Author(s): NCCMH
Date: 2008-12-02
Question: Should drugs (versus placebo) (efficacy data) be used for subthreshold depression?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	drugs (versus placebo) (efficacy data)	control	Relative (95% CI)	Absolute	Quality	
Number of people not achieving at least 50% reduction in depression score - SSRIs: dysthymia only												
5	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	176/382 (46.1%)	223/345 (64.6%) 66.5%	RR 0.72 (0.63 to 0.82)	18 fewer per 100 (from 12 fewer to 24 fewer) 19 fewer per 100 (from 12 fewer to 25 fewer)	⊕⊕⊕⊕ HIGH	
Number of people not achieving at least 50% reduction in depression score - SSRIs: minor depression only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	55/106 (51.9%)	57/109 (52.3%) 52.3%	RR 0.99 (0.77 to 1.28)	1 fewer per 100 (from 12 fewer to 15 more) 1 fewer per 100 (from 12 fewer to 15 more)	⊕⊕⊕O MODERATE	
Number of people not achieving at least 50% reduction in depression score - TCAs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	25/68 (36.8%)	54/76 (71.1%) 71.1%	RR 0.52 (0.37 to 0.73)	34 fewer per 100 (from 19 fewer to 45 fewer) 34 fewer per 100 (from 19 fewer to 45 fewer)	⊕⊕⊕O MODERATE	
Number of people not achieving at least 50% reduction in depression score - MAIOs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	25/70 (35.7%)	54/76 (71.1%) 71.1%	RR 0.5 (0.36 to 0.71)	36 fewer per 100 (from 21 fewer to 45 fewer) 36 fewer per 100 (from 21 fewer to 46 fewer)	⊕⊕⊕O MODERATE	
Number of people not achieving remission - SSRIs: dysthymia only												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	167/317 (52.7%)	194/291 (66.7%) 67.9%	RR 0.78 (0.68 to 0.89)	15 fewer per 100 (from 7 fewer to 21 fewer) 15 fewer per 100 (from 7 fewer to 22 fewer)	⊕⊕⊕⊕ HIGH	
Number of people not achieving remission - SSRIs: minor depression only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	62/106 (58.5%)	60/109 (55%) 55.1%	RR 1.06 (0.84 to 1.34)	3 more per 100 (from 9 fewer to 19 more) 3 more per 100 (from 9 fewer to 19 more)	⊕⊕⊕O MODERATE	
Number of people not achieving remission - TCAs: dysthymia only												
2	randomised trials	no serious limitations	serious[5]	no serious indirectness	serious[6]	none	120/204 (58.8%)	154/216 (71.3%) 72.7%	RR 0.81 (0.63 to 1.03)	14 fewer per 100 (from 26 fewer to 2 more) 14 fewer per 100 (from 27 fewer to 2 more)	⊕⊕OO LOW	
Number of people not achieving remission - MAOIs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	34/70 (48.6%)	59/76 (77.6%) 77.6%	RR 0.63 (0.48 to 0.82)	29 fewer per 100 (from 14 fewer to 40 fewer) 29 fewer per 100 (from 14 fewer to 40 fewer)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated) - SSRIs: dysthymia only (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	104	115	-	SMD 0.56 lower (0.83 to 0.29 lower)	⊕⊕⊕⊕ HIGH	
Mean endpoint scores (clinician rated) - SSRIs: minor depression only (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[8]	none	155	167	-	SMD 0.19 lower (0.41 lower to 0.03 higher)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated) - TCAs: dysthymia only (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[9]	none	107	105	-	SMD 0.62 lower (0.9 to 0.35 lower)	⊕⊕⊕O MODERATE	

Mean endpoint scores (clinician rated) - APs: dysthymia only (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[10]	none	101	105	-	SMD 0.66 lower (0.94 to 0.38 lower)	⊕⊕⊕O MODERATE	
Mean endpoint scores (self rated) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[11]	none	73	74	-	SMD 0.4 lower (0.72 to 0.07 lower)	⊕⊕⊕O MODERATE	
Mean endpoint scores (self rated) - SSRIs: minor depression only (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[12]	none	73	74	-	SMD 0.4 lower (0.72 to 0.07 lower)	⊕⊕⊕O MODERATE	
Mean change (clinician rated) - SSRIs: dysthymia only (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	206	179	-	SMD 0.31 lower (0.51 to 0.11 lower)	⊕⊕⊕⊕ HIGH	
Mean change (clinician rated) - TCAs: dysthymia only (Better indicated by lower values)												
3	randomised trials	no serious limitations	serious[13]	no serious indirectness	no serious imprecision	none	306	317	-	SMD 0.61 lower (0.9 to 0.31 lower)	⊕⊕⊕O MODERATE	
Mean change (clinician rated) - APs: dysthymia only (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[14]	none	101	105	-	SMD 0.67 lower (0.95 to 0.39 lower)	⊕⊕⊕O MODERATE	
Mean change (clinician rated) - MAOIs: dysthymia only (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[15]	none	67	72	-	SMD 0.97 lower (1.32 to 0.62 lower)	⊕⊕⊕O MODERATE	

[1] Single study
[2] As 1
[3] As 1
[4] As 1
[5] Significant heterogeneity - random effects model used
[6] Non significant effect size
[7] As 1
[8] Non significant effect size
[9] As 1
[10] As 1
[11] As 1
[12] As 1
[13] As 5
[14] As 1
[15] As 1

Author(s): NCCMH
Date: 2008-12-02
Question: Should drugs (versus placebo) (acceptability/tolerability data) be used for subthreshold depression?
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Quality assessment							Summary of findings					
							No of patients		Effect			
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**drugs (versus placebo) (acceptability/tolerability data)**	**control**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Leaving the study early - SSRIs: dysthymia only												
6	randomised trials	no serious limitations	serious[1]	no serious indirectness	serious[2]	none	101/535 (18.9%)	108/495 (21.8%) 21.5%	RR 0.84 (0.57 to 1.24)	3 fewer per 100 (from 9 fewer to 5 more) 3 fewer per 100 (from 9 fewer to 5 more)	⊕⊕OO LOW	
Leaving the study early - SSRIs: minor depression												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	59/187 (31.6%)	50/190 (26.3%) 26.4%	RR 1.2 (0.87 to 1.65)	5 more per 100 (from 3 fewer to 17 more) 5 more per 100 (from 3 fewer to 17 more)	⊕⊕OO LOW	
Leaving the study early - TCAs: dysthymia only												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	85/366 (23.2%)	78/368 (21.2%) 22.3%	RR 1.1 (0.84 to 1.44)	2 more per 100 (from 3 fewer to 9 more) 2 more per 100 (from 4 fewer to 10 more)	⊕⊕⊕O MODERATE	
Leaving the study early - MAOIs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	13/108 (12%)	15/104 (14.4%)	RR 0.83 (0.42 to	2 fewer per 100 (from 8 fewer to 10 more) 2 fewer	⊕⊕OO LOW	

								14.4%	1.67)	per 100 (from 8 fewer to 10 more)		
Leaving the study early - APs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[6]	none	14/104 (13.5%)	22/108 (20.4%) 20.4%	RR 0.66 (0.36 to 1.22)	7 fewer per 100 (from 13 fewer to 4 more) 7 fewer per 100 (from 13 fewer to 4 more)	⊕⊕⊕O MODERATE	
Leaving the study early due to side effects - SSRIs: dysthymia only												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[7]	none	12/245 (4.9%)	7/252 (2.8%) 2.7%	RR 1.77 (0.71 to 4.41)	2 more per 100 (from 1 fewer to 9 more) 2 more per 100 (from 1 fewer to 9 more)	⊕⊕⊕O MODERATE	
Leaving the study early due to side effects - SSRIs: minor depression only												
2	randomised trials	no serious limitations	serious[8]	no serious indirectness	very serious[9]	none	17/187 (9.1%)	10/190 (5.3%) 5.2%	RR 1.55 (0.51 to 4.68)	3 more per 100 (from 3 fewer to 19 more) 3 more per 100 (from 3 fewer to 19 more)	⊕OOO VERY LOW	
Leaving the study early due to side effects - TCAs: dysthymia only												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	45/366 (12.3%)	8/369 (2.2%) 1.4%	RR 5.44 (2.66 to 11.11)	10 more per 100 (from 4 more to 22 more) 6 more per 100 (from 2 more to 14 more)	⊕⊕⊕⊕ HIGH	
Leaving the study early due to side effects - MAOIs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[10]	none	7/108 (6.5%)	2/104 (1.9%) 1.9%	RR 3.37 (0.72 to 15.85)	5 more per 100 (from 1 fewer to 29 more) 5 more per 100 (from 1 fewer to 28 more)	⊕⊕⊕O MODERATE	
Leaving the study early due to side effects - APs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[11]	none	3/104 (2.9%)	1/108 (0.9%) 0.9%	RR 3.12 (0.33 to 29.47)	2 more per 100 (from 1 fewer to 26 more) 2 more per 100 (from 1 fewer to 26 more)	⊕⊕OO LOW	
Patients reporting side effects - SSRIs: dysthymia only												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	188/360 (52.2%)	153/313 (48.9%) 44.9%	RR 1.09 (0.95 to 1.25)	4 more per 100 (from 2 fewer to 12 more) 4 more per 100 (from 2 fewer to 11 more)	⊕⊕⊕⊕ HIGH	
Patients reporting side effects - SSRIs: minor depression only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[12]	none	25/106 (23.6%)	34/109 (31.2%) 31.2%	RR 0.76 (0.49 to 1.18)	7 fewer per 100 (from 16 fewer to 6 more) 7 fewer per 100 (from 16 fewer to 6 more)	⊕⊕⊕O MODERATE	
Patients reporting side effects - TCAs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[13]	none	69/111 (62.2%)	48/108 (44.4%)	RR 1.4 (1.08 to	18 more per 100 (from 4 more to 36 more) 18 more	⊕⊕⊕O MODERATE	

								44.4%	1.81)	per 100 (from 4 more to 36 more)		
Patients reporting side effects - APs: dysthymia only												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[14]	none	57/104 (54.8%)	48/108 (44.4%) 44.4%	RR 1.23 (0.94 to 1.62)	10 more per 100 (from 3 fewer to 28 more) 10 more per 100 (from 3 fewer to 28 more)	⊕⊕⊕O MODERATE	

[1] Significant heterogeneity - random effects model used
[2] Inconclusive effect size
[3] As 2
[4] As 2
[5] Inconclusive effect size; single study
[6] Single study; non significant effect size
[7] Non signfiicant effect size
[8] As 1
[9] As 2
[10] Single study
[11] As 5
[12] As 6
[13] As 9
[14] As 5

Author(s): NCCMH
Date: 2009-07-13
Question: Should drugs (compared with other drugs) (efficacy data) be used for subthreshold depression?
Settings:
Bibliography:

Quality assessment							Summary of findings					
							No of patients		Effect			
No of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**drugs (compared with other drugs) (efficacy data)**	**control**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Number of people not achieving at least 50% reduction in depression score: SSRI - Dysthymia =/> 50% (fluvoxamine vs maprotiline)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	18/24 (75%)	18/24 (75%) 75%	RR 1 (0.72 to 1.39)	0 fewer per 100 (from 21 fewer to 29 more) 0 fewer per 100 (from 21 fewer to 29 more)	⊕⊕OO LOW	
Number of people not achieving at least 50% reduction in depression score: SSRI - Dysthymia =/> 50% (SSRI vs amisulpride)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	89/295 (30.2%)	65/299 (21.7%) 22%	RR 1.39 (1.06 to 1.83)	8 more per 100 (from 1 more to 18 more) 9 more per 100 (from 1 more to 18 more)	⊕⊕⊕⊕ HIGH	
Number of people not achieving at least 50% reduction in depression score: SSRI - Minor depression only (paroxetine vs maprotiline)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	30/126 (23.8%)	39/119 (32.8%) 32.8%	RR 0.73 (0.48 to 1.09)	9 fewer per 100 (from 17 fewer to 3 more) 9 fewer per 100 (from 17 fewer to 3 more)	⊕⊕⊕O MODERATE	
Number of people not achieving at least 50% reduction in depression score: TCA - Dysthymia only (imipramine vs minaprine or moclobemide)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	46/102 (45.1%)	43/103 (41.7%) 45.1%	RR 1.07 (0.79 to 1.46)	3 more per 100 (from 9 fewer to 19 more) 3 more per 100 (from 9 fewer to 21 more)	⊕⊕OO LOW	
Number of people not achieving at least 50% reduction in depression score: TCA - Dysthymia =/> 50% (amitriptyline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	34/87 (39.1%)	67/166 (40.4%) 40.4%	RR 0.97 (0.7 to 1.33)	1 fewer per 100 (from 12 fewer to 13 more) 1 fewer per 100 (from 12 fewer to 13 more)	⊕⊕OO LOW	
Number of people not achieving remission: SSRI - Dysthymia only (sertraline vs imipramine)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	71/134 (53%)	83/136 (61%) 61%	RR 0.87 (0.7 to 1.07)	8 fewer per 100 (from 18 fewer to 4 more) 8 fewer per 100 (from 18 fewer to 4	⊕⊕⊕O MODERATE	

										more)		
Number of people not achieving remission: SSRI - Dysthymia =/> 50% (sertraline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	54/156 (34.6%)	42/157 (26.8%) 26.8%	RR 1.29 (0.92 to 1.81)	8 more per 100 (from 2 fewer to 22 more) 8 more per 100 (from 2 fewer to 22 more)	⊕⊕⊕O MODERATE	
Number of people not achieving remission: SSRI - Minor depression and subsyndromal depressive symptomatology (49% v 51%) (sertraline vs citalopram)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	42/72 (58.3%)	31/66 (47%) 47%	RR 1.24 (0.9 to 1.71)	11 more per 100 (from 5 fewer to 33 more) 11 more per 100 (from 5 fewer to 33 more)	⊕⊕⊕O MODERATE	
Number of people not achieving remssion: TCA - Dysthymia only (imipramine vs moclobemide)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	37/68 (54.4%)	34/70 (48.6%) 48.6%	RR 1.12 (0.81 to 1.55)	6 more per 100 (from 9 fewer to 27 more) 6 more per 100 (from 9 fewer to 27 more)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated): SSRI - Dysthymia =/> 50% (fluvoxamine vs maprotiline) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	21	21	-	SMD 0.01 lower (0.62 lower to 0.59 higher)	⊕⊕OO LOW	
Mean endpoint scores (clinician rated): SSRI - Dysthymia =/> 50% (sertraline vs amisulpride) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	279	295	-	SMD 0.16 higher (0 to 0.32 higher)	⊕⊕⊕⊕ HIGH	
Mean endpoint scores (clinician rated): TCA - Dysthymia only (imipramine vs minaprine) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	40	43	-	SMD 0.34 higher (0.1 lower to 0.77 higher)	⊕⊕OO LOW	
Mean endpoint scores (clinician rated): TCA - Dysthymia only (amitriptyline vs amisulpride) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	107	101	-	SMD 0.04 higher (0.23 lower to 0.31 higher)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated): TCA - Dysthymia =/> 50% (imipramine vs phenelzine) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	16	16	-	SMD 0.73 higher (0.01 to 1.45 higher)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated): TCA - Dysthymia =/> 50% (amitripytline vs amisulpride) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	85	165	-	SMD 0.01 lower (0.27 lower to 0.25 higher)	⊕⊕⊕O MODERATE	
Mean endpoint scores (clinician rated): AP - Dysthymia only (flupenthixol vs ritanserin) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36	31	-	SMD 0.26 lower (0.74 lower to 0.22 higher)	⊕⊕OO LOW	
Mean change (clinician rated): SSRI - Dysthymia only (sertraline vs imipramine) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	134	136	-	SMD 0.05 higher (0.19 lower to 0.29 higher)	⊕⊕⊕O MODERATE	
Mean change (clinician rated): TCA - Dysthymia only (imipramine vs moclobemide) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	63	67	-	SMD 0.12 higher (0.23 lower to 0.46 higher)	⊕⊕⊕O MODERATE	
Mean change (clinician rated): TCA - Dysthymia only (amitriptyline vs amisulpride) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	107	101	-	SMD 0.06 higher (0.22 lower to 0.33 higher)	⊕⊕⊕O MODERATE	

[1] Inconclusive effect size; single study

[2] Single study

[3] Inconclusive effect size

Author(s): NCCMH
Date: 2008-12-02
Question: Should drugs compared with others drugs (acceptability/tolerability data) be used for subthreshold depression?
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Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect		Quality	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	drugs compared with others drugs (acceptability/tolerability data)	control	Relative (95% CI)	Absolute		
Leaving the study early: SSRI - Dysthymia only (sertraline vs imipramine)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none		45/136		18 fewer per 100		

							21/134 (15.7%)	(33.1%) 33.1%	RR 0.47 (0.3 to 0.75)	(from 8 fewer to 23 fewer) 18 fewer per 100 (from 8 fewer to 23 fewer)	⊕⊕⊕O MODERATE	
Leaving the study early: SSRI - Dysthymia =/> 50% (fluvoxamine vs maprotline)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/24 (16.7%)	6/24 (25%) 25%	RR 0.67 (0.22 to 2.07)	8 fewer per 100 (from 19 fewer to 27 more) 8 fewer per 100 (from 19 fewer to 27 more)	⊕⊕OO LOW	
Leaving the study early: SSRI - Dysthymia =/> 50% (sertraline vs amisulpride)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none[4]	67/295 (22.7%)	50/299 (16.7%) 17%	RR 1.36 (0.98 to 1.89)	6 more per 100 (from 0 fewer to 15 more) 6 more per 100 (from 0 fewer to 15 more)	⊕⊕⊕O MODERATE	
Leaving the study early: SSRI - Minor depression and subsyndromal depressive symptomatology (49% v 51%) (sertraline vs citalopram)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	20/72 (27.8%)	27.3%	RR 1.02 (0.59 to 1.75)	5 more per 1000 (from 112 fewer to 205 more)	⊕⊕OO LOW	
Leaving the study early: TCA - Dysthymia only (imipramine vs moclobemide)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[6]	none	15/103 (14.6%)	13/108 (12%) 12%	RR 1.21 (0.61 to 2.42)	3 more per 100 (from 5 fewer to 17 more) 3 more per 100 (from 5 fewer to 17 more)	⊕⊕OO LOW	
Leaving the study early: TCA - Dysthymia only (amitripytline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[7]	none	20/111 (18%)	14/104 (13.5%) 13.5%	RR 1.34 (0.71 to 2.51)	5 more per 100 (from 4 fewer to 20 more) 5 more per 100 (from 4 fewer to 20 more)	⊕⊕OO LOW	
Leaving the study early: TCA - Dysthymia =/> 50% (imipramine vs phenelzine)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[8]	none	5/37 (13.5%)	4/36 (11.1%) 11.1%	RR 1.22 (0.35 to 4.17)	2 more per 100 (from 7 fewer to 35 more) 2 more per 100 (from 7 fewer to 35 more)	⊕⊕OO LOW	
Leaving the study early: TCA - Dysthymia =/> 50% (amitriptyline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[9]	none	41/87 (47.1%)	73/166 (44%) 44%	RR 1.07 (0.81 to 1.42)	3 more per 100 (from 8 fewer to 18 more) 3 more per 100 (from 8 fewer to 18 more)	⊕⊕OO LOW	
Leaving the study early: AP (flupenthixol vs ritanserin)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[10]	none	3/36 (8.3%)	2/31 (6.5%) 6.5%	RR 1.29 (0.23 to 7.24)	2 more per 100 (from 5 fewer to 40 more) 2 more per 100 (from 5 fewer to 41 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: SSRI - Dysthymia only (setraline vs imipramine)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[11]	none	8/134 (6%)	25/136 (18.4%)	RR 0.32 (0.15 to	12 fewer per 100 (from 6 fewer to 16 fewer) 13 fewer	⊕⊕⊕O MODERATE	

								18.4%	0.69)	per 100 (from 6 fewer to 16 fewer)		
Leaving the study early due to side effects: SSRI - Dysthymia =/> 50% (sertraline/fluoxetine vs amisulpride)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[12]	none	22/295 (7.5%)	23/299 (7.7%) 7.8%	RR 0.97 (0.55 to 1.7)	0 fewer per 100 (from 3 fewer to 5 more) 0 fewer per 100 (from 4 fewer to 5 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: SSRI - Minor depression and subsyndromal depressive symptomatology (49% v 51%) (sertraline vs citalopram)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[13]	none	8/72 (11.1%)	10/66 (15.2%) 15.2%	RR 0.73 (0.31 to 1.75)	4 fewer per 100 (from 10 fewer to 11 more) 4 fewer per 100 (from 10 fewer to 11 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: TCA - Dysthymia only (imipramine vs minaprine/moclobemide)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[14]	none	15/137 (10.9%)	10/141 (7.1%) 7.8%	RR 1.54 (0.72 to 3.3)	4 more per 100 (from 2 fewer to 16 more) 4 more per 100 (from 2 fewer to 18 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: TCA - Dysthymia only (amitripytline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[15]	none	6/111 (5.4%)	3/104 (2.9%) 2.9%	RR 1.87 (0.48 to 7.3)	3 more per 100 (from 1 fewer to 18 more) 3 more per 100 (from 2 fewer to 18 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: TCA - Dysthymia =/> 50% (amitriptyline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[16]	none	11/87 (12.6%)	23/166 (13.9%) 13.9%	RR 0.91 (0.47 to 1.78)	1 fewer per 100 (from 7 fewer to 11 more) 1 fewer per 100 (from 7 fewer to 11 more)	⊕⊕OO LOW	
Leaving the study early due to side effects: AP - Dythsymia only (flupenthixol vs ritanserin)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[17]	none	2/36 (5.6%)	2/33 (6.1%) 6.1%	RR 0.92 (0.14 to 6.14)	0 fewer per 100 (from 5 fewer to 31 more) 0 fewer per 100 (from 5 fewer to 31 more)	⊕⊕OO LOW	
Patients reporting side effects: SSRI - Dysthymia =/> 50% (sertraline vs amisulpride)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	130/293 (44.4%)	137/298 (46%) 46.1%	RR 0.96 (0.81 to 1.15)	2 fewer per 100 (from 9 fewer to 7 more) 2 fewer per 100 (from 9 fewer to 7 more)	⊕⊕⊕⊕ HIGH	
Patients reporting side effects: TCA - Dysthymia only (imipramine vs minaprine)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[18]	none	20/34 (58.8%)	14/33 (42.4%) 42.4%	RR 1.39 (0.85 to 2.26)	17 more per 100 (from 6 fewer to 53 more) 17 more per 100 (from 6 fewer to 53 more)	⊕⊕⊕O MODERATE	
Patients reporting side effects: TCA - Dysthymia only (amitriptyline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[19]	none	69/111 (62.2%)	57/104 (54.8%)	RR 1.13 (0.9 to	7 more per 100 (from 5 fewer to 23 more) 7 more	⊕⊕⊕O MODERATE	

								54.8%	1.42)	per 100 (from 5 fewer to 23 more)		
Patients reporting side effects: TCA - Dysthymia =/> 50% (amitriptyline vs amisulpride)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[20]	none	62/85 (72.9%)	106/165 (64.2%) 64.2%	RR 1.14 (0.96 to 1.35)	9 more per 100 (from 3 fewer to 22 more) 9 more per 100 (from 3 fewer to 22 more)	⊕⊕⊕O MODERATE	
Patients reporting side effects: AP - Dysthymia only (flupenthixol vs ritanserin)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[21]	none	16/36 (44.4%)	15/33 (45.5%) 45.5%	RR 0.98 (0.58 to 1.65)	1 fewer per 100 (from 19 fewer to 30 more) 1 fewer per 100 (from 19 fewer to 30 more)	⊕⊕OO LOW	

[1] Single study
[2] Inconclusive effect size; single study
[3] No explanation was provided
[4]
[5] As 2
[6] As 2
[7] As 2
[8] As 2
[9] As 2
[10] As 2
[11] As 1
[12] As 2
[13] As 2
[14] Inconclusive effect size
[15] As 2
[16] As 2
[17] As 2
[18] As 1
[19] As 1
[20] As 1
[21] As 2

Author(s): NCCMH
Date: 2008-12-02
Question: Should Relapse prevention be used for dysthymia?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect		Quality	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention	control	Relative (95% CI)	Absolute		
Recurrence - TCAs												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/14 (0%)	6/13 (46.2%) 46.2%	RR 0.07 (0 to 1.16)	43 fewer per 100 (from 46 fewer to 7 more) 43 fewer per 100 (from 46 fewer to 7 more)	⊕⊕OO LOW	

[1] Inconclusive effect size; single study

Author(s): NCCMH
Date: 2009-07-10
Question: Should Psychological therapies vs no-treatment control be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychological therapies	no-treatment control	Relative (95% CI)	Absolute	Quality	
Efficacy data - Number not responding												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	72/139 (51.8%)	84/138 (60.9%) 58.9%	RR 0.86 (0.70 to 1.06)	9 fewer per 100 (from 18 fewer to 4 more) 8 fewer per 100 (from 18 fewer to 4 more)	⊕⊕⊕O MODERATE	
Efficacy data - Number not achieving remission												
1	randomised trials	no serious limitations	serious[2]	no serious indirectness	serious[1]	none	62/115 (53.9%)	70/112 (62.5%) 58.8%	RR 0.86 (0.69 to 1.08)	9 fewer per 100 (from 19 fewer to 5 more) 8 fewer per 100 (from 18 fewer to 5 more)	⊕⊕OO LOW	
Efficacy data (continuous) - Clinician-rated endpoint scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	97	99	-	SMD 0.27 lower (0.55 lower to 0.01 higher)	⊕⊕⊕O MODERATE	
Acceptability and tolerablity data - Leaving treatment early for any reason												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	20/139 (14.4%)	23/138 (16.7%) 13.2%	RR 0.86 (0.50 to 1.47)	2 fewer per 100 (from 8 fewer to 8 more) 2 fewer per 100 (from 7 fewer to 6 more)	⊕⊕⊕O MODERATE	

[1] Inconclusive effect
[2] Significant heterogeneity - random effects model used

Author(s): NCCMH
Date: 2009-07-10
Question: Should Psychological therapies vs antidepressants be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychological therapies	antidepressants	Relative (95% CI)	Absolute	Quality	
Efficacy data - Number not responding												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	92/162 (56.8%)	81/157 (51.6%) 51.9%	RR 1.09 (0.92 to 1.29)	5 more per 100 (from 4 fewer to 15 more) 5 more per 100 (from 4 fewer to 15 more)	⊕⊕⊕⊕ HIGH	
Efficacy data - Number not remitting												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	80/138 (58%)	70/135 (51.9%) 58.3%	RR 1.14 (0.92 to 1.41)	7 more per 100 (from 4 fewer to 21 more) 8 more per 100 (from 5 fewer to 24 more)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	308	320	-	SMD 0.29 higher (0.13 to 0.45 higher)	⊕⊕⊕⊕ HIGH	
Efficacy data (continuous) - Clinician-rated mean endpoint 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	167	186	-	SMD 0.19 higher (0.02 lower to 0.4 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint 18-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	156	179	-	SMD 0.26 higher (0.05 to 0.48 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Self-rated mean endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	32	35	-	SMD 0.37 higher (0.11 lower to	⊕⊕⊕⊕ HIGH	

										0.86 higher)		
Acceptability and tolerablity data - Leaving treatment early for any reason												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	25/175 (14.3%)	39/175 (22.3%) 23%	RR 0.67 (0.42 to 1.06)	7 fewer per 100 (from 13 fewer to 1 more) 8 fewer per 100 (from 13 fewer to 1 more)	⊕⊕⊕O MODERATE	
Acceptability and tolerablity data - Leaving treatment early due to side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	0/13 (0%)	1/18 (5.6%) 5.6%	RR 0.45 (0.02 to 10.3)	3 fewer per 100 (from 5 fewer to 52 more) 3 fewer per 100 (from 5 fewer to 52 more)	⊕⊕OO LOW	

[1] Inconclusive effect
[2] Single study
[3] Significant heterogeneity - random effects model used
[4] Single study; inconclusive effect size

Author(s): NCCMH
Date: 2009-07-10
Question: Should Psychological therapies + antidepressants vs antidepressants be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect		Quality	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychological therapies + antidepressants	antidepressants	Relative (95% CI)	Absolute		
Efficacy data - Number not responding												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	serious[2]	none	28/46 (60.9%)	30/46 (65.2%) 64.4%	RR 0.96 (0.52 to 1.79)	3 fewer per 100 (from 31 fewer to 52 more) 3 fewer per 100 (from 31 fewer to 51 more)	⊕⊕OO LOW	
Efficacy data - Number not remitting												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	10/21 (47.6%)	14/24 (58.3%) 58.3%	RR 0.82 (0.47 to 1.43)	10 fewer per 100 (from 31 fewer to 25 more) 10 fewer per 100 (from 31 fewer to 25 more)	⊕⊕OO LOW	
Efficacy data (continuous) - clinician-rated mean endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	233	220	-	SMD 0.09 higher (0.1 lower to 0.27 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	196	186	-	SMD 0.01 higher (0.19 lower to 0.21 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint at 18-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	190	179	-	SMD 0.06 higher (0.14 lower to 0.27 higher)	⊕⊕⊕O MODERATE	
Acceptability and tolerablity data - Leaving treatment early for any reason												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	5/46 (10.9%)	5/46 (10.9%) 10.4%	RR 1.09 (0.37 to 3.25)	1 more per 100 (from 7 fewer to 24 more) 1 more per 100 (from 7 fewer to 23 more)	⊕⊕⊕O MODERATE	

[1] Significant heterogeneity - random effects model used
[2] Inconclusive effect
[3] Single study; inconclusive effect
[4] Single study

Author(s): NCCMH
Date: 2009-07-10
Question: Should Psychological therapies + antidepressants vs psychological therapies be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Psychological therapies + antidepressants	psychological therapies	Relative (95% CI)	Absolute	Quality	
Efficacy data - Number not responding												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	8/25 (32%)	16/24 (66.7%) 66.7%	RR 0.48 (0.25 to 0.91)	35 fewer per 100 (from 6 fewer to 50 fewer) 35 fewer per 100 (from 6 fewer to 50 fewer)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint data (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1,2]	none	212	178	-	SMD 0.17 lower (0.37 lower to 0.03 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint data 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1,2]	none	196	167	-	SMD 0.18 lower (0.38 lower to 0.03 higher)	⊕⊕⊕O MODERATE	
Efficacy data (continuous) - Clinician-rated mean endpoint data 18-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1,2]	none	190	156	-	SMD 0.2 lower (0.41 lower to 0.01 higher)	⊕⊕⊕O MODERATE	
Acceptability and tolerablity data - Leaving treatment early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1,2]	none	1/25 (4%)	0/24 (0%) 0%	RR 2.88 (0.12 to 67.53)	0 more per 100 (from 0 fewer to 0 more) 0 more per 100 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	

[1] Single study
[2] Inconclusive effect

Author(s): NCCMH
Date: 2009-01-22
Question: Should Short Psychodynamic Verbal v Short Psychodynamic Art be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					Importance
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short Psychodynamic Verbal v Short Psychodynamic Art	control	Relative (95% CI)	Absolute	Quality	
Efficacy data - Self-rated mean endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	21	18	-	SMD 0.11 lower (0.74 lower to 0.52 higher)	⊕⊕OO LOW	
Efficacy data - Self-rated mean endpoint at 3-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	21	18	-	SMD 0.26 lower (0.9 lower to 0.37 higher)	⊕⊕OO LOW	
Acceptability and tolerablity data - Leaving treatment early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/22 (4.5%)	3/21 (14.3%) 14.3%	RR 0.32 (0.04 to 2.82)	10 fewer per 100 (from 14 fewer to 26 more) 10 fewer per 100 (from 14 fewer to 26 more)	⊕⊕OO LOW	

[1] Single study; inconclusive effect

Author(s): NCCMH
Date: 2009-01-22
Question: Should Partial responders be used for depression symptoms which do not meet criteria for major depressive disorder?
Settings:
Bibliography:

Quality assessment							Summary of findings					
							No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Partial responders	control	Relative (95% CI)	Absolute	Quality	Importance
Number of people not achieving at least 50% reduction in depression score - Psych/SSRI Combo v SSRI												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/20 (20%)	7/20 (35%) 35%	RR 0.57 (0.2 to 1.65)	15 fewer per 100 (from 28 fewer to 23 more) 15 fewer per 100 (from 28 fewer to 23 more)	⊕⊕OO LOW	
Number of people not achieving at least 50% reduction in depression score: 12 week follow-up - Psych/SSRI Combo v SSRI												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	9/20 (45%)	14/20 (70%) 70%	RR 0.64 (0.37 to 1.13)	25 fewer per 100 (from 44 fewer to 9 more) 25 fewer per 100 (from 44 fewer to 9 more)	⊕⊕OO LOW	
Number of people not achieving remission - Psych/SSRI Combo v SSRI												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	6/20 (30%)	10/20 (50%) 50%	RR 0.6 (0.27 to 1.34)	20 fewer per 100 (from 37 fewer to 17 more) 20 fewer per 100 (from 37 fewer to 17 more)	⊕⊕OO LOW	
Number of people not achieving remission: 12 week follow-up - Psych/SSRI Combo v SSRI												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	16/20 (80%)	14/20 (70%) 70%	RR 1.14 (0.8 to 1.64)	10 more per 100 (from 14 fewer to 45 more) 10 more per 100 (from 14 fewer to 45 more)	⊕⊕OO LOW	
Leaving the study early - Psych/SSRI Combo v SSRI												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/20 (10%)	3/20 (15%) 15%	RR 0.67 (0.12 to 3.57)	5 fewer per 100 (from 13 fewer to 39 more) 5 fewer per 100 (from 13 fewer to 39 more)	⊕⊕OO LOW	

[1] Single study; inconclusive effect