Huntington's disease: cognition and apathy

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Stellingen behorend bij het proefschrift getiteld 'Huntington's Disease: Cognition and Apathy'

1. Dividing a cohort based on the Total motor cut-off score only distinguishes between pre-motormanifest and motormanifest participants and ignores all other HD symptoms. (This thesis)

2. Cognitive decline is mediated by CAG length in Huntington's disease. (This thesis)

3. Stroop Word and Stroop Color test are sensitive in tracking cognitive decline in HD over time. (This thesis)

4. Apathy in HD is associated with atrophy of the thalamus, suggesting an underlying neural cause. (This thesis)

5. The absence of a proxy to rate apathy is no reason to exclude an HD patient for a clinical trial. (This thesis)

6. As there is no accepted cognitive test battery to determine whether cognitive decline due to HD has started, we have to leave this to clinical judgment only. (Reilman, R., Leavitt, B.R., and Ross, C.A., Movement Disorders 2014, 29(11):1335-41.)

7. A complex interaction of multiple brain changes, structural and metabolic deficiencies, underlies apathy in HD. (Martínez-Horta, S. et al., Movement Disorders 2018, 33(7):1151-1159.)

8. Remission from apathy might be related to recovery from a depressive disorder and/or discontinuation of psychotropic medication between the two measurement points. (Reedeker, N. et al., The Journal of Neuropsychiatry and Clinical Neurosciences 2011, 23(4): 434-441.)

9. Therapeutic decision making in HD is often guided by clinical experience due to limited empirical data. (Killoran, A., and Biglan, K.M., Movement Disorders 2014, 29(11):1404-13.).

10. Een moeder van een prematuur is voor altijd een moeder van een prematuur.