Depression is a heterogeneous condition: A cluster-analysis approach

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The heterogeneity of depression is more and more evidenced (Rush, 2007; Wagener et al., 2016). e.g., symptomatology profiles, treatment responsiveness,...

From a clinical perspective, having a clearer overview of the symptom’s heterogeneity of depression will help to...

- Deeper understand its underlying psychological processes
- Tailor clinical treatments

To determine subtypes of depression, several authors used a cluster-analysis approach:

- Andreasen et al. (1980) → 3 clusters
- Schacht et al. (2014) → 5 clusters (lack of insight, sleep/sexual/somatic/typical MDD, gastrointestinal/weight loss, mild MDD)
- Hybels et al. (2012) → 3 clusters
- Guidi et al. (2011) → 2 clusters (depressed somatizers, irritable/angry depression)

In accordance with our hypotheses, our results support the heterogeneity of depressive symptoms < 6 clusters have been found

- 2 of our clusters are similar to 2 clusters identified by Schacht et al. (2014)
  - Sleepless depressives // sleep/sexual/somatic
    - Highly characterized by symptoms related to insomnia and tiredness
    - Mild depressives // mild MDD/symptoms
    - Characterized by low to average levels on all symptoms
  - 2 of our clusters are similar to symptoms networks identified by Bringmann et al. (2015)
  - Cognitive depressives // network of cognitive symptoms
    - Characterized by e.g., guilty feelings, worthlessness, pessimism
  - Affective-somatic depressives // network of physical and affective symptoms
    - Characterized by e.g., loss of energy and pleasure

Experimental perspectives?

- Future research should provide further support to the clusters previously identified through novel experimental manipulations
- Use of a self-reported assessment of depression

References

Andreasen et al. (1980), British Journal of Psychiatry, 137, 260-266.
Bringmann et al. (2015). Psychiatric Medicine, 45, 767-783.