Supporting muscle maintenance in patients undergoing hemodialysis

Propositions related to the dissertation entitled:

Supporting muscle maintenance in patients undergoing hemodialysis

1. Hemodialysis contributes to protein malnutrition in patients with kidney failure as it removes a substantial amount of amino acids from the circulation (this thesis).

2. Patients should be provided with protein-rich foods during hemodialysis to compensate for amino acid removal (this thesis).

3. Intradialytic protein ingestion does not compromise the removal of uremic toxins during hemodialysis in patients with kidney failure (this thesis).

4. Co-ingestion of branched-chain ketoacids with protein enhances the anti-catabolic properties of protein ingestion during hemodialysis (this thesis).

5. Protein-energy wasting is an unacceptably prevalent complication across the spectrum of kidney disease and the commonness of protein-energy wasting deserves increased medical attention (adapted from Carrero et al., Journal of Renal Nutrition, 2018).

6. Providing intradialytic meals or nutritional supplements during hemodialysis and other nutritional interventions are the most promising intervention to improve longevity and quality of life in dialysis patients (adapted from Kalantar-Zadeh & Ikizler, Journal of Renal Nutrition, 2013).

7. The conservative approach to exercise prescription in patients treated by hemodialysis has likely done more harm than good (adapted from Wilund et al., Seminars in Dialysis, 2019).

8. Hemodialysis should be transformed from passive treatments to sessions that support muscle maintenance through the implementation of supervised nutritional and physical activity interventions in the routine lifestyle of patients with kidney failure.

9. The cure for anything is salt water: sweat, tears or the sea (Isak Dinesen).

10. Don’t underestimate yourself. You are more capable than you think (Roger Federer).

Floris Hendriks

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