

# Klinisk Kemi Laurells

**Anna-Lena Berg**

**Circulating levels and assessment of clinical laboratory analytes, in >80-year-old, apparently healthy, moderately healthy, and frail individuals** Maria Edvardsson, 2019-09-09 Blood samples are often used to investigate the possible presence of disease and to make treatment decisions. In the interpretation of the results, comparison either with previous values from the same individual or with a set of appropriate group-based reference intervals are used. Current reference intervals for common laboratory analytes are often based on measurements from apparently healthy persons aged 18-65 years. Age is accompanied by a general decline in organ functions and it is difficult to determine whether a change in levels of laboratory analytes in an elderly individual can be attributed to age alone, independent of environmental or disease processes. Frailty can be seen as a consequence of age-related multifactorial deterioration - physical, cognitive and sensory - resulting in vulnerability and lack of adaptability to internal stressors such as infection or new medication and/or external stressors such as fall at home. Consensus about the definition of "frail" and "frailty" is missing, both nationally and internationally, the question arises whether different definitions of "frailty" affect the interpretation of analytes when comparing different groups of elderly. The overarching aim of the thesis was to interpret and assess circulating levels of some clinical laboratory analytes in relation to conventional reference values in >80-year-old, "apparently healthy", "moderately healthy", and "frail" individuals. Data originated from other studies, in which blood samples were collected from individuals >80-year-old. Comparisons in Paper I of levels of some laboratory analytes, from 138 nursing home residents (NHRs), was made with blood from reference populations, both blood donor and the NORIP study. The results indicated differences for some immunological (complement factor 3 and 4, immunoglobulin G and M) and chemical analytes (alanine aminotransferase (ALT), phosphate, albumin, sodium, creatinine and urea), but no differences in levels occurred for aspartate aminotransferase (AST), gamma-glutamyltransferase (?-GT) or lactate dehydrogenase (LDH). It was unclear whether the differences were due to differences in age between the elderly and the reference populations or whether the elderly individuals had chronic diseases and were on medication. In Paper II, 569 individuals elderly individuals >80 years old were classified as "healthy", "moderately healthy", and "frail", based on diseases, medications and physical and cognitive abilities. Statistical differences between the groups were found for the investigated analytes; albumin, ALT, AST, creatinine and ?-GT. In Paper IV, individuals from Paper II (n=569) were divided into two groups and thereafter divided into "apparently healthy",

“moderately healthy”, and “frail”. One group was subdivided into “apparently healthy”, “moderately healthy” and “frail” based on physical and cognitive abilities and the other group was divided based on the frailty index (FI). There was no statistical difference found between “apparently healthy” and “moderately healthy groups, regardless of classification model used. Among “frail” individuals, differences in levels occurred for three out of the five investigated analytes: ALT, creatinine and g-GT, with lower levels occurring when the FI classification model was used. No differences in levels occurred for albumin or AST in “frail” individuals, regardless of classification model used. The aim of Paper III was to study whether 1-year changes in complete blood count (CBC) (including haemoglobin (Hb), red blood cell (RBC), erythrocyte volume fraction (EVF), mean corpuscular volume (MCV), mean corpuscular Hb concentration (MCHC), white blood cell (WBC) and platelet count (PLT)), C-reactive protein (CRP) and interleukin (IL)-1 $\beta$ , IL-1RA, IL-6, IL-8 and IL-10 are associated with survival in elderly NHRs aged >80 years. Elevated levels of CRP and IL-8 during 1-year follow-up were associated with reduced length of survival in elderly NHRs. Based on the present thesis it is clear that there is need for reference intervals that consider both age and health status in elderly individuals. A reasonable conclusion when interpreting levels of analytes in elderly individuals with disease or frailty is that individual evaluation based on the individual’s previous levels, is recommended. Blodprover används ofta för att undersöka ev förekomst av sjukdomar och för att fatta behandlingsbeslut. Vid tolkningen av resultaten används jämförelse antingen med tidigare värden från samma individ eller med en uppsättning lämpliga gruppbaseerade referensintervall. Nuvarande referensintervall för vanliga laboratorieanalyser baseras ofta på mätningar från tillsynes friska personer i åldern 18-65 år. Åldern åtföljs av en allmän nedgång i organfunktioner och det är svårt att avgöra om en ev förändring av nivåerna av laboratorieanalyterna kan enbart beror på skillnaden i ålder, oberoende av miljö- eller sjukdomsprocesser. Skörhet kan ses som en konsekvens av åldersrelaterad multifaktoriell försämring - fysisk, kognitiv och sensorisk - vilket resulterar i sårbarhet och brist på anpassningsförmåga till interna stressfaktorer som infektion eller ny medicinering och/eller yttre stressorer, såsom att ramla hemma. Konsensus om definitionen av skörhet saknas, både nationellt och internationellt och frågan uppstod om olika definitioner av skörhet påverkar tolkningar och referensintervall för laboratorieanalyser, när man jämför olika grupper av äldre individer. Det övergripande syftet med avhandlingen var att tolka och bedöma cirkulerande nivåer för några kliniska laboratorieanalyser i förhållande till gällande referensvärden hos 80-åriga, ”hälsosamma”, ”måttligt friska” och ”sköra” individer. Data kommer från andra studier, inom vilka blodprov samlades, alla från individer 80 år. Jämförelser i studie I gjordes mellan blodprover från 138 individer i särskilt boende, med blodprover från referenspopulationer, både blodgivare och från NORIP-studien. Resultaten visade skillnader för vissa immunologiska (komplementfaktor 3 och 4) och kemiska analyser (alaninaminotransferas (Alat), fosfat, albumin, natrium, kreatinin och urea), men inte alla (aspartataminotransferas (Asat), gamma-glytamiltransferas (?-GT) eller laktatdehydrogenas (LD)). Det var oklart om skillnaderna berodde på skillnader i ålder mellan de äldre och referenspopulationerna eller om de

äldre individerna hade kroniska sjukdomar och medicinerade. I studie II klassificerades 569 individer >80 år som "hälsosamma", "måttligt friska" och "sköra", baserat på sjukdomar, medicinering och fysiska och kognitiva förmågor. Statistiska skillnader mellan grupperna hittades för de undersökta analyterna: albumin, Alat, Asat, kreatinin och y-GT. I studie IV delades individer från papper II (n = 569) in i två grupper och delades därefter upp i hälsosamma, måttligt friska och sköra. En grupp delades in i "hälsosamma", "måttligt friska" och "sköra" baserat på fysiska och kognitiva förmågor och den andra gruppen delades in baserat på skörhetsindex. Det fanns ingen statistisk skillnad mellan "hälsosamma" och "måttligt friska" grupperna, oavsett vilken klassificeringsmodell som användes. Bland "sköra" individer inträffade skillnader i nivåer för tre av de fem undersökta analyterna: Alat, kreatinin och ?-GT, med lägre nivåer där skörhetsindex hade använts som klassificeringsmodell jämfört klassificering baserad på fysiska och kognitiva förmågor. Syftet med studie III var att studera om 1-års förändringar i blodstatusparametrar (hemoglobin (Hb), erytrocytpartikelkoncentration (EPK), erytrocytvolympfraktion (EVF), medelcellvolum (MCV), mean corpuscular Hb concentration (MCHC), leukocytpartikelkoncentration (LPK) och trombocytpartikelkoncentration (TPK)), C-reaktivt protein (CRP) och interleukin (IL)-1?, IL-1Ra, IL-6, IL-8 och IL-10 var associerade med överlevnad hos individer från särskilt boende > 80 år. De mest framträdande resultaten var att förhöjda nivåer av CRP och IL-8 under 1-års uppföljning var förknippade med förkortad överlevnadstid hos äldre från särskilt boende. Baserat på den aktuella avhandlingen är det tydligt att det finns behov av referensintervall som beaktar både ålder och hälsostatus hos äldre individer. En rimlig slutsats när man tolkar nivåer av laboratorieanalyser hos äldre individer med sjukdom eller skörhet är att individuell utvärdering baserad på individens tidigare nivåer rekommenderas.

*Understanding and Managing Thrombotic Risks in Medical Conditions* Menikae Kanchena Heenkenda, 2024-08-20

Hemostasis is a critical physiological process that stops bleeding at the site of an injury while ensuring normal blood flow elsewhere, thereby preventing excessive clot formation that could lead to dangerous conditions like thrombosis. This delicate balance is influenced by genetics, medical conditions such as cancer, and various medications. When a blood vessel is damaged, platelets adhere to the exposed area, become activated, and aggregate to form an initial plug. Coagulation factors, particularly thrombin, create a strong fibrin network to stabilize the clot. Disruptions in this process can result in significant bleeding or dangerous clot formation. This thesis aims to explore and understand the factors affecting coagulation and the risks of thrombotic events in different medical contexts. This includes studying genetic variability in the protease-activated receptor 4 (PAR4) gene (specifically the Ala120Thr variant) among sub-Saharan African populations, identifying genetic and non-genetic risk factors for venous thromboembolism (VTE) in patients with the brain cancer glioblastoma multiforme (GBM), and investigating the impact of intravenous morphine on platelet activity in patients with ST-elevation myocardial infarction (STEMI) treated with ticagrelor, a P2Y12 inhibitor. The A allele of the rs773902 single-nucleotide polymorphism (SNP) in the

PAR4 gene (F2RL3) substitutes threonine for alanine at the 120th protein position (Thr120). This allele is more prevalent in African populations compared to Caucasian populations, although previous studies did not specify the geographic ancestry of participants. Thr120 is associated with higher PAR4-induced human platelet aggregation and Ca<sup>2+</sup> flux. Our study found that the frequency of the A allele in the Somali population is significantly lower than previously reported for African Americans. The A allele frequency in Somalis is 38%, compared to 63% for African Americans. The A allele frequency in Somalis is closer to that of the Maasai population in Kenya (41%), but vastly different from the Esan population in Nigeria (68%). Certain cancers, such as GBM, are associated with a higher risk of VTE, including deep vein thrombosis (DVT) and pulmonary embolism (PE). Our research identified blood group B as a significant risk factor for patients with GBM (OR=6.91; 95% CI=2.2-24.1; P =0.001). Also, GBM tumors in the frontal lobe are associated with an increased risk of VTE (OR=3.14; 95% CI=1.1-10.7; P =0.05). Our study on morphine, commonly used for pain management in STEMI patients, found that morphine is associated with increased platelet aggregation one hour after percutaneous coronary intervention (PCI), impacting the efficacy of ticagrelor. Morphine delays platelet inhibition by affecting the pharmacodynamics of antiplatelet therapy, likely by delaying gastric emptying. However, this effect is short-lived, as platelet reactivity returns to similar levels in both groups 12 hours post-PCI. Despite this immediate impact on platelet function, our research found no significant differences in biomarkers of platelet activity, coagulation, or inflammation between the morphine and non-morphine groups. Additionally, all patients in our study were administered unfractionated heparin injections or bivalirudin infusion during primary PCI, which may help control the risk of blood clot formation. These studies collectively emphasize the need for individualized strategies to manage thrombotic risks and coagulation. The significant genetic variability among sub-Saharan African populations highlights the need for precise genetic research to understand how genetics influence coagulation and develop personalized medical strategies. The increased risk of cancer-associated thrombosis, particularly in patients with GBM, calls for individualized anticoagulant therapies based on unique risk profiles, such as blood group typing and tumor location. Incorporating these insights into clinical practice can help healthcare providers better identify high-risk patients and tailor thromboprophylaxis strategies accordingly. Similarly, the impact of morphine on patients with STEMI treated with ticagrelor requires careful consideration. In conclusion, these findings underscore the importance of a personalized approach in managing coagulation and thrombotic risks. The studies show that genetic variability, specific medical conditions, and medication effects are crucial in thrombotic risk. Therefore, customized strategies based on individual patient profiles and contexts are essential for effectively managing and preventing thrombotic events.

**Jan Gösta Waldenström and His World** Frank Wollheim, 2023-09-14 Jan Waldenström (1906-1996) was the leading Swedish internist of the twentieth century. The first chapter of the book presents his remarkable family including five generations of physicians. Born in Stockholm, we follow JW to medical school at Uppsala University during 1924-33. In

1934-5, he spent a year in the laboratory of Nobel Laureate Hans Fischer in Munich. In 1937, he defended a landmark thesis on acute intermittent porphyria. As "Docent" (assistant professor) in Uppsala, he discovered two new diseases in 1943. In 1944-5, he spent 7 months in the US commissioned by the Swedish Health Board. This started friendships with leading colleagues and scientists. With time, JW fostered a worldwide network of contacts and became a most influential international star. But this was just the beginning. The book follows Waldenström's remarkable career including his description of chronic active hepatitis as a new disease, his introduction of nuclear medicine in Sweden, his pioneering of the concept of the concept of poly- and monoclonal gammopathies, and many more highly significant achievements. His legacy is emphasized by Waldenström lectures, Waldenström Prizes, and by the International Waldenström's Macroglobulinemia Foundation, IWMF, and the Bing Center for Waldenström's macroglobulinemia at the Dana Farber Institute of Cancer Institute of the Harvard University in Boston. And now, not least, by this comprehensive biography.

**TAASK Prevent and manage crises in anesthesiology** Owain Thomas, Kristin Savolainen, 2021-07-12 PLEASE NOTE: this book should be read in the Google Play Books app - it cannot be read in Google Play Books in a web-reader (e.g. Microsoft Edge, Safari). Prevent and manage crises in anesthesiology gives anesthesiologists and allied professionals an overview of the non-technical and technical skills and knowledge that may be required at very short notice, at almost any time of the day. This book is suitable as a biannual refresher, as preparation before simulation training and as a day to day clinical reference. Although the contributors are based almost exclusively in Sweden, major international guidelines are referred to, and compared where appropriate. Table of contents 1 Introduction: Safety in anesthesia, non-technical skills and team training 2 Principles of avoiding and approaching crises during anesthesia 3 A structured approach to improve decision-making and avoid errors 4 Airway assessment and management 5 Intra- and interhospital transport 6 The patient with Heart disease in non-cardiac surgery 7 Circulatory failure during anesthesia 8 Intraoperative arrhythmia 9 Cardiac arrest during anesthesia 10 Perioperative hypertension 11 Massive hemorrhage 12 Abnormal capnography, hypoxia and problems with ventilation 13 Malignant hyperthermia 14 Anaphylaxis during anesthesia 15 LAST: systemic toxicity caused by local anesthetics 16 Acute poisoning 17 Obstetric crises in anesthesia 18 Electrolyte disturbances

*Plasma Proteins* Birger Blombäck, Lars Å Hanson, 1979

**Naturläkarboken: Behandlingar och botemedel** Raimo Heino, 2019 Naturens apotek - läkekonst med tusenåriga anor i kombination med moderna rön I Naturläkarboken: Behandlingar och botemedel beskriver Raimo Heino hur hjärt-kärlsjukdomar, led- och muskelsmär, astma och allergi samt klimakteriebesvär uppkommer och hur dessa kan förebyggas och behandlas med hjälp av naturmedicinska metoder - kända sedan årtusenden men kompletterade och förfinade tack vare modern forskning och utveckling. Raimo Heino är naturläkare och medicine licentiat samt en av de främsta förgrundsgestalterna inom naturläkekonstens tillämpning i Sverige. Han utbildade sig i Tyskland och öppnade sin

naturläkarpraktik i början av 1970-talet. Senare läste han medicin och bedrev även forskning om det centrala nervsystemet samt undervisade i anatomi på Medicinska fakulteten vid Uppsala universitet. *Naturläkarboken: Behandling och botemedel* är fackgranskad av Tommie Olofsson, överläkare samt specialist i klinisk patologi och rättsmedicin samt neuropatolog.

**The Science of the Total Environment**, 1994 An international journal for scientific research into the environment and its relationship with man.

**Hepatic Lipase** Anna-Lena Berg, 1994

**Rehabilitation of Patients with Angina Pectoris** Bo Ågren, 1992

*Loss of Periodontal Support in Children with Primary Teeth* Bengt Sjödin, 1994

*Blood Protein Screening in Healthy and Diseased Cattle* Per Liberg, 1982

The Hypertension-prone Man Tomas Endre, 1997

**TAASK Förebygg och hantera kriser inom anesthesiologi** Owain Thomas, Kristin Savolainen, 2021-07-12 OBS! Denna bok bör läsas i Google Play Books Appen - den kan inte läsas i web-läsare såsom Microsoft Edge eller Safari. Förebygg och hantera kriser inom anesthesiologi Anesthesiologi är en bred specialitet: kollegor som är anställda vid samma klinik kan huvudsakligen vara involverade i allt från ambulanssjukvård till intensivvård, och extrakorporal livsuppehållande behandling till smärtmedicin. Denna text är avsedd att ge narkosläkare och annan narkospersonal en överblick över de icke-tekniska färdigheter och kunskaper som vi alla i allmänhet förväntas kunna aktivera med mycket kort varsel. Den passar som uppfräschning för specialister, som förberedelse inför teamträning samt som handbok till vardags. Innehållsförteckning 1 Inledning: Säkerhet vid anestesi, icke-tekniska färdigheter och teamutbildning inom kontinuerlig medicinsk fortbildning (CME) 2 Principer för att förebygga och hantera kriser under anestesi 3 Ett Strukturerat arbetsätt för att förbättra beslutsfattandet och undvika fel 4 Bedömning och hantering av luftvägar 5 Transport inom och mellan sjukhus 6 Den hjärtsjuka patienten inför icke-kardiell kirurgi 7 Circulationssvikt under anestesi 8 Intraoperativ arytm 9 Hjärtstopp under anestesi 10 Peroperativ hypertoni 11 Onormal kapnografi, hypoxi och Ventilationssvårigheter 12 Massiv blödning 13 Malign hypertermi 14 Anafylaxi i samband med anestesi 15 LAST: systemtoxiska effekter av lokalanestetika 16 Akut förgiftning 17 Obstetriska kriser och anestesi 18 Elektrolytrubbningar

**Scandinavian Journal of Urology and Nephrology**, 1968

*Current Catalog* National Library of Medicine (U.S.), 1982 First multi-year cumulation covers six years: 1965-70.

Creating Effective Teams Susan A. Wheelan, 1999-06-28 `Creating Effective Teams takes readers by the hand through the four developmental stages of getting from group creation to highly effective teams. It is packed with strategies for building and supporting well-managed, high-performing teams. The author provides ample checklists and case examples to guide members and leaders through their groups' developmental states and to help them work through the times when they

inevitably get stuck. She does an amazing job of summarizing a vast literature of empirical research on team functioning and development into a comprehensive yet uncomplicated, straightforward guide. She supports detailed explanations of how to start, build, and sustain a team with real-life examples from her many years of

**Vem är det?** Erik Thyselius, Göran Lindblad, 1988

**National Library of Medicine Current Catalog** National Library of Medicine (U.S.), 1982

Psykiatrin i Sverige Jan-Otto Ottosson, 2005-03-30 Nästan all utveckling inom psykiatrin har skett under de senaste 50 åren. Som vetenskap är psykiatrins historia hela dess historia. Jan-Otto Ottosson är i den unika positionen att han kunnat följa och delta i utvecklingen under hela perioden. I denna bok - som genomsyras av ett etiskt engagemang - beskriver han framstegen och problemen inom området. Skildringen baseras på vetenskaplig dokumentation och författarens egna erfarenheter av forskning och vård. Dessutom tecknas porträtt av psykiatrer som spelat en avgörande roll för utvecklingen.

*Läkartidningen*, 1971

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