Tobias Seger was involved in a motorcycle accident in which his aorta was torn open. A well-integrated chain of care and the state-of-the-art hybrid room at Karolinska University Hospital saved his life. PAGES 10–12

“Mechanical heart pump could give new life to heart failure patients.”

PAGE 14

Pediatric care moves into the home
Severely ill children receive care at home, which provides greater security in a difficult and sensitive situation. PAGES 4–5

Most modern in Europe
Specialist medical care of the future is being built right here. Pages 2–3

health services
Efforts to achieve safer care
Karolinska University Hospital

Against all odds

Team cares for lung cancer patients 8 First with renal cell implantation 7 Better dementia care 18
Building world-class health care

Karolinska University Hospital is currently engaged in one of Sweden’s largest-ever healthcare development projects. With the construction of New Karolinska Solna and remodeling of Karolinska University Hospital in Huddinge, Stockholm will become home to Europe’s most modern hospital for advanced health care, along with being a world-leading center of excellence for medical care, research and innovation. The initiative to expand health care in Stockholm County Council entails a historic restructuring process. The fundamental principle is that patients will always be able to encounter the right expertise at the right level of care. Karolinska University Hospital will become the hub of this structure.

The New Karolinska Solna initiative and the remodeling of Karolinska University Hospital in Huddinge provide the impetus, in close collaboration with Karolinska Institutet, to create tomorrow’s health care and medical services, in which research and education are integral components. The investment in new and updated infrastructure for health care and medical services and the opportunity to work with patient-focused flows across disciplinary boundaries will help to attract world-class expertise – which ultimately will benefit patients through improved health care. These advances are especially important for the most seriously ill and injured patients.

The motto for these developments at Karolinska University Hospital is “Patient always first.” By consolidating expertise around the patient and creating flows focused on quality, safety and continuous improvement, we are building innovative value-based health care.

Achieving our goals requires skilled leadership, proactive employee commitment and strong engagement among patients and families. We are already well on our way and I eagerly look forward to developing world-class health care research and education over the next few years. In this publication you can read about some of the exciting events happening here at Karolinska University Hospital.

Future

Text: Sven-E Lindberg
Illustration: White Tengbom Team

THE IMPOSING HOSPITAL BUILDING is almost finished – the next step is to fill this new space. New Karolinska Solna will provide world-class advanced medical care to the most severely ill and injured patients.

THE NEW BUILT HOSPITAL will provide a boost to highly specialized care. “It’s planned for care based on the needs of patients while allowing for research and education to be integrated into clinical practice,” says Annika Tibell, head of medical affairs at the Program Office, Karolinska University Hospital.

The mission is to provide highly specialized care with high patient safety and a focus on patient participation, as well as care supported by state-of-the-art medical equipment.

“Along with Karolinska Institutet, we’ll also develop tomorrow’s medical care here and play a part in the education of future healthcare personnel,” says Annika Tibell.

The motto when planning New Karolinska Solna was “Patient first,” which has influenced the design of the entire new hospital. All patients will have their own room with shower and toilet, which reduces the risk of infection and improves patient privacy. The rooms are large and furnished with the option to allow a family member to spend the night.

NEW KAROLINSKA SOLNA will be one of Europe’s largest and most modern hospitals for highly specialized care. But Annika Tibell points out that the new hospital is just one part of an even larger structural change in health services in Stockholm as a whole. “New Karolinska Solna is part of a process to stratify health care, where the purpose is to dedicate services to be able to provide medical care at the right level and in the right place based on patient needs. This strategy will make it easier to meet the growing need for health services and increasing demands for the efficient use of our shared resources.”

KAROLINSKA UNIVERSITY HOSPITAL will admit the first patients to the newly built hospital in autumn 2016 and the entire hospital will be operational in 2018. But extensive restructuring of health services is already underway, with a focus on New Karolinska Solna. The move to New Karolinska Solna is a tremendous logistical puzzle that must function down to the smallest detail, at the same time that current services must be made compatible with tomorrow’s health care.

“This is why for several years an extensive study of a flow-oriented approach has been underway, tailored to the opportunities provided by the newly built University Hospital. The results of this initiative are already benefiting patients today through improved access and higher quality of care,” says Stanley Holstein, head of the Program Office, Karolinska University Hospital.

WITH NEW KAROLINSKA SOLNA, services at Karolinska University Hospital will be more focused. Advanced medical services related to care of the most severely ill and injured patients will largely be concentrated at Solna. The emergency department will also be adapted to this highly specialized mission, while patients with other medical problems will be taken care of at the nearby emergency hospitals in Stockholm. Other aspects of highly specialized care are based at Karolinska University Hospital in Huddinge, such as upper abdominal surgery and transplantation, but the hospital also has a mandate to provide emergency services and a standard emergency room will remain there.

“The buildings in Huddinge are indeed 40 years old, but the design of this hospital was ingenious and well ahead of its time. In order to facilitate the working methods of the future and to take advantage of future technology, a new building for surgery and interventions is now being planned in Huddinge. This means we’ll have two ultra-modern and highly functional sites,” says Stanley Holstein.

Facts

At the same time that New Karolinska Solna is being built, Karolinska University Hospital in Huddinge is also planning extensive remodeling and additions:

• New surgery and intervention unit
• Remodeling of wards and clinics
• New construction and remodeling of the radiology department. All remodeling and additions will be completed by 2020.
Jesper spent his final days at home

WHEN JESPER WAS EIGHT YEARS OLD he was diagnosed with an incurable brain tumor. Jesper’s parents, Hanna and Hans Lindeblad, wanted their son to spend the time he had left at home. They received help from Hospital-Managed Advanced Care of Children in their Homes (SABH) provided by Astrid Lindgren Children’s Hospital.

It was a difficult diagnosis to accept. Eight years old and an incurable brain tumor. “We lived with the knowledge that it couldn’t be cured,” says Hanna Lindeblad, Jesper’s mom.

She and her husband Hans soon came into contact with SABH, Hospital-Managed Advanced Care of Children in their Homes, a service provided by Astrid Lindgren Children’s Hospital at Karolinska University Hospital. The unit takes care of children at home who would otherwise be hospitalized in Stockholm County.

“We had absolutely no desire for Jesper to end his days in the hospital, even if it is a great hospital. Instead, Jesper’s friends were able to visit him at home. The door was always open, and a steady stream of friends came and spent time with Jesper all the way until the end. This wouldn’t have been possible if we’d been in the hospital.

“As soon as anything came up we could call; if the catheter didn’t work, or if Jesper had difficulty breathing. The journey wasn’t easy, there were complications – but never serious enough to require an ambulance. We could connect with the doctors via FaceTime or by phone if anything happened.”

Jesper lived longer than expected. But after a fabulous summer Jesper fell and got a concussion. During that period we lived with SABH here in our home day and night. “We felt secure, we wanted to be here and Jesper felt best being at home. Medical personnel were always available and made all this possible,” Hanna said.

Six weeks later, on November 3 last year, Jesper died. “It was dignified and in the home environment, just the way we wanted it. Jesper was calm and secure, and he felt no pain. We had agreed with SABH that we wouldn’t panic. In the midst of all the turbulence, everything was calm here.”

JESPER IS ONE OF THE CHILDREN to receive care at home from SABH, which is a rather unique unit that covers a cross-section of pediatric care. Treatment time varies from a few days up to extended periods. Emma Rylander, MD, section head of SABH, has been involved from the very beginning.

“We meet children with cancer, birth defects, severe chromosomal abnormalities and various conditions that medicine cannot yet overcome, or children who have had surgery and need care afterwards. And even children with chronic diseases who sometimes receive treatment in the hospital, but can live at home in between.”

THE COMMON THREAD IS THAT CARE should be medically safe for the children. And it is optional. The goal is for families to be able to live as normal a life as possible. “It isn’t the right choice for everyone. But many parents want to be at home with the children, insofar as this is possible. Patient quality of life was the reason that we started the service in the first place. No more struggling to park at the hospital, or piecing together the rest of the family’s life, they can eat the food they prepare themselves and receive visitors whenever they want.”

A nurse from the department deals with the logistics. There are 16 beds, though the number of children may vary. Four doctors, ten pediatric nursing assistants and fourteen nurses travel around to the patients in the five cars available to the program. And of course all of the hospital’s professional resources are available, should they be needed.

“When we started in 1998, one third of us had never sat in front of a computer and half had never held a mobile phone. We had to learn quickly. It’s very much thanks to the development of technology that we are able to do this. Today, we can have children carrying infection pumps in backpacks so they can move about more freely. And...
When we treat children with phototherapy for jaundice, we can wrap them in blankets with built-in lights.”

**THE APPROACH THAT SABH takes is unique and the department often hosts international field trips.** Given the great results they achieve, it is odd that this approach hasn’t become more widespread. When the service was evaluated by consultants such as VAIO Advisers, who monitor the quality of care, process and working model, quality of care was found to be at least as good as in the hospital, and found the concept to be well-conceived and generalizable. The cost per day was about 30 percent lower than if the children had been hospitalized and to-day the cost per day is even lower, down to 40 percent. The surveys conducted among patients and their families also show how they appreciate having the child at home as much as possible.

“If you’re ever feeling down, just read the survey responses. One 14-year old boy wrote: ‘I may not be healthier, but I feel better.’”, says Emma Rylander.

**Facts**

**Hospital-Managed Advanced Care of Children in their Homes (SABH) usually takes care of about 20 patients at home who would otherwise be treated on a traditional ward. A total of four doctors, ten pediatric nursing assistants and 14 nurses visit the patients, though the rest of the expertise at Karolinska University Hospital is also available. The department has five cars. The number of days that patients receive care ranges from a few days to a longer period, but the median duration of care is four days.**

**Cell therapy could be used in the future to treat large groups of patients who suffer from chronic diseases.**

“We are facing what could be a paradigm shift in how to treat severe illness,” says Annika Thoresson, program director for cell therapy at the Innovation Centre, Karolinska University Hospital. Several clinical trials involving cell therapy are currently underway at the hospital, including for serious forms of cancer.

“The main focus is on how to use cell therapy where the greatest medical needs exist. As a result of the growing number of researchers investigating cell therapy, to some extent the hospital has taken over the role that the pharmaceutical industry once had. Researchers often collaborate with industry and business”

**World’s first renal cell implantation**

About 10,000 Swedes suffer from kidney failure that is so advanced that active treatment is required to avoid death from uremia. The only options available today are dialysis or renal transplantation. But now researchers at Karolinska University Hospital are testing a new approach to postpone dialysis using renal cell implantation.

Last autumn, Peter Stenvinkel, professor of nephrology, and researcher Torbjörn Lundgren, MD, from the transplantation unit at Karolinska University Hospital Huddinge, were first in the world to treat patients with type 2 diabetes and severe renal failure with renal cell implantation. Tissue from the patients’ own kidneys was sent to the United States, where biotech company Tengion purified and cultured the correct cells, which were then sent back and implanted back into the patient’s own kidneys.

“Currently, there isn’t a lot of experience injecting cells into abdominal organs, so it isn’t just a matter of injecting the cells using that route. But because we are laparoscopy to reimplant the renal cells into the patient, we have more control over what happens,” says Torbjörn Lundgren.

The advantage to using the patient’s own cells is that there is no risk the body will reject the cells, which is a common problem in organ transplantation from donors. Should these attempts prove successful, it is hoped is that radiology departments will be able to perform this procedure in the future.

“We see that the blood vessels in patients with renal failure quickly age beyond their chronologi-cal age. The risk of seeing a cardiovascular event in a 40-year-old dialysis patient is equal to that of an 80-year-old with healthy kidneys. The goal of renal transplantation is to slow disease progression. Successfully delaying dialysis by just one year would be of great value to both the patient and society,”

According to Peter Stenvinkel, advanced chronic renal failure accelerates the aging process in patients:

“We see that the blood vessels in patients with renal disease quickly age beyond their chronologi-cal age. The risk of seeing a cardiovascular event in a 40-year-old dialysis patient is equal to that of an 80-year-old with healthy kidneys. The goal of renal transplantation is to slow disease progression. Successfully delaying dialysis by just one year would be of great value to both the patient and society.”
Centralized care for lung cancer patients

SIGNIFICANTLY FASTER response to referrals, better work-up and a reduction of waiting time for treatment decisions by more than 50 percent.

Common procedures and structures for work-up and treatment of patients with suspected lung cancer were implemented by the Department of Respiratory Medicine and Allergy together with the Oncology Department at Karolinska University Hospital in Solna. The effect became evident for both patients and employees. Waiting times have been drastically reduced, while the quality of both medical work-ups and treatment outcomes has improved as a result of the more flow-oriented and well-integrated chain of care. The patient perspective has remained in focus at all times.

“Gathering the collective expertise from both pulmologists and oncologists who provide collaborative treatment with a focus on the patient.”

Karl Gustav Kölbeck

Previously, patients with suspected lung cancer may have had to wait for different amounts of time for their referral to be processed, depending on staffing and patient load. Today, all referrals to Karolinska are processed within 24 hours – despite the dramatic increase in the number of referrals to almost 4,000 per year.

“Previously, one doctor at Solna and one in Huddinge each had to go through all of the referrals,” says Karl-Gustav Kölbeck. “Now we have a referral group with two experienced specialists at each location and a clear procedure to follow. This means that patients avoid unnecessary waiting times.

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NOT UNTIL a few months after the accident did I seriously realize just how horrifyingly close to death I was and I’m extremely grateful that everything, absolutely everything, worked on that day when the accident happened,” said Tobias Seger.

Tobias has absolutely no recollection about the actual accident. It was a beautiful summer day, the last weekend of vacation, and Tobias was rounding off his holiday with a motorcycle trip on the pretty back roads back near home, along with his brother and a friend.

“The accident occurred on a road with a speed limit of 70 km/hour just outside Gnesta on a curve with loose gravel on the road,” says Tobias. “The rear wheel of the motorcycle lost traction and I slid right into the side railing. My brother, who was right behind me, managed to swerve, but our friend, who was last, drove straight into my motorcycle and was also thrown with full force into the railing.

“When the ambulance arrived, my friend, who had severe fractures, was assessed to be the most seriously injured, so he was transported by helicopter ambulance to Karolinska, while I was admitted to the hospital in Nyköping. But there they discovered that I had lots of blood in both lungs – and that the blood was coming from the aorta, which had ruptured in the accident.”

As a result Tobias was also rushed to Karolinska, but by ambulance since the helicopter was busy. At Karolinska, vascular surgeon Linus Blohmé and his colleagues stood ready and waiting to receive Tobias in the hybrid room (see article on page 12).

“Instead of open surgery the doctors chose to enter through the endovascular route – through catheters inserted into the blood vessels via the groin. The aorta was reinforced with a stent graft, a kind of sealing inner tube, and the procedure took less than an hour to complete.

“It turned out that I had more than three liters of blood in my lungs. Not until much later did I see the images and realize just how serious the situation was – and that every minute counted.”

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IT HAS NOW BEEN FOUR YEARS since the accident and Tobias is back to his normal routine. He works as a warehouse
"A NEW SURGERY WAS NEEDED," this time with an open procedure. "It was tough to have to start over from the beginning, but I was motivated and knew that it was possible to get back in shape again. So I worked really hard, every day. Now I'm in such good shape that I can compete again and this fall I'm going to participate in a 'shootfighting' match, a martial arts sport blending several different techniques."  

TOBIAS HAS ALSO DARED to get back on his motorcycle, though with somewhat mixed feelings. "I really love to ride my motorcycle, but now I'm extremely safety-conscious and practice at least once a month on a track to satisfy my urge for speed and to fine-tune my technique. I'm painfully aware of how little it takes for everything to go wrong – and I absolutely do not want to go there again." 

"Tobias was in real trouble and his fate rested entirely upon a well-functioning chain of care, and that we were well-prepared to receive him in the hybrid room," says Linus Blohmé. Simply stated, the hybrid room is an operating suite with several different functions built into a single room. This includes advanced imaging equipment (angiography), anesthesia equipment and the ability to carry out both endovascular procedures (accessing the injured area via blood vessels) and open surgery.  

"The idea is that we gather all technology and expertise around the patient, instead of needing to transport the patient between different hospital services," says Linus Blohmé. "In a life threatening situation, such as with Tobias, the ability to act quickly without needing to transport the patient to other services can make mean the difference between life and death."  

Today there is one hybrid room at Karolinska. New Karolinska Solna, which will begin to provide services in 2016, will have at least three. "The hybrid room is primarily used for various vascular surgical procedures and for trauma intervention. But the potential for further development in several areas will enable New Karolinska Solna to offer completely new possibilities," says Linus Blohmé.  

"The hybrid room gathers all diagnostic and surgical equipment in a single room – as the patient does not need to be moved. This allows us to follow patients over time and acquire important information on perceived quality of care."  

"The surveys provide valuable information for our evaluation of our services and allows us to monitor any changes in working methods. By extension, we can then link the results to the use of resources, thus ensuring that we set the right priorities for the best interests of the patient."  

For doctors, it has long been natural to combine clinical practice and research. However, postdoctoral opportunities for nurses are far more difficult to come by. "We have more than 1,000 nurses who have earned a PhD in Sweden, but very few of them still work in clinical care in hospitals, and even fewer have the opportunity to combine clinical work with the opportunity to conduct research during working hours," says Marie-Louise Orton, director of nursing, Karolinska University Hospital.  

"We hope that this approach will enable us to retain more PhD nurses in clinical care at the hospital, while helping to improve healthcare skills by strengthening the interaction between clinical practice, research and education". The advertised positions have attracted many applicants and appointments will be made during/after the summer.  

"The response has been extremely enthusiastic, both from nurses and from various services at the hospital," says Marie-Louise Orton.  

ATTRACT NURSES WITH OPPORTUNITIES FOR RESEARCH

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HEART FAILURE IS ONE of our largest and most serious common diseases. An estimated 200,000 to 300,000 people in Sweden suffer from heart failure, and about 50,000 first-time episodes occur each year.

“Each year, heart failure causes more deaths than all cancers combined,” says Peter Svenarud, MD, a surgeon at the Department of Thoracic Surgery, Karolinska University Hospital.

“At the same time, we note that the number of deaths from ischemic heart disease, such as myocardial infarction and angina, has been cut in half over the last decade - while the number of deaths from heart failure remains unchanged. This means that heart failure is one of the major challenges we face in health care today.”

FOR PATIENTS WHO HAVE the two most severe stages of heart failure (there are four NYHA stages), the mortality rate within one year is more than 30 percent.

“This means a mortality rate on a par with the most severe cancers. For these patients, a transplant is essentially the only hope - and while waiting for a suitable heart, we have been able to offer a mechanical heart pump as an option,” says Peter Svenarud. However, only about 60 heart transplants are carried out in Sweden each year and 40-50 patients have a mechanical heart implanted.

“Patients who receive a mechanical heart pump usually experience dramatic improvement in their quality of life, some to such an extent that they can even return to work. So the question also arises of when the pumps are so good that they are not just an alternative to transplantation, but may even replace the need for transplantation. But we aren’t there yet.”

Peter Svenarud

MEANWHILE SEVERAL RESEARCH projects with mechanical heart pumps are underway. Together with the Innovation Centre at Karolinska, methods are being developed to treat heart failure with cell therapy where mechanical heart pumps are used during treatment – which can hopefully be removed when the heart functions as it should once again.

“This opens up vast possibilities to make even more progress in helping those heart failure patients who are at greatest risk.”

Peter Svenarud

KAROLINSKA HAS A LONG and proud tradition when it comes to mechanical heart pumps. In 1985 Karolinska was the first hospital in Europe to implant an artificial heart in a patient. Since then, technology has made great progress.

“The first pumps were large, difficult to handle and only lasted a few years, but served their purpose by providing life support while patients waited for a new heart,” says Peter Svenarud. Today we have new types of mechanical heart pumps that do not pulsate, but where blood circulation is propeller-driven.

“The advantage of this type of pump is that they are much smaller, so small that they can be inserted with a minimally invasive procedure that is much less stressful for the patient. They also last much longer and are extremely reliable. The fact is that today we do not know how long they can run, because they haven’t been around that long.”

WHAT IS BEGINNING TO happen, and has already in principle occurred in Germany, where there is a much greater shortage of organs than in Sweden, is that heart pumps have not only been an intermediate stage on the road to transplantation, but also a permanent solution for some groups of patients with severe heart failure.

“Patients who receive a mechanical heart pump usually experience dramatic improvement in their quality of life, some to such an extent that they can even return to work. So the question also arises of when the pumps are so good that they are not just an alternative to transplantation, but may even replace the need for transplantation. But we aren’t there yet.”

Each year, heart failure causes more deaths than all cancers combined. An estimated 200,000 to 200,000 people in Sweden suffer from heart failure, and about 50,000 first-time episodes occur each year.

While waiting for transplantation

Mechanical heart pumps are used today while awaiting transplantation – but they are essentially already so good that they could be a permanent solution.

Did you know that …

- Cell therapy has its origins in blood transfusions, bone marrow and organ transplantation, as well as in vitro fertilization?

Rising needs

The risk of heart failure increases with age. As the population ages, the need for transplantation and mechanical heart pumps increases.
Focus on the patient:

Soon it will be reality.

A helicopter lands on the roof of the new hospital and a man is lifted out. He was injured after falling, and time is of the essence. Large ICU elevators take him quickly to an emergency room where a chain of critical interventions is initiated. All important units are close at hand and the life support equipment never needs to be disconnected.

Meanwhile, a woman walks through the hospital entrance. She suspects she has cancer. When she leaves the hospital just a few hours later, she has received both her diagnosis and a treatment plan. All on the same day. Welcome to health care of the future.

On June 30, 2010, Skanska and British Innisfree were tasked with financing, building, maintaining and running New Karolinska Solna, one of the most modern hospitals in the world. The entire contract is worth SEK 27 billion, making it the largest in our history.

The project is unique in many ways. Unlike traditional public tenders, Skanska and Innisfree will assume greater responsibility for the project, from financing to construction. We will also be responsible for operating the new buildings for a long time to come. New Karolinska Solna is largest hospital project in the world following the Public-Private Collaboration (PPC) model.

But the biggest and most important difference is about people: The current hospital sprawls over a 40-building campus, which means that patients currently need to be moved between different departments to meet specialists and get treatment. Once the new hospital is complete, the entire focus will be on the patient.

We have now integrated emergency care, laboratories and specialist treatments into one facility with closer proximity between all major units. Patients will have their own rooms with space for family, and this is where the specialists will see the patient, instead of moving the patient between departments. The new hospital will also provide new opportunities for world-class research.

New Karolinska Solna is the largest project in our history.

Public-Private Collaboration

Skanska is a world leader in Public-Private Collaboration (PPC). Under this concept, we work in partnership with the public sector, developing and investing in large, complex projects such as roads, hospitals, schools, and wind turbines. Our responsibility in those projects extends from designing, construction and financing to operation and maintenance of the completed infrastructure.

But building a world-class university hospital requires world-class employees. With more than 125 years of experience, Skanska is one of the world’s leading project development and construction companies and our 53,000 employees are among the best. When the workforce at New Karolinska Solna reaches its peak, the project will employ an estimated 2,500 full-time workers. It is a dream team of experts in everything from financing and construction to health care and operations.

The task at hand is one of Sweden’s largest construction projects, but our main accomplishment will be to shape the future of health care into a safer, more secure and more efficient environment for patients. At Skanska, we are proud of our history, but we are even prouder to have a hand in creating the future.
BENGT WINBLAD, professor of geriatrics and considered to be the world’s foremost Alzheimer’s researcher, views the well-developed collaboration between clinical practice and research at Karolinska University Hospital and KI as an important reason for why Sweden is currently so advanced in dementia care and research.

“We have the world’s largest Alzheimer’s center with services spanning the entire field, from the Department of Geriatrics at the hospital to clinical trials, where a dozen parallel Alzheimer’s studies are currently underway,” says Bengt Winblad. “This means that we are a center of excellence with unique scope and cutting-edge expertise.”

BUT THE ROAD to today’s strong knowledge clusters focused on dementia diseases has been long. When Bengt Winblad arrived at Karolinska in 1987, people hardly knew what dementia was, as he himself puts it.

“There were 40 wards with patients who did not receive adequate care simply due to lack of knowledge and lack of research in this field. A great deal has happened since then and today, Karolinska attracts the most talented expertise in the field, while the Swedish Brain Power network, led by Bengt Winblad, serves as a model for similar networks all across Europe.

“By gathering together expertise in this way, we are able to conduct basic research to understand the mechanisms underlying dementia diseases, while also developing dementia care, because research is so well-integrated into clinical practice. By taking this approach, research findings quickly benefit patient care.”

BENGST WINBLAD

THE DREAM OF AN ALZHEIMER’S VACCINE IS VERY MUCH ALIVE AND WELL.”

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GIVEN OUR EXPANDED KNOWLEDGE and improved methodology, a dementia diagnosis can today be made up to 15 years earlier than just a few decades ago. For patients, this means the opportunity to get the correct treatment at an early stage – and thereby better prospects for preserving good quality of life into old age.

“The major focus on research and development in health care has yielded incredible results. We now know far more about dementia than just one decade ago. For example, we’re beginning to grasp the complex mechanisms that interact during development of diseases such as Alzheimer’s. At the same time, we’re painfully aware that no new revolutionary drugs have arrived in the field since 2002 – so much remains to be done.

“JUST AROUND THE CORNER, several major challenges await that must be met if we are to retain our pole position concerning dementia research,” says Bengt Winblad.

“A fundamental challenge is how to finance research, where the pharmaceutical industry has been shouldering the heaviest load. Unfortunately, we can’t count on this in the future as the pharmaceutical industry gears down in Sweden. This means that society must assume greater responsibility.”

Another challenge is the need for more extensive knowledge concerning the mechanisms underlying dementia diseases and the reasons for such large individual variations.

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JOHAN LÖKK, head of the Department of Geriatrics at Karolinska University Hospital, underscores the importance of close collaboration between clinical practice, research and education as a formula for the successful developments that have been achieved in dementia care.

“I would argue that we are on the cutting edge when it comes to offering high-quality dementia care with a well-functioning chain of care from primary care to specialized care and treatment of diagnosed patients.

“We have a large arsenal at our disposal when it comes to work-ups, but we still don’t have medications that can slow or reverse the development of dementia diseases. But much research is currently dedicated to this issue, especially here at Karolinska University Hospital. The diversity of research projects gives cause for hope, but we are still waiting for the big breakthrough.”

At Karolinska University Hospital, we conduct world-leading research on dementia – which by extension also leads to world-leading care.

Facts

Today about 150,000 Swedes have some form of dementia. An estimated 120,000 of these patients suffer from Alzheimer’s disease. Patients who suffer from dementia often endure great suffering and a substantial deterioration in quality of life. Dementia diseases cost society around SEK 60 billion per year. By being able to slow and delay the onset of dementia, more people can live with a good quality of life, while saving considerable resources for society.
This material was published as a supplement to the newspaper Dagens Nyheter on June 30, 2014 as a contribution from Karolinska University Hospital during the Almedalen political week.

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