

Propositions

Metabolic and non-traditional risk factors of death and cardiovascular events in aging patients with end stage renal disease

1. Vitamin D receptor activation by paricalcitol increases serum sclerostin levels in CKD patients, with direct consequences on the onset of bone mineral disorders in the same patients. Pentosidine attenuates this phenomenon. (this thesis).
2. γ -glutamyl-transpeptidase (GGT), is a valid marker of oxidative stress, and high levels of this biomarker amplify the risk of the death portended by high alkaline phosphatase (Alk-Phos) in dialysis patients (this thesis).
3. Snoring is a valid surrogate of sleep disordered breathing. Dialysis patients who snore and are affected by heart failure have a worse prognosis. (this thesis).
4. We should abandon lung auscultation for detecting pulmonary oedema in ESRD patients on dialysis, as it has a pitifully low sensitivity as compared with lung ultrasound (US) scanning (this thesis).
5. The measure of physical function and physical activity is the new frontier to predict clinical outcomes in dialysis patients (this thesis).
6. Worsening of the renal function is associated with an increasing risk of death and cardiovascular disease in patients with End-Stage Renal Disease (Kidney Int. 2006; 70:26–33).
7. Framingham risk factors are inadequate to explain the excess of cardiovascular risk in patients with End-Stage Renal Disease. (Arch Intern Med. 2001; 161: 2657–2660).
8. Uremic biomarkers are responsible of the unique cardiovascular risk in patients with ESRD (J Am Soc Nephrol. 2004; 15:1307–15).
9. Inflammation is a biomarker of the risk of death and cardiovascular events in End-Stage Renal Disease (Clin J Am Soc Nephrol. 2011; 6:1714–21).
10. In elderly chronic multimorbid patients current knowledge is inadequate for a correct risk stratification (Kidney Int. 1999; 56:2214–9).
11. I have no special talent. I am only passionately curious (Albert Einstein).

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