Information om Transkulturel Psykiatri, april 2013

NYHEDER
Ny indvandrerklinik skal hjælpe strandede patienter
Berlingskes netavis 22. april / Cathrine Bloch

Region Hovedstaden har netop åbnet en ny indvandrermedicinsk klinik, der skal sikre et bedre behandlingsforløb for en patientgruppe, der ofte strander i det danske sundhedsvæsen på grund af sociale, sproglige og kulturelle barrierer.

Det er en patientgruppe, som ofte lider af svære traumer efter krig eller tortur i deres hjemland, som er bange for kontakt med myndigheder, og som har så store kulturelle og sproglige barrierer, at de har svært ved at begå sig i sundhedssystemet.

Mange indvandrere og flygtninge strander i det danske sundhedsvæsen, og det forsøger Region Hovedstaden nu at gøre op med. I midten af april åbnede regionen en indvandrermedicinsk klinik på Hvidovre Hospital, der skal sikre nogle af landets sværest tilgængelige patienter en ordentlig behandlingsforløb, der tager hensyn til barriererne. Og de første, spæde erfaringer viser allerede, at klinikken er en succes.

Læs artiklen her: http://www.b.dk/nationalt/ny-indvandrerklinik-skal-hjaelpe-strandede-patienter

LITTERATUR
ARTIKLER FRA FAGLIGE TIDSSKRIFTER
Age at immigration to Canada and the occurrence of mood, anxiety, and substance use disorders
Patterson, Beth; Kyu, Hmwe Hmwe; Georgiades, Katholiki

Objective
The process of migration and resettlement has been associated with increased risk for psychiatric illness. Our study sought to examine the association between age at immigration and risk for mood, anxiety, and substance use disorders (SUDs) among adult immigrants in Canada.

Method
Data from the Canadian Community Health Survey: Mental Health and Well-Being, a cross-sectional study of psychiatric disorder conducted in 2002, was used to identify a representative sample of adult immigrants in Canada (n = 4946). Logistic regression was used to examine the association between age at immigration (0 to 5 years, 6 to 17 years, and 18 years and older) and 12-month prevalence of mood and anxiety disorders, and SUDs.

Results
Immigrants who arrived prior to age 6 years reported the highest risk for mood (OR 3.41; 95% CI 1.7 to 7.0) and anxiety disorders (OR 6.89; 95% CI 3.5 to 13.5), compared with those who immigrated at the age of 18 years or older, after adjusting for covariates, including duration of residence.

Conclusions
Younger age at immigration was associated with increased risk of having a current mood disorder, anxiety disorder, or SUD. These findings speak to the importance of developing and evaluating targeted prevention programs for young immigrant children and adolescents.

Key Words: age at immigration, risk for psychiatric disorder, immigrant mental health

Canadian journal of psychiatry 58(4), 210–217, 2013

A cross-cultural comparison study of depression assessments conducted in Japan
Targum, Steven D.; Nakagawa, Atsuo; Sato, Yuji

Background
The advent of global clinical trials has necessitated the use of English-based rating instruments in diverse cultures where English is clearly not the primary language. The cross-cultural applicability of rating instruments developed in one language with only one cultural group is an important issue in both research
and clinical settings where these instruments might be used. We examined the cross-cultural applicability of the Montgomery-Asberg Depression Rating Scale (MADRS) in Japan.

**Methods**
As part of a rater-training program for a clinical trial in Japan, we assessed inter-rater agreement using two videotaped MADRS interviews administered in Japanese and produced with English subtitles. We looked for possible interpretational variance that might have been generated by cultural differences between Japanese raters in Japan and English-speaking raters in the USA scoring the same interviews.

**Results**
The US and Japanese raters demonstrated high inter-rater agreement and no significant scoring difference

The subtitles in English did not adversely affect the overall scoring.

We separately analyzed the 10 individual items from each of the two MADRS interviews used for rater training. Of the 20 items, 18 were concordant between the US and Japanese raters. In one interview, the US raters scored lassitude significantly higher (p = 0.013) and the inability to feel significantly lower (p = 0.037) than the Japanese raters, reflecting a possible interpretational difference on these items.

**Conclusion**
Although developed in Europe, these findings support the general applicability of the MADRS to assess the severity of depressive symptoms in Japan. We did note significant scoring differences on 2 of the 20 individual items, suggesting a possible cultural difference. It is possible that more interviews might have revealed more interpretational differences. These findings highlight the need for cultural familiarity when assessing psychiatric patients.

**Keywords**: Cross-cultural comparison; Depression ratings; Asian culture; MADRS

Annals of general psychiatry 12(9), 6 pp., 2013


**Ethnic inequalities in the use of health services for common mental disorders in England**

Cooper, Claudia; Spiers, Nicola; Livingston, Gill; Jenkins, Rachel; Meltzer, Howard; Brugha, Terry; McManus, Sally; Weich, Scott; Bebbington, Paul

**Purpose**
The purpose of this study is to investigate whether minority ethnic people were less likely to receive treatment for mental health problems than the white population were, controlling for symptom severity.

**Method**
We analysed data from 23,917 participants in the 1993, 2000 and 2007 National Psychiatric Morbidity Surveys. Survey response rates were 79, 69 and 57 %, respectively. The revised Clinical Interview Schedule was used to adjust for symptom severity.

**Results**
Black people were less likely to be taking antidepressants than their white counterparts were (Odds ratio 0.4; 95 % confidence interval 0.2–0.9) after controlling for symptom severity. After controlling for symptom severity and socioeconomic status, people from black (0.7; 0.5–0.97) and South Asian (0.5; 0.3–0.8) ethnic groups were less likely to have contacted a GP about their mental health in the last year.

**Conclusions**
Interventions to reduce these inequalities are needed to ensure that NHS health care is delivered fairly according to need to all ethnic groups.

**Keywords** Ethnicity, Mental health services, Inequality

Social psychiatry and psychiatric epidemiology 48(5), 685-692, 2013

**Ethnic variations in pathways into early intervention services for psychosis**

Ghali, Sharif; Fisher, Helen L.; Joyce, John; Major, Barnaby; Hobbs, Lorna; Soni, Sujata; Chisholm, Brock; Rahaman, Nikola; Papada, Peggy; Lawrence, Jo; Bloy, Sally; Marlowe, Karl; Altchison, Katherine J.; Power, Paddy; Johnson, Sonia

**Background**
Ethnic variations have previously been identified in the duration of untreated psychosis (DUP) and pathways into psychiatric services. These have not been examined in the context of early intervention services, which may alter these trajectories.

**Aims**
To explore ethnic differences in the nature and duration of pathways into early intervention services.

**Method**
In a naturalistic cohort study, data were collected for 1024 individuals with psychotic disorders accepted for case management by eight London early intervention services.

**Results**
Duration of untreated psychosis was prolonged in the White British group compared with most other ethnic groups. White British individuals were more likely to make contact with their general practitioner and less likely to be seen within emergency medical services. All Black patient groups were more likely than their White British counterparts to experience involvement of criminal justice agencies.

**Conclusions**
Variations continue to exist in how and when individuals from different ethnic groups access early intervention services. These may account for disparities in DUP.

*British journal of psychiatry* 202(4), 277-283

**Ethnicity and psychiatric comorbidity in a national sample: evidence for latent comorbidity factor invariance and connections with disorder prevalence**

Eaton, Nicholas R.; Keyes, Katherine M.; Krueger, Robert F.; Noordhof, Arjen; Skodol, Andrew E.; Markon, Kristian E.; Grant, Bridget F.; Hasin, Deborah S.

**Purpose**
Prevalence rates, and bivariate comorbidity patterns, of many common mental disorders differ significantly across ethnic groups. While studies have examined multivariate comorbidity patterns by gender and age, no studies to our knowledge have examined such patterns by ethnicity. Such an investigation could aid in understanding the nature of ethnicity-related health disparities in mental health and is timely given the likely implementation of multivariate comorbidity structures (i.e., internalizing and externalizing) to frame key parts of DSM-5.

**Methods**
We investigated whether multivariate comorbidity of 11 common mental disorders, and their associated latent comorbidity factors, differed across five ethnic groups in a large, nationally representative sample (n = 43,093). We conducted confirmatory factor analyses and factorial invariance analyses in White (n = 24,507), Hispanic/Latino (n = 8,308), Black (n = 8,245), Asian/Pacific Islander (n = 1,332), and American Indian/Alaska Native (n = 701) individuals.

**Results**
Results supported a two-factor internalizing–externalizing comorbidity factor model in both lifetime and 12-month diagnoses. This structure was invariant across ethnicity, but factor means differed significantly across ethnic groups.

**Conclusions**
These findings, taken together, indicated that observed prevalence rate differences between ethnic groups reflect ethnic differences in latent internalizing and externalizing factor means. We discuss implications for classification (DSM-5 and ICD-11 meta-structure), health disparities research, and treatment.

**Keywords** Comorbidity, Ethnicity, Internalizing, Externalizing, Prevalence, Disparities

*Social psychiatry and psychiatric epidemiology* 48(5), 701-710, 2013

**How are immigrant background and gender associated with the utilisation of psychiatric care among adolescents?**

Ivert, Anna-Karin; Merlo, Juan; Svensson, Robert; Levander, Marie Torstensson

**Purpose**
To investigate how parental country of birth and individual gender affect utilisation of psychiatric care in adolescents.

**Methods**
On the basis of data from the Longitudinal Multilevel Analysis in Scania database, the article employs logistic regression to analyse the utilisation of psychiatric care among adolescents aged 13–18 (n = 92203) who were living in the southern Swedish county of Scania in 2005.

**Results**

Adolescents whose parents were born in middle- or low-income countries presented lower levels of psychiatric outpatient care utilisation than those with native parents. Initially, no associations were found between the utilisation of psychiatric inpatient care and parental country of birth. Following adjustment for socio-demographic variables, it was found that adolescents with parents born in low-income countries were less likely to utilise psychiatric inpatient care. Girls presented higher levels of psychiatric care utilisation, but controls for possible interactions revealed that this was true primarily for girls with parents born in Sweden or other high-income countries.

**Conclusions**

The different utilisation patterns found among adolescents with different backgrounds should be taken into consideration when planning and designing psychiatric care for adolescents, and when allocating resources. Our results may indicate lower levels of mental health problems among adolescents with parents born in middle- or low-income countries implying that protective factors compensate other stressors implicated in mental health problems. On the other hand, our findings may indicate an unmet health-care need as a result of problems accessing care.

**Keywords**

Adolescents, Psychiatric care utilization, Parental country of birth, Gender

*Social psychiatry and psychiatric epidemiology* 48(5), 693-699, 2013

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**Is the influence of social support on mental health the same for immigrants and non-immigrants?**

Puyat, Joseph H.

The association between social support and mental health across immigrant groups were examined in this study. A population-based sample was extracted from a 2009/10 Canadian community health survey. Self-reported mood or anxiety disorders and a standardized social support scale were used as outcome and explanatory variables. The association between these variables was measured using logistic regression controlling for sex, age, marital status, education, self-rated health and perceived stress. Stratified analyses were performed to test if the strength of association differed by immigrant status. In comparison with individuals who had moderate levels of social support, individuals with low social support had higher odds of reporting mental disorders and this association appeared strongest among recent immigrants. Using the same comparison group, individuals with high social support had lower odds of reporting mental disorders and this association appeared stronger among long-term immigrants. Findings were discussed within the context of immigration stress and acculturation strategies.

*Journal of immigrant and minority health* 15(3), 598-605, 2013

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**Mental health status among Burmese adolescent students living in boarding houses in Thailand: a cross-sectional study**

Akiyama, Takeshi; Win, Thar; Maung, Cynthia; Ray, Paw; Sakisaka, Kayako; Tanabe, Aya; Kobayashi, Jun; Jimba, Masamine

**Background**

In Tak province of Thailand, a number of adolescent students who migrated from Burma have resided in the boarding houses of migrant schools. This study investigated mental health status and its relationship with perceived social support among such students.

**Methods**

This cross-sectional study surveyed 428 students, aged 12–18 years, who lived in boarding houses. The Hopkins Symptom Checklist (HSCL)-37 A, Stressful Life Events (SLE) and Reactions of Adolescents to Traumatic Stress (RATS) questionnaires were used to assess participants' mental health status and experience of traumatic events. The Medical Outcome Study (MOS) Social Support Survey Scale was used to measure their perceived level of social support. Descriptive analysis was conducted to examine the distribution of sociodemographic characteristics, trauma experiences, and mental health status. Further,
multivariate linear regression analysis was used to examine the association between such characteristics and participants' mental health status.

**Results**

In total, 771 students were invited to participate in the study and 428 students chose to take part. Of these students, 304 completed the questionnaire. A large proportion (62.8%) indicated that both of their parents lived in Myanmar, while only 11.8% answered that both of their parents lived in Thailand. The mean total number of traumatic events experienced was 5.7 (standard deviation [SD] 2.9), mean total score on the HSCL-37A was 63.1 (SD 11.4), and mean total score on the RATS was 41.4 (SD 9.9). Multivariate linear regression analysis revealed that higher number of traumatic events was associated with more mental health problems.

**Conclusions**

Many students residing in boarding houses suffered from poor mental health in Thailand's Tak province. The number of traumatic experiences reported was higher than expected. Furthermore, these traumatic experiences were associated with poorer mental health status. Rather than making a generalized assumption on the mental health status of migrants or refugees, more detailed observation is necessary to elucidate the unique nature and vulnerabilities of this mobile population.

**BMC public health 13(337), 23 pp., 2013**

Download artikel: [http://www.biomedcentral.com/1471-2458/13/337](http://www.biomedcentral.com/1471-2458/13/337)

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**Life events and difficulties and their association with antenatal distress in White and South Asian women in the UK**

Traviss, Gemma D.; Meer, Shaista; West, Robert M.; House, Allan O.

**Purpose**

Symptoms of distress during pregnancy are common and often go unnoticed. There is a well-established relation between life events and depression. The current study aims to explore the association between life events and difficulties, and symptoms of emotional and somatic distress during pregnancy in White and South Asian women in the UK.

**Methods**

100 pregnant women attending routine antenatal appointments were interviewed using the Life Events and Difficulties Schedule (LEDS). We investigated the frequency and type of events experienced in the year prior to conception and during pregnancy, as predictors for somatic and emotional distress, measured using the GHQ-28.

**Results**

Non-severe stressors accounted for over 90 % of those reported, half of which (43–53 %) were health and reproduction-related. Somatic symptoms were associated with the number of non-severe events, and number of children and emotional symptoms were associated with non-marked difficulties. There was little evidence of an association between severe events and distress. Ethnicity had little effect on any associations although South Asian women were at slightly higher odds of experiencing emotional symptoms, which appear to be buffered by social support.

**Conclusions**

In routine antenatal care it is important to assess both emotional and somatic symptoms. Health professionals need to be sensitive to the health, social, cultural and environmental circumstances of women during pregnancy and ensure appropriate support is in place, particularly for multi-parous women. Regression models explained a small but significant amount of the variance in distress symptoms. Further work is necessary to explore other contributory factors and also the mechanisms through which stressors have their effect.

**Keywords** Life events, Pregnancy, Antenatal depression, Ethnicity

**Social psychiatry and psychiatric epidemiology 48(5), 725-734, 2013**

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**Panic disorder among African Americans, Caribbean blacks and non-Hispanic whites**

Levine, Debra Siegel; Himle, Joseph A.; Taylor, Robert Joseph; Abelson, Jamie M.; Matusko, Niki; Muroff, Jordana; Jackson, James
Introduction
This study investigated co-morbidities, level of disability, service utilization and demographic correlates of panic disorder (PD) among African Americans, Caribbean blacks and non-Hispanic white Americans.

Methods
Data are from the National Survey of American Life (NSAL) and the National Comorbidity Survey-Replication (NCS-R).

Results
Non-Hispanic whites are the most likely to develop PD across the lifespan compared to the black subgroups. Caribbean blacks were found to experience higher levels of functional impairment. There were no gender differences found in prevalence of PD in Caribbean blacks, indicating that existing knowledge about who is at risk for developing PD (generally more prevalent in women) may not be true among this subpopulation. Furthermore, Caribbean blacks with PD were least likely to use mental health services compared to African Americans and non-Hispanic whites.

Conclusion
This study demonstrates that PD may affect black ethnic subgroups differently, which has important implications for understanding the nature and etiology of the disorder.

Keywords
panic, ethnicity, epidemiology, anxiety

Social psychiatry and psychiatric epidemiology 48(5), 711-723, 2013

Patients and healers in the context of culture: an exploration of the borderland between anthropology, medicine, and psychiatry, by Arthur Kleinman

Fra starten af artiklen
Editorial note. Each A&M issue will contain (in no particular sequence) a reappraisal of a past text of what may be considered (unfashionably) canonical, classical or at least of continuing interest in medical anthropology or cultural psychiatry. The fifth is by Arthur Kleinman.


Arthur Kleinman set out to write Patients and healers in the context of culture with an ambitious goal in mind. Dissatisfied with the predominant approaches in medical anthropology at the time, which appeared to him to be too far removed from the clinician’s prevailing concerns, he sought to develop a research agenda for clinical anthropology that was both practically relevant and intellectually rigorous. Thus, in an early formulation of his later call for anthropologists to focus on ‘what really matters’ in local moral worlds (Kleinman 2007), Kleinman laid out a conceptual framework by which anthropology could be incorporated into medicine as a clinically applied social science. By carefully weaving together rich ethnographic material with sharp theoretical insights, Kleinman carved out a role for anthropology in the clinic that deftly transcends the overwrought applied/theoretical divide.

Anthropology and medicine 20(1), 109-111, 2013

Pervasive refusal syndrome among inpatient asylum-seeking children and adolescents: a follow-up study
Forslund, Carl-Magnus; Johansson, Björn Axel

Background
Pervasive refusal syndrome (PRS) is a rare but severe condition, characterised by social withdrawal and a pervasive active refusal in terms of eating, mobilisation, speech and personal hygiene. PRS has been proposed as a new diagnostic entity in child and adolescent psychiatry, although the diagnostic criteria are debated. In the past 10 years there has been an increase in PRS symptoms among asylum-seeking children and adolescents in Sweden. Here, we describe five cases of PRS among asylum-seeking children and adolescents.

Method
Three females and 2 males, 7–17 years of age with the clinical picture of PRS, treated as inpatients at the Department of Child and Adolescent Psychiatry, Malmö, Sweden, 2002–2010, were analysed on the basis of their medical records. Subjects were diagnosed using previously suggested criteria for PRS. At follow-up, a semi-structured interview focusing on the inpatient stay and current status was performed. The subjects were
assessed with Global Assessment of Functioning (GAF) and self-rating questionnaires regarding depression and post-traumatic stress disorder (PTSD).

**Results**
The pattern of refusal varied among the five subjects. All subjects originated from former Soviet republics, indicating a possible cultural factor. Mean period of inpatient treatment was 5 months. All subjects received intense nursing and were treated with nasogastric tube feeding. Parents were involved and were given support and instructions. All subjects gradually improved after receiving permanent residency permits. Depression and PTSD were co-morbid states. At follow-up, 1–8 years after discharge, all subjects were recovered.

**Conclusion**
Although a severe condition, our five cases suggest a good prognosis for PRS among asylum-seeking children and adolescents.

**Keywords** pervasive refusal syndrome, asylum-seeking, adolescents, follow-up, prognosis

**European child and adolescent psychiatry 22(4), 251-258, 2013**

**Stigma, discrimination, or symptomatology differences in self-reported mental health between US-born and Somalia-born black Americans**
Henning-Smith, Carrie; Shippee, Tetyana P.; McAlpine, Donna; Hardeman, Rachel; Farah, Farhiya

**Objectives**
We examined differences in self-reported mental health (SRMH) between US-born and Somalia-born Black Americans compared with White Americans. We tested how SRMH was affected by stigma toward seeing a mental health provider, discrimination in the health care setting, or symptoms of depression.

**Methods**
Data were from a 2008 survey of adults in Minnesota and were limited to US-born and Somalia-born Black and White Americans (n = 938).

**Results**
Somalia-born adults were more likely to report better SRMH than either US-born Black or White Americans. They also reported lower levels of discrimination (18.6%) than US-born Black Americans (33.4%), higher levels of stigma (23.6% vs 4.7%), and lower levels of depressive symptoms (9.1% vs 31.6%). Controlling for stigma, discrimination, and symptomatology, Somalia-born Black Americans reported better SRMH than White and Black Americans (odds ratio = 4.76).

**Conclusions**
Mental health programming and health care providers who focus on Black Americans’ mental health might be missing important sources of heterogeneity. It is essential to consider the role of race and ethnicity, but also of nativity, in mental health policy and programming.

**American journal of public health 103(5), 861-867**

**A survey of specialized traumatic stress services in the United Kingdom**
Murphy, D.; Archard, P. J.; Regel, S.; Joseph, S.

Specialist care following psychological trauma in the UK has, since 2005, been governed by the National Institute for Health and Clinical Excellence (NICE) Guideline 26, for the treatment of post-traumatic stress disorder. NICE guidance states that the preferred first-line treatment is trauma-focused cognitive behavioural therapy that incorporates techniques of eye movement, desensitization and reprocessing. In light of this guidance, the rationale for this survey was to assess the nature and scope of services available in UK specialist trauma services and range of available therapeutic approaches delivered. Thirteen organizations responded to the survey. Ten were NHS services and three were non-statutory organizations. Professional positions were primarily populated by psychologists. The total number of referrals to UK specialist trauma services surveyed in the 12 months prior to the survey was 2041 with a mean of 157. Trauma-focused cognitive behavioural therapy was the most common therapeutic treatment, but person-centred therapy was found to have increased in availability within specialist trauma services. This arguably reflects the widening availability of person-centred therapy in the improving access to psychological therapies initiative and perhaps suggests some divergence from more uniform cognitive and behavioural approaches within NHS therapy services. Implications for practice are discussed.
RAPPORTER

Det svære ungdomsliv: Unges Trivsel i Grønland 2011 – en undersøgelse blandt de ældste folkeskoleelever

Pedersen, Cecilia Petrine; Bjerregaard, Peter
København, Statens Institut for Folkesundhed, 2012. – 182 sider (SIF’s Grønlandstidsskrifter, 24)

Unge grønlændere og selvmordsadfærd

Færre piger tænker i selvmord mens der ikke er sket nogen udvikling blandt drengene. Selvmordsrate i Grønland er i årtier været en af de højeste i verden med en selvmordsrate på omkring 100 pr. 100.000, hvoraf unge mellem 15 og 29 år udgør hovedparten. Det er især unge mænd, der begår fuldbyrdet selvmord, men der er prozentvis flere unge kvinder, der går med selvmordstanker og forsøger at begå selvmord. Udviklingen går nu i den rigtige retning, når det gælder de helt unge 15-17-årige piger.

Det viser en undersøgelse blandt de ældste folkeskoleelevers trivsel i Grønland. Siden 2004 er der sket et fald i forekomsten af selvmordstanker og selvmordsforsøg blandt piger.

Undersøgelsen viser dog, at forekomsten stadig er høj. Knap én ud af fire unge har haft selvmordstanker, procentvis flere piger end drengene. Én ud af fire piger og én ud af ti drenge har på et tidspunkt i deres liv forsøgt at begå selvmord, hvoraf 14 % af pigerne og 5 % af drengene har forsøgt inden for det seneste år.

Tre ud af fire af de unge, der har forsøgt at begå selvmord, har forsøgt mere end én gang. Statens Institut for Folkesundheds Center for Sundhedsforskning i Grønland står bag undersøgelsen, som kommer ind på en række områder af unges opvækst, som gør dem særligt sårbare, og kan have en negativ påvirkning på deres sundhed og trivsel. Undersøgelsen bygger på svar fra 481 elever i 9. og 10. klasse i syv byer i Grønland.

Blandt pigerne er der en tydelig sammenhæng mellem sociale kår og selvmordsforsøg, hvor 48 % af pigerne, der vurderer familiens velstand dårligst, har forsøgt selvmord sammenlignet med 26 %, der vurderer familien som gennemsnitlig velhavende og 16 % blandt dem, der vurderer familien som velhavende.

Tre ud af fire af de unge kender en person, der har begået selvmord hvoraf 32 % er et familiemedlem og 18 % er venner eller kæreste. Selvmord i familien er forbundet med en øget risiko for selvmord og selvmordsforsøg, hvilket bekræftes i de unges årsagsforklaringer på eget selvmordsforsøg, hvor flere unge giver udtryk for savn efter døde ved selvmord og et ønske om at gense den døde. De unges årsagsforklaring på eget selvmordsforsøg handler endvidere især om problematiske relationer til andre, samt et decideret trævær af betydningsfulde relationer og deraf følgende mistrivsel, og ikke mindst ensomhed.

Læs mere og download rapporten her: [http://www.si-folkesundhed.dk/Ugens%20tal%20for%20folkesundhed/Ugens%20tal/16_2013.aspx](http://www.si-folkesundhed.dk/Ugens%20tal%20for%20folkesundhed/Ugens%20tal/16_2013.aspx)