Appendix 16a: Clinical evidence profiles for service delivery

This appendix contains evidence profiles for reviews substantially updated or added to the guideline update (summary evidence profiles are included in the evidence chapters). The use of evidence profiles was introduced since the previous guideline was published.

Evidence profile tables summarise both the quality of the evidence and the results of the evidence synthesis. Each table includes details about the quality assessment of each outcome: quality of the included studies, number of studies and participants, limitations, information about the consistency of the evidence (based on heterogeneity – see Chapter 3), directness of the evidence (that is, how closely the outcome measures, interventions and participants match those of interest) and any other considerations (for example, effect sizes with wide confidence intervals [CIs] would be described as imprecise data). Each evidence profile also includes a summary of the findings: number of patients included in each group, an estimate of the magnitude of effect, quality of the evidence, and the importance of the evidence (where appropriate). The quality of the evidence was based on the quality assessment components (study design, limitations to study quality, consistency, directness and any other considerations) and graded using the following definitions:

High = further research is very unlikely to change our confidence in the estimate of the effects

Moderate = further research is likely to have an important impact on our confidence in the estimate of the effect and may change the estimate

Low = further research is very likely to have an important impact on our confidence in the estimate of the effect and is likely to change the estimate

Very low = any estimate of effect is very uncertain.

For further information about the process and the rationale of producing an evidence profile table see GRADE (2004) Grading quality of evidence and strength of recommendations. *British Medical Journal*, 328, 1490-1497.

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Is collaborative care effective compared with standard care? (Efficacy data)

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Collaborative care	Control	Relative (95% CI)	Absolute		
Number not achieving =>50% reduction in outcome score at endpoint - Self rated												
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	515/1036 (49.7%)	470/784 (59.9%) 60.2%	RR 0.83 (0.75 to 0.92)	10 fewer per 100 (from 5 fewer to 15 fewer) 10 fewer per 100 (from 5 fewer to 15 fewer)	⊕⊕⊕⊕ HIGH	
Number not achieving =>50% reduction in outcome score at endpoint - Clinician rated												
2	randomised trials	no serious limitations	no serious inconsistency[1]	no serious indirectness	serious[2]	none	290/656 (44.2%)	296/608 (48.7%) 55.7%	RR 0.86 (0.69 to 1.06)	7 fewer per 100 (from 15 fewer to 3 more) 8 fewer per 100	⊕⊕⊕O MODERATE	

										(from 17 fewer to 3 more)		
Number not achieving remission at endpoint - Self rated												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	645/921 (70%)	425/559 (76%)	RR 0.91 (0.86 to 0.97)	7 fewer per 100 (from 2 fewer to 11 fewer)	⊕⊕⊕⊕ HIGH	
								77%		7 fewer per 100 (from 2 fewer to 11 fewer)		
Number not achieving remission at endpoint - Clinician rated												
1	randomised trials	no serious limitations	no serious inconsistency[3]	no serious indirectness	serious[2]	none	269/477 (56.4%)	279/485 (57.5%)	RR 0.98 (0.88 to 1.09)	1 fewer per 100 (from 7 fewer to 5 more)	⊕⊕⊕O MODERATE	
								57.5%		1 fewer per 100 (from 7 fewer to 5 more)		
Number not achieving remission at endpoint - DSM criteria												
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	171/675 (25.3%)	137/498 (27.5%)	RR 0.85 (0.74 to	4 fewer per 100	⊕⊕⊕O	

									1.04)	(from 7 fewer to 1 more)	MODERATE	
								41.7%		6 fewer per 100 (from 11 fewer to 2 more)		
Number not achieving remission at follow-up: 12 months - Self rated												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	287/581 (49.4%)	133/282 (47.2%)	RR 1.05 (0.9 to 1.21)	2 more per 100 (from 5 fewer to 10 more)	⊕⊕⊕O MODERATE	
								47.2%		2 more per 100 (from 5 fewer to 10 more)		
Relapse prevention - 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	22/194 (11.3%)	23/192 (12%)	RR 0.95 (0.55 to 1.64)	1 fewer per 100 (from 5 fewer to 8 more)	⊕⊕OO LOW	
								12%		1 fewer per 100 (from 5 fewer to 8 more)		

Mean endpoint - Clinician rated (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	22	23	-	SMD 0.05 lower (0.64 lower to 0.53 higher)	⊕⊕OO LOW	
Mean endpoint - Self rated (Better indicated by lower values)												
11	randomised trials	no serious limitations	no serious inconsistency[6]	no serious indirectness	no serious imprecision	none	970	924	-	SMD 0.15 lower (0.24 to 0.06 lower)	⊕⊕⊕⊕ HIGH	
Mean endpoint scores (self-rated) at follow-up: 3-4 months (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	109	105	-	SMD 0.36 lower (0.63 to 0.09 lower)	⊕⊕⊕⊕ HIGH	
New outcome												
0	no evidence available					none	0/0 (0%)	0/0 (0%)	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)		

								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Mean change at endpoint - Clinician rated (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	477	481	-	SMD 0.02 lower (0.15 lower to 0.11 higher)	⊕⊕⊕O MODERATE	

[1] Significant heterogeneity - study removed in sensitivity analysis (Araya2003) and random effects model used
[2] CI compatible with both benefit and no benefit
[3] Araya2003 removed in sensitivity analysis
[4] Single study
[5] Single study and inconclusive effect size
[6] Study removed in sensitivity analysis due to heterogeneity (Katon1996)

Is collaborative care effective compared with standard care? (Acceptability and adherence data)

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Collaborative care	Control	Relative (95% CI)	Absolute		
Attrition - Leaving study early for any reason (including lost to follow-up)												
17	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	472/3089 (15.3%)	412/2253 (18.3%)	RR 0.95 (0.78 to 1.16)	1 fewer per 100 (from 4 fewer to 3 more)	⊕⊕⊕O MODERATE	
								18.3%		1 fewer per 100 (from 4 fewer to 3 more)		
Adherence - Non-adherence to medication												
4	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	151/491 (30.8%)	240/465 (51.6%)	RR 0.58 (0.44 to 0.75)	22 fewer per 100 (from 13 fewer to 29 fewer)	⊕⊕⊕O MODERATE	
								51.3%		22 fewer		

										per 100 (from 13 fewer to 29 fewer)		

[1] Significant heterogeneity - random effects model used

Is medication management effective? (Efficacy data)

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Medication management	Control	Relative (95% CI)	Absolute		
Number not achieving =/>50% reduction in outcome score												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	10/31 (32.3%)	11/32 (34.4%) 34.4%	RR 0.94 (0.47 to 1.89)	2 fewer per 100 (from 18 fewer to 31 more) 2 fewer per 100 (from 18 fewer to 31 more)	⊕⊕OO LOW	
Mean endpoint (self rated) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	335	269	-	SMD 0.14 lower (0.31 lower to 0.02 higher)	⊕⊕⊕O MODERATE	

[1] Single study; inconclusive effect size

[2] CI compatible with both benefit and no benefit

Is medication management effective? (Acceptability and adherence data)

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Medication management (acceptability and adherence)	Control	Relative (95% CI)	Absolute		
Non-adherence to medication												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	61/186 (32.8%)	63/154 (40.9%)	RR 0.7 (0.51 to 0.96)	12 fewer per 100 (from 2 fewer to 20 fewer)	⊕⊕⊕⊕ HIGH	
								54.8%		16 fewer per 100 (from 2 fewer to 27 fewer)		
Leaving study early for any reason (including lost to follow-up)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	76/298 (25.5%)	93/296 (31.4%)	RR 0.81 (0.63 to	6 fewer per 100 (from 12	⊕⊕⊕O MODERATE	

									1.05)	fewer to 2 more)		
								31.8%		6 fewer per 100 (from 12 fewer to 2 more)		

[1] CI compatible with both benefit and no benefit