Personalized Management of Post-Thrombotic Syndrome

STELLINGEN

behorende bij het proefschrift

Personalized Management of Post-Thrombotic Syndrome

E.E. Amin, 07 Februari 2019

1. Individualized therapy with elastic compression stockings for the prevention of post-thrombotic syndrome is non-inferior to standard duration of therapy of 24 months. Individualizing the duration is effective, can shorten the length of therapy needed, enhancing patients' wellbeing and lead to substantial costs savings without loss in health-related quality of life. (this thesis)

2. Immediate compression should be offered to all patients with acute deep venous thrombosis of the leg irrespective of severity of complaints. From a patient and economic perspective, compression hosiery is preferred. (this thesis)

3. Residual vein occlusion contributes to the development of post-thrombotic syndrome and supports the 'open vein hypothesis'. (this thesis)

4. Individual risk for PTS in the acute phase of deep vein thrombosis can be predicted based on readily accessible baseline clinical and demographic characteristics. (this thesis)

5. PTS management can be a stepwise personalized, predictive, preventive and cost-effective strategy. (this thesis, valorization)

6. Prolonged anticoagulant treatment of patients with residual vein obstruction merits more study. (Nagler M, ten Cate H, Prins MH and ten Cate-Hoek AJ. RPTH 2017)

7. The implementation of indefinite anticoagulant treatment for all patients with unprovoked deep venous thrombosis is based on an overestimation of the risk of recurrent thrombosis, but also on an underestimation of the lifelong risks of oral anticoagulation. (current guideline)

8. In addition to using generic and specific quality of life instruments it is important to use instruments for measuring outcomes beyond health e.g. autonomy.

9. The volume of a PhD dissertation does not sufficiently reflect the actual workload during a PhD trajectory.