

# Study identifies link for depression, physical conditions requiring hospitalization

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For individuals with depression, the most common causes of

hospitalization are endocrine, musculoskeletal, and vascular diseases, according to a study published online May 3 in *JAMA Psychiatry*.

Philipp Frank, Ph.D., from University College London, and colleagues examined the association between depression and [physical conditions](#) requiring hospitalization in a prospective multicohort study. The primary analysis was based on data from the U.K. Biobank (130,652 individuals), and analyses were repeated in an independent dataset of two cohorts in Finland (109,781 individuals).

The researchers found that severe/moderately [severe depression](#) was associated with the incidence of 29 nonoverlapping conditions requiring [hospital treatment](#) during five years of follow-up in the main analysis. After adjustment for confounders and multiple testing, 25 of these associations remained (adjusted hazard ratio range, 1.52 to 23.03) and were confirmed in the independent dataset.

The highest cumulative incidence was seen for endocrine and related internal organ diseases, musculoskeletal diseases, and diseases of the circulatory system and blood (245, 91, and 86 per 1,000 persons with depression; risk difference relative to unaffected: 9.8, 3.7, and 3.9 percent, respectively).

For hospital-treated mental, behavioral, and neurological disorders, the cumulative incidence was lower (20 per 1,000 persons; risk difference, 1.7 percent). For people with prevalent heart disease or diabetes, depression was associated with [disease progression](#); evidence of a bidirectional relationship was seen for 12 conditions.

"Depression should be considered more widely as a target for somatic disease prevention and treatment," the authors write.

**More information:** Philipp Frank et al, Association Between

Depression and Physical Conditions Requiring Hospitalization, *JAMA Psychiatry* (2023). [DOI: 10.1001/jamapsychiatry.2023.0777](https://doi.org/10.1001/jamapsychiatry.2023.0777)

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