

# The relationship between the use of loop diuretics, congestion and heart failure outcome

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# PROPOSITIONS

Accompanying the dissertation

**‘The relationship between the use of loop diuretics, congestion and heart failure outcome: in search of novel tools of congestion detection and grading’**

by  
Justas Simonavičius

1. Remaining congestion is common in stable chronic heart failure patients and leads to poor outcome (Chapter 3 and 5).
2. Clinical congestion index is an easily applicable congestion scoring tool with a relevant value in daily clinical practice (Chapter 3).
3. There are several loop diuretic treatment-related harms and benefits, but the benefits are likely to be more important than the harm (Chapters 2 and 5).
4. My research indicates that all heart failure patients should be regularly screened for congestion. Once identified, congestion should be targeted with diuretics to achieve complete decongestion. This approach is potentially lifesaving.
5. Both bio-ADM and sCD146 reflect the presence and the degree of congestion, but their role in treatment guidance remains unknown (Chapters 6 and 7).
6. The need for cardiologists is likely to decrease in the nearest future given the advances in artificial intelligence.
7. The heart is probably the smartest organ in the human body having its own ‘brain’ called an intracardiac autonomous nervous system.
8. There are three types of cardiologists in the modern cardiovascular arena: the pill-lovers, the plumbers, and the electricians. They all think that their treatment is the best.
9. Researching means looking at things that many people have already seen before but thinking about them in a way nobody else has ever thought about.