

# Health technology assessment of hyperphosphatemia management among hemodialysis patients in Lebanon

Citation for published version (APA):

Rizk, R. (2017). *Health technology assessment of hyperphosphatemia management among hemodialysis patients in Lebanon*. [Doctoral Thesis, Maastricht University]. Datawyse / Universitaire Pers Maastricht. <https://doi.org/10.26481/dis.20170622rr>

## Document status and date:

Published: 01/01/2017

## DOI:

[10.26481/dis.20170622rr](https://doi.org/10.26481/dis.20170622rr)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

## General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

[www.umlib.nl/taverne-license](http://www.umlib.nl/taverne-license)

## Take down policy

If you believe that this document breaches copyright please contact us at:

[repository@maastrichtuniversity.nl](mailto:repository@maastrichtuniversity.nl)

providing details and we will investigate your claim.

Download date: 25 Apr. 2024

## **PROPOSITIONS**

belonging to the dissertation

### **HEALTH TECHNOLOGY ASSESSMENT OF HYPERPHOSPHATEMIA MANAGEMENT AMONG HEMODIALYSIS PATIENTS IN LEBANON**

Rana Rizk

22 June 2017

1. Hemodialysis and hyperphosphatemia represent a substantial economic burden to the national health system and to Lebanese society. (this dissertation)
2. We lack conclusive evidence on the cost-effectiveness of phosphorus-lowering interventions among hemodialysis patients. (this dissertation)
3. Intensive nutrition education for hyperphosphatemia management is clinically effective in decreasing serum phosphorus without compromising the nutritional status of hyperphosphatemic hemodialysis patients. (this dissertation)
4. A concerted effort from all stakeholders is needed to build capacities and bridge current gaps in health technology assessment evidence building in Lebanon. (this dissertation)
5. One of the greatest opportunities to improve patient outcomes will probably come not from discovering new treatments, but from more effective delivery of existing therapies. (Pronovost et al., 2004)
6. A health technology assessment agency in Lebanon is not only a viable option, but also a necessity within the current reform in the Lebanese health sector.
7. Increased stakeholder involvement throughout the process can help to capture and improve the real-world value and applicability of health technology assessments. Nevertheless stakeholder involvement needs to be transparent and well-managed in order to ensure that the objectivity of assessments is not compromised. (Sorenson et al., 2008)
8. Having dedicated dietitians providing intensive nutrition education is a clinically effective and possibly an economically attractive intervention among hemodialysis patients. This model of nutrition care could be proposed for developing countries like Lebanon.
9. I have come that they may have life, and have it to the full. (John 10:10)