

At the heart of the matter

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Propositions

- 1. Alterations in cardiac metabolism in prediabetes and pericardial fat volume are closely linked to diastolic function. (Chapter 2 and Chapter 4, this thesis)
- 2. Pre-clinical diastolic dysfunction in patients with diabetes mellitus is independently associated with subsequent heart failure and mortality. (Adapted from From, JACC 2010)
- 3. The *in vivo* cardiac energy status (PCr/ATP) does not directly reflect *ex vivo* mitochondrial respiratory capacity. (Chapter 3, this thesis)
- 4. Volunteers with prediabetes have a lower myocardial energy status compared to healthy overweight and obese volunteers, while their cardiac function is normal. (*Chapter 5*, *this thesis*)
- 5. Stimulating fatty acid oxidation decreases insulin-stimulated glucose uptake in the liver and the heart. (*Chapter 6, this thesis*)
- 6. The risk of cardiovascular disease increases continuously with rising fasting plasma glucose levels, even before reaching glucose levels sufficient for a diabetes diagnosis. (WHO, Global report on diabetes, 2016)
- 7. To tackle the diabetes problem, we should not accept a prediabetic state but should try to convert prediabetes to a normal glucose state. (*Adapted from Tuso, Perm J. 2014*)
- 8. Cardiac energy status, measured by ³¹P-MRS, can be used to estimate increased cardiovascular disease risk in patients with prediabetes. (*Impact paragraph*, this thesis)
- 9. Interdisciplinary collaborations are important in the interests of integrating knowledge from diverse points of the scientific compass. (*Richard Woolley*)
- 10. It is an integral part of good doctoring to ask not only, 'What is the diagnosis, and what is the treatment?' but also, 'Why did this happen, and could it have been prevented?' (Geoffrey Rose)
- 11. Nobody has ever measured, not even poets, how much the heart can hold. (Zelda Fitzgerald)