

Economic evaluation of the diagnosis of renal artery stenosis in hypertensive patients

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Stellingen

behorende bij het proefschrift

**Economic evaluation of the diagnosis of renal artery
stenosis in hypertensive patients**

1. Het is kosteneffectief om bij patiënten met hypertensie en klinische kenmerken die suggestief zijn voor de aanwezigheid van een nierslagadervernauwing, deze vernauwing te bevestigen en te lokaliseren met i.a. DSA en tijdens dezelfde sessie te dotteren (*dit proefschrift*).
2. Het antwoord op de vraag welk beleid moet worden gevoerd bij verdenking op nierslagadervernauwing is afhankelijk van de gekozen uitkomstmaat (*dit proefschrift*).
3. CTA geniet de voorkeur boven MRA voor diagnostiek van nierslagadervernauwing (*dit proefschrift*).
4. De contingent valuation methode is niet geschikt om de betalingsbereidheid voor gezondheidszorginterventies te bepalen (*dit proefschrift*).
5. Het kostendagboekje, zoals dat momenteel in economische evaluatie studies wordt gebruikt, is een ongeschikt instrument als de frictiekosten methode wordt gebruikt om productiviteitsverliezen te bepalen.
6. Evidence based medicine should be complemented by evidence based implementation (*R Grol, BMJ 1997*).
7. The cost-effectiveness ratio is different when using proxy measures or retrospective assessments of pre-treatment quality of life, compared with using assessments of the quality of life in currently ill patients (*D Postulart & EMM Adang, Med Decis Making 2000*).
8. Het spreekwoord “zachte heelmeeesters maken stinkende wonden” mag op basis van de resultaten van dit proefschrift tot stelling worden verheven.