

Sjoerd T Nauta

Myocardial Infarction

Temporal trends over
the past three decades

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myo
cardial
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Stellingen

1. During the past decades, medical management and outcomes of acute myocardial infarction have improved substantially. (this thesis)
2. Both men and women will benefit from further improvements in care for acute myocardial infarction. (this thesis)
3. During the past decades, substantial mortality reductions were observed in patients with renal dysfunction. This should stimulate the use of evidence-based treatment in these patients. (this thesis)
4. Compared with diabetes, hyperglycemia is a better discriminator for short-term mortality after acute myocardial infarction. (this thesis)
5. Relative survival, which is the survival among patients divided by the expected survival of a the general population, may well be an appropriate and useful measure for assessment of survival after myocardial infarction. (this thesis)
6. By 2030, more than 40% of the western population is projected to have some form of CVD and direct medical costs of CVD are estimated to triple compared to 2010. (Circulation 2011;123:933-944)
7. It has been estimated that, between 1980 and 2000, approximately half of the decrease in coronary artery disease deaths was attributable to improved treatment, the other half was attributable to changes in risk factors. (NEJM 2007;356:2366-98)
8. The use of dual antiplatelet therapy for a period longer than 12 months in patients who had received drug-eluting stents is not significantly more effective than aspirin monotherapy in reducing the rate of myocardial infarction or death from cardiac causes. (NEJM 2010;362:1374-1382)
9. Revascularization by CABG or PCI in conjunction with medical therapy in patients with nonacute coronary artery disease is associated with significantly improved survival compared with medical therapy alone. (The American Journal of Medicine 2009;122:152-61)
10. Obesity has emerged as one of the greatest global health challenges of the 21st century. (NEJM 2012;367:1462-3)
11. Take calculated risks. That is quite different from being rash. (George Patton)