Propositions thesis

1. Randomized antidepressant discontinuation trials in pregnant women are medically-ethically justified (this thesis).
2. Quality requirements underlying Clinical Practice Guidelines (CPGs) on treatment of perinatal depression with antidepressants are obligatory (this thesis).
3. The significant increase in perinatal antidepressant use is alarming as efficacy and safety have yet to be determined (this thesis).
4. The large variation in advice given to – often vulnerable - pregnant women regarding perinatal antidepressant use increases uncertainty (this thesis).
5. Women with a history of depression and antidepressant use will benefit from preventive treatment in the perinatal period (this thesis).
6. Exercise therapy is the most underused treatment method in medicine, both for treatment of somatic and mental disorders as well as for the prevention of these (e.g. Salt, orthop nurs 2016; Yates, Diabetic medicine 2017).
7. One of the main problems in the current scientific climate is the frequent occurrence of selective outcome reporting bias (Dwan, Plos One 2013).
8. ‘The true cost of an observational study is the cost of the randomized controlled trials (RCTs) that need to be done to unravel the misperceptions arising from it’ (Dr. Graham Cole, Research Fellow at Imperial College London).
9. The most important thing in communication is hearing what isn’t said (Dr. Peter Drucker).
10. Sadness, not to be mistaken with depression, is a beautiful and necessary emotion.
11. ‘When it comes to luck, you make your own’ (from “Lucky Town” by the Boss, a.k.a. Bruce Springsteen).