

Air pollution and acute cardiovascular events

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- Air pollution as an average per week as exposure
- MI (ICD10 I21- I22) as outcome
- Expecting to see a temporal lag
- Spatial epidemiology

Links

- Exposure:

- <https://www.scb.se/en/finding-statistics/statistics-by-subject-area/environment/emissions/emissions-of-atmospheric-pollutants/>
- <https://www.smhi.se/en/services/open-data/search-smhi-s-open-data-1.81004>

- Outcome:

- <https://www.ucr.uu.se/swedeheart/>

- Confounders:

- <https://www.scb.se/en/finding-statistics/>

Diabetes and mortality

HPV group

The task

You want to find out if people with type I and type II diabetes are at risk of dying from other causes than people without diabetes. Define exposure and outcomes and formulate one research question which can be answered by yes or no, and describe how register data can be used to design a study to examine this research question?

Research question

1. Are cause-specific mortality rates higher among the diabetes type I patients compared to the general population?
2. Are cause-specific mortality rates higher among the diabetes type II patients compared to the general population?

Exposure: diabetes – type 1 and 2 (1)

Diabetes quality register (Finland):

<https://www.vaasankeskussairaala.fi/en/for-professionals/recruitment-education-and-development/perusterveydenhuollon-yksikko/direva---diabetesregister/>

Hospital discharge register (Finland):

<https://thl.fi/en/web/thlfi-en/statistics/information-on-statistics/register-descriptions/care-register-for-health-care>

Exposure: diabetes – type 1 and 2 (2)

Drug prescription register (Finland):

https://www.kela.fi/terveys-ja-laakkeet_laakkeet

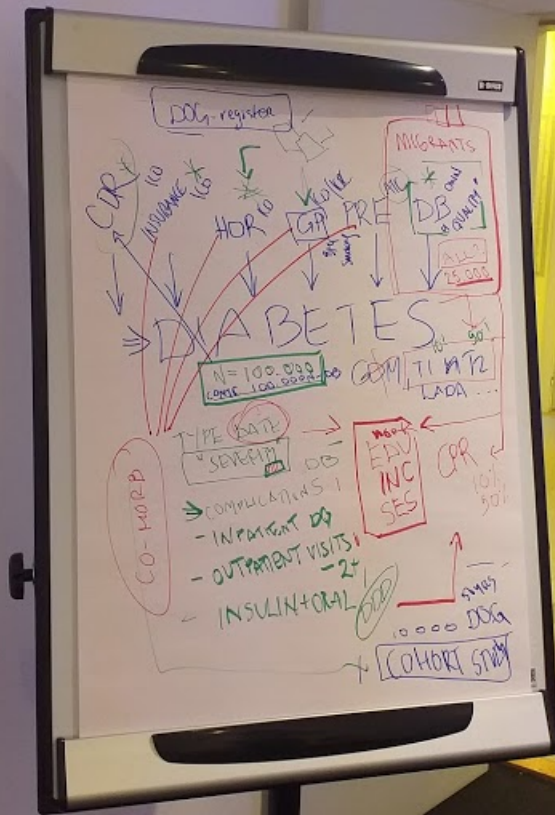
Social insurance register (Finland, information on disability pensions from Finnish Centre for Pensions):

<https://www.etk.fi/en/>

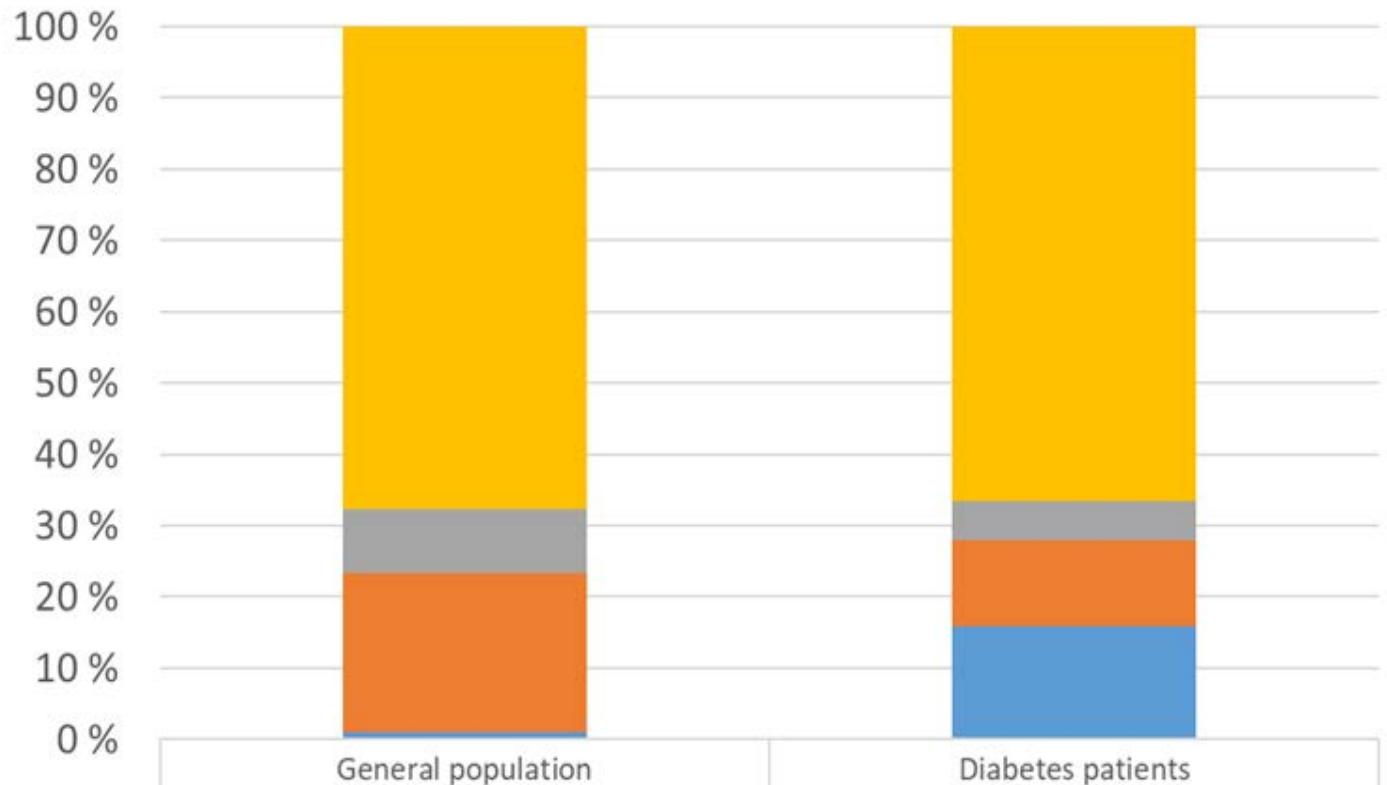
Outcome: death (any/all cause)

Cause of death register (Finland):

https://www.stat.fi/til/ksyyt/index_en.html

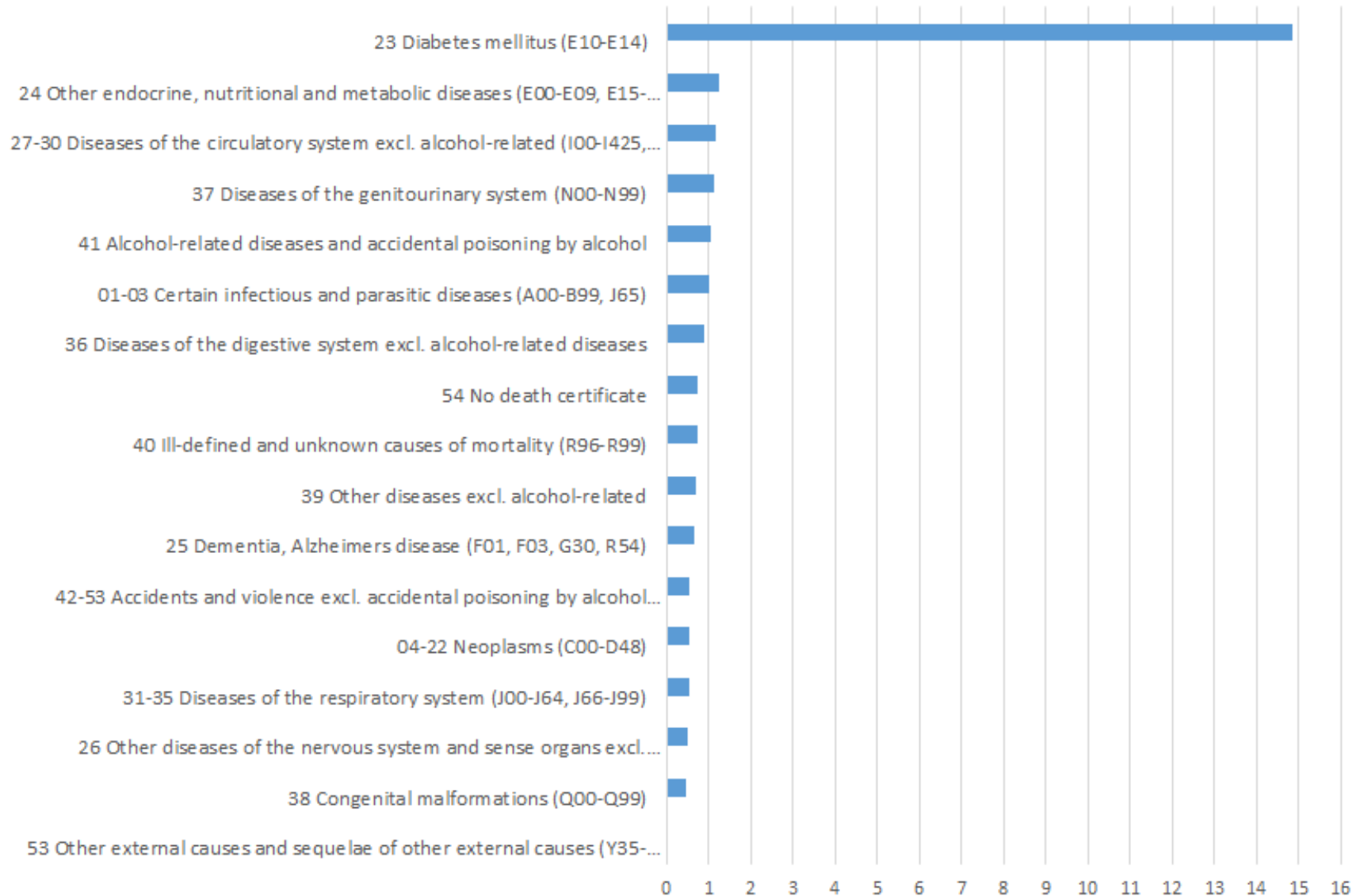


Cause of death for general population and patients admitted to hospital for diabetes complications, who died within a year after admission to hospital (1995-2012, 25+ year-olds, Finland)

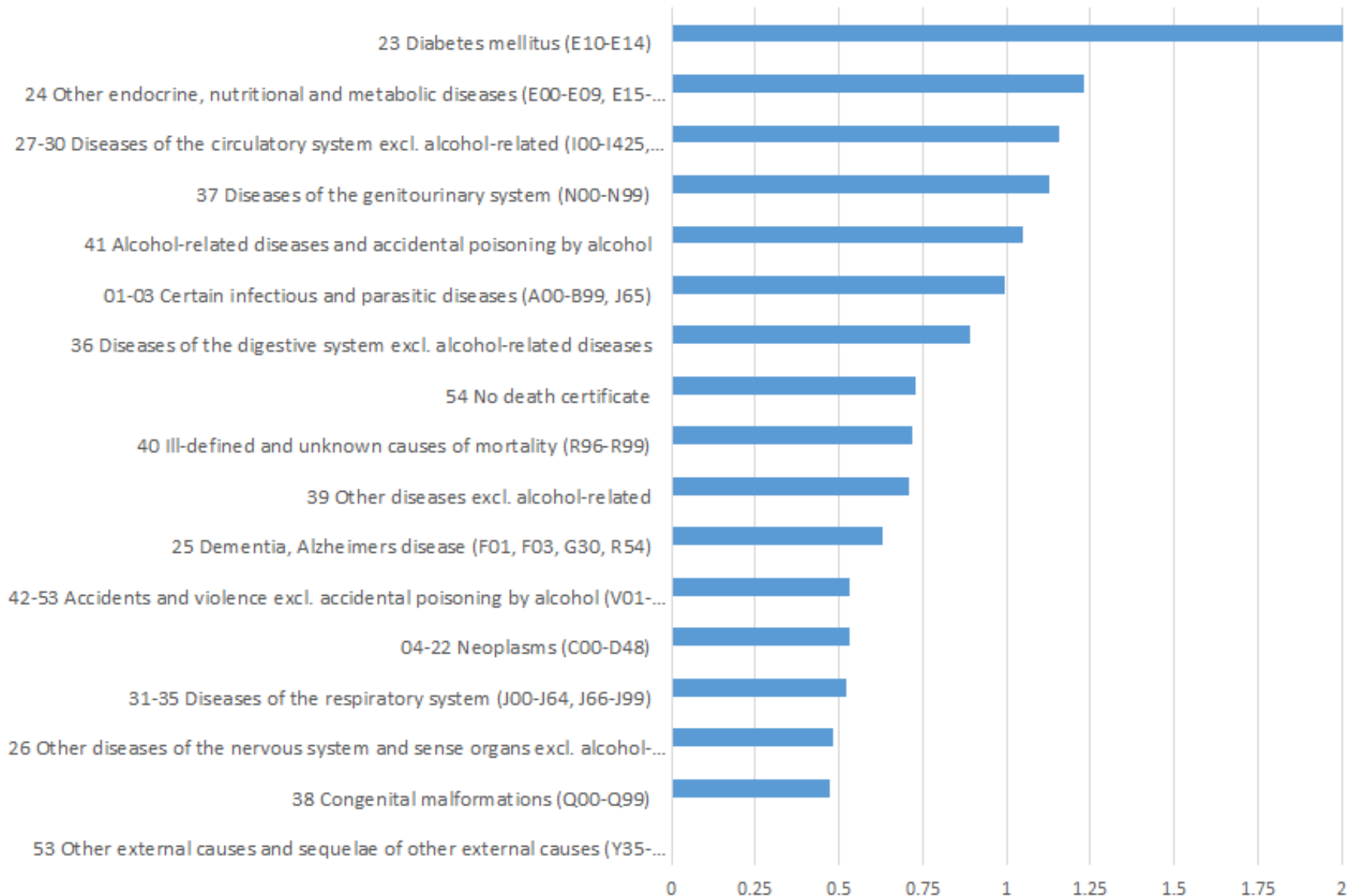


■ Other causes of death	592321	9827
■ Dementia, Alzheimers disease	77877	831
■ Neoplasms	195474	1756
■ Diabetes	9389	2354

Cause of death ratio (Diabetes/General population)



Cause of death ratio (Diabetes/General population)



Thank you for your attention!

Links to registries

- Norwegian Prescription Database
 - <http://www.norpd.no/>
- Norwegian Patient Registry
 - <https://helsedirektoratet.no/english/norwegian-patient-registry>
- Norsk kommunalt pasient og brukerregister
 - <https://helsedirektoratet.no/kommunalt-pasient-og-brukerregister>
- The Norwegian Primary Care Research Network
 - <https://www.uib.no/en/globpub/117454/norwegian-primary-care-research-network>

Number 8 – Death in close family and depression or anxiety

You want to study the impact of death in close family on the risk of depression or anxiety. Formulate a research question that can be answered with yes or no, and design a register-based study that answers this answers.

Adolescents in ungdatabasen

- Exposure: Death of a parent or sibling [sudden death; “expected” death by disease; suicide] – cause of death register DÅR
<https://www.fhi.no/nettpub/data-fra-helseregistre-store-helseundersokelser-og-biobanker/data-fra-dodsarsaksregisteret/tilgang-til-data-fra-dodsarsaksregisteret/>
- Outcome: depression score in ungdatabasen
<http://www.ungdata.no/Forskning/Den-nasjonale-databasen>

Use of painkillers and risk of
violent death

Question

- You suspect that use of prescription painkillers is associated with behaviors that increase the risk of dying a violent death (accident, murder or suicide). An ethical and feasible randomized trial seems very difficult. Formulate a research question that can be answered with yes or no, and design a register-based study that answers this questions.

Research question

- Is there an association between prescribed pain killers and a violent death
 - Exposure: (4 groups)
 1. Paracetamol + NSAIDS
 2. Weak opioid agonists (Codein + tramadol)
 3. Strong opioid agonists
 4. Neuropathic painkillers; pregabalin + gabapentin
 - Outcome
 - Violent deaths
 - Accidents
 - Intentional self-harm
 - Assault

Study design

- Cross-Nordic registry based cohort design
- Reference:
 - General population 16 years or older
- Data sources (Google, collaboration (researcher from each country))
 - Prescription registries (exposure)
 - Population registries (reference) – families
 - Cause of death registries (outcome)
 - Criminal databases (confounding)
 - Education (SES (confounding))
 - Patient registries (drug and alcohol abuse, comorbidities) (confounding)
 - Survey (smoking status, health behaviour, alcohol, MRDS delivered face-to-face (suicide/depression) (ethical issues here (intention-to-treat), HRT

Links

- **Nordic registry-based cohort studies: Possibilities and pitfalls when combining Nordic registry data**
- <https://journals.sagepub.com/doi/full/10.1177/1403494817702336>