

Stellingen

behorende bij het proefschrift

Delirium in Old Age

Pathophysiological and Pharmacological Aspects

1. Increased plasma neopterin levels suggest an increased activation of the cell-mediated immune response and an increased status of oxidative stress during delirium. (this thesis)
2. Acutely ill older patients with delirium have a decreased availability of tryptophan to the brain. (this thesis)
3. The neutrophil-lymphocyte ratio is a novel inflammatory qualitative biomarker of delirium. (this thesis)
4. The Anticholinergic Risk Scale is a robust clinical tool to identify patients at increased risk of delirium and postdischarge institutionalization. (this thesis)
5. Mean levels of potential biomarkers of delirium in acutely ill medical patients might differ from the mean levels of potential biomarkers of delirium in elective cardiosurgical patients. (this thesis)
6. Contrarily to what Robinson said, tryptophan supplementation should not be investigated as potential intervention to reduce delirium in acutely ill older medical patients. (Robinson TN, et al. JAGS, 2014)
7. Delirium is a multifactorial syndrome and needs a multifactorial approach.
8. Delirium is underfunded relative to other diseases with similar outcomes, which is surprising given the extent of its associated morbidity and mortality. (Rudolph JL, et al. JAGS, 2011)
9. The absolute priority given to delirium studies in the surgical setting needs to be reconsidered.
10. Public education is needed to improve the understanding that a change in mental status in an older adult is a medical emergency. (Rudolph JL, et al. JAGS, 2011)
11. De laatste loodjes wegen niet zwaarder dan de eerste. (Egberts A)