Response to Malt's Letter to the Editor

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Dear Editor,

We would sincerely like to thank professor emeritus Malt for his interest in our study [1] and reasonable comments. We do agree with him that we were not able to purely consider diagnostical features of DSM-5-defined melancholic depression due to the limitations in the methodology of our study. As suggested, a factor analysis would provide more precise information on the relationship of different subtypes of increased depressive symptoms with all-cause mortality.

However, we believe that the BDI items considered melancholic (sadness, past failure, loss of pleasure, quilty feelings, punishment feelings, irritability, loss of interest, change in sleeping and appetite) capture the essential features of melancholic depression. The somatic items comprise, thus, a proxy indicator for melancholia. This particular method using a melancholic summary score of the BDI items for dividing subjects with increased depressive symptoms into melancholic and non-melancholic subgroups has been used in previous studies [2–6], suggesting evidence for its validity.

Although use of the term "melancholic" might first occur misleading, we aim to represent our methodology clearly. Moreover, there still is substantial controversy on the actual existence of different subtypes of depression [7,8]. However, it seems that our categorization of melancholic and non-melancholic depressiveness has value when assessing effects of increased depressive symptoms with different outcomes in the general population [2–4,6,9]. Indeed, we did not aim to assess definite diagnosis of melancholic depression but increased levels of different subsets of depressive symptoms. For primary care practitioners, our study provides relevant insights into the importance of considering specifically often unrecognized non-melancholic or atypical depressive symptoms.

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