In Reply In our publication in this journal,1 we reported that the structure of symptom networks is related to the course of depression. Our findings are based on a between-patients design. Although we agree with Bos and Wanders that this has implications for the interpretation of our results, we do not think their conclusions are warranted.

Bos and Wanders correctly point out that, in theory, associations identified through group-level analyses may differ radically across individuals (Simpson's paradox). However, we think that this is not very likely for the reported associations between depression symptoms in our study. First, it is hard to imagine that some patients become less depressed as a result of feeling worthless or get alert and focused when they feel slowed down. Associations between symptoms plausibly differ in degree, but not in kind, so that radical heterogeneity should not be expected for depression symptom networks. Second, our network parameters are partial correlations, not zero-order correlations: thus, each symptom-symptom connection in the network is already controlled for individual order correlations: thus, each symptom-symptom connection identified through group-level analyses may differ radically across individuals (Simpson's paradox). Third, recent research, which used intraindividual analyses for network estimation, showed that patients with depression had a more densely connected intrainsividual network of negative mood states than healthy control patients. Therefore, we gladly reveal that the Netherlands Study of Depression and Anxiety,3 from which we drew our sample, recently started a new wave of measures in which 400 of its nearly 3000 participants are studied with Ecological Momentary Assessment4 over 2 weeks. The aim of this study is to provide more insight into the association between intrainsividual and interindividual differences, which will lead to an increased understanding of how nomothetic and idiographic analyses are related.

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Published Online: February 24, 2016. doi:10.1001/jamapsychiatry.2015.3157.

Conflict of Interest Disclosures: None reported.

Additional Contributions: We appreciate the thoughtful comments on this manuscript of Lynn Boschloo, PhD, at the University of Groningen, Groningen, the Netherlands. She did not receive compensation for her contributions.


Although we believe that it is not very likely that the associations between symptoms are substantially different for individual patients, intrainsividual analyses are needed to test this. In addition, intrainsividual analyses are warranted to determine whether symptoms are associated over time within patients. Therefore, we gladly reveal that the Netherlands Study of Depression and Anxiety,3 from which we drew our sample, recently started a new wave of measures in which 400 of its nearly 3000 participants are studied with Ecological Momentary Assessment4 over 2 weeks. The aim of this study is to provide more insight into the association between intrainsividual and interindividual differences, which will lead to an increased understanding of how nomothetic and idiographic analyses are related.

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