



Laurells

KLINISK KEMI

i praktisk medicin

Redaktörer

Elvar Theodorsson

Maria Berggren Söderlund

Klinisk Kemi Laurells

Owain Thomas, Kristin Savolainen



Klinisk Kemi Laurells:

Laurells klinisk kemi i praktisk medicin Carl-Bertil Laurell, Per Fernlund, 1991 **Laurells klinisk kemi i praktisk medicin** Per Fernlund, 1991 **Laurells Klinisk kemi i praktisk medicin** Carl-Bertil Laurell, 2003 **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 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

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 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 gruppbaseade 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 ndrning 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 för 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 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 hölsamma m tilligt friska och skrä baserat på sjukdomar medicinerat och fysiska och kognitiva förändringar 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 hölsamma m tilligt friska och skrä En grupp delades in i hölsamma m tilligt friska och skrä baserat på fysiska och kognitiva förändringar och den andra gruppen delades in baserat på skrathsindex Det fanns ingen statistisk skillnad mellan hölsamma och m tilligt friska grupperna oavsett vilken klassificeringsmodell som användes Bland skrä individer inträffade skillnader i nivåer för tre av de fem undersökta analyterna Alat kreatinin och GT med lägre nivåer där skrathsindex hade används som klassificeringsmodell jämfört klassificering baserad på fysiska och kognitiva förändringar 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 verlevnad hos individer från särskilt boende 80 år De mest framträdande resultaten var att förhållande nivåer av CRP och IL 8 under 1 års uppföljning var förknippade med förkortad verlevnadstid hos äldre från särskilt boende Baserat på den aktuella avhandlingen är det tydligt att det finns behov av referensintervall som beaktar ålder och hälsostatus hos äldre individer En rimlig slutsats är att man tolkar nivåer av laboratorieanalyser hos äldre individer med sjukdom eller skrä att individuell utvärdering baserad på individens tidigare nivåer rekommenderas

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

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Scandinavian Journal of Urology and Nephrology ,1968 **Naturläkarboken: Behandlingar och botemedel** Raimo Heino,2019 Naturens apotek l kekonst med tusen riga anor i kombination med moderna r n I Naturläkarboken Behandlingar och botemedel beskriver Raimo Heino hur hj rt k rlsjukdomar led och muskelv rk astma och allergi samt klimakteriebesv r uppkommer och hur dessa kan f rebyggas och behandlas med hj lp av naturmedicinska metoder k nda sedan rtusenden men kompletterade och f rfinade tack vare modern forskning och utveckling Raimo Heino r naturlä kare och medicine licentiat samt en av de fr msta f rgrundsgestalterna inom naturlä kekonstens till mpning i Sverige Han utbildade sig i Tyskland och ppnade sin naturlä karpraktik i b rjan av 1970 talet Senare l ste han medicin och bedrev ven forskning om det centrala nervsystemet samt undervisade i anatomi p Medicinska fakulteten vid Uppsala universitet Naturlä karboken Behandling och botemedel r fackgranskad av Tommie Olofsson verlä kare samt specialist i klinisk patologi och r ttsmedicin samt neuropatolog

The Hypertension-prone Man Tomas Endre,1997 LOSS OF PERIODONTAL SUPPORT IN CHILDREN WITH PRIMARY TEETH Bengt Sjodin,1994 Rehabilitation of Patients with Angina Pectoris Bo Ågren,1992 *Hepatic Lipase* Anna-Lena Berg,1994 **TAASK Förebygg och hantera kriser inom anesthesiologi** Owain Thomas,Kristin Savolainen,2021-07-12 OBS Denna bok b r l sas i Google Play Books Appen den kan inte l sas i web l sare s som Microsoft Edge eller Safari F rebygg och hantera kriser inom anesthesiologi Anesthesiologi r en bred specialitet kollegor som r anst llda vid samma klinik kan huvudsakligen vara involverade i allt fr n ambulanssjukv rd till intensivv rd och extrakorporal livsuppeh llande behandling till sm rtmedicin Denna text r avsedd att ge narkoslä kare och annan narkospersonal en verblick ver de icke tekniska f rdigheter och kunskaper som vi alla i allm nhet f rv ntas kunna aktivera med mycket kort varsel Den passar som uppfr schning f r specialister som f rberedelse inf r teamtr ning samt som handbok till vardags Inneh llsf rteckning 1 Inledning 2 S kerhet vid anestesi icke tekniska f rdigheter och teamutbildning inom kontinuerlig medicinsk fortbildning CME 2 Principer for att f rebygga och hantera kriser under anestesi 3 Ett Strukturerat arbetss tt f r att f rb ttra beslutsfattandet och undvika fel 4 Bed mning och hantering av luftv gar 5 Transport inom och mellan sjukhus 6 Den hj rtsjuka patienten inf r icke kardiell kirurgi 7 Circulationssvikt under anestesi 8 Intraoperativ arytm 9 Hj rtstopp under anestesi 10 Peroperativ hypertoni 11 Onormal kapnografi hypoxi och Ventilationssv igheter 12 Massiv bl dning 13 Malign hypertermi 14 Anafylaxi i samband med anestesi 15 LAST systemtoxiska effekter av lokalanestetika 16 Akut f rgiftning 17 Obstetriska kriser och anestesi 18 Elektrolytrubbningar *Journal of the American Medical Association* ,2002 **La kartidningen** ,1988

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