Appendix 16: Psychological clinical evidence profiles

Contents

LOW INTENSITY INTERVENTIONS

Computerised cognitive behaviour therapy

Author(s):
Date: 2009-03-27
Question: Should CCBT vs Waitlist control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Waitlist control	Relative (95% CI)	Abso
Leaving study early for any reason										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/102 (34.3%)	42/100 (42%)	RR 0.82 (0.57 to 1.16)	76 fe per 1 (fr 18 fewe 67 m
								0%		0 fe per 1
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	102	100	-	SM 0.2 0.5 0.0

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-27
Question: Should CCBT vs Discussion control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Discussion control	Relative (95% CI)	Ab
Leaving study early										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	67/239 (28%)	30/238 (12.6%)	RR 2.23 (1.51 to 3.28)	mo 1 (fr m m

								0%		0 per
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	172	208	-	SI 0. 1.

[1] Heterogeneity >80%

Author(s):
Date: 2009-03-27
Question: Should CCBT vs TAU control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CCBT**	**TAU control**	**Relative (95% CI)**	**Absolu**
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	32	22	-	SMD 0.62 (0.91 t 0.33
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	54/146 (37%)	35/128 (0%)	RR 1.35 (0.95 to 1.93)	0 mor per 1,0
Depression self-report at 3 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	95	100	-	SMD 0.40 (0.7 to 0.11
Depression self-report at 5 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	83	81	-	SMD 0.42 (0.73 to 0.11
Depression self-reports at 8 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	94	92	-	SMD 0.56 (0.85 to 0.27

[1] Single study, inconclusive effect size
[2] Single study

Author(s):
Date: 2009-03-27
Question: Should CCBT vs Information control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effe	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Information control	Relative (95% CI)	A
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	174	195	-	0

Author(s):
Date: 2009-03-30
Question: Should CCBT vs any control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of finding			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	any control	Relative (95% CI)	Absolu
Depression self-report measures at endpoint (range of scores: 0-0; Better indicated by less)										
6	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	480	525	-	SMD 0.35 (0.52 to 0.18
Depression self-report measures at 3 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	33	21	-	SMD 0.10 (0.45 t 0.65
Depression self-report measures at 5 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	30	17	-	SMD 0.39 (0.21 t 0.99
Depression self-report measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	106	131	-	SMD 0.20 (0.46 t 0.06
Depression self-report measures at 8 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	33	20	-	SMD 0.04 (0.51 t 0.6)
Depression self-report measures at 12 month follow up (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	196	224	-	SMD 0.23 (

										0.43 to 0.04

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-30
Question: Should CCBT vs psychoeducation control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	psychoeducation control	Rela (95 C
Leaving study early for any reason									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	46/182 (25.3%)	25/165 (15.2%) 0%	RR (1.0 2.5
Depression self report measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	136	140	-

[1] Single study
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-03-30
Question: Should CCBT vs group CBT control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	group CBT control	Relative (95% CI)	Abso
Leaving study early for any reason										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/102 (34.3%)	43/99 (43.4%) 0%	RR 0.79 (0.56 to 1.12)	91 fe per 1 (fro 19 fewe 52 m 0 fe

										per 1
Depression self report measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	102	99	-	SM 0.06 0.22 0.3

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-30
Question: Should CCBT vs any active control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of finding			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CCBT**	**any active control**	**Relative (95% CI)**	**Absolu**
Depression self report measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	106	115	-	SMD 0.05 (0.21 t 0.31
Depression self report measures at12 month follow up (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	196	206	-	SMD 0.02 (0.22 t 0.17

[1] Single study, inconclusive effect size
[2] Heterogeneity >50%
[3] Inconclusive effect size

Guided self-help

Author(s):
Date: 2009-07-02
Question: Should Individual Guided Self-Help (w minimal support) vs Waitlist control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi			
							No of patients		Effe	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual Guided Self-Help (w minimal support)**	**Waitlist control**	**Relative (95% CI)**	**A**
Leaving study early										
6	randomised	no serious	no serious	no serious	serious[1]	none	14/115	7/112	RR 1.71	(

	trial	limitations	inconsistency	indirectness			(12.2%)	(0%)	(0.62 to 4.69)	pe
Depression self-report (range of scores: 0-0; Better indicated by less)										
5	randomised trial	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	78	81	-	
Depression self-reportat 12 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	107	109	-	
Depression clinician-report (range of scores: 0-0; Better indicated by less)										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	79	82	-	

[1] Inconclusive ES
[2] Heterogeneity >50%
[3] Single study

Author(s):
Date: 2009-07-02
Question: Should Individual Guided Self-Help (w support) vs Treatment as Usual be used in ?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		E
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual Guided Self-Help (w support)**	**Treatment as Usual**	**Relativ (95% CI)**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/29 (24.1%)	1/30 (0%)	RR 7.24 (0.95 to 55.26)
Depression self-report (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	23	-

[1] Single study; inconclusive ES

Author(s):
Date: 2009-07-02
Question: Should Individual Guided Self-Help (minimal support) be used in ?
Settings:
Bibliography:

Quality assessment	Summary of fi	
	No of patients	Effe

No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual Guided Self-Help (minimal support)	control	Relative (95% CI)	A
Leaving study early										
2	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	103/248 (41.5%)	38/249 (0%)	RR 10.77 (0 to 31281.62)	p
Depression self-report (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	102	102	-	(
Depression self-report at 12 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	102	102	-	

[1] Heterogeneity >50%
[2] Single study

Author(s):
Date: 2009-07-02
Question: Should Individual Guided Self-Help (w support) vs Waitlist control be used in ?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effe	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual Guided Self-Help (w support)	Waitlist control	Relative (95% CI)	A
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/15 (6.7%)	2/15 (0%)	RR 0.50 (0.05 to 4.94)	0 pe
Depression self-report (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	11	-	S (

[1] Single study; inconclusive ES

Author(s):
Date: 2009-07-02
Question: Should Group Guided Self-Help vs Waitlist control be used in ?
Settings:
Bibliography:

Quality assessment	Summary of find

							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group Guided Self-Help**	**Waitlist control**	**Relative (95% CI)**	**Absc**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	0/11 (0%)	0/10 (0%)	RR 0 (0 to 0)	0 fe per 1
Depression self-report (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	11	10	-	SM 0.6 1.56 0.2
Depression self-reportat 3 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	30	25	-	SM 0.5 1.05 0.0

[1] Single study
[2] Single study; inconclusive ES

Author(s):
Date: 2009-07-02
Question: Should Group Guided Self-Help vs Treatment as Usual be used in ?
Settings:
Bibliography:

Quality assessment							Summary of fi			
							No of patients		Effe	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group Guided Self-Help**	**Treatment as Usual**	**Relative (95% CI)**	**A**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	35/205 (17.1%)	9/114 (0%)	RR 2.16 (1.08 to 4.34)	pe
Depression self-report (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	82	40	-	0

[1] Single study

Author(s):
Date: 2009-07-02
Question: Should Guided Self-Help (w support by mail) vs Waitlist control be used in ?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other**	**Guided**	**Waitlist**	**Relative**	**Absc**

studies						considerations	Self-Help (w support by mail)	control	(95% CI)	
Leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	25/167 (15%)	18/201 (0%)	RR 1.75 (0.67 to 4.65)	0 m per 1
Depression Self-Report (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	28	67	-	SM 0.5 1.02 0.1
Depression self-report at 1 month (range of scores: 0-0; Better indicated by less)										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	158	100	-	SM 0.0 0.3 0.1
Depression self-report at 3 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	50	46	-	SM 0.0 0.3 0.4
Depression self-report at 6 months (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	78	113	-	SM 0.3 0.62 0.0

[1] Inconclusive ES
[2] Single study
[3] Single study; inconclusive ES

Physical activity

Author(s):
Date: 2009-07-14
Question: Should Supervised aerobic + ADs vs Combination ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary o		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Supervised aerobic + ADs	Combination ADs	Rela (95 C
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised	no serious	no serious	no serious	serious[1]	none	10	20	-

	trial	limitations	inconsistency	indirectness					
Leaving treatment early due side effects									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	5/55 (9.1%)	5/48 (0%)	RR ((0.2 2.8

[1] Single study
[2] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Exercise vs No exercise control (Supervised) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		E
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise**	**No exercise control (Supervised)**	**Relativ (95% CI)**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	103	-
Clinician-rated depression scores at 24 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12	11	-
Clinician-rated depression scores at 34-36 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-
Self-rated depression scores (range of scores: 0-0; Better indicated by less)									
7	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	190	-
Self-rated depression scores at 4 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	48	34	-
Self-rated depression scoresat 8 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	48	34	-

Self-rated depression scores at 34 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	43	43	-
Leaving treatment early									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	17/104 (16.3%)	10/91 (0%)	RR 1.47 (0.72 to 3.01)

[1] Single study and inconclusive effect size
[2] Single study
[3] Inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Exercise vs No exercise control (Unsupervised) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise**	**No exercise control (Unsupervised)**	**Rela (95 CI**
Self-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	15	-
Self-rated depression scores at 24 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14	18	-

[1] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Exercise vs Pill placebo (Supervised) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		E
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise**	**Pill placebo (Supervised)**	**Relativ (95% CI)**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	51	49	-
Leaving treatment early									

3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	12/87 (13.8%)	18/83 (0%)	RR 0.64 (0.33 to 1.23)

[1] Single study and inconclusive effect size
[2] Inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Exercise vs Pill placebo (Unsupervised) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise**	**Pill placebo (Unsupervised)**	**Relat (95 CI**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	53	49	-
Leaving treatment									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	3/53 (5.7%)	14/49 (0%)	RR 0 (0.06 0.6

[1] Single study and inconclusive effect size
[2] Single study

Author(s):
Date: 2009-07-14
Question: Should Physical activity vs waitlist control (Supervised) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin		
							No of patients		E
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Physical activity**	**waitlist control (Supervised)**	**Relative (95% CI)**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	10	12	-
Clinician-rated depression scores at 12 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	10	9	-

[1] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Physical activity vs Antidepressants (Supervised aerobic) be used in people with depression?

Settings:
Bibliography:

Quality assessment							Summary o		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Physical activity**	**Antidepressants (Supervised aerobic)**	**Rela (95 C**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
2	randomised trial	no serious limitations	very serious[1]	no serious indirectness	serious[2]	none	51	49	-
Self-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	53	48	-
Leaving treatment early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	24/104 (23.1%)	14/97 (0%)	RR (0.8 2.

[1] Heterogeneity >80%
[2] Inconclusive effect size
[3] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Physical activity vs antidpressants (Unsupervised aerobic) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Physical activity**	**antidpressants (Unsupervised aerobic)**	**Relat (95% CI)**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	53	49	-
Leaving treatment early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	3/53 (5.7%)	7/49 (0%)	RR 0. (0.11 1.45
Leaving treatment earlydue to side effects									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	3/53 (5.7%)	1/49 (0%)	RR 2. (0.3 25.78

[1] Single study
[2] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Physical activity vs Psychosocial and psychological interventions (Supervised aerobic) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		E
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity	Psychosocial and psychological interventions (Supervised aerobic)	Relativ (95% CI)
Self-rated depression scores (range of scores: 0-0; Better indicated by less)									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	40	-
Leaving treatment early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	2/10 (20%)	1/6 (0%)	RR 1.2 (0.14 t 10.58)
Self-rated depression scoresat 8 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	16	-
Self-rated depression scoresat 16 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	13	13	-
Self-rated depression scores at 34 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	8	10	-

[1] Inconclusive effect size
[2] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Physical activity vs Psychosocial and psychological interventions (Supervised non-aerobic) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity	Psychosocial and	Relat (95

								psychological interventions (Supervised non-aerobic)	CI
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12	12	-
Clinician-rated depression scores at 36 weeks (range of scores: 0-0; Better indicated by less)									
1	observational study	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	13	-

[1] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Supervised aerobic + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Supervised aerobic + ADs**	**ADs**	**Relative (95% CI)**	**Abs**
Clinician-rated depression scores (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	55	48	-	SM 0.0 0.4 0.3
Leaving treatment early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11/55 (20%)	7/48 (0%)	RR 1.37 (0.58 to 3.26)	0 m per 1
Self-rated depression scores (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	55	48	-	SM 0.0 0.3 0.4

[1] Single study and inconclusive effect size

Author(s):
Date: 2009-07-14
Question: Should Group exercise vs no exercise control (Supervised aerobic) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group exercise**	**no exercise control**	**Relative (95%**

								(Supervised aerobic)	CI)
Self-rated mean depression scores (range of scores: 0-0; Better indicated by less)									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	84	63	-
Self-rated depression change scores (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	20	-
Leaving treatment early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	13/64 (20.3%)	8/51 (0%)	RR 1.24 (0.56 to 2.79)
Self-rated mean depression scoresat 4 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	48	34	-
Self-rated mean depression scoresat 8 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	48	34	-

[1] Single study and inconclusive effect size
[2] Inconclusive effect size
[3] Single study

Author(s):
Date: 2009-07-14
Question: Should Group exercise vs no exercise control (Supervised non-aerobic) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group exercise**	**no exercise control (Supervised non-aerobic)**	**Relative (95% CI)**
Clinician-rated mean depression scores (range of scores: 0-0; Better indicated by less)									
4	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	93	90	-
Self-rated mean depression scores (range of scores: 0-0; Better indicated by less)									
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	93	90	-

Leaving treatment early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	2/20 (10%)	1/20 (0%)	RR 2.00 (0.2 to 20.33)
Leaving treatment earlydue to side effects									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	2/20 (10%)	0/20 (0%)	RR 5.00 (0.26 to 98)
Clincian-rated mean depression scores at 24 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	12	11	-
Self-rated mean depression scores at 34-36 weeks (range of scores: 0-0; Better indicated by less)									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-

[1] Heterogeneity >80%
[2] Heterogeneity >50%
[3] Single study and inconclusive effect size

HIGH INTENSITY INTERVENTIONS

Cognitive and behavioural therapies

Author(s): NCCMH
Date: 2009-02-23
Question: Should CBT vs wait list control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**wait list control**	**Relative (95% CI)**	**Abso**
Depression scores: continuous measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	0	-	SMI 0.89 1.45

										0.3
Depression scores (dichotomous outcomes): self-report										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/12 (58.3%)	10/12 (0%)	RR 0.70 (0.41 to 1.2)	0 fev per 1,
Depression scores (dichotomous outcomes): clinician-rated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/12 (41.7%)	11/12 (0%)	RR 0.45 (0.23 to 0.91)	0 fev per 1,

[1] Single study; inconclusive effect size

Author(s): NCCMH
Date: 2009-02-23
Question: Should CBT vs placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**placebo**	**Relative (95% CI)**	**Absc**
Leaving study early										
2	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	24/95 (25.3%)	48/98 (0%)	RR 0.44 (0.12 to 1.61)	0 fe per 1
Depression scores: continuous measures: self-rated (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	59	62	-	SM 0.1 0.5 0.2
Depression scores: continuous measures: clinician-rated (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	59	62	-	SM 0.3 0.6 0.0
Depression scores: dichotomous outcomes: self-rated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	30/59 (50.8%)	37/62 (0%)	RR 0.85 (0.62 to 1.18)	0 fe per 1
Depression scores: dichotomous outcomes: clinician-rated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	38/59 (64.4%)	49/62 (0%)	RR 0.81 (0.65 to 0)	0 fe per 1

[1] Heterogeneity >50
[2] Single study; inconclusive effect size

Author(s): NCCMH
Date: 2009-02-23
Question: Should CBT vs non-directive psychotherapies be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	non-directive psychotherapies	Rela (95 CI
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	5/36 (13.9%)	9/30 (0%)	RR 0 (0.17 1.2
Depression scores: continuous measures: self-report (range of scores: 0-0; Better indicated by less)									
4	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	47	40	-
Depression scores: continuous measures: self-report (BDI 8 sessions) (range of scores: 0-0; Better indicated by les									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	30	-
Depression scores: dichotomous outcomes									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	12/36 (33.3%)	17/30 (0%)	RR 0 (0.34 1.0
Depression scores: continuous measures at follow-up (6 mos) (follow-up mean 6 months; range of scores: 0-0; Bet									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	26	-
Depression scores: continuous measures at follow-up (1 yr) (follow-up mean 1 years; range of scores: 0-0; Better i									
3	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	25	25	-
Depression scores: dichotomous measures at follow-up (3 mos) (follow-up mean 3 months)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17/36 (47.2%)	19/30 (0%)	RR 0 (0.48 1.1

[1] Heterogeneity > 50%
[2] Single study; inconclusive effect size

Author(s): NCCMH
Date: 2009-02-23
Question: Should CBT (primary care) vs GP care be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT (primary	GP care	Relative (95%	Abso

							care)		CI)	
Leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	29/100 (29%)	21/108 (0%)	RR 0 (0 to 0)	0 fe per 1
Depression scores: continuous measures: self-report (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	52	68	-	SM 0.0 0.8 0.8
Depression scores: continuous measures: clinician-rated (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	45	-	SM 0.3 0.7 0.0
Depression scores: continuous measures: self-report at follow-up (5 mos) (follow-up mean 5 months; range of sco less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	26	44	-	SM 0.1 0.3 0.6
Depression scores: continuous measures: clinician-rated at follow-up (5 mos) (follow-up mean 5 months; range of by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	23	35	-	MD (-0.2 0.8

[1] Heterogeneity > 50%
[2] Single study; inconclusive effect size

Author(s): NCCMH
Date: 2009-02-23
Question: Should CBT vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**ADs**	**Relative (95% CI)**	**Absc**
Leaving the study early										
14	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	146/686 (21.3%)	221/794 (0%)	RR 0.75 (0.63 to 0.91)	0 fe per 1
Relapse at post-treatment										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/14 (28.6%)	4/12 (0%)	RR 0.86 (0.27 to 2.71)	0 fe per 1
Relapse up to 12 months (with continuation tx) (follow-up mean 12 months)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	2/29 (6.9%)	5/19 (0%)	RR 0.26 (0.06 to	0 fe per 1

									1.21)	
Relapse up to 12 months (no continuation tx) (follow-up mean 12 months)										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	12/95 (12.6%)	17/86 (0%)	RR 0.59 (0.3 to 1.14)	0 fe per 1
Relapse at 18 months (no continuation tx) (follow-up mean 18 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/15 (20%)	5/10 (0%)	RR 0.40 (0.12 to 1.31)	0 fe per 1
Relapse at 24 months (no continuation tx) (follow-up mean 24 months)										
2	randomised trial	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	8/15 (0%)	RR 0.69 (0.34 to 1.4)	0 fe per 1
Relapse at 24 months (with continuation tx) (follow-up mean 24 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/7 (28.6%)	3/7 (0%)	RR 0.67 (0.16 to 2.84)	0 fe per 1
Depression scores: continuous measures at post-treatment: self-report (range of scores: 0-0; Better indicated by l										
8	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	234	-	SM 0.0 0.2 0.1
Depression scores: continuous measures at post-treatment: clinician-rated (range of scores: 0-0; Better indicated										
13	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	698	705	-	SM 0.0 0.0 0.1
Depression score: dichotomous measures: clinician-rated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/60 (58.3%)	70/120 (0%)	RR 1.00 (0.77 to 1.3)	0 fe per 1
Depression scores: dichotomous measures: self-report										
3	randomised trial	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	46/94 (48.9%)	52/93 (0%)	RR 0.81 (0.46 to 1.42)	0 fe per 1
No. not achieving remission										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36/60 (60%)	65/120 (0%)	RR 1.11 (0.85 to 1.44)	0 m per 1
HRSD-17>6 & HRSD-24>8 at end of treatment										
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	283/424 (66.7%)	277/415 (0%)	RR 1.00 (0.86 to 1.15)	0 fe per 1
50% decrease in BDI scores										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	16/30 (53.3%)	11/30 (0%)	RR 1.45 (0.82 to 2.59)	0 m per 1

Depression scores: continuous measures at follow-up (1 mo): clinician-rated (follow-up mean 1 months; range of by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	16	-	SM 0.08 0.59 0.7
Depression scores: continuous measures at follow-up (12 mos): clinician-rated (range of scores: 0-0; Better indica										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	64	-	SM 0.56 0.84 0.1
Depression scores: continuous measures at follow-up (24 mos): clinician-rated (follow-up mean 24 months; range indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0	0	-	SM 0.37 0.98 0.2
Depression scores: continuous measures at follow-up (12 mos): self-report (follow-up mean 12 months; range of s by less)										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	70	64	-	SM 0.41 0.76 0.0
Depression scores: continuous measures at follow-up (24 mos): self-report (follow-up mean 24 months; range of s by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	22	20	-	SM 0.40 1.01 0.2
Depression scores: continuous measures (clinican-rated) after 6 mos maintenance (follow-up mean 6 months; ran indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	6	-	SM 0.41 0.57 1.3
Depression scores: continuous measures (self-report) after 6 mos maintenance (follow-up mean 6 months; range indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14	6	-	SM 0.03 0.92 0.9
Depression scores: dichotomous measures (self-report) at follow-up (1 yr) (follow-up mean 1 years)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	16/24 (66.7%)	21/24 (0%)	RR 0.76 (0.55 to 1.05)	0 fe per 1
By severity: Moderate or Moderate/Severe: Leaving the study early										
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	80/349 (22.9%)	96/347 (0%)	RR 0.83 (0.64 to	0 fe per 1

									1.07)	
By severity: Severe: Leaving the study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	30/110 (27.3%)	28/107 (0%)	RR 1.04 (0.68 to 1.61)	0 m per 1
By severity: Severe/Very severe: Leaving the study early										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/66 (22.7%)	36/63 (0%)	RR 0.55 (0.32 to 0.94)	0 fe per 1
By severity: Moderate or Moderate/Severe: Depression scores: continuous measures (self-report) (range of scores less)										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	108	121	-	SM 0.0 0.3 0.
By severity: Severe: Depression scores: continuous measures (self-report) (range of scores: 0-0; Better indicated b										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	101	96	-	SM 0.0 0.3 0.
By severity: Severe/Very severe: Depression scores: continuous measures (self-report) (range of scores: 0-0; Bette										
3	randomised trial	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	75	83	-	SM 0.0 0.4 0.5
By severity: Moderate or Moderate/Severe: Depression scores: continuous measures (clinician-report) (range of s by less)										
7	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	451	459	-	SM 0.0 0.0 0.1
By severity: Severe: Depression scores: continuous measures (clinician-rated) (range of scores: 0-0; Better indicat										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	151	196	-	SM 0.0 0.2 0.2
By severity: Severe/Very severe: continuous measures (clinician-rated) (range of scores: 0-0; Better indicated by										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	76	84	-	SM 0.9 0.4 0.2
By severity: Moderate or Moderate/Severe: continuous measures at 16 week follo-up (self-report) (range of score less)										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	17	22	-	SM 0.2 0.3 0.8
By severity: Moderate or Moderate/Severe: continuous measures at 16 weeks follow-up (clinician-rated) (range o										

by less)										
1	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	16	22	-	SM 0.2 0.9 0.3
By severity: Severe and Severe/Very severe: continuous measures at 16 weeks follow-up (self-report) (range of sc less)										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	18	27	-	SM 0.2 0.3 0.8
By severity: Severe and Severe/Very severe: continuous measures at 16 weeks follow-up (clinician-rated) (range o indicated by less)										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	18	27	-	SM 0.2 0.0 0.5
By severity: Moderate or Moderate/Severe: dichotomous outcomes (self-report)										
2	randomised trial	no serious limitations	serious[3]	no serious indirectness	very serious[4]	none	16/35 (45.7%)	25/36 (0%)	RR 0.50 (0.11 to 2.3)	0 fe per 1
By severity: Severe: dichotomous outcomes (self-report)										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	27/57 (0%)	RR 1.07 (0.74 to 1.56)	0 m per 1
By severity: Moderate or Moderate/Severe: dichotmous (clinician-rated)										
4	randomised trial	no serious limitations	serious[3]	no serious indirectness	serious[2]	none	231/353 (65.4%)	237/350 (0%)	RR 0.94 (0.71 to 1.24)	0 fe per 1
By severity: Severe: dichotmous (clinician-rated)										
2	randomised trial	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	53/82 (64.6%)	48/77 (0%)	RR 1.02 (0.81 to 1.29)	0 m per 1
By severity: Moderate: Relapse post-treatment										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	4/14 (28.6%)	4/12 (0%)	RR 0.86 (0.27 to 2.71)	0 fe per 1
By severity: Moderate/Severe: Relapse up to 12 months										
2	randomised trial	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	9/46 (19.6%)	12/39 (0%)	RR 0.66 (0.28 to 1.56)	0 fe per 1
By severity: Moderate/Severe: Relapse at 18 months										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	3/15 (20%)	5/10 (0%)	RR 0.40 (0.12 to 1.31)	0 fe per 1
By severity: Moderate/Severe: Relapse at 24 months										
2	randomised trial	no serious limitations	serious[3]	no serious indirectness	serious[2]	none	8/22 (36.4%)	8/15 (0%)	RR 0.74 (0.24 to	0 fe per 1

									2.26)	
By severity: Moderate: Relapse at 24 months										
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	2/7 (28.6%)	3/7 (0%)	RR 0.67 (0.16 to 2.84)	0 fe per 1
By severity: Severe: No. not achieving remission (self-report)										
1	randomised trial	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	29/45 (64.4%)	32/100 (0%)	RR 2.01 (1.41 to 2.88)	0 m per 1
By severity: Severe: No. not achieving remission (clinician-rated)										
1	randomised trial	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	30/45 (66.7%)	43/100 (0%)	RR 1.55 (1.14 to 2.11)	0 m per 1
By severity: Less severe: No. not achieving remission (self-report)										
1	randomised trial	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	28/45 (62.2%)	38/100 (0%)	RR 1.64 (1.17 to 2.3)	0 m per 1
By severity: Less severe: No. not achieving remission (clinician-rated)										
1	randomised trial	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	29/45 (64.4%)	30/100 (0%)	RR 2.15 (1.48 to 3.11)	0 m per 1

[1] Single study; inconclusive effect size
[2] Heterogenity > 50%
[3] Inconclusive effect size
[4] Heterogeneity >80%
[5] Single study

Author(s): NCCMH
Date: 2009-03-09
Question: Should CBT + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT + ADs**	**ADs**	**Relative (95% CI)**	**Absc**
Leaving study early										
8	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	102/416 (24.5%)	126/415 (0%)	RR 0.81 (0.65 to 1.01)	0 fe per 1
Relapse at 6 months (w continuation tx)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	0/16 (0%)	3/10 (0%)	RR 0.09 (0.01 to 1.62)	0 fe per 1
Relapse at 12 months (no continuation tx)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	4/16 (25%)	4/10 (0%)	RR 0.63 (0.2 to 1.95)	0 fe per 1
Relapse at 18 months (no continuation tx)										

1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	2/10 (20%)	5/10 (0%)	RR 0.40 (0.1 to 1.6)	0 fe per 1
Relapse at 24 months (no continuation tx)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	4/16 (25%)	5/10 (0%)	RR 0.50 (0.17 to 1.43)	0 fe per 1
Relapse at 6 months (no continuation tx)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	6/22 (27.3%)	6/24 (0%)	RR 1.09 (0.41 to 2.89)	0 m per 1
Relapse at 6 yrs. (no continuation tx)										
1	randomised trial	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	8/20 (40%)	18/20 (0%)	RR 0.44 (0.25 to 0.78)	0 fe per 1
Depression scores: continuous measures post-treatment (self-report) (range of scores: 0-0; Better indicated by les										
6	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	142	135	-	SM 0.38 0.62 0.1
Depression scores: continuous measures post-treatment (clinican-report) (range of scores: 0-0; Better indicated b										
7	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	368	356	-	SM 0.46 0.61 0.3
Depression scores: dichotomous measures post-treatment (clinician-report)										
4	randomised trial	no serious limitations	serious[1]	no serious indirectness	serious[4]	none	171/322 (53.1%)	226/324 (0%)	RR 0.76 (0.55 to 1.03)	0 fe per 1
Depression scores: dichotomous measures post-treatment (self-report)										
3	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	43/95 (45.3%)	49/95 (0%)	RR 0.88 (0.65 to 1.18)	0 fe per 1
Depression scores: dichotomous measures post-treatment (self-report: 50% increase BDI)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18/30 (60%)	11/28 (0%)	RR 1.53 (0.89 to 2.63)	0 m per 1
Depression scores: continous measures at 6 months maintenance (self-report) (range of scores: 0-0; Better indicat										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	9	6	-	SM 0.35 0.69 1.4
Depression scores: continuous measures at 6 months maintenance (clinician-report) (range of scores: 0-0; Better i										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	10	6	-	SM 0.56 0.53 1.5
Depression scores: continuous measures at 1 yr follow-up (self-report) (range of scores: 0-0; Better indicated by l										

2	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	48	44	-	SM 0.29 0.7 0.1
Depression scores: continuous measures at 1 month follow-up (clinician-rated) (range of scores: 0-0; Better indica										
3	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	66	60	-	SM 0.29 0.64 0.0
Depression scores: continuous measures at 1 month follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SM 0.33 1.01 0.3
By severity: Moderate and Moderate/Severe: Leaving the study early										
4	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	72/315 (22.9%)	87/311 (0%)	RR 0.81 (0.62 to 1.07)	0 fe per 1
By severity: Severe: Leaving the study early										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	8/24 (33.3%)	6/24 (0%)	RR 1.33 (0.55 to 3.26)	0 m per 1
By severity: Severe/Very Severe: Leaving the study early										
3	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	22/77 (28.6%)	33/80 (0%)	RR 0.69 (0.45 to 1.07)	0 fe per 1
By severity: Moderate and Moderate/Severe: Depression scores continuous measures post-treatment (self-report) indicated by less)										
2	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	58	57	-	SM 0.32 0.68 0.0
By severity: Severe: Depression scores continuous measures post-treatment (self-report) (range of scores: 0-0; Be										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SM 0.40 1.14 0.2
By severity: Severe/Very Severe: Depression scores continuous measures post-treatment (self-report) (range of sc less)										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	62	-	SM 0.42 0.78 0.0
By severity: Moderate and Moderate/Severe: Depression scores continuous measures post-treatment (clinician-ra Better indicated by less)										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	284	277	-	SM 0.50 0.67

										0.3
By severity: Severe: Depression scores continuous measures post-treatment (clinician-rated) (range of scores: 0-0										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SM 0.48 1.17 0.3
By severity: Severe/Very Severe: Depression scores continuous measures post-treatment (clinician-rated) (range indicated by less)										
3	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	66	63	-	SM 0.28 0.63 0.0
By severity: Moderate and Moderate/Severe: Depression scores dichotomous measures post-treatment (self-repor										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	15/24 (0%)	RR 0.58 (0.31 to 1.1)	0 fe per 1
By severity: Severe: Depression scores dichotomous measures (self-report)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	27/57 (0%)	RR 1.07 (0.74 to 1.56)	0 m per 1
By severity: Severe/Very Severe: Depression scores dichotomous measures (self-report)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	7/14 (0%)	RR 0.71 (0.3 to 1.72)	0 fe per 1
By severity: Moderate and Moderate/Severe: Depression scores dichotomous measures post-treatment (clinician-										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	128/249 (51.4%)	180/250 (0%)	RR 0.71 (0.62 to 0.82)	0 fe per 1
By severity: Severe: Depression scores dichotomous measures post-treatment (clinician-rated)										
1	randomised trial	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	38/59 (64.4%)	33/57 (0%)	RR 1.11 (0.83 to 1.49)	0 m per 1
By severity: Severe/Very Severe: Depression scores dichotomous measures post-treatment (clinician-rated)										
1	randomised trial	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	13/17 (0%)	RR 0.47 (0.22 to 0.99)	0 fe per 1

[1] Inconclusive effect size
[2] Single study; inconclusive effect size
[3] Single study
[4] Heterogeneity >50%

Author(s):
Date: 2009-03-09
Question: Should CBT + AD vs CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT + AD**	**CBT**	**Relative (95%**	**Abso**

									CI)	
Leaving study early										
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	85/355 (23.9%)	85/355 (23.9%)	RR 1.00 (0.77 to 1.3)	0 fe per 1 (from fewe 72 m
								0%		0 fe per 1
Relapse at 6 months (w continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/16 (0%)	1/15 (6.7%)	RR 0.31 (0.01 to 7.15)	46 fe per 1 (from fewe 41 mo
								0%		0 fe per 1
Relapse at 12 months (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 m per 1 (fro 13 fewe 73 mo
								0%		0 m per 1
Relapse at 18 months (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	2/16 (12.5%)	3/15 (20%)	RR 0.63 (0.12 to 3.24)	74 fe per 1 (fro 17 fewe 44 mo
								0%		0 fe per 1
Relapse at 24 months (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 m per 1 (fro 13 fewe 73 mo

								0%		0 m per 1
Depression scores: continuous measures post treatment (self-report) (range of scores: 0-0; Better indicated by less										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	110	109	-	SM 0.17 0.44 0.1
Depression scores: continuous measures post treatment (clinician-report) (range of scores: 0-0; Better indicated b										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	110	110	-	SM 0.05 0.31 0.2
Depression scores: continuous measures at 1-month follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SM 0.29 0.94 0.3
Depression scores: continuous measures at 1-month follow-up (clinician-report) (range of scores: 0-0; Better indi										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SM 0.08 0.72 0.5
Depression scores: continuous measures at 6 months maintenance (self-report) (range of scores: 0-0; Better indica										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9	14	-	SM 0.35 0.49 1.2
Depression scores: continuous measures at 6 months maintenance (clinician-report) (range of scores: 0-0; Better i										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	10	13	-	SM 0.04 0.87 0.7
Depression scores: continuous measures at 1-year follow-up (self-report) (range of scores: 0-0; Better indicated b										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	48	-	SM 0.14 0.26 0.5
Depression scores: continuous measures at 1-year follow-up (clinician-report) (range of scores: 0-0; Better indica										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	50	-	SM 0.14 0.26 0.5
By severity: Moderate and moderate/severe: leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	68/293 (23.2%)	70/289 (24.2%)	RR 0.95 (0.71 to 1.28)	12 fe per 1 (from fewe

										68 m
								0%		0 fe per 1
By severity: Severe/very severe: Leaving study early										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	17/62 (27.4%)	15/66 (22.7%)	RR 1.20 (0.66 to 2.19)	45 m per 1 (from fewe 27 mo
								0%		0 m per 1
By severity: Moderate and moderate/severe: Depression scores: continuous measures post treatment (self-report) indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	58	55	-	SM 0.08 0.45 0.2
By severity: Severe/Very severe: Depression scores: continuous measures post treatment (self-report) (range of sc less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	54	-	SM 0.27 0.65 0.1
By severity: Moderate and moderate/severe: Depression scores: continuous measures post treatment (clinician-re Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	58	55	-	SM 0.01 0.38 0.3
By severity: Severe/very severe: Depression scores: continuous measures post treatment (clinician-report) (range indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	55	-	SM 0.09 0.47 0.2
By severity: Moderate: Relapse at 6 months (w continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/16 (0%)	1/15 (6.7%)	RR 0.31 (0.01 to 7.15)	46 fe per 1 (from fewe 41 mo
								0%		0 fe per 1
By severity: Moderate: Relapse at 12 months (no continuation tx)										

1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 m per 1 (fro 13 fewe 73 mo
								0%		0 m per 1
By severity: Moderate: Relapse at 18 months (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	2/16 (12.5%)	3/15 (20%)	RR 0.63 (0.12 to 3.24)	74 fe per 1 (fro 17 fewe 44 mo
								0%		0 fe per 1
By severity: Moderate: Relapse at 24 months (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 m per 1 (fro 13 fewe 73 mo
								0%		0 m per 1
By severity: Moderate: Depression scores: continuous measures at 1-month follow-up (self-report) (range of score less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SM 0.29 0.94 0.3
By severity: Moderate: Depression scores: continuous measures at 1-month follow-up (clinician-report) (range of by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SM 0.08 0.72 0.5
By severity: Moderate/severe: Depression scores: continuous measures at 6-month maintenance (self-report) (ran indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9	14	-	SM 0.35 0.49 1.2

By severity: Moderate/severe: Depression scores: continuous measures at 6-month maintenance (clinician-report) indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	10	13	-	SM 0.04 0.87 0.7
By severity: Very severe: Depression scores: continuous measures at 1-year follow-up (self-report) (range of score less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	48	-	SM 0.14 0.26 0.5
By severity: Very severe: Depression scores: continuous measures at 1-year follow-up (clinician-report) (range of by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	50	-	SM 0.14 0.26 0.5

[1] Inconclusive effect size
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT (for insomnia) + AD vs Non-directive interventions (quasi-desens for insomnia) + AD be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT (for insomnia) + AD**	**Non-directive interventions (quasi-desens for insomnia) + AD**	**Relat (95% CI)**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/15 (33.3%)	3/15 (20%) 0%	RR 1. (0.48 5.76
Depression scores: continuous measures post-treatment (clinician-reported) (range of scores: 0-0; Better indicate									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT vs TAU/AD be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	TAU/AD	Relative (95% CI)	Abs
Leaving study for any reason										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	8/52 (15.4%)	15/56 (26.8%)	RR 0.57 (0.27 to 1.21)	1 fe per (f 1 few 56
								0%		0 f per
Depression scores: continuous measures post treatment (self-report) (range of scores: 0-0; Better indicated by less										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	56	-	SM 0. 0.0 0
Depression scores: continuous measures post treatment (clinician-report) (range of scores: 0-0; Better indicated b										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	56	-	SM 0.4 0.7 0
Depression scores: continuous measures at 3-month follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SM 0.4 1.0 0
Depression scores: continuous measures at 3-month follow-up (clinician-report) (range of scores: 0-0; Better indi										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SM 0. 0.8 0
Depression scores: continuous measures at 6-month follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SM 0.4 1.0 0

Depression scores: continuous measures at 6-month follow-up (clinician-report) (range of scores: 0-0; Better indi										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SM 0. 0.7 0

[1] Inconclusive effect size
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT + AD vs AD be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT + AD	AD	Relative (95% CI)	Abso
Leaving study early for any reason										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12/36 (33.3%)	12/33 (36.4%)	RR 0.92 (0.48 to 1.75)	29 fe per 1 (fro 18 fewe 27 mo
								0%		0 fe per 1
Depression scores: continuous measures post-treatment (self-report) (range of scores: 0-0; Better indicated by les										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36	33	-	SM 0.36 0.84 0.1
Depression scores: continuous measures post-treatment (clinician-report) (range of scores: 0-0; Better indicated b										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36	33	-	SM 0.45 0.93 0.0

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Group CBT + AD vs AD be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT + AD	AD	Relative (95% CI)	Abso

Leaving study early for any reason										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/22 (18.2%)	5/23 (21.7%)	RR 0.84 (0.26 to 2.72)	35 fe per 1 (fro 16 fewe 37 mo
								0%		0 fe per 1
Depression scores: Recurrence (MADRS >=10) at 6 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/18 (5.6%)	4/19 (21.1%)	RR 0.26 (0.03 to 2.14)	15 few per 1 (fro 20 fewe 24 mo
								0%		0 fe per 1
Depression scores: Recurrence (MADRS >=10) at 12 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious	none	5/18 (27.8%)	8/18 (44.4%)	RR 0.63 (0.25 to 1.55)	16 few per 1 (fro 33 fewe 24 mo
								0%		0 fe per 1
Depression scores: BDI >=12 at 6 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	8/18 (44.4%)	5/19 (26.3%)	RR 1.69 (0.68 to 4.21)	18 more 10 (from fewe 84 mo
								0%		0 m per 1
Depression scores: BDI >=12 at 12 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/18 (38.9%)	5/18 (27.8%)	RR 1.40 (0.54 to 3.6)	11 more 10

										(fr 12 fewe 72 mo
								0%		0 m per 1

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Relapse prevention: CBT vs placebo + clinical management be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary o		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Relapse prevention: CBT**	**placebo + clinical management**	**Rela (95 C**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	16/97 (16.5%)	6/90 (6.7%)	RR (1.0 6.0
								0%	
Relapse									
3	randomised trial	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	61/187 (32.6%)	75/175 (42.9%)	RR (0.4 1.1
								0%	
Remission (68 weeks)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	42/70 (60%)	30/65 (46.2%)	RR (0.9 1.
								0%	

Depression scores: continuous outcomes in patients with 5 or more previous episodes (clinician-reported) (range									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	37	34	
Depression scores: continuous outcomes in patients with									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	51	50	

[1] Single study
[2] Heterogeneity >50%
[3] Inconclusive effect size
[4] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Relapse prevention: CBT vs AD be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effec	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Relapse prevention: CBT**	**AD**	**Relative (95% CI)**	**Al**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/60 (5%)	5/120 (4.2%)	RR 1.20 (0.3 to 4.85)	8 pe (f fe
								0%		0 pe
Relapse										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	21/27 (77.8%)	10/28 (0%)	RR 0.46 (0.27 to 0.79)	0 pe

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Relapse prevention: CBT + AD vs AD be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		Effe
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Relapse prevention:**	**AD**	**Relative (95%**

							CBT + AD		CI)	
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	23/66 (34.8%)	24/66 (36.4%)	RR 0.96 (0.61 to 1.52)	
								0%		
Relapse										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/66 (6.1%)	5/66 (7.6%)	RR 0.80 (0.22 to 2.85)	
								0%		
Depression scores: continuous outcomes (clinician-reported) (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	66	66	-	

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT vs BA be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**BA**	**Relative (95% CI)**	**Abso**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	7/55 (12.7%)	12/53 (22.6%)	RR 0.56 (0.24 to 1.33)	99 fe per 1 (fro 17 fewe 75 m
								0%		0 fe per 1
By severity: high severity: Depression scores: continuous measures at 8-week endpoint (self-reported) (range of s by less)										

1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	SM 0.34 0.26 0.9
By severity: high severity: Depression scores: continuous measures at 8-week endpoint (clinician-reported) (rang indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	SM 0.03 0.62 0.5
By severity: high severity: Depression scores: continuous measures at 16-week endpoint (self-reported) (range of by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	16	-	SM 0.67 0.02 1.3
By severity: high severity: Depression scores: continuous measures at 16-week endpoint (clinician-reported) (ran indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	16	18	-	SM 0.37 1.05 0.3
By severity: moderate: Depression scores: continuous measures at 8-week endpoint (self-reported) (range of scor less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17	15	-	SM 0.23 0.93 0.4
By severity: moderate: Depression scores: continuous measures at 8-week endpoint (clinician-reported) (range of by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17	15	-	SM 0.36 1.06 0.3
By severity: moderate: Depression scores: continuous measures at 16-week endpoint (self-reported) (range of sco less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	67	69	-	SM 0.06 0.28 0.4
By severity: moderate: Depression scores: continuous measures at 16-week endpoint (clinician-reported) (range indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	64	66	-	SM 0.08 0.26 0.4
Relapse at 1 year										
1	randomised	no serious	no serious	no serious	very	none	9/30	9/27	RR 0.90	33 fe

	trial	limitations	inconsistency	indirectness	serious[2]		(30%)	(33.3%)	(0.42 to 1.93)	per 1 (fro 19 fewe 31 mo
								0%		0 fe per 1
Recurrence at 2 years										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/17 (23.5%)	3/12 (25%)	RR 0.94 (0.26 to 3.46)	15 fe per 1 (fro 18 fewe 61 mo
								0%		0 fe per 1
not achieving remission (BDI <=10)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	33/45 (73.3%)	24/43 (55.8%)	RR 1.31 (0.96 to 1.81)	17 more 100 (from fewe 45 mo
								0%		0 m per 1
not achieving remission (HRSD <=7)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	35/45 (77.8%)	28/43 (65.1%)	RR 1.19 (0.91 to 1.56)	12 more 100 (from fewe 36 mo
								0%		0 m per 1

[1] Inconclusive effect size
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT vs IPT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find	
							No of patients	Effect

No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	IPT	Relative (95% CI)	Abso
Leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	50/202 (24.8%)	40/203 (19.7%)	RR 1.29 (0.91 to 1.85)	57 m per 1 (from fewe 16 mo
								0%		0 m per 1
Depression scores: continuous measures post treatment (self-report) (range of scores: 0-0; Better indicated by less										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	184	199	-	SM 0.2 (0.0 0.4
Depression scores: continuous measures post treatment (clinician-report) (range of scores: 0-0; Better indicated b										
4	randomised trial	no serious limitations	serious[2]	no serious indirectness	serious[1]	none	207	223	-	SM 0.13 0.06 0.3
Depression scores: continuous measures at 5-6 month follow-up (self-report) (range of scores: 0-0; Better indicate										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	26	44	-	SM 0.13 0.36 0.6
Depression scores: continuous measures at 5-6 month follow-up (clinician-report) (range of scores: 0-0; Better ind										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	23	35	-	SM 0.31 0.22 0.8
Depression scores: Dichotomous outcomes (BDI>9) post treatment										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	0/0 (0%)	0/0 (0%)	RR 0 (0 to 0)	0 fe per 1
Depression scores: Dichotomous outcomes (HRSD>6) post treatment										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	38/59 (64.4%)	35/61 (57.4%)	RR 1.12 (0.84 to 1.5)	69 m per 1 (from fewe 28 mo
								0%		0 m per 1

[1] Inconclusive effect size
[2] Heterogeneity >50%
[3] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT vs REBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of finding			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	REBT	Relative (95% CI)	Absol
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	6/56 (10.7%)	5/57 (8.8%)	RR 1.22 (0.4 to 3.77)	19 mo per 10 (from fewer 244 more
								0%		0 mo per 1,0
Relapse at 6 month follow-up (no continuation tx)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/49 (6.1%)	1/48 (2.1%)	RR 2.94 (0.32 to 27.27)	41 mo per 10 (from fewer 552 more
								0%		0 mo per 1,0
Depression scores: continuous measures post treatment (self-report) (range of scores: 0-0; Better indicated by less										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMI 0.00 0.37 0.37
Depression scores: continuous measures post treatment (clinician-report) (range of scores: 0-0; Better indicated b										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMD 0.03 0.4 t 0.34
Depression scores: continuous measures at 5-6 month follow-up (self-report) (range of scores: 0-0; Better indicate										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMI 0.06 0.31 0.43
Depression scores: continuous measures at 5-6 month follow-up (clinician-report) (range of scores: 0-0; Better ind										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMI 0.03 0.34

										0.4)

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should CBT vs Integrative CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effe	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**Integrative CBT**	**Relative (95% CI)**	**A**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/11 (27.3%)	0/11 (0%)	RR 7.00 (0.4 to 121.39)	p (f (
								0%		p
Depression scores: continuous measures post-treatment (self-report) (range of scores: 0-0; Better indicated by les										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	11	-	

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Group CBT vs other group therapies be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group CBT**	**other group therapies**	**Relative (95% CI)**	**Ab**
Leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	22/83 (26.5%)	22/75 (29.3%)	RR 0.94 (0.57 to 1.53)	18 per (fev m
								0%		0 f per
Depression scores: continuous measures post-treatment (self-report) (range of scores: 0-0; Better indicated by les										

2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	44	-	SM 0. 0. 0
Depression scores: continuous measures post-treatment (clinician-report) (range of scores: 0-0; Better indicated b										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	44	-	SM 0. 0. 0
Depression scores: dichotomous outcomes (BDI>9) post-treatment (self-report)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	43/52 (82.7%)	RR 0.60 (0.46 to 0.79)	3 fe per (f fev 4 fe
								0%		0 f per
Depression scores: dichotomous outcomes (HSRD>11) post-treatment (clinician-report)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	11/27 (40.7%)	9/28 (32.1%)	RR 1.27 (0.63 to 2.56)	87 per (f fev 5 m
								0%		0 per
Depression scores: continuous measures at 3 month follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	S 0. 0. 0
Depression scores: continuous measures at 3 month follow-up (clinician-report) (range of scores: 0-0; Better indic										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	S 0. 0. 0

[1] Inconclusive effect size
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-03-11
Question: Should Group CBT- Mindfulness + GP care vs GP care be used in people with depression?
Settings:
Bibliography:

Quality assessment	Summary of find

							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group CBT-Mindfulness + GP care**	**GP care**	**Relative (95% CI)**
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	19/113 (16.8%)	0/107 (0%) 0%	RR 19.11 (2.58 to 141.35)
Relapse									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	51/113 (45.1%)	65/107 (60.7%) 0%	RR 0.74 (0.57 to 0.96)

Author(s):
Date: 2009-03-11
Question: Should Group CBT - Mindfulness vs Waitlist control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		Ef
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group CBT - Mindfulness**	**Waitlist control**	**Relative (95% CI)**
Depression scores: continuous measures at 1 month follow-up (self-report) (range of scores: 0-0; Better indicated									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	23	-

[1] No explanation was provided

Author(s):
Date: 2009-07-02
Question: Should Group CBT vs Waitlist control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findings			
							No of patients		Effect	
No of	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other**	**Group**	**Waitlist**	**Relative**	**Absolut**

studies						considerations	CBT	control	(95% CI)	
New Outcome										
0	no evidence available					none	0/0 (0%)	0/0 (0%)	RR 0 (0 to 0)	0 fewer per 1,00

Author(s):
Date: 2009-03-11
Question: Should Relapse prevention: Group CBT - Mindfulness vs AD be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi			
							No of patients		Effe	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: Group CBT - Mindfulness	AD	Relative (95% CI)	A
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/61 (3.3%)	6/62 (9.7%) 0%	RR 0.34 (0.07 to 1.61)	6 p (f 5 (p
Depression scores: continuous measures 1 month post-treatment (clinician-report) (range of scores: 0-0; Better in										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	
Depression scores: continuous measures 1 month post-treatment (self-report) (range of scores: 0-0; Better indicat										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	61	62	-	(
Depression scores: continuous measures 15 months follow-up (clinician-report) (range of scores: 0-0; Better indic										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	
Depression scores: continuous measures 15 months follow-up (self-report) (range of scores: 0-0; Better indicated										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	

[1] Single study, inconclusive effect size
[2] Single study

Behavioural activation

Author(s):
Date: 2009-04-07
Question: Should Behaviour activation vs Supportive psychotherapy be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary o		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Behaviour activation	Supportive psychotherapy	Rel (9 C
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	2/40 (5%)	11/37 (29.7%) 0%	RR (0. 0.
Depression self report measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	10	15	

[1] Single study
[2] Single study, inconclusive effect size

Author(s):
Date: 2009-04-07
Question: Should Behaviour activation vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi			
							No of patients		Effec	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Behaviour activation	ADs	Relative (95% CI)	Al
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	4/43 (9.3%)	30/100 (30%)	RR 0.31 (0.12 to 0.83)	pe (f fe f

								0%		0 pe
Depression self report measures (moderate severity) at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	28	-	0 0
Depression self report measures (high severity) at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	22	38	-	0 0
Depression clinician report measures (moderate severity) at endpoint (range of scores: 0-0; Better indicated by le										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	28	-	0 0
Depression clinician report measures (high severity) at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	22	38	-	S 0 0
Relapse at 1 year follow up										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9/27 (33.3%)	9/28 (32.1%)	RR 1.04 (0.49 to 2.21)	1 pe fe
								0%		0 pe
Recurrence at 2 years										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	3/12 (25%)	9/17 (52.9%)	RR 0.47 (0.16 to 1.39)	pe fe
								0%		0 pe
Not achieving remission (BDI <=10)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	24/43 (55.8%)	72/100 (72%)	RR 0.78 (0.58 to	

									1.04)	pe fe 29
								0%		0 pe
Not achieving remission (HRSD <=7)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	28/43 (65.1%)	77/100 (77%)	RR 0.85 (0.66 to 1.08)	pe fe 62
								0%		0 pe

[1] Single study
[2] Single study, inconclusive effect size

Problem solving

Author(s):
Date: 2009-02-20
Question: Should Problem solving vs placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Problem solving**	**placebo**	**Relative (95% CI)**	**Abs**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	2/30 (6.7%)	18/30 (60%)	RR 0.11 (0.03 to 0.44)	5 fe per (fr 3 few 5 fe
								0%		0 f per
Leaving study due to side effects										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/30 (0%)	2/30 (6.7%)	RR 0.20 (0.01 to	54 f per

									4)	(fro few 2 m
								0%		0 f per
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	29	26	-	SM 0.6 1.2 0.
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	12/30 (40%)	22/30 (73.3%)	RR 0.55 (0.33 to 0.89)	3 fe per (fro few 4 fe
								0%		0 f per
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5]	none	29	26	-	SM 0.6 1.2 0.
Depression self-reported measures BDI >8 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6]	none	13/30 (43.3%)	21/30 (70%)	RR 0.62 (0.39 to 0.99)	2 fe per (fr few 4 fe
								0%		0 f per
Diagnosis of depression 6 months after treatment										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	70/128 (54.7%)	77/117 (65.8%)	RR 0.83 (0.68 to 1.02)	1 fe per (fr 2 few 13 r
								0%		0 f per

Diagnosis of depression 12 months after treatment										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	73/128 (57%)	68/117 (58.1%)	RR 0.98 (0.79 to 1.22)	12 f per (fr 1 few 1 m
								0%		0 f per

[1] Single study
[2] Single study, inconclusive effect size
[3] as 1
[4] as 1
[5] as 1
[6] as 1
[7] as 2
[8] as 2

Author(s):
Date: 2009-02-20
Question: Should Problem solving vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving	ADs	Relative (95% CI)	Abs
Leaving study early for any reason										
2	randomised trial	no serious limitations	serious[1]	no serious indirectness	serious[2]	none	25/110 (22.7%)	12/67 (17.9%)	RR 0.88 (0.18 to 4.2)	21 f per (fr 1 few 5 m
								0%		0 f per
Leaving study due to side effects										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/110 (0%)	5/67 (7.5%)	RR 0.12 (0.01 to 0.97)	66 f per (fro few 7 fe
								0%		0 f per
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										

2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	63	61	-	SM 0.1 0.2 0.
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	38/80 (47.5%)	12/36 (33.3%)	RR 1.43 (0.85 to 2.39)	1 mor 10 (fro few 4 mo
								0%		0 m per
Depression clinician-reported measures HRSD >7at 1 year follow up										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	33/80 (41.3%)	16/36 (44.4%)	RR 0.93 (0.59 to 1.45)	31 f per (fr 1 few 2 mo
								0%		0 fe per
Depression clinician-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	25	30	-	SM 0.2 0.7 0.
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	63	61	-	SM 0.1 0.4 0.
Depression self-reported measures BDI >8 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	13/30 (43.3%)	20/31 (64.5%)	RR 0.67 (0.41 to 1.09)	2 fe per (fr 3 few 58 m
								0%		0 fe per
Depression self-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)										
1	randomised	no serious	no serious	no serious	very	none	25	30	-	SM

	trial	limitations	inconsistency	indirectness	serious[9]					0.1 0.6 0.

[1] Heterogeneity >50%
[2] Inconclusive effect size
[3] as 2
[4] Single study, inconclusive effect size
[5] as 4
[6] as 4
[7] as 2
[8] as 4
[9] as 4

Author(s):
Date: 2009-02-23
Question: Should Problem solving + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Problem solving + ADs**	**ADs**	**Relative (95% CI)**	**Abs**
Leaving study early for any reason										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	6/35 (17.1%)	6/36 (16.7%)	RR 1.03 (0.37 to 2.89)	5 m per (fr 1 few 3 mo
								0%		0 m per
Leaving study due to side effects										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/35 (11.4%)	2/36 (5.6%)	RR 2.06 (0.4 to 10.52)	59 m per (fro few 5 mo
								0%		0 m per
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	31	34	-	SM 0.1 0. 0.
Depression clinician-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	30	30	-	SM 0.2

										0.7 0.
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	14/35 (40%)	12/36 (33.3%)	RR 1.20 (0.65 to 2.22)	67 per (fr 1 few 4 mo
								0%		0 m per
Depression clinician-reported measures HRSD >7 at 1 year follow up										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	12/35 (34.3%)	16/36 (44.4%)	RR 0.77 (0.43 to 1.39)	1 fe per (fr 2 few 1 mo
								0%		0 fe per
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	31	34	-	SM 0.2 0.7 0.
Depression self-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	30	30	-	SM 0.2 0.7 0.

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1
[4] as 1
[5] as 1
[6] as 1
[7] as 1
[8] as 1

Author(s):
Date: 2009-02-23
Question: Should Problem solving (GP delivered) vs Problem solving (nurse delivered) be used in people with depression?
Settings:
Bibliography:

Quality assessment	Summary of find	
	No of patients	Eff

No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving (GP delivered)	Problem solving (nurse delivered)	Relative (95% CI)
Leaving study early for any reason									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14/39 (35.9%)	9/41 (22%) 0%	RR 1.64 (0.8 to 3.34)
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	34	36	-
Depression clinician-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	25	28	-
Depression clinician-reported measures HRSD >7 at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	19/39 (48.7%)	19/41 (46.3%) 0%	RR 1.05 (0.66 to 1.67)
Depression clinician-reported measures HRSD >7 at 1 year follow up									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	15/39 (38.5%)	18/41 (43.9%) 0%	RR 0.88 (0.52 to 1.48)
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised	no serious	no serious	no serious	very	none	34	36	-

	trial	limitations	inconsistency	indirectness	serious[6]				
Depression self-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	25	28	-

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1
[4] as 1
[5] as 1
[6] as 1
[7] as 1

Couples therapy

Author(s):
Date: 2009-02-20
Question: Should Couples therapy vs Wailt list control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Couples therapy**	**Wailt list control**	**Relative (95% CI)**	**Absc**
Dperession self-reported measure at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	27	-	SM 1.35 1.95 0.7

Author(s):
Date: 2009-02-20
Question: Should Couples therapy vs CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Couples therapy**	**CBT**	**Relative (95% CI)**	**Absc**
Leaving study early										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	12/55 (21.8%)	9/51 (17.6%)	RR 1.22 (0.55 to 2.71)	39 r per 1 (fron few 30

										mo
								0%		0 m per 1
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	33	34	-	SM 0.1 0.5 0.3
Depression self-reported measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	20	20	-	SM 0.0 0.6 0.5
Depression self-reported measures at 12month follow up (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	32	32	-	SM 0.4 0.9 0.0
Depression self-reported measures at 18 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	20	20	-	SM 0.0 0.7 0.5
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	20	20	-	SM 0.0 0.6 0.5
Relapse at 6 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	11/20 (55%)	14/20 (70%)	RR 0.79 (0.48 to 1.28)	14 fev per 1 (fr 30 few 19 mo
								0%		0 fe per 1
Relapse at 12 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	10/20 (50%)	13/20 (65%)	RR 0.77 (0.45 to 1.32)	15 fev per 1 (fr 35 few 20

										mo
								0%		0 fe per 1

[1] Inconclusive effect size
[2] as 1
[3] Single study, inconclusive effect size
[4] as 1
[5] as 3
[6] as 3
[7] as 3
[8] as 3

Author(s):
Date: 2009-02-20
Question: Should Couples therapt + CBT vs CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Couples therapt + CBT**	**CBT**	**Relative (95% CI)**	**Abs**
Relapse at 12 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/10 (10%)	2/13 (15.4%)	RR 0.65 (0.07 to 6.19)	54 f per (fr 14 few 79 mo
								0%		0 fe per 1

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-02-20
Question: Should Couples therapy + CBT vs Couples therapy be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findin			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Couples therapy + CBT**	**Couples therapy**	**Relative (95% CI)**	**Abs**
Relapse at 6 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/11 (9.1%)	RR 0.33 (0.02 to 7.39)	61 f per (fro few 5 mo

								0%		0 fe per
Relapse at 12 months										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	1/10 (10%)	1/10 (10%)	RR 1.00 (0.07 to 13.87)	0 fe per (fro few 1(mo
								0%		0 fe per

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-20
Question: Should Couples therapy vs IPT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Couples therapy**	**IPT**	**Relative (95% CI)**	**Abso**
Leaving study early										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	4/29 (13.8%)	6/29 (20.7%)	RR 0.67 (0.22 to 2.04)	68 fe per 1 (fr 1(few 2(mo
								0%		0 fe per 1
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SM 0.0 0.6 0.5
Depression self-reported measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	20	20	-	SM 0.3 0.9 0.3
Depression self-reported measures at 12 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	20	20	-	SM 0.2 0.8

										0.3
Depression self-reported measures at at 18 months (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	20	20	-	SM 0.1 0.4 0.7
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6]	none	29	29	-	SM 0.0 0.5 0.5

[1] Inconclusive effect size
[2] Single study, inconclusive effect size
[3] as 2
[4] as 2
[5] as 2
[6] as 1

Interpersonal therapy

Author(s):
Date: 2009-02-23
Question: Should IPT vs Placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT**	**Placebo**	**Relative (95% CI)**	**Absc**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/61 (23%)	25/62 (40.3%)	RR 0.57 (0.33 to 0.99)	17 few per 1 (fro fewe 27 few
								0%		0 fe per 1
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	61	62	-	SM 0.4 0.79 0.0
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	35/61 (57.4%)	49/62 (79%)	RR 0.73 (0.56 to 0.93)	21 few per 1

										(fron fewe 34 few
								0%		0 fe per 1
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	61	62	-	SM 0.28 0.64 0.0
Depression self-reported measures BDI >9 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	27/61 (44.3%)	37/62 (59.7%)	RR 0.74 (0.52 to 1.05)	15 few per 1 (fro 28 fewe 30 m
								0%		0 fe per 1

[1] Single study
[2] as 1
[3] as 1
[4] Single study, inconclusive effect size
[5] as 4

Author(s):
Date: 2009-02-23
Question: Should IPT vs Usual GP care (incl. ADs) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT**	**Usual GP care (incl. ADs)**	**Relative (95% CI)**	**Abso**
Leaving study early										
1	randomised trial	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	48/119 (40.3%)	14/113 (12.4%)	RR 3.31 (1.94 to 5.63)	28 more 10 (fro 11 mor 57 mo
								0%		0 m

										per 1
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	very serious[2]	no serious indirectness	serious[3]	none	128	122	-	SM 0.07 0.33 0.1
Depression clinician-reported measures at 3 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	26	21	-	SM 0.81 1.41 0.2
Depression clinician-reported measures at 9 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[5]	none	26	21	-	SM 0.98 1.6 0.3
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[6]	none	52	20	-	SM 0.69 1.22 0.1
Depression self-reported measures at 3 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	26	21	-	SM 0.88 1.48 0.2
Depression self-reported measures at 5 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	44	18	-	SM 0.20 0.75 0.3
Depression self-reported measures at 9 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[9]	none	26	21	-	SM 0.98 1.6 0.3

[1] Heterogeneity >50%
[2] Heterogeneity >80%
[3] Inconclusive effect size
[4] Single study
[5] as 4
[6] as 4
[7] as 4
[8] Single study, inconclusive effect size
[9] as 4

Author(s):
Date: 2009-02-23
Question: Should IPT (with/without placebo) vs IPT + ADs be used in ?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		E
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT + ADs	Relativ (95% CI)
Leaving study early for any reason									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	11/29 (37.9%)	8/29 (27.6%)	RR 1.44 (0.72 to 2.86)
								0%	
Leaving study early due to side effects									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	1/29 (3.4%)	4/29 (13.8%)	RR 0.34 (0.06 to 2.08)
								0%	
Depression clinician-reported measure HRSD >7 at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	12/17 (70.6%)	5/16 (31.3%)	RR 2.26 (1.03 to 4.97)
								0%	

[1] Inconclusive effect size
[2] as 1
[3] Single study

Author(s):
Date: 2009-02-23
Question: Should IPT + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + ADs	ADs	Relative (95%	Abso

									CI)	
Leaving study early for any reason										
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	32/146 (21.9%)	44/156 (28.2%)	RR 0.77 (0.53 to 1.14)	65 fe per 1 (fro 13 fewe 39 m
								0%		0 fe per 1
Leaving study early due to side effects										
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	3/97 (3.1%)	7/109 (6.4%)	RR 0.57 (0.17 to 1.89)	28 fe per 1 (from fewe 57 m
								0%		0 fe per 1
Depression clinician-reported measures at endpoint (5 weeks) (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	serious[3]	no serious indirectness	serious[4]	none	102	98	-	SM 0.16 0.44 0.1
Depression clinician-reported measures after 12 weeks treatment (range of scores: 0-0; Better indicated by less)										
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	44	43	-	SM 0.13 0.55 0.3
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	5/16 (31.3%)	11/25 (44%)	RR 0.71 (0.3 to 1.66)	12 few per 1 (fro 30 fewe 29 mo
								0%		0 fe per 1
Depression self-reported measures at endpoint (5 weeks) (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	65	65	-	SM 0.06 0.41 0.2

[1] Inconclusive effect size
[2] as 1
[3] Heterogeneity >50%

[4] Single study
[5] as 4
[6] as 4

Author(s):
Date: 2009-02-23
Question: Should IPT (with/without placebo) vs ADs (with/without clinical management) be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	ADs (with/without clinical management)	R
Leaving study early for any reason									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	63/171 (36.8%)	67/173 (38.7%)	R (0%	
Leaving study due to side effects									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/17 (0%)	2/25 (8%)	R (0%	
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	154	148	
Depression clinician-reported measures HRSD >7 at endpoint									
2	randomised trial	no serious limitations	serious[4]	no serious indirectness	serious[5]	none	47/78 (60.3%)	44/82 (53.7%)	R (0%	

Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	61	57	
Depression self-reported measures BDI >9 at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	27/61 (44.3%)	27/57 (47.4%) 0%	F (

[1] Inconclusive effect size
[2] Single study, inconclusive effect size
[3] as 1
[4] Heterogeneity >50%
[5] as 1
[6] as 2
[7] as 2

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin		
							No of patients		E
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (continuation treatment)**	**ADs**	**Relativ (95% CI)**
Depression clinician-reported measures after 4 months continuation treatment (range of scores: 0-0; Better indic									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	93	91	-
Depression clinician-reported measures HRSD >7 after 4 months continuation treatment									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	50/93 (53.8%)	47/91 (51.6%) 0%	RR 1.04 (0.79 to 1.37)

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) vs TAU be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		E
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment)	TAU	Relative (95% CI)
Depression clinician-reported measures after 4 months continuation treatment (range of scores: 0-0; Better indica									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	93	92	-
Depression clinician-reported measures HRSD >7 after 4 months continuation treatment									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	50/93 (53.8%)	75/92 (81.5%) 0%	RR 0.66 (0.53 to 0.82)

[1] Single study
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findi			
							No of patients		Effec	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + ADs	ADs	Relative (95% CI)	Al
Depression clinician-reported measures after 6 months continuation treatment, 16 weeks drug free & 8 weeks IPT 0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	12	-	S 0 1

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) + ADs vs ADs + medication clinic be used in people with depression?

Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + ADs	ADs + medication clinic	Rela (95 C
Relapse (16-week continuation phase)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/14 (7.1%)	RR (0.0 9.3
								0%	

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) + ADs vs IPT + placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fin		
							No of patients		E
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + ADs	IPT + placebo	Relativ (95% CI)
Relapse (16-week continuation treatment)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/5 (20%)	RR 0.17 (0.01 to 3.51)
								0%	

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (continuation treatment) + placebo vs Placebo + medication clinic be used in people with depression?
Settings:
Bibliography:

Quality assessment	Summary of fi

							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (continuation treatment) + placebo**	**Placebo + medication clinic**	**Rela (95 C**
Relapse (16-week continuation treatment)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/5 (20%)	0/10 (0%) 0%	RR (0.2 115

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) vs IPT + ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi			
							No of patients		Effe	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (3 year maintenance treatment)**	**IPT + ADs**	**Relative (95% CI)**	**A**
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/26 (7.7%)	4/25 (16%) 0%	RR 0.48 (0.1 to 2.4)	8 p f p
Relapse										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	18/26 (69.2%)	10/25 (40%) 0%	RR 1.73 (1 to 2.98)	n r p

[1] Single study, inconclusive effect size
[2] Single study

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) + ADs vs IPT + placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Ef
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3 year maintenance treatment) + ADs	IPT + placebo	Relative (95% CI)
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	7/50 (14%)	8/51 (15.7%) 0%	RR 0.89 (0.35 to 2.28)
Relapse									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/50 (30%)	37/51 (72.5%) 0%	RR 0.42 (0.27 to 0.65)

[1] Inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of finc		
							No of patients		Ef
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3 year maintenance treatment)	ADs	Relative (95% CI)
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/26 (7.7%)	9/28 (32.1%)	RR 0.24 (0.06 to 1.01)

								0%	
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18/26 (69.2%)	15/28 (53.6%) 0%	RR 1.29 (0.84 to 1.99)

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) vs Placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		Ef
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (3 year maintenance treatment)**	**Placebo**	**Relative (95% CI)**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/26 (7.7%)	3/23 (13%) 0%	RR 0.59 (0.11 to 3.22)
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18/26 (69.2%)	21/23 (91.3%) 0%	RR 0.76 (0.57 to 1.01)

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) + ADs vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Ef
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3 year maintenance treatment) + ADs	ADs	Relative (95% CI)
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	7/50 (14%)	13/56 (23.2%) 0%	RR 0.60 (0.26 to 1.38)

[1] Inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) + ADs vs Medication clinic + placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary o		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3 year maintenance treatment) + ADs	Medication clinic + placebo	Rela (95 CI
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	7/50 (14%)	3/52 (5.8%) 0%	RR 2 (0.6 6.8
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	5/25 (20%)	26/29 (89.7%)	RR ((0.1

									0.4
								0%	

[1] Inconclusive effect size
[2] Single study

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) + placebo vs Medication clinic + placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (3 year maintenance treatment) + placebo**	**Medication clinic + placebo**	**Rela (95 C**
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	8/51 (15.7%)	3/52 (5.8%)	RR 2 (0.7 7.4
								0%	
Relapse									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	37/51 (72.5%)	47/52 (90.4%)	RR ((0.6 0.9
								0%	

[1] Inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) vs IPT + placebo be used in people with depression?
Settings:
Bibliography:

Quality assessment	Summary of find

							No of patients		Ef
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (3 year maintenance treatment)**	**IPT + placebo**	**Relative (95% CI)**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/26 (7.7%)	4/26 (15.4%)	RR 0.50 (0.1 to 2.5)
								0%	
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18/26 (69.2%)	21/26 (80.8%)	RR 0.86 (0.62 to 1.18)
								0%	

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (3 year maintenance treatment) + ADs vs Medication clinic + ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (3 year maintenance treatment) + ADs**	**Medication clinic + ADs**	**Rela (95 C**
Relapse									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	15/50 (30%)	27/56 (48.2%)	RR ((0.3 1.0

								0%	

[1] Inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (with/without placebo) vs IPT + ADs be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		E
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT + ADs	Relativ (95% CI)
Leaving study early for any reason									
3	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	18/64 (28.1%)	19/57 (33.3%) 0%	RR 0.8 (0.52 to 1.45)
Leaving study early due to side effects									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	1/29 (3.4%)	4/29 (13.8%) 0%	RR 0.3 (0.06 to 2.08)
Depression clinician-reported measures HRSD >7 at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	12/17 (70.6%)	5/16 (31.3%) 0%	RR 2.2 (1.03 to 4.97)

[1] Inconclusive effect size
[2] as 1
[3] Single study

Author(s):
Date: 2009-02-23
Question: Should IPT + ADs vs ADs be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of finding			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + ADs	ADs	Relative (95% CI)	Absolu
Leaving study early due to side effects										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/16 (0%)	7/25 (28%)	RR 0.10 (0.01 to 1.67)	252 fewe per 10 (from 277 fewer 188 more
								0%		0 few per 1,0
Leaving study due to side effects										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/16 (0%)	2/25 (8%)	RR 0.31 (0.02 to 5.99)	55 few per 10 (from fewer 399 more
								0%		0 few per 1,0
Depression clinician-reported measures HRSD >7 at endpoint										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	5/16 (31.3%)	11/25 (44%)	RR 0.71 (0.3 to 1.66)	128 fewe per 10 (from 308 fewer 290 more
								0%		0 few per 1,0

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (with/without placebo) vs ADs (with/without clinical management) be used in older adults with

depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	ADs (with/without clinical management)	R
Leaving study early for any reason									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/17 (17.6%)	7/25 (28%)	R (
								0%	
Leaving study due to side effects									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/17 (0%)	2/25 (8%)	R (
								0%	
Depression clinician-reported measures HRSD >7 at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	12/17 (70.6%)	11/25 (44%)	R (
								0%	

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT vs Standard care (Netherlands) be used in older adults with depression?
Settings:
Bibliography:

Quality assessment	Summary of findi

							No of patients		Effec	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Standard care (Netherlands)	Relative (95% CI)	Al
Depression clinician-reported measures at 2 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	69	74	-	S 0 0
Depression clinician-reported measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	69	74	-	S 0 0

[1] Single study, inconclusive effect size
[2] as 1

Author(s):
Date: 2009-02-23
Question: Should IPT (2-3 year maintenance treatment) + ADs vs IPT + placebo be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Ef
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2-3 year maintenance treatment) + ADs	IPT + placebo	Relative (95% CI)
Leaving study early for any reason									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	5/53 (9.4%)	10/60 (16.7%)	RR 0.56 (0.2 to 1.55)
								0%	
Relapse									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	13/53 (24.5%)	37/60 (61.7%)	RR 0.40 (0.24 to 0.67)
								0%	

[1] Inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should IPT (2-3 year maintenance treatment) + ADs vs Medication clinic + placebo be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2-3 year maintenance treatment) + ADs	Medication clinic + placebo	Rela (95 CI
Leaving study early for any reason									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/25 (12%)	0/29 (0%) 0%	RR 8 (0.4 149
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	5/25 (20%)	26/29 (89.7%) 0%	RR ((0.1 0.4

[1] Single study, inconclusive effect size
[2] Single study

Author(s):
Date: 2009-02-23
Question: Should IPT (2-3 year maintenance treatment) + placebo vs medication clinic + placebo be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2-3 year maintenance treatment) + placebo	medication clinic + placebo	Rela (95 CI
Leaving study early for any reason									

1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/25 (16%)	0/29 (0%) 0%	RI 10. (0.5 183.
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	16/25 (64%)	26/29 (89.7%) 0%	RR 0 (0.52 0.9

[1] Single study, inconclusive effect size
[2] Single study

Author(s):
Date: 2009-03-04
Question: Should IPT (2-3 year maintenance treatment) + ADs vs ADs be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		Ef
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**IPT (2-3 year maintenance treatment) + ADs**	**ADs**	**Relative (95% CI)**
Leaving study early for any reason									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/25 (12%)	4/28 (14.3%) 0%	RR 0.84 (0.21 to 3.39)

[1] Single study, inconclusive effect size

Author(s):
Date: 2009-03-04
Question: Should IPT (2-3 year maintenance treatment) + ADs vs Medication clinic + ADs be used in older adults with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2-3 year maintenance treatment) + ADs	Medication clinic + ADs	Rela (95 C
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/25 (20%)	12/28 (42.9%)	RR ((0.1 1.1
								0%	

[1] Single study, inconclusive effect size

Counselling

Author(s):
Date: 2009-02-20
Question: Should Counselling vs GP care be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi			Eff
							No of patients			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	GP care	Relative (95% CI)	A
Leaving study early (dropouts by 4 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/67 (7.5%)	5/67 (7.5%)	RR 1.00 (0.3 to 3.3)	
								0%		
Leaving study early (dropouts by 12 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9/67 (13.4%)	10/67 (14.9%)	RR 0.90 (0.39 to 2.07)	

								0%	
Depression self-report measures at end point (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	67	67	-
Depression self-reported measures at 12 month follow-up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	67	67	-

[1] Single study, inconclusive effect size
[2] as 1
[3] Single study
[4] as 1

Author(s):
Date: 2009-02-20
Question: Should Counselling vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Counselling**	**ADs**	**Relative (95% CI)**
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	39	44	-
Relapse									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	27/52 (51.9%)	22/51 (43.1%)	RR 1.20 (0.8 to 1.81)
								0%	
Relapse at 12 months									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	43/52 (82.7%)	30/51 (58.8%)	RR 1.41 (1.08 to 1.83)

								0%	
Depression self-report at 12month follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	31	34	-

[1] Single study, inconclusive effect size
[2] as 1
[3] Single study
[4] as 1

Author(s):
Date: 2009-02-20
Question: Should Counselling vs CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find		
							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Counselling**	**CBT**	**Relative (95% CI)**
Leaving study early (dropouts by 4 months)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/67 (7.5%)	7/63 (11.1%)	RR 0.67 (0.22 to 2.01)
								0%	
Leaving study early (dropouts by 12 months)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9/67 (13.4%)	13/63 (20.6%)	RR 0.65 (0.3 to 1.42)
								0%	
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	67	63	-
Depression self-reported measures at 12 month follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	67	63	-

[1] Single study, inconclusive effect sizes
[2] as 1
[3] as 1
[4] as 1

Author(s):
Date: 2009-02-20
Question: Should Counselling + GP care vs GP care be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of find			
							No of patients		Eff	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling + GP care	GP care	Relative (95% CI)	A
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	8/73 (11%)	7/72 (9.7%)	RR 1.13 (0.43 to 2.95)	
								0%		
Depression self-reported measures (BDI >=14 at 6 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	44/73 (60.3%)	46/72 (63.9%)	RR 0.94 (0.73 to 1.22)	
								0%		
Depression self-reported measures (BDI >=14 at 12 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	42/73 (57.5%)	52/72 (0%)	RR 0.80 (0.62 to 1.02)	
Depression self-reported measures at 6 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	65	65	-	
Depression self-reported measures at 12 month follow up (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	60	55	-	

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1
[4] as 1
[5] as 1

Psychodynamic psychotherapy

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychodynamic psychotherapy	ADs	Relat (95% CI
Leaving study early									
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	19/110 (17.3%)	16/83 (19.3%) 0%	RR 0 (0.51 1.6
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	59	44	-
Depression clinician-reported measures mean change from baseline to endpoint (range of scores: 0-0; Better indi									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	26	25	-

[1] Inconclusive effect size
[2] Single study
[3] Single study, inconclusive effect size

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs Behavioural therapy be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary	
							No of patients	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychodynamic psychotherapy	Behavioural therapy

Leaving study early								
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/51 (27.5%)	4/44 (9.1%) 0%

[1] Single study

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs CBT be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of fi		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Psychodynamic psychotherapy**	**CBT**	**Relat (95 CI**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	9/30 (30%)	5/36 (0%)	RR 2 (0.81 5.76
Depression self-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	serious[2]	no serious indirectness	very serious[3]	none	28	29	-
Depression self-reported measures at 6 month follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	26	30	-
Depression self-reported measures at 1 year follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	serious	no serious indirectness	very serious[5]	none	25	25	-
Still meeting RDC criteria for depression at endpoint									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	17/30 (56.7%)	12/36 (33.3%)	RR 1 (0.97 2.97

								0%	
Still meeting RDC criteria for depression at 3 month follow up									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	19/30 (63.3%)	17/36 (47.2%)	RR 1 (0.86 2.08
								0%	

[1] Single study, inconclusive effect size
[2] Heterogeneity >50%
[3] as 1
[4] as 1
[5] as 1
[6] as 1
[7] as 1

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy + ADs vs Supportive therapy + ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Psychodynamic psychotherapy + ADs**	**Supportive therapy + ADs**	**R**
Leaving study early									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14/47 (29.8%)	10/48 (20.8%)	R
								0%	
Non-remitters									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	31/47 (66%)	29/48 (60.4%)	R
								0%	

Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	35	39	

[1] Single study, inconclusive effect size
[2] as 1
[3] as 1

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs Psychodynamic psychotherapy + ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summar	
							No of patients	
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Psychodynamic psychotherapy**	**Psychodynan psychotherap + ADs**
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)								
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	107	101
Leaving study early								
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	1/107 (0.9%)	16/101 (15.8% 0%

[1] Single study, inconclusive effect size
[2] Single study

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs Waiting list control be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Psychodynamic psychotherapy**	**Waiting list control**	**Rela (95 CI**
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	10	10	-

[1] Single study

Author(s):
Date: 2009-02-23
Question: Should Psychodynamic psychotherapy vs Supportive therapy be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary		
							No of patients		
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Psychodynamic psychotherapy**	**Supportive therapy**	**R**
Depression clinician-reported measures at endpoint (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	10	10	

[1] Single study

Author(s):
Date: 2009-02-23
Question: Should ADs vs Psychodynamic psychotherapy + ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of f		
							No of patients		Eff
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**ADs**	**Psychodynamic psychotherapy + ADs**	**Relative (95% CI)**
Depression clinician-reported measures at 24 weeks (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	very serious[1]	no serious indirectness	very serious[2]	none	56	72	-
Depression clinician-reported measures at 24 month follow up (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	49	40	-
Depression clinician-reported measures at 48 months (range of scores: 0-0; Better indicated by less)									
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	49	40	-

[1] Heterogeneity >80%
[2] Single study, inconclusive effect size
[3] Single study
[4] as 3

Rational emotive behaviour therapy

Author(s): NCCMH
Date: 2009-02-19
Question: Should REBT vs ADs be used in people with depression?
Settings:
Bibliography:

Quality assessment							Summary of findings			
							No of patients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	REBT	ADs	Relative (95% CI)	Absolute
Depression scores: continuous measures (self-report) (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	57	57	-	SMD -0.07 (-0.44 to 0.29)
Depression scores: continuous measures (clinician-rated) (range of scores: 0-0; Better indicated by less)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	57	57	-	SMD 0.00 (-0.37 to 0.37)
Relapse at 6 month follow-up (follow-up mean 6 months)										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/48 (2.1%)	5/47 (0%)	RR 0.20 (0.02 to 1.61)	0 fewer per 1,000
Leaving study early										
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/57 (8.8%)	8/57 (0%)	RR 0.63 (0.22 to 1.8)	0 fewer per 1,000

[1] Single study; inconclusive effect size