviklede vi en initial programteori bestående af seks CMO-konfigurationer. I fase to afholdt vi 16 interviews med ledere, forskere, projektmedarbejdere og praktikere, som har været involveret i hhv. ADDITION, Dit Liv – Din Sundhed, Inter99, Sund Mand, TOF, Tjek Ind, Sundhedsprojekt Ebeltoft og Tjek dit helbred. På baggrund af analysen udviklede vi 2. version af en samlet programteori. I fase tre lavede vi to forskellige litteratursøgninger og to separate analyser med det overordnede formål at justere og kvalificere programteorien. Denne ene søgning bestod af grå litteratur fra danske forebyggelsesindsatser og den anden efter kvalitative peer-reviewed artikler om forebyggelsesindsatser, der indbefattede helbredsundersøgelser i Norden, Holland og England. I fase 4 har vi afholdt workshops med henholdsvis fagpersoner og borgere med den hensigt at præsentere og kvalificere vores analyse og programteori som sidste led i



arbejdet med at tilpasse den. I alt afholdt vi fire workshops, hvoraf én bestod udelukkende af borgere. På baggrund af en samlet analyse af litteraturgennemgangene og det indsamlede kvalitative datamateriale har vi udarbejdet en programteori for forebyggende helbredsundersøgelser.

## *Resultater*

Resultaterne fra syntesen består af seks temaer, herunder syv CMO-konfigurationer. Resultaterne er stadig under udarbejdelse, men bearbejdes ud fra følgende 9 antagelser, som indgår i den samlede programteori: 1) Hvis forebyggende helbredstjek målrettes grupper i forhøjet risiko for at udvikle kronisk sygdom, så er der størst potentiale for at reducere risiko 2) Hvis indsatsen målrettes personer, som er i høj risiko, og som ikke har ressourcer eller fleksibilitet i hverdagen, så er det mindre sandsynligt, at de svarer på invitationen, og at de deltager 3) Hvis indsatsen opleves som relevant i forhold til modtagerens konkrete livssituation, så er vedkommende mere motiveret for at deltage 4) Hvis indsatsen opleves som let tilgængelig, så er modtageren mere tilbøjelig til at deltage 5) Hvis indsatsen gør brug af genkendelige elementer, så er modtageren mere tilbøjelig til at deltage 6) Hvis de professionelle har kompetencerne og tiden til at tage udgangspunkt i borgerens behov, så fører det til henvisning til relevant opfølgning 7) Hvis den opfølgende indsats opleves som genkendelig, tilgængelig og relevant, så er modtageren mere tilbøjelig til at deltage 8) Hvis implementeringen af indsatsen prioriteres (tid og ressourcer) i de organisationer, som skal levere indsatsen, så er der højere grad af implementering og bæredygtighed 9) Hvis der etableres en fælles forståelse af indsatsens formål, outcome og succeskriterier, så styrkes implementering og evaluering Herudover har vi identificeret følgende afledte virkninger af målrettede forebyggende helbredsundersøgelser: • Bedre samarbejde på tværs af primærsektoren • Stigmatisering • Øget ulighed i sundhed • Overdiagnosticering og -medicinering • Sygeliggørelse • Falsk tryghed for borgere.

## *Konklusion*

Projektets resultater peger på, at forebyggende helbredsundersøgelser ikke må indtage en one-size-fits all model, men skal tage højde for målgruppens behov og livssituation i valg af udformning og implementering af indsatsen.



## 5.2. Our Healthy Community – implementation of a new model for health promotion and disease prevention in Danish Municipalities

**Thea Suldrup Jørgensen**, P Bloch (2), NW Stjernqvist (2), M Aadahl (1), H Vardinghus-Nielsen (3), CH Pisinger (1), MK Tørslev (2), U Toft (1)  
1 Center for Clinical Research and Prevention, Capital Region, Frederiksberg, Denmark, 2 Steno Diabetes Center Copenhagen, Health Promotion, Herlev, Denmark, 3 Department of Public Health and Epidemiology, Aalborg University, Aalborg Ø, Denmark

### *Primært budskab*

Skabe positive og målbare forandringer i borgernes sundhed og trivsel. Give kommuner et nyt arbejdsredskab, der ved inddragelse og samarbejde på tværs sikrer mest mulig sundhed og trivsel for pengene.

### *Implikationer for praksis*

I kommunen: Bedre tværsektorielt samarbejde, mobilisering af lokale ressourcer, langsigtede samarbejdsrelationer samt et planlægnings- og monitoreringsredskab for sundhedsfremme og forebyggelse.

### *Baggrund*

The Danish health sector experiences a substantial increase in the incidence of chronic diseases. There is a need for radical systems change to secure that limited resources generate the best possible health and well-being among citizens. The aim was to assess the implementation of Our Healthy Community, an intervention aiming to develop and test a new strategic model for coordinated, integrated and evidence-based health promotion and disease prevention in Danish municipalities.

### *Metode*

The model was developed and implemented in two municipalities from 2019 to 2021. This involved six steps: 1) Analyzing the health status, lifestyles and socio-economy at population level; 2) conducting dialogue meetings with representatives from all public departments; 3) selecting thematic focus areas and target populations; 4) mapping community-based stakeholders, physical environments, and existing evidence; 5) co-creating ideas and topics for interventions; 6) developing and implementing interventions among stakeholders and citizens. The implementation process was evaluated qualitatively by interviewing 8 heads of public departments; 13 stakeholders from community-based organizations; and 2 local project coordinators.

### *Resultater*

The process fostered broad engagement of stakeholders from the public sector, the private sector and civil society. It transpired that a higher number of community-based stakeholders were engaged than usual when developing actions in the municipality, and that stakeholders were actively engaged in all steps of the co-creation process. Stakeholders appreciated the workshops, the co-creation process, and the solid knowledge base. Local coordinators played a key role in retaining stakeholders' engagement and connecting interventions to



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existing initiatives in the municipality. Better communication about the intervention across municipality departments was requested.

### *Konklusion*

The model builds on contextual analyses, dialogues, workshops, and co-creation processes with a wide range of stakeholders to secure local relevance, integration, and sustainability. The model promotes a stronger collaboration across stakeholders in developing and implementing health promotion interventions. The model will be pilot tested in two other municipalities (2022-2025).



## 5.3. Langsynet forebyggelse af kræft i huden

**Brian Køster**, Solkampagnens medarbejdere I perioden fra 2007 til nu  
Kræftens Bekæmpelse, Forebyggelse og oplysning, Livsstilsgruppen

### *Primært budskab*

Forebyggelse af kræft i huden er evidensbaseret og omkostningseffektivt, men ikke implementeret.

### *Implikationer for praksis*

Manglende implementering betyder mange unødvendige patienter.

### *Baggrund*

Uv-stråling er årsag til mindst 90 % af alle kræfttilfælde i huden. Implicit kan man ved at undgå risikofaktoren forebygge op til 90 % af alle tilfælde. Og dem er der ca. 25.000 af. Det efterlader +22.000 unødvendige patienter om året, fordi indsatsen ikke er implementeret. Formålet er at vise, at hudkræftforebyggelse i praksis er effektivt og omkostningseffektivt.

### *Metode*

Studiedesignet er en multikomponent 15-årig national intervention, som kumulativt har inkluderet over 150 årsværk, +20 national repræsentative spørgeskemaundersøgelser og en lang række kvalitative undersøgelser, og hvor hver eneste lille indsats har haft et evalueringsmål.

### *Resultater*

Interventionen har forebygget mellem 9.000 og 30.000 hudkræfttilfælde i perioden fra 2007-2040 som følge af reduceret solariebrug og skoldninger i den danske befolkning samt heraf afledte omkostninger på mellem 218 og 660 millioner kroner.

### *Konklusion*

Forebyggelse af kræft i huden er effektivt og en god forretning fra statens perspektiv. Manglende implementering vil komme til at forværre den økonomiske og menneskelige mangel på ressourcer i sundhedssystemet.





## 6. Mental sundhed

### 6.1. Effekt af Mindfulness-Baseret Stress Reduktion (MBSR) til lærerstuderende. Et randomiseret studie i det virkelige liv

**Lise Juul**, E Brorsen (1), K Gøtzsche (1), BL Nielsen (2), LO Fjorback (1)  
1 Department of Clinical Medicine, Danish Center for Mindfulness, Aarhus University, Aarhus, Denmark, 2 VIA University College, Aarhus, Denmark

#### *Primært budskab*

At give lærerstuderende adgang til veldokumenteret mental sundhedsfremmeintervention (MBSR) på deres uddannelse kan forbedre deres mentale sundhed væsentligt efter 3 måneder.

#### *Implikationer for praksis*

Det er vigtigt at gøre effektive mental sundhedsfremmeinterventioner tilgængelige for unge i deres hverdagsliv.

#### *Baggrund*

Unge mentale sundhed er udfordret, og WHO anbefaler, at mental sundhedsfremmeinterventioner tilbydes på arbejdspladser og uddannelsesinstitutioner. Et nyligt review i Nature Human Behaviour har vist, at mindfulness er den stærkeste intervention til at styrke trivsel, og MBSR er den bedst videnskabeligt dokumenteret mindfulness intervention. Formålet var at undersøge effekten af at tilbyde lærerstuderende MBSR på deres uddannelse på de studerendes selvrapporterede mentale sundhed.

#### *Metode*

Randomiseret studie blandt 67 lærerstuderende, der havde tilmeldt sig valgfag inkluderende MBSR med 34 i interventionsgruppe og 33 i ventelistekontrol, som modtog valgfaget det efterfølgende semester. Data blev indsamlet via spørgeskema, og primære outcome var ændring i oplevet stress målt med Perceived Stress Scale 3 måneder fra baseline. Sekundære outcome var symptomer på angst og depression, trivsel, resilient, mindfulness og tanker og følelser i hvile. Effekten blev analyseret med Mixed-effect lineære regressionsanalyser. Desuden undersøgte vi potentielle medierende effekter med structural equations modelling.

#### *Resultater*

Between-group different I score point: Perceived Stress Scale (PSS): -5.20 (95% CI: -8.39 to -2.01) Symptom checklist- 5 (SCL-5): -0.52 (-0.84 to -0.20) WHO-5 well-being Index (WHO-5): 16.94 (6.27 to 27.62) Brief resilience scale, (BRS): 0.11 (-0.27 to 0.49).

#### *Konklusion*

MBSR havde stor effekt på unges mentale sundhed blandt lærerstuderende, der havde valgt det som valgfag på deres uddannelse. Det kan anbefales at give unge adgang til MBSR på deres uddannelse



## 6.2. Udviklingen af en taksonomi for centrale roller indenfor mental sundhedsfremme i en dansk tværsektoriel kontekst

**Carsten Hinrichsen (1)**, L Nielsen (2), N Tamminen (3), M Kubstrup nelausen (2), A Oxholm Kusier (1), ZI Santini (1), F Schou-Juul (1), C Meilstrup (2), M Hulvej Rod (4), V Koushede (2), S Lauridsen (1)

1 The National Institute of Public Health, University of Southern Denmark, Copenhagen Denmark, 2 Department of Psychology, University of Copenhagen, Denmark, 3 Finnish Institute for Health and Welfare, Helsinki, Finland, 4 Steno Diabetes Center Copenhagen, Herlev, Denmark

### *Primært budskab*

En systematisk konceptualisering af centrale roller inden for mental sundhedsfremme øger forståelsen for, hvordan forskellige aktører i samfundet bidrager til at fremme befolkningens mentale sundhed.

### *Implikationer for praksis*

Den udviklede taksonomi er et forslag til en konceptualisering af rollefordelingen inden for mental sundhedsfremme, der kan guide prioriteringer inden for kapacitetsopbygning og implementering.

### *Baggrund*

Forskere og eksperter anerkender i stigende grad, at mental sundhedsfremme (MSF) er et vigtigt supplement til behandling og forebyggelse for at modvirke den stigende mistrivsel i befolkningen. MSF sigter mod at styrke positive aspekter af mental sundhed gennem en salutogen tilgang og bør foregå på tværs af sektorer. Der er behov for mere viden, som kan hjælpe med at konceptualisere og skabe overblik over rollefordelingen inden for MSF og de indlejrede tværgående praksisser. Studiets formål var derfor 1) at udvikle en taksonomi for centrale roller i mental sundhedsfremme i en tværsektoriel kontekst, og 2) at undersøge interaktionerne på tværs af rollerne.

### *Metode*

Studiet er baseret på analyser af initiativer fra partnerskabet ABC for mental sundhed, herunder et casestudie af implementeringen af et aktionslæringsforløb på tværs af sektorer. Data bestod af 18 individuelle interviews, 10 telefoninterviews, to gruppeinterviews, observationer og dokumenter. Informanterne (n=21) var deltagere fra aktionslæringsforløbet og ledere fra deltagende organisationer. Analysetilgangen for udviklingen af taksonomien er inspireret af Nigel Kings Template Analysis (King, 2012), som er en iterativ tematisk analyse. Tilgangen gjorde det muligt at inddrage tidligere evalueringsresultater og relevant litteratur omkring mental sundhedsfremme i analysearbejdet.

### *Resultater*

Taksonomien beskriver fem roller og deres nøglefunktioner: I. Leder: Policy og strategisk arbejde relateret til MSF, beslutningstagning, som påvirker MSF-praksis. Advokere for og understøtte MSF-praksisser. II. MSF-specialist:



Understøtte udvikling/implementering af MSF-initiativer og praksisser ved at bidrage med teknisk/specialiseret viden og kompetencer. III. Lokal MSF-koordinator: Styrke og lede lokale (typisk interne organisatoriske) MSF-praksisser og implementeringsprocesser. IV. MSF-praktiker: Indlejre grundlæggende værdier og principper for MSF i arbejdsgange og rutiner. Bidrage til lokale implementeringsprocesser. V. Slutbruger: Modtager eller målgruppe for MSF-praksisser og -initiativer. Kan bidrage til lokale implementeringsprocesser og udbrede kendskab til grundlæggende værdier og principper for mental sundhedsfremme. Studiets resultater illustrer rollernes gensidige afhængighed ved at belyse sammenhængen mellem handlinger, som finder sted på tværs af interventionsniveauer og sektorer. Handlingerne spænder fra eksempelvis vidensdelingsaktiviteter i partnerskabet ABC for mental sundhed til mental sundhedsfremmende praksisser, som er indlejret i den individuelle lektors undervisningsaktiviteter på en lokal uddannelsesinstitution. (Studiet er i peer-review).

### *Konklusion*

Den udviklede taksonomi for centrale roller, som er involveret i mental sundhedsfremme, giver et overblik over væsentlige funktioner, som indgår i tværsektorielle initiativer. Samlet set illustrerer studiets resultater samspillet på tværs af roller, sektorer og fagligheder. Hermed præsenteres praksisrelevante indsigter i, hvordan forskellige indsatsområder inden for mental sundhedsfremme kan (og bør) ses som sammenhængende og kan komplimentere hinanden. Taksonomien kan bidrage til at skabe et fælles sprog og forståelse for mental sundhedsfremme på tværs af sektorer.



## 6.3. Kan robotter fremme mental sundhed på arbejdspladsen?

**Maj Britt Dahl Nielsen**, SS Skov (1), JR Andersen (1), M Bab (2), MB Bab (29), S Lauridsen (1)

1 National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark, 2 Gnist, Aarhus, Denmark

### *Primært budskab*

I projektet har vi udviklet robotten Susa, som skal hjælpe ledere og medarbejdere til selv at styrke deres samarbejde og mentale sundhed uden hjælp af forskere og konsulenter.

### *Implikationer for praksis*

Der er et stort potentiale i at bruge robotter til at øge den mentale sundhed på arbejdet. Projektet bidrager med viden om anvendeligheden af robotter til møde- og processtyring i arbejdsmiljøarbejdet.

### *Baggrund*

Et godt samarbejde på arbejdspladsen har både betydning for vores mentale sundhed og virksomhedens produktivitet. Interventioner, der skal sikre et godt psykosocialt arbejdsmiljø, kræver en tæt involvering af ledere og medarbejdere, som ofte er afhængige af konsulenter eller forskere til at facilitere forandringsprocesser på arbejdspladsen. Denne afhængighed er en trussel for den langsigtede forankring og for udbredelsen til andre arbejdspladser. Formålet med dette projekt var derfor at udvikle og teste Susa - en robot, som skal hjælpe virksomheder med at styrke teamsamarbejdet på arbejdspladsen (uden hjælp fra forskere og konsulenter). Inspireret af aktionslæring guider Susa et team gennem tre møder á én times varighed. Her fungerer Susa som mødevejleder, der ved hjælp af opgaver og spørgsmål hjælper deltagerne med at identificere samarbejdsudfordringer og finde løsninger. Formålet med dette kvalitative studie var at dokumentere designprocessen og belyse målgruppens vurderinger af Susa som møde- og procesfacilitator.

### *Metode*

Inspireret af principperne for Design Thinking udviklede vi Susa i samarbejde med fire virksomheder, som deltog i tre workshops á 1 times varighed. Her blev et team af ledere og medarbejdere præsenteret for en betaversion udviklet af designere fra konsulenthuset Gnist. På baggrund af deltagerens input tilpassede designerne løbende Susa. Forskerne dokumenterede processen gennem videooptagelser, som efterfølgende blev analyseret tematisk.

### *Resultater*

Analyserne viste, at deltagerne accepterede Susa som mødefacilitator, selvom flere var skeptiske i starten. Deltagerne ønskede en mere menneskeligt udseende robot, som i højere grad kommunikerede via tekst (fremfor audio instruktioner). Deltagerne brød sig ikke om humor og brug af emojis, men efterspurgte en mere professionel identitet. Vi fandt, at deltagerne oplevede, at Susa hjalp med at strukturere forandringsprocessen og hjalp teamet med at



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udvikle konkrete handlingsplaner, som holdt dem på sporet undervejs i processen.

### *Konklusion*

Analyserne peger på, at virksomhederne oplever, at Susa bidrager med relevant møde- og procesfacilitering, og at udseende, kommunikationsform og personlighed har betydning for deres accept af Susa.



## 7. Multimobiditet og aktiv patientstøtte

### 7.1. Organisering og implementering af Aktiv Patientstøtte – en national telefonbaseret indsats med støtte til egenomsorg

**Mia Fredens**, U Toft, M Grønkjær, K Rasmussen, K Kidholm, C Palmhøj  
DEFACTUM, Aarhus

#### *Primært budskab*

Det er lykkedes at ensarte faglig praksis på tværs af regionerne ved hjælp af fælles kompetenceudvikling og udvalgte implementeringsværktøjer. Det opleves overvejende positivt at tilbyde sundhedsfremme over telefonen.

#### *Implikationer for praksis*

Organiseringen af interventionen i en programstyringsmodel har bidraget til ensretning af indsatsen.

#### *Baggrund*

Aktiv Patientstøtte er en top-down-initieret indsats med en overordnet rammesætning for, hvordan indsatsen skal gennemføres. Det stiller store krav til en ensartet implementering, når Aktiv Patientstøtte implementeres i 5 forskellige regioner. Tidligere studier viser, at sundhedspersonalet er afgørende for vellykket implementering. Det er derfor relevant at undersøge, hvordan sygeplejerskerne håndterer denne nye rolle.

#### *Metode*

Denne organisationsforskning anvender et komparativt casestudiedesign, hvor de 5 regioner opfattes som hver deres case. Dataindsamlingen bygger på kvalitative metoder som observationer af sygeplejerskernes opstartssamtaler, dokumentstudier, enkeltinterview med ledende sygeplejersker og projektledere samt fokusgruppeinterview med sygeplejersker.

#### *Resultater*

Særligt 3 kompetencer betones som essentielle i arbejdet som støtte-sygeplejerske: • Kompetencer i håndtering af en åben samtalestruktur på borgerens præmisser • Spørge- og lyttekompetencer • Sygeplejefaglige kompetencer Sygeplejerskerne oplever Aktiv Patientstøtte som en indsats, der muliggør kontinuitet og tid i arbejdet med borgerne og derfor muliggør tillidsskabelse og relationsdannelse mellem borger og professionel. Dette bliver ofte sammenlignet med forholdene i et ellers presset sundhedsvæsen. Sygeplejerskerne må udvikle nye kompetencer i deres arbejde og samtidig aflære tidligere praksisser. Samtidig fremhæves kompetencer og viden fra den klassiske sygeplejerolle som en essentiel og uundværlig del i arbejdet med borgerne. At tilbyde sundhedsfremme over telefonen opleves langt overvejende positivt.

#### *Konklusion*

Det er lykkedes at ensarte faglig praksis på tværs af regionerne ved hjælp af fælles kompetenceudvikling og udvalgte implementeringsværktøjer. Det opleves overvejende positivt at tilbyde sundhedsfremme over telefonen.



## 7.2. 'The good user gets it all': Access to healthcare for people with multiple chronic conditions

**Sine Grønberg Knudsen**, SG Knudsen, KE Lomborg, NF Hempler  
Steno Diabetes Center Copenhagen

### *Primært budskab*

This study highlights that to address inequities in healthcare access the action required is not limited to HCPs practice or encounters between users with MCC and HCPs but a fundamental system change.

### *Implikationer for praksis*

In the Danish health system GPs are designated coordinators of chronic disease pathways. The study suggests that due to various factors, GPs feel unequipped to handle more than one disease at the time.

### *Baggrund*

Access to health care for all is a recognised policy ideal. However, formal access is not necessarily reflected in equitable use of services for people (users) with multiple chronic conditions (MCC). Healthcare systems are often centred around single diseases placing complexity on users with MCC in terms of many points of contact across health sectors and thus not adequately responsive to their needs. This poses a public health challenge considering the growing number of users with MCC.

### *Metode*

This study explores healthcare professionals' (HCP) perceptions of access for users with MCC. Using a participatory research process, data were collected through six interactive workshops with HCPs (n=37) from a municipal, hospital and general practice setting in the island of Bornholm. Data were transcribed verbatim and analysed using Braun and Clarke's thematic analysis.

### *Resultater*

The analysis identified three main challenging factors for access: 1) the rigidity of the healthcare system, 2) the socio-cultural settings of users with MCC, 3) a feeling of inadequacy to handle more than one disease at the time – most surprisingly among general practitioners (GP).

### *Konklusion*

The study concludes by discussing these results in relation to a syndemic approach to further our understanding of the social, structural, cultural, behavioural interactions that reproduce inequities in access to healthcare. By exploring inequities in healthcare access through the perceptions of HCPs who feel unequipped to handle it, this study highlights that the scope of action required to address these inequities rely on a fundamental system change that exceeds the practice of HCPs and is not limited to the encounters between HCPs and users with MCC.



## 7.3. Treatment burden and associated factors: a population-based survey in Central Denmark Region 2017

**Marie Hauge Pedersen (1)**, P Duncan (2), M Lasgaard (1) K Friis (1), C Salisbury (2), FB Larsen (1)

1 Public Health and Health Services Research, DEFACTUM, Central Denmark Region, Aarhus, Denmark, 2 Centre for Academic Primary Care, NIHR School for Primary Care Research, University of Bristol, Bristol, UK

### *Implikationer for praksis*

The Danish MTBQ is a valid measure of treatment burden suitable for evaluation of interventions targeting patients with long-term conditions and multimorbidity and health-care system reorganisations.

### *Baggrund*

Exploring treatment burden at a population level can provide evidence of the types of patients who need special attention and support. We aimed to determine factors associated with high perceived treatment burden in a population-based survey of adults living in the Central Denmark Region as part of a validation of a Danish treatment burden measure.

### *Metode*

The Danish Multimorbidity Treatment Burden Questionnaire (MTBQ) was included in the Central Denmark Region part of the 2017 Danish national health survey. 28,627 individuals aged 25 years or over participated (64% response rate). Individuals who reported having one or more medical conditions or attending regular health check-ups were asked to complete the MTBQ. A global MTBQ score was calculated (range 0-100) and both the continuous scores and a four-category grouping of the scores into no, low, medium and high burden were used to statistically assess the association between treatment burden and sociodemographic and health-related factors.

### *Resultater*

13,407 individuals completed the Danish MTBQ (mean age 59 years). Treatment burden was negatively associated with self-related health ( $r_s = -0.45$ ,  $P < 0.0001$ ), health-related quality of life ( $r_s = -0.46/-0.51$ ,  $P < 0.0001$ ) and positively associated with the number of long-term conditions ( $r_s = 0.26$ ,  $P < 0.0001$ ) and perceived stress ( $r_s = 0.44$ ,  $P < 0.0001$ ). Higher treatment burden was associated with young age, male sex, high educational level, unemployment, not living with a spouse/cohabitant, living with child(ren) and specific long-term conditions, including heart disease, stroke, diabetes and mental illness.





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## *Konklusion*

This is the first known population-based study of treatment burden. The findings provide important evidence to policy makers and clinicians about sociodemographic groups at risk of higher treatment burden. Furthermore, the study documents that the Danish MTBQ is a valid measure of treatment burden with good construct validity and high internal reliability. We recommend that patient-perceived treatment burden is included when evaluating interventions targeting patients with long-term conditions and multimorbidity and health-care system reorganisations.



## 8. Pårørende rolle

### 8.1. Compassion Training for Informal caregivers of people with a mental illness: Results of a Randomized Clinical Trial

**Nanja Holland Hansen**, L Juul, KJ Pallesen, L Overby Fjorback  
Aarhus Universitet, Klinisk Institut for Medicin, Dansk Center for Mindfulness

#### *Primært budskab*

Informal caregivers are at an increased risk of developing poor mental health due to the daily demands of caring for someone with a mental illness. Compassion is a trainable skill and improves caregivers mental health.

#### *Implikationer for praksis*

Compassion is trained via meditation. Meditation is a method for becoming more aware of ones affective cognitive and somatic state. This awareness allows for healthier ways of relating to the difficulties of everyday life and healthier ways of relating to other people.

#### *Baggrund*

To investigate the effect of a compassion cultivation training (CCT) program on decreasing informal caregiver psychological distress and increase overall well-being.

#### *Metode*

This waitlist-controlled randomized clinical trial, was conducted in 2 different community settings in Denmark. Caregivers were included if they were an informal caregiver, between 18-75 years of age and Danish speaking. They were excluded if they had a diagnosed and untreated mental illness, addiction, meditation practice, or current psychotherapeutic treatment. Participants were randomized 1-to-1 to an 8-week CCT course or waitlist control with 79 participants randomized to the CCT intervention and 82 participants in the waitlist control group. MAIN OUTCOMES AND MEASURES The main outcome was reduction in psychological distress, as measured by the Depression, Anxiety, Stress Scale (DASS). Secondary outcomes included overall well-being (WHO-5), perceived stress (PSS), self-compassion (SCS-12), compassion for others (MCS), mindfulness (FFMQ), resilience (BRS) and emotion regulation (ERQ). Measures were collected at baseline, post intervention, 3-and-6 months follow-up.

#### *Resultater*

Informal caregiver psychological distress decreased and overall well-being increased. Statistically and clinically significant reductions in psychological distress were found and sustained at the 6-month follow-up. Increases in overall well-being were also found and sustained at the 6-month follow-up.

#### *Konklusion*

These findings suggest that the compassion training intervention was superior to the waitlist control in supporting caregivers' mental health.



## 8.2. Mediators for the effect of Compassion Cultivating Training: A longitudinal path analysis in a randomized controlled trial among caregivers of people with mental illness

**Nanja Holland Hansen**, L Overby Fjorback, M Frydenberg, L Juul,  
Aarhus Universitet, Klinisk Institut for Medicin, Dansk Center for Mindfulness

### *Primært budskab*

When informal caregivers of people with a mental illness received an 8 week manualized compassion training program symptoms of depression, anxiety and stress decreased. This reduction remained significant at 6 months follow-up. The self-compassion and mindfulness practices of the 8-week manualized program mediated the effects of symptoms of depression, anxiety and stress at 6 month follow-up.

### *Implikationer for praksis*

Just as it is important to take care of ones physical health, so is taking care of ones mental health. They go hand-in-hand. The implications of this research suggest that training self-compassion and mindfulness are important for increasing ones mental health.

### *Baggrund*

There is a paucity of research on mediators of change, within compassion training programs. The aim was to investigate the mediators, of an eight-week compassion cultivation training (CCT) program, on the effect of psychological distress on caregivers of people with a mental illness.

### *Metode*

Longitudinal path models in a randomized controlled trial (RCT). 192 participants were assessed for eligibility and 161 participants were included into the trial and randomized. Main outcome was psychological distress measured by Depression, Anxiety and Stress Scale at 6 months. Mediators included Self-Compassion (SC), Mindfulness (FM), and Emotion Regulation (Emotion Suppression (ES) and Cognitive Reappraisal (CR). Baseline, post, 3-and 6-month follow-up measurements were collected.

### *Resultater*

Mediated effects for CCT; depression at 6 months: SC: -1.81 (-3.31 to -0.31); FM: -1.98 (-3.65 to -0.33); ER: -0.14 (-1.31 to 1.02) ; anxiety at 6 months: SC: -0.71 (-1.82 to 0.40); FM: -1.24 (-2.39 to -0.09); ER: 0.18 (-1.04 to 1.40); stress at 6 months: SC: -1.44 (-2.84 to -0.05); FM: -2.17 (-3.63 to -0.71); ER: -0.27 (-1.51 to 0.98).

### *Konklusion*

Mindfulness and self-compassion are important components in reducing psychological distress experienced by caregivers of people with a mental illness. Results contribute to the knowledge about the underlying mechanisms of CCT.



## 8.3. Ethical issues in dementia guidelines for people with dementia and informal caregivers in Denmark: A qualitative thematic synthesis

**Frederik Schou-Juul**, S Lauridsen, S Nørgaard  
Statens Institut for Folkesundhed

### *Primært budskab*

In this study we found that only a small fraction of the guidelines contained substantial focus on ethical issues and provide recommendations thereto. This might be problematic, since awareness of ethical issues and guidance as to how to address such, might help people with dementia and their informal caregivers lead a better life. Our study suggests that guidance in respect to ethical conduct in dementia care – at least – not being met in guidelines, suggesting that we need more focus on ethical issues.

### *Implikationer for praksis*

The ethical issues represented in the four overarching themes suggest that Danish dementia-specific guidelines targeted at people with dementia and their relatives do in fact represent a broad spectrum of ethical issues. However only a small fraction of the guidelines contain substantial focus on ethical issues and provide recommendations thereto, which may indicate that, the need for guidance on ethical issues is not being met, and that further research is required to specify additional ethical guidance to benefit these target groups.

### *Baggrund*

Growing evidence shows that ethical dilemmas represent a central challenge with extensive implications for people with dementia and their relatives. Hence, caring for people with dementia in an informal setting requires awareness of relevant ethical issues. In this study we map and synthesize the ethical themes found in guidelines targeted people with dementia and informal caregivers.

### *Metode*

The data collection was conducted, using public search engines and outreach to relevant organizations, in which 653 references were retrieved. After screening for formal criteria such as publication year, target group, public availability and finally controlled for content of ethical issues and recommendations, 15 were identified. The qualitative analysis was organized using, NVivo.

### *Resultater*

We found that the guidelines contained a complexity of ethical issues, which we were able to categorize under four distinct ethical themes: Full disclosure of private or sensitive matters; Accepting dependence on others and receiving help; Changes in what is perceived as dignified socializing and communication with people with dementia and lastly Decision-making, informed consent and autonomy.



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## *Konklusion*

The ethical issues represented in the four overarching themes suggest that Danish dementia-specific guidelines targeted at people with dementia and their relatives do in fact represent a broad spectrum of ethical issues. However only a small fraction of the guidelines contain substantial focus on ethical issues and provide recommendations thereto, which may indicate that, the need for guidance on ethical issues is not being met, and that further research is required to specify additional ethical guidance to benefit these target groups



## 9. PTSD og demens

### 9.1. Bodies, vulnerabilities and transformations: a qualitative study on body therapy among veterans with PTSD in Denmark

**Nanna Gram Ahlmark**, AL Fink, S Andersen, T Tjørnhøj-Thomsen  
National Institute of Public Health, University of Southern Denmark

#### *Primært budskab*

Body-oriented therapy has a great potential in the recovery process of veterans with PTSD. Awareness of and embracing the body's vulnerability is important in this process.

#### *Implikationer for praksis*

Body therapy can be a useful adjunctive method to standard treatment of PTSD.

#### *Baggrund*

Many veterans returning from military missions develop Post Traumatic Stress Disorder (PTSD). Symptoms include social isolation, difficulty sleeping, anxiety and aggressive behaviour and many are unable to work. Hence, PTSD has vast human and societal costs. Mainstream treatment options are primarily founded in medicine and psychology, but treatment results are not optimal, and mind-body oriented treatments are increasingly being explored as a supplement. This study is a combined RCT and ethnographic study, where we tested a body therapeutic intervention among veterans with PTSD in Denmark. This presentation focus on preliminary results of the ethnographic part of this study.

#### *Mål*

The purpose of the study was to examine the experienced gains and character of the transformations of veterans with PTSD following weekly individual body therapy sessions over six months.

#### *Metoder*

This is a longitudinal qualitative study based on 18 in-depth interviews with veterans conducted over 2 years as well as interviews with the veterans' relatives and body therapists. Furthermore, we conducted participant observations during veteran group meetings and during therapist exchange meetings.

#### *Resultater*

The veterans gained a new body awareness, which mediated a different way of perceiving and responding to PTSD symptoms in everyday life situations. Drawing on the concept of vulnerable articulations, we show how vulnerability played a central role in the veterans' recovery processes: on the one hand vulnerability was associated with their social, mental and physical collapse, on the other hand, embracing vulnerability was key to transforming their bodies and identities.



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## *Konklusion*

Our study shows the potential of body-oriented approaches and points towards a paradigm of healing centered on embracing vulnerability of the body, rather than on fixing broken bodies.



## 9.2. Effects of Mind-Body Therapy on Post-traumatic Stress Disorder among Danish Military Veterans: A Randomized Clinical Trial

**Susan Andersen**, HS Andersen, H Ahrensberg, I Lazar, T Tjørnhøj-Thomsen, NG Ahlmark

National Institute of Public Health, University of Southern Denmark

### *Primært budskab*

This study highlights the potential in mind-body therapy for veterans with PTSD.

### *Implikationer for praksis*

Further research on mind-body therapy as adjunctive PTSD treatment in populations with a larger sample size is warranted.

### *Baggrund*

Many veterans returning from military missions develop Post Traumatic Stress Disorder (PTSD). Mainstream treatment options are primarily founded in medicine and psychology, but treatment results are not optimal, and mind-body oriented treatments are increasingly being explored as a supplement. This study is a combined RCT and ethnographic study, where we tested a mind-body therapeutic intervention among veterans with PTSD in Denmark. This presentation focus on the intervention effects of the RCT study.

### *Metode*

Participants veterans returning from military missions develop Post Traumatic Stress Disorder (PTSD). Mainstream treatment options are primarily founded in medicine and psychology, but treatment results are not optimal, and mind-body oriented treatments are increasingly being explored as a supplement. This study is a combined RCT and ethnographic study, where we tested a mind-body therapeutic intervention among veterans with PTSD in Denmark. This presentation focus on the intervention effects of the RCT study.

### *Resultater*

A total of 42 participants were randomized (22 control, 20 intervention). In the intervention group, 2 discontinued the mind-body therapy. At postintervention, participants who had received mind-body treatment demonstrated greater reduction in PTSD severity (adjusted between-group difference 11.1, 95% CI 3.7 to 18.5,  $P = 0.004$ , effect size  $d = 1.05$ ). Linear mixed models found a greater decrease in numbing and hyper-arousal symptoms over 12 months, while change in re-experiencing symptoms and avoidance symptoms were not different between groups. Moreover, depression, well-being and functional level were significantly improved at all time points in the intervention group compared with controls.

### *Konklusion*

Mind-body therapy treatment over 6 months produced a clinically significant decrease in PTSD and depressive symptoms and improved wellbeing and functional level.





## 9.3. OMTANKE – en indsats til at støtte mennesker med demens, deres pårørende og sundhedsprofessionelle i at mestre etiske dilemmaer i livet med demens

**Sigurd Lauridsen (1)** F Schou-Juul (1), AP Folker (1), ME Holm (2), P Simonsen (2), S Skov (1)

1 Statens Institut for Folkesundhedsvidenskab, Syddansk Universitet, Campus København, Danmark, 2 Institut for Kulturvidenskaber, Syddansk Univrsitet, Campus Odense, Danmark

### *Primært budskab*

Indsatsen OMTANKE skaber rum for, at mennesker i berøring med demens mødes, reflekterer over og har en dialog omkring etiske udfordringer i deres hverdags- og arbejdsliv.

### *Implikationer for praksis*

Disse møder skal ruste den enkelte borger med demens, de pårørende og sundhedsprofessionelle til – på egen hånd og i samarbejde med andre – at mestre etiske udfordringer i livet med demens.

### *Baggrund*

Mennesker med demens ophører trinvist med at være kompetente beslutningstagere. Dette stiller store krav til den pleje og omsorg, der omgiver mennesker med demens og deres pårørende og gør det vanskeligt for pårørende og sundhedsprofessionelle at afgøre, om de præferencer for pleje og omsorg, som de giver udtryk for, bør respekteres. Formålet med studiet er at udvikle en indsats, der støtter personer med demens, pårørende og sundhedsprofessionelle i at mestre etiske udfordringer i livet med demens.

### *Metode*

Indsatsen OMTANKE er udviklet i kontinuerlig dialog med praksis (aktionsforskning) og på baggrund af følgende metodegreb: Kvalitativ tematisk syntese af retningslinjer til mennesker med demens og familieomsorg - Et etnografisk feltarbejde på tre kommunale plejehjem (et daghjem, et somatisk plejecenter og et demensplejehjem), herunder observation af og interviews med borgere med demens, deres pårørende og sundhedsprofessionelle. Narrativ medicin og brug af skønlitteratur om demens.

### *Resultater*

Præsentationen af studiet vil demonstrere, hvordan OMTANKE er udviklet med inputs fra og greb i forskellige fagdiscipliner. OMTANKE er en tredelt indsats og anvender dialogbaserede workshops, skønlitterære tekstuddrag og etisk teori til at skabe refleksion og samarbejde omkring etiske udfordringer i livet med demens. Del 1 består af eftervidereuddannelse (to workshops) af sundhedsprofessionelle på plejecentre, Del 2 består af en workshop for hjemmeboende borgere med demens og deres pårørende, Del 3 består af en workshop for pårørende og sundhedsprofessionelle, der samarbejder om



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borgere med demens, som er bosat på plejecentre. Afprøvningerne af OMTANKE-indsatsen pågår i øjeblikket, og foreløbige indsigter herfra vil ligeledes indgå i præsentationen.

### *Konklusion*

Vi konkluderer, at aktionsforskning er en velegnet metode til at udvikle komplekse indsatser i dialog med sårbare målgrupper samt at indsatsen ser ud til at være relevant og gennemførlig (feasible) hos målgrupperne.



## 10. Udvikling I livskvalitet og sundhed

### 10.1. Impact of the COVID-19 pandemic, temporal changes and educational differences in quality of life in the Capital Region of Denmark from 2017 to 2021

**Maj Bekker-Jeppesen**, CJ Lau, AH Andreasen, M Grønkjær  
Center for Klinisk Forskning og Forebyggelse

#### *Primært budskab*

18% af borgere har fået meget dårligere livskvalitet som følge af COVID-19 pandemien. Forekomsten af dårlig eller meget dårlig livskvalitet er steget fra 2017 til 2021 og er højere blandt borgere med kort uddannelse.

#### *Implikationer for praksis*

God livskvalitet er et centralt område for folkesundheden. Det er derfor bekymrende, at forekomsten af dårlig eller meget dårlig livskvalitet er steget over tid, og at der er social ulighed i forekomsten.

#### *Baggrund*

Little is known about the impact of COVID-19 pandemic on quality of life (QoL) and temporal changes in QoL in the general population. This study aims to examine the impact of COVID-19 pandemic and temporal changes in QoL, and to explore differences across educational attainment.

#### *Metode*

The study was based on two waves of 'The Danish Capital Region Health Survey' among citizens aged  $\geq 16$  years. The response rate was 52.6% ( $n=55.185$ ) in 2017 and 54.9% ( $56.245$ ) in 2021. Information on education was obtained from national registers. Prevalence and odds ratios from logistic regression (adjusted for age and ethnicity) were weighted for survey design and non-response.

#### *Resultater*

From 2017 to 2021, the prevalence of poor QoL increased from 4.8% to 5.2%. In 2021, 18 % of participants reported much worse QoL due to the COVID-19 pandemic with significantly higher odds in participants with low education (men: OR=1,17; women: OR=1,34). Higher odds with low education was also seen concerning poor QoL (men: OR=2.61; women: OR=2.52). From 2017 to 2021, the difference between high and low education in poor QoL decreased significantly for women, while a non-significant decrease was seen for men. The decrease primarily seems to be caused by a decrease in poor QoL in participants with low education.

#### *Konklusion*

This study on a general population sample indicates a tendency towards less social inequality in QoL despite social inequality in the impact of the COVID-19 pandemic on QoL.



## 10.2. Udvikling i social ulighed i børn og unges udvikling, sundhed og trivsel i 23 kommuner i perioden 2002-2019

**Lis Marie Pommerencke**, SW Pant, KR Madsen, B Laursen, TP Pedersen  
Statens Institut for Folkesundhed, SDU, København, Danmark

### *Primært budskab*

Der er social ulighed i flere parametre vedrørende børns udvikling, sundhed og trivsel, og den sociale ulighed er for flere af disse parametre uændret eller øget i perioden 2002-2019.

En universel tilgang i sundhedsplejen er vigtig, da børn på tværs af socialgrupper har udfordringer med udvikling og trivsel, men der er behov for at undersøge tiltag målrettet lav socialgruppe.

### *Baggrund*

Et barns tidlige udvikling, sundhed og trivsel har betydning for, hvordan barnet klarer sig senere i livet. Den sociale ulighed i sundhed starter tidligt i livet. Effektiv forebyggelse forudsætter viden om, hvor der er social ulighed, og hvordan den sociale ulighed har udviklet sig. Formålet med undersøgelsen var 1) at undersøge social ulighed i børn og unges udvikling, sundhed og trivsel ved fødslen, i første leveår samt ved ind- og udskolingsalderen, og 2) hvordan den sociale ulighed i disse parametre har udviklet sig over tid.

### *Metode*

Data stammer fra sundhedsplejerskers journaldata, som er koblet med data fra nationale registre. Analyserne er baseret på tre datasæt med forskellige populationer af børn: 1) 164.597 spædbørn født i 2002-2019, 2) 82.167 børn i 0.-1. klasse i 2007/08-2020/21, og 29.235 unge i 8.-9. klasse i 2016/17-2020/21. Børnenes socioøkonomiske position er målt ud fra forældrenes højeste igangværende eller fuldførte uddannelse. Sammenhænge og udvikling i social ulighed er undersøgt ved hjælp af logistisk regression, slope index of inequality (SII) og trend analyser.

### *Resultater*

Der er social ulighed i hovedparten af parametrene vedrørende børn og unges udvikling, sundhed og trivsel. Eksempelvis stiger andelen af børn, der ikke fuldammes i fire måneder eller får en bemærkning til forældre-barn relationen, med faldende uddannelsesniveau. Børn af forældre med kort skolegang har mere end tre gange større risiko for ikke at blive fuldammet i fire måneder sammenlignet med børn af forældre med lang skolegang (OR=3,4,  $p \leq 0,05$ ). Tilsvarende ses for bemærkning til forældre-barn relationen (OR=4,1,  $p \leq 0,05$ ). I undersøgelsesperioden er den sociale ulighed for flere af parametrene øget eller uændret. Eksempelvis har den sociale ulighed i amning og forældre-barn relationen ikke ændret sig statistisk signifikant over tid.



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## *Konklusion*

Der er social ulighed i flere af de undersøgte parametre, og den sociale ulighed er over tid øget eller uændret trods forebyggelsesindsatser. Der er derfor behov for at undersøge tiltag målrettet lav socialgruppe, dog uden at påvirke den universelle tilgang i sundhedsplejen, da børn på tværs af socialgrupper oplever udfordringer med udvikling, sundhed og trivsel.



## 10.3. Evidensbegrebet I folkesundhedsvidenskab

**Signe Smith Jervelund**, Sarah Fredsted Villadsen  
Københavns Universitet, Institut for Folkesundhedsvidenskab

### *Primært budskab*

Evidens inden for folkesundhed bør forstås som en integreret, teoretisk informeret tilgang baseret på flere metoder.

### *Implikationer for praksis*

Vi har brug for en kombination af evidens baseret på en bred vifte af videnskabelige discipliner og metoder for bedst muligt at omsætte forskningen til forbedret folkesundhed.

### *Baggrund*

The concept of evidence is fundamental in public health research and practice. In this presentation, we argue that we need a combination of evidence based on a broad range of scientific disciplines and methodologies to best translate the research into improved public health in the Nordic countries and elsewhere.

### *Metode*

Using existing concepts of evidence like the hierarchy of evidence and the evidence typology, we discuss their pitfalls in public health science and suggest the way forward.

### *Resultater*

Public health does not apply an either or perspective, but an integrated, theoretically informed approach based on mixed and multiple methods to understand the complex health problems and how to tackle them. Ideally, public health decisions should always incorporate scientific evidence; yet, we need to broaden our understanding that quality evidence is defined by more than just being placed highest in the hierarchy of evidence. No method or study design is superior in obtaining evidence, but we need the combined and supplemented contributions from a range of scientific approaches to form a whole. Thus, we propose a circular concept of evidence, where the public health problem followed by the research question(s) will guide the decisions of the scientific perspective(s), choice of theories, components to be studied and use of method(s).

### *Konklusion*

We cannot understand or solve public health challenges without multidisciplinary approaches in a complimentary formation.