

Temporal changes in the epidemiology, treatment and outcome of inflammatory bowel disease in South Limburg

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Stellingen behorend bij het proefschrift:

**Temporal changes in the epidemiology, treatment
and outcome of inflammatory bowel disease
in South Limburg**

1. Population-based cohorts are crucial when studying IBD epidemiology, disease outcome and real-world treatment effectiveness. *This thesis*
2. Environmental and diagnostic factors contribute to the rising incidence of IBD. *This thesis*
3. Advances in maintenance medical therapy do not explain the observed decrease in surgery rate in Crohn's disease. *This thesis*
4. Current IBD management fails to adequately control [subclinical] bowel inflammation as structural bowel damage still frequently occurs. *This thesis*
5. Corticosteroid sparing is increasingly achieved in clinical practice due to a more frequent use of immunomodulator and anti-TNF α therapy. *This thesis*
6. The choice for infliximab or adalimumab in Crohn's disease can be made based on personal preferences of the patient or treating physician. *This thesis*
7. Physical exercise is an interesting modifiable factor that can improve quality of life in IBD patients, in addition to medical therapy. *Engels, Clin Exp Gastroenterol., 2017*
8. Telemedicine tools provide a non-inferior and cost-effective alternative to standard IBD care. *De Jong, Lancet, 2017*
9. The introduction of electronic medical records is a relief for clinical practice and a blessing for real-world research. [*personal note*]
10. Progress, not perfection, is what we should be asking of ourselves. [*Julia Cameron*]

Steven Jeuring, 10 december 2019