Klinisk Kemi Laurells

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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 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 anv□nds ofta f□r att unders□ka ev f□rekomst av sjukdomar och f□r att fatta behandlingsbeslut vid tolkningen av resultaten anv□nds j□mf□relse antingen med tidigare v□rden fr□n samma individ eller med en upps□ttning l□mpliga gruppbaserade referensintervall nuvarande referensintervall f□r vanliga laboratorieanalyter baseras ofta p□ m□tningar fr□n tillsynes friska personer i □ldern 18 65 □r □ldern □tf□ljs av en allm□n nedg□ng i organfunktioner och det □r sv□rt att avg□ra om en ev f□r□ndring av niv□erna av laboratorieanalyterna kan enbart beror p□ skillnaden i □lder oberoende av milj□ eller sjukdomsprocesser sk□rhet kan ses som en konsekvens av □ldersrelaterad multifaktoriell f□rs□mring fysisk kognitiv och sensorisk vilket resulterar i s□rbarhet och brist p□ anpassningsf□rm□ga till interna stressfaktorer som infektion eller ny medicinering och eller yttre stressorer s□som att ramla hemma konsensus om definitionen av sk□rhet saknas b□de nationellt och internationellt och fr□gan uppstod om olika definitioner av sk□rhet p□verkar tolkningar och referensintervall f□r laboratorieanalyter n□r man j□mf□r olika grupper av □ldre individer det □vergripande syftet med avhandlingen var att tolka och bed□ma cirkulerande niv□er f□r n□gra kliniska laboratorieanalyser i f□rh□llande till g□llande referensv□rden hos 80 □riga h□lsosamma m□ttligt friska och sk□ra individer data kommer fr□n andra studier inom vilka blodprov samlades alla fr□n individer 80 □r j□mf□relser i studie i gjordes mellan blodprover fr□n 138 individer i s□rskilt boende med blodprover fr□n referenspopulationer b□de blodgivare och fr□n norip studien resultaten visade skillnader f□r vissa immunologiska komplementfaktor 3 och 4 och kemiska analyser alaninaminotransferas alat fosfat albumin natrium kreatinin och urea men inte alla aspartataminotransferas asat gamma glytamyltransferas gt eller laktatdehydrgenas ld det var oklart om skillnaderna berodde p□ skillnader i □lder mellan de □ldre och referenspopulationerna eller om de □ldre individerna hade kroniska sjukdomar och medicinerade i studie ii klassificerades 569 individer 80 □r som h□lsosamma m□ttligt friska och sk□ra baserat p□ sjukdomar medicinering och fysiska och kognitiva f□rm□gor statistiska skillnader mellan grupperna hittades f□r de unders□kta analyterna albumin alat asat kreatinin och y gt i studie iv delades individer fr□n papper ii n 569 in i tv□ grupper och delades d□refter upp i h□lsosamma m□ttligt friska och sk□ra en grupp delades in i h□lsosamma m□ttligt friska och sk□ra baserat p□ fysiska och kognitiva f□rm□gor och den andra gruppen delades in baserat p□ sk□rhetsindex det fanns ingen statistisk skillnad mellan h□lsosamma och m□ttligt friska grupperna oavsett vilken klassificeringsmodell som anv□ndes bland sk□ra individer intr□ffade skillnader i niv□er f□r tre av de fem unders□kta analyterna alat kreatinin och gt med l□gre niv□er d□r sk□rhetsindex hade anv□nts som klassificeringsmodell j□mf□rt klassificering baserad p□ fysiska och kognitiva f□rm□gor syftet med studie iii var att studera om 1 □rs f□r□ndringar i blodstatusparametrar hemoglobin hb erytrocytpartikelkoncentration epk erytrocytvolymfraktion evf medelcellvolym 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 laboratorieanalyter hos äldre individer med sjukdom eller skörhet är att individuell utvärdering baserad på individens tidigare nivåer rekommenderas

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 ca2 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

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jan waldenstr□m 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 waldenstr□m 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 waldenstr□m lectures waldenstr□m prizes and by the international waldenstr□m s macroglobulinemia foundation iwmf and the bing center for waldenstr□m s macroglobulinemia at the dana farber institute of cancer institute of the harvard university in boston and now not least by this comprehensive biography

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