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Abstractssamling

Session A

Børn og unges sundhed og trivsel

Moderator

Louise Thirstrup Thomsen

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A: Børn og unges sundhed og trivsel

Moderator: Louise Thirstrup Thomsen

A.1 Internet-based cognitive behavioral intervention for adolescents with anxiety disorders: a parallel three-armed randomized controlled trial.

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Primært budskab

A randomized trial is evaluating whether a Danish iCBT programme for adolescent anxiety is effective in routine care, and whether planned therapist feedback offers benefits over on-demand support

Implikationer for praksis

Findings will inform how public mental health services can implement iCBT for anxious adolescents, including the level of therapist involvement needed to balance clinical benefits and resource use.

Background

Anxiety disorders are among the most common mental health problems in adolescence and are associated with substantial functional impairment and long-term risk of persistent psychopathology. Although cognitive behavioural therapy (CBT) is an established first-line treatment, many adolescents do not access evidence-based care due to practical, structural and psychological barriers. Internet-delivered CBT (iCBT) may help overcome some of these barriers by increasing flexibility and scalability.

Objective

This three-arm superiority randomized controlled trial evaluates the effectiveness of CoolMinds, a Danish iCBT programme for adolescents (12–17 years) with anxiety disorders, delivered with either planned therapist feedback or on-demand therapist feedback, compared with a waitlist control condition.

Methods

A total of 146 adolescents with a principal DSM-5 anxiety disorder were recruited through self-referral to a public digital mental health clinic and a university clinic. Participants were randomized (1:1:1) to iCBT with planned feedback, iCBT with on-demand feedback, or waitlist. The intervention consists of 11 adolescent and 10 parent modules over 14 weeks. Outcomes were assessed at baseline and post-treatment using web-based questionnaires and online diagnostic interviews. The primary outcome is anxiety symptom severity (Spence Children's Anxiety Scale, child and parent reports). Secondary outcomes include anxiety diagnoses (YODA), anxiety-related functional impairment (CALIS), depressive symptoms (MFQ), and indices of reliable and clinically significant change. Treatment engagement, module-level symptom change (CAS-8, S-MFQ) and negative effects are also examined.

Results

Data collection and statistical analyses of primary and secondary outcomes are currently underway. Results will focus on between-group differences at post-treatment.

Conclusion

This trial will provide practice-relevant evidence on the effectiveness of a transdiagnostic iCBT programme for adolescent anxiety disorders in routine public mental health services. Full results will be presented at the conference.



A.2 Up to 20 years follow-up of children and adolescents treated for obesity using the Holbæk Model

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Primært budskab

Long-term follow-up of children and adolescents treated for obesity with the Holbæk Model will provide new evidence on physical, mental, and social health up to 20 years after treatment.

Implikationer for praksis

The findings may inform future pediatric long-term obesity care and follow-up in hospital and community settings.

Background

Evidence on long-term outcomes following pediatric obesity treatment remains limited. The Holbæk Model (HM) is a family-based, non-pharmacological treatment approach widely implemented in Denmark. Short-term studies have shown improvements in obesity-related outcomes and psychosocial well-being, but long-term developments remain unclear. This study aims to investigate long-term physical health and psychosocial well-being among children, adolescents, and young adults treated using the HM.

Methods

The study will be conducted from 2026–2029 and consists of two sub-studies: study 1) a register-based follow-up and study 2) an active follow-up including an internal pilot. The treatment cohort includes up to 3,800 children, adolescents, and young adults treated for obesity at Holbæk Hospital during 2008–2024. Study 1 will examine health outcomes, healthcare utilization, school-related well-being, and educational outcomes through linkage to nationwide Danish registers. Outcomes will be compared with matched population-based and obesity reference cohorts. Study 2 will investigate anthropometry, body composition, psychosocial well-being, and disordered eating. The study compares outcomes with those of a population-based reference cohort and examines the influence of selected child-, family-, and treatment-related characteristics. The internal pilot will assess recruitment procedures, acceptability, and resource use, and inform the main study.

Results

Preliminary feasibility outcomes will include participation rates, recruitment acceptability, and evaluation of study logistics.

Conclusions

By combining nationwide register data with active follow-up, the study is expected to provide insights into long-term physical, mental, and social health, and educational outcomes after pediatric obesity treatment. The internal pilot will further inform the feasibility and planning of long-term follow-up studies in this population.



A.3 Når trivsel fylder – og sundhed forsvinder? Et nationalt blik ind i danske grundskolers arbejde med trivsel og sundhed

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Primært budskab

Mental trivsel, fællesskaber samt motion og bevægelse er stærkt integrerede i skolernes praksis. Samtidig peger undersøgelsen på udviklingspotentialer inden for søvn, skærmb brug og kropsovfattelse.

Implikationer for praksis

Præsentationen vil belyse centrale dilemmaer og potentialer for at styrke praksis og kapacitet i arbejdet med trivsel og sundhed i grundskolen.

I skolen formes viden, fællesskaber, vaner, trivsel og sundhed – hver eneste dag.

Men hvordan arbejder danske grundskoler med trivsel og sundhed i praksis? Hvilke områder fylder, hvilke bliver overset, og hvor oplever skolerne de største udfordringer?

Dette oplæg præsenterer resultater fra en national kortlægning af danske grundskolers arbejde med trivsel og sundhed. Undersøgelsen bygger på besvarelser fra 7.056 medarbejdere og ledere fra folkeskoler, fri- og privatskoler samt specialskoler.

Resultater

Næsten alle skoleledere (96%) vurderer, at skolen har et medansvar for at fremme elevernes trivsel og sundhed, og 90% af lederne oplever, at arbejdet prioriteres. Men når man ser nærmere efter, er arbejdet langt fra ligeligt fordelt.

Fællesskaber og sociale relationer er det område, der fylder mest i skolernes hverdag: 75% af medarbejderne arbejder dagligt med området gennem organiserede aktiviteter, og 95% oplever et medansvar. Mental trivsel står også stærkt. Omvendt fylder områder som vægt, søvn, kropsovfattelse samt køn og seksualitet mindre.

Særligt tre områder – skærmb brug, søvn og kropsovfattelse – rummer udviklingspotentiale. Her oplever mange medarbejdere, at eleverne har udfordringer, særligt i udskoling. Samtidig lader arbejdet med områderne ikke til at være særligt forankret i politikker eller praksis på skolerne.

Undersøgelsen viser også et mønster på tværs af klassetrin: Jo ældre eleverne bliver, desto mindre fylder arbejdet med trivsel og sundhed i skoledagen. For eksempel er andelen af medarbejdere, der dagligt arbejder med motion og bevægelse, 43% i indskoling, 27% på mellemtrinet og 16% i udskoling.

Derudover peger resultaterne på strukturelle forskelle skoletyperne imellem. Specialskoler har de største elevudfordringer, men samtidig den stærkeste praksis og de bedste rammer for arbejdet. Fri- og privatskoler oplever generelt færre elevudfordringer og mere positive organisatoriske rammer, herunder større ledelsesopbakning. Kommunale folkeskoler oplever flere udfordringer end fri- og privatskoler – men mindre tid, færre ressourcer og svagere organisatorisk understøttelse.

Konklusion

Resultaterne tegner et billede af skoler, der allerede gør meget – men også af tydelige skævheder og dilemmaer i arbejdet.



A.4 Vejning af børn og overvejelser om ordvalg - en antropologisk undersøgelse af skolesundhedsplejerskers praksis og overvejelser

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Primært budskab

Sundhedsplejersker balancerer mellem kontrol og omsorg og navigerer i praksis et kontinuum mellem vægtnormative og vægtneutrale tilgange med barnets trivsel som omdrejningspunkt.

Implikationer for praksis

Der er behov for organisatorisk og faglig anerkendelse af sundhedsplejerskers spændingsfelt mellem rådgivning/omsorg og kontrol.

Baggrund

Debatten om, hvorvidt vejning af børn som led i forebyggende helbredsundersøgelser er gavnligt eller skadeligt, har fået stigende opmærksomhed. Tilhængere af vejning argumenterer for, at det bidrager til tidlig opsporing af overvægt og sygdomme samt intervention, mens kritikere – der taler for en 'vægtneutral tilgang' – hævder, at fokus på vægt kan skade børns mentale sundhed, fremme stigmatisering og bidrage til forstyrret spisning. I Danmark spiller sundhedsplejersker en central rolle i vejning af skolebørn i forbindelse med forebyggende helbredssundersøgelser, hvilket placerer dem i centrum af denne debat.

Metoder

Der blev gennemført multisitet etnografisk feltarbejde blandt sundhedsplejersker i fire kommuner, herunder interviews med otte sundhedsplejersker samt observationer af deres interaktioner med børn i 0. klasse og forældre under forebyggende helbredsundersøgelser. Derudover består det empiriske materiale af interviews med otte mødre om deres erfaringer med den kommunale sundhedspleje, interviews med en repræsentant fra Sundhedsstyrelsen samt observationer af en workshop for sundhedsplejersker afholdt af Landsforeningen mod Spiseforstyrrelser og Selvskade. Feltarbejdet blev gennemført i perioden december 2023 til august 2025.

Resultater

Sundhedsplejersker navigerer mellem to roller: som 'rådgiver', hvor fokus er på at støtte børn og familier, og som 'kontrollør'. Selvom sundhedsplejersker er forpligtede til at reagere på bekymrende vægtudvikling, er deres primære fokus fortsat børnenes trivsel, hvor tallet på vægten er sekundært i forhold til deres rådgivende rolle.

Konklusion

Sundhedsplejersker navigerer i deres praksis og interaktioner med børn og forældre mellem forskellige tilgange og forståelser, som henholdsvis kan beskrives som vægtnormative og vægtneutrale. Frem for at betragte disse som to adskilte tilgange foreslår vi at anskue dem som et kontinuum, som sundhedsplejersker bevæger sig indenfor i deres praksis og i mødet med børn og forældre.



A.5 The effect of mothers' screen time on children's physical activity and psychological well-being during their first six years: a systematic review

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Primært budskab

Research is needed in the effects of mother's screen time on preschoolers' physical and mental health.

Implikationer for praksis

The evidence regarding the effect of mothers' screen time on children's physical activity is limited and remains inconclusive. More research is needed.

Background

It is well documented that interpersonal dynamics between pre-schoolers and their primary caregivers may significantly influence physical activity levels in early childhood. Likewise, it is well researched that infants and pre-schoolers are vulnerable to disruptions in dyadic synchrony with their mothers. Despite screen reduction recommendations being disseminated worldwide, it appears less documented how preschoolers' physical activity levels and psychological well-being are affected by maternal screen use. The aim is to examine the effect of maternal screen time on the physical activity levels and psychological well-being of pre-schoolers. METHODS: This is a systematic review with searches in PubMed, CINAHL, APA PsycINFO, ScienceDirect and the Physiotherapy Evidence Database (PEDro) to identify peer-reviewed primary research. Initially, titles and abstracts are systematically screened by two reviewers. Subsequently, full texts articles are assessed by two reviewers. Disagreements were resolved by a third reviewer. Risk of bias of the included studies are evaluated using the Critical Appraisal Skills Programme checklist.

Results

A total of 4,976 unique studies were screened, and five studies met the inclusion criteria. All included studies are cross-sectional studies. Three studies have described the association between maternal screen time and children's physical activity levels. One study from South Korea reported increased maternal screentime was associated with lower physical activity in children, whereas two studies from the United States and Germany found no association. A Canadian study found that parents spending more time on handheld devices were more likely to have children with greater socio-emotional difficulties. Additionally, a UK study, found that infants whose mothers frequently used smartphones in their presence tend to show higher levels of negative affect on mother-infant responsiveness. The methodological quality of the included studies was rated as low.

Conclusion

The association between maternal screen time on children's physical activity and psychological well-being suggests a potential negative influence. However, both the quantity and quality of the available evidence are insufficient to draw firm conclusions.