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Obesity and Cardiovascular disease. Results from the Netherlands Epidemiology of Obesity Study

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Stellingen behorende bij het proefschrift

Obesity and cardiovascular disease

Results from the Netherlands Epidemiology of Obesity Study

1. Electrocardiographic parameters differ between individuals with and without the metabolic syndrome who are free of known cardiovascular disease, which implies there is more subclinical cardiovascular disease in individuals with the metabolic syndrome than in those without (this thesis).
2. In a middle-aged population without known cardiovascular disease measures of overall as well as abdominal adiposity are associated with subtle differences in electrocardiographic parameters, indicative of more subclinical cardiovascular disease (this thesis).
3. Compared with individuals without Q-waves, individuals with borderline Q-waves have an unhealthier cardiometabolic profile (this thesis).
4. Carotid intima-media thickness and pulse wave velocity are associated with a wider spatial QRS-T angle in middle-aged men and women (this thesis).
5. Electrocardiographic detection of left ventricular hypertrophy can be improved by taking into account body mass index and the spatial QRS-T angle (this thesis).
6. 'Metabolically healthy obesity' should be considered a temporary/transition state for most obese individuals rather than a permanent state (Neeland et al, Circulation 2018).
7. Both the altered non-esterified fatty acid metabolism and the endocrine function hypotheses imply that visceral adipose tissue is causally involved in the pathophysiology of the metabolic syndrome (Després et al, Nature 2006).
8. Assessment of the spatial QRS-T angle should be included in everyday clinical practice (Voulgari et al, Curr Cardiol Rev 2013).
9. Electrocardiographic criteria for left ventricular hypertrophy severely underestimate the prevalence of anatomical left ventricular hypertrophy, especially in the setting of obesity (Rider et al, Heart 2016).
10. Limits are often just an illusion.