



UvA-DARE (Digital Academic Repository)

NT-proBNP as a risk stratification tool for the management of acute decompensated heart failure

Salah, K.

Publication date

2018

Document Version

Other version

License

Other

[Link to publication](#)

Citation for published version (APA):

Salah, K. (2018). *NT-proBNP as a risk stratification tool for the management of acute decompensated heart failure*. [Thesis, fully internal, Universiteit van Amsterdam].

General rights

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), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

NT-proBNP as a risk stratification tool for the management of acute decompensated heart failure

1. Natriuretic peptides in patients hospitalized for acute decompensated heart failure are to be used as a risk stratification tool at discharge, however without any consequence for follow-up strategies (*this thesis*).
2. Worsening of renal function does not need to be an important limitation when trying to reach the lowest NT-proBNP possible (*this thesis*).
3. It is not the outcome that is underestimated by lower natriuretic peptides in heart failure with preserved ejection fraction (HFpEF) compared to heart failure with reduced ejection fraction (HFrEF), but the outcome is simply not predicted by natriuretic peptides alone (*this thesis*).
4. Choosing an absolute discharge NT-proBNP value that can be attained as target may be difficult if one does not consider the admission levels, therefore a relative target remains the most reliable and realistic target to pursue in future studies (*this thesis*).
5. A strategy that uses absolute NT-proBNP values as risk thresholds and uses relative reductions in NT-proBNP as targets may benefit from the finding that both patient groups (HFpEF and HFrEF) will be able to reach realistic but still prognostically important reductions in NT-proBNP (*this thesis*).
6. Every refinement of a risk score requires judgment to determine when a model predicts a sufficiently large gradient of risk to be clinically useful (*this thesis*).
7. The meme for blind faith secures its own perpetuation by the simple unconscious expedient of discouraging rational inquiry (*Richard Dawkins, The Selfish Gene*).
8. St. Augustine said, 'An unjust law is no law at all'. Which means I have a right, even a duty to resist. With violence or civil disobedience. You should pray I choose the latter (*Robert Eisele, The Great Debaters*).
9. Out there, beyond ideas of wrongdoing and right-doing, there is a field. I will meet you there. When the soul lies down in that grass, language, ideas and even the phrase 'each other' doesn't make any sense (*Mawlana Jalal-u-Din Muhammad Balkhi Rumi, The Essential Rumi*).