

CARDIOVASCULAR RISK IN INFLAMMATORY BOWEL DISEASE
more than a gut feeling

1. The benefit of tofacitinib as an treatment option for ulcerative colitis needs to be balanced against the individualized cardiovascular risk profile. *This thesis*
2. Significant disturbances of lipid levels in IBD patients with active disease initiating prednisone or janus kinase inhibitors are common, thus further study of long-term consequences is needed. *This thesis*
3. Lipid changes observed during IBD therapy are drug-specific, next to the consequence of targeting systemic inflammation. *This thesis*
4. The idea of a “cardiovascular paradox” in IBD – referring to an increased cardiovascular morbidity without predisposing traditional risk factors – should be dismissed as IBD patients show unfavorable cardiovascular risk profiles with links to the metabolic syndrome. *This thesis*
5. The development of prevention strategies for cardiovascular health requires consideration of the specific immune-mediated inflammatory disease, age group, education level and clinical disease activity. *This thesis*
6. Challenges in cardiovascular risk management in patients with IBD include limited available guidance and the inability of commonly used clinical risk estimators to fully capture excess cardiovascular risk. *Cainzos-Archirica et al. Journal of the American College of Cardiology 2020*
7. It’s (not just) the cholesterol, stupid! *Sabouret et al. European Journal of Preventive Cardiology 2023*
8. Prevention is better than cure. *Desiderius Erasmus (1466-1536)*
9. Accounting for sex and gender in health research has the potential to make health research more rigorous, more reproducible and more applicable to everyone. *Canadian Institute of Health Research 2021*
10. We can’t change the direction of the wind, but we can adjust the sails. *Jimmy Ray Dean, country singer (1928-2010)*
11. Always search for the beauty in the ordinary. *Mijn cameralems*