

## Stellingen

1. Between testosterone and estrogen, testosterone is the most prominent sex hormone of the two that influences sex-differences in serum calcium and phosphate levels. (This thesis, chapter 2)
2. Sex-differences in serum phosphate appear 10 years before sex-differences in serum calcium appear. (This thesis, chapter 3).
3. Genetically defined lactose intolerance leads to lower ionized calcium and lower calcium intake. (This thesis, chapter 5)
4. Plasma DPD levels in osteoporotic subjects are related to their osteoclast formation ability and functionality *in vitro* and therefore make a distinction between osteoporotic subjects that have reached a more stable phase of bone turnover and subjects that have a more metabolic active form of osteoporosis. (This thesis, chapter 7)
5. The importance of calcium homeostasis for bone metabolism is illustrated by adaptive mechanisms in mice with an inadequate functioning TRPV5. (This thesis chapter 8)
6. Despite an increasing body of evidence for sex-differences in treatment and disease outcome, there are still very few healthcare protocols addressing men and women separately.
7. Women have a more youthful brain compared to men of similar age. (adapted from Goyal MS, PNAS 2019)
8. A patient is more than the disease; therefore one should strive for an integrated practice of evidence-based and patient-centered medicine. (Based on Bridging the Gap, by Bensing)
9. Osteoporosis screening and risk assessment should be an integral part of post-ICU care.
10. The circumstances of the world are so variable that an irrevocable purpose or opinion is almost synonymous with a foolish one.  
~William H. Seward
11. A perfect presentation is like the perfect mini skirt, long enough to cover the subject and short enough to create interest. (adapted from Winston S. Churchill)