

Doktorsvörn í Uppsölum

Þann 22. september síðastliðinn varði María Ingibjörg Gunnbjörnsdóttir lungnalæknir doktorsritgerð sína við læknadeild háskólans í Uppsölum, Svíþjóð. Titill ritgerðarinnar er: Asthma and Respiratory Symptoms in Nordic Countries, Environmental and Personal Risk Factors. Leiðbeinendur voru Christer Janson dósent og Dan Norbäck dósent sem báðir starfa við háskólann í Uppsölum og Eyþór Björnsson, lungnalæknir á Landspítala Fossvogi. Andmælandi var Claes-Göran Löfdahl, prófessor í lungnalækningum í Lundi, Svíþjóð og fór vörnin fram á sænsku. Í dómnefnd sátu Kjell Larsson prófessor við Karólínska sjúkrahúsið í Stokkhólmi, Eva Vingård prófessor í atvinnusjúkdómum í Uppsölum og Lennard Bråback dósent frá Sundsvall. Doktorsritgerðin byggist á þremur birtum vísindagreinum og einni vísindagrein í handriti:

- Gunnbjörnsdóttir MI, Norbäck D, Plaschke P, Norrman E, Janson C. The relationship between indicators of building dampness and respiratory health in young Swedish adults. *Respir Med* 2003; 97: 302-7.
- Gunnbjörnsdóttir MI, Omenaas E, Gíslason T, Norrman E, Olin A-C, Jögi R, et al. Obesity and nocturnal gastroesophageal reflux are related to onset of asthma and respiratory symptoms. *Eur Respir J* 2004; 24: 116-21.
- Gunnbjörnsdóttir MI, Franklin KA, Norbäck D, Björnsson E, Gíslason D, Lindberg E, et al. Prevalence and incidence of respiratory symptoms and asthma in relationship to indoor dampness: the RHINE study. *Thorax* 2006; 61: 221-5.
- Gunnbjörnsdóttir MI, Norbäck D, Björnsson E, Soon A, Jarvis D, Jögi R, et al. Indoor environment in three North European cities in relationship to atopy and respiratory symptoms. (Handrit)

María fæddist í Reykjavík 1966 og eru foreldrar hennar Gunnbjörn Valdemarsson flugstjóri og Margrét Hólmfríður Magnúsdóttir sjúkraliði. Hún lauk stúdentsprófi frá Fjölbautaskólanum á Akranesi árið 1986 og embættisprófi frá læknadeild Háskóla Íslands árið 1993. María lauk sérfræðingsprófi í lungnalækningum árið 2003 við lungnadeild Akademiska sjúkrahússins í Uppsölum, Svíþjóð þar sem hún hefur starfað síðastliðin 10 ár. Maki er Gunnar Hólmsteinn Ársælsson stjórn málafræðingur og um margra ára skeið fréttaritari RÚV



Á myndinni eru Claes-Göran Löfdahl og María Ingibjörg Gunnbjörnsdóttir.

í Svíþjóð. Eiga þau tvö börn, Margréti Ósk og Gunnar Björn.

Hér á eftir fer enskt ágríp doktorsritgerðarinnar en áhugasamir geta nálgast alla bókina sem pdf skjal með því að nota eftirfarandi krækju, eða með því að fara inn á heimasíðu Uppsala Universitet, www.uu.se og leita undir publikationer. publications.uu.se/theses/abstract.xsql?dbid=7076

The overall aims of our studies were to identify risk factors for respiratory symptoms and asthma in indoor environment but even to look at some personal risk factors such as body mass index and gastroesophageal reflux. The population of this study is based on participants of the European Community Respiratory Health Survey I and II.

In the first study, water damage and visible moulds were reported in 7.4% and 17% of the homes respectively. The combination of water damage and visible moulds was independently associated with attacks of breathlessness when resting and after activity and also to long term cough. In the second study, the prevalence of nocturnal GER

increased with higher BMI and the same pattern could be seen for habitual snoring. Reported onset of asthma, wheeze and night-time symptoms increased in prevalence along with the BMI gradient. In the multivariable analysis, obesity and nocturnal GER were independent risk factors for onset of asthma, wheeze and night-time symptoms. Habitual snoring was an independent risk factor for onset of wheeze and night-time symptoms, but not for onset of asthma. In the third study, a total of 18% of the subjects reported indoor dampness in the last 12 months and 27% of the subjects reported indoor dampness since the previous survey. Respiratory symptoms and asthma were significantly more prevalent in individuals exposed to indoor dampness and indoor dampness was a risk factor for respiratory symptoms and asthma after adjusting for possible confounders. Indoor dampness was an independent risk factor for onset of respiratory symptoms but not for asthma onset. Remission of respiratory symptoms was less likely to occur if subjects reported indoor dampness. In the fourth study, the lowest prevalence of atopy and the lowest levels of all indoor allergens, bacteria and moulds were found in Iceland. A positive association was found, between cat allergen exposure and asthma symptoms and between bronchial responsiveness and the amount of viable mould in indoor air.