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Application of population-based PKPD to improve anaesthetic drug titration in the individual van den Berg, Jop

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Propositions

1. Well performing population-based PK and PD models perform accurately in clinical practice and in pharmacological simulations. – This thesis
2. Propofol breath concentrations can be used to predict propofol plasma concentrations in the individual. – This thesis
3. Reproducibility and clinically relevant end points are essential in pharmacological studies. – This thesis
4. Bayesian adaptation of the Eleveld PKPD model for propofol leads to limited improvement of bias, but not precision. – This thesis
5. It is possible to integrate bedside i.v. drug concentration monitoring in clinical drug administration. – This thesis.
6. There is considerable 'lag time' between predicted and measured effect in terms of bispectral index and qCON that needs to be accounted for. – This thesis
7. Theoretical equipotency on PTOL does not automatically lead to equipotency on other end points, such hemodynamics or electroencephalographics. – This thesis
8. Interaction models, such as the propofol-remifentanil interaction model by Bouillon et al., can be used to titrate anaesthetic drugs in clinical practice. – This thesis
9. Drug advisory displays, based on PKPD models, could be helpful in clinical practice and are useful for educational purposes. – This thesis
10. The important work of moving the world forward does not wait to be done by perfect men. - George Eliot (pseudonym of Mary Anne Evans, British novelist, 1819-1880)
11. It is the dose that makes the poison. – Paracelsus (Swiss physician, alchemist, 1493 – 1541)
12. It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts. - Sir Arthur Conan Doyle (British physician and writer, 1859 – 1930)
13. He who knows all the answers has not been asked all the questions. – Confucius (Chinese philosopher and politician, 551 – 479 AD)