Depression is a well-established vulnerability factor. People with diabetes and depression have a higher risk for micro- and macrovascular complications and early mortality, a reduced quality of life, and higher healthcare expenditures (compared to people with diabetes but without depression). Regarding glycemic control, associations with depression are not conclusive. While some studies found depression to be associated with worse glycemic control, others found no association or found that diabetes distress is a mediating factor. These inconsistencies might be due to the complex symptomatology of depression. Depressive symptoms can range from sleep or appetite disorders to depressed mood and having crying spells. Thus, depressive symptoms can be divided into somatic and affective symptoms. This study investigated the associations of the different depressive subtypes with glycemic control. 923 patients completed the Center for Epidemiological Studies – Depression scale (CES-D) which offers subscales for somatic and affective symptoms. Linear regression analysis with HbA1c as dependent variable was conducted. Independent variables of interest were the somatic and affective scores of the CES-D controlled for demographic (age, gender, body mass index, education) and medical (diabetes type, diabetes duration, number of SMBG, late-complications) variables as well as diabetes distress. Both depressive subtypes were significantly associated with HbA1c. A greater somatic symptomatology was associated with a higher HbA1c (β = .15; p = .001) whereas a greater affective symptomatology was associated with a lower HbA1c (β = -.15; p = .001). Greater diabetes distress was associated with a higher HbA1c (β = .13; p = .001). Linear regression with depressive symptoms in general (CES-D total score) as independent variable revealed no significant association (β = -.01; p = .86). This study demonstrated that depression or depressive symptoms are complex and can have distinct associations. The fact that no association of the CES-D total score was found seems to support the notion that the associations of both subtypes did neutralize each other when the total score was entered into the model. Only the separate inclusion of both subtypes revealed a consistent pattern with glycemic control. These findings could explain the heterogeneity in the literature regarding the associations of depression with glycemic control. Further research is needed to fully understand and interpret the negative association of the affective subtype in this multisample analysis. By understanding depression as a complex symptom cluster rather than a uniform condition, a more complete understanding of this vulnerability factor is possible.