

University of Groningen

Glaucoma: an eye or a brain disease?

Hanekamp, Sandra

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2017

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Hanekamp, S. (2017). *Glaucoma: an eye or a brain disease?* [Thesis fully internal (DIV), University of Groningen]. Rijksuniversiteit Groningen.

Copyright

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

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Propositions

GLAUCOMA: AN EYE OR A BRAIN DISEASE?

1. Glaucomatous changes in MR diffusion measures cannot be explained on the basis of visual deprivation or optic nerve damage alone.
2. Monocular glaucoma and non-glaucomatous monocular blindness have a different effect on the brain.
3. Glaucoma is a neurodegenerative disease rather than “just an eye disease”.
4. Glaucomatous changes in MR diffusion measures primarily occur along entire tracts, rather than only at specific locations of the tract.
5. Treatment in glaucoma should focus on both the eye and the brain.
6. The involvement of the brain in glaucoma suggests that neuroimaging - over time - will be required in the clinical evaluation of disease progress and treatment outcome.
7. Future MRI research should strive to create novel approaches to evaluate the effectiveness of neuroprotective medication. Tractometry is a potential candidate for this as it allows examination of white matter structures of individual patients.
8. When different experiments give you the same result, it is no longer subject to your opinion. That’s the good thing about science: It’s true whether or not you believe in it. (Neil deGrasse Tyson)
9. Your mindset sets the stage for your level of success.

Sandra Hanekamp