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Disease progression and quality of life in patients with chronic kidney disease: the role of health behaviours and illness perceptions

1. Aiming to improve treatment adherence without taking into account patients’ personal barriers for being adherent is wishful thinking.

2. Without self-efficacy, behaviour change (including sodium reduction) is doomed to failure.

3. In order to offer adequate self-management support, health care professionals need to believe they are not in control of disease management.

4. Innovative technology has the potential to improve patients’ quality of life, but malfunctioning technology reduces it.

5. Patients’ perceptions of illness and treatment should be the point of departure for each treatment plan.


7. Patient-reported outcome measures (PROMs) are key health care quality indicators.

8. A multidisciplinary nephrology team without a psychologist is incomplete.

9. Teaching helps researchers to do better research.

10. ‘Doing nothing’ has a function in life.