

Stellingen behorende bij het proefschrift

## **Growth Hormone Treatment in Children with Prader-Willi Syndrome From infancy to adulthood**

1. HCG treatment results in an anatomically lower testis position in most boys with Prader-Willi syndrome (PWS). (this thesis)
2. Growth hormone (GH) treatment is a potent force for counteracting the clinical course of obesity in children with PWS. (this thesis)
3. Bone mineral density remains stable in prepubertal children with PWS, but decreases during adolescence due to incomplete pubertal development. (this thesis)
4. The disrupted correlation between immunoreactive IGF-I levels and IGF-bioactivity makes immunoreactive IGF-I levels an inappropriate indicator of GH dosing in children with PWS. (this thesis)
5. Children with PWS consider themselves quite happy. (this thesis)
6. Ceasing GH treatment leads to a significant increase in body fat and a marked exacerbation of behavioral problems in children with PWS. (B. Böhm et al., Acta Paediatr. 2015)
7. Satiety is greater and ad libitum test meal intake lower after consuming oatmeal than after corn flakes, especially in the overweight subjects. (A. Geliebter et al., Ann Nutr Metab. 2015)
8. De Nederlandse burger krijgt de beste zorg van heel Europa. (A. Björnberg, Euro Health Consumer Index Report. 2014)
9. The repetition of knitting can trigger a relaxation response that contributes to a decrease in heart rate, blood pressure, and muscle tension. (L.R. Dittrich, Acad Med. 2001)
10. If you see something good, give a compliment. If you see something wrong, offer your help. (N. Mandela)
11. Difficilia quae pulchra. (D. Erasmus, Adagia 1012)

**Nienke E. Bakker**  
**Rotterdam, 19 juni 2015**