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Hacking stroke in women: towards aetiology-driven precision prevention

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Hacking Stroke in Women Towards aetiology-driven precision prevention

1. Female-specific risk factors for stroke should be formally taken into account in the estimation of absolute or relative risk in women under 50 years in cardiovascular risk management guidelines, patient communication and education of healthcare professionals. – *this thesis*
2. Based on the literature currently available – albeit of limited quality and extent – it is not safe to prescribe combined oral contraceptive pills in women with migraine who smoke, regardless of their aura status. – *this thesis*
3. The reuse of routine care data is a more feasible strategy to study causal effects of (interactions between) female-specific risk factors on the risk of stroke and cardiovascular disease in women under 50 compared with traditional research cohorts. Therefore, more should be invested in the quality of data registration during routine care processes. – *this thesis*
4. Although statistical modelling traditionally involves the dichotomy of aetiological and predictive research, extensive aetiological knowledge is required to derive prediction models from electronic medical records that can be safely used in clinical practice. – *this thesis*
5. Over the past years there have been major breakthroughs in endovascular treatment for acute ischaemic stroke. We should not forget, however, that it is better to prevent strokes in the first place. – after Ale Algra and Marieke J. H. Wermer. *Stroke is treatable, but prevention is the key*. 2016.
6. Causal mechanisms underlying the relation between migraine with aura and ischaemic stroke – especially in women under 50 years – are mainly non-atherosclerotic in nature. – after Tobias Kurth. *Migraine a marker of vascular health?* 2013.
7. The more the data, the surer we fool ourselves. – after Xiao-Li Meng. *Statistical paradises and paradoxes in big data (I): Law of large populations, and the 2016 US presidential election*. 2018.
8. More efficient resource allocation, for example by using the population health management paradigm, is critical to keep cardiovascular risk management sustainable, including the prevention of stroke. – after Muin J. Khoury and Sandro Galea. *Will precision medicine improve population health?* 2016.
9. Publiek-private samenwerkingen zijn essentieel om voorspelmodellen als software in de klinische praktijk te implementeren. De wetenschapper van vandaag heeft de verantwoordelijkheid om binnen dergelijke publiek-private samenwerkingen te helpen sturen richting producten die niet alleen veilig kunnen worden toegepast, maar ook betaalbaar zijn voor de gezondheidszorg.
10. Van twee uitspraken over eenvoud “in der Beschränkung zeigt sich erst der Meister” en “maak alles zo eenvoudig als mogelijk, maar niet eenvoudiger”, past de laatste het beste bij de discussie van dit proefschrift. – Johann Wolfgang von Goethe (1749–1832) en Albert Einstein (1879–1955), respectievelijk.
11. “Goede klassieke muziek is als jazz, en goede jazz is als klassieke muziek”; over nooit te veel orde of te veel chaos op elk gegeven moment. – Sepp Grotenhuis, mijn pianoleraar.