

Subclinical hypothyroidism in communitydwelling older people: consequences and treatment outcomes

Du Puy, R.S.

Citation

Du Puy, R. S. (2021, September 23). Subclinical hypothyroidism in community-dwelling older people: consequences and treatment outcomes. Retrieved from https://hdl.handle.net/1887/3213499

Version: Publisher's Version

Licence agreement concerning inclusion

License: of doctoral thesis in the Institutional

Repository of the University of Leiden

Downloaded from: https://hdl.handle.net/1887/3213499

Note: To cite this publication please use the final published version (if applicable).

Stellingen behorend bij het proefschrift getiteld

Subclinical hypothyroidism in community-dwelling older people Consequences and treatment outcomes

- 1. In community-dwelling older people, compelling evidence of causal relationships between subclinical hypothyroidism and a variety of clinically or biologically relevant outcomes is lacking. (this thesis)
- 2. Diagnostic and therapeutic management of subclinical hypothyroidism in older people should not rely on additional laboratory measurements, including haemoglobin and antithyroperoxidase antibody levels. (this thesis)
- 3. Routine levothyroxine treatment for subclinical hypothyroidism fails to provide clinical benefits for community-dwelling older people. (*this thesis*)
- 4. Subclinical hypothyroidism in community-dwelling older people is, with few exceptions, not a disease and may be considered normal. (*this thesis*)
- 5. In many areas of medicine, and thyroidology in particular, the best available evidence to guide clinical decision-making is often of low quality. (adapted from Sawka et al, Thyroid 2021)
- In order to optimally capitalise on the medical and societal challenges and opportunities
 presented by an aging global demographic, researchers have no time to waste to focus
 on older people.
- When researchers design scientific studies, patient input should drive consideration of the full range of outcomes that patients consider important, rather than the restricted set of outcomes researchers often choose.
- 8. Guidelines ought to consider general criteria of effectiveness when considering patients as a group, but physicians should complement evidence by appraising patient context when considering them as individuals.
- 9. Academic success is a function of the ability to embrace positive research results, as well as the capability of celebrating research results that are 'as flat as pancake'.
- 10. Dutch medical research needs a paradigm shift: "The difference between medical research and agricultural research is that medical research is done by doctors but agricultural research is not done by farmers." (Michael Healy, unpublished 1998)
- 11. "If you can't explain it to a six year old, you really don't understand it yourself" proves to be an excellent measure for PhD-students as well (often attributed to A. Einstein)