

1. Record Nr.	UNINA9910975071503321
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Titolo	The Role of Interest Rates in Business Cycle Fluctuations in Emerging Market Countries : : The Case of Thailand / / Ivan Tchakarov, Selim Elekdag
Pubbl/distr/stampa	Washington, D.C. : , : International Monetary Fund, , 2006
ISBN	9786613830692 9781462344765 1462344763 9781452715841 145271584X 9781283518246 1283518244 9781451909043 1451909047
Edizione	[1st ed.]
Descrizione fisica	1 online resource (24 p.)
Collana	IMF Working Papers
Altri autori (Persone)	ElekdagSelim
Soggetti	Business cycles - Thailand - Econometric models Foreign exchange rates - Thailand - Econometric models Interest rates - Thailand - Econometric models Accounting Banks and Banking Currency Emerging and frontier financial markets Exchange rate arrangements Exchange rate flexibility Finance Finance, Public Finance: General Financial reporting, financial statements Financial services industry Financial statements Foreign Exchange Foreign exchange General Financial Markets: General (includes Measurement and Data) Interest rates Interest Rates: Determination, Term Structure, and Effects Public Administration

Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	"May 2006."
Nota di bibliografia	Includes bibliographical references.
Nota di contenuto	""Contents""; ""I. INTRODUCTION""; ""II. INTEREST RATES AND BUSINESS CYCLES""; ""III. THE GLOBAL ECONOMY MODEL WITH THE FINANCIAL ACCELERATOR""; ""IV. THE EFFECTS OF A 1 PERCENT U.S. INTEREST RATE HIKE""; ""V. A REPEAT OF THE GLOBAL BOND MARKET ROUT OF 1994?""; ""VI. WHAT ROLE FOR MONETARY POLICY?""; ""VII. CONCLUSION""; ""REFERENCES""
Sommario/riassunto	Emerging market countries have enjoyed an exceptionally favorable economic environment throughout 2004, 2005, and early 2006. In particular, accommodative U.S. monetary policy in recent years has helped create an environment of low interest rates in international capital markets. However, if world interest rates were to take a sudden upward course, this would lead to less hospitable financing conditions for emerging market countries. The purpose of this paper is to measure the effects of world interest rate shocks on real activity in Thailand. The analysis incorporates balance sheet related credit market frictions into the IMF's Global Economy Model (GEM) and finds that Thailand would best minimize the adverse effects of rising world interest rates if it were to follow a flexible exchange rate regime.

2. Record Nr.	UNINA9910341143503321
Autore	Streit Sven
Titolo	Perspectives on treating hypertension in old age : The burden of polypharmacy, risks of treatment and GPs' treatment probability
Pubbl/distr/stampa	Rotterdam, : OPTIMA, 2018
Descrizione fisica	1 online resource
Soggetti	Cardiovascular medicine
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Sommario/riassunto	<p>With increasing age, blood pressure rises as a consequence of arterial stiffness and it has been debated whether or not to it is beneficial to treat hypertension in old age especially in >75-year-olds when they have multimorbidity, polypharmacy or frailty. Large hypertension trials showed that lowering SBP in >60-year-olds is beneficial and lowers the risk for myocardial infarction, stroke and all-cause mortality, even in >80-year-olds. However, these trials lack generalizability and typically excluded multimorbid patients that are frail. At the same time, observational studies rose concerns about lowering SBP too much since there are several cohort studies showing a reverse association of low SBP and increased mortality and accelerated cognitive decline especially in >75-year-olds. However, current hypertension guidelines advise physicians to lower SBP to values of even <130mmHg in all patients from the age of 60 years, which fuelled the discussions about the benefits and harms of lowering SBP too much in >75-year-olds under antihypertensive treatment especially when they are frail defined as having low hand grip strength or complex health problems in multiple domains of daily living. The general aim of this thesis is to increase the scientific knowledge about the effects of treating hypertension in >75-year-olds with frailty. This thesis has three aims: 1) to measure the prevalence of polypharmacy in older patients; 2) to test for an association between low SBP and mortality, cognitive function, daily functioning, and QoL in older patients under antihypertensive</p>

treatment; and 3) to understand the role that frailty plays in GP decisions about treating hypertension in old age across countries and see if those differences can be explained by country-specific cardiovascular disease burden and life expectancy.
