

# Osteoporotic Fractures

Citation for published version (APA):

Abtahi, S. (2021). *Osteoporotic Fractures: Relation to Mortality, Medication Use, and Rheumatoid Arthritis*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20211028sa>

**Document status and date:**

Published: 01/01/2021

**DOI:**

[10.26481/dis.20211028sa](https://doi.org/10.26481/dis.20211028sa)

**Document Version:**

Publisher's PDF, also known as Version of record

**Please check the document version of this publication:**

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

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## Propositions of PhD Thesis

### Osteoporotic Fractures: Relation to Mortality, Medication Use, and Rheumatoid Arthritis

1. Incidence rates of major osteoporotic fractures were declining in the Northern Europe between 1995 and 2011 (this thesis).
2. Oral bisphosphonates have no beneficial effect on mortality reduction after a major osteoporotic fracture (this thesis).
3. The cumulative oral glucocorticoid use of 1 gram in those taking high average daily doses heralds a marked increased risk of hip and clinical vertebral fracture (this thesis).
4. There is an additional two clinical vertebral fractures and four undiagnosed vertebral fractures per 1000 patients with rheumatoid arthritis in the UK who take low-dose oral glucocorticoids in one year (this thesis).
5. There is an increasing and additive risk of osteoporotic fractures with concomitant use of oral glucocorticoids and proton pump inhibitors in patients with rheumatoid arthritis (this thesis).
6. Methodological limitations, particularly unmeasured confounding, will inevitably ensue every observational study, as it is impossible to exactly reproduce the randomisation of a randomised controlled trial in observational studies.
7. When conducting pharmacoepidemiological research, it is as important to pay attention to details by proper quality control checks, as to have a well-designed study protocol and clearly defined analysis plan.
8. You cannot fix by analysis what you bungled by design (Richard J. Light, Judith D. Singer, John B. Willett, 1990).
9. The knowledge of anything, since all things have causes, is not acquired or complete unless it is known by its causes (Avicenna, 1025).
10. The truth of a theory can never be proven, for one never knows if future experience will contradict its conclusions (Albert Einstein, 1918).

Shahab Abtahi

Maastricht, 28 October 2021