Most previous studies of the depression-mortality association have not examined distinct depressive symptom clusters. This ex post facto study examined which aspects of depression may account for its association with mortality. The Center for Epidemiologic Studies Depression Scale (CES-D) was administered to 3,867 community dwelling adults. Cox proportional hazards procedures estimated the risk of mortality as a function of depression status and each of 4 CES-D factor scores. Depressed participants (CES-D > 16) had a 1.23-fold higher risk of mortality (95% CI 1.03-1.49), adjusting for sociodemographics. Somatic Complaints (SC) was the only factor to predict mortality (HR 1.19, 95% CI 1.03-1.38). After excluding SC, CES-D scores no longer predicted mortality (HR .98, 95% CI .79-1.21). The association between CES-D depressive symptoms and mortality appears to be a function of the SC factor. The association between non-somatic depressive symptoms and mortality may not be as robust as past findings suggest.

Keywords
CES-D, Depressive symptomatology, Mortality, Somatic complaints, Ex post facto study.