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Diagnostic complexities of the differential diagnosis between biomedical frailty and depression

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The Netherlands Study of Depression in Older persons (NESDO) is a clinical cohort study including 378 older persons suffering from a depressive disorder and a comparison group of 132 never depressed older persons. Within NESDO cohort, we examined the impact of the Fried Frailty Phenotype and its criteria on the two-year course of late-life depression.

With respect to the prognosis of depression, frail-depressed older patients had a significantly higher level of depressive symptoms over the course of two-years and were less often in remission at the two-year follow-up. Paradoxically, the improvement of the severity of depressive symptoms were larger in frail-depressed compared to non-frail-depressed patients. This raises the question whether the remaining symptoms should be considered as residual depressive symptoms (in need of psychiatric treatment) or physical frailty (in need of geriatric rehabilitation).

To address this latter issue, we have searched for data-driven depressive subgroups by conducting a latent profile analysis on the subscales of the Inventory of Depressive Symptomatology Self Report (IDS-SR), cognitive performance (processing speed, interference, working and verbal memory) and physical frailty (gait speed, handgrip strength). Half of the depressed patients were suffering from a pure depressive disorder (consisting of two subgroups being either mildly or severely depressed), whereas the other half of the sample consisted of three different subgroups of frail-depressed patients, namely a subgroup suffering from amnesic depression, a subgroup of physically dominated frail-depressed patients and finally a subgroup of cognitively dominated frail-depressed subgroup. The three frail-depressed subgroups had differential outcomes with respect to depressive symptom severity, course of frailty parameters and mortality.