

## Depressive symptoms are indicators of health-related quality of life (HRQOL)

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In a cross-sectional study, Olson et al. [1] found that depressive symptoms “accounted for 31.4% of variance in overall HRQOL, and higher scores on depressive symptoms were associated with lower scores on overall HRQOL” (p.3317). Depressive symptoms were measured using the Geriatric Depression Scale (GDS) and HRQOL with the Functional Assessment of Human Immunodeficiency Virus Infection (FAHI) instrument.

The finding that depressive symptoms are associated with HRQOL is circular because the FAHI assesses emotional well-being. Indeed, there are several similar questions on the FAHI (GDS), respectively, such as: 1) I have a lack of energy (Do you feel full of energy?); 2) I feel sad (Do you feel happy most of the time?); 3) I feel nervous (Do you often get restless and fidgety?); 4) I am concerned about what the future holds for me (Are you hopeful about the future? Are you afraid that something bad is going to happen to you? Do you frequently worry about the future?); 5) I am able to enjoy life (Do you find life very exciting?); 6) I am enjoying the things I usually do for fun (Have you dropped many of your activities and interests?); 7) I am content with the quality of my life right now (Are you basically satisfied with your life?); 8) I am hopeful about the future (Do you feel that your situation is hopeless?); 9) My thinking is clear (Is your mind as clear as it used to be?); 10) I have trouble concentrating (Do you have trouble concentrating?); and 11) I have trouble remembering (Do you feel you have more problems with memory than most?).

In an article published in this journal 5 years earlier it was noted that “a strong negative association of depression with the SF-6D was expected because the measure includes mental health items. Thus, depressive symptoms are represented to some extent on both sides of the equation. Dropping depressive symptoms from the model had no impact on the interpretation of the associations for the other 20 comorbid conditions that had significant unique associations with the SF-6D score” (p. 390) [2].

Olson et al [1] highlighted the “important role of mental health, specifically depressive symptoms” (p. 3319) in HRQOL. They also opine that the influence of mental health on physical health “suggests that mental health treatment may help to reduce overall costs of health care services.” While that speculation may be true, one longitudinal study “revealed positive effects of physical health on mental health but negative (suppression) effects of mental health on physical health. The effects of mental health on physical health became nonsignificant when the model was revised by adding nonstandard effects (direct effects of measured variable residuals on latent variables)” (p. 441) [3].

## References

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3. Hays, R. D., Marshall, G. N., Wang, E. Y. I., & Sherbourne, C. D. (1994). Four-year cross-lagged associations between physical and mental health in the Medical Outcomes Study. *Journal of Consulting and Clinical Psychology*, 62, 441-449.