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Epidemiology of chronic kidney disease in Europe

Brück, K.

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Propositions belonging to the thesis:
Epidemiology of Chronic Kidney Disease in Europe

Katharina Brück, November 2016

1. Comparing crude CKD prevalence estimates across countries and regions can be misleading.
2. The prevalence of CKD truly varies across European regions.
3. The current definition of CKD is *'ill-defined'*.
4. When estimating CKD prevalence in the general population, the CKD-EPI formula should be preferentially used over the MDRD formula.
5. The assessment of study quality is as dependent on the quality of methodology reporting as on the quality of the methodology itself.
6. Slow progression of CKD in CKD cohorts can be the result of a high mortality.
7. 'A large number of people at a small risk may give rise to more cases of disease than the small number who are at high risk', G. Rose 1985.
8. The impact of methodology is underrated in medical scientific literature.
9. Epidemiology is the true basic science of clinical research.
10. Placing the method section at the end of a manuscript is a methodological faux-pas!
11. All open access fees should be waived to improve the dissemination of medical knowledge.