

Stellingen behorende bij het proefschrift

Prader-Willi-like Disorders from diagnosis to treatment

1. Prader-Willi-like (PWL) is a valid diagnosis and patients with PWL should have access to specialized multidisciplinary care with an individualized approach (*this thesis*).
2. Patients with Temple syndrome benefit from treatment with growth hormone as much as patients with Prader-Willi syndrome (PWS) (*this thesis*).
3. Among patients with Schaaf-Yang syndrome, growth hormone treatment is most beneficial to those with proven growth hormone deficiency (*this thesis*).
4. PWS is a contiguous gene syndrome and the phenotype is not caused by a defect in one single gene (*this thesis*).
5. Methylation alterations outside of the 15q11.2-q13 region contribute to the variation of phenotypic expression in patients with PWS (*this thesis*).
6. Establishing a definite genetic diagnosis for a child with developmental delay and/or intellectual disability improves parental quality of life (*Lingen et al, Clin Genet. 2016*).
7. The quality of the interaction between the physician and patient can be extremely influential in patient outcomes, and, in some cases, patient and provider expectations and interactions may be more important than specific treatments (*Turner et al., JAMA. 1994*).
8. When people do nice things for others, they feel joy, contentment, and love, which in turn promotes greater overall wellbeing and improves social relationships (*Nelson et al, Emotion. 2016*).
9. The dual goal functions of success and integrity are both desirable and need not be mutually exclusive or in conflict (*McGregor et al, J Pers Soc Psychol. 1998*).
10. Gender inequality is often informal and private; we need diverse methods of research and research collaboration to expose, recognize, and address the informal and hidden ways in which inequality exists. (*Davies et al, Lancet. 2019*).
11. Well-behaved women seldom make history (*Laurel Thatcher Ulrich*).

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