

Personalized treatment strategies for depression

Citation for published version (APA):

van Bronswijk, S. C. (2020). *Personalized treatment strategies for depression*. [Doctoral Thesis, Maastricht University]. Drukkerij Walters. <https://doi.org/10.26481/dis.20201211sb>

Document status and date:

Published: 01/01/2020

DOI:

[10.26481/dis.20201211sb](https://doi.org/10.26481/dis.20201211sb)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

PERSONALIZED TREATMENT STRATEGIES FOR DEPRESSION

1. The presence of a comorbid personality disorder diagnosis does not affect acute phase treatment outcomes for depression, and it is therefore highly recommended to follow evidence-based treatment guidelines for depression regardless of a comorbid personality disorder diagnosis. *This thesis*
2. Given its enduring effects following successful acute phase treatment, and its potential as an add-on treatment option when other treatment options have failed, psychotherapy should have a central part in treatment planning for depression. *This thesis*
3. Models that combine multiple individual characteristics, each having a small predictive effect, show promise as a means of producing powerful prediction of outcomes, and could potentially personalize long-term treatment strategies and enhance precision medicine. *This thesis*
4. Although prediction models have the potential to personalize treatment strategies for depression, their development is a work in progress, and steps towards external validation are impeded by a striking heterogeneity of data collection, statistical methods, study populations and the execution of treatments. *This thesis*
5. Improving personalized treatment strategies could resolve the over- and under treatment of depression and its negative consequences, including long treatment trajectories, chronicity, demoralization, decreased psychosocial functioning, high societal costs and treatment dropout. *Valorization addendum*
6. Bridging the gap between research and clinical practice from an interdisciplinary perspective is crucial to solve complex clinical and statistical problems in depression. *Personal note*
7. The notion that all psychotherapies are - on average - equally effective is not a carte blanche to drift from evidence-based protocols towards friendly conversations focusing solely on the therapeutic relationship. *Personal note*
8. The translational value of neuroscience in depression is questionable, when it imposes a reductionist framework on a highly heterogeneous phenomenon, rather than serving as an investigative tool for problems relevant to clinical practice. *Personal note*
9. Truth in our ideas means their power to “work”. James, 1907, Pragmatism: a New Name for Old Ways of Thinking
10. At the end of reasons comes persuasion. Wittgenstein, 1969, On Certainty
11. Kan alleen maar zeggen ‘t weinige da ‘k weet. Tourist LeMC, 2015, Koning Liefde