

STELLINGEN

1. The prognosis of patients after myocardial infarction is mainly related to the extent of tissue lost.
2. A careful history and a good physical examination remain the most cost beneficial predictors of survival after myocardial infarction.
3. If detailed prognosis is required, predischarge symptom limited exercise testing should be performed in all post infarction patients, except when physical limitations make this impossible.
4. Among stress test results, symptoms, maximal working capacity and the hemodynamic response during the test provide the most relevant information for assessment of prognosis.
5. All the other tests relating to function assessment can be avoided in post infarction patients when they are asymptomatic and classified to have a low risk by means of clinical data and bicycle ergometry.
6. Coronary artery bypass surgery (this thesis, chapter 7) and percutaneous transluminal coronary angioplasty (de Feyter et al, N Engl J Med 1985; 313: 342-346) are both very effective for the treatment of patients with early post-infarction angina refractory to pharmacological therapy.
7. There is remarkably little evidence that pharmacological treatment of asymptomatic ventricular arrhythmias in post-infarction patients reduces the incidence of sudden death.
8. It is much easier to write upon a disease than upon a remedy. The former is in the hands of nature and a faithful observer, with an eye of tolerable judgment, cannot fail to delineate a likeness. The latter will ever be subject to the whim, the inaccuracies and the blunder of mankind.

William Withering, 1741-1799

9. Return to work and evidence of the training effect are not sufficient to assess or to disprove the beneficial effects of cardiac rehabilitation.

10. A specialized lipid clinic combining medical and cardiac specialists will be needed for the prevention and early treatment of atherosclerosis of all forms in individuals prone to increased risk.
11. Exercise therapy and relaxation have received publicity as non pharmacological interventions to reduce elevated blood pressure. However it remains to be proven whether they have an extended beneficial effect and at which extent quality of life is improved, compared to conventional treatment.
12. When you can measure what you are speaking about and express it in numbers, you know something about it; when you cannot express it in numbers, your knowledge is of meager and unsatisfactory kind.

Lord Kelvin, 1824-1907

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