

Communication of Epidemiologic Results

What Every Epidemiologist Should Know about Submitting and Reviewing Manuscripts

Allen Wilcox, Editor-in-Chief, *EPIDEMIOLOGY*



Themes

- To write a paper
- To get a paper published
- To take part in the public debate
- (To review a paper)



What is your experience: writing of papers

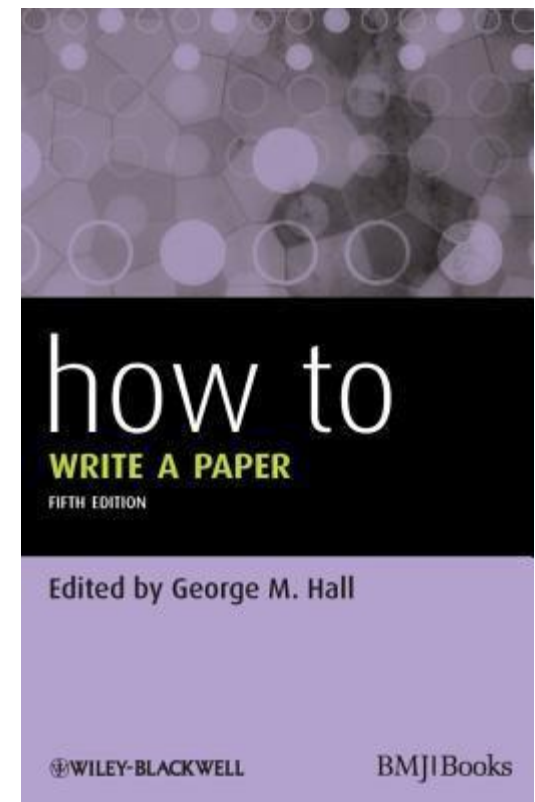


- How many of you has been first author on a scientific paper?
- How many of you has written three papers?
- How many of you have reviewed papers?

To write a paper



- Research is not research before it is communicated
- Process of writing
- The scientific language
- Several instructions online



Before you start



- What do you want to say?
 - The aim of this study is to examine/describe/analyze
.....
 - Which tables (figures) will be in the paper (empty tables)
- Who do you want to say it to?

Remember:

Say it – not more

Say what you did – not what you didn't do

Don't say what you intent to do in the future

Sequence of writing



- Conclusion
- Title page
- Methods
- Tables
- Results
- Introduction
- Discussion
- Abstract

Content



Title: Few words, precise, design, journal style

IMRAD- format

Introduction: keep it short, why you did the study and why important

Methods: design, (not pro- or retrospective!), population, exposure assessment, outcome assessment, analyses

Tables: legends should be self-explaining, Table 1 is most often descriptive, not too many decimals

Results: Describe the most important findings from the tables, be cautious about the words 'effect' and 'cause' – 'association' is safer
The p-value battle

Discussion: summary of findings put into context

Be aware of redundancy

Introduction



Introduction should:

- Persuade the reader about the importance of the study
- Make the readers able to understand the study
- Support the hypothesis – not a full literature review
- Refer to earlier studies: ‘the first, the best, the newest and the Danish’ and to the scientific debate about the subject

Methods

Box 3.1 What to include in the methods section

How the study was designed

- Keep the description brief
- Say how randomisation was done
- Use names to identify groups or sections of a study

How the study was carried out

- Describe how the participants were recruited and chosen
- Give reasons for excluding participants
- Consider mentioning ethical features
- Give accurate details of materials used
- Give exact drug dosages
- Give the exact form of treatment and accessible details of unusual apparatus

How the data were analysed

- Use a P -value to disprove the null hypothesis
- Give an estimate of the power of the study (the likelihood of a false negative – the β error)
- Give the exact tests used for statistical analysis (chosen a priori)

The p -value battle – point estimate with CI. Describe stat method in detail

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Toolkits

Find practical help and resources to support you in:



Writing research



Peer reviewing research



Using guidelines in your
journal

EQUATOR highlights

27/02/2023 - [Automatic translation now available on the EQUATOR Network website](#)

We're delighted to announce that our partnership with the Pan American Health Organization (PAHO/WHO) has resulted in <http://www.equator-network.org> becoming multilingual

6/01/2022 - [ICMJE Recommendations updated to include new section on preprints](#)

The International Committee of Medical Journal Editors (ICMJE) has updated its official Recommendations for journals and authors and now includes a whole new section about preprints. The document now sets out more detailed advice for journals and authors regarding preprints, [...]

News

[CONSORT and PRISMA websites down – alternative ways to access the checklists](#)
1/03/2023

[Automatic translation now available on the EQUATOR Network website](#)
27/02/2023

[EQUATOR Network Newsletter January 2023](#)
31/01/2023

[EQUATOR Network Newsletter October 2022](#)
31/10/2022

[Launch of the EQUATOR Canada Publication School team educational video](#)

Results



Simply state the findings - emphasize main findings

- Tables & Figures part of text – direct the reader's eye on what not to miss
- No interpretation or bias in the reporting
- Arranged in logical sequence
- Self-explaining label on Tables & Figures
 - Visually easy to read – no redundant information
- Written in past tense

Discussion



The most difficult!!!!

- Summarize finding in max 5 lines
- Avoid claiming primacy – it is more likely that you did not find the study
- No new results
- Put results into a global context
- Be (self-) critical, cite your enemies with loyalty
- Be humble, and be cautious
- Avoid to promote large public health implications

Box 1.1 Writing the discussion

- Summarise the major findings
- Discuss possible problems with the methods used
- Compare your results with previous work
- Discuss the clinical and scientific (if any) implications of your findings
- Suggest further work
- Produce a succinct conclusion

Abstract



The part of the paper that people read!!!

- Together with the title trailer to the 'movie'
- Spend time on it
- A loyal microversion of the paper
- Should be able to stand alone and should be subject to reference without your findings are misinterpreted
- Be humble, and be cautious

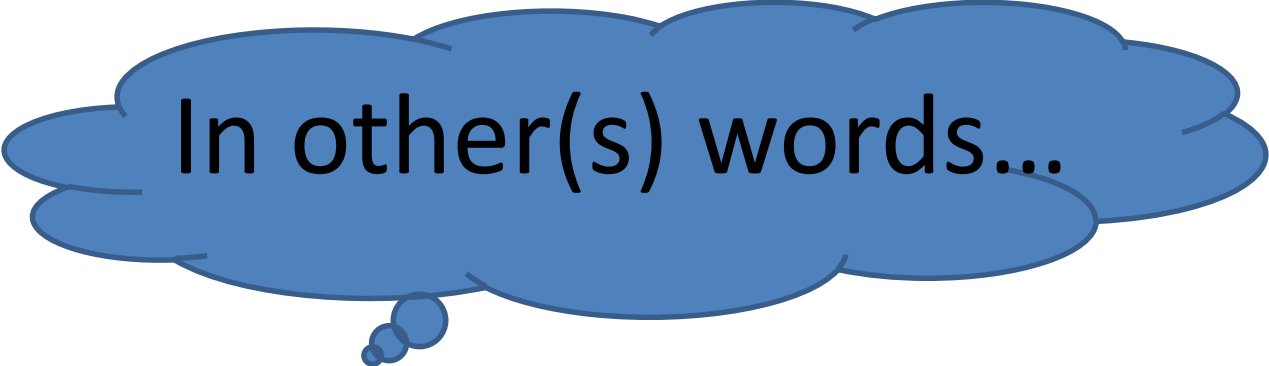
Box 6.2 Information that should be included in your abstract

Do:

- Provide a clear indication of what the reader can expect from your paper.
- Indicate why the reader should care to read further.
- List the key methodological details required to understand both how your study addresses the research question and what to expect of the results.
- Describe the results that directly answer the research question (usually including actual values for quantitative studies).
- Summarise the paper with the take home message of greatest importance.

Do NOT:

- Meander into peripheral issues.
- Attempt to comprehensively describe every feature of your methodology.
- Present the first section of your results. Generally the results section in the body of your paper will offer a description of your participants. While that is important it is not usually the focus of the study.
- List generic statements that could apply to any paper (e.g. 'We will conclude with a discussion of our results').



In other(s) words...

Make sure the abstract, introduction, and conclusions touch all the same points. There should be a one-to-one correspondence between the points made in each. One useful idea is to use a highlighter to mark the points made in the abstract, intro, and conclusions to make sure there is closure.

– Prof. Robert Houze, University of Washington

One of my favourite examples:

Exercise: Look for the one-to-one correspondence between points made in title, abstract, introduction and conclusion

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doi: 10.1136/bmj.39079.618287.08

Folic acid supplements and risk of facial clefts: national population based case-control study

Allen J Wilcox, senior investigator,¹ Rolv Terje Lie, professor,² Kari Solvoll, retired,³ Jack Taylor, senior investigator,¹ D Robert McConaughy, senior programmer,⁴ Frank Åbyholm, professor,⁵ Hallvard Vindenes, consultant plastic surgeon,⁶ Stein Emil Vollset, professor,² Christian A Drevon, professor³

ABSTRACT

Objective To explore the role of folic acid supplements, dietary folates, and multivitamins in the prevention of facial clefts.

Design National population based case-control study.

Setting Infants born 1996-2001 in Norway.

Participants 377 infants with cleft lip with or without cleft palate; 196 infants with cleft palate alone; 763 controls. **Main outcome measures** Association of facial clefts with maternal intake of folic acid supplements, multivitamins, and folates in diet.

Results Folic acid supplementation during early pregnancy ($\geq 400 \mu\text{g/day}$) was associated with a reduced risk of isolated cleft lip with or without cleft palate after adjustment for multivitamins, smoking, and other potential confounding factors (adjusted odds ratio 0.61, 95% confidence interval 0.39 to 0.96). Independent of supplements, diets rich in fruits, vegetables, and other high folate containing foods reduced the risk somewhat (adjusted odds ratio 0.75, 0.50 to 1.11). The lowest risk of cleft lip was among women with folate rich diets who also took folic acid supplements and multivitamins (0.36, 0.17 to 0.77). Folic acid provided no protection against cleft palate alone (1.07, 0.56 to 2.03).

Conclusions Folic acid supplements during early pregnancy seem to reduce the risk of isolated cleft lip (with or without cleft palate) by about a third. Other vitamins and dietary factors may provide additional benefit.

INTRODUCTION

The discovery that folic acid in early pregnancy reduces the risk of neural tube defects is one of the important public health advances of recent years.¹ Even before folic acid deficiency had been linked to neural tube defects, it was known to produce facial clefts in rodents.² However, studies of an association with facial clefts in humans have provided inconsistent results,³⁻⁸ and the question remains unresolved.⁹

This question is especially relevant in countries where fortification of foods with folic acid has not been allowed. One of these is Norway, which has one of the highest rates of facial clefts in Europe.¹⁰ We assessed possible effects of folic acid on facial clefts in Norway through a population based case-control study.

METHODS

Study design

Infants born in Norway with orofacial clefts are treated at government expense in one of two surgical centres (Oslo and Bergen). We contacted the families of all newborn infants born from 1996 to 2001 who had been referred for surgical treatment of a cleft (either cleft lip with or without cleft palate or cleft palate only). During the same years, we randomly selected an average of four per thousand live births (identified through the medical birth registry of Norway) as controls. These babies served as controls for both case groups, with a case:control ratio of about 1:2 for cleft lip with or without cleft palate, and 1:4 for cleft palate only. Mothers and fathers provided informed consent.

Data collection

Mothers completed two mailed questionnaires. The main questionnaire collected data on demographic characteristics; reproductive history; and smoking, alcohol, drugs, and other exposures during early pregnancy. The median time from the baby's delivery to completion of the main questionnaire was 14 weeks for cases and 15 weeks for controls (interquartile range 13-17 weeks).

Conclusion

Intake of 400 μg a day or more of folic acid in the preconceptional period seems to reduce the risk of isolated cleft lip with or without cleft palate in Norway by about a third. This apparent effect of folic acid is relevant to ongoing discussions about food fortification. If folic acid is able to prevent a major birth defect in addition to neural tube defects, this benefit should be included among the risks and benefits of fortifying foods with folic acid, a matter of ongoing controversy in many countries.²³

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Main outcome measures Association of facial clefts with maternal intake of folic acid supplements, multivitamins, and folates in diet.

Results Folic acid supplementation during early pregnancy (≥ 400 µg/day) was associated with a reduced risk of isolated cleft lip with or without cleft palate after adjustment for multivitamins, smoking, and other potential confounding factors (adjusted odds ratio 0.61, 95% confidence interval 0.39 to 0.96). Independent of supplements, diets rich in fruits, vegetables, and other high folate containing foods reduced the risk somewhat (adjusted odds ratio 0.75, 0.50 to 1.11). The lowest risk of cleft lip was among women with folate rich diets who also took folic acid supplements and multivitamins (0.36, 0.17 to 0.77). Folic acid provided no protection against cleft palate alone (1.07, 0.56 to 2.03).

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Language



Do not be afraid of simple language

- Short sentences
- Short not long words
- Simple expressions
- Active voice better than passive voice

The more simple, the better

Language – keep it simple



upper and lower extremities	arms and legs
utilize	use
subsequent to	after
Perform	do

'where initial steps towards invasive breast cancer are relatively more prone to occur'

is much better as

'where breast cancer may begin'

.. Own experiences



- Use your co-authors. It does not have to be perfect before they see the draft
- Your co-authors are often right – but not always
- A paper go through many drafts
- First author is the person responsible for the fate of the paper

The publication process



- How many have changed things to the worse because of reviewers?
- How many have found smaller (or larger) mistakes/errors in own published papers ?
- Your use of pre-print servers?



To get published

- Which journal?
 - The audience?
 - Impact Factors and BFI points (2009-2021) horror regime (AAU has decided to launch a new indicator expected 2024)
 - Open access journals and PubMed
 - Predator journals
- Co authors
 - Vancouver rules
 - Think and discuss with a friend before writing it down
 -
- Corresponding author

To get published



- Reviewers
 - Suggest
 - Friends and enemies
 - Give people a chance – young people
 - More difficult to get reviewers

What did Wilcox say: common mistakes



- Editors talk together – we are friends...
 - Avoid double publications
- Over interpretation of own results
- Bad data and over sophisticated methods
- Neglect of bias and confounding
- Too many tables, too few figures

What did Wilcox* say about the process



- Editor reads all submissions and distribute papers to assistant editors
- Mistakes can happen
- It is OK to contact the editor if time just passes
- You can go back and ‘complain’ to an editor if they are really mistaken
- But if you are too smart you will be punished

* Med Anne-Marie Nybo Andersen's tilføjelser fra samtaler med andre editorer

.. Some experiences



- The balance between salami and simple writing is delicate
- Papers with difficult messages demand good cover letters, honesty pays off

To take part in the public debate



Standing together – at a distance

How Danes are living with the Corona Crisis

All



■ Standing together – at a distance

- › About the project
 - › Participate in the project
 - › Results and other data
 - › Publications & media
 - › Researchers
 - › Collaboration partners
 - › Mental health advice
 - › Data ethics
 - › Funding
 - › Contact
-
- › Det Sundhedsvidenskabelige Fakultet
 - › Institut for Folkesundhedsvidenskab



Standing together – at a distance: how Danes are living with the corona crisis

This research project aims to explore how the COVID-19 pandemic and the preventative measures being implemented in Denmark affect worries, loneliness, quality of life, social interactions, and people's daily lives. By documenting these effects as they are happening, we can learn a great deal from this public-health crisis. This project is a citizen-driven initiative, so emphasis is placed on continuous, direct feedback from the public.

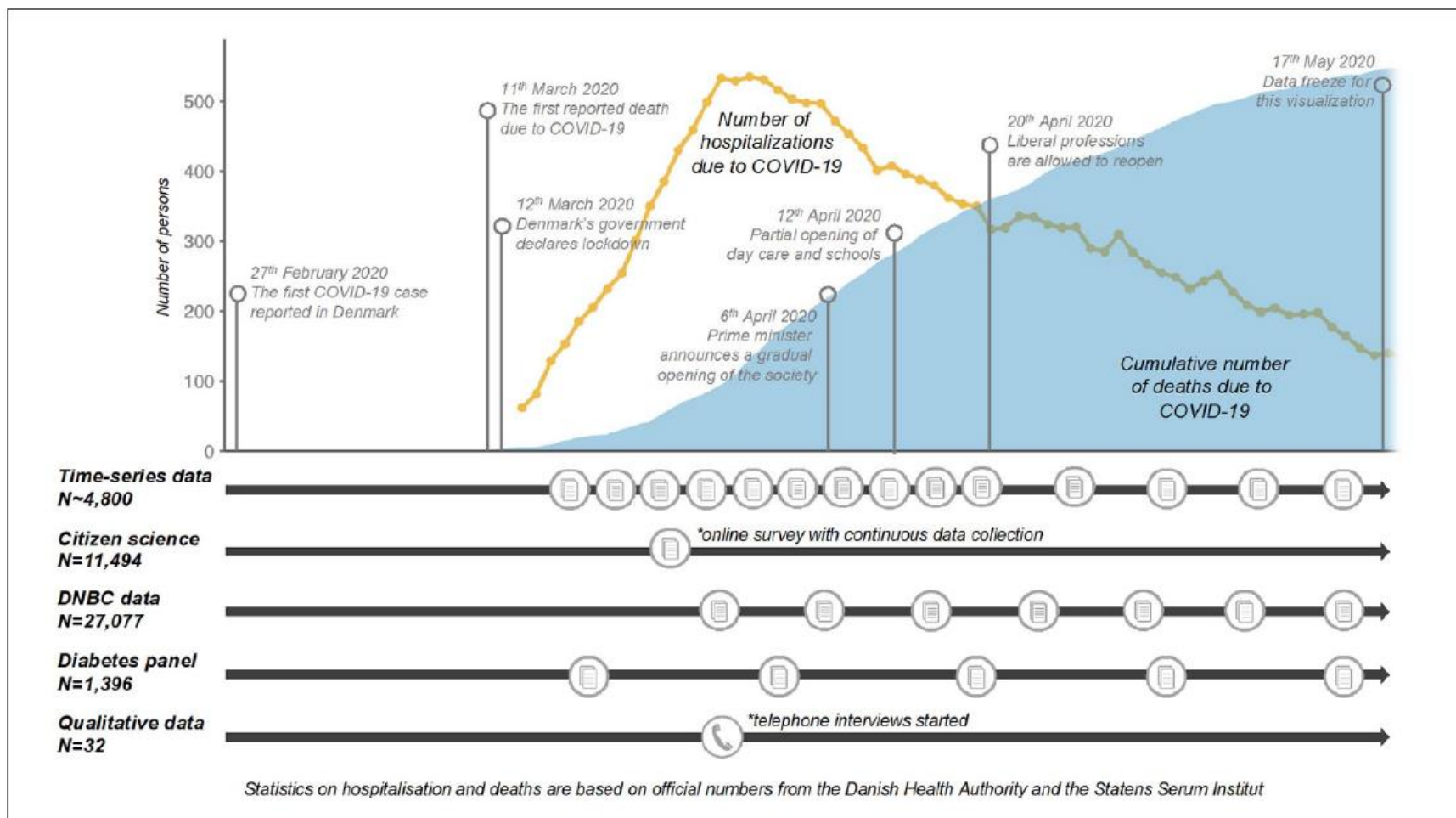


Figure 1. Timeline showing seminal events during the lockdown in Denmark in relation to how and when the project collected data between 27 February and 17 May 2020. The hospitalisation curve represents the total number of patients hospitalised at any given time, while the death curve represents the cumulative number of deaths due to COVID-19.

Bekymring hos forskere: -Det er alarmerende

KRONIKEN

Opråb fra eksperter: Børn og unge mistrives massivt i Danmark. Gør noget - inden det ender helt galt

Der er behov for mere fokus på de unges mentale helbred under coronanedlukningen - men også når samfundet åbner igen. Krisen kan trække lange spor.

AUTOMATISK OPLÆSNING



it corona og ne
ser som depres

blad.

steruighed om fremtiden l...

CORONAVIRUS

CORONAVIRUS

»Jeg har været her i 15 år og har al noget lignende«

Klinikchef Nina Staal siger, at antallet af henviste stiger i alle aldersgrupper under teenagere.

AUTOMATISK OPLÆSNING



Epidemien kommer til at trække unge spor for børn og unge, siger klinikchef og speciallæge Nina Staal.

SUND

SUNDHED

30. MAR. 2021 KL. 11:05

ANDERS LEDARTH SCHMIDT
Journalist

CORONAVIRUS

LÆS ARTIKLEN SENEST



landets største region som i 2020. Over 4.600 i alt.

Mere end et år i epidemiens jerngreb med blandt andet lukkede skole og minimalt samvær med venner og stop for fritidsaktiviteter har været slemt for de børn og unge under 18 år, som i forvejen kæmper med mentale problemer og psykiske lidelser.



Speciallæge i psykiatri: Regeringen skaber en generation af fortabte børn og unge

Det er nemt at forstå dødstallene for covid-19 og behovet for nedlukningen. Men nedlukningen gemmer på mængder af mistrivsel og lidelser hos særligt børn og unge, som ikke kan gøres op i let aflæselig statistik.

AUTOMATISK OPLÆSNING



Illustration: Claus Thøgersen/POLITIKEN

DEBATINDLÆG 4. MAR. 2021 KL. 09:27

MIA GALL GRANDAHL
Speciallæge i psykiatri

Research paper
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Tibor V. Varg
Joel J. Herran
Ute Bültman
Katrine Stran

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¹Depan
Diabet

A R T I C L E

Article History:
Received 4 December
Aims: Revised 16 December
lockdo Accepted 20 Decemb
indic Available online 2 Jan

survey: Keywords:
20 Ma COVID-19
genera Pandemic
trend Public health
context Global health
quality Lockdown
was a Governmental interv
health Loneliness
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The impact
mental heal
depressive s

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Katrine Strandl

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Copenhagen K, Denmark
^b Section of Biostatistics, I

A R T I C L E I N F

Keywords:
COVID-19
Lockdown
Mental health
Young people
Depressive symptoms
Longitudinal data

nature human behaviour

Article

<https://doi.org/10.1038/s41562-022-01511-7>

Self-injury, suicidality and eating disorder symptoms in young adults following COVID-19 lockdowns in Denmark

Received: 18 March 2022

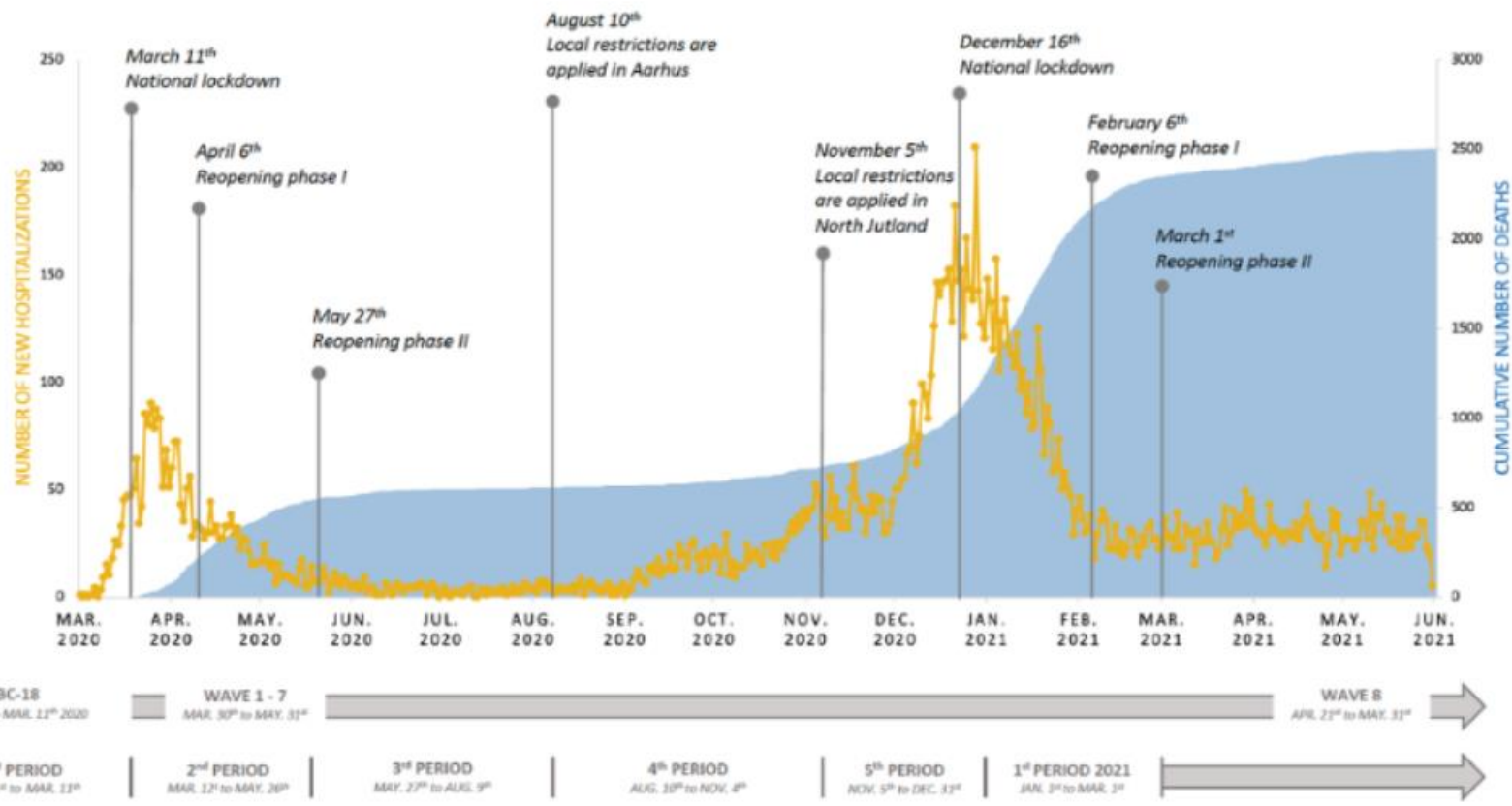
Accepted: 7 December 2022

Published online: 19 January 2023

Check for updates

Stine Danielsen¹✉, Andrea Joensen², Per K. Andersen³, Trine Madsen⁴
& Katrine Strandberg-Larsen⁵

An aggravation in mental health during the COVID-19 lockdown has been suggested but the impact on self-injury, suicidality and eating disorders (EDs) are less elucidated. Using linear regression in different data set-ups that is longitudinal ($n = 7,579$) and repeated cross-sectional data ($n = 24,625$) from the Danish National Birth Cohort, we compared self-reported self-injury, suicidality and symptoms of EDs from before through different pandemic periods until spring 2021. The longitudinal data indicate a reduction in the proportion of self-injury in men (-3.2% points, 95% confidence interval (CI) = -4.3% ; -2.2% , $P < 0.001$, d.f. = 2) and women (5.7% points, 95% CI = -6.6% ; -4.8% , $P < 0.001$, d.f. = 2) and of suicide ideation in men (-3.0% points, 95% CI = -4.6% ; -1.4% , $P = 0.002$, d.f. = 2) and women (-7.4% points, 95% CI = -8.7% ; -6.0% , $P < 0.001$, d.f. = 2), as well as symptoms of EDs in women (-2.3% points, 95% CI = -3.2% ; -1.4% , $P < 0.001$, d.f. = 2). For suicide attempt, indication of an increase was observed in men only (0.4% points, 95% CI = 0.1% ; 0.7% , $P = 0.019$, d.f. = 2). In the repeated cross-sectional data, we observed no changes in any of the outcomes. Our findings provide no support for the increase in self-injury, suicidality and symptoms of EDs after the lockdowns. Key limitations are differential attrition and varying age in pre- and post-lockdown measures in the longitudinal data.



Statistics on hospitalization and deaths related to COVID-19 are based on official numbers from the Danish Health Authority and the Statens Serum Institut

Fig. 1. The data set up presented according to the development of the COVID-19 pandemic and following lockdowns in Denmark.

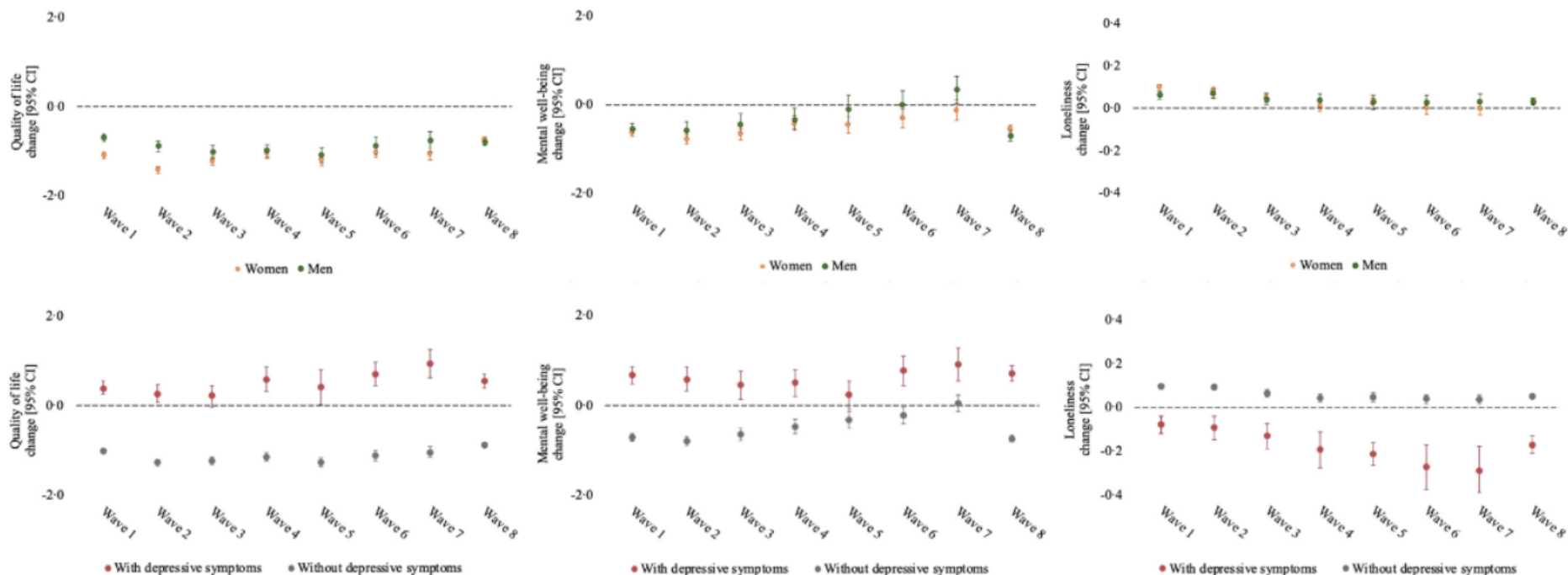


Fig. 2. Mean change from pre-to during lockdown [95% CI] in QoL and mental well-being, and proportion of change in loneliness stratified by gender and pre-existing depressive symptoms, respectively (longitudinal setup).

Quality of life

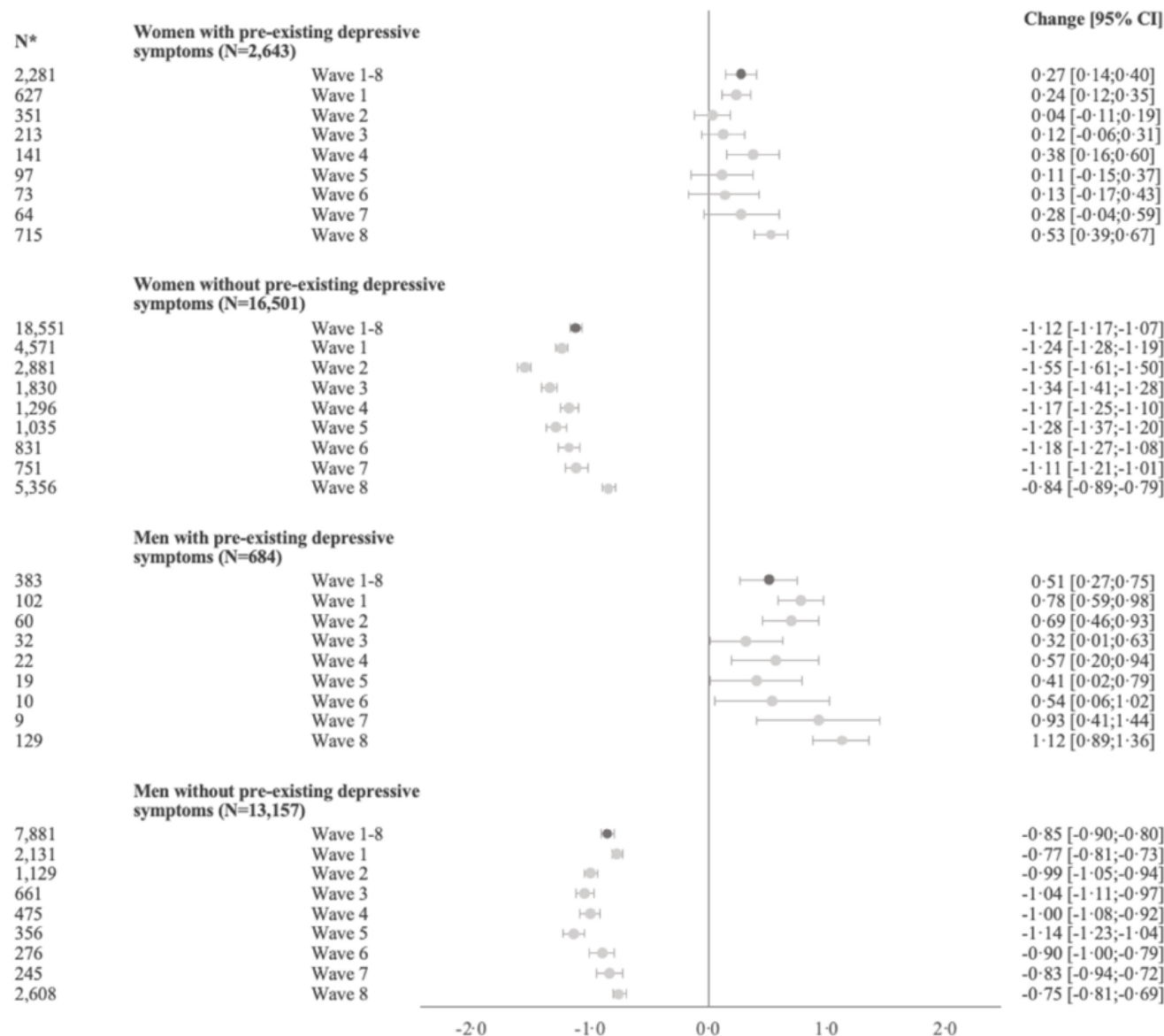


Fig. 3. Regression of changes in QoL, mental well-being, and loneliness from pre-to during lockdown (longitudinal setup).

*Repeated measures

Random effect estimates and 95% CI presented (N = 32,985)

(Total number including repeated measures N = 62,081)

All models were weighted by IPW baseline population 1, Fig. S2 (N = 67,346)

p-value for interaction between lockdown, gender, and pre-existing depressive symptoms (wave 1-8):

QoL (p < 0.001), mental well-being (p < 0.001), and loneliness (p < 0.001).

Mental well-being

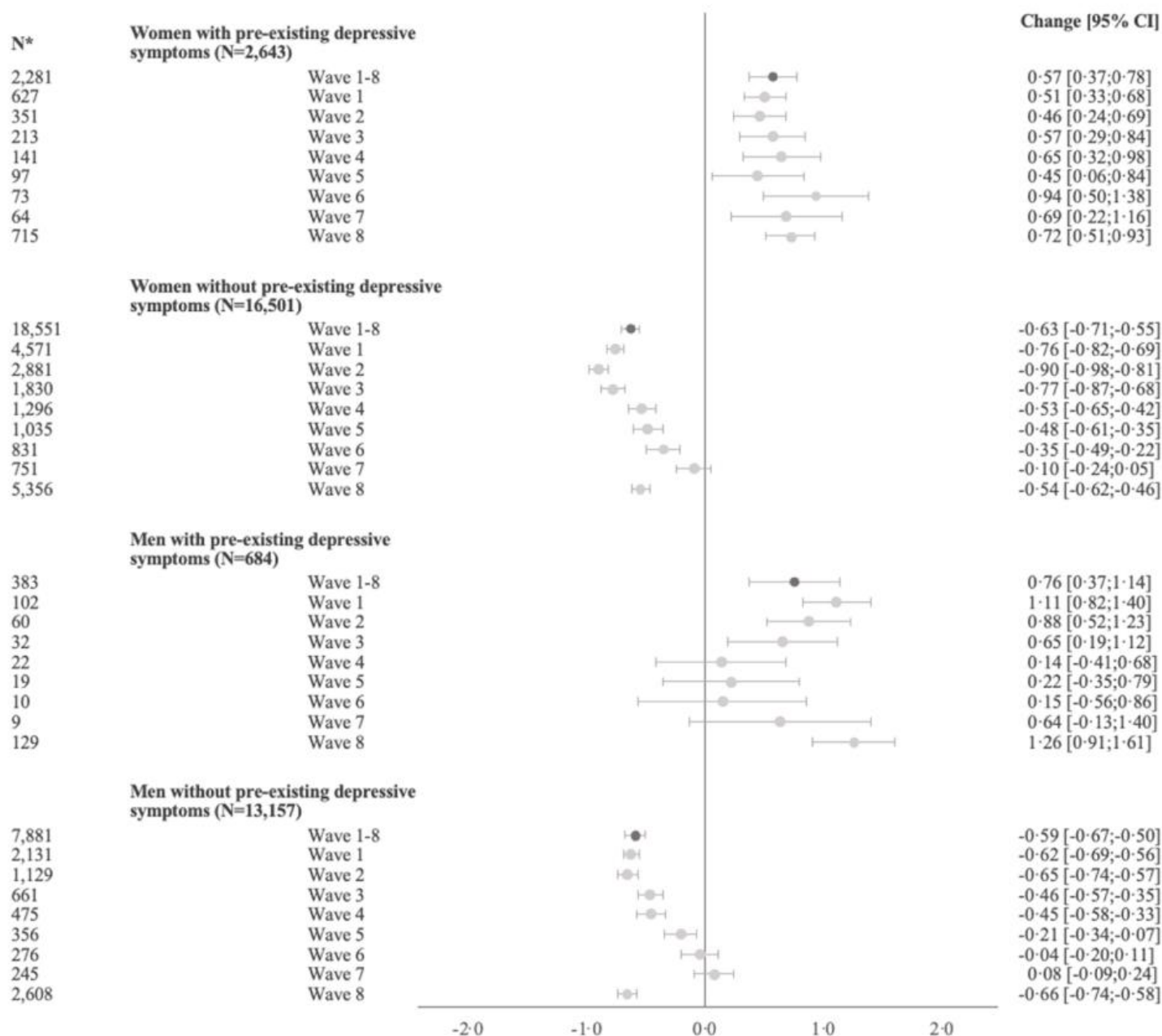


Fig. 3. (continued).

Loneliness

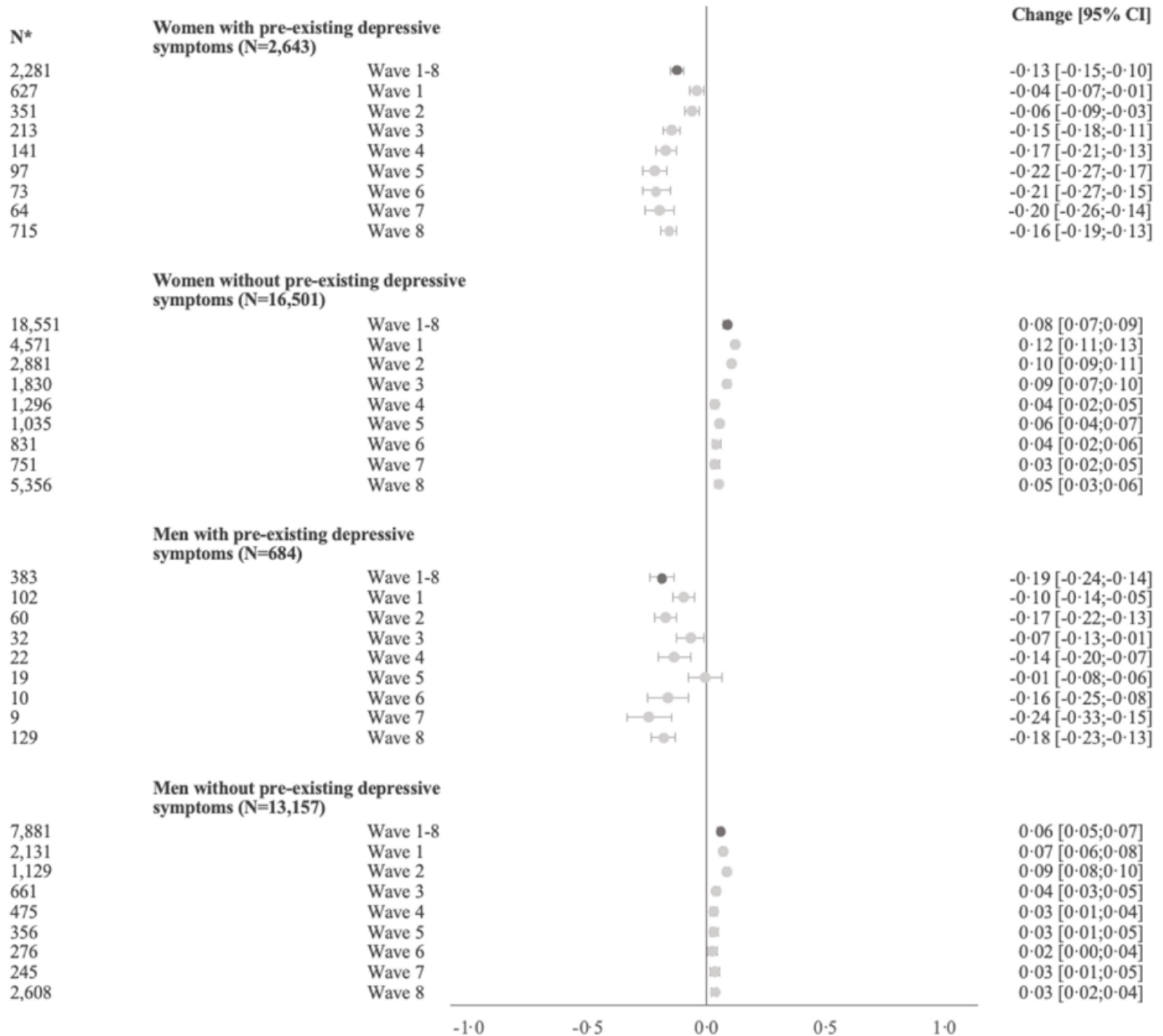
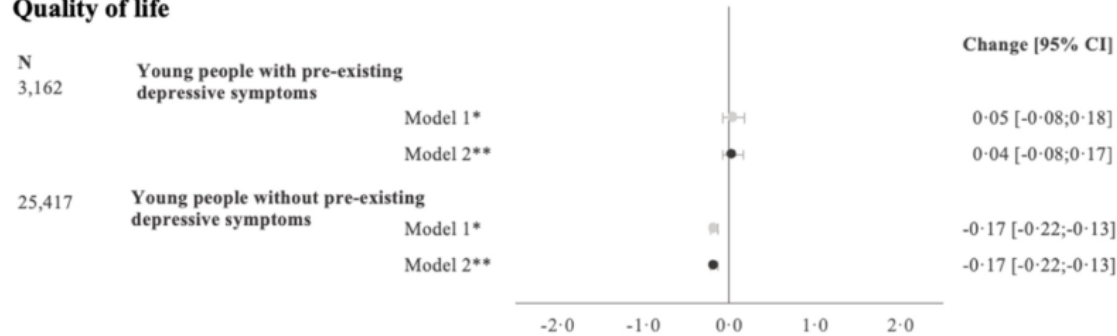
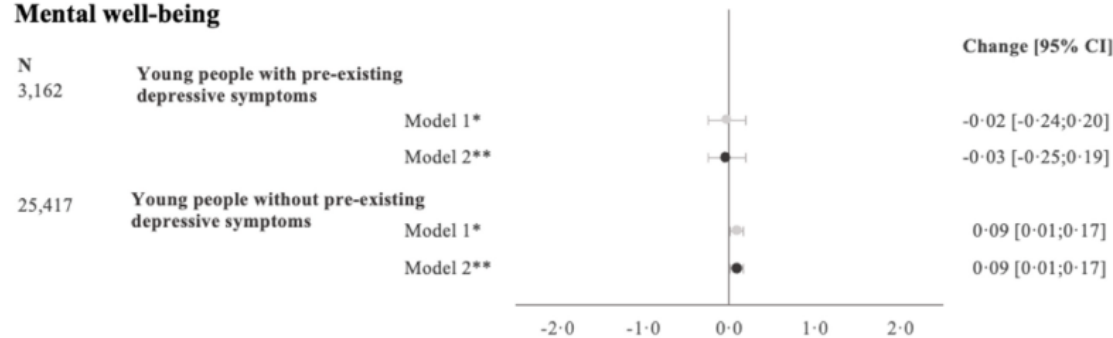


Fig. 3. (continued).

Quality of life



Mental well-being



Loneliness

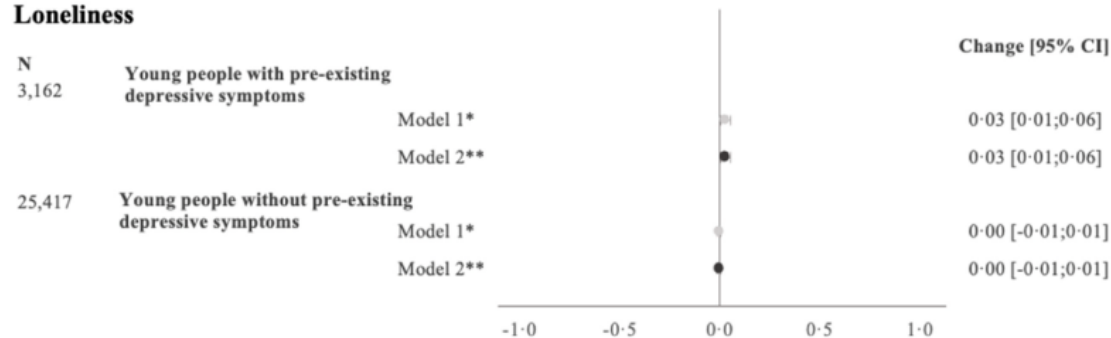


Fig. 5. Regression of changes in QoL, mental well-being, and loneliness from pre-to during lockdown (repeated cross-sectional setup).

Adjusted estimates and 95% CI are presented (N = 28,579)

*Adjusted for gender and period

**Adjusted for gender, period, household socio-occupational status, maternal age at childbirth, maternal smoking during pregnancy, educational enrolment, and housing composition.

All models were weighted by IPW baseline population 2, Fig. S2 (N = 58,638)

p-value for interaction between lockdown and depressive symptoms:

QoL (p < 0.001), mental well-being (p = 0.3365), and loneliness (p < 0.001).

Press release from SUND communication

Nedlukningerne bed sig ikke fast i unges mentale helbred

Unge har ikke fået et dårligere mentalt helbred efter de to corona-nedlukninger, viser nyt studie fra Københavns Universitet. Men på den korte bane var der et midlertidigt dyk.

De unge bliver ensomme, deprimerede og angste. Under coronakrisen har vi haft stort fokus på, hvad de to nedlukninger af Danmark betyder for især de unges mentale helbred.

Men nu viser en ny undersøgelse fra Københavns Universitet, at vi måske ikke behøver at være så bekymrede.

”Vi fandt ikke stærke indikationer for en vedvarende negativ effekt på det mentale helbred målt som livskvalitet, mental trivsel og ensomhed. Hverken ved den første eller den anden længevarende nedlukning af landet,” siger lektor på Folkesundhedsvidenskab Katrine Strandberg-Larsen, der har ledet studiet.

Forskerne har indsamlet data fra cirka 30.000 unge i alderen 18 til 24 år, der før, under og efter corona-nedlukningerne har besvaret de samme spørgsmål om livskvalitet, mental trivsel og ensomhed.

Til at undersøge besvarelsenerne har forskerne brugt to forskellige metodiske tilgange. Tallene fra den ene tilgang viste, at efter den sidste nedlukning i foråret 2021 var ensomheden næsten tilbage på niveau som før nedlukningerne, mens livskvaliteten og den mentale trivsel var lavere.

I den anden metodiske tilgang, kunne forskerne stort set ikke se en forskel i de unges mentale helbred før og efter nedlukningen.

”Tallene viser overordnet et betryggende billede, da nedlukningerne ikke ser ud til at have haft vedvarende effekter. Vi har tidligere vist, at livskvaliteten steg i takt med genåbningerne, og derfor forudser jeg, at også livskvaliteten og den mentale trivsel vil normalisere sig igen,” siger Katrine Strandberg-Larsen.

Press release from SUND communication

Fakta: Nøgletal fra undersøgelsen

Metode 1

Tallene fra den første metodiske tilgang viser, at de unge efter sidste nedlukning havde lavere eller næsten var tilbage på samme niveau af mentalt helbred som før den første nedlukning.

- Livskvalitet: Før scorede kvinderne 6.8 og mændene 7.4 på en skala fra 0-10, efter scorede begge køn ca. 0.8 point lavere på livskvalitet.
- Mental trivsel: Før scorede kvinder 23.2 og mænd 24.3, og efter hhv. 0.5 og 0.7 point lavere på en skala fra 7-35.
- Ensomhed: Før var 17 procent af kvinderne og 10 procent mænd ensomme, efter var hhv. 5 procent og 3 procent flere ensomme

Metode 2

Tallene fra den anden metodiske tilgang, hvor man har spurgt forskellige unge, viste at både livskvalitet, mental trivsel og ensomhed var storset uændret før og efter nedlukningerne.

- Livskvalitet: Faldt 0.2 point efter nedlukningen uden antydning af forskellig effekt i forskellige perioder af nedlukningerne.
- Mental trivsel: Steg 0.1 point efter nedlukningen uden antydning af forskellig effekt i forskellige perioder af nedlukningerne.
- Ensomhed: 0 procent ændring fra før til efter i andelen, som var ensomme.

Press release from SUND communication

Corona-nedlukning giver en chok-effekt Selvom det nye studie tyder på, at der ikke er udtalte og længevarende konsekvenser for unges mentale helbred på grund af nedlukningerne, så viser studiet samtidig, at de unges mentale helbred dykkede under første og anden nedlukning.

Tal fra den metodiske tilgang, hvor man har set på de samme unge, viste, at det laveste niveau for mentalt helbred var at se under de mest omfattende nedlukninger i foråret 2020.

”Det tyder på, at der er tale om en chok-effekt. At når noget stort rammer, så påvirker det vores velbefindende. Men det er jo et eller andet sted også udtryk for noget sundt, at man reagerer på det, der sker i verden omkring os,” siger Katrine Strandberg-Larsen.

Allerede under den gradvise åbning efter den første nedlukning, var de unges mentale trivsel og ensomhed på samme niveau som før corona-nedlukningerne, mens niveauet af livskvalitet forblev lavere.

Press release from SUND communication

Unge med depressive symptomer oplever ikke dyk i mentalt helbred

Noget andet som Katrine Strandberg-Larsen mener er vigtigt at bide mærke i, er, at studiet viser, at de unge med depressive symptomer ikke ser ud til at opleve tilsvarende dyk i det mentale helbred som unge uden depressive symptomer.

”Vi ser faktisk antydning af forbedring for unge med depressive symptomer. Det kan jo handle om at nedlukningerne skaber en opbremsning af samfundet, som for nogle kan opleves som en lettelse – men det er rent gætværk.”

Det er dog vigtigt at holde for øje, at unge med depressive symptomer før nedlukningen har betydeligt lavere mentalt helbred sammenlignet med unge uden depressive symptomer, også under nedlukningen.

The media landscape at the time of publishing

10. marts 2022 kl 05:00

Endnu et fald i unges mentale sundhed får partier til at kræve handling

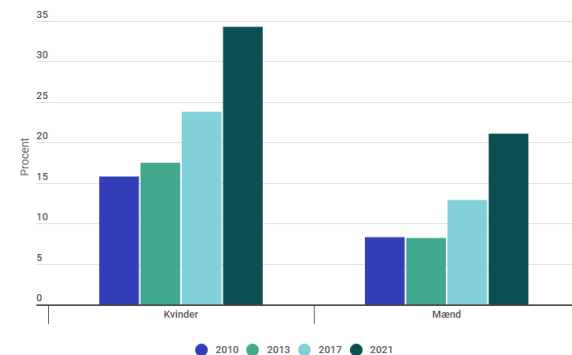
Stadig flere unge mistrives, viser nye tal fra en stor national undersøgelse af danskernes sundhed. Partier i både rød og blå blok opfordrer regeringen til at sætte gang i en handlingsplan, der skal fremme den mentale sundhed, og forhandlingerne om en 10-årsplan for psykiatrien.



Stadig flere danskere har dårlig mental sundhed, viser nye tal. Stigningen er mest markant blandt unge mænd og kvinder. Foto: Mathias Eis/Ritzau Scanpix

Udvikling i unges mentale sundhed

Grafikken viser, hvor mange procent af de 16-24-årige der har en lav score på den mentale helbredsskala i 2010, 2013, 2017 og 2021.



Kilde: De Nationale Sundhedsprofiler 2010-2021.

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Self-injury, suicidal ideation and -attempt and eating disorders in young people following the initial and second COVID-19 lockdown

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Summary

Background: The initial COVID-19 lockdowns have had negative effect on different mental health measures, especially in young women. However, the impact on self-injury, suicidality and eating disorder (ED) are less elucidated and remains inconsistent. We compare self-reported self-injury, suicide ideation and -attempt and symptoms of EDs from before through different pandemic periods until spring 2021.

Methods: Young participants in the Danish National Birth Cohort reported these measures in an 18-year follow-up in 2015-2021 and in a COVID-19 survey in spring 2021 when participants were aged 19-24 years. Changes in measures from pre to post lockdown were estimated with longitudinal data (N=7,597) and with repeated cross-sectional data (N=24,625) by linear regression.

Findings: In the longitudinal comparisons 14% of women and 7% of men reported self-injury pre lockdown, which decreased 6%-points (95% CI:-7%:-5%) for women and 3%-points (95% CI:-4%:-2%) for men during lockdown. For suicide ideation, the pre lockdown proportions were 25% and 18% for women and men respectively, and decreased 7%-points (95% CI:-8%:-6%) for women and 3%-points (95% CI:-5%:-1%) for men. For suicide attempt no change was observed. Pre lockdown 15% and 3% of women and men, respectively, had symptoms of EDs, which decreased 2%-points (95% CI:-3%:-1%) for women. We observed no changes in proportions of self-injury, suicide ideation or EDs in the repeated cross-sectional data.

Interpretation: Our findings provide no support for increase in self-injury, suicidality and EDs following the lockdowns, and if anything, indicate a reduction in self-injury and suicide ideation as well as EDs in women.

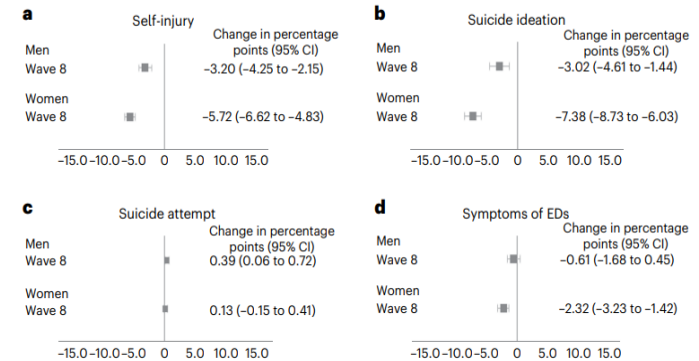


Fig. 3 | Change in self-injury, suicide ideation and attempt and symptoms of EDs in men and women before and during lockdown (longitudinal data). a-d, Weighted fixed-effect linear regression estimating change in the proportions based on the longitudinal data collected in the DNBC-18 ($n = 7,597$) and wave 8 of the COVID-19 survey ($n = 7,597$), approximately 1 year after the initial lockdown. Data are presented as the mean change in percentage points \pm s.e.m. a, Self-injury within the last year in men ($P < 0.001$, d.f. = 2) and women ($P < 0.001$, d.f. = 2). b, Suicide ideation within the last year in men ($P = 0.002$, d.f. = 2) and women ($P < 0.001$, d.f. = 2). c, Suicide attempt within the last year in men ($P = 0.019$, d.f. = 2) and women ($P = 0.371$, d.f. = 2). d, Symptoms of EDs within the last month in men ($P = 0.258$, d.f. = 2) and women ($P < 0.001$, d.f. = 2).

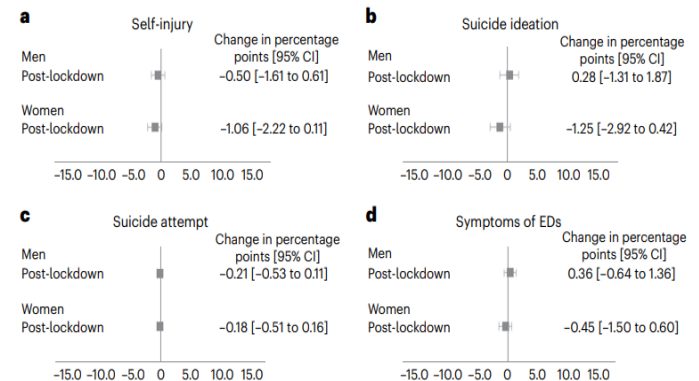


Fig. 5 | Change in self-injury, suicide ideation and attempt and symptoms of EDs in men and women before and during lockdown (repeated cross-sectional data). a-d, Weighted linear regression estimating change in the proportions based on the repeated cross-sectional data collected in the DNBC-18 ($n = 24,625$) in 2018-2021. Data are presented as the mean change in percentage points \pm s.e.m. a, Self-injury within the last year in men ($P = 0.374$, d.f. = 8) and women ($P = 0.076$, d.f. = 8). b, Suicide ideation within the last year in men ($P = 0.727$, d.f. = 8) and women ($P = 0.142$, d.f. = 8). c, Suicide attempt within the last year in men ($P = 0.197$, d.f. = 8) and women ($P = 0.306$, d.f. = 8). d, Symptoms of EDs within the last month in men ($P = 0.485$, d.f. = 8) and women ($P = 0.398$, d.f. = 8).

The impact of the initial and second national COVID-19 lockdowns on mental health in young people with and without pre-existing self-injury, suicide ideation, and ED symptoms

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Short Report

Keywords: COVID-19, lockdown, mental health, self-injury, suicidal behaviour, eating disorder

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The preprint servers – have impacted our publishing practise

> [Am J Epidemiol](#). 2023 Mar 10;kwad051. doi: 10.1093/aje/kwad051. Online ahead of print.

Should AJE allow submissions of manuscripts that have been previously posted on preprint servers and received media attention?

Ichiro Kawachi ¹

Affiliations + expand

PMID: 36899294 DOI: [10.1093/aje/kwad051](#)

Abstract

In weighing the question of whether AJE should accept preprints that have received press coverage, we need to keep in mind three sets of interests: the public interest, the publisher's interest, and the author's interest. During public health emergencies, such as a pandemic, the author's interests (rapid communication of scientific findings to the public) are aligned with the public interest (learning about

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Constituency	Pros	Cons
Author	<p>Rapid communication of scientific findings to the public</p> <p>Open (and free) dissemination of scientific findings</p> <p>Establish priority in scientific discoveries</p>	
Journal	Maintain submission volume	Publishing stale content
The public	Learning about life-saving information sooner	Unintended harm from dissemination of findings that turn out to be false



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