Vejledning til udarbejdelse af ABSTRACT

Abstract skal skrives **enten** på engelsk **eller** på dansk.
Engelsk er hyppigst anvendt.

Hvad skal ABSTRACT indeholde:

- Title (titel) (maks. 200 tegn inklusiv mellemrum)
- Authors (forfattere)
- Affiliation (tilknytning)
- Abstract tekst (maks. 250 ord, se Tekniske retningslinjer nedenfor)

Hvis man har resultater på sit projekt, bruger man følgende hovedafsnit i abstract teksten:	**Hvis man ikke har resultater eller konklusioner på sit projekt**, bruger man følgende hovedafsnit i abstract teksten:
- Background (baggrund) - Methods (metoder) - Results (resultater) - Conclusions (konklusioner)	- Background (baggrund) - Methods (metoder) - Perspectives (perspektiver)

Authors (forfattere):

Forfatter skrives: "Fornavn(e) Efternavn[1, 2] (f.eks. *Cecilie Holm Hansen)*
Tallene efter navnet angiver forfatterens tilknytning (affiliation), se eksempler nedenfor.

Affiliation (tilknytning):

Affiliation skal indeholde: Afdeling, hospital, evt. universitet, by, land
Eksempel på engelsk:

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[2]Department of Clinical Medicine, Aalborg University, Denmark

Eksempel på dansk:

[1]Klinisk Biokemisk Afdeling, Regionshospital Nordjylland, Hjørring, Danmark
[2]Klinisk Institut, Aalborg Universitet, Danmark

Se vejledning til affiliation fra Medicinsk Bibliotek her Affiliering.ashx (rn.dk)

Tekniske retningslinjer:

Abstract må ikke indeholde figurer, tabeller og referencer

Selve abstract teksten må maks. indeholde 250 ord. Ordtælling omfatter kun afsnittene Background, Methods, Results og Conclusions/Perspectives

Skrifttype: Calibri

Deadline for indsendelse af abstract: Mandag, den 8. september, 2025.

Abstract sendes i word-udgave med mail til Forskning.RHN@rn.dk

Eksempel på et abstract MED resultater:

Health literacy and cognitive function in people with diabetic foot ulceration in relation to foot self-care – a mixed methods study

Mona Kyndi Pedersen[1,2], Sofie Ladekarl Christiansen[1,2], Johan Røikjer[2,3,4], Suganthiya Santhiapillai[3,5], Peter Derek Christian Leutscher[1,2], Niels Ejskjær[2,3,4], Morten Bilde Simonsen[1,3,6]

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Background
A devastating complication arising from diabetes is diabetic foot ulceration (DFU). First-year recurrence rates are 40% after a DFU episode. Possible explanations for recurrence are precipitating factors such as peripheral neuropathy and impaired blood circulation. Consequently, preventive foot self-care practice is essential, placing great demands on self-care knowledge, understanding, and compliance of the person at risk of DFU. Therefore, we aimed to investigate the interaction between health literacy, neurocognitive function, and foot self-care practice among people with active DFU.

Methods
Participants with type 2 diabetes were recruited from a tertiary foot clinic in the North Denmark Region. Addenbrooke's Cognitive Examination and European Health Literacy Survey Questionnaire were used to assess cognitive function and health literacy, respectively. Individual interviews provided insight into the participants' knowledge, attitude, and practice toward foot self-care. Qualitative data was analyzed based on thematic analysis. Finally, an integrated analysis of quantitative and qualitative results was conducted using the Pillar Integration Process.

Results
Participants (n=12) had a mean age of 62.6±8.4 years and a mean diabetes duration of 15.9±8.9 years. Health literacy was sufficient in nine (n=9), and cognitive function was normal in five (n=5) participants. There was no clear pattern between cognitive and health literacy scores. Three footcare profiles were constructed as a proactive profile, an active profile, and a passive profile, respectively.

Conclusions
The study revealed various self-care profiles among people with active DFU. It highlighted the importance of addressing knowledge gaps and promoting a proactive approach to improve health outcomes among people with recurrent DFU.

Eksempel på et abstract UDEN resultater:

The role of the gut microbiota in the development of gestational diabetes mellitus

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Background
The incidence of women developing gestational diabetes mellitus (GDM) is increasing, which is associated with an increased risk of type 2 diabetes for both mother and child. Women with GDM have altered gut microbiota (dysbiosis), but it is unknown if this dysbiosis is involved in the development of GDM or simply is a consequence of the disease state. The objective of this study is, therefore, to investigate the role of the microbiome in GDM development.

Methods

This study is based on samples and information from the Danish Maternal and Offspring Microbiome (DANMOM) cohort, which is a longitudinal prospective cohort that follows mother-child pairs during the prenatal period and up to 5 years after birth. A total of 170 women were included in this study, of whom 57 were diagnosed with GDM based on the IADPSG criteria for GDM diagnosis. Fecal samples were collected from pregnant women in the gestational week 11-15, gestational week 19-20 and gestational week 34-37. The association between microbiota and the development of GDM will be investigated by comparing the bacterial composition analyzed using 16S rRNA gene sequencing in fecal samples from pregnant women before and after GDM develops.

Perspectives
We expect these data to provide us with a better understanding of the role of gut microbiota in the development of GDM. Knowledge about how and when dysbiosis develops could offer a potential target for intervention and treatment in the future.