





# University of Groningen

# Tetrahydrobiopterin in phenylketonuria

Anjema, Karen

DOI:

10.33612/diss.135584531

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version Publisher's PDF, also known as Version of record

Publication date: 2020

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Anjema, K. (2020). Tetrahydrobiopterin in phenylketonuria: Who can benefit?. University of Groningen. https://doi.org/10.33612/diss.135584531

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

**Take-down policy**If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 26-12-2020

# Stellingen

#### Behorende bij het proefschrift

### Tetrahydrobiopterin in Phenylketonuria. Who can benefit?

- 1. The BH4 loading test (in non-neonates) should last for at least 48 rather than 24 hours as late responders are worth detecting and should be allowed to be tested for true responsiveness. (this thesis)
- 2. Patients carrying two null-mutations in the phenylalanine hydroxylase gene are no candidates for BH4 treatment. *(this thesis)*
- 3. BH4 responsiveness can be predicted in a BH4 loading test with a baseline phenylalanine concentration <  $400 \mu mol/l$  when the test is positive, otherwise a retest with phenylalanine loading can be considered. (this thesis)
- 4. Defining BH4 responsiveness is not clear-cut and should take into account that some patients already have a relatively high protein intake and thereby a  $\geq$  100% increase in natural protein tolerance is not recommended (this thesis)
- 5. An 8 hour or even 24 hour neonatal BH4 loading test can miss long-term BH4 responsive patients. As a delay in treatment should be avoided, an 24 hour neonatal BH4 loading test should be the maximum length or otherwise the BH4 withdrawal test should be considered. (this thesis)
- 6. BH4 treatment appears to be safe (in non-pregnant PKU patients), adverse events are likely to disappear with reduced therapeutic BH4 doses. (this thesis)
- 7. BH4 treatment is associated with lower prolactin concentrations, suggesting higher dopamine availability, independent of a decrease in phenylalanine concentration in male PKU patients. (this thesis)
- 8. Under current conditions BH4 treatment does not affect brain neurotransmitter concentrations in PKU mice, but it does seem to increase brain serotonin concentrations in wild type mice. (this thesis)
- 9. "Treat the patient and the phenotype, not the genome" (Charles Scriver)
- 10. "Chronisch ziek zijn vraagt om chronisch optimisme" (Loesje.nl)
- 11. "Change favors the prepared mind" (*Pasteur*)
- 12. "Alleen ga je sneller, maar samen kom je verder" (Afrikaans spreekwoord)

Karen Anjema Groningen, 28 april 2020