APPENDIX 18: NUTRITIONAL AND PHYSICAL INTERVENTIONS FOR ACUTE DEPRESSION – GRADE PROFILES

Abbreviations

CI	confidence interval
OIS	optimal information size
RR	risk ratio
SMD	standardised mean difference
TMS	transcranial magnetic stimulation

1.1 NUTRITIONAL INTERVENTIONS

1.1.1 Eicosapentaenoic acid compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Eicosapentaenoic acid**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Depression (symptoms) (better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	59	57	-	SMD 0.10 lower (0.47 lower to 0.27 higher)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Few trials reported.

1.2 PHYSICAL INTERVENTIONS

1.2.1 Transcranial magnetic stimulation (TMS) compared with sham TMS

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TMS	Sham TMS	Relative (95% CI)	Absolute		
Response												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	4/11 (36.4%)	4/12 (33.3%)	RR 0.95 (0.52 to 1.74)	17 fewer per 1000 (from 160 fewer to 247 more)	⊕OOO VERY LOW	Critical
Depression (symptoms; Hamilton Depression Rating Scale) (measured with: Hamilton Depression Rating Scale; better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.09 lower (0.94 lower to 0.75 higher)	⊕OOO VERY LOW	Critical
Depression (symptoms; Beck Depression Inventory) (measured with: Beck Depression Inventory; better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.25 higher (0.6 lower to 1.1 higher)	⊕OOO VERY LOW	Critical
Global assessment of functioning (measured with: Global Assessment of Functioning; better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.27 lower (1.12 lower to 0.58 higher)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.2 Acupuncture compared with sham acupuncture

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Acupuncture**	**Sham – acute depression**	**Relative (95% CI)**	**Absolute**		
Discontinuation (for any reason)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	4/13 (30.8%)	3/13 (23.1%)	RR 1.33 (0.37 to 4.82)	76 more per 1000 (from 145 fewer to 882 more)	⊕OOO VERY LOW	Critical
Depression (symptoms) (better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	9	10	-	SMD 0.1 lower (1 lower to 0.8 higher)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.3 Bright light therapy compared with low-density negative air ionisation

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Bright light therapy**	**Low-density negative air ionisation**	**Relative (95% CI)**	**Absolute**		
Response (50% reduction in Structured Interview Guide for the Hamilton Depression Rating Scale-Atypical Depression Symptoms Version)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	7/18 (38.9%)	5/20 (25%)	RR 1.56 (0.6 to 4.04)	140 more per 1000 (from 100 fewer to 760 more)	⊕OOO VERY LOW	Critical
Discontinuation (for any reason)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	8/18 (44.4%)	9/20 (45%)	RR 0.99 (0.49 to 2.01)	4 fewer per 1000 (from 229 fewer to 454 more)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.4 Bright light therapy compared with high-density negative air ionisation

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Bright light therapy**	**High-density negative air ionisation**	**Relative (95% CI)**	**Absolute**		
Discontinuation (for any reason)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	8/18 (44.4%)	4/6 (66.7%)	RR 0.67 (0.31 to 1.43)	220 fewer per 1000 (from 460 fewer to 287 more)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.5 Chronotherapeutic augmentation treatment compared with treatment as usual

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Chronotherapeutic augmentation	Treatment as usual	Relative (95% CI)	Absolute		
Discontinuation (for any reason)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	5/32 (15.6%)	0/17 (0%)	RR 6 (0.35 to 102.44)	-	⊕OOO VERY LOW	Critical
Depression (symptoms) (better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	32	17	-	SMD 0.51 lower (1.11 lower to 0.09	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.