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Disentangling the relationship between depression, obesity and cardiometabolic disease

Alshehri, T.

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1. Indices of overall and abdominal obesity are associated with a variety of depressive symptoms but are most closely related to symptoms of the atypical spectrum characterized by altered energy intake/output balance. (This thesis)
2. Emerging technologies allow high-throughput profiling of lipids and other metabolites, which have a crucial role in determining metabolic signatures of depression. (This thesis)
3. The decomposition of the clinical and biological heterogeneity of depression is the first step in the path to a personalized approach for patients with depression. (This thesis)
4. The link between depression and cardiometabolic diseases is dependent on depressive symptom profiles expressed in the individuals. (This thesis)
5. Clinically, both obesity and depression are heterogenous conditions. Although there is a shift to integrate waist circumference and fat profile to diagnose and treat patients with obesity, less has been done regarding the heterogeneity of depression. (This thesis)
6. The direction of the change in weight or appetite in patients with depression carries more information about the health status and possible prognosis of the disease than only the presence or absence of the change. (This thesis)
7. This thesis added evidence on the multidimensional nature of the risk factors for depressive symptoms advocating to continue moving away from a Cartesian perspective that separates the mind from the body toward a biopsychosocial model. (adapted from Kendler, *Mol Psychiatry*, 2012)
8. The development of a multidimensional approach, tackling the interaction between different depressive profiles-associated elements such as genetics, somatic biology, and subjective experiences or stressors, should be a priority for the research community. (adapted from Herrman et al., *Lancet*, 2022)
9. Tailored treatment that focuses on the potential underlying pathophysiology is required for patients with depression since they express diverse and even opposing symptom profiles. (adapted from Zwiap et al., *Brain Behav Immun Health*, 2020)
10. Specific genetic variation is likely to contribute to differences of metabolic health for individuals with high total body fat by increasing adiposity but lowering the cardiometabolic complication and variant odds for different depressive symptom profiles. (adapted from Ji et al., *Diabetes*, 2019 and Tyrrell et al., *Int J Epidemiol*, 2019)
11. Clinical heterogeneity of depression is the major barrier to elucidate its biology. To comprehensively analyse the clinical and biological heterogeneity of depression, extensive resources are needed, including a more detailed and accurate assessment of depressive symptom. (adapted from Milaneschi et al., *JAMA Psychiatry*, 2021)
12. For every decision we have to make in PhD and life journey, we can choose courage or comfort, but we cannot have both. Not at the same time. (adapted from Brené Brown)