

Propositions accompanying the thesis

HEALTH AND AGEING IN OLDER ADULTS:

A gender-specific and life-course perspective

1. Non-communicable diseases impose a large and growing global economic impact on households, impoverishment, healthcare spending, and national income. (This thesis)
2. Women have lower levels of healthy ageing score than men, because of more disability, worse mental health, more pain, and lower quality of life. (This thesis)
3. Women with a longer fertile lifespan and women with more children have more favourable levels of health ageing score, at all levels of society. (This thesis)
4. Levels of sex steroids and sex hormone binding globulin are associated with better cardiovascular health in both men and women. (This thesis)
5. Healthy menopause is a dynamic state of satisfactory levels of functioning, incorporating disease and disability, allowing for women to attain their desired potential. (This thesis)
6. Treatment with flibanserin adds a small benefit compared to the potential side-effects it could lead to. Adequate non-pharmacological guidance should be implemented prior to prescription. (This thesis)
7. The default of research analyses ought to be changed. Rather than adjusting for gender and analysing men and women together, research questions should be evaluated by gender.
8. The impact of research should not be judged by impact factors or the number of papers published. It is the impact it has on society which is truly meaningful.
9. The inclusion of results from unpublished studies in the evaluation of new interventions should be mandatory, before conclusions about their benefits and harms are drawn.
10. The sharp distinction between health and disease is a medical artefact for which nature, if consulted, provides no support. (George Pickering, British physician, 1954)
11. If your dreams do not scare you, they are not big enough. (Ellen Johnson Sirleaf, President of Liberia, 2011)