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Universiteit Leiden



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Title: Growth, development and social functioning of individuals with Down syndrome

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Stellingen bij het proefschrift
‘Growth, development and social functioning
of individuals with Down syndrome’

1. The prevalence of Down syndrome in the Netherlands has not decreased during the period between 1997 to 2007 (*this thesis*). Consequently, Down syndrome remains the most prevalent cause of intellectual impairment.
2. Children with both Down syndrome and a severe congenital heart defect, on average, grow more slowly and their final height is less, but their BMI is as high as that of children with Down syndrome who do not have a severe heart defect (*this thesis*).
3. Eight year old children with Down syndrome have an average developmental delay of four years (*this thesis*). This can pose a significant obstacle to continuing their education in mainstream primary schools.
4. Adolescents with Down syndrome have limited abilities to perform the relatively more complex tasks needed for independent living. Therefore they will not reach full independence (*this thesis*).
5. The stereotypical perception that children with Down syndrome are highly sociable and have good ‘people’ skills has led to a widely held assumption that their social understanding is relatively intact (*K.R. Cebula, J Intellect Disabil Res 2010;54:113-134*). However, the opposite is true: the majority (90%) of adolescents with Down syndrome experience more problems in social functioning than is usual for their age (*this thesis*).
6. Dutch people are the tallest in the world (*Y. Schönbeck, Pediatr Res 2013;73:371-7*). Likewise, Dutch children with Down syndrome are tall when compared to children with Down syndrome from other nationalities (*this thesis*).
7. Overweight and obesity in children with Down syndrome are defined using age specific cut-off values for their body mass index (BMI). They are not a perfect measure for children with Down syndrome, because their body proportions are different than those of other children. However, it is at present the best available yardstick (*S.N. Magge, Reuters, 2012*).
8. The majority of brothers and sisters are proud of their siblings with Down syndrome (*B.G. Skotko, Am J Med Genet Part A 2011;155A:2348-59*).
9. De mens wil begrijpen, maar liever nog begrepen worden.
10. Er bestaan geen ouders die niet heimelijk in hun kinderen iets bijzonders zien. En ze hebben gelijk, de mogelijkheden zijn onbeperkt (*G.J.A. Bomans, 1913-1971*).
11. Het gaat er in het leven niet om of iets afwijkt, maar hoeveel iets afwijkt.

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