

## STATEMENTS

### **Aging and physical activity at the interface of cardiovascular risk in renal patients**

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1. Facing aging and its related complications represents one of the main challenges of future medicine (BMC Biol. 2018 Aug 20;16(1):93).
2. None of the macroscopic, microscopic or functional features of the aging kidney is pathognomonic of senescence (my thesis).
3. Key-protagonists are involved in kidney senescence, but targeting a number of these factors had no effects to retard renal aging (my thesis).
4. Although chronic kidney disease increases the risk of cardiovascular disease, most risk factors at the interface of this association remain unknown (Lancet. 2013 Jul 27;382(9889):339-52).
5. Pulmonary hypertension, even if subclinical, is frequently reported in the general population and among subjects with heart or lung diseases, in which it is an independent risk factor for death and worsen outcomes (Eur Respir J. 2015 Dec;46(6):1855-6).
6. Pulmonary hypertension in chronic kidney disease is common but still a valid predictor of adverse cardiovascular outcomes (my thesis).
7. If Pulmonary Hypertension in chronic kidney disease deserves therapeutic measures, even if subclinical, remains to be addressed by targeted clinical trials (Am J Kidney Dis. 2013 Apr;61(4):612-22).
8. Aging impairs response to exercise by altering vascular hemodynamics due to stiffening of the large elastic arteries (my thesis)
9. The principle of human happiness essentially relies on three things: nature, reason and exercise (Desiderius Erasmus. Adagiorum chiliades, 1508)
10. In dialysis patients, poor physical performance predicts a high risk of mortality, cardiovascular events and hospitalizations (my thesis).
11. Rem tene, verba sequentur ("Master the topic...words will follow")

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