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Patterns of late-life depression: On the nature of depressive subtypes and the role of aging

Veltman, E.M.

Citation

Veltman, E. M. (2020, March 3). *Patterns of late-life depression: On the nature of depressive subtypes and the role of aging*. Retrieved from <https://hdl.handle.net/1887/86067>

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Author: Veltman, E.M.

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Issue Date: 2020-03-03

Stellingen behorende bij het proefschrift

Patterns in late-life depression: on the nature of depressive subtypes and the role of aging

1. Through data-driven analyses meaningful subtypes in late-life depression can be identified.
This thesis
2. No biological disturbances could be linked to specific data-driven subtypes of late-life depression, which is probably due to aging and its pathophysiological changes clouding the results. *This thesis*
3. The CORE questionnaire neared predictive value of ECT remission in a cohort of non-psychotic older depressed persons. *This thesis*
4. Electroconvulsive therapy quickly improves all depressive symptoms in older persons in the first two weeks of treatment. *This thesis*
5. The current melancholia specifier in the **DSM-5** does not properly delineate melancholia.
Parker et al, 2010, Am J Psychiatry
6. Since old age is significantly associated with a worse two-year MDD course, multidisciplinary and highly structured treatment, including closer monitoring of effects by collaborative care, is needed to improve outcomes in late-life depression. *Schaakxs et al, 2018, Lancet Psychiatry*
7. There is accumulating evidence that depression is a disease of accelerated biological aging.
Lissemore et al, 2018, Neuropsychopharmacology
8. Since speed of remission in depressed older persons is substantially higher with ECT than with medication, ECT deserves a more prominent position in the treatment of older persons with severe depression. *Spaans et al, 2015, Br J Psychiatry*
9. Since aging and depression often share symptoms and mutually influence each other, late-life depression should always be examined in the light of overall health and functioning.
10. Depression can best be understood from an indexical position rather than a constitutive one, the former a position in which criteria are fallible indices of a tentative diagnostic construct and therefore a more accurate reflection of the current state of our field. *Kendler, 2017, Psychol Med*

11. Een gewone dokter begrijpt de ziekte; een goede dokter begrijpt de mens. *Vrij naar Hippocrates van Kos, 400 v.Chr.*