Stellingen behorende bij het proefschrift

**Studying use and risks of medicines in children:**
**a European approach**

1. Subgroup analysis can increase the sensitivity of signal detection methods in spontaneous reporting databases in case of non-differential reporting. (*this thesis*)

2. Global collaboration is necessary for further development of adequate paediatric drug safety monitoring systems using electronic healthcare records. (*this thesis*)

3. Domperidone is still frequently prescribed to very young children despite several safety warnings. (*this thesis*)

4. The prevalence and type of antibiotic prescriptions in children are important quality indicators of national antibiotic prescribing. (*this thesis*)

5. Spontaneous adverse drug reaction reports could be a source to study long term drug safety if duration of use is more frequently reported. (*this thesis*)

6. The widespread marketing of a new drug is in fact a large experiment on a population. (*B.H. Stricker. BMJ. 2004 July 3; 329(7456): 44–47.*)

7. Premature closure, the tendency to stop considering other possible diagnoses after a diagnosis has been made, is not only a source of errors in medicine but is also a threat to finding new associations in epidemiological research. (*after M.L. Graber et al. Arch Intern Med. 2005 Jul 11;165(13):1493-9.*)

8. As to drugs, make a habit of two things - to help, or at least, to do no harm. (*after Hippocrates*)

9. The art and science of asking questions is the source of all knowledge. (*Thomas Berger*)

10. Many people think that patience is a sign of weakness. I think this is a mistake. It is anger that is a sign of weakness, whereas patience is a sign of strength. (*Dalai Lama*)

11. Problemen lijken kleiner als je ze van een afstandje bekijkt. (*Mary Poppins*)

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