Pathophysiology of the GH/IGF-1 axis : long-term consequences on joints and bone

Claessen, K.M.J.A.

STELLINGEN

BEHORENDE BIJ HET PROEFSCHRIFT

PATHOPHYSIOLOGY OF THE GH / IGF-1 AXIS:

LONG-TERM CONSEQUENCES ON JOINTS AND BONE

1. Cartilage hypertrophy in acromegalic arthropathy is irreversible (*This thesis*).

2. The high incidence rate of vertebral fractures in biochemically controlled acromegaly patients, in the presence of normal bone mineral density, suggests persisting poor bone quality (*This thesis*).

3. It is likely that an increased GH/IGF-1 signal is one factor in the multifactorial pathophysiology of primary osteoarthritis (*This thesis*).

4. The adult GHD syndrome characterized by features of the metabolic syndrome is not normalized by long-term rhGH replacement therapy in adult GHD patients (*This thesis*).

5. On the long-term, surgically cured acromegalic patients may develop fewer complications due to previous GH excess than patients controlled with somatostatin analogs (*This thesis*).

6. The limited length of the placebo arm in controlled rhGH replacement studies is in sharp contrast with the intended growth-stimulating effect of the preparation.

7. Optimal management of acromegaly goes beyond biochemical disease control (*Vilar et al. Pituitary 2014; 17(1): S11-S17)* and therefore requires extensive clinical experience in a center of expertise.

8. An early diagnosis by a careful doctor's look is the best treatment of endocrine disorders.

9. The knowledge and treatment of common diseases can be improved from lessons learned by observation of rare diseases.

10. A wise teacher does not ask you to enter the house of his wisdom, but rather leads you to the threshold of your mind (*Kahlil Gibran, The Prophet, 1923*).

11. Women perform worse in sports than men (*Hans van Maanen, Encyclopedie voor Misvattingen, 2002*).

12. Eating chocolate makes you smarter (*Messerli FH, New England Journal of Medicine 2012; 367(16): 1562-1564*).

Kim Claessen, 17-12-2014