

Propositions:

1. The association between benzodiazepine use and fall incidents is modified by genetic variants. (this thesis)
2. Genetic variants in the CYP2D6 gene do not modify beta-blocker related fall risk. (this thesis)
3. Medication use is unlikely to contribute to clinically relevant changes in plasma homocysteine levels. (this thesis)
4. In older individuals selective serotonin reuptake inhibitor (SSRI) use associated with bone mineral density (BMD) or change in BMD. (this thesis)
5. The use of non-selective beta-blockers is associated with an increased fall risk. (this thesis)
6. The efforts to prevent prescribing benzodiazepines and reduce their use, should be (further) stimulated.
7. Because the mechanism of action of the CYP2C9 *2 and *3, and the FAM73B genetic variants is not clear, they cannot be used in clinical practice to reduce benzodiazepine-related fall risk.
8. CYP2C9 plays a role in adverse effects of benzodiazepines, including falls.
9. Progression in science is hampered by the difficulty of publishing negative results.
10. The productivity of your research team depends on the quality of your (chocolate) cakes. (Sandra Smits)
11. 'Live as you were to die tomorrow. Learn as if you were to live forever'. (Mahatma Gandhi)

Annelies Ham

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