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## Treatment Strategies for Patients with Intermittent Claudication

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Propositions accompanying the thesis:

## **Treatment Strategies for Patients with Intermittent Claudication**

1. Supervised exercise (treadmill walking) is an effective first-line treatment to improve walking distance in patients with intermittent claudication – (this thesis)
2. Other modes of supervised exercise, such as cycling or strength training are effective alternatives to supervised walking for patients with intermittent claudication who cannot train on a treadmill due to comorbidities – (this thesis)
3. Supervised exercise and endovascular revascularization are equally effective in improving walking distance and quality of life in patients with intermittent claudication in the short- and long-term – (this thesis)
4. Compared to endovascular revascularization, supervised exercise is more cost-effective as primary treatment for intermittent claudication considering a 5-year time horizon – (this thesis)
5. Combination therapy of endovascular revascularization followed by supervised exercise offers greater improvement in walking distance and quality of life in patients with intermittent claudication as compared to supervised exercise mono-therapy – (this thesis)
6. Combination therapy of endovascular revascularization followed by supervised exercise is more cost-effective as compared with mono-therapy of supervised exercise for intermittent claudication considering a 1-year time horizon – (this thesis)
7. Health promotion in barbershops combined with medication management by trained pharmacists results in significant blood-pressure reduction – (Victor, N Engl J Med. 2018 Mar)
8. Percutaneous coronary intervention is not effective in increasing exercise time in patients with medically treated angina as compared to a placebo procedure. The efficacy of invasive procedures can be assessed with a placebo control – (Al-Lamee, Lancet. 2018 Jan 6;391(10115):31-40)
9. Cost-effectiveness analysis provides information that is critical for decisions about the allocation of health care resources – (Russell, JAMA. 1996;276(14):1172-1177)
10. If it disagrees with experiment, it's wrong. And that simple statement is the key to science. It doesn't make a difference how beautiful your guess is, it doesn't matter how smart you are, who made the guess, or what his name is. If it disagrees with experiment, it's wrong. That's all there is to it – (Richard Feynman)
11. If we knew what we were doing, it wouldn't be called research. – (Albert Einstein)