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Physical frailty in late-life depression: evidence for a depression-frailty subtype?

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Propositions belonging to the PhD dissertation

Physical frailty in late-life depression: evidence for a depression-frailty subtype?

Physical frailty appears to be a valid concept within a sample of depressed older persons (despite some overlap between the concept of frailty and late-life depression) (*Dissertation*)

Physical frailty appears to promote a more severe and more difficult to treat subtype of depression in later life. (*Dissertation*)

The 'depression-frailty subtype' seems to be a valid concept to identify depressed older patients at risk of excess mortality. (*Dissertation*)

The operationalization of the physical frailty phenotype should be adapted in an older population with depression. (*Dissertation*)

Leucocyte telomere length and the physical frailty phenotype are different markers of the ageing process (but may be complementary in studies of accelerated ageing in (late-life) depression). (*Dissertation*)

In a small subgroup of patients, medical unexplained symptoms might point to presence of frailty. (*Dissertation*)

The strong association of biomedical frailty with mental health problems, including depression, medically unexplained symptoms, and cognitive impairment, may argue for a broader operationalization of biomedical frailty. (*Dissertation*)

"The best retrenchment in today's healthcare is investing in good psychiatric elderly care." (*prof.dr. Richard Oude Voshaar*)

"Anyone who thinks education and knowledge is expensive, doesn't realize how much ignorance or stupidity costs." (*Barack Obama*)

"He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all." (*Sir William Osler, 1849-1919*)

In Dutch: "Ga gewoon waar je neus je leidt, nieuwsgierigheid is vaak de beste landkaart." (Miquel Wiels, Peter Gillis, Alain van de Putte – K3)

Matheus Arts

Groningen, 21-12-2020