Meta-analyses demonstrate that different relapse prevention strategies, including continuation of antidepressant medication [1], preventive psychological therapy [2], or the combination of both [3] reduce the risk of relapse at a group level. However, the average effect of a treatment does not apply to every individual in that group [4], and many individuals experience a subsequent episode despite their use of relapse prevention strategies [3]. One of the current challenges is to personalize relapse prevention strategies [5].

For advancing personalized relapse prevention strategies, zooming into within-individual affective trajectories may be the way forward [6]. Within-individual affective changes may characterize transitions into and out of a depressive state [7]. It is hypothesized that these transitions differ from person to person, that gradual transitions into a depressive state are characterized by increases in mean negative affect, and that abrupt transitions into a depressive state are preceded by increased negative affect inertia [8]. Negative affect inertia refers to the degree one’s affect is predictive of itself over time and thus indicates that current levels of negative affect predict negative affect levels at the next time point [9].

The empirical support for these hypotheses is limited though promising and suggests that increased affective inertia may indeed signal an abrupt transition into a depressive state [7]. However, to our knowledge, no studies to date examined whether significant within-individual affective change could be detected in a group of previously depressed individuals undergoing different relapse prevention strategies.
with an increase in mean negative affect in a previously depressed individual.

Thus, although individual negative affective trajectories can be observed in previously depressed individuals undergoing different relapse prevention strategies, the results cast doubt upon their presumed relevance for depressive relapse in recurrent depression. A limitation of the current study is that the ESM study period was limited to 8 weeks while many individuals relapsed many months later. Continuing the high-intensive ESM procedure for years might be too burdensome and impractical and therefore unfeasible. However, to examine the clinical relevance of affect dynamics and individual trajectories in depression, individual affective trajectories need to be monitored over a longer period of time in larger patient samples. If individual trajectories indeed precede relapse, it remains to be investigated whether individual affective trajectories can be an early warning signal that offers the potential to prevent a subsequent depressive episode.

In summary, results in this relatively large sample of remitted recurrently depressed individuals demonstrate that individual affective trajectories while receiving relapse prevention treatments vary from person to person and can be assessed using ESM. On the one hand, this might open up the possibility of tailoring interventions to individual affective trajectories. On the other hand, with-in-individual increases in mean negative affect were only found in a very small proportion (9%) of previously depressed individuals who subsequently relapsed. Moreover, most (56%) individuals who demonstrated decreases in mean negative affect or negative affective inertia nevertheless relapsed. These results therefore call for future research to investigate whether these individual trajectories are clinically meaningful.

**References**

Negative Affective Trajectories to Depressive Relapse


