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Letter to the editor

Depressive symptoms in obese patients study

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To the Editor,

The study by Huang et al[1] sheds valuable light on how obesity may cause depression. However, depressed people are known to be at higher risk for developing obesity in the first place.[2] It is therefore important to know whether any of the participants had a history of prior depression. Other significant risk factors for depression such as concomitant physical illness, medication use, lack of family support and presence of pain should also be investigated. Depressive symptoms have been especially linked to general medical[3] and, in particular, to cardiovascular conditions,[4] which have a higher prevalence in obese individuals. In addition, the Beck Depression Inventory includes questions about physical symptoms such as fatigue, which may result in the scores being higher, since symptoms of illness may be confused with depression. Finally, insulin resistance was defined as a HOMA-IR (homeostasis model of assessment for insulin resistance) score of >1.64, whereas the most widely adopted HOMA-IR cutoff value is is 2.6.[5]

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Dear Editor,

It is my great pleasure to respond to the letter by Dr. Canbaz.

Our study is based on a subsample of a perspective randomized study (ChiCTR-OCS-12002381). The participants enrolled had no history of prior depression or any other systemic comorbidity, such as cardiovascular disease, medication use, chronic pain, etc. Such symptoms as fatigue may cause the bias of higher scores in BDI-II. It is very difficult to identify whether the fatigue results from depression or physical illness. It is, in any case, only a small component and the impact is minor. In addition, since in this study we aimed to demonstrate that AN is associated with severe depression symptoms in obese patients, the control group of obese patients without AN helped to reduce the bias. As to the HOMA-IR cutoff value, the value of 1.64 was based on Chitturi's study entitled "NASH and Insulin Resistance: Insulin Hypersecretion and Specific Association with the Insulin Resistance Syndrome" (Hepatology 2002;35:373-379). In their original study, subjects were categorized as insulin resistant if the HOMA-IR value was greater than 1.64.

Sincerely yours,
Yueye Huang