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Obesity, Physical Activity, and Cardio-metabolic Disorders in Older Adults

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Propositions related to the thesis

1. A tool that uses non-laboratory-based variables can predict cardiovascular disease as accurately as one that relies on laboratory-based variables. This approach could help to improve affordability of screening programs for cardiovascular disease. (This thesis)
2. Being metabolically healthy obese is not a permanent state but rather a transient phase, moving towards metabolic abnormalities. (This thesis)
3. Due to increasing prevalence of obesity and improved treatment of cardiovascular disease, we could expect more individuals living with cardiovascular disease and for a longer period of time. This could result in increasing costs of healthcare. (This thesis)
4. Among middle-age and elderly, 3 distinct patterns of BMI change over time and prior to a cardiovascular event exist. Each subgroup is accompanied by different patterns of change in other cardio-metabolic risk factors. (This thesis)
5. Regular physical activity can reduce the risk of cardiovascular disease in people of all ages. Total physical activity and in particular cycling can extend years of living without cardiovascular disease in older people. (This thesis)
6. A new obesity measure, named as a body shape index (ABSI) is better at predicting risk of mortality than other anthropometric measures. (Krakauer, PLOS one, 2012)
7. Although obesity is a risk factor for the development of vascular disease, when obese people develop these vascular diseases they have better outcomes than their normal weight counterparts. This has been termed the 'obesity paradox'. (Chapman IM, Interdisciplinary Topics in Gerontology and Geriatrics, 2010)
8. The addition of waist circumference to body mass index predicts a greater variance in health risk than does body mass index alone. (Janssen I, American Journal of Clinical Nutrition, 2004)
9. Health and functional benefits begin with any increase above the lowest levels of activity; some activity is better than none (Sparling P, BMJ, 2015)
10. Epidemiological methods may be scientific, but their objectives are often thoroughly human (Broadbent A, Philosophy of Epidemiology, 2013)
11. The path of knowledge can be dominated only with a warrior-attitude, without complaints or regrets.