



University of Groningen

## Shades of a blue heart

Moreira da Rocha de Miranda Az, Ricardo

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: 2018

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA): Moreira da Rocha de Miranda Az, R. (2018). Shades of a blue heart: An epidemiological investigation of depressive symptom dimensions and the association with cardiovascular disease. University of 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/taverneamendment.

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.

## Shades Of A Blue Heart An Epidemiological Investigation Of The Associations Of Depressive Symptoms Dimensions And The Association With Cardiovascular Disease

- 1. Somatic/affective symptoms of depression should be the main focus of psychosocial interventions aiming to improve cardiac prognosis in individuals with heart disease.
- 2. Cognitive/affective symptoms of depression, especially negative self-image and indecisiveness, seem to be particularly dangerous for younger men with heart disease.
- Due to the substantial heterogeneity regarding the prognostic value of individual symptoms of depression across sex and age of patients with heart disease, tailor-made treatments are preferable (as opposed to "one-size fits all" treatments).
- 4. Disease awareness in individuals with heart disease plays an important role in the development of anxiety disorders.
- 5. When the confounding effect of somatic/affective symptoms of depression is isolated using bifactor factor analysis, the association between a general depression factor and adverse cardiac prognosis weakens but is still statistically significant.
- 6. Markers of subclinical atherosclerosis do not seem to predict longitudinal fluctuations in the levels of neither somatic/affective nor cognitive/affective symptoms of depression.
- 7. For addressing statistical confounding in the association of depression and heart disease, individual patient data meta-analysis is superior over summary data meta-analysis.
- Although much information has been collected in individual studies assessing depression in patients with heart disease, these data are often not FAIR (i.e. Findable, Accessible, Interoperable and Reusable).
- 9. "Word is murder of a thing, not only in the elementary sense of implying its absence by naming a thing, we treat it as absent, as dead, although it is still present but above all in the sense of its radical dissection: the word 'quarters' the thing, it tears it out of the embedment in its concrete context, it treats its component parts as entities with an autonomous existence: we speak about color, form, shape, etc., as if they possessed self-sufficient being." Slavoj Žižek
- 10. "Science should not be a luxury and knowledge should not be a commodity, it should be a basic human right." Jack Andraka
- 11. "All the statistics in the world can't measure the warmth of a smile." Chris Hart

Ricardo de Miranda Azevedo July 2018