

Vibeke Juliebø født 09.03.71

Klinisk erfaring

- 2000- 2001** Turnuslege Tynset Sykehus og Fолldal kommune, Hedmark
- 2001- 2005** Assistentlege med spesialisering i indremedisin og geriatri, Oslo Universitetssykehus HF, Aker
- 2005-2010** Daglig leder GerIT, fjernundervisning i Geriatri, Nasjonalt kompetansesenter for aldring og helse
- 2010- 2011** Assistentlege avdeling for hjertemedisin, Oslo Universitetssykehus HF, Ullevål
- 2011- 2012** Assistentlege avdeling for hjertemedisin, Akershus Universitetssykehus HF
- 2012- 2014** Assistentlege/ konstituert overlege, avdeling for hjertemedisin, Oslo Universitetssykehus HF, Ullevål
- 2014- 2016** Opplæringsstilling invasiv kardiologi, Oslo Universitetssykehus HF, Rikshospitalet
- 2016-** Overlege invasiv kardiologi, Akershus Universitetssykehus HF

Akademisk utdanning

- 1993- 1999** Cand.med, Universitetet i Bergen
- 2005- 2010** PhD, Institutt for klinisk medisin, UIO; "Delirium, dementia, medical treatment and mortality in elderly hip fracture patients", Oslo Universitetssykehus HF, Ullevål
- 2010 – 2014** Hovedveileder PhD stipendiat og lege Maria Krogseth, Oslo Universitetssykehus HF, Ullevål

Publikasjoner i vitenskapelige tidsskrift

17 vitenskapelige publikasjoner (se vedlagt liste)

Veiledning

Hovedveileder for 1 PhD kandidat og medveileder for to forskerlinjestudenter

Nåværende stilling

Overlege ved avdeling for hjertemedisin, Akershus Universitetssykehus HF

Organisasjonserfaring og styrearbeid

- 2012- 2015** Offentlig oppnevnt medlem av Bivirkningsnemda, Statens legemiddelverk
- 2013- 2018** Styremedlem Norsk cardiologisk selskap
- 2018-** Medlem av valgkomitéen Norsk cardiologisk selskap
- 2021-** Varamedlem Spesialitetskomiteen i hjertesykdommer

Reviewer

Medlem av bedømmelseskomite for 1 PhD kandidat

Nasjonal reviewer av 2017 ESC STEMI guidelines, Nasjonal reviewer av 2018 Universal Definition of Myocardial Injury and Myocardial Infarction, Nasjonal reviewer av 2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes.

Tidsskriftet, Den norske Legeforening, European Soc of cardiology, Journal of gerontology, Frontiers in Medicine

Publikasjoner

Guideline-Recommended Time Less Than 90 Minutes From ECG to Primary Percutaneous Coronary Intervention for ST-Segment-Elevation Myocardial Infarction Is Associated with Major Survival Benefits, Especially in Octogenarians: A Contemporary Report in 11 226 Patients from NORIC.

Larsen AI, Løland KH, Hovland S, Bleie Ø, Eek C, Fossum E, Trovik T, Juliebø V, Hegbom K, Moer R, Larsen T, Uchto M, Rotevatn S. *J Am Heart Assoc.* 2022 Sep 6;11(17):e024849.

2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes.

Knuuti J, Wijns W, Saraste A, Capodanno D, Barbato E, Funck-Brentano C, Prescott E, Storey RF, Deaton C, Cuisset T, Agewall S, Dickstein K, Edvardsen T, Escaned J, Gersh BJ, Svitil P, Gilard M, Hasdai D, Hatala R, Mahfoud F, Masip J, Muneretto C, Valgimigli M, Achenbach S, Bax JJ; ESC Scientific Document Group. *Eur Heart J.* 2020 Jan 14;41(3):407-477.

Fourth universal definition of myocardial infarction (2018).

Thygesen K, Alpert JS, Jaffe AS, Chaitman BR, Bax JJ, Morrow DA, White HD; ESC Scientific Document Group. *Eur Heart J.* 2019 Jan 14;40(3):237-269.

2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC).

Ibanez B, James S, Agewall S, Antunes MJ, Bucciarelli-Ducci C, Bueno H, Caforio ALP, Crea F, Goudevenos JA, Halvorsen S, Hindricks G, Kastrati A, Lenzen MJ, Prescott E, Roffi M, Valgimigli M, Varenhorst C, Vranckx P, Widimský P; ESC Scientific Document Group. *Eur Heart J.* 2018 Jan 7;39(2):119-177.

Perioperative hemodynamics and risk for delirium and new onset dementia in hip fracture patients; A prospective follow-up study.

Neerland BE, Krogseth M, Juliebø V, Hylene Ranhoff A, Engedal K, Frihagen F, Ræder J, Bruun Wyller T, Watne LO. *PLoS One.* 2017 Jul 10;12(7):e0180641.

Delirium is a risk factor for further cognitive decline in cognitively impaired hip fracture patients.

Krogseth M, Watne LO, Juliebø V, Skovlund E, Engedal K, Frihagen F, Wyller TB. *Arch Gerontol Geriatr.* 2016 May-Jun;64:38-44.

Cerebrospinal fluid cortisol and cytokines in delirium after hip fracture.

Hall RJ, Watne LO, Robertson I, Witlox J, Kalisvaart K, Seckl JR, Juliebø V, Wyller TB, MacLulich AM. *Psychoneuroendocrinology.* 2015 Nov;61:49.

Is there a role for monocyte chemoattractant protein-1 in delirium? Novel observations in elderly hip fracture patients. Skrede K, Wyller TB, Watne LO, Seljeflot I, Juliebø V. *BMC Res Notes.* 2015 May 6;8:186.

The effect of a pre- and postoperative orthogeriatric service on cognitive function in patients with hip fracture: randomized controlled trial (Oslo Orthogeriatric Trial). Watne LO, Torbergsen AC, Conroy S,

Engedal K, Frihagen F, Hjorthaug GA, Juliebo V, Raeder J, Saltvedt I, Skovlund E, Wyller TB. *BMC Med.* 2014 Apr 15;12:63.

Anticholinergic activity in cerebrospinal fluid and serum in individuals with hip fracture with and without delirium. Watne LO, Hall RJ, Molden E, Raeder J, Frihagen F, MacLulich AM, Juliebø V, Nyman A, Meagher D, Wyller TB. *J Am Geriatr Soc.* 2014 Jan;62(1):94-102.

Delirium is a risk factor for institutionalization and functional decline in older hip fracture patients.

Krogseth M, Wyller TB, Engedal K, Juliebø V. *J Psychosom Res.* 2014 Jan;76(1):68-74.

The effect of a pre- and post-operative orthogeriatric service on cognitive function in patients with hip fracture. The protocol of the Oslo Orthogeriatrics Trial. Wyller TB, Watne LO, Torbergsen A, Engedal K, Frihagen F, Juliebø V, Saltvedt I, Skovlund E, Ræder J, Conroy S. *BMC Geriatr.* 2012 Jul 20;12:36.

Using the Mini-Mental State Examination to screen for delirium in elderly patients with hip fracture. Ringdal GI, Ringdal K, Juliebø V, Wyller TB, Hjermsstad MJ, Loge JH. *Dement Geriatr Cogn Disord.* 2011;32(6):394-400.

Delirium is an important predictor of incident dementia among elderly hip fracture patients. Krogseth M, Wyller TB, Engedal K, Juliebø V. *Dement Geriatr Cogn Disord.* 2011;31(1):63-70.

Delirium is not associated with mortality in elderly hip fracture patients. Juliebø V, Krogseth M, Skovlund E, Engedal K, Ranhoff AH, Wyller TB. *Dement Geriatr Cogn Disord.* 2010;30(2):112-20.

Medical treatment predicts mortality after hip fracture. Juliebø V, Krogseth M, Skovlund E, Engedal K, Wyller TB. *J Gerontol A Biol Sci Med Sci.* 2010 Apr;65(4):442-9.

Risk factors for preoperative and postoperative delirium in elderly patients with hip fracture. Juliebø V, Bjørø K, Krogseth M, Skovlund E, Ranhoff AH, Wyller TB. *J Am Geriatr Soc.* 2009 Aug;57(8):1354-61.

[A new delirium severity scale].

Juliebø V, Lerang K, Skanke H, Mowé M, Wyller TB. *Tidsskr Nor Laegeforen.* 2004 Sep 9;124(17):2276. Norwegian. No abstract available.