

PROPOSITIONS

This thesis

1. Elderly individuals often complain about sleep, although they sleep for a recommended or appropriate duration.
2. Subjective sleep quality is not associated with risk of all-cause dementia or Alzheimer's disease, but actigraphy-estimated poor sleep is associated with an increased risk of these outcomes.
3. The relation of poor sleep with risk of dementia is not caused or mediated by neurodegeneration or beta-amyloid accumulation, as indicated by plasma biomarkers.
4. A decrease in sleep quality and duration are prodromal features of Parkinson's disease, starting on average over 2 years before a diagnosis.
5. Vigilance lapses and sleep during scanning are a nuisance for functional magnetic resonance imaging (fMRI) of the 'resting state'.

Beyond this thesis

6. Lifestyle-enthusiasts listing sleep amongst modifiable factors to prevent disease are writing checks sleep researchers cannot cash.
7. Most medical doctors do not understand evidence-based medicine better than they do alternative medicine. Openness to both is needed, for the patient's sake.
8. Better than to "do unto others as you would have them do unto you" (the 'golden rule'), you may ask how the other wants to be treated. In medicine, this is applied in the form of 'patient-reported outcomes'.
9. What a person values inherently changes over time, and differs per person, which should be kept in mind when seeking to maximize value in healthcare.
10. Happiness is a matter of changing your perspective.
11. *Habe nun, ach! Philosophie, Juristerei, und Medizin, und leider auch Theologie, Durchaus studiert, mit heißem Bemühn. Da steh ich nun, ich armer Tor! Und bin so klug als wie zuvor.* J.W. von Goethe – Faust, Erster Teil (1808)