Depressive symptoms are not independent predictors of mortality, according to data from a national sample of Medicare patients.

The findings of previous studies of associations between depressive symptoms and mortality have been inconsistent, and few of these studies have used population-based samples, said Susan A. Ereson-Rose, Ph.D., of Rush University Medical Center, Chicago, and her colleagues (Psychosom. Med. 2004;66:823-30).

The investigators selected noninstitutionalized adults aged 25 years and older who were participating in an ongoing, population-based study known as Americans’ Changing Lives. A total of 542 deaths occurred during 7.5 years of follow-up. Each increase of 1 standard unit on the Center for Epidemiological Studies Depression scale (CES-D) predicted a 21% increase in death from any cause after age, race, and gender were adjusted for. However, no excess risk of mortality was associated with CES-D scores in a fully adjusted model that included demographics, education, income, behavior-related covariates, and three of five measures of physical health status (hypertension, functional impairment, and life-threatening conditions).

The physical complaints of patients with depression often seem to reflect some of these other health problems, and distinct symptoms were not associated with mortality risk in a healthy subgroup of 2,833 adults (with 306 deaths) who reported good or excellent health at baseline. In addition, depressive symptoms were not associated with increased mortality risk in patients without functional impairments at baseline.

Although depressive symptoms were associated with greater physical impairment over time after demographics, socioeconomic status, and baseline physical impairment were controlled for, the CES-D does not predict the clinical depression, which has been studied as a possible link to mortality and cardiovascular health, the investigators noted.