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Biomarkers in early phase development of central nervous system drugs: a conceptual framework

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STELLINGEN

- 1 The pathophysiology of a disease has to be known entirely to use a disease model in CNS drug development. (*this thesis*)
- 2 Spontaneous eye blink rate is not a biomarker for central dopaminergic activity of D₂ agonistic or antagonistic drugs. (*this thesis*)
- 3 Acute hypoxemia with a peripheral oxygen saturation of 80% does not impair cognitive function in healthy young adults. (*this thesis*)
- 4 Only an array of CNS biomarkers will be specific to the effects of a drug. (*this thesis*)
- 5 A dimensional approach to psychiatric pathology will lead to new pathophysiological concepts and the identification of new pharmacological targets.
- 6 The heterogeneity of DSM IV disease categories severely hinders the development of new psychiatric drugs.
- 7 In early phase CNS drug development, the inclusion of sub-syndromal healthy volunteers will allow more reliable predictions on a drugs therapeutic efficacy.
- 8 Clinical pharmacologists working in early phase drug development should increasingly focus on formulating their own research questions rather than on answering questions from pharmaceutical companies.
- 9 The quote “L'enfer c'est les autres” (*Jean-Paul Sartre, En huis clos, 1967*) helps to understand the origin of psychiatric symptoms in patients, and ourselves.
- 10 We confabulate our own biography, which is functional and healthy as long as it is done consistently and is credible to people around us.
- 11 More often than in somatic medicine, psychiatric patients are diagnosed after the start of treatment, or by their response to it.
- 12 The greatest and most important problems of life are all fundamentally insoluble. They can never be solved but only outgrown. (*Carl Gustav Jung*)