Appendix 18: clinical study characteristics tables

Service-level interventions.................................................................................................................. 1
Psychological and psychosocial interventions.................................................................................. 12
Psychological/psychosocial interventions combined with and compared with pharmacological interventions.............................................................................................................................. 37
Pharmacological interventions........................................................................................................... 41
## Service-level interventions

### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Case management versus standard care</th>
<th>Collaborative care versus any form of standard care</th>
<th>Psychiatric liaison versus standard care</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANERJEE1996</td>
<td>BOSNERGER2008</td>
<td>SCHRADER2005</td>
</tr>
<tr>
<td>BANERJEE1996</td>
<td>COLE2006</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CULLUM2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DWIGHTJOHNSON2005</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELL2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELL2008</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FORTNEY2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KATON2004</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KATZELNICK2000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LANDIS2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LIN2003</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OSLIN2003</td>
<td></td>
</tr>
<tr>
<td></td>
<td>STRONG2008</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WILLIAMS2004</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WILLIAMS2007</td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANERJEE1996</td>
<td>n=69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td></td>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Description: ITT included all randomised participants. Only those who completed the study were included in the logistic regression</td>
<td></td>
<td>Sex: 12 males 57 females</td>
<td></td>
<td>Multidisciplinary teams - Assigned a case manager who coordinated care with the psychogeriatric team and conducted home visits and follow up. Each case was presented to a multidisciplinary team. A management plan was formulated on an individual basis.</td>
</tr>
<tr>
<td>Type of Analysis: ITT*</td>
<td></td>
<td>Diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: No mention</td>
<td></td>
<td>100% Depression by AGECAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 182</td>
<td></td>
<td>Exclusions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: UK, London</td>
<td></td>
<td>- &lt;65 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: RANDOMISATION: computer generated three digit random number</td>
<td></td>
<td>- currently receiving psychiatric care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info on Screening Process: 441 subjects eligible for screening, 317 completed the screen with 180 scoring above 8. 154 were interviewed, 17 refused informed consent. 69 people entered the study</td>
<td></td>
<td>- scoring &lt;8 on selfcare(d) questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline: No difference at baseline: MADRS: Intervention 27.5(6.2) control 25.1(6.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results from this paper:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality assessment score +</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOGNER2008</td>
<td>n=64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td></td>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Description: No details of drop out reported - unclear whether ITT has been used</td>
<td></td>
<td>Sex: 15 males 49 females</td>
<td></td>
<td>Collaborative care - Integrated care provided an individualised programme, integrating depression and hypertension management, care manager addressed factors related to antidepressant and hypertension medication adherence, patient education, assessed side effects</td>
</tr>
<tr>
<td>Type of Analysis: Completer</td>
<td></td>
<td>Diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: No mention</td>
<td></td>
<td>100% Depression by Current diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 49</td>
<td></td>
<td>Data Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical health outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adherence to physical health medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CES-D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1
### COLE2006

**Study Type:** RCT  
**Study Description:** Paper states ITT was applied but over 50% drop-out not accounted for in analysis  
**Type of Analysis:** Completer  
**Blindness:** Single blind  
**Duration (days):** Mean 168  
**Setting:** Canada, Montreal  
**Notes:** RANDOMISATION: Block size randomisation with allocation concealment  
**Info on Screening Process:** 1500 screened, 225 with major depression, 68 did not consent  
**Exclusions:**  
- <65 years old  
- those admitted to intensive care or cardiac monitoring for more than 48 hours  
- imminently terminal illness  
- did not speak or understand English or French  
- not living in Montreal  
- not meeting DSM criteria for major depression  
**Notes:** Range of medical illnesses  
**Baseline:** No differences at baseline: HAM-D Intervention 21.3(5.5) control: 20.1(5.9)  
**Results from this paper:**  
**Quality assessment score:** +  
**Data Used:**  
- Numbers receiving consultation  
- Remission (below cut-off)  
- Response (>50 reduction from baseline)  
- Mortality  
**Notes:** TAKEN AT: Baseline and 6 months post-randomisation (end of treatment)  
**DROP OUT:** Intervention 45/78 Control 48/79  
**Group 1 N= 78**  
Collaborative care - assessment and treatment with a general hospital psychiatrist, which included antidepressants and/or supportive psychotherapy followed up by a case manager who liaised with the PCP and monitored progress and coordinated care  
**Group 2 N= 79**  
Standard care - Usual care before and after discharge from hospital  
**Collaborative care component score:** - 15/26

### CULLUM2007

**Study Type:** RCT  
**Study Description:** ITT using logistic regression  
**Type of Analysis:** ITT  
**Blindness:** No mention  
**Duration (days):**  
**Setting:** UK, East Anglia  
**Notes:** RANDOMISATION: Block randomisation with allocation concealment  
**Info on Screening Process:** 618 screened, 138 with GDS >7, 15 refused assessment, 1 discharged prior to interview, 1 partially complete data  
**Exclusions:**  
- GDS-15 <7  
- <65 years  
- severe dysphasia, severe deafness  
- current alcohol dependency  
- too physically unwell to participate  
**Notes:** All participants were medical inpatients with a range of illnesses  
**Baseline:** Differences at baseline (Change scores used in analysis) GDS-15: Intervention 10.5 control 9.6  
**Results from this paper:**  
**Quality assessment score:** +  
**Data Used:**  
- Satisfaction with care  
- Remission (below cut-off)  
- Response (>50 reduction from baseline)  
**Notes:** TAKEN AT: Baseline and 12 weeks post-randomisation (end of treatment)  
**DROP OUT:** Intervention 21/62 control 13/59  
**Group 1 N= 62**  
Collaborative care - liaison psychiatric nurse supervised by the local CMHT-OP acted as case manager, who was responsible for assessing and formulating a care plan addressing psychological and social needs including the need for antidepressant medication. Liaison with PCP  
**Group 2 N= 79**  
Standard care - Usual care before and after discharge from hospital  
**Collaborative care component score:** - 11/26
### DWIGHTJOHNSON2005

**Study Type:** RCT  
**Study Description:** ITT using LOCF  
**Type of Analysis:** ITT  
**Blindness:** Single blind  
**Duration (days):** Mean 56  
**Followup:** 8 months  
**Setting:** US, California  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 401 eligible patients, 269 agreed to undergo screening. Of the 81 eligible patients, 55 agreed to participate and 53 completed baseline assessments

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Collaborative care - Stepped care approach with patient education about depression. Case managers supervised by psychiatrist. Problem solving therapy or antidepressant therapy. Case manager involved in medication management, follow up. Oncologist or physician consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>
| Group 2 | 27 | Standard care - Participants were advised to consult with their physician about depression and a note was placed on their clinical record to indicate the presence of depression.

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Mortality  
Adherence to physical health medication  
Functional Assessment of Cancer Therapy-General  
Response (>50 reduction from baseline)  

**Notes:** TAKEN AT: Baseline, 4 months and 8 months (end of intervention)  
DROP OUT: Intervention 11/28 Control 15/27  

**Study Type:** RCT  
**Study Description:** Observed case analysis. ITT using LOCF analysis also conducted but not reported  
**Type of Analysis:** Observed case  
**Blindness:** No mention  
**Setting:** US, California (home healthcare)  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 9178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Pain intensity  
SF-12  
PHQ-9  
Mortality  
Response (>50 reduction from baseline)  

**Notes:** TAKEN AT: Baseline and 12 months post-randomisation (end of treatment)  
DROP OUT: Intervention 86/155 control 66/156

### ELL2007

**Study Type:** RCT  
**Study Description:** Observed case analysis. ITT using LOCF analysis also conducted but not reported  
**Type of Analysis:** Observed case  
**Blindness:** Duration (days): Mean 365  
**Setting:** US, California (home healthcare)  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 5178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Numbers receiving pharmacological interventions  
Response (>50 reduction from baseline)  
Remission (below cut-off)  

**Notes:** TAKEN AT: Baseline and 12 months post-randomisation (end of treatment)  
DROP OUT: Intervention 86/155 control 66/156

### ELL2008

**Study Type:** RCT  
**Study Description:** ITT - no further details reported  
**Type of Analysis:** ITT  
**Blindness:** No mention  
**Duration (days):** Mean 365  
**Setting:** US, California  
**Notes:** RANDOMISATION: Method not reported  

**Info on Screening Process:** 2334 screened for

<table>
<thead>
<tr>
<th>Group 1</th>
<th>N= 28</th>
<th>Collaborative care - Stepped care for depression treatment programme provided by a cancer depression clinical specialist working in collaboration with a psychiatrist and oncologist. Patient education, assessment, and consideration of initial choice of treatment of ADs or PST.</th>
</tr>
</thead>
</table>
| Group 2 | 27 | Standard care - Participants were advised to consult with their physician about depression and a note was placed on their clinical record to indicate the presence of depression.

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Depression by PHQ-9  
100% Cancer by Clinical judgement  

**Notes:** All participants were receiving home healthcare. 100% of sample had at least 1 chronic physical health problem

**Baseline:** No differences at baseline

---

**Notes:** TAKEN AT: Baseline, 4 months and 8 months (end of intervention)  
DROP OUT: Intervention 11/28 Control 15/27  

**Study Type:** RCT  
**Study Description:** ITT using LOCF  
**Type of Analysis:** ITT using LOCF analysis also conducted but not reported  
**Blindness:** No mention  
**Setting:** US, California (home healthcare)  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 2334 screened for

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
PHQ-9  
100% Cancer by Clinical judgement  

**Notes:** TAKEN AT: Baseline, 4 months and 8 months (end of intervention)  
DROP OUT: Intervention 11/28 Control 15/27  

**Study Type:** RCT  
**Study Description:** Observed case analysis. ITT using LOCF analysis also conducted but not reported  
**Type of Analysis:** Observed case  
**Blindness:** No mention  
**Setting:** US, California (home healthcare)  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 9178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Numbers receiving pharmacological interventions  
Response (>50 reduction from baseline)  
Remission (below cut-off)  

**Notes:** TAKEN AT: Baseline and 12 months post-randomisation (end of treatment)  
DROP OUT: Intervention 86/155 control 66/156  

**Study Type:** RCT  
**Study Description:** ITT - no further details reported  
**Type of Analysis:** ITT  
**Blindness:** No mention  
**Duration (days):** Mean 365  
**Setting:** US, California  
**Notes:** RANDOMISATION: Method not reported  

**Info on Screening Process:** 2334 screened for

**Results from this paper:**  
**Quality assessment score:** +  

**Data Used**  
Pain intensity  
SF-12  
PHQ-9  
Mortality  
Response (>50 reduction from baseline)  

**Notes:** TAKEN AT: Baseline, 4 months and 8 months (end of intervention)  
DROP OUT: Intervention 11/28 Control 15/27  

**Study Type:** RCT  
**Study Description:** ITT using LOCF  
**Type of Analysis:** ITT using LOCF analysis also conducted but not reported  
**Blindness:** No mention  
**Setting:** US, California (home healthcare)  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 9178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.
<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Quality assessment score + FORTNEY2007</th>
<th>Quality assessment score + KATON2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: ITT with missing values were imputed using multiple imputation</td>
<td><strong>Study Type:</strong> RCT</td>
<td><strong>Study Type:</strong> RCT</td>
</tr>
<tr>
<td>Type of Analysis: ITT</td>
<td><strong>Study Description:</strong> IT - no details provided, used for modelling not dichotomous data (completer only)</td>
<td><strong>Study Description:</strong> IT - no details provided, used for modelling not dichotomous data (completer only)</td>
</tr>
<tr>
<td>Blindness: No mention</td>
<td><strong>Type of Analysis:</strong> ITT</td>
<td><strong>Type of Analysis:</strong> ITT</td>
</tr>
<tr>
<td>Duration (days): Mean 365</td>
<td><strong>Blindness:</strong> Single blind</td>
<td><strong>Blindness:</strong> Single blind</td>
</tr>
<tr>
<td>Setting: US, Veterans Affairs medical centres</td>
<td><strong>Setting:</strong> US, Washington</td>
<td><strong>Setting:</strong> US, Washington</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: Unit of randomisation was the Veterans Affairs clinic</td>
<td>Notes: RANDOMISATION: computerised algorithm</td>
<td>Notes: RANDOMISATION: computerised algorithm</td>
</tr>
<tr>
<td>Info on Screening Process: 430 participants were enrolled in the study; of these, 35 did not provide informed consent</td>
<td>Info on Screening Process: 851 screened, 375 eligible, 329 randomised (46 refused randomisation, 42 refused, 4 did not provide consent)</td>
<td>Info on Screening Process: 851 screened, 375 eligible, 329 randomised (46 refused randomisation, 42 refused, 4 did not provide consent)</td>
</tr>
<tr>
<td>Results from this paper:</td>
<td>Results from this paper:</td>
<td>Results from this paper:</td>
</tr>
<tr>
<td>Quality assessment score +</td>
<td>Quality assessment score +</td>
<td>Quality assessment score +</td>
</tr>
</tbody>
</table>

**FORTNEY2007**

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Study Description: Enhanced standard care - All participants in the control condition received medical centre standard oncology care and supportive services routinely provided to all patients with cancer. Additionally received patient and physician education and depression treatments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>177</td>
<td>Collaborative care - TEAM intervention, stepped care approach with watchful waiting or ADs as step one. Care management included symptom monitoring, education, assessing treatment barriers, follow-up of adherence, side effects and symptoms.</td>
</tr>
<tr>
<td>2</td>
<td>218</td>
<td>Enhanced standard care - All providers and patients received education. Results of depression screening were logged into electronic medical records.</td>
</tr>
</tbody>
</table>

**KATON2004**

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Study Description: Collaborative care - Stepped care. Patient education followed by choice of first-line treatment with either antidepressant medication or problem-solving therapy for primary care. If depression persisted, treatments were switched or participant referred for consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>164</td>
<td>Collaborative care - Stepped care. Patient education followed by choice of first-line treatment with either antidepressant medication or problem-solving therapy for primary care. If depression persisted, treatments were switched or participant referred for consultation</td>
</tr>
<tr>
<td>2</td>
<td>165</td>
<td>Standard care - Usual care with those screening positive for depression advised to consult with their primary care physician regarding the depression</td>
</tr>
</tbody>
</table>

| Notes: TAKEN AT: Baseline and 12 months post-randomisation (end of treatment) | Notes: TAKEN AT: Baseline and 12 months post-randomisation (end of treatment) |
| Notes: Time since diagnosis >90 days with advanced cancer excluded | Notes: Time since diagnosis >90 days with advanced cancer excluded |
| Notes: Even though not recruited specifically for a chronic physical health problem, 99% of the sample had at least 1 current chronic health problem | Notes: Even though not recruited specifically for a chronic physical health problem, 99% of the sample had at least 1 current chronic health problem |

**Group 1**

- **Diagnosis:** Depression by PHQ-9
- **Exclusions:** Serious mental illness
  - PHQ-9 score <10
  - Acute suicidal ideation
  - advanced cancer or other condition limiting life expectancy to less than 6 months
  - Scoring > 8 on Alcohol Use Disorders Identification Tool
  - Inability to speak English or Spanish

**Notes:**
- PHQ-9 score <10
- Acute suicidal ideation
- advanced cancer or other condition limiting life expectancy to less than 6 months
- Scoring > 8 on Alcohol Use Disorders Identification Tool
- Inability to speak English or Spanish
### KATZELNICK2000

**Study Type:** RCT  
**Study Description:** ITT using all randomised participants, missing data in primary analysis dealt with via robust or sandwich estimates  
**Type of Analysis:** ITT  
**Blindness:** Single blind  
**Duration (days):** Mean 365  
**Setting:** US, various clinics  
**Notes:** RANDOMISATION: procedure not reported  

**Info on Screening Process:** 1465 screened positive for depression; of these, 1295 agreed to complete second interview. 410 had HAM-D score >15; of these, 407 agreed to participate

**Data Used**

- Numbers receiving consultation  
- Numbers receiving pharmacological interventions  
- HAM-D  
- Response (>50 reduction from baseline)  

**Notes:** TAKEN AT: BASELINE and 52 weeks post-randomisation (end of maintenance treatment)  

**DROP OUT:** Intervention 15/218 Control 12/189

**N= 218**  
**Group**  
- **Collaborative care** - All patients received psychoeducation materials. Followed a medication algorithm with care coordinators telephoning patients to monitor treatment adherence, side effects and response. Feedback and consultation with primary care physician

**N= 189**  
**Group**  
- **Standard care** - Physicians informed that telephone screening suggested depression

### LANDIS2007

**Study Type:** RCT  
**Study Description:** No mention of ITT  
**Type of Analysis:** completer  
**Blindness:** No mention  
**Duration (days):** Mean 168  
**Setting:** US, North Carolina  
**Notes:** RANDOMISATION: stratified by clinic and whether patient was receiving medication. Random numbers generated  

**Info on Screening Process:** All adult Medicaid patients were screened, with those eligible for the study contacted to participate. No further details.

**Data Used**

- SF-12  
- HAM-D  
- PHQ-9  

**Notes:** TAKEN AT: Baseline and 6 months post-randomisation (end of treatment)  

**DROP OUT - not reported**

**N= 45**  
**Group**  
- **Collaborative care** - General care manager monitored treatment adherence, side effects and response to ADs, routine follow-up via telephone, monitoring process of care, patient education and instruction in self-management techniques. GCMs also coordinated with PCPs

**N= 44**  
**Group**  
- **Standard care** - General care managers provided usual care services for asthma and diabetes

### LIN2003

**Study Type:** RCT  
**Study Description:** ITT analysis of repeated measures  
**Type of Analysis:** ITT  
**Blindness:** Single blind  
**Duration (days):** Mean 365  
**Setting:** US, multicentre  

**Data Used**

- Pain intensity  
- Numbers receiving psychological treatment  
- Numbers receiving pharmacological interventions  
- Mortality  
- Response (>50 reduction from baseline)  

**Notes:** 100% Depression by DSM-IV

**N= 1001**  
**Group**  
- **Collaborative care** - Stepped care with depression clinical specialist (case manager). Received an educational video and booklet. First-line treatment antidepressants or PST. Case manager contacted on average 9 times over 12 months. Reviewed progress and discussed with GP.

**Subgroup analysis of Unutzer et al. (2002) IMPACT trial**  
**Collaborative care component score - 15/26**
### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### 100% Arthritis by Clinical judgement

| Exclusions: | <60 years |
| - No DSM diagnosis of depression or dysthymia |
| - History of bipolar disorder or psychosis |
| - Ongoing treatment with psychiatrist |
| - Current alcohol-use problems |
| - Severe cognitive impairment |
| - Acute risk of suicide |

Baseline: No baseline differences reported

### Notes:
- TAKEN AT: Baseline and 12 months post-randomisation (end of study)
- DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)

### Group 2 N= 506
- Standard care - Usual care from primary care physician

### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### OSLIN2003

**Study Type:** RCT

**Study Description:** Participants who withdrew from the study were considered in the primary outcome as having a negative outcome.

**Type of Analysis:** ITT

**Blindness:** Single blind

**Duration (days):** Mean 112

**Setting:** US, Veterans Affairs clinics including 23 physicians from cardiology clinics and 4 from rheumatology

**Notes:** RANDOMISATION: cluster randomised with individual physician as the unit of randomisation

**Info on Screening Process:** 2489 selected for screening of which 838 consented. 45.3% were positive for depression with 61.7% of rheumatology and 47.5% of cardiology screening positive for depression

### Notes:
- Baseline: No differences at baseline: HDRS Intervention 14.3(5.6) control 15.5(5.4)

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### SCHRADER2005

**Study Type:** RCT

**Study Description:** ITT no further details provided

**Type of Analysis:** ITT

**Blindness:** No mention

**Duration (days):** Mean 365

**Setting:** Australia, Adelaide

**Notes:** RANDOMISATION: based on GP

**Info on Screening Process:** 669 screened positive for depression, with 872 not eligible for trial

### Notes:
- Baseline: No differences at baseline reported

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Diagnoses:

- 100% Arthritis by Clinical judgement
- 100% Depression by DSM-IV
- 100% Cardiovascular disease by Clinical judgement
- 100% Depression by CES-D
- Mortality
- Diagnosis of MDD

### Notes:
- TAKEN AT: Baseline and 12 weeks post-randomisation (end of treatment)
- DROPOUT: Intervention: 57/331 Control 40/338

### Group 1 N= 34
- Collaborative care - Behavioural health-specialist nurse maintained regular telephone contact to monitor treatment effectiveness, adverse events, treatment adherence and to offer support and education. ADs and psychosocial support provided. Nurse collaborated with GP

### Group 2 N= 43
- Enhanced standard care - Usual care from the primary care physician or specialist. Yearly screening for depression. Providers educated on existing treatment guidelines, screening patients attending clinic, diagnostic information provided and general treatment suggestions given.

### Cluster randomised collaborative care component score - 15/26 Depression only data used 77/97 participants.

### Data Used

- HDRS
- CES-D

### Notes:
- TAKEN AT: Baseline and 4 months post-randomisation (end of treatment)
- DROPOUT: not reported for depression only cases

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Notes:
- TAKEN AT: Baseline and 12 months post-randomisation (end of study)
- DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)

### Group 2 N= 338
- Standard care - standard cardiac and non-cardiac care

### Cluster randomised collaborative care component score - 15/26 Depression only data used 77/97 participants.

### Data Used

- Mortality
- Diagnosis of MDD

### Notes:
- TAKEN AT: Baseline and 4 months post-randomisation (end of treatment)
- DROPOUT: not reported for depression only cases

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Notes:
- TAKEN AT: Baseline and 4 months post-randomisation (end of treatment)
- DROPOUT: not reported for depression only cases

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Notes:
- TAKEN AT: Baseline and 12 months post-randomisation (end of study)
- DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)

### Group 2 N= 506
- Standard care - Usual care from primary care physician

### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Notes:
- TAKEN AT: Baseline and 12 months post-randomisation (end of study)
- DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)

### Group 2 N= 506
- Standard care - Usual care from primary care physician

### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### Results from this paper:

<table>
<thead>
<tr>
<th>Quality assessment score +</th>
</tr>
</thead>
</table>

### Notes:
- TAKEN AT: Baseline and 12 months post-randomisation (end of study)
- DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)

### Group 2 N= 506
- Standard care - Usual care from primary care physician

### Notes:
- RANDOMISATION: stratified by recruitment centre and used a random computer number generator
- Info on Screening Process: 2102 people eligible, 180 randomised (301 refused SCID or did not complete it), 1001 people included in subgroup with arthritis

### Results from this paper:

| Quality assessment score + |
### STRONG2008

#### Study Type: RCT

- **Study Description:** ITT included all participants who were randomised and had available outcome data.
- **Type of Analysis:** ITT
- **Blindness:** No mention
- **Duration (days):** Mean 182

#### Setting: UK, Edinburgh

**Notes:** RANDOMISATION: no details reported

**Info on Screening Process:** 860 participants with MDD screened for eligibility, 326 did not meet inclusion criteria, 134 refused to participate.

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 101</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborative care - Depression care for people with cancer.</strong> Included patient education, problem-solving therapy with a nurse, progress monitoring via monthly telephone calls. Psychiatrist reviewed progress. Nurse discussed ADs with patient and collaborated with GP.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 99</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard care - Usual care including services available from the GP.</strong> GPs and oncologists were informed of the depression diagnosis and advice was given regarding antidepressants if requested.</td>
<td></td>
</tr>
</tbody>
</table>

### WILLIAMS2004

#### Study Type: RCT

- **Study Description:** ITT analysis of repeated measures
- **Type of Analysis:** ITT
- **Blindness:** Single blind
- **Duration (days):** Mean 365

#### Setting: US, multicentre

**Notes:** RANDOMISATION: stratified by recruitment centre and used a random computer number generator

**Info on Screening Process:** 2102 people eligible, 180 randomised (301 refused SCID or didn't complete it), 417 people included in subgroup with arthritis

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 205</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborative care - Stepped care with depression clinical specialist (case manager).</strong> Received an educational video and booklet. First line treatment antidepressants or PST. Case manager contacted on average 9 times over 12 months. Reviewed progress and discussed with GP.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 212</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard care - Usual care from primary care physician</strong></td>
<td></td>
</tr>
</tbody>
</table>

### WILLIAMS2007

#### Study Type: RCT

- **Study Description:** ITT using LOCF
- **Type of Analysis:** ITT
- **Blindness:** Single blind
- **Duration (days):** Mean 84

#### Setting: US, Indianapolis

**Notes:** RANDOMISATION: computer generated list and treatment assigned concealed in

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 89</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborative care - Three nurse-led components; psychoeducational sessions for patients and their families, initiating antidepressants and monitoring treatment effectiveness with PHQ-9. Monthly follow-up and treatment adjusted with senior supervision.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 93</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard care - Usual care</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**Diagnosis:**
- Age: Mean 56
- Sex: 59 males 141 females
- Depression by physician
- 100% Cancer by Clinical judgement

**Exclusions:**
- Cancer prognosis <6 months
- MDD of <1 month's duration
- SCL-20 Depression score <1.75
- patients unlikely to adhere to intervention
- Major communication difficulties
- concurrent intensive treatment such as frequent chemotherapy or radiotherapy
- poorly controlled medical disorder such as epilepsy
- comorbid severe psychiatric disorder

**Baseline:** No differences at baseline: SCL-20 Intervention 2.25 Control 2.35

**Results from this paper:**

**Quality assessment score +**
References of Included Studies

**Characteristics of Excluded Studies**

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGNER2007</td>
<td>No extractable data</td>
</tr>
<tr>
<td>BOUMAN2008</td>
<td>Population not depressed at baseline</td>
</tr>
<tr>
<td>BURNS2007A</td>
<td>Population did not have chronic physical health problems</td>
</tr>
<tr>
<td>COLE2006a</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>HARINGSMA2006</td>
<td>Population did not have comorbid physical health problems</td>
</tr>
<tr>
<td>HU2003A</td>
<td>Post-stroke rehabilitation - not focused on depression</td>
</tr>
<tr>
<td>JOUBERT2006</td>
<td>Prevention study - not depression at baseline, depression as an outcome only</td>
</tr>
<tr>
<td>JOUBERT2008</td>
<td>Prevention study</td>
</tr>
<tr>
<td>KOIKE2002</td>
<td>No extractable data</td>
</tr>
<tr>
<td>KRAHN2006</td>
<td>Older adults but not a comorbid sample</td>
</tr>
<tr>
<td>KROENKE2008</td>
<td>Population did not have chronic physical health problems (only subgroup in trial had chronic physical health problems, reported elsewhere)</td>
</tr>
<tr>
<td>LEWIN2007</td>
<td>No depressed at baseline</td>
</tr>
<tr>
<td>OSLIN2004</td>
<td>No extractable data - scores for depression not conducted on a recognised scale</td>
</tr>
<tr>
<td>RABINS2000</td>
<td>Intervention does not meet definition (outside scope of severe mental illness [SMI] outreach)</td>
</tr>
<tr>
<td>RAHIM2008</td>
<td>Not randomised</td>
</tr>
<tr>
<td>ROLLMAN2009</td>
<td>Study protocol only</td>
</tr>
<tr>
<td>SIREY2007</td>
<td>Description of study only and case study</td>
</tr>
<tr>
<td>STIEFEL2008</td>
<td>No extractable data</td>
</tr>
<tr>
<td>TRIEF2007</td>
<td>Not depressed at baseline</td>
</tr>
</tbody>
</table>

Results from this paper:
Quality assessment score - +

**Notes:**
- TAKEN AT: Baseline and 12 weeks' post-randomisation (end of treatment)
- DROP OUT: Intervention 5/94 control 1/94

**References of Included Studies**

**BANERJEE1996** (Published Data Only)

**BOGNER2008** (Published Data Only)
References of Excluded Studies

COLE2006 (Published Data Only)

CULLUM2007 (Published Data Only)

DWIGHTJOHNSON2005 (Published Data Only)

ELL2007 (Published Data Only)

ELL2008 (Published Data Only)

FORTNEY2007 (Published Data Only)

KATON2004 (Published Data Only)

KATZELNICK2000 (Published Data Only)

LANDIS2007 (Published Data Only)

LIN2003 (Published Data Only)

OSLIN2003 (Published Data Only)

SCHRADER2005 (Published Data Only)

STRONG2008 (Published Data Only)

WILLIAMS2004 (Published Data Only)

WILLIAMS2007 (Published Data Only)

References of Excluded Studies


Lewin, R. J., Coulton, S., Frizelle, D. J. (2007) A brief cognitive pre-implantation and rehabilitation programme for patients receiving an implantable cardioverter defibrillator improves physical health and reduces psychological morbidity and unplanned re-admissions. Heart, 95, 63-69.


STIEFEL2008  (Published Data Only)

TRIEF2007  (Published Data Only)
© NCCMH. All rights reserved.
# Psychological and psychosocial interventions

### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Counselling versus standard care</th>
<th>Group based cognitive and behavioural skills intervention versus other psychosocial intervention</th>
<th>Group based cognitive and behavioural skills intervention versus standard care</th>
<th>Group existential therapy versus control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EVANS1995</td>
<td>CHESNEY2003</td>
<td>SIMSON2008</td>
</tr>
<tr>
<td></td>
<td>HECKMAN2007</td>
<td>DAVIS1984</td>
<td>WEISS2003</td>
</tr>
<tr>
<td></td>
<td>KELLY1993</td>
<td>EVANS1995</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KUNIK2008</td>
<td>HECKMAN2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HENRY1997</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>KELLY1993</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LARCOMBE1984</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LI2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LUSTMAN1998</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education versus standard care</td>
<td>Individually based cognitive and behavioural skills intervention versus counselling</td>
<td>Individually based cognitive and behavioural skills intervention versus standard care</td>
<td>Individually based cognitive and behavioural skills intervention versus supportive psychotherapy</td>
</tr>
<tr>
<td>CLARK2003</td>
<td>MANNE2007</td>
<td>FOLEY1987</td>
<td></td>
</tr>
<tr>
<td>HECKMAN2007</td>
<td>MOHR2005</td>
<td>MANNE2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MOHR2000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAVARD2006</td>
<td></td>
</tr>
<tr>
<td>Peer support (self-help) versus standard care</td>
<td>Peer support (self-help) versus group-based cognitive and behavioural intervention</td>
<td>Physical activity versus standard care</td>
<td>Relaxation versus standard care</td>
</tr>
<tr>
<td>KELLY1993</td>
<td>KELLY1993</td>
<td>KOUKOUVOU2004</td>
<td></td>
</tr>
<tr>
<td>SIMONI2007</td>
<td></td>
<td>LAI2006</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SIMS2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-help intervention versus standard care</td>
<td>Social support versus standard care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARTH2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRODY2006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANDREVILLE1997</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEIN2007</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDOLORATO2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: No mention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 180</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: Details on randomisation not adequately reported. Allocation concealment not addressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n= 66</td>
<td>Age: Mean 31</td>
<td></td>
<td>Data Used</td>
<td>Group 1 N= 33</td>
</tr>
<tr>
<td>Sex: 29 males  37 females</td>
<td>Diagnosis: 100% Anxiety/Depression by Zung (modified for physical illness)</td>
<td>Remission (below cut-off)</td>
<td>Individual based cognitive and behavioural skills - Modified and adapted to health problem. Stress management; cause and effect of problems related to coeliac disease; every day difficulties; evaluate/discuss dietary restrictions/ Family members at times participated.</td>
<td>12</td>
</tr>
</tbody>
</table>
### Notes on Screening Process:
- 112 considered; 66 affected by anxiety and depression - randomised.

### Exclusions:
- presence of psychiatric disorders other than anxiety or depression
- endocrine disorders
- misuse of alcohol and/or other substances
- consumption of psychoactive drugs and/or current psychiatric treatment
- secondary causes of villous atrophy

### Notes:
- Coeliac Disease diagnosed by histology results
- Baseline: No significant differences at baseline. Baseline scores of Zung not reported.

### Results from this paper:
**Quality assessed:** +

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Analysed 101/130; those with an undetectable viral load were excluded (N=15 - treatment; N=14 - control). Includes LTTFU &amp; non-completer*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis:</td>
<td>*Completers</td>
</tr>
<tr>
<td>Blindness:</td>
<td>No mention</td>
</tr>
<tr>
<td>Setting:</td>
<td>US</td>
</tr>
<tr>
<td>Setting not reported</td>
<td></td>
</tr>
</tbody>
</table>

### Diagnosis:
- Age: Mean 42
- Sex: all males
- Diagnosis: 100% HIV
- 54% AIDS by Clinical judgement

### Exclusions:
- prescribed medications with immunomodulatory effects (that is, interferon)
- history of chemotherapy or whole body radiation treatment for cancer
- history of chronic illness associated with permanent changes in the immune system
- antibiotic use for an acute infection within the past 2 weeks
- changes in the Highly Active Antiretroviral Therapy (HAART)
- acute bodily infection during the past month
- hospitalisation for surgery within the past 3 months
- intravenous drug use within the past 6 months
- cognitive impairment
- inability to read at the 6th grade level
- current psychosis, drug or alcohol dependence and panic disorder
- active suicidality
- not between the ages of 18 and 65
- not gay

### Notes:
- Average time since HIV diagnosis = 7.8 years (SD = 5.1); reported on average 6 HIV symptoms (range 0-12)
- Baseline: No baseline differences between treatment and control on depressed mood. Baseline scores of depression for treatment group (BDI-21 item) = 11.6 (SD = 8.0) and control group = 12.4 (SD = 9.2).

### Data Used
- POMS-D
- BDI-21 item

### Group 1 N=76
- Group based cognitive and behavioural skills - Cognitive behavioural stress management + medication adherence training focusing on adherence and medical side effects. 10 weekly 135 minute group sessions (4-9 men) and homework. Therapist = post-doctoral fellows/graduate students. Monitored fidelity.

### Group 2 N=54
- Control - Medication adherence training only = licensed clinical pharmacists 1 hour session at baseline, 30 minute maintenance sessions at post-treatment & 6-month follow-up. Gave information on medication, side effects and importance of adherence.

### Participants were not recruited for depression but had a mean BDI in the clinical range at baseline - study will be used in a sensitivity analysis.

### Intervention for stress management (not specific to depression).

### Results from this paper:
**Quality assessment:** +

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Analysed 63/101; those with an undetectable viral load were excluded (N=25 - treatment; N=24 - control). Includes LTTFU &amp; non-completer*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis:</td>
<td>No mention</td>
</tr>
<tr>
<td>Blindness:</td>
<td>No mention</td>
</tr>
<tr>
<td>Setting:</td>
<td>No mention</td>
</tr>
</tbody>
</table>

### Diagnosis:
- Age: Mean 40 Range 17-61
- Sex:
- Diagnosis: HIV/AIDS by Current diagnosis

### Data Used
- CES-D

### Group 1 N=15
- Psychoeducation plus other - Individual. 4 x weekly. 75 min. 1) express feelings of HIV/medication. 2) Education regarding HIV. 3) barriers to medication. 4) roles of stress/strategies to cope with depressive disorder.

### Participants were not recruited for depression but had a mean BDI in the clinical range at baseline - study will be used in a sensitivity analysis.

### Intervention for stress management (not specific to depression).
Results from this paper:
Quality assessed: +

**BARTH2005**

Study Type: RCT

Study Description: analyse data for participants who provided outcome data

Type of Analysis: "non-ITT"

Duration (days): Range 21-28

Follow-up: No follow-up

Setting: GERMANY

Inpatient (3 cardiac rehabilitation hospitals)

Notes: Randomised by closed envelopes.

Info on Screening Process: 5898 consecutive admission; 1709 screened; 441 had mental distress (HADS >17); 268 excluded from interview; 107 did not have depressive disorder as assessed in interview, further 7 excluded; 59 randomised; lost to follow-up: 0 - treatment, 4 - control.

Baseline: No significant baseline differences between groups on measures of depression. Baseline severity of depression as measured by BDI = 19.04 (6.39) - treatment and 21.25 (5.43) - control and HADS (total) = 23.07 (4.02) - treatment and 24.58 (4.51) - control.

Results from this paper:
Quality assessment = +

**BRODY2006**

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 42

Setting: US

Notes: Randomisation: computer-generated.

Info on Screening Process: 349 screened, 252 randomised, 214 completed treatment, 32 depressed at baseline.

Baseline: Baseline depression GDS-15: 7.50 (2.19), 7.80 (2.35).

Results from this paper:
Quality assessed: +
**BROWN1993**

**Study Type:** RCT  
**Study Description:** Did not include the 12 subjects who dropped out of treatment before completion of final post-treatment assessment* 
**Type of Analysis:** *Completers*  
**Blindness:** No mention  
**Duration (days):** Mean 84  
**Followup:** 3-, 9- and 15-month  
**Setting:** US, San Francisco  
**Hospital**  
**Notes:** Details on randomisation not reported. Info on Screening Process: 54/107 met all the study criteria: reasons for exclusions included chronic, severe depression and/or anxiety preceeding the cardiac event; 14/54 excluded as dropped out of the study before final post-treatment assessment.

**Results from this paper:**  
**Quality assessment:** +

---

**CHESNEY2003**

**Study Type:** RCT  
**Study Description:** Only includes participants with outcome data* 
**Type of Analysis:** Completers*  
**Blindness:**  
**Duration (days):** Mean 70  
**Followup:** 6-, 12-months (not for WLC)  
**Setting:** US, San Francisco  
**Not specified**  
**Notes:** Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: 165 met entry criteria, 149 entered the study: 54 group based cognitive-behavioural, 51 health education, 44 control. Post-treatment: 128/149 (86%) retained.

---

**Data Used**  
**SCL 90**  
**BDI-21 item**  
**Notes:** TAKEN AT: pre- and post-treatment; 3-, 9- and 15-months follow-up. DROP OUTS: 12/54 in addition, when some participants did not complete some assessments, their scores were removed from those analyses.

**Results from this paper:**  
**Quality assessed:** +

---

**Group 1 N= 20**  
Individual based cognitive and behavioural skills - 12 weekly 1 hour sessions. Delivered by clinical psychologist/psychiatrist. Included pleasant activities, relaxation, cognitive restructuring, anger management. Therapist, patient + partner. Intervention for depression.

**Group 2 N= 20**  
Counselling - Therapists activities included expression of support, warmth and empathy. Offered interpretation, reflections and clarifications of the participants feelings. Based on Rogers.
Study Type: RCT
Type of Analysis: Completers
Blindness: No mention
Duration (days): Mean 150
Setting: Australia, Adelaide Community
Notes: Randomisation = computer-generated. Allocation by sealed envelopes.

In info on Screening Process: 139 admissions to rehabilitation unit, 32 excluded, 107 registered, 68 randomised: 33 -treatment, 35 - control. 62 completed: 30 - treatment, 32 - control.

Participants not recruited for depression (and are sub-threshold).
Intervention has a component that is psychosocial as discussing stresses related to physical health problem.

Data Used
GDS-15 item
SF-36
Notes: TAKEN AT: pre - and post-intervention.
DROP OUTS: 3/33 (9%) - treatment and 3/35 (8%) - control.

1
N= 30
Group
Psychoeducation plus other - Individual.
Information package on stroke, practical coping suggestions, resources in community & support structures.
Therapist = social worker. Counselling for patient + spouse for stroke related stresses. Three 1-hour sessions at home over 5-months.

2
N= 32
Group
No treatment - No mention on the control group other than they did not receive the intervention. All participants discharged into community - assume it is a no treatment control.

Notes: Randomisation = computer-generated. Allocation concealment adequate.
Setting: Canada
Duration (days): Mean 119
 Blindness: No mention
Notes: Randomisation using a computer generated program. Allocation concealment adequate.

Info on Screening Process: 1226/1468 excluded as did not meet eligibility criteria, 242 randomised

Participants recruited for depression and chronic physical health problems; intervention designed to treat depression.
3 in the treatment, 1 in the control group were receiving psychotropic medication.

Data Used
BDI
Notes: TAKEN AT: pre- and post treatment.
DROP OUTS: 0/13 CBT, 2/7 WLC. *NO STANDARD DEVIATIONS REPORTED.

Group 1 N= 30
CBT - 6 weekly 2 hour classes. Group therapy. Led by social workers. Homework assigned. Therapy designed to treat depression. Please activities, physical activity, self-talk, thought stopping, increasing positive cognitions. 6-week follow-up class.

Participants recruited for depression and chronic physical health problems; intervention designed to treat depression.
3 in the treatment, 1 in the control group were receiving psychotropic medication.
were appropriate for the study; 4 declined. 2 participants in Waitlist dropped out.

- behaviour problems
- did not have depression

Notes: All subjects epileptic and receiving anticonvulsant medication. Mean length of seizure disorder was 13.69 years (SD = 11.1)

Baseline: No significance test conducted. Baseline scores of BDI: 20.75 - treatment; 20.75 - control (SDs not reported; small numbers in each group).

Results from this paper:
Quality assessed: +

DESROSIE2007
Study Type: RCT
Study Description: Single blind = rater only blinded
Type of Analysis: Completer
Blindness: Single blind
Duration (days): 100% Stroke by Current diagnosis
Setting: CANADA
Community
Notes: Randomisation by computer-generated with stratification based on functional independence.
Info on Screening Process: 230 eligible, 168 excluded, 62 randomised, 56 analysed.

Data Used
HRQoL
CES-D

Notes: TAKEN AT: pre- and post-intervention.
DROP OUTS: 4/33 - treatment, 2/29 - control.

Results from this paper:
Quality assessed: +

EVANS1995
Study Type: RCT
Study Description: Included only those for whom all data were collected including follow-up data.
Type of Analysis: *Completers
Blindness: No mention
Duration (days): Mean 56
Followup: 6-month
Setting: USA
Outpatient
Info on Screening Process: 95 patients scheduled for radiation treatment; 78 had a CES-D of 16+ and were randomised.

Data Used
CES-D

Notes: TAKEN AT: post-treatment and 6-month follow-up. DROP OUTS: 6 lost to follow-up because of death/illness

Results from this paper:
1.1 Poorly addressed
1.2 Not reported
1.3 Not addressed
1.4 Not addressed

Group 1 N= 33
Social support - Leisure education program: aim to optimise leisure experiences. 8-12 sessions of 1 hour. Focused on leisure awareness, self-awareness & competency development. Therapist = occupational/recreational. Delivered home/community.

Group 2 N= 29
Perform sensitivity analysis as participants not recruited for depression. Need to perform change score for HRQoL as there are differences at baseline.
<table>
<thead>
<tr>
<th>Study Type</th>
<th>Type of Analysis</th>
<th>Compliers*</th>
<th>Randomisation/allocation concealment</th>
<th>Setting</th>
<th>Setting Details</th>
<th>Results</th>
<th>Quality assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOLEY1987</td>
<td>RCT</td>
<td>+</td>
<td>Details on randomisation not reported</td>
<td>GERMANY</td>
<td>Setting: GERMANY Outpatient</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>HECKMAN2007</td>
<td>RCT</td>
<td>+</td>
<td>Details on randomisation/allocation concealment not reported</td>
<td>US</td>
<td>Setting: US</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>HENRY1997</td>
<td>RCT</td>
<td>+</td>
<td>Details on randomisation not included in the programme for medical reasons</td>
<td>US</td>
<td>Setting: US</td>
<td></td>
<td>+</td>
</tr>
</tbody>
</table>
Blindness: No mention
Duration (days): Mean 42
Followup: No follow-up
Setting: Australia, Sydney
Primary care
Notes: Details on randomisation not reported.
Info on Screening Process: 32 potential subjects, 21 met screening criteria, 2 discontinued treatment.

Exclusions: - no diagnosis of non-insulin-dependent diabetic patients with a duration of >6 months - requiring insulin therapy in the last 6 months - currently requiring insulin therapy - presence of severe levels of psychopathology or major forms of psychiatric disorder such as schizophrenia, bipolar or addictive disorders - no bio-chemical evidence of elevated HbA1 (i.e. <10%) within the past month Notes: Currently receiving treatment for disorder. Mean duration of diabetes was 6.4 years (range 1.5 to 23)
Baseline: There were no significant differences between groups at baseline. Baseline scores of BDI depression: 11.10 (SD = 2.69) - treatment; 13.33 (SD = 4.69) - control Notes: TAKEN AT: pre- and post-assessment. DROP OUTS: two participants discontinued their involvement in the programme for medical reasons

Data Used
CES-D
Notes: TAKEN AT: pre- and post-intervention and 3-month follow-up. DROP OUTS: only report outcomes for completers.

Notes: Designed to cope with stress and anxiety.

Group 1 N= 9
Waitlist - Participants received treatment immediately following the past-treatment assessment period.

Group 2 N= 9
Waitlist - Participants received treatment immediately following the past-treatment assessment period.

Group 3 N= 27
No treatment - Offered crisis intervention outside study protocol.

Results from this paper:
Quality assessed: +

KELLY1993
Study Type: RCT
Type of Analysis: Completers
Blindness: No mention
Duration (days): Mean 56
Followup: 3-month
Setting: US, Milwaukee
Notes: Details on randomisation not reported.
Info on Screening Process: 115 completed pre-intervention assessment and had CES-D >16. Only participants for whom all data were collected, including long-term follow-up, were included in the analysis.

n= 68
Age: Mean 34
Sex: all males
Diagnosis: HIV by Not specified
100% Depression by CES-D
Exclusions: - a CES-D score < 16 - female
Notes: N=56 were asymptomatic or had symptoms of immune compromise; N= 12 had illnesses that met Centers for Disease Control criteria for AIDS. Mean duration of knowledge of symptoms = 31 months
Baseline: No significance test conducted. Baseline scores of CES-D: 27.4 (SD = 8.9) - cognitive and behavioural; 28.1 (SD = 8.5) - peer support; 31.0 (SD = 6.6) - control

Data Used
CES-D
Notes: TAKEN AT: pre- and post-assessment. DROP OUTS: two participants discontinued their involvement in the programme for medical reasons

Results from this paper:
Quality assessed: +

KISSANE2007
Study Type: RCT
Type of Analysis: Completers*
Blindness: Open
Duration (days): Mean 37 Range 1-226
Setting: AUSTRALIA, Melbourne (multisite)
Notes: Randomisation: independent using an 'adaptive biased coin design'. Allocation concealment not addressed.
Info on Screening Process: 485 referred; 258 not assessed or randomised; 227 randomised: 147 intervention, 80 control; *117/147, 60/80 not assessed or randomised; 227 randomised: 147 intervention, 80 control; *117/147, 60/80

n= 227
Age: Mean 52 Range 25-69
Sex: all females
Diagnosis: Cancer by Histologically confirmed
Exclusions: - did not have stage IV breast cancer - not geographically accessible - had a life expectancy of less than 1 year - over 70 years - history of other cancers (except basal cell carcinoma) - inadequate English - intellectual disability of dementia Notes: Stage IV Breast cancer
Baseline: No baseline differences between groups for percentage with depression. 34/147 (23%) - treatment and 20/80 (25%) - control had a diagnosis of depression; meta-

Data Used
Remission (no longer meeting diagnosis)
Notes: TAKEN AT: baseline, 6-, 12-, 18-, 24-months. DROP OUTS:

Results from this paper:
Quality assessed: +

Participants recruited for depression: cognitive-behavioural intervention designed to reduce depression - discussed safe sex practice.

Participants not recruited for depression and chronic physical health problems; analysis reported for subgroup with depression.
### KOUKOUVOU2004

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: Completers</td>
</tr>
<tr>
<td>Blindness: No mention</td>
</tr>
<tr>
<td>Duration (days): Mean 180</td>
</tr>
<tr>
<td>Setting: Greece, Thessaloniki</td>
</tr>
<tr>
<td>Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: Details not reported.</td>
</tr>
</tbody>
</table>

**Data Used**
- Physical health outcomes
- Minnesota Living with Heart failure Questionnaire
- Quality of Life Index
- HADS
- BDI-21 item

**Notes:**
- TAKEN: pre- and post-intervention.
- DROP OUTS: 2/18 - treatment, 1/11 - control.

<table>
<thead>
<tr>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 11</td>
</tr>
<tr>
<td>Control - No further information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 18</td>
</tr>
<tr>
<td>Physical activity - 6-months supervised. 2-4 weeks institution-based training. 3-months aerobic training then added resistance exercises. Exercised 50-70% of peak VO2 for 60 minutes (+5minutes per month) x 3-4 weekly. Progression of exercise duration, frequency, intensity.</td>
</tr>
</tbody>
</table>

### KUNIK2008

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: Completed assessments*</td>
</tr>
<tr>
<td>Type of Analysis: Completers*</td>
</tr>
<tr>
<td>Blindness: Single blind</td>
</tr>
<tr>
<td>Duration (days): Mean 56</td>
</tr>
<tr>
<td>Followup: 12-month</td>
</tr>
<tr>
<td>Setting: US</td>
</tr>
</tbody>
</table>

**Data Used**
- BDI-II
- SF-36

**Notes:**
- TAKEN AT: baseline, mid-point, post-intervention, 4-, 8-, 12-month follow-up. DROP OUTS: (at 12-month follow-up): 37/89 (CBT); 36/92 (Health education).

<table>
<thead>
<tr>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 60</td>
</tr>
<tr>
<td>Health-education - 8 sessions COPD education. 45 lectures/15 discussion. Same therapists. Discussed breathing strategies, medication use, end of life planning.</td>
</tr>
</tbody>
</table>

**Recruited for depression.**
<table>
<thead>
<tr>
<th>LAI2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT</td>
</tr>
<tr>
<td>Study Description: Single blind = observer blinded</td>
</tr>
<tr>
<td>Data Used</td>
</tr>
<tr>
<td>SF-36</td>
</tr>
<tr>
<td>GDS-15 item</td>
</tr>
<tr>
<td>Data Not Used</td>
</tr>
<tr>
<td>Physical health outcomes - no data</td>
</tr>
<tr>
<td>Notes: TAKEN AT: pre- and post-intervention and 6-months follow-up. DROP OUTS: at follow-up 10/50 - treatment and 10/50 - control.</td>
</tr>
<tr>
<td>Group 1 N= 50</td>
</tr>
<tr>
<td>Physical activity - Delivered at home. 3 x week, 36 sessions, 12 weeks. Supervised by a physical/occupational therapist. Equipment supplied, that is, stationary bike, elastic bands.</td>
</tr>
<tr>
<td>Group 2 N= 50</td>
</tr>
<tr>
<td>TAU - Health rehabilitation services as ordered by their physicans. Visted by research assistant every 2 weeks to provide education about stroke prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANDREVILLE1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT</td>
</tr>
<tr>
<td>Study Description: study used on data from 23 participants who completed study*</td>
</tr>
<tr>
<td>Type of Analysis: *Completers</td>
</tr>
<tr>
<td>Data Used</td>
</tr>
<tr>
<td>Functional Autonomy Measurement System</td>
</tr>
<tr>
<td>GDS</td>
</tr>
<tr>
<td>BDI-21 item</td>
</tr>
<tr>
<td>Data Not Used</td>
</tr>
<tr>
<td>Physical health outcomes - no data</td>
</tr>
<tr>
<td>Notes: TAKEN AT: pre- and post-treatment and 6-month follow-up for treatment group only. DROP OUTS: 4 (9%) dropped out.</td>
</tr>
<tr>
<td>Group 1 N= 23</td>
</tr>
<tr>
<td>Self-help - Bibliotherapy based on Feeling Good - cognitive therapy for depression. Monitor depressive symptoms. Contacted by telephone once a week to ask about progress &amp; answer questions.</td>
</tr>
<tr>
<td>Group 2 N= 13</td>
</tr>
<tr>
<td>Waitlist - Contacted by therapist via telephone once a week to monitor condition &amp; to encourage group to persevere until treatment became available. Did not offer counselling, telephone lasted 15 minutes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LARCOMBE1984</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT</td>
</tr>
<tr>
<td>Study Description: study used on data from 23 participants who completed study*</td>
</tr>
<tr>
<td>Type of Analysis: *Completers</td>
</tr>
<tr>
<td>Data Used</td>
</tr>
<tr>
<td>Functional Autonomy Measurement System</td>
</tr>
<tr>
<td>GDS</td>
</tr>
<tr>
<td>BDI-21 item</td>
</tr>
<tr>
<td>Data Not Used</td>
</tr>
<tr>
<td>Physical health outcomes - no data</td>
</tr>
<tr>
<td>Notes: TAKEN AT: pre- and post-treatment and 6-month follow-up for treatment group only. DROP OUTS: 4 (9%) dropped out.</td>
</tr>
<tr>
<td>Group 1 N= 10</td>
</tr>
<tr>
<td>Self-help - Bibliotherapy based on Feeling Good - cognitive therapy for depression. Monitor depressive symptoms. Contacted by telephone once a week to ask about progress &amp; answer questions.</td>
</tr>
<tr>
<td>Group 2 N= 13</td>
</tr>
<tr>
<td>Waitlist - Contacted by therapist via telephone once a week to monitor condition &amp; to encourage group to persevere until treatment became available. Did not offer counselling, telephone lasted 15 minutes.</td>
</tr>
</tbody>
</table>
### Study Type: RCT

- **Blindness:** No mention
- **Duration (days):** Mean 42
- **Followup:** 1-month (treatment group only)
- **Setting:** Not specified

#### Notes:
- Details on randomisation not reported.
- Info on Screening Process: 54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontinued treatment after first session.

#### Study Description:
- **Type of Analysis:** *ITT*
- **Single blind = rater only* I
- **treatment group** participant who did not begin intervention in Study
- **Study Type:** RCT
- **Setting:** Taiwan
- **Followup:** None
- **Duration (days):** Mean 56

#### Info on Screening Process:
- **60 patients list.**
- **Notes:** Randomisation done by independent researcher using random computer-generated list.
- **Info on Screening Process:** 54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontinued treatment after first session.

#### Notes:
- **Details on randomisation not reported.**
- **Type of Analysis:** *Completers dropped from the study* 
- **Group based cognitive and behavioural skills - Cognitive therapy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression.

#### Results from this paper:
- **Quality assessed: = +**

### LUSTMAN1998

- **Study Type:** RCT

#### Study Description:
- **ITT did not include 1 participant who did not begin intervention in treatment group**
- **Single blind = rater only* I
- **Type of Analysis:** 'ITT'

#### Notes:
- **Duration (days):** Mean 42
- **Followup:** Not specified

#### Study Description:
- **Type of Analysis:** *ITT*
- **Single blind = rater only* I
- **treatment group** participant who did not begin intervention in Study
- **Study Type:** RCT
- **Setting:** Taiwan
- **Followup:** None
- **Duration (days):** Mean 56

#### Info on Screening Process:
- **54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontinued treatment after first session.**

#### Notes:
- **Details on randomisation not reported.**
- **Type of Analysis:** *Completers dropped from the study* 
- **Group based cognitive and behavioural skills - Cognitive therapy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression.

#### Results from this paper:
- **Quality assessed: = +**

### LI2007

- **Study Type:** RCT

#### Study Description:
- **Patients in the treatment arm who missed group therapy x2 were dropped from the study**
- **Type of Analysis:** *Completers dropped from the study* 
- **Group based cognitive and behavioural skills - Cognitive therapy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression.

#### Notes:
- **Duration (days):** Mean 56
- **Followup:** None

#### Setting:
- **Taiwan

#### Info on Screening Process:
- **60 patients recruited from haemodialysis unit; 12 dropped out (10 - treatment, 2 - control).**

#### Notes:
- **Randomisation done by independent researcher using random computer-generated list.**
- **Info on Screening Process:** 54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontinued treatment after first session.

#### Notes:
- **Details on randomisation not reported.**
- **Type of Analysis:** *ITT*
- **Single blind = rater only* I
- **treatment group** participant who did not begin intervention in Study
- **Study Type:** RCT
- **Setting:** Taiwan
- **Followup:** None
- **Duration (days):** Mean 56

#### Info on Screening Process:
- **60 patients list.**
- **Notes:** Randomisation done by independent researcher using random computer-generated list.
- **Info on Screening Process:** 54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontinued treatment after first session.

#### Notes:
- **Details on randomisation not reported.**
- **Type of Analysis:** *Completers dropped from the study* 
- **Group based cognitive and behavioural skills - Cognitive therapy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression.

#### Results from this paper:
- **Quality assessed: = +**

### Data Used

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Data Used</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>HDRS</td>
<td>TAKEN AT: pre- and post-intervention. DROP OUTS: none reported</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>BDI</td>
<td>TAKEN AT: pre- and post-intervention (1-month after intervention). DROP OUTS: 10/30 - treatment and 2/30 - control</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>SF-36</td>
<td>TAKEN AT: pre- and post-intervention (1-month after intervention). DROP OUTS: 10/30 - treatment and 2/30 - control</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>BDI-21 item</td>
<td>TAKEN AT: pre- and post-intervention, and 1-month follow-up (for treatment group only). DROP OUTS: none reported</td>
</tr>
</tbody>
</table>

#### Diagnosis:
- **N= 28**
- **N= 20**
- **N= 10**

#### Exclusions:
- - less than 18 years
- - not aged between 20 and 65
- - not self reported duration of depression of at least 3-months
- - concurrent or prior treatment with major tranquillisers or lithium
- - score of < 20 on BDI
- - does not fulfill research criteria for definite or probable depression according to the Feighner et al. (1972) criteria
- - presence of other major psychological disorders
- - high suicidal risk
- - score outside normal range on the Wechsler Memory Scale and Simpson Memory Pictures Test
- - no diagnosis of MS by neurologist
- - no willingness to participate in a treatment research project
- Notes: MS diagnosed by physician: 8 participants for 10 years or less; 11 between 11 and 30 years.

#### Baseline:
- There were no significant differences between groups at baseline. Baseline BDI scores: 27.44 (SD = 5.64) - treatment; 29.00 (SD = 8.67). Baseline Ham-D scores: 16.22 (SD = 512); 16.90 (SD = 6.41).
Depression by DSM-III

Exclusions: - did not have type II diabetes mellitus
- not between 21 and 70 years old
- did not have major depression (according to Diagnostic Interview Schedule)
- did not score at least 14 on BDI
- active suicidal ideation or history of attempted suicide
- history of panic disorder, bipolar depression or any psychotic disorder
- current substance misuse disorder
- currently taking psychoactive medications

Notes: TAKEN AT: Pre- and post-assessment; 6-month follow-up. **At follow-up some patients who remained depressed after 10 week treatment were referred to primary care for antidepressant medication or to a psychotherapist.

Data Used
BDI-21 item
Data Not Used
Physical health outcomes (self-report) - no data

Notes: TAKEN AT: pre-, post-treatment (3-months from baseline), 3-, 6-month follow-up (6-9-months from baseline). DROP OUTS: 47 - cognitive-behavioural; 41 - supportive counselling; 40/111 TAU.

Results from this paper:
Quality assessed: +

MARKOWITZ1998

Study Type: RCT
Study Description: Included participants who refused randomisation (n=4) or received

n = 101
Age: Mean 37  Range 24-59
Sex: 86 males  15 females

Data Used
100-point Karnofsky scale
CD4 cell count

Group 1  N= 27
CBT - Therapists all PhD psychologists. Homework assigned. 16 x 50 minute

Participants recruited for depression and chronic physical health problems. Cognitive-behavioural

Group 2  N= 26
Control - Diabetes education programme (also provided to treatment group). 60 minute, biweekly, individual sessions during entire treatment period (10 weeks).

Perform sensitivity analysis - participants not recruited for depression; sub-group: intervention for psychosocial stressors.

Results from this paper:
Quality assessed: +

MANNE2007

Study Type: RCT
Type of Analysis: ITT
Blindness: Open
Duration (days): Followup: 3-6-months
Setting: US, Philadelphia, New Jersey, Delaware, Pennsylvania
Notes: Assigned randomly by research assistant stratified by baseline BDI

n= 353
Age: Mean 50
Sex: all females
Diagnosis: 100% Cancer

Exclusions: - not diagnosed with primary gynaecological cancer
- patient was not receiving active treatment, that is, chemotherapy/radiation or less than 3-months post-cancer surgery
- Karnofsky Performance Status of <80 or an Eastern Cooperative Oncology Group (ECOG) score not equal to 0 or 1
- did not live within 2 hours commuting distance from recruitment centre
- less than 18 years old
- was not English speaking
- hearing impaired
Notes: Current diagnosis. Gynaecological cancer: 81.8% ovarian; endometrial 6.5%; primary peritoneal 6.2%; cervical 3.1%; vaginal 0.6%; vulvar (0.6%); uterine 1.1%, fallopian tube cancer 0.6%.

Baseline: No significant differences at baseline for depression. BDI-21 depression scores at baseline: 13.51 (SD = 7.7) - cognitive and behavioural; 14.47 (SD = 9.06) - supportive counselling; 12.51 (SD = 7.86) - TAU.

Data Used
BDI-21 item

Notes: TAKEN AT: pre- and post-assessment; 6-month follow-up. **At follow-up some patients who remained depressed after 10 week treatment were referred to primary care for antidepressant medication or to a psychotherapist.

Group 2  N= 26
Control - Diabetes education programme (also provided to treatment group). 60 minute, biweekly, individual sessions during entire treatment period (10 weeks).

Perform sensitivity analysis - participants not recruited for depression; sub-group: intervention for psychosocial stressors.
<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Diagnosis: 100% Multiple sclerosis</th>
<th>Data Used: POMS-D</th>
<th>Group 1 N=11</th>
<th>MOHR2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: ITT and completers</td>
<td>Depression by POMS-D</td>
<td>Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5 CBT; 4 TAU.</td>
<td>CBT - Telephone-administered. Modified for use with MS patients. Homework assignments. Individual therapy. Weekly, 50-minute sessions over 8 weeks.</td>
<td>Study Type: RCT</td>
</tr>
<tr>
<td>Blinding: No mention</td>
<td>Exclusions: - No diagnosis of relapsing MS - No treatment with interferon beta-1a - Score of &lt; 15 on POMS-Depression-Dejection scale - Patients in treatment for depression for &lt; 3 months who did not intend to continue treatment throughout the study - Dementia - &lt; 5th percentile on the Short Word List</td>
<td></td>
<td>Group 2 N=12</td>
<td>Setting: US</td>
</tr>
<tr>
<td>Duration (days): Mean 56</td>
<td>Baseline: There were no significant differences between groups at baseline. Baseline scores of POMS-D = 33.1 - treatment, 27.9 - control.</td>
<td>TAU - Usual care available through Kaiser Permanente Medical Care Program of Northern California.</td>
<td>TAU - Usual care available through Kaiser Permanente Medical Care Program of Northern California.</td>
<td>Type of Analysis: Completers</td>
</tr>
<tr>
<td>Notes: Details on randomisation not reported.</td>
<td></td>
<td></td>
<td></td>
<td>Setting: Single blind</td>
</tr>
<tr>
<td>Info on Screening Process: 73 assessed, 39 did not meet inclusion criteria, 2 declined.</td>
<td></td>
<td></td>
<td></td>
<td>Duration (days): Mean 112</td>
</tr>
</tbody>
</table>

Results from this paper: Quality assessed: +

Results from this paper: Quality assessed: +

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Diagnosis: 100% Multiple sclerosis by physician</th>
<th>Data Used: SCID</th>
<th>Group 1 N=62</th>
<th>MOHR2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: Completers</td>
<td></td>
<td>HAM-D</td>
<td>Recruited for depression; cognitive and behavioural intervention aimed at treating depression.</td>
<td>Study Type: RCT</td>
</tr>
<tr>
<td>Blinding: Single blind</td>
<td></td>
<td>BDI-II</td>
<td></td>
<td>Setting: US</td>
</tr>
<tr>
<td>Duration (days): Mean 112</td>
<td></td>
<td></td>
<td></td>
<td>Followup: 12 month</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
<td></td>
<td>Setting: US</td>
</tr>
</tbody>
</table>

Results from this paper: Quality assessed: +
<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Single blind; assessor blinded to treatment allocation therefore HAM-D is rated blindly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: Completers</td>
<td>Blindness: Single blind</td>
</tr>
<tr>
<td>Duration (days): Mean 56</td>
<td>Setting: Canada</td>
</tr>
<tr>
<td>Notes: Stratified by location of recruitment; assigned randomly via computer-generated random number table; group allocation contained in sealed envelopes.</td>
<td>Info on Screening Process: 497 approached; 333 screened; 45 randomised; 37 analysed*</td>
</tr>
</tbody>
</table>

**SAVARD2006**

<table>
<thead>
<tr>
<th>Group 1 N= 20</th>
<th>Control - Waitlist control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 2 N= 21</td>
<td>Individual based cognitive and behavioural skills - 8 weekly individual sessions. 60-80 minutes. 3 booster sessions every 3 weeks. CBT slightly adapted for women with cancer, that is, targeting negative thoughts specific to cancer. Therapist = licensed psychologist</td>
</tr>
</tbody>
</table>

**SIMONI2007**

<table>
<thead>
<tr>
<th>Group 1 N= 71</th>
<th>Peer support - Delivered by trained peers who were HIV+ on HAART, 3-months, 6 twice-monthly 1 hour group therapy at clinic, 3 x weekly phone calls from trained peers who were assigned to each individual by researcher. Discussion groups and problem-solving.</th>
</tr>
</thead>
</table>

### Notes
- TAKEN AT: baseline, mid-, post-intervention, 3-, 6-, 9-, 12-month follow-up.
- DROP OUTS: 3/62 cognitive and behavioural; 5/65 psychotherapy.
- Allocation concealment not addressed.
- Physical health outcomes
- CES-D
- Diagnosis: 100% HIV by Current diagnosis
- Exclusions: - less than 18 years

### Data Used
- Physical health outcomes
- EORTC QoL Questionnaire
- EORTC Breast Cancer- Specific QoL Questionnaire
- HAM-D
- BDI-21 item
- HADS

### Notes
- TAKEN AT: pre- and post-treatment; 3-, 6 month follow-up. DROP OUTS: 4/25 - treatment; 4/20 - control - analysed only completers

### Results from this paper:
- Quality assessed: +

### Study Type: RCT
- Study Description: Single blind; assessor blinded to treatment allocation therefore HAM-D is rated blindly
- Type of Analysis: Completers
- Blindness: Single blind
- Duration (days): Mean 56
- Setting: Canada
- Notes: Stratified by location of recruitment; assigned randomly via computer-generated random number table; group allocation contained in sealed envelopes.
- Info on Screening Process: 497 approached; 333 screened; 45 randomised; 37 analysed*

### Notes
- TAKEN AT: baseline, mid-, post-intervention, 3-, 6-, 9-, 12-month follow-up.
- DROP OUTS: 3/62 cognitive and behavioural; 5/65 psychotherapy.
Notes: TAKEN AT: pre- and post-intervention and 3-month follow-up.

Group 1 N= 65
TAU - Standard medical care from the clinic. Were given social & mental health referrals when requested.

N= 65
Group
TAU - Standard medical care from the clinic. Were given social & mental health referrals when requested.

Notes: Randomisation based on a computer-generated sequence prepared by an external statistician. Allocation concealment via numbered, opaque, sealed envelop.

Followup: 3-month
Setting: US, New York
HIV primary care outpatient clinic
Notes: Randomisation based on a computer-generated sequence prepared by an external statistician. Allocation concealment via numbered, opaque, sealed envelop.

Info on Screening Process: 53% of eligible patients approached declined; 71 assigned to treatment, 59 (63%) completed follow-up; 65 assigned to control, 57 (88%) completed follow-up.

Results from this paper:
Quality assessed: +

SIMS2009
Study Type: RCT
Study Description: Does not include 2 drop-outs in the control group**
Type of Analysis: **ITT
Blindness: No mention
Duration (days): Mean 70
Setting: Australia, Community
Notes: Randomisation by independent person using computer generated block randomisation list. Allocation concealment not addressed.

Info on Screening Process: 1550 invited, 233 responded, 104 depressed, 59 medical exclusions, 45 entered trial.

n= 45
Age: Range 21-93
Sex: 27 males 18 females
Diagnosis:
100% Stroke
100% Depression by PSE depression module
Exclusions: - stroke < 6 months ago
- inability to walk a distance of at least 20 metres independently with or without a gait-assisitive device
- < 18 years
- PHQ-9 < 5
- depression with psychotic features
- alcohol- or drug-related depression
- schizophrenia, bipolar disorder, dementia, other psychiatric diagnoses
- suicidal ideation
- terminally ill, uncontrolled hypertension, unstable insulin dependent diabetes & unstable angina

Baseline: Differences in baseline depression scores: intervention (CES-D) 15.43 (SD 7.49); control (CES-D) 23.27 (SD 8.86).

Results from this paper:
Quality assessed: +

SIMSON2008
Study Type: RCT
Blindness: No mention
Duration (days): Mean 35
Followup: 21-77
Setting: Germany, Inpatient
Notes: Randomisation procedure not reported. Allocation concealment not addressed.

Info on Screening Process: 111 screened

n= 30
Age: Mean 60
Sex: 17 males 13 females
Diagnosis:
100% Diabetes
100% Depression by HADS-D
Exclusions: dementia insufficient German language skills expected inpatient care for > 3 weeks age> 75 years old

Results from this paper:
Quality assessed: +

Group 1 N= 15
Group existential therapy - An average of 5 sessions, 30 minutes weekly.

Group 2 N= 15
TAU - Standard treatment, including medical and surgical care.
### STEIN2007

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Type of Analysis: Completers</th>
<th>Blindness: No mention</th>
<th>Duration (days): Mean 122</th>
</tr>
</thead>
</table>
| Setting: 514 screened, 177 assessed & randomised, 79 (90%) - treatment & 81 (91%) - control completed follow-up (N = 160 at follow-up) | n = 160  
Age: Mean 40  
Sex: 90 males 70 females  
Diagnosis: 100% HIV by Not specified  
Exclusions: - less than 18 years  
- did not have regular access to a telephone  
- did not have competency to sign informed consent  
- did not have a BDI score > 9  
Notes: HIV + for 91.0 (SD = 72.9) months; 28.1% diagnosed within the last 12 months.  
Baseline: No significant differences at baseline. The mean BDI score at baseline was 22.7 (SD = 9.6); 40% in the mild to moderate stage, 36.3% moderate to severe and 23.8% severely depressed. | Data Used  
Response (>50 reduction from baseline)  
Remission (below cut-off)  
Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 9 (90%) - treatment and 81 (91%) - control completed follow-up (N = 160 at follow-up) | Group 1 N = 88  
Control - Assessment only condition.  
Group 2 N = 79  

### WEISS2003

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Type of Analysis: Completers</th>
<th>Blindness: No mention</th>
<th>Duration (days): Mean 16</th>
</tr>
</thead>
</table>
| Setting: Netherlands  
Notes: Randomisation using a computerised minimisation program.  
Info on Screening Process: 150 contacted study staff; 116 completed screening, 110 accepted; 85 randomised. | n = 84  
Age: Mean 39  
Sex: all males  
Diagnosis: AIDS by Current diagnosis  
Exclusions: - men not between the ages of 18 and 65 years  
- not HIV-positive for at least 6 months  
- inadequate Dutch  
- current alcohol or drug misuse  
- current psychiatric symptoms  
Notes: Participants known about diagnosis for an average of 4 years, 65% were asymptomatic & 62% were not using antiretroviral medication at baseline.  
Baseline: No significant differences between groups at baseline. Baseline BDI scores = 10.3 (SD = 7.3) - treatment; 11.0 (SD = 6.6) - control. | Data Used  
POMS-D  
BDI-21 item  
Notes: TAKEN AT: baseline, 4-months, 9-months (post-treatment), 6-month follow-up. DROP OUTS: 4/44 (treatment); 7/41 (control) | Group 1 N = 44  
Supportive-expressive group psychotherapy - 17 weekly 2.5 hour sessions (over 4 months) + 5-monthly maintenance sessions. Group therapy (6-8). Techniques: stress management; sharing feelings; interpersonal relationships; developing hope. Psychotherapists.  
Group 2 N = 41  
Control - Education: written information about HIV infection. Delivered to both treatment and control. | Perform sensitivity analysis as participants are not recruited for depression. Subthreshold depression |

### YU2006

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Blindness: Single blind</th>
<th>Duration (days): Mean 84</th>
</tr>
</thead>
</table>
| Followup: None  
Setting: China  
Notes: Details on randomisation not reported. Allocation concealment not addressed.  
Info on Screening Process: Details not reported. | n = 121  
Age:  
Sex: 68 males 53 females  
Diagnosis: 100% Cardiovascular disease  
Exclusions: - presence of physical impairment or cognitive deterioration interfering with relaxation  
- uncontrolled angina  
- unstable / acute heart failure, acute systemic illness, recent injurious fall | Data Used  
HADS  
Quality of Life Index  
Notes: TAKEN AT: baseline and at 12 weeks. | Group 1 N = 59  
Relaxation training - 2 sessions + revision session. Sucessive muscle groups tenses, relaxed. Bi-weekly telephone calls to encourage practice over 12 weeks.  
Group 2 N = 32  
Control - Research nurse made a total of 8 phone calls to participants. Attention placebo. | Participants not recruited for depression.  

Results from this paper:  
Quality assessed: +  

Results from this paper:  
Quality assessed: +  

Results from this paper:  
Quality assessed: +
- pre-existing psychiatric diagnosis or current use of anti-
anxiety, anti depressant medication
- prior relaxation training or use of relaxation techniques
- current participation in any rehabilitation program

### Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTONI2000</td>
<td>Excluded men with current psychopathology &amp; depression severity using a corrected 17-HRDS score of &gt; 15 to take into account possible HIV-related organic symptoms.</td>
</tr>
<tr>
<td>ARVING2007</td>
<td>Population is not recruited for depression - excluded ongoing psychiatric diagnosis. Baseline scores of depression on HADS-D is below cut-off: 4 (SD = 4) - treatment and 4 (SD = 3) - TAU.</td>
</tr>
<tr>
<td>BADGER2007</td>
<td>Treatment group - CES-D = 16.44 (SD = 1.7); Control - CES-D = 9.88 (SD = 1.7)</td>
</tr>
<tr>
<td>BASLER1991</td>
<td>Unclear whether population is depressed</td>
</tr>
<tr>
<td>BERGER2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>BILLHULT2007</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>BLANCH2002</td>
<td>Design - not an RCT (no control group)</td>
</tr>
<tr>
<td>CHANG2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>CLASSEN2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>DAVIES2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>DETER2007</td>
<td>Outcomes not relevant</td>
</tr>
<tr>
<td>DOBINKIN2007</td>
<td>Design - not an RCT (no control group)</td>
</tr>
<tr>
<td>EDELMAN1999</td>
<td>Population not depressed: median of POMS-D is 6 for treatment group and 5 for control group</td>
</tr>
<tr>
<td>EDELMAN1999A</td>
<td>Baseline scores of depression as assessed by POMS-D = 11.39 for treatment and 12.17 for control.</td>
</tr>
<tr>
<td>ELCL2008</td>
<td>Rehabilitation program (outside the scope of the guideline)</td>
</tr>
<tr>
<td>FREEMAN2005</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>GALLAGHER2003</td>
<td>Population does not have depression: control group - 6.1 (SD = 3.40 on HADS-D and treatment group - 6.3 (SD = 3.5)</td>
</tr>
<tr>
<td>GITLIN2007</td>
<td>Not an intervention trial</td>
</tr>
<tr>
<td>GIVEN2004</td>
<td>Data is not extractable</td>
</tr>
<tr>
<td>GOODWIN2001</td>
<td>Population not depressed.</td>
</tr>
<tr>
<td>GOTAY2007</td>
<td>Less than 50% were above the clinical cut off for depression as assessed by a CES-D score of greater than 16</td>
</tr>
<tr>
<td>GREER1992</td>
<td>Population - Baseline scores of HADS-D: 6.2 (SD 4.0) - treatment and 5.8 (SD 3.5) - control group.</td>
</tr>
<tr>
<td>HOFFMANN2007</td>
<td>Population not depression: means HADS-D for treatment and control = 5</td>
</tr>
<tr>
<td>HOPKO2005</td>
<td>Design: no control group (pre and post scores for 6 patients receiving treatment)</td>
</tr>
<tr>
<td>ISMAIL2008</td>
<td>Does not meet minimal criteria for depression, PHQ-9: M &gt; 6</td>
</tr>
<tr>
<td>JERANT2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>JOHNSON2008</td>
<td>Population not depressed at baseline</td>
</tr>
<tr>
<td>Author</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>JONKERS2007</td>
<td>Do not report data on clinical efficacy of the intervention. Report: dropout, fidelity, dose-received exposure/satisfaction, barriers</td>
</tr>
<tr>
<td>KARAPOLAT2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>KARLESEN2004</td>
<td>Prevention study. Combines three scales to assess overall psychological well-being (one of the including depression - Zung Short). Does not look at depression specifically.</td>
</tr>
<tr>
<td>KENNEDY2003</td>
<td>Design - not an RCT</td>
</tr>
<tr>
<td>KOHN2000</td>
<td>Only has a BDI score at follow-up therefore cannot assess whether population has depression or not (only reports biological indicators at baseline)</td>
</tr>
<tr>
<td>LEPORE2003</td>
<td>Population not depressed: baseline scores of CES-D depression = 0.46 (control); 0.54 (education); 0.49 (education +)</td>
</tr>
<tr>
<td>LINCOLN2003</td>
<td>Data: only report medians</td>
</tr>
<tr>
<td>LIU2008</td>
<td>Intervention does not meet definition criteria</td>
</tr>
<tr>
<td>LOLAK2008</td>
<td>Did not meet criteria for depression HADS: M ~ 5</td>
</tr>
<tr>
<td>MARTIRE2007</td>
<td>Does not report depression outcomes for participants with chronic physical health problems because there were differences between treatment groups at baseline (does not report baseline scores)</td>
</tr>
<tr>
<td>MAY2002</td>
<td>Population not depressed - 24.3% treatment &amp; 29.2% control reached scores higher than the 95% of the reference population for depression. Looked at depression as a moderator of efficacy. Zung depression baseline = 13.94 - control and 12.49 - treatment</td>
</tr>
<tr>
<td>MENDOZA2001</td>
<td>Intervention not relevant - memory notebook</td>
</tr>
<tr>
<td>MOADEL2008</td>
<td>Commentary</td>
</tr>
<tr>
<td>MOHRI2001</td>
<td>Not randomised to group existential therapy</td>
</tr>
<tr>
<td>MOHR2001A</td>
<td>No comparisons between interventions (treatment groups collapsed); aim to examine the relationship between depression, treatment of depression and interferon gamma</td>
</tr>
<tr>
<td>MULDER1994</td>
<td>Population did not all have depression - 12% were within the range of depression on the BDI and 46% on the GHQ</td>
</tr>
<tr>
<td>NEIDIG2003</td>
<td>Population did not meet minimal criteria for depression</td>
</tr>
<tr>
<td>NUNES2007</td>
<td>Excluded clinical depression</td>
</tr>
<tr>
<td>PAYNE2008</td>
<td>Population not depressed at baseline</td>
</tr>
<tr>
<td>POWELL2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>RIGBY2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>ROBINSONWHELEN2007</td>
<td>No extractable data</td>
</tr>
<tr>
<td>SCHOLZ2006</td>
<td>Cannot assess depression as participants were not recruited for depression nor did they report baseline score of depression. Paper looked at associations of depression with variables not the efficacy of the intervention on depressive symptoms</td>
</tr>
<tr>
<td>SMITH2004</td>
<td>Population not all depressed. Only reported medians so could not use data</td>
</tr>
<tr>
<td>SMITH2008</td>
<td>Randomisation not adequately done</td>
</tr>
<tr>
<td>SNOEK2008</td>
<td>No extractable data for depression</td>
</tr>
<tr>
<td>SOMMARUGA1995</td>
<td>Could not assess whether participants met criteria for depression</td>
</tr>
<tr>
<td>STEEL2007</td>
<td>Population not depressed at baseline</td>
</tr>
<tr>
<td>SUH2002</td>
<td>Before and after study with no control group</td>
</tr>
<tr>
<td>SULLIVAN2009</td>
<td>Design not an RCT</td>
</tr>
</tbody>
</table>
References of Included Studies

ADDOLORATO2004 (Published Data Only)

ANTONI2006 (Published Data Only)

BALFOUR2006 (Published Data Only)

BARTH2005

BRODY2006 (Published Data Only)

BROWN1993 (Published Data Only)

CHESNEY2003 (Published Data Only)

CLARK2003 (Published Data Only)

COURNEYA2007 (Published Data Only)

DAVIS1984 (Published Data Only)
MOHR2005 (Published Data Only)

SAVARD2006 (Published Data Only)

SIMONI2007 (Published Data Only)

SIMS2009 (Published Data Only)

SIMSON2008 (Published Data Only)

STEIN2007 (Published Data Only)

WEISS2003

YU2006 (Published Data Only)

References of Excluded Studies

ANTONI2000 (Published Data Only)

ARVING2007 (Published Data Only)

BADGER2007 (Published Data Only)

BASLER1991 (Published Data Only)

BERGER2008 (Published Data Only)

BILLHULT2007 (Published Data Only)

BLANCH2002

CHANG2008 (Published Data Only)
CLASSEN2008 (Published Data Only)

DAVIES2008 (Published Data Only)

DETER2007

DOBKIN2007 (Published Data Only)

EDELMAN1999 (Published Data Only)

EDELMAN1999A (Published Data Only)

ELCI2008 (Published Data Only)

FREEMAN2005 (Published Data Only)

FRIZELLE2004 (Published Data Only)

GALLAGHER2003 (Published Data Only)

GITLIN2007 (Published Data Only)

GIVEN2004

GOODWIN2001 (Published Data Only)

GOTAY2007 (Published Data Only)

GREER1992 (Published Data Only)

HOFFMANN2007 (Published Data Only)
HOPKO2005

ISMAIL2008

JERANT2008

JOHNSON2008

JONKERS2007

KARAPOLAT2008

KARLSEN2004

KENNEDY2003

KONH2000

LEPORE2003

LINCOLN2003

LIU2008

LOLAK2008

MARTIRE2007

MAY2002

MENDOZA2001

MOADEL2008
MOHR2001

MOHR2001A

MULDER1994

NEIDIG2003

NUNES2007

PAYNE2008

POWELL2008

RIGBY2008

ROBINSONWHELEN2007

SCHOLZ2006

SMITH2004

SMITH2008

SNOEK2008

SOMMARUGA1995

STEEL2007

SUH2002
SULLIVAN2009

THOMAS1999

TIMONEN2002

TSANG2003

VOS2007

WANG2003

WANG2008

WEBER2007

WILLIAMS2007A

ZAUTRA2008

© NCCMH. All rights reserved.
Psychological/psychosocial interventions combined with and compared with pharmacological interventions

## Comparisons Included in this Clinical Question

### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOHR2001</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td>n= 63</td>
<td>Data Used</td>
<td>Group 1 N= 20</td>
<td>Do not perform sensitivity analysis - participants recruited for depression. Cognitive and behavioural intervention modified for chronic physical health problem.</td>
</tr>
<tr>
<td>Type of Analysis: ITT</td>
<td>Age: Mean 44</td>
<td>Longitudinal Interval Follow-up Evaluation-II</td>
<td>CBT - 4 psychologists with 1-8 years of postdoctoral experience. Individual therapy. 16 weekly 50 minute sessions. Standard CBT + specific skills for management of MS-related symptoms.</td>
<td></td>
</tr>
<tr>
<td>Blindness: No mention</td>
<td>Sex: 17 males 46 females</td>
<td>HDRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 112</td>
<td>Diagnosis: 100% multiple sclerosis</td>
<td>BDI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Followup: 6-month follow-up</td>
<td>Depression</td>
<td>Notes: TAKEN AT: pre- and post-intervention and at 6-month follow-up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: USA, California</td>
<td>Exclusions: - an unconfirmed diagnosis of MS - a relapsing-remitting or secondary progressive disease course not confirmed by a neurologist - no diagnosis of MDD (DSM-IV; SCID) - a score less than 16 on the HRSD-17 and BDI - unwillingness to abstain from psychological/pharmacological treatment for depression other than that provided during treatment - other serious psychological disorders - dementia - severe suicidality - initiation of interferon medication within the previous 2 months - other disorders of the CNS - current/planned pregnancy - current psychological/pharmacological treatment for depression</td>
<td>Group 2 N= 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: 1st 6 patients to still meet MDD criteria after 4-week criteria were assigned to group therapy - less than 6 were assigned to CBT or sertraline</td>
<td>Baseline: There were no significant differences between groups at baseline. Baseline BDI scores: 24.8 - treatment, 23.5 - control. Baseline HAM-D scores: 21.0 - treatment, 20.5 - control.</td>
<td>Group existential therapy - Group therapy (5-9 patients) for people with medical diagnoses + 2 therapists. 16 weekly 90 minute sessions. Aim is to facilitate the emotional expressions related to MS. 5 psychologists with 1-9 years postdoctoral experience. NOT RANDOMISED TO THERAPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info on Screening Process: 177 patients showed some signs of depression and received a thorough screening assessment; 63 met inclusion/exclusion criteria.</td>
<td></td>
<td>Group 3 N= 21</td>
<td>Sertraline - Initiated at 50 mg per day and increased by 50 mg every 4 weeks until a dosage of 200 mg was reached or until full remission was achieved.</td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Excluded Studies

### References of Included Studies

**MOHR2001** *(Published Data Only)*


### References of Excluded Studies

© NCCMH. All rights reserved.
### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LESPERANCE2007</strong></td>
<td></td>
<td>Data Used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td>n= 284</td>
<td>Cardiovascular outcomes</td>
<td>Group 1 N= 75</td>
<td></td>
</tr>
<tr>
<td>Type of Analysis: ITT</td>
<td>Age: Mean 58</td>
<td>Response (&gt;50 reduction from baseline)</td>
<td>Citalopram - 10 mg/d week 1, 20 mg/d, if HAMD &gt;8 increased to max 40 mg/d.</td>
<td></td>
</tr>
<tr>
<td>Blindness: Double blind</td>
<td>Sex: 214 males 70 females</td>
<td>Remission (below cut-off)</td>
<td>Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 minutes. Up to 4 could be done via telephone.</td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
<td>Diagnosis: 100% Depression by DSM-IV</td>
<td>BDI-II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: CANADA 9 academic centres</td>
<td>100% Cardiovascular disease</td>
<td>HDRS-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>Exclusions: &lt;18 years of age</td>
<td>Notes: DROP OUTS: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: RANDOMISATION: computer generated and concealed in opaque envelopes</td>
<td>- HAMD &lt;20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info on Screening Process: 370 screened, 30 did not have depression, 30 HAMD &lt;20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused</td>
<td>- depression due to general medical condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- psychosis, bipolar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- substance misuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- suicide risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- current use of antidepressants, lithium, anticonvulsants for mood disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- current psychotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- previous absence of response to citalopram or IPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2 or more previous unsuccessful treatments for the index depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MMSE &lt; 24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- clinical judgement that the patient would not adhere to study regime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- coronary bypass graft surgery planned during the next 4 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Canadian Cardiovascular Society Angina Class of 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- unable to speak French/English</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: Cardiovascular disease histologically confirmed. Severe depression according to APA criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline: Total: HAM-D: 29.68 BDI = 30.3; HAM-D: 30.0 - IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Results from this paper:

Quality assessment score = +

**MARKOWITZ1998**

Psychosocial intervention plus pharmacology versus pharmacology alone

Psychosocial intervention plus pharmacology versus psychosocial intervention alone

Psychosocial intervention versus pharmacology

**LESPERANCE2007**

**MARKOWITZ1998**

**TARG1994**

**ZISOOK1998**
**Study Type:** RCT  
**Study Description:** * included participants who refused randomisation (n=4) or received minimal treatment (n=15).  
**Type of Analysis:** ITT  
**Blindness:** Open  
**Duration (days):** Mean 119  
**Setting:** USA  
**Notes:** Randomly assigned patients to treatment in a balanced design using a computer-generated random number sequence sealed in individual envelopes.  
**Info on Screening Process: Details not reported.**

---

**Data Used**  
- 100-point Kamofsky scale  
- CD4 cell count  
- HDRS-24  
- HDRS-17  
- BDI  
**Notes:** TAKEN AT: pre-, mid- and post-intervention.

**Study Description:** ITT: all participants given medication + 1 follow-up assessment; used LOCF.  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 84  
**Setting:** US  
**Info on Screening Process: Details not reported.**

---

**Results from this paper:**  
**Quality assessed:** ++

**TARG1994**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
</tr>
</tbody>
</table>

**Data Used**  
- Physical health outcomes  
- SCID  
- POMS-D  
- HDRS  
**Notes:** DROP OUTS: Fluoxetine 1/10 Placebo 1/10

**Study Description:** Fluoxetine. Mean dose 20 mg/day - 15 minute medication visits; questioned on medication compliance and side effects.  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 84  
**Setting:** US  
**Notes:** RANDOMISATION: no further details.  
**ALLOCATION CONCEALMENT: not addressed  
**Info on Screening Process: Details not reported.**

---

**Results from this paper:**  
**Quality assessed:** +

**ZISOOK1998**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
</tr>
</tbody>
</table>

**Data Used**  
- BDI-13 item  
- HDRS-17  
**Data Not Used**  
- CGI-S - no data  
- CGI-I - no variability measure

**Study Description:** Fluoxetine. Mean dose 20-60mg - 1 capsule (20mg) each day for the first 3 weeks. Depending on side effects/response the dose could be increased to 2 capsules (40mg) daily in the 4th week and to 3 capsules daily (60mg) by 5th week. At any time dose could be decreased.  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 49  
**Setting:** USA  
**Notes:** no variability measure

---

**Results from this paper:**  
**Quality assessed:** +

**Group 1** N= 27  
- Fluoxetine. Mean dose 20 mg/day - 15 minute medication visits; questioned on medication compliance and side effects.  
- Supportive psychotherapy - 12 weeks: weekly sessions relaxation techniques, problem solving skills training. Group therapy (6-8). Included HIV-related concerns. Therapist = 4th year psychiatric residents.  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 49  
**Setting:** USA  
**Notes:** no variability measure

---

**Group 2** N= 10  
- Placebo  
- Supportive psychotherapy - 12 weeks: weekly sessions relaxation techniques, problem solving skills training  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 49  
**Setting:** USA  
**Notes:** no variability measure

---

**ZISOOK1998**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
</tr>
</tbody>
</table>

**Data Used**  
- BDI-13 item  
- HDRS-17  
**Data Not Used**  
- CGI-S - no data  
- CGI-I - no variability measure

**Study Description:** Fluoxetine. Mean dose 20-60mg - 1 capsule (20mg) each day for the first 3 weeks. Depending on side effects/response the dose could be increased to 2 capsules (40mg) daily in the 4th week and to 3 capsules daily (60mg) by 5th week. At any time dose could be decreased.  
**Type of Analysis:** *ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 49  
**Setting:** USA  
**Notes:** no variability measure

---

**Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing depression. IPT modified for physical health problem.**

---

**Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing depression. IPT modified for physical health problem.**

---

**Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing depression. IPT modified for physical health problem.**

---

**Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing depression. IPT modified for physical health problem.**
Notes: No further details on randomisation. Allocation concealment not addressed.

Ref: NCCMH. All rights reserved.

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEMP2004</td>
<td>Non-randomised control trial</td>
</tr>
<tr>
<td>ROBINSON2008</td>
<td>Population not depressed</td>
</tr>
<tr>
<td>SCHIFFER1990</td>
<td>Compares Desipramine with placebo</td>
</tr>
</tbody>
</table>

**Characteristics of Excluded Studies**

**References of Included Studies**

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
</table>
| LEPERANCE2007      | (Published Data Only)
| MARKOWITZ1998      | (Published Data Only)
| TARG1994           | (Published Data Only)
| ZISOOK1998         | (Published Data Only)

**References of Excluded Studies**

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
</table>
| KEMP2004           | (Published Data Only)
| ROBINSON2008       | (Published Data Only)
| SCHIFFER1990       | (Published Data Only)

© NCCMH. All rights reserved.
### Pharmacological interventions

#### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Pharmacological Comparison</th>
<th>Study Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline versus nomifensine</td>
<td>ROBERTSON1985</td>
</tr>
<tr>
<td>Citalopram versus reboxetine</td>
<td>RAMPELLO2004</td>
</tr>
<tr>
<td>Citalopram versus venlafaxine</td>
<td>ZHAO2005</td>
</tr>
<tr>
<td>Duloxetine versus placebo</td>
<td>WISE2007</td>
</tr>
<tr>
<td>Fluoxetine versus desipramine</td>
<td>HOLLAND1998</td>
</tr>
<tr>
<td></td>
<td>SCHWARTZ1999</td>
</tr>
<tr>
<td>Citalopram versus venlafaxine</td>
<td>ZHAO2005</td>
</tr>
<tr>
<td>Fluoxetine versus reboxetine</td>
<td>RAMPELLO2004</td>
</tr>
<tr>
<td>Fluoxetine versus placebo</td>
<td>BLUMENFIELD1997</td>
</tr>
<tr>
<td>Maprotiline versus mianserin</td>
<td>SCHIFANO1990</td>
</tr>
<tr>
<td>Citalopram versus venlafaxine</td>
<td>ZHAO2005</td>
</tr>
<tr>
<td>Fluoxetine versus reboxetine</td>
<td>RAMPELLO2004</td>
</tr>
<tr>
<td>Fluoxetine versus placebo</td>
<td>BLUMENFIELD1997</td>
</tr>
<tr>
<td>Fluoxetine versus placebo</td>
<td>BLUMENFIELD1997</td>
</tr>
<tr>
<td>Maprotiline versus mianserin</td>
<td>SCHIFANO1990</td>
</tr>
<tr>
<td>Mianserin versus placebo</td>
<td>COSTA1985</td>
</tr>
<tr>
<td></td>
<td>VANHEERINGEN1996</td>
</tr>
<tr>
<td>Mirtazapine versus placebo</td>
<td>VANDENBRINK2002</td>
</tr>
<tr>
<td>Paroxetine versus amitriptyline</td>
<td>BIRD2000</td>
</tr>
<tr>
<td>Paroxetine versus desipramine</td>
<td>MUSSELMAN2006</td>
</tr>
<tr>
<td>Fluoxetine versus paroxetine</td>
<td>GULSEREN2005</td>
</tr>
<tr>
<td>Fluoxetine versus placebo</td>
<td>BLUMENFIELD1997</td>
</tr>
<tr>
<td>Fluoxetine versus placebo</td>
<td>BLUMENFIELD1997</td>
</tr>
<tr>
<td>Paroxetine versus mianserin</td>
<td>SCHIFANO1990</td>
</tr>
<tr>
<td>Fluphenazine versus placebo</td>
<td>COSTA1985</td>
</tr>
<tr>
<td></td>
<td>VANHEERINGEN1996</td>
</tr>
<tr>
<td>Paroxetine versus doxepin</td>
<td>LI2005</td>
</tr>
<tr>
<td>Paroxetine versus nortriptyline</td>
<td>NELSON1999</td>
</tr>
<tr>
<td>Paroxetine versus nortriptyline</td>
<td>NELSON1999</td>
</tr>
<tr>
<td>Paroxetine versus nortriptyline</td>
<td>NELSON1999</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
<tr>
<td>Psychostimulant (SAMe) versus placebo</td>
<td>ANCARANI1993</td>
</tr>
</tbody>
</table>
### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANCARANI 1993</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Type: RCT</td>
<td>n= 53</td>
<td>Data Used</td>
<td>Group 1 N= 41</td>
<td>Funding: BioResearch, BASF group, Milan, Italy.</td>
</tr>
<tr>
<td>Study Description: 1/42 treatment, 1/11 placebo withdrawn, no reason given</td>
<td>Age: Mean 55</td>
<td>IPAT-DS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Analysis: completers*</td>
<td>Sex: 30 males 23 females</td>
<td>HARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: Double blind</td>
<td>Diagnosis: 100% Renal disease</td>
<td>Notes: TAKEN AT: day 0 (start), day 10, day 21 (end).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 21</td>
<td>100% Renal disease</td>
<td>DROP OUT: 1 participant from each group (2.38 SAMe, 9.09 placebo)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: 5 neurology units, ITALY</td>
<td>Exclusions: on dialysis for less than 4 months</td>
<td>Notes: Renal disease diagnosed by physician. Undergoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: no information on randomisation</td>
<td>Notes: no information on randomisation</td>
<td>Info on Screening Process: 53 enrolled, no more information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SSRI versus placebo**

- ANDERSEN1994
- BROWN2005A
- CHEN2002
- DEVOS2008
- EHDE2008
- EISER2005
- EVANS1997
- FISCH2003
- FRUEHWALD2003
- GLASSMAN2002
- GOTTLEB2007
- LACASSE2004
- LEENTJENS2003
- LESPERANCE2007
- LUSTMAN2000
- LUSTMAN2006
- MAURI1994
- MCFARLANE2001
- MENZA2008
- MORROW2003
- MURRAY2005A
- MUSSelman2006
- PAILEHYVARINEN2003
- PAILEHYVARINEN2007
- RABKIN1999
- RABKIN2004
- RAZAVI1996
- ROBINSON2000
- SCT-MD-24
- STRIK2000
- TOLLEFSON1993
- WERMUTH1998
- WIArt2000
- YANG2002

**SSRI versus TCA**

- ANTONINI2006
- CHEN2002
- DEVOS2008
- HUANG2005
- MENZA2008

**TCA versus placebo**

- ANDERSEN1980
- BORSON1992
- KIMURA2000
- LAKSHMANAN1986
- LIPSEY1984
- LUSTMAN1997A
- MENZA2008
- RABKIN1994
- ROBINSON2000
- TAN1994

**Trazodone versus placebo**

- RAFFAELE1996

---

**Settings**

- Funding: BioResearch, BASF group, Milan, Italy.
<table>
<thead>
<tr>
<th><strong>Results from this paper:</strong></th>
<th><strong>Quality assessment score = +</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANDERSEN1980</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Study Type:</strong> RCT</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Analysis:</strong> Completer only</td>
<td></td>
</tr>
<tr>
<td><strong>Blindness:</strong> Double blind</td>
<td></td>
</tr>
<tr>
<td><strong>Duration (days):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Setting:</strong> Denmark</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong> RANDOMISATION: procedure not reported</td>
<td>Group 1  N= 10  Nortriptyline  Group 2  N= 12  Placebo</td>
</tr>
<tr>
<td><strong>n= 22</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong> Mean 59</td>
<td></td>
</tr>
<tr>
<td><strong>Sex:</strong> no information</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parkinson's disease</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> - other somatic diseases  - dementia</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong> Current diagnosis  Baseline: Not reported</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Results from this paper:</strong></th>
<th><strong>Quality assessment score = +</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANDERSEN1994</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Study Type:</strong> RCT</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Analysis:</strong> ITT</td>
<td></td>
</tr>
<tr>
<td><strong>Blindness:</strong> Double blind</td>
<td></td>
</tr>
<tr>
<td><strong>Duration (days):</strong> Mean 42</td>
<td></td>
</tr>
<tr>
<td><strong>Setting:</strong> Denmark, patients with acute stroke admitted to hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong> RANDOMISATION: no further details</td>
<td>Group 1  N= 33  Citalopram - 10 to 40 mg/day  Group 2  N= 33  Placebo</td>
</tr>
<tr>
<td><strong>n= 66</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong> Mean 67</td>
<td></td>
</tr>
<tr>
<td><strong>Sex:</strong> 26 males  40 females</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>100% Stroke</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> - subarachnoid haemorrhage or Binswanger's disease  - previous degenerative or expansive neurological diseases  - psychiatric illness other than depression</td>
<td></td>
</tr>
<tr>
<td><strong>Baseline:</strong> HDRS: Citalopram 19.4 (3.1) Placebo 18.9 (2.6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Results from this paper:</strong></th>
<th><strong>Quality assessment score = +</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTONINI2006</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Study Type:</strong> RCT</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Analysis:</strong> completer only</td>
<td></td>
</tr>
<tr>
<td><strong>Blindness:</strong> Single blind</td>
<td></td>
</tr>
<tr>
<td><strong>Duration (days):</strong> Mean 84</td>
<td></td>
</tr>
<tr>
<td><strong>Setting:</strong> Italy</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong> no further details on randomisation</td>
<td>Group 1  N= 12  Sertraline. Mean dose 50mg  Group 2  N= 11  Amitriptyline. Mean dose 25mg</td>
</tr>
<tr>
<td><strong>n= 31</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong> Mean 70</td>
<td></td>
</tr>
<tr>
<td><strong>Sex:</strong> 14 males  17 females</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>100% Depression by DSM-IV</strong></td>
<td></td>
</tr>
<tr>
<td><strong>100% Parkinson's disease</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> - severe motor fluctuations  - psychosis  - dementia</td>
<td></td>
</tr>
<tr>
<td><strong>Data Used</strong>  Remission (below cut-off)  Response (&gt;50 reduction from baseline)  HDRS  Physical health outcomes  Notes: TAKEN AT: Baseline and endpoint  DROP OUTS: Sertraline 4/16 Amitriptyline 4/15</td>
<td></td>
</tr>
</tbody>
</table>
**BARONE2006**

**Study Type:** RCT  
**Study Description:** ITT defined as all randomised participants who received at least one dose of trial medication and had at least one post-baseline assessment  
**Type of Analysis:** ITT  
**Blindness:** Single blind  
**Duration (days):** Mean 84  
**Setting:** Italy  
**Notes:** no further details on randomisation  

**Data Used**  
- **HDRS**  
- **Remission (below cut-off)**  
- **Response (>50 reduction from baseline)**  

**Notes:** TAKEN AT: Baseline and endpoint

**DROP OUTS:** Pramipexole 1/33 Sertraline 7/34

**Group 1 N= 33**  
- Pramipexole. Mean dose 3.24 mg

**Group 2 N= 34**  
- Sertraline. Mean dose 48.1 mg

**Results from this paper:**  
**Quality assessment score = +**  

**BIRD2000**

**Study Type:** RCT  
**Study Description:** ITT: LOCF  
**Type of Analysis:** ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 56  
**Setting:** 34 centres throughout UK, Ireland, Germany, Italy and Belgium.  
**Notes:** RANDOMISATION: procedure not reported  

**Data Used**  
- **PGE**  
- **BDI**  
- **MADRS**  

**Notes:** TAKEN AT: Baseline, weeks 4, 8 and end of treatment

**DROP OUT:** 18(19.1) Paroxetine, 19 (20.2) amitriptyline

Leaving due to adverse events: Paroxetine 15 (16.0), amitriptyline 14 (14.9)

**Group 1 N= 94**  
- Paroxetine. Mean dose 20-40 mg - Start dose: 20 mg for 2 weeks. After this could increase to 40 mg if required. Also received an amitriptyline matched placebo.

**Group 2 N= 94**  
- Amitriptyline. Mean dose 75-150 mg - Start dose: 75 mg for 2 weeks. After this could increase to 150 mg if required. Also received a paroxetine matched placebo.

**Results from this paper:**  
**Quality assessment score = +**  

**BLUMENFIELD1997**

**Study Type:** RCT  
**Study Description:** * 1/7 treatment left study, all placebo participants completed  
**Age:** no information

**Data Used**  
- **HADS**  
- **BDI**

**Group 1 N= 6**  
- Fluoxetine. Mean dose 20 mg - 20 mg daily

**Results from this paper:**  
**Quality assessment result: +**  

**Funding:** no information

**Educational grant from SmithKline Beecham**
**Results from this paper:**

**Quality assessment:** +

### BORSON1992

**Study Type:** RCT

**Type of Analysis:** Completer

**Blindness:** Double blind

**Setting:** Veterans Affairs medical centres and private practices, SEATTLE, US

**Notes:** RANDOMISATION: Assignment to treatment was conducted by a psychiatrist blind to the study questions using a random number table

**Info on Screening Process:** Not reported

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18</td>
<td>Placebo</td>
</tr>
<tr>
<td>2</td>
<td>18</td>
<td>Nortriptyline</td>
</tr>
</tbody>
</table>

- **Diagnosis:**
  - Renal disease (100%)
  - Depression by HADS-D (100%)
- **Exclusions:**
  - Not between 18-70 years of age
  - Other chronic illness
  - Major depressive disorder other than unipolar depression
  - Psychotropic medication in week prior to study
  - MAOIs 2 weeks prior to study
  - Not satisfying the criteria for major depressive disorder
  - Pregnant or woman of child-bearing age not using contraception
  - Involved in any other drug study prior to this study
- **Notes:**
  - Renal disease diagnosed by physician. All subjects on dialysis.
  - Baseline: not stated, although all participants scored at least 16 on the HADS.

**Results from this paper:**

**Quality assessment:** +

### BROWN2005A

**Study Type:** RCT

**Study Description:** Analysis included those who completed baseline + <= one post-baseline evaluation regardless of study completion. LOCF used for missing data. *LOCF used for missing data*

**Type of Analysis:** ITT*

**Blindness:** Double blind

**Setting:** Mean 84

**Notes:** Although 90 participants were randomised, the paper only presents and analyses data from 83 participants

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>41</td>
<td>Placebo</td>
</tr>
<tr>
<td>2</td>
<td>41</td>
<td>Citalopram</td>
</tr>
</tbody>
</table>

- **Diagnosis:**
  - Asthma (100%)
- **Exclusions:**
  - Primary diagnosis not moderate to severe COPD
  - No diagnosis of depression
  - Another medical illness more disabling than lung disease
  - MMSE <25 indicating severe cognitive impairment
  - Recent stroke or myocardial infarction
  - Currently misusing alcohol
  - If other psychotropics could not be withdrawn
  - Taking <40 mg of prednisone daily and those who began home oxygen treatment within the month
- **Notes:**
  - All participants were outpatients with 39% receiving care from Veterans Affairs physicians and 61% from community providers.
  - Baseline: HAM-D: 29.6(7.6) nortriptyline; 29.5(6.4) placebo

**Data Used**

- Functional Index of Living
- CGI-I
- Physical health outcomes
- Adverse events
- HAM-D
- Response (based on CGI)

**Results from this paper:**

**Quality assessment:** +
| Setting: Asthma Clinic  
DALLAS, US  
Notes: RANDOMISATION: procedure not reported  
Info on Screening Process: Not reported | Exclusions:  
- Unable to speak English or Spanish  
- No physician diagnosis of asthma and not currently taking asthma medication  
- <17 on HAM-D  
- Current substance misuse  
- Psychosis  
- High suicide risk  
- Clinically significant hypothyroidism  
- Severe cognitive impairment  
- Pregnant/ nursing women  
- Prison or jail inmates  
- Prior treatment with citalopram or a history of lifetime treatment resistant depression defined as no adequate response to two trials of antidepressants  
Notes: Participants were identified through a two item screening tool but required a diagnosis of MDD  
Baseline: HAMD 24.0 citalopram; 23.4 placebo | Notes: TAKEN AT: Baseline, weeks, 1-12, End of treatment  
DROP OUT: 23/41 Citalopram; 16/41 Placebo (based on the 82 evaluable sample)  
Notes: RANDOMISATION: procedure not reported  
Setting: Asthma Clinic  
DALLAS, US  
Info on Screening Process: Not reported  
Exclusions: - pre-stroke psychiatric illness  
- cognitive impairment  
- suicidal ideation  
Baseline: HAMD: Paroxetine 20.2 (3.3) Doxepin 19.2 (1.9) Placebo 18.1 (3.1)  
Notes: RANDOMISATION: procedure not reported  
Setting: Inpatient (70/73 participants)  
Duration (days): Mean 28  
Blindness: Double blind  
Type of Analysis: ITT and completer  
Study Type: RCT  
Study Description: Efficacy assessments were based on LOCF in which missing scores from patients who dropped out before day 21 had the last observation score assigned.  
Type of Analysis: ITT and completer  
Blindness: Double blind  
Duration (days): Mean 28  
Setting: Inpatient (70/73 participants)  
Notes: RANDOMISATION: procedure not reported  
Info on Screening Process: Not stated | CHEN2002  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details |
| Data Used  
Activities of daily living  
HDRS-17  
Notes: TAKEN AT: Baseline and endpoint  
DROP OUTS: Paroxetine 0/24 Doxepine 8/16 (all adverse events) Placebo 4/20 (lack of efficacy)  
Group 1 N= 24  
Paroxetine. Mean dose 200 mg/d  
Group 2 N= 20  
Placebo. Mean dose 30 mg/d - Guvitamine  
Group 3 N= 16  
Doxepin. Mean dose 25 mg/d  
Results from this paper:  
Quality assessment score = +  
CHEN2002  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details |
| Data Used  
Adverse events  
HDRS-17  
CGI-S  
Brief Zung Self-rating Depression Scale  
Notes: TAKEN AT: Baseline and at the end of treatment  
DROP OUTS: Mianserin 7/36 (19%) Placebo 15/37 (41%)  
Leaving the study early due to side effects:  
Mianserin 1/36 Placebo 1/37  
Group 1 N= 36  
Mianserin. Mean dose 44.5 mg/day - 10 mg Mianserin tablets. During week 1, 1 tablet t.i.d., following 3 weeks 2 tablets t.i.d.  
Dose could be modified according to therapeutic effect and tolerance.  
Group 2 N= 37  
Placebo  
Results from this paper:  
Quality assessment score = +  
COSTA1985  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details |
| Data Used  
Adverse events  
HDRS-17  
CGI-S  
Brief Zung Self-rating Depression Scale  
Notes: TAKEN AT: Baseline and at the end of treatment  
DROP OUTS: Mianserin 7/36 (19%) Placebo 15/37 (41%)  
Leaving the study early due to side effects:  
Mianserin 1/36 Placebo 1/37  
Group 1 N= 36  
Mianserin. Mean dose 44.5 mg/day - 10 mg Mianserin tablets. During week 1, 1 tablet t.i.d., following 3 weeks 2 tablets t.i.d.  
Dose could be modified according to therapeutic effect and tolerance.  
Group 2 N= 37  
Placebo  
Results from this paper:  
Quality assessment score = +  
COSTA1985  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details |
| Data Used  
Adverse events  
HDRS-17  
CGI-S  
Brief Zung Self-rating Depression Scale  
Notes: TAKEN AT: Baseline and at the end of treatment  
DROP OUTS: Mianserin 7/36 (19%) Placebo 15/37 (41%)  
Leaving the study early due to side effects:  
Mianserin 1/36 Placebo 1/37  
Group 1 N= 36  
Mianserin. Mean dose 44.5 mg/day - 10 mg Mianserin tablets. During week 1, 1 tablet t.i.d., following 3 weeks 2 tablets t.i.d.  
Dose could be modified according to therapeutic effect and tolerance.  
Group 2 N= 37  
Placebo  
Results from this paper:  
Quality assessment score = +  
COSTA1985  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details  
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 56  
Setting: China  
Notes: RANDOMISATION: no further details |
Results from this paper:
Quality assessment score = +

**DEVOS2008**

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: All participants were included in the analysis for primary data</td>
</tr>
<tr>
<td>Type of Analysis: ITT</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 30</td>
</tr>
<tr>
<td>Setting: France, Lille</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: Independently stratified using a randomisation table. List was transmitted to an independent contract research organisation.</td>
</tr>
<tr>
<td>Info on Screening Process: 48 participants screened, no screening failures</td>
</tr>
<tr>
<td>Notes: Stages II III and IV included. Cancers included breast, ovarian, uterine, cervical and other. Depression diagnosis based on screening and then psychiatric evaluation based on Kathhol &amp; Petty criteria for depression in medically ill patients. Baseline: Zung: Mianserin 50.1(6.31) Placebo 51.2(6.56) CGI: Mianserin 3.33(1.19) Placebo 3.32(1.09) HAMD: Mianserin 20.6(3.62) Placebo 20.8(3.85)</td>
</tr>
<tr>
<td>n= 48</td>
</tr>
<tr>
<td>Age: Mean 62</td>
</tr>
<tr>
<td>Sex: 15 males  27 females</td>
</tr>
<tr>
<td>Diagnosis:</td>
</tr>
<tr>
<td>100% Depression by DSM-IV</td>
</tr>
<tr>
<td>Parkinson's disease by Clinical judgement</td>
</tr>
<tr>
<td>Exclusions:</td>
</tr>
<tr>
<td>&gt;80 years</td>
</tr>
<tr>
<td>Parkinson's disease &lt;2 years</td>
</tr>
<tr>
<td>Not receiving optimal dose of dopaminergic treatment</td>
</tr>
<tr>
<td>Not meeting DSM-IV criteria for major depression</td>
</tr>
<tr>
<td>&lt;20 MADRS</td>
</tr>
<tr>
<td>Serious or unstable medical condition</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Psychotic disorders and suicidal thoughts</td>
</tr>
<tr>
<td>Baseline: No significant differences at baseline between groups: MADRS: Placebo 27, Citalopram 25, Despramine 29</td>
</tr>
<tr>
<td>Reports demographic data for 42/48 participants</td>
</tr>
</tbody>
</table>

**Data Used**

| MADRS |
| Response (>50 reduction from baseline) |
| Remission (below cut-off) |
| Notes: TAKEN AT: Baseline and 30 days (end of treatment) |
| DROPOUT: Placebo 0/16, Citalopram 2/15, Desipramine 1/17 |

| Group 1 N= 16 |
| Placebo - Three placebo tablets |

| Group 2 N= 15 |
| Citalopram. Mean dose 20 mg/day - Citalopram treatment consisted of one 20 mg tablet and two placebo tablets |

| Group 3 N= 17 |
| Desipramine. Mean dose 75 mg/day - Desipramine treatment consisted of two 25 mg tablets for last 28 days |

Results from this paper:
Quality assessment score ++

**EHDE2008**

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: All outcomes analysed using ITT regardless of participant's adherence to protocol. For the main analyses, baseline values were substituted for missing data. Type of Analysis: ITT</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
</tr>
<tr>
<td>Setting: Washington, US</td>
</tr>
<tr>
<td>- participants were recruited from various centres and clinics</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: a randomisation table was prepared in blocks of 10 using a computerised random number generator.</td>
</tr>
<tr>
<td>Info on Screening Process: 349 participants assessed for eligibility, 215 were excluded (main reason due to taking antidepressants) and 90 people declined</td>
</tr>
<tr>
<td>n= 42</td>
</tr>
<tr>
<td>Age: Mean 45  Range 24-63</td>
</tr>
<tr>
<td>Sex: 20 males  22 females</td>
</tr>
<tr>
<td>Diagnosis:</td>
</tr>
<tr>
<td>multiple sclerosis by Clinical judgement</td>
</tr>
<tr>
<td>Depression by DSM-IV</td>
</tr>
<tr>
<td>Exclusions:</td>
</tr>
<tr>
<td>Age &lt;18years</td>
</tr>
<tr>
<td>Diagnosis of MS not confirmed by neurologist or MS-specialising physiatrist</td>
</tr>
<tr>
<td>No diagnosis of MDD or dysthymia based on DSM-IV criteria</td>
</tr>
<tr>
<td>Failed paroxetine treatment in past</td>
</tr>
<tr>
<td>Receiving psychotherapy</td>
</tr>
<tr>
<td>Taking psychotropic medications</td>
</tr>
<tr>
<td>Taking &gt;50 mg/day amitriptyline or equivalent for pain or sleep</td>
</tr>
<tr>
<td>Suicidal ideation necessitating immediate psychiatric intervention</td>
</tr>
<tr>
<td>Pregnant, nursing or not using adequate contraception</td>
</tr>
<tr>
<td>Participating in another drug study</td>
</tr>
</tbody>
</table>

| Data Used |
| Adverse events |
| MS QoL scale |
| SWLS |
| SCL-20 |
| SCL-90 |
| CES-D |
| HAM-A |
| HAM-D |
| Response (>50 reduction from baseline) |
| Remission (below cut-off) |
| Notes: TAKEN AT: baseline, 6 weeks (mid-treatment), 12 weeks (post treatment) |
| DROPOUT: Paroxetine: 4/22 (18%) Placebo: 1/20 (5%) |
| Leaving the study early due to adverse events: Paroxetine 2/22, placebo 0/20 |

| Group 1 N= 22 |
| Paroxetine. Mean dose 10-40 mg/day - Initial dose 10 mg/day (one capsule) for 1 week. Dosage increased to 20 mg/day if tolerated. On each visit the psychiatrist adjusted the study medication up to 4 capsules (40 mg/day) depending on clinical outcome and side effects |

| Group 2 N= 20 |
| Placebo - up to 4 capsules of placebo could be given |

Non-drug company funded (follow-uped by French Ministry of Health grant)
Results from this paper:
Quality assessed: +

**EISER2005**

Study Type: RCT

Study Description: 6 week double-blind placebo controlled study followed by a 3 month open-label extension period

Type of Analysis: Completer

Blindness: Double blind

Duration (days): Mean 42

Setting: Lewisham, UK

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: 135 people were screened, 47 screened positive for depression of which 28 received a diagnosis and agreed to participate

Data Used

- SGRQ
- MADRS
- Physical health outcomes
- BDI
- HADS

Notes: TAKEN AT: baseline and end point (end of double-blind stage)

DROP OUT: Paroxetine 4/14 ; Placebo 0/14

Group 1 N= 14
Paroxetine. Mean dose 20 mg

Group 2 N= 14
Placebo

Funding not reported

**EVANS1997**

Study Type: RCT

Study Description: ITT included all those who completed at least 3 weeks of treatment. Discontinuations prior to 3 weeks were excluded from the analysis.

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 56

Setting: UK, LIVERPOOL

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: 144 patients were diagnosed with depression, 58 were not included in the trial due to refusal, physician's decision, medical contraindication, and other reasons

Data Used

- Adverse events
- Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and 8 weeks (end of treatment)

DROP OUT: Fluoxetine: 18/39 Placebo 23/43

Group 1 N= 39
Fluoxetine. Mean dose 20 mg/day - 20 mg/day given in the morning for 8 weeks

Group 2 N= 43
Placebo

Drug-company sponsored (Lilly Industries Ltd)

Results from this paper:

Quality assessed: +

Notes: Participants scoring >=16 on the CES-D at screening were questioned regarding inclusion/exclusion criteria. Those meeting inclusion criteria attended an interview with a psychiatrist.

Baseline: No significant differences at baseline

HAMD: 17.2(4.3) Paroxetine, 19.0(4.6) Placebo

CES-D: 33.3(9.3) Paroxetine, 35.9(8.3) Placebo

Notes: COPD was current diagnosis. All had a diagnosis of moderate to severe COPD

Baseline: HAD 12(3); BDI 23(8)

Notes: TAKEN AT: baseline and 8 weeks (end of treatment)

DROP OUT: Fluoxetine: 18/39 Placebo 23/43

Group 1 N= 39
Fluoxetine. Mean dose 20 mg/day - 20 mg/day given in the morning for 8 weeks

Group 2 N= 43
Placebo

Drug-company sponsored (Lilly Industries Ltd)

Results from this paper:

Quality assessed: +

Notes: Participants scoring >=16 on the CES-D at screening were questioned regarding inclusion/exclusion criteria. Those meeting inclusion criteria attended an interview with a psychiatrist.

Baseline: No significant differences at baseline

HAMD: 17.2(4.3) Paroxetine, 19.0(4.6) Placebo

CES-D: 33.3(9.3) Paroxetine, 35.9(8.3) Placebo

Notes: COPD was current diagnosis. All had a diagnosis of moderate to severe COPD

Baseline: HAD 12(3); BDI 23(8)
**FISCH2003**

**Study Type:** RCT  
**Study Description:** ITT - all participants with at least one follow-up were assessable for the primary outcome. Generalised estimating equation used for missing data.*  
**Type of Analysis:** ITT and completers  
**Blindness:** Double blind  
**Duration (days):** Mean 84  
**Setting:** 15 sites of the Hoosier Oncology group, US (3 academic centres, 12 community sites)  
**Notes:** RANDOMISATION: Patients were stratified on the basis of Eastern Cooperative Oncology Group performance. The randomisation was performed centrally.  
**Info on Screening Process:** Not reported

**Results from this paper:**  
**Quality assessment score = +**

---

**FRUEHWALD2003**

**Study Type:** RCT  
**Type of Analysis:** completer only  
**Blindness:** Double blind  
**Duration (days):** Mean 90  
**Followup:** 3 months then open label follow up  
**Setting:** France, neurorehabilitation unit  
**Notes:** RANDOMISATION: generated by computer programme independently of the research team

**Results from this paper:**  
**Quality assessment score = +**

---

**GLASSMAN2002**

**Study Type:** RCT  
**Study Description:** Intention to treat  
**Type of Analysis:** ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 168

**Results from this paper:**  
**Quality assessment score = +**
| Setting: Outpatient cardiology and psychiatry clinics US, Canada, Europe, Australia |
| Notes: RANDOMISATION: no description |
| Info on Screening Process: 11,546 screened, 8191 did not have MI or angina, 2799 did not have depression, 187 did not meet DSM criteria |
| Angina by Clinical judgement |
| 100% Depression by DSM-IV |
| Exclusions: - Uncontrolled hypertension - Cardiac surgery in next 6 months - Renal dysfunction - Substance misuse - Psychosis, bipolar, dementia |
| Baseline: HAMD = 19.6 |
| Group 2 | N= 183 |
| Placebo |
| Notes: DROP OUTS: Sertraline 53/186 Placebo 46/183 |
| Deaths: Sertraline 2/186 Placebo 5/183 |
| Adverse events: Sertraline 16/186 Placebo 11/183 |

| Notes: RANDOMISATION: no details |
| Setting: Heart Failure Clinic Veterans Affairs, US |
| Notes: RANDOMISATION: no details |
| Angina by Clinical judgement |
| 100% Depression by DSM-IV |
| Exclusions: - Uncontrolled hypertension - Cardiac surgery in next 6 months - Renal dysfunction - Substance misuse - Psychosis, bipolar, dementia |
| Baseline: BDI median = 21.5 |

| Study Type: RCT |
| Type of Analysis: ITT |
| Blinding: Double blind |
| Duration (days): Mean 84 |
| Setting: Heart Failure Clinic Veterans Affairs, US |
| Notes: RANDOMISATION: no details |
| n= 28 |
| Age: Mean 62 |
| Sex: 24 males 4 females |
| Diagnosis: 100% Cardiovascular disease 100% Depression by BDI |
| Exclusions: - Mi within 1 month - Unstable angina - BDI <10 - Substance misuse - Psychosis |
| Baseline: BDI median = 21.5 |
| Group 1 | N= 14 |
| Paroxetine - Controlled release: started at 12.5 mg/d, if tolerated well increased to 25 mg/d after 2 weeks |
| Group 2 | N= 14 |
| Placebo |
| Data Used |
| SF-36 |
| Remission (below cut-off) |
| Notes: DROP OUTS: Paroxetine 1/14 Placebo 1/14 |
| Death: Paroxetine 1/14 Placebo 0/14 |

| Study Type: RCT |
| Study Description: There is no mention of blinding of the participants, raters were however blind. |
| Type of Analysis: Completer |
| Blinding: Rater only blind |
| Duration (days): Mean 84 |
| Setting: Turkey, Izmir |
| Notes: RANDOMISATION: details not reported |
| Info on Screening Process: 25 people met the inclusion criteria but two were excluded prior to randomisation as they reported that they could not be present for regular follow ups |
| n= 23 |
| Age: Mean 57 |
| Sex: 3 males 17 females |
| Diagnosis: Diabetes Depression by DSM-IV |
| Exclusions: - HAM-D score <16 - Active suicidal ideation - History of any psychiatric disorder - A physical disease or mental incapacity that would prevent them from performing an interview - Currently taking psychoactive medications |
| Notes: Type II diabetes |
| Baseline: HAM-D: Fluoxetine 17.5(2.4) Paroxetine 18.8(3.0) HAM-A: Fluoxetine 15.7(6.9) Paroxetine 17.2(7.2) |
| Group 1 | N= 12 |
| Fluoxetine. Mean dose 20 mg/day |
| Group 2 | N= 11 |
| Paroxetine. Mean dose 20 mg/day |
| Data Not Used |
| SF-36 - Individual scale (but not total scores) |
| Notes: TAKEN AT: Baseline and end of treatment (week12) |
| DROP OUT: Fluoxetine 1/12 Paroxetine 2/11 |

| Study Type: RCT |
| Study Description: There is no mention of blinding of the participants, raters were however blind. |
| Type of Analysis: Completer |
| Blinding: Rater only blind |
| Duration (days): Mean 84 |
| Setting: Patients were all outpatients being monitored at the endocrinology unit at a local hospital, Turkey, Izmir |
| Notes: RANDOMISATION: details not reported |
| Info on Screening Process: 25 people met the inclusion criteria but two were excluded prior to randomisation as they reported that they could not be present for regular follow ups |
| n= 38 |
| Age: Mean 57 |
| Sex: 3 males 17 females |
| Diagnosis: Diabetes |
| Exclusions: - HAM-D score <16 - Active suicidal ideation - History of any psychiatric disorder - A physical disease or mental incapacity that would prevent them from performing an interview - Currently taking psychoactive medications |
| Notes: Type II diabetes |
| Baseline: HAM-D: Fluoxetine 17.5(2.4) Paroxetine 18.8(3.0) HAM-A: Fluoxetine 15.7(6.9) Paroxetine 17.2(7.2) |
| Group 1 | N= 18 |
| Fluoxetine. Mean dose 20 mg/day |
| Group 2 | N= 20 |
| Paroxetine. Mean dose 20 mg/day |
| Data Not Used |
| SF-36 |
| Remission (below cut-off) |
| Notes: DROP OUTS: Fluoxetine 3/18 Paroxetine 3/20 |
| Notes: DROP OUTS: Paroxetine 1/14 Placebo 1/14 |
| Notes: TAKEN AT: Baseline and end of treatment (week12) |
| DROP OUT: Fluoxetine 1/12 Paroxetine 2/11 |

Results from this paper: Quality assessment score = +

Results from this paper: Quality assessment score = +

Results from this paper: Quality assessment score = +

According to APA criteria.
**Study Type:** RCT

**Study Description:** ITT - LOCF for all participants who received at least one dose of study drug

**Type of Analysis:** ITT

**Blindness:** Double blind

**Duration (days):** Mean 42

**Setting:** Six investigation sites New York, US

**Notes:** RANDOMISATION: Not reported

**Info on Screening Process:** 2 patients withdrew before receiving active drug and one randomised patient discontinued without starting the drug.

---

**Diagnosis:**

- Age: Mean 50
- Sex: all females
- 100% Depression by DSM-IV

**Exclusions:**

- Male
- Not having a diagnosis of breast carcinoma stages II, II or IV
- Mood-congruent or mood-incongruent delusions
- Serious suicide risk
- Unspecified organic mental disorders or substance misuse disorders during the previous year
- Schizophrenia or schizoaffective, paranoid or bipolar disorders
- Taking MAOIs within 14 days or heterocyclic antidepressants within 7 days, routine use of psychoactive drugs including benzodiazepines and lithium
- Fluoxetine use within 20 days of initial evaluation
- Contraindications to the use of desipramine
- Serious medical illness
- Allergy to study drug
- Concomitant use of various drugs including tryptophan and cimetidine
- Pregnant or lactating women and women not using contraception

**Baseline:** HAMD: Fluoxetine 23.58, Placebo 22.79
- HAMA: Fluoxetine 20.00, Placebo 19.79
- CGI-S: Fluoxetine 4.84, Placebo 4.29

**Results from this paper:**

**Quality assessment score:** +

**HUANG2005**

**Study Type:** RCT

**Study Description:** No dropout during study

**Type of Analysis:** *completer only

**Blindness:** No mention

**Duration (days):** Mean 72

**Setting:** Cardiology department, China

**Notes:** RANDOMISATION: procedure not reported

**Info on Screening Process:** Not reported

**Diagnosis:**

- Age:
- Sex: no information
- 100% Depression by CCMD-3

**Exclusions:**

- No diagnosis of depression according to CCMD
- Onset of depression did not follow cardiovascular or cerebrovascular disease
- Aged >70
- History of drug allergy
- Consciousness disorders or obvious signs of dementia
- Severe impairment in cardiac function, hepatic function or renal function
- Severe mental disorders
- Trauma, tumour, inflammation or demyelination of the brain

**Baseline:** HAMD: Fluoxetine 20.00, Placebo 19.79
- HAMA: Fluoxetine 4.84, Placebo 4.20

**Results from this paper:**

**Quality assessment score:** +

**Study Type:** RCT

**Study Description:** ITT - LOCF for all participants who received at least one dose of study drug

**Type of Analysis:** ITT

**Blindness:** Double blind

**Duration (days):** Mean 42

**Setting:** Six investigation sites New York, US

**Notes:** RANDOMISATION: No reported

**Info on Screening Process:** Not reported

**Diagnosis:**

- Age: Mean 50
- Sex: all females
- 100% Depression by DSM-IV

**Exclusions:**

- Male
- Not having a diagnosis of breast carcinoma stages II, II or IV
- Mood-congruent or mood-incongruent delusions
- Serious suicide risk
- Unspecified organic mental disorders or substance misuse disorders during the previous year
- Schizophrenia or schizoaffective, paranoid or bipolar disorders
- Taking MAOIs within 14 days or heterocyclic antidepressants within 7 days, routine use of psychoactive drugs including benzodiazepines and lithium
- Fluoxetine use within 20 days of initial evaluation
- Contraindications to the use of desipramine
- Serious medical illness
- Allergy to study drug
- Concomitant use of various drugs including tryptophan and cimetidine
- Pregnant or lactating women and women not using contraception

**Baseline:** HAMD: Fluoxetine 23.58, Placebo 22.79
- HAMA: Fluoxetine 20.00, Placebo 19.79
- CGI-S: Fluoxetine 4.84, Placebo 4.20

**Results from this paper:**

**Quality assessment score:** +

**Group 1 N= 21**

Fluoxetine. Mean dose 20-60 mg - Fluoxetine-treated patients received 20 mg of active drug in the morning and placebo in the evening, 20 mg/d every 1-4, could increase by 20 mg/week during days 29-42. Dose reduction was also allowed for those patients unable to tolerate >20 mg/day.

**Group 2 N= 17**

Desipramine. Mean dose 100-150 mg - received 25 mg in the evening and placebo in the morning. Dose titrated in 25 mg/week increments to 100 mg/day at week 4. Dose could be further increased by 25 mg/week up to maximum 150 mg/day. Dose reduction allowed for those unable to tolerate >100 mg/d.

**Group 1 N= 30**

Fluoxetine. Mean dose 20 mg/day

**Group 2 N= 30**

Clomipramine - Dose started at 25 mg 3 times per day and was increased to 50-250 mg 3 times daily based on response and tolerability

**Drug company sponsored:**

Eli Lilly
Baseline: There were no significant differences in age, sex or severity of depression at baseline.

HAMD Fluoxetine: 21.30 Clomipramine: 20.09

Results from this paper:
Quality assessment score = +

KIMURA2000

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: completer only</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
</tr>
<tr>
<td>Setting: US, hospitals in Iowa and Baltimore</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: no further details</td>
</tr>
<tr>
<td>n= 47</td>
</tr>
<tr>
<td>Age: Mean 60</td>
</tr>
<tr>
<td>Sex: 27 males 20 females</td>
</tr>
<tr>
<td>Diagnosis: 100% Stroke 100% Depression</td>
</tr>
<tr>
<td>Exclusions: - Aphasia, dementia, decreased levels of consciousness - HAMD &lt;10</td>
</tr>
<tr>
<td>Notes: Stroke was current diagnosis</td>
</tr>
</tbody>
</table>

Group 1 N= 21
Nor antidepressine - Iowa: 20 mg/d first week, 50 mg/d for weeks 2-3, 75 mg/d weeks 4-6, 100 mg from 7-12 weeks
Baltimore: 20 mg/d first week, 50 mg/d for weeks 2-3, 70 mg/d week 4, 100 mg from 5-6 weeks

Group 2 N= 26
Placebo

Funding: grant from NIMH and Nippon Medical School

Data Used
MMSE
HAMD-D

Notes: TAKEN AT: Baseline and endpoint DROP OUTS: 12/47 not reported for each group

Results from this paper:
Quality assessment score = +

LACASSE2004

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: ITT and Completer</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
</tr>
<tr>
<td>Setting: Respiratory care home service Quebec, Canada</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: random number table used to allocate patients. Process under the responsibility of one hospital pharmacist not involved in trial</td>
</tr>
<tr>
<td>Info on Screening Process: 342 assessed for eligibility, 237 ineligible, 82 refused.</td>
</tr>
<tr>
<td>n= 23</td>
</tr>
<tr>
<td>Age: Mean 70</td>
</tr>
<tr>
<td>Sex: 10 males 13 females</td>
</tr>
<tr>
<td>Diagnosis: 100% COPD 100% Depression by GDS</td>
</tr>
<tr>
<td>Exclusions: - Aged &lt;60 - Inpatients - No diagnosis of COPD supported by a history of past or current smoking - FEV1 &gt;50% of predicted value - No significant depression symptoms at baseline - Unable to give informed consent - Contraindication to antidepressant therapy - Known hypersensitivity to active drug or MAOI use in past 2 weeks - Current participation in rehabilitation programme</td>
</tr>
<tr>
<td>Notes: COPD diagnosed by clinical judgement. All participants were on long-term oxygen therapy (&gt;18 hours per day)</td>
</tr>
<tr>
<td>Baseline: GDS: 18.7(3.6) Paroxetine, 17.9(5.2) Placebo</td>
</tr>
</tbody>
</table>

Group 1 N= 12
Paroxetine. Mean dose 5-20 mg/day - Treatment started at 5 mg/day with weekly 5 mg increments up to 20 mg/day

Group 2 N= 11
Placebo

Non-industry support (Quebec Lung Association). Drugs supplied by GlaxoSmithKline. Trial was stopped prematurely due to problems in patient accrual

Data Used
Adverse events
GDS - No usable data
Chronic Respiratory Questionnaire - No usable data

Notes: TAKEN AT: Baseline and week 12 (post-treatment) DROP OUTS: 4/12 paroxetine, 4/11 placebo

Results from this paper:
Quality assessed: = +

LAKSHMANAN1986

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: completer only</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 90</td>
</tr>
<tr>
<td>n= 29</td>
</tr>
<tr>
<td>Age: Mean 76</td>
</tr>
<tr>
<td>Sex:</td>
</tr>
<tr>
<td>Data Used</td>
</tr>
<tr>
<td>Response (&gt;50 reduction from baseline)</td>
</tr>
<tr>
<td>HAM-D</td>
</tr>
<tr>
<td>GDS</td>
</tr>
<tr>
<td>Data Not Used</td>
</tr>
</tbody>
</table>

Group 1 N= 11
Doxepin - 10 mg for people <70kg in weight and 20 mg >70 kg

No information on study funding

52
### LEENTJENS2003

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: All participants completed the study</td>
</tr>
<tr>
<td>Type of Analysis: Completer</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 67</td>
</tr>
<tr>
<td>Setting: Netherlands</td>
</tr>
<tr>
<td>Notes: no further details on randomisation</td>
</tr>
</tbody>
</table>

| Diagnosis: |
| 100% Depression by HAM-D |
| Exclusions: - Suicidal thoughts - Glaucoma - Cardiac disease - Poorly controlled seizures - Severe pulmonary or renal disease - Aphasia - MMSE <20 |
| Baseline: HAM-D: Doxepin 31.5 (11.0) Placebo 29.3 (7.8) |

| Data Used |
| Response (>50 reduction from baseline) |
| Notes: TAKEN AT: Baseline and endpoint DROP OUT: 5 participants in total dropped out of the study (no information about group) |

| Group 1 N= 6 |
| Sertraline - Starting dose 25mg, 50mg after 1 week, doubled to 100mg if no response at 6 weeks |
| Group 2 N= 6 |
| Placebo |

| Results from this paper: |
| Quality assessment score = + |

### LESPERANCE2007

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: ITT</td>
</tr>
<tr>
<td>Blindness: Double blind</td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
</tr>
<tr>
<td>Setting: CANADA 9 academic centres Outpatient</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: computer generated and concealed in opaque envelopes</td>
</tr>
</tbody>
</table>

| Diagnosis: |
| 100% Depression by DSM-IV |
| 100% Parkinson's disease |
| Exclusions: - No diagnosis of Parkinson's disease - Not meeting DSM-IV criteria for depression |
| Baseline: Not reported |

| Data Used |
| Cardiovascular outcomes Response (>50 reduction from baseline) Remission (below cut-off) BDI-II HDRS-24 |

| Group 1 N= 75 |
| Citalopram - 10 mg/d week 1, 20 mg/d, if HAMD >8 increased to max 40 mg/d. Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 minutes. Up to 4 could be done via telephone. |
| Group 2 N= 67 |
| Placebo Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 minutes. Up to 4 could be done via telephone. |

| Results from this paper: |
| Quality assessment score = + |

### Notes:
- Physical health outcomes - Not a valid scale
- Setting: US, general medical ward (4 general medical hospitals) Notes: RANDOMISATION: code generated in pharmacy department and not broken until enrolment into the study had finished.
- Info on Screening Process: 116 participants were screened, 74 were eligible for participation
- Dropout: 5 participants in total dropped out of the study (no information about group)
- Diagnosis: |
  - Exclusions: - Suicidal thoughts - Glaucoma - Cardiac disease - Poorly controlled seizures - Severe pulmonary or renal disease - Aphasia - MMSE <20
- Baseline: HAM-D: Doxepin 31.5 (11.0) Placebo 29.3 (7.8)
- Setting: US, general medical ward (4 general medical hospitals) Notes: RANDOMISATION: code generated in pharmacy department and not broken until enrolment into the study had finished.
- Info on Screening Process: 116 participants were screened, 74 were eligible for participation
- Dropout: 5 participants in total dropped out of the study (no information about group)
- Diagnosis: |
  - Exclusions: - Suicidal thoughts - Glaucoma - Cardiac disease - Poorly controlled seizures - Severe pulmonary or renal disease - Aphasia - MMSE <20
- Baseline: HAM-D: Doxepin 31.5 (11.0) Placebo 29.3 (7.8)
- Setting: US, general medical ward (4 general medical hospitals) Notes: RANDOMISATION: code generated in pharmacy department and not broken until enrolment into the study had finished.
- Info on Screening Process: 116 participants were screened, 74 were eligible for participation
- Dropout: 5 participants in total dropped out of the study (no information about group)
- Diagnosis: |
  - Exclusions: - Suicidal thoughts - Glaucoma - Cardiac disease - Poorly controlled seizures - Severe pulmonary or renal disease - Aphasia - MMSE <20
- Baseline: HAM-D: Doxepin 31.5 (11.0) Placebo 29.3 (7.8)
- Setting: US, general medical ward (4 general medical hospitals) Notes: RANDOMISATION: code generated in pharmacy department and not broken until enrolment into the study had finished.
- Info on Screening Process: 116 participants were screened, 74 were eligible for participation
- Dropout: 5 participants in total dropped out of the study (no information about group)
- Diagnosis: |
  - Exclusions: - Suicidal thoughts - Glaucoma - Cardiac disease - Poorly controlled seizures - Severe pulmonary or renal disease - Aphasia - MMSE <20
- Baseline: HAM-D: Doxepin 31.5 (11.0) Placebo 29.3 (7.8)
**Group I**

- **IPT - Individual IPT**, 12 weekly sessions + placebo: up to 4 sessions via telephone.
- Focused on dealing with interpersonal conflicts, life transitions, grief and loss.
- Conducted by Doctoral or Masters level therapists with mean 15 years experience.

**Clinical management** - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 minutes. Up to 4 could be done via telephone.

**Group 2**

- **Citalopram + IPT** - citalopram and IPT provided as described.

**Clinical management** - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 minutes. Up to 4 could be done via telephone.

- **Canadian Cardiovascular Society Angina Class of 4**
- **Unable to speak French/English**

**Notes:**
- Cardiovascular disease histologically confirmed.
- Severe depression according to APA criteria.

**Baseline:**
- Total: HAM-D: 29.68, BDI = 30.3
- IPT (+ Placebo): 30.3 - control, BDI = 29.1 - IPT (+ Placebo), 31.3 - control.

**Results from this paper:**

**Quality assessment score = +**

---

**L12005**

**Study Type:** RCT

**Study Description:**
- Raters were blind to treatment allocation but unclear from paper whether participants were also blinded.

**Type of Analysis:** Complete

**Blindness:** Open

**Duration (days):** Mean 56

**Setting:** Neurology unit, China, Shaanxi Province

**Notes:** RANDOMISATION: performed by coin toss

**Info on Screening Process:**
- 89 participants were thought to be eligible, 9 were excluded, 8 did not meet the inclusion criteria and 5 refused consent.

**Group 1**

- **Paroxetine.** Mean dose 20-40 mg - Paroxetine taken daily at a starting dose of 10 mg/d, increased to 20 mg/d after 1 week. After 4 weeks if there was a HAM-D reduction < 50% dose was increased to 30-40 mg/d.

**Notes:**
- RANDOMISATION: performed by coin toss
- SETTING: Neurology unit, China, Shaanxi Province
- DURATION (DAYS): Mean 56
- BLINDNESS: Open
- STUDY TYPE: RCT

**Study Description:**
- Raters were blind to treatment allocation but unclear from paper whether participants were also blinded.

**Type of Analysis:** Complete

**Blindness:** Open

**Duration (days):** Mean 56

**Setting:** Neurology unit, China, Shaanxi Province

**Notes:** RANDOMISATION: performed by coin toss

**Info on Screening Process:**
- 89 participants were thought to be eligible, 9 were excluded, 8 did not meet the inclusion criteria and 5 refused consent.

**Group 2**

- **Doxepin.** Mean dose 100 mg/d - Starting dose of 25 mg/d was adjusted according to response. Mean 100 mg/d (12.5 mg/d).

**Notes:**
- RANDOMISATION: performed by coin toss
- SETTING: Neurology unit, China, Shaanxi Province
- DURATION (DAYS): Mean 56
- BLINDNESS: Open
- STUDY TYPE: RCT

**Study Description:**
- Raters were blind to treatment allocation but unclear from paper whether participants were also blinded.

**Type of Analysis:** Complete

**Blindness:** Open

**Duration (days):** Mean 56

**Setting:** Neurology unit, China, Shaanxi Province

**Notes:** RANDOMISATION: performed by coin toss

**Info on Screening Process:**
- 89 participants were thought to be eligible, 9 were excluded, 8 did not meet the inclusion criteria and 5 refused consent.

**Results from this paper:**

**Quality assessment score = +**

---

**LIPSEY1984**

**Study Type:** RCT

**Study Description:**
- LOC (if in study for at least 1 week)

**Type of Analysis:** ITT

**Blindness:** Double blind

**Duration (days):** Mean 42

**Setting:** US, patients in rehabilitation hospitals or outpatients

**Notes:** RANDOMISATION: random number

**Group 1**

- **Nortriptyline - 6 week regimen:** 20 mg/d week 1, 50 mg/d week 2-3, 70 mg/d week 4, 100 mg/d weeks 5-6
- 4 weeks regimen: 50 mg/d week 1, 70 mg/d weeks 2-3, 100 mg/d week 4

**Notes:**
- RANDOMISATION: performed by coin toss
- SETTING: US, patients in rehabilitation hospitals or outpatients
- DURATION (DAYS): Mean 42
- BLINDNESS: Double blind
- STUDY TYPE: RCT

**Study Description:**
- Raters were blind to treatment allocation but unclear from paper whether participants were also blinded.

**Type of Analysis:** Complete

**Blindness:** Double blind

**Duration (days):** Mean 42

**Setting:** US, patients in rehabilitation hospitals or outpatients

**Notes:** RANDOMISATION: performed by coin toss

**Info on Screening Process:**
- 89 participants were thought to be eligible, 9 were excluded, 8 did not meet the inclusion criteria and 5 refused consent.

**Group 2**

- **Placebo**

**Notes:**
- RANDOMISATION: performed by coin toss
- SETTING: US, patients in rehabilitation hospitals or outpatients
- DURATION (DAYS): Mean 42
- BLINDNESS: Double blind
- STUDY TYPE: RCT

**Study Description:**
- Raters were blind to treatment allocation but unclear from paper whether participants were also blinded.

**Type of Analysis:** Complete

**Blindness:** Double blind

**Duration (days):** Mean 42

**Setting:** US, patients in rehabilitation hospitals or outpatients

**Notes:** RANDOMISATION: performed by coin toss

**Info on Screening Process:**
- 89 participants were thought to be eligible, 9 were excluded, 8 did not meet the inclusion criteria and 5 refused consent.

**Results from this paper:**

**Quality assessment score = +**

---
### LUSTMAN1997A

#### Study Type: RCT

#### Study Description: Personnel preparing treatment packs were different from those monitoring progress. Dummy reports were produced to ensure blinding of raters.

#### Type of Analysis: Completer only

#### Blindness: Double blind

#### Duration (days): Mean 56

#### Setting: US, Washington, St Louis

#### Notes: RANDOMISATION: details not reported

Diabetic management regimes kept constant during the study unless clinically indicated.

Info on Screening Process: 180 patients evaluated to determine eligibility, 66 were excluded on the basis of their psychiatric interview. Present study looks at 35 subjects with active depression diagnosis.

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Fluoxetine. Mean dose 25-50 mg/day - 25 mg/day increased to 50 mg/day during second visit. Subsequent adjustments were made to ensure that a plasma nortriptyline level remained within the range of 50-150 mg/ml</td>
</tr>
</tbody>
</table>

#### Data Used

- Remission (below cut-off) BDI

#### Data Not Used

- Physical health outcomes - F-value only without means

Notes: TAKEN AT: Baseline and end of treatment (week 8)

DROPOUT: Does not give drop-out for depressed only. Total study drop-out = 14%

### LUSTMAN2000

#### Study Type: RCT

#### Study Description: Paper provides both ITT and completer for the dichotomous outcomes, completer only for continuous

#### Type of Analysis: ITT and completer

#### Blindness: Double blind

#### Duration (days): Mean 56

#### Setting: US, Washington, St Louis

#### Notes: RANDOMISATION: a computerised algorithm determined the randomisation pattern

Info on Screening Process: 65 participants gave informed consent, 5 were excluded from participation due to exclusionary psychiatric condition (1), unwilling to take medication (4)

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Fluoxetine. Mean dose 20-40 mg/day - Dosing began at 20 mg/day and could be increased to a maximum of 40 mg/day</td>
</tr>
</tbody>
</table>

#### Data Used

- Physical health outcomes BDI
  - Remission (below cut-off)
  - Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and End of treatment

DROPOUT: Fluoxetine 3/30 (10%), Placebo 3/30 (10%)

Leaving the study early due to adverse events: Fluoxetine 1/30, placebo 0/30

### Table

<table>
<thead>
<tr>
<th>Already receiving antidepressants</th>
<th>Contraindication for nortriptyline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: Not reported</td>
<td></td>
</tr>
</tbody>
</table>

### Results from this paper:

**Quality assessment score = +**

#### LUSTMAN1997A

- n= 28
- Age: Mean 45
- Sex: 11 males 17 females
- Diagnosis:
  - Diabetes
  - Depression by DSM-III

Exclusions:
- Aged <21 or >65
- GHb <9%
- Active suicidal ideation or a history of attempted suicide
- History of bipolar disorder or any other psychiatric disorder
- Current alcohol misuse or other substance misuse disorder
- Currently taking psychoactive medications or nortriptyline contraindicated
- Pregnant or lactating women
- History of convulsions or seizure disorder
- Clinically significant hepatic dysfunction
- Urinary outflow obstruction
- Glaucoma
- Current hypo- or hyperthyroidism
- Current ECG evidence of any cardiac conditions which preclude treatment with TCAs

Notes: Diabetes was histologically confirmed. Insulin or non-insulin dependent diabetes with poor glycemic control

Baseline: BDI: Nortriptyline 19.0(7.4), Placebo 17.8(7.1)

#### LUSTMAN2000

- n= 60
- Age: Mean 46
- Sex: 14 males 38 females
- Diagnosis:
  - Diabetes
  - Depression by BDI

Exclusions:
- Aged <21 or >65
- BDI <14, or HAM-D <14
- Active suicidal ideation or a history of attempted suicide
- History of bipolar disorder or any other psychiatric disorder
- Current alcohol misuse or other substance misuse disorder
- Currently taking psychoactive medications or fluoxetine contraindicated
- Pregnant or lactating women
- History of convulsions or seizure disorder
- Clinically significant hepatic dysfunction

Notes: Type I and II diabetes

Baseline: BDI: Fluoxetine 23.6(8.2), Placebo 22.4(9.1)

#### Paper reports a subset of a 1988 unpublished study. Paper only reports on those who were depressed and had poor glycaemic control. Data for depressed patients presented separately (data for non-depressed not entered into the analysis).
### Results from this paper:
#### Quality assessment +

#### LUSTMAN2006

**Study Type:** RCT  
**Study Description:** ITT with patients who did not complete the protocol being censored at the point of discontinuation  
**Type of Analysis:** ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 365  
**Setting:** Outpatient clinics  
**Notes:** RANDOMISATION: Patients were randomised using a computer generated algorithm. Randomisation was stratified according to site. Allocation concealment.  
**Info on Screening Process:** 389 screened, 351 satisfied the inclusion criteria and were enrolled in the open label phase of the trial. 156 completed the induction phase of which 152 entered the maintenance phase of the trial (presented here)  

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Data Used</th>
<th>Notes:</th>
<th>Group</th>
<th>N=</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>152</td>
<td>Time to relapse</td>
<td></td>
<td>1</td>
<td>79</td>
<td>Time to relapse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age: Mean 53</td>
<td>Notes: TAKEN AT: trial could continue up to 52 weeks or until a relapse of depression occurred. DROP OUT: 15/79 sertraline (19%), Placebo 7/73 (19%)</td>
<td></td>
<td></td>
<td>Sertraline. Mean dose 118 mg/day - Participants began the open-phase of the trial on 50 mg/day which could be adjusted to a maximum of 200 mg/day. In the randomised phase of the trial, blinded tapering was achieved by doxetising the induction and maintenance medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex: 61 males 91 females</td>
<td></td>
<td></td>
<td>2</td>
<td>73</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnosis: Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression by DSM-IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusions: - Non-recovery from depression during open-label phase of trial (initially patients were excluded if BDI &lt;14 or HAM-D &lt;15) - Aged &lt;18 - No diagnosis of type I or II diabetes - Active suicidal or homicidal ideation or a history of attempted suicide - Current alcohol or other substance misuse disorder - Medical contraindication to sertraline treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**  
Study is looking at the prevention of relapse in patients who recovered from depression during an open-label phase of the trial. See notes for further details  
Baseline: Maintenance phase: BDI: sertraline 4.4(3.0) Placebo 3.5(2.6)  

### Results from this paper:
#### Quality assessment ++

#### MAURI1994

**Study Type:** RCT  
**Blindness:** Double blind  
**Duration (days):** Mean 56  
**Setting:** Italy  
**Notes:** RANDOMISATION: no further details  

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26</td>
<td>HDRS</td>
<td>no information on DROP OUTS</td>
</tr>
<tr>
<td></td>
<td>Age: Mean 35</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex: 19 males 6 females</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnosis: 100% Depression by DSM-III-R 100% HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline: HDRS: Fluoxetine 30.37(1.31) Placebo 29.50(0.94)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Results from this paper:
#### Quality assessment score = +

#### MCFARLANE2001

**Study Type:** RCT  
**Blindness:** Double blind  
**Duration (days):** Mean 180  
**Setting:** Coronary Care Unit, CANADA  
**Notes:** RANDOMISATION: no further details  

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>Cardiovascular outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age: Mean 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex: 23 males 15 females</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnosis: 100% Cardiovascular disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusions: &lt;15 Inventory to Diagnose Depression before discharge and 2 weeks later</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**  
Sponsorship by Heart and Stroke Foundation of Ontario  
All received access to multidisciplinary care: exercise rehabilitation, nutrition, counselling  

#### Results from this paper:
#### Quality assessment score = +

### Results from this paper:
#### Quality assessment +

### Results from this paper:
#### Quality assessment score = +

### Results from this paper:
#### Quality assessment score = +
### MENZA2008

**Study Type:** RCT  
**Type of Analysis:** ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 56  
**Setting:** US  
**Notes:** Randomisation: no further details

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine</td>
<td>18</td>
<td>Response (&gt;50 reduction from baseline) HAM-D</td>
<td>TAKEN AT: Baseline and endpoint DROPOUT: Paroxetine 7/18, Nortriptyline 5/17, Placebo 6/17</td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>17</td>
<td></td>
<td>DROPOUT: Paroxetine 7/18, Nortriptyline 5/17, Placebo 6/17</td>
</tr>
<tr>
<td>Placebo</td>
<td>17</td>
<td></td>
<td>DROPOUT: Paroxetine 7/18, Nortriptyline 5/17, Placebo 6/17</td>
</tr>
</tbody>
</table>

**Diagnosis:**  
- 100% Depression by DSM-IV
- 100% Parkinson's disease

**Exclusions:**  
- MMSE <26  
- Psychiatric diagnosis other than depression or anxiety

**Baseline:**  
- HAM-D: Paroxetine 18.82 (5.6) Nortriptyline 21.12 (5.64) Placebo 19.29 (5.64)

**Results from this paper:**  
Quality assessment score = +

---

### MORROW2003

**Study Type:** RCT  
**Study Description:** Data analysis was limited to patients who provided complete data. LOCF was used for 43 patients who provided cycle 3, but not cycle 4 data*  
**Type of Analysis:** *completer  
**Blindness:** Double blind  
**Followup:** up to cycle 4 of chemotherapy  
**Setting:** 18 oncology private-practice groups, US  
**Notes:** RANDOMISATION: accomplished centrally using a computer-generated random-numbers table.

**Info on Screening Process:**  
902 patients met initial medical eligibility criteria.  
- 198 (22%) did not continue as they were no longer medically eligible, did not complete the baseline questionnaires or refused random assignment  
- 155 patients did not meet the fatigue criteria

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine</td>
<td>277</td>
<td>POMS, CES-D</td>
<td>TAKEN AT: cycle 2 (Baseline), cycle 4 (endpoint) DROPOUT: Paroxetine 33/277, placebo: 37/272 Leaving the study due to adverse events: 2 - does not state which group</td>
</tr>
<tr>
<td>Placebo</td>
<td>272</td>
<td>- Identical looking placebo</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis:**  
- Cancer  
- 32% Depression by CES-D

**Exclusions:**  
- <18 years  
- Cancer patients who were not scheduled to begin the first of >=4 cycles of chemotherapy without concurrent radiotherapy of interferon treatment  
- Use of psychotropic medications, MAOIs, tryptophan or warfarin  
- History of mania or seizures  
- Reported having been hospitalised for any psychiatric condition  
- Patients not reporting fatigue (as assessed by MAF) after cycle 2 of chemotherapy

**Baseline:**  
- CES-D: paroxetine: 14.8 (SE 0.67), placebo: 15.8 (SE 0.67)  
- POMS: paroxetine: 3.1 (SE 0.22), placebo: 3.7 (0.27)

**Results from this paper:**  
Quality assessment score = +

---

### MURRAY2005A

**Study Type:** RCT  
**Study Description:** LOCF  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Data Used</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sertraline</td>
<td>62</td>
<td>Activities of daily living MADRS</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis:**  
- Age: Mean 71  
- Sex: 59 males 64 females

**Results from this paper:**  
Quality assessment score = +

---
### MUSSELMAN2006

**Study Type:** RCT  
**Study Description:** ITT population with LOCF approach applied for the missing data  
**Type of Analysis:** ITT and completer  
**Diagnosis:** Age: Mean 54  
Sex: all females  
**Exclusions:**  
- Aged <18 or >75  
- Pregnant women and women of childbearing potential not using contraception, lactating women  
- Serious suicidal risk  
- History of urinary retention, intracranial metastases, angina pectoris, MI, arrhythmia, presence of conduction defects or any serious CVD  
- Serious illness incuding cardiac, hepatic, renal, respiratory, endocrinologic, neurologic or hematologic disease of such instability that hospitalisation is likely in the next 2 months  
- DSM-III-R diagnosis of organic mental disorder, alcohol and/or substance use disorder, paranoid or psychotic symptoms, or bipolar disorder  

#### Baseline:  
- HAM-D: Paroxetine: 21.00 (5.66), Desipramine 23.00 (6.16), Placebo 23.91 (4.99)  
- HAM-A: Paroxetine: 19.62 (7.19), Desipramine 18.45 (6.67), Placebo 21.82 (8.54)  
- CGI-S: Paroxetine: 3.85 (0.69), Desipramine 4.00 (0.77), Placebo 4.18 (0.40)

### NELSON1999

**Study Type:** RCT  
**Study Description:** ITT (LOCF)  
**Blindness:** Double blind  
**Duration (days):** Mean 42  
**Setting:** US  
**Notes:** RANDOMISATION: no further details

#### Baseline:  
- HAM-D: Paroxetine - 20 mg/d, Desipramine - 50 mg/d, Placebo - 50 mg/d  
- HAM-A: Paroxetine - 19.62 (7.19), Desipramine 18.45 (6.67), Placebo 21.82 (8.54)  
- CGI-S: Paroxetine: 3.85 (0.69), Desipramine 4.00 (0.77), Placebo 4.18 (0.40)

---

**Data Used**  
- **Adverse events**  
- **Response (≥50 reduction from baseline)**  
- **Remission (below cut-off)**  
- **CGP-S**  
- **HAM-D**  
- **HAM-A**

---

**Notes:** RANDOMISATION: conducted at the Central Pharmacy in Stockholm, each centre pharmacy received presealed treatment packages.

### RANDOMISATION

- 260 screened, 137 excluded - other serious/terminal illness (n=10), treatment of other psychiatric problem (n=8), difficulties adhering to protocol (n=18), does not wish to participate (n=54), already on antidepressant (n=40), suicidal (n=3),  
- **Diagnosis:**  
- **Exclusions:** - MADRS <10  
- Severe ability to communicate  
- Acute MI  
- Psychiatric illness other than depression  
- Significant risk of suicide  
- Current use of psychotropic or analgesic drugs  
- **Baseline:** MADRS: Sertraline 18.9 (6.1) Placebo 19.6 (6.1)  
- Major Depression n=76 Minor depression n=61  
- 100% Depression by DSM-IV  
- 100% Stroke

---

**Results from this paper:**  
**Quality assessment score = +**
Results from this paper:

**Quality assessment score = +**

### PAILEHYVARINEN2003

**Study Type:** RCT  
**Study Description:** LOCF used for patients who completed at least 2 weeks of the trial  
**Type of Analysis:** ITT  
**Blindness:** Single blind  
**Setting:** Not stated  
**Notes:** RANDOMISATION: computerised and concealed to both patient, investigators and treating physicians until inclusion and informed consent was established.  
**Info on Screening Process:** 22 participants were screened of which 7 were excluded as they failed to meet inclusion criteria

| Group 1 | N=7  
Paroxetine. Mean dose 20 mg/day - 20 mg once daily |
|------|--------|
| Group 2 | N=8  
Placebo |

#### Data Used

- RAND-36  
- HbA1c  
- BMI  
- Blood glucose  
- BDI  
- MADRS  
- HAM-A  

**Notes:** TAKEN AT: Baseline and end of treatment  
**DROP OUT:** Paroxetine 0/7, Placebo 2/8  
**Adverse events:** Paroxetine 4/7, Placebo 3/7

#### Diagnosis:

- Depression by MADRS  
- Depression by DSM-IV

**Exclusions:**  
- Male  
- Pre-menopausal, aged <50  
- Unstable diabetic medication in previous 3 months  
- GHBtA1c <6.5% or fasting blood glucose <7.0 mmol/l  
- MADRS score <2.5 or >12  
- Major complications due to diabetes including CVD, renal failure  
- Glaucoma  
- Use of warfarin  
- Use of any kind of antidepressant  

**Notes:** All participants had unsatisfactory glycaemic control  
**Baseline:** MADRS: Paroxetine 7.4(2.9), Placebo 6.4(4.0)  
**BDI:** Paroxetine 13.7(7.4), Placebo 13.0(9.2)

### PAILEHYVARINEN2007

**Study Type:** RCT  
**Study Description:** Identical tablets were packed in identical vials according to the randomisation schedule.  
**Type of Analysis:** Completer only  
**Blindness:** Double blind  
**Setting:** Outpatients Finland, Helsinki  
**Notes:** RANDOMISATION: computerised and concealed to participants, investigators and treating physicians. Investigators were not involved in treatment.  
**Info on Screening Process:** 73 interview, 23 did not meet inclusion criteria. Most common reason for exclusion was good glycaemic control. 6 participants withdrew consent before starting medication

| Group 1 | N=23  
Paroxetine. Mean dose 20 mg/day |
|------|--------|
| Group 2 | N=20  
Placebo |

#### Data Used

- Adverse events  
- SF-36  
- Physical health outcomes  
- HADS  

**Notes:** TAKEN AT: baseline and end of treatment (6 months)  
**DROP OUT:** Paroxetine: 1/24 (4%), Placebo 11/25 (44%)  
**Adverse events:** Paroxetine 4/7, placebo 3/7

**Diagnosis:**

- Age: Mean 59  
- Sex: 33 males 10 females  
- Depression by DSM-IV

**Exclusions:**  
- Aged <50 or >70  
- Good glycaemic control - GHBtA1c <7.5%  
- Moderate to severe depression as defined by >6 items on DSM criteria  
- Glaucoma  
- Use of warfarin  
- Major complications due to diabetes  
- Using any kind of antidepressant  

**Notes:** All participants met criteria for mild depression  
**Baseline:** HADS Paroxetine 14.0(5.2), Placebo 15.7(5.5)  
**SF-36:** Paroxetine 56.2(17.4), Placebo 48.5(15.7)

#### Drug company sponsored - GlaxoSmithKline  
Baseline demographics only provided for the 43 participants who received medication
PEZZELLA2001

Study Type: RCT

Study Description: ITT: all patients who had taken at least one dose of study medication and who had at least one on-dose efficacy assessment. LOCF used for missing data

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 56

Setting: 25 centres in Austria, Belgium, Canada, Germany, Italy and The Netherlands

Notes: RANDOMISATION: details not reported Double-dummy technique used to ensure blinding

Info on Screening Process: 194 were eligible for entry into the study 179 participants were randomised with 175 receiving at least one dose of study medication

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Paroxetine</th>
<th>Amitriptyline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>89</td>
<td>Initiated at 20 mg/day for 3 weeks, thereafter dose could be increased to 30 mg/day. After week 5 dose could be further increased to 40 mg/day or reduced to 20 mg/day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>90</td>
<td>Mean dose 75-150mg - Initial dose titration of 25 mg/day for 3 days, followed by 50 mg/day days 4-7 then 75 mg/day for 2 weeks, thereafter dose could be increased to 100 mg/day. After week 5 dose could be further increased to 150 mg/day or reduced to 75 mg/day</td>
<td></td>
</tr>
</tbody>
</table>

Baseline: FLC: Paroxetine 87.5 (18.6), Amitriptyline 95.0 (20.0)

POLLOCK2000

Study Type: RCT

Type of Analysis: completer only

Blindness: Double blind

Duration (days): Mean 42

Setting: US

Notes: RANDOMISATION: no further details

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Paroxetine</th>
<th>Nortriptyline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>Mean dose 20-40 mg - Administered at 20 mg/day for 3 weeks, thereafter dose could be increased to 30 mg/day. After week 5 dose could be further increased to 40 mg/day or reduced to 20 mg/day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>Adjusted to achieve plasma drug concentration ranging from 50-120 ng/ml</td>
<td></td>
</tr>
</tbody>
</table>

Baseline: HAM-D = 20

Results from this paper:

Quality assessment score = +
### RABKIN1994

**Study Type:** RCT  
**Type of Analysis:** completer only  
**Blindness:** Double blind  
**Duration (days):** Mean 42  
**Setting:** US  
**Notes:** RANDOMISATION: no further details  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Notes</th>
<th>Setting</th>
<th>Duration (days): Mean</th>
<th>Blindness</th>
<th>Study Type</th>
<th>Type of Analysis</th>
<th>Quality assessment score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>Imipramine - 50 mg/d for 3 days, 100 mg/d for 4 days, 150 mg/d for a week then 200 mg/d for rest of study</td>
<td>US</td>
<td>42</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>47</td>
<td>Placebo</td>
<td>US</td>
<td>42</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
<td>+</td>
</tr>
</tbody>
</table>

**Data Used**  
- Remission (below cut-off)  
- Response (>50 reduction from baseline)  
- HDRS  
- Notes: DROP OUTS: Imipramine 12/50 Placebo 5/47  

**Baseline:** HDRS: Imipramine 17.5 (4.1) Placebo 16.1 (4.0)

**Results from this paper:**  
**Quality assessment score = +**

### RABKIN1999

**Study Type:** RCT  
**Blindness:** Double blind  
**Duration (days):** Mean 56  
**Setting:** US  
**Notes:** RANDOMISATION: no further details  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Notes</th>
<th>Setting</th>
<th>Duration (days): Mean</th>
<th>Blindness</th>
<th>Study Type</th>
<th>Type of Analysis</th>
<th>Quality assessment score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>81</td>
<td>Fluoxetine - 20 mg/d starting dose, increased by further 20 mg/d bi-weekly depending on response</td>
<td>US</td>
<td>56</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>39</td>
<td>Placebo</td>
<td>US</td>
<td>56</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
<td>+</td>
</tr>
</tbody>
</table>

**Data Used**  
- Remission (below cut-off)  
- Response (>50 reduction from baseline)  
- HDRS  
- Notes: DROP OUTS: Fluoxetine 24/81 Placebo 9/39  

**Baseline:** HDRS: Fluoxetine 19.6 (4.7) Placebo 18.6 (5.1)

**Results from this paper:**  
**Quality assessment score = +**

### RABKIN2004

**Study Type:** RCT  
**Type of Analysis:** ITT  
**Blindness:** Double blind  
**Duration (days):** Mean 56  
**Setting:** US  
**Notes:** RANDOMISATION: computer generated numbers  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Notes</th>
<th>Setting</th>
<th>Duration (days): Mean</th>
<th>Blindness</th>
<th>Study Type</th>
<th>Quality assessment score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>39</td>
<td>Placebo</td>
<td>US</td>
<td>56</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
</tr>
<tr>
<td>2</td>
<td>38</td>
<td>Testosterone</td>
<td>US</td>
<td>56</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
</tr>
<tr>
<td>3</td>
<td>46</td>
<td>Fluoxetine</td>
<td>US</td>
<td>56</td>
<td>Double blind</td>
<td>RCT</td>
<td>ITT</td>
</tr>
</tbody>
</table>

**Data Used**  
- Remission (below cut-off)  
- Response (>50 reduction from baseline)  
- HDRS  
- Notes: DROP OUTS: Fluoxetine 16/46 Placebo 9/39 Testosterone 8/38  

**Baseline:** HRSD: Fluoxetine 18.2 (4.5) Placebo 16.8 (3.3)

**Results from this paper:**  
**Quality assessment score = +**
<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Data used in the analysis not reported (assumed completer only)</th>
<th>Quality assessment score = +</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAFFAELE1996</td>
<td>Activity of daily living</td>
<td>RAFFAELE1996</td>
</tr>
<tr>
<td>Data Used</td>
<td>Zung</td>
<td>No information on funding provided</td>
</tr>
<tr>
<td>RAFFAELE1996</td>
<td>Exclusions: - Aphasia - No DSM-III-R diagnosis of depression at baseline</td>
<td></td>
</tr>
<tr>
<td>Setting: Italy, stroke rehabilitation program</td>
<td>Baseline: Zung depression scale: Trazodone 62.4 (11.8) Placebo 59.2 (10.3)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Data used in the analysis not reported (assumed completer only)</th>
<th>Quality assessment score = +</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAMPELLO2004</td>
<td>HDRS BDI</td>
<td>RAMPELLO2004</td>
</tr>
<tr>
<td>Data Used</td>
<td>HDRS BDI</td>
<td>No information on funding</td>
</tr>
<tr>
<td>RAMPELLO2004</td>
<td>Notes: DROP OUTS: anxious depressed - Citalopram 2/22 Reboxetine 3/22 retarded depressed - Citalopram 1/15 Reboxetine 0/15</td>
<td></td>
</tr>
<tr>
<td>Setting: Italy, community-based</td>
<td>HDRS for anxious depression: Citalopram 22.39 (2.09) Placebo 22.83 (2.41) HDRS for retarded depression: Citalopram 22.75 (1.71) Placebo 22.66 (1.37)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Type: RCT</th>
<th>Study Description: Data used in the analysis not reported (assumed completer only)</th>
<th>Quality assessment score = +</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAZAVI1996</td>
<td>Global Severity Index (GSI)</td>
<td>RAZAVI1996</td>
</tr>
<tr>
<td>Data Used</td>
<td>MADRS HAM-A HADS Remission (below cut-off) Response (&gt;50 reduction from baseline)</td>
<td>Drug company sponsored: Lilly France and Eli Lilly Benelux</td>
</tr>
<tr>
<td>RAZAVI1996</td>
<td>Exclusions: - HADS &lt;13 - Major depressive disorders with melancholic features, Bipolar disorder - Alcohol misuse in previous year</td>
<td></td>
</tr>
<tr>
<td>Setting: Multicentre</td>
<td>Cancer Depression by DSM-III</td>
<td></td>
</tr>
<tr>
<td>Notes: RANDOMISATION: stratification based on centre, no further details reported</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
info on screening process: 24 patients were not randomised after the 1-week placebo trial due to (n):
- HADS <13 (9)
- Non-compliant (13)
- Concomitant medical events (2)
- Manic episode (1)
- Unspecified reasons (3)
- Uncontrolled pain, uncontrolled somatic comorbidities
- Brain tumours or those receiving CNS-targeted treatments
- Life expectancy <3 months
- Undergoing abdominal or thoracic surgery in last 6 weeks, >15 days corticosteroid treatment
- Women who were pregnant or breast feeding
- Psychotropic drug use in previous 2 weeks or taking antidepressants, neuroleptics, lithium or procarbazine
- Fluoxetine or MAOI treatment in previous 6 weeks
Notes: Patients had to have an adjustment disorder (with depressive mood or mixed features) or a major depressive disorder in relation to the cancer that had been diagnosed for a period of between 6 weeks - 7 years
Baseline: Not reported for whole sample, completers only

Results from this paper:
1. Quality assessment score = +

Robertson1985

Study Type: RCT
Type of Analysis: completer
Blindness: Double blind
Duration (days): Mean 35
Followup: 6 week
Setting: UK, LONDON
Notes: RANDOMISATION: hospital pharmacist conducted randomisation and kept study codes to ensure blinding
Info on Screening Process: 80 consecutive referrals were screened, with 66 meeting criteria for MDD and epilepsy. Of the 66, 42 were eligible and agreed to participate

n = 42
Age: Mean 36
Sex: 16 males 26 females
Diagnosis:
100% Depression by DSM-III
Epilepsy
Exclusions:
- HAM-D <15
- Pregnant
- Receiving psychotropic medication or ECT considered
- <18 or >70 years
- English speaking
- Evidence of cognitive impairment or progressive disorder of the central nervous system
Notes: Epilepsy diagnosed on basis of clinical judgement
Baseline: No differences at baseline

Data Used
Response (>50 reduction from baseline)
Notes: TAKEN AT: Baseline, week 6 (end of treatment) and week 12 (follow up)
DROP OUT: unclear 3/42 in whole study

Group 1 N = 13
Amitriptyline. Mean dose 25 mg tid - Dose could be doubled in non-responders

Group 2 N = 13
Nomifensine. Mean dose 25 mg i.d. - Dose could be doubled in non-responders

Group 3 N = 13
Placebo

Only head-to-head arm used, no useable data for TCA versus placebo
Not drug company sponsored

Results from this paper:
Quality assessment score +

Robinson2000

Study Type: RCT
Study Description: Used a cross over design 12 weeks of active treatment followed by 12 weeks of placebo. Data analysed for first 12 weeks only.
Type of Analysis: ITT
Blindness: Double blind
Duration (days): Mean 84
Setting: US, Rehabilitation Centre
Notes: RANDOMISATION: no further details

n = 56
Age: Mean 67
Sex: 31 males 25 females
Diagnosis:
100% Stroke
100% Depression by DSM-IV
Exclusions:
- Any other significant medical illness
- Severe comprehension deficit
- Prior history of head injury
- Prior history of other brain disease other than stroke
Baseline: HDRS: Fluoxetine 20.4 (4.7) Placebo 17.5 (6.2)

Data Used
MMSE
Functional independence
HAM-A
HADS
Notes: TAKEN AT: Baseline and endpoint
DROP OUTS: Fluoxetine 9/23 Nortriptyline 3/16 Placebo 4/17

Group 1 N = 23
Fluoxetine - 10 mg/d for first 3 weeks, 20 mg/d for weeks 4-6, 30 mg/day for weeks 7-9, 40 mg/d final 3 weeks

Group 2 N = 16
Nortriptyline - 25 mg/d first week, 50 mg/d weeks 2-3, 75 mg/d weeks 3-6, 100 mg final 6 weeks

Group 3 N = 17
Placebo

Funding: NIMH, Raul Carrea Institute of Neurological Research; El Lilly provided fluoxetine and placebo

Results from this paper:
Quality assessment score = +
SCHIFANO1990

Study Type: RCT
Study Description: No details given - assumed completer only
Type of Analysis: No mention
Blindness: Double blind
Duration (days): Mean 28
Setting: Italy
Notes: RANDOMISATION: procedure not reported
Info on Screening Process: No details reported

Data Used
GDS
Response (>50 reduction from baseline)
Notes: TAKEN AT: Baseline and 28 days (end of treatment)
DROP OUT: Mianserin 5/25 Maprotiline 8/23

Notes: TAKEN AT: Baseline and 28 days (end of treatment)
DROP OUT: Mianserin 5/25 Maprotiline 8/23

Setting: Italy
Notes: RANDOMISATION: procedure not reported

Results from this paper:
Quality assessment score +

SCHWARTZ1999

Study Type: RCT
Type of Analysis: ITT
Blindness: Double blind
Duration (days): Mean 42
Setting: US
Notes: RANDOMISATION: no further details

Data Used
HDRS-17
Notes: TAKEN AT: baseline and endpoint
DROP OUTS: Fluoxetine 0/8 Desipramine 2/6

Notes: Randomisation: no further details

Results from this paper:
Quality assessment score +

SCT-MD-24

Study Type: RCT
Study Description: ITT using LOCF
Type of Analysis: ITT
Blindness: Double blind
Duration (days): Mean 84
Setting: US
Notes: Randomisation: no further details

Data Used
Quality of life (physical)
HAM-A
HAM-D
CGI-I
Response (>50 reduction from baseline)
MADRS

Notes: Randomisation: no further details

Results from this paper:
Quality assessment score +

Group 1 N= 25
Mianserin - 2 capsules were administered in the first week (45 mg), dosage increased to 3 capsules (67.5 mg) for remaining weeks. The investigator was able to increase dosage to 4 capsules (90 mg) on the basis of response and side-effects.

Group 2 N= 23
Maprotiline - 2 capsules were administered in the first week (75 mg), dosage increased to 3 capsules (112.5 mg) for remaining weeks. The investigator was able to increase dosage to 4 capsules (150 mg) on the basis of response and side-effects.

Participants were recruited from the internal disease unit of a general medical hospital. All participants had a physical health problems and were classed as medically ill. Main conditions included cardiac diseases and arthrosis.

Baseline: No difference at baseline: GDS: Mianserin 18(6.1) Maprotiline 20(5.1)

Group 1 N= 8
Fluoxetine - Dose range 20-40 mg

Group 2 N= 6
Desipramine - Dose range - 75-100 mg

Participants were recruited from the internal disease unit of a general medical hospital. All participants had a physical health problems and were classed as medically ill. Main conditions included cardiac diseases and arthrosis.

Baseline: HAM-D: Fluoxetine 20.88 (6.01) Desipramine 22.00 (10.82)

Group 1 N= 84
Escitalopram - 10-20 mg flexible dosing

Group 2 N= 84
Placebo

Details of funding not reported

Funding: Eli Lilly
### Results from this paper:

**quality assessment score = ++**

#### STRIK2000

<table>
<thead>
<tr>
<th>Study Type: <strong>RCT</strong></th>
<th>Type of Analysis: <strong>ITT</strong></th>
<th>Blindness: Double blind</th>
<th>Duration (days): <strong>Mean 63</strong></th>
<th>Followup: continuation phase for further 16 weeks</th>
<th>Setting: Departments of Cardiology and Psychiatry, Netherlands</th>
<th>Notes: RANDOMISATION: no further details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Used:</td>
<td>Cardiovascular outcomes</td>
<td>HAM-D</td>
<td>Notes: DROP OUTS: Fluoxetine 2/27 placebo 5/27 (9 week acute phase). Fluoxetine 3/25 placebo 4/22 (continuation phase up to 25 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1 N= 27</td>
<td>Fluoxetine - Starting dose 20 mg/d, could be increased to 40 mg/d in week 3, 60 mg/d in week 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 N= 27</td>
<td>Placebo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug company sponsored</td>
<td>(Eli Lilly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Bipolar disorder, schizophrenia, personality disorder
- Learning disabilities

Baseline: HAM-D: Escitalopram 26.16 Placebo 27.67

#### TAN1994

<table>
<thead>
<tr>
<th>Study Type: <strong>RCT</strong></th>
<th>Type of Analysis: Completer only</th>
<th>Blindness: Double blind</th>
<th>Duration (days): <strong>Mean 36</strong></th>
<th>Setting: <strong>UK, LONDON</strong></th>
<th>Notes: RANDOMISATION: procedure not reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Used:</td>
<td>Adverse events</td>
<td>GDS</td>
<td>MADRS</td>
<td>Notes: TAKEN AT: Baseline and 36 days post-randomisation (28 days of intervention) (end of treatment)</td>
<td></td>
</tr>
<tr>
<td>Group 1 N= 32</td>
<td>Lofepramine. Mean dose 70 mg - Active drug and placebo tablets were identical and administered in the same fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 N= 31</td>
<td>Placebo - Active drug and placebo tablets were identical and administered in the same fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Sub groups with physical illnesses (as reported in Small et al. 1996) used in the analysis.

Baseline: No differences at baseline: GDS Lofepramine 17.0(4.3) Placebo 16.6(3.3)

#### TOLLEFSON1993

<table>
<thead>
<tr>
<th>Study Type: <strong>RCT</strong></th>
<th>Study Description: ITT using LOCF</th>
<th>Type of Analysis: <strong>ITT</strong></th>
<th>Data Used: HAM-D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 N= 301</td>
<td>Fluoxetine. Mean dose 20 mg/day</td>
<td>Group 2 N= 295</td>
<td>Placebo</td>
</tr>
</tbody>
</table>

**Notes:**
- Bipolar disorder, schizophrenia, personality disorder
- Learning disabilities

Baseline: HAM-D: Escitalopram 26.16 Placebo 27.67

#### Notes:
- Randomisation: no further details
- Setting: UK, LONDON
- Duration (days): Mean 36
- Blindness: Double blind
- Type of Analysis: Completer only
- Data Used: Adverse events, GDS, MADRS
- Group 1 N= 32, Group 2 N= 31
- Notes: Participants were recruited from general medical wards and had a range of medical illnesses
- Baseline: No differences at baseline: GDS Lofepramine 17.0(4.3) Placebo 16.6(3.3)
- Notes: TAKEN AT: Baseline and 36 days post-randomisation (28 days of intervention) (end of treatment)
- Notes: RANDOMISATION: procedure not reported
- Notes: No details about funding reported
- Sub groups with physical illnesses (as reported in Small et al. 1996) used in the analysis.

#### STRIK2000

<table>
<thead>
<tr>
<th>Study Type: <strong>RCT</strong></th>
<th>Type of Analysis: <strong>ITT</strong></th>
<th>Blindness: Double blind</th>
<th>Duration (days): Mean 63</th>
<th>Followup: continuation phase for further 16 weeks</th>
<th>Setting: Departments of Cardiology and Psychiatry, Netherlands</th>
<th>Notes: RANDOMISATION: no further details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Used:</td>
<td>Cardiovascular outcomes</td>
<td>HAM-D</td>
<td>Notes: DROP OUTS: Fluoxetine 2/27 placebo 5/27 (9 week acute phase). Fluoxetine 3/25 placebo 4/22 (continuation phase up to 25 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1 N= 27</td>
<td>Fluoxetine - Starting dose 20 mg/d, could be increased to 40 mg/d in week 3, 60 mg/d in week 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 N= 27</td>
<td>Placebo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug company sponsored</td>
<td>(Eli Lilly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Bipolar disorder, schizophrenia, personality disorder
- Learning disabilities

Baseline: HAM-D: Escitalopram 26.16 Placebo 27.67

#### TAN1994

<table>
<thead>
<tr>
<th>Study Type: <strong>RCT</strong></th>
<th>Type of Analysis: Completer only</th>
<th>Blindness: Double blind</th>
<th>Duration (days): <strong>Mean 36</strong></th>
<th>Setting: <strong>UK, LONDON</strong></th>
<th>Notes: RANDOMISATION: procedure not reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Used:</td>
<td>Adverse events</td>
<td>GDS</td>
<td>MADRS</td>
<td>Notes: TAKEN AT: Baseline and 36 days post-randomisation (28 days of intervention) (end of treatment)</td>
<td></td>
</tr>
<tr>
<td>Group 1 N= 32</td>
<td>Lofepramine. Mean dose 70 mg - Active drug and placebo tablets were identical and administered in the same fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 N= 31</td>
<td>Placebo - Active drug and placebo tablets were identical and administered in the same fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Sub groups with physical illnesses (as reported in Small et al. 1996) used in the analysis.

Baseline: No differences at baseline: GDS Lofepramine 17.0(4.3) Placebo 16.6(3.3)
Notes: TAKEN AT: Baseline and 6 weeks (end of treatment)
DROP OUT: unclear for sub group analysis

Setting: US, California
Duration (days): Mean 42
Blindness: Double blind

Diagnosis: 100% Depression by DSM-III-R
Exclusions: - No diagnosis of depression according to DSM-III-R criteria
- <60 years old
- HAM-D < 16
- <26 MMSE
- Serious suicidal risk
- Serious or unstable medical comorbidity
- Other DSM-III-R axis I disorders or presence of psychosis

Notes: All participants included in the analysis had at least one current chronic illness, the most common illnesses were joint disease and CVD
Baseline: No differences reported at baseline: HAM-D: Fluoxetine approximately 24 Placebo approximately 24

Study Type: RCT
Type of Analysis: ITT

Results from this paper:
Quality assessment score = +

VANDENBRINK2002

Study Type: RCT
Type of Analysis: ITT
Blindness: Double blind
Duration (days): Mean 56
Followup: 24 weeks entire treatment
Setting: Netherlands, nested RCT within MIND-IT trial
Notes: RANDOMISATION: performed by Central Randomisation Centre and stratified based on study centre and patient characteristics

Data Used
BDI
HDRS
Notes: DROP OUTS: 8 weeks - Mirtazapine 10/47 Placebo 3/44
24 weeks - Mirtazapine 15/47 Placebo 23/41

Group 1 N= 47
Mirtazapine - 30 mg/d for weeks 1-2, lowered to 15 mg/d if adverse events or increased to 45 mg/d if lack of response
Group 2 N= 44
Placebo

Notes: DROP OUTS: 8 weeks - Mirtazapine 10/47 Placebo 3/44
24 weeks - Mirtazapine 15/47 Placebo 23/41

Study Type: RCT
Type of Analysis: ITT

Results from this paper:
Quality assessment score = ++

VANHEERINGEN1996

Study Type: RCT
Study Description: ITT included those patients who had received at least one post-baseline efficacy assessment. LOCF analysis used to substitute missing data
Type of Analysis: ITT
Blindness: Double blind
Duration (days): Mean 42
Setting: University hospital, Gent, BELGIUM
Notes: RANDOMISATION: details not reported

Data Used
Adverse events
Response (>50 reduction from baseline)
HAM-D
Notes: TAKEN AT: Baseline, day 14, Day 28 and Day 42 (end of treatment)
DROPOUT: Mianserin 6/28 (21%), placebo 15/27 (56%)
Leaving the study due to adverse events: Mianserin 2/28, placebo 4/27

Group 1 N= 28
Mianserin. Mean dose 60 mg - 30 mg/day for week 1, increased to 60 mg/day for the remainder of the study
Group 2 N= 27
Placebo - Indistinguishable capsules given as a single night-time dose

Notes: women were included if they had a confirmed diagnosis of breast cancer stage I or II, with no metastases and not qualifying for primary surgical treatment.
Baseline: HAMD: Mianserin 21.0 (3.6), Placebo: 21.6 (5.4)
**WERMUTH1998**

**Study Type:** RCT

**Study Description:** ITT used LOCF, completer analysis also conducted

**Type of Analysis:** Both ITT and completer analysis

**Blindness:** Double blind

**Duration (days):** Mean 42

**Followup:** 52 week continuation

**Setting:** Denmark, outpatients

**Notes:** no further details on randomisation

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Exclusions</th>
<th>Baseline HDRS-17</th>
<th>Dropout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citalopram</td>
<td>18</td>
<td>Mean 64</td>
<td>16 males</td>
<td>100% Depression by DSM-III-R</td>
<td>&lt;35 years</td>
<td>16.61 (3.08)</td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td>19</td>
<td>Mean 64</td>
<td>16 males</td>
<td>Dementia, Schizophrenia, psychosis</td>
<td>Severe medical disorders, Substance misuse</td>
<td>16.16 (3.08)</td>
<td></td>
</tr>
</tbody>
</table>

**Data Used**
- Response (>50 reduction from baseline)
- HDRS notes: TAKEN AT: Baseline, endpoint and follow up (not usable)
- Citalopram 5/18 Placebo 2/19 (6 weeks acute phase)
- Citalopram 12/18 Placebo 15/19 (52 weeks - data not usable)

**DROP OUTS:**
- Citalopram 5/18 Placebo 2/19 (6 weeks acute phase)
- Citalopram 12/18 Placebo 15/19 (52 weeks - data not usable)

**Funding:** Lundbeck

---

**WIAART2000**

**Study Type:** RCT

**Type of Analysis:** ITT

**Blindness:** Double blind

**Setting:** France, Neurorehabilitation unit

**Notes:** RANDOMISATION: no further details

**Info on Screening Process:** 121 screened

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Exclusions</th>
<th>Baseline MADRS: Fluoxetine 28.5(7.7) Placebo 27.2(6.3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoxetine</td>
<td>16</td>
<td>Mean 68</td>
<td>15 males</td>
<td>100% Depression by ICD-10</td>
<td>MADRS &lt;19</td>
<td>Fluoxetine 28.5(7.7) Placebo 27.2(6.3)</td>
</tr>
<tr>
<td>Placebo</td>
<td>15</td>
<td>Mean 68</td>
<td>15 males</td>
<td>Stroke</td>
<td>MMSE &lt;23</td>
<td>Placebo</td>
</tr>
</tbody>
</table>

**Data Used**
- Response (>50 reduction from baseline)
- MMSE MADRS notes: TAKEN AT: baseline and endpoint
- DROP OUTS: Fluoxetine 2/16 Placebo 0/15

**Quality assessment score = +**

**Drug company?** Lilly France

---

**WISE2007**

**Study Type:** RCT

**Study Description:** analysed in group randomly allocated to regardless of actual study participation.

**Type of Analysis:** ITT

**Blindness:** Double blind

**Setting:** US

**Notes:** no further details

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Exclusions</th>
<th>Baseline HAM-D: Duloxetine 22.5(3.4) Placebo 22.2(3.8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duloxetine</td>
<td>155</td>
<td>Mean 73</td>
<td>83 males</td>
<td>100% Depression</td>
<td>Psychiatric diagnosis other than MDD or mild dementia</td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td>78</td>
<td>Mean 73</td>
<td>150 females</td>
<td></td>
<td>Moderate to severe dementia or learning disability</td>
<td></td>
</tr>
</tbody>
</table>

**Data Used**
- Response (>50 reduction from baseline)
- Remission (below cut-off)
- HAM-D notes: TAKEN AT: Baseline and endpoint
- DROPOUT: not reported for physical ill health

**Quality assessment score = +**

**Analysis was broken down into those with and without a chronic physical health problem. Only data on those with a chronic physical health problem has been extracted.**

---

**YANG2002**
Study Type: RCT  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 112  
Setting: China, 2-6 months after a stroke  
Notes: RANDOMISATION: no further details

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>64</td>
<td>Paroxetine, Mean dose 20 mg/d</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>57</td>
<td>Placebo</td>
<td></td>
</tr>
</tbody>
</table>

**Data Used**  
Activities of daily living  
Response (>50 reduction from baseline)  
Remission (below cut-off)  
Notes: TAKEN AT: baseline and endpoint  
DROP OUT: Paroxetine: 4/64; Placebo 7/57

**Notes:**  
TAKEN AT: baseline and endpoint  
DROPOUT: Paroxetine: 4/64; Placebo 7/57

**Results from this paper:**  
Quality assessment score = +

**ZHAO2005**

Study Type: RCT  
Study Description: Paper is a Chinese translation  
Type of Analysis: completer only  
Blindness: No mention  
Duration (days): Mean 42  
Setting: Community hospital, China  
Notes: RANDOMISATION: procedure not reported  
Info on Screening Process: Not reported

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Treatment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>Citalopram - Received 20 mg/day of active medication which could be increased to a max of 40 mg/day after week 1 depending on course of illness and response</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>52</td>
<td>Venlafaxine - Target dose of 200 mg/day (titrated over 2 days, starting from 50 mg b.i.d.)</td>
<td></td>
</tr>
</tbody>
</table>

**Data Not Used**  
Quality of life (physical) - Chinese  
HAM-D - Chinese  
Notes: TAKEN AT: baseline and endpoint  
DROP OUT: Citalopram 8/50; Venlafaxine 12/52

**Notes:**  
TAKEN AT: baseline and endpoint  
DROPOUT: Citalopram 8/50; Venlafaxine 12/52

**Results from this paper:**  
Quality assessment score = +

**Characteristics of Excluded Studies**

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMSTERDAM2006</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>ARSLAND2000</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>BROWN2007D</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>CANKURTARAN2008</td>
<td>Mixed depression and anxiety, low % depressed in both groups</td>
</tr>
<tr>
<td>CHEMERINSKI2001</td>
<td>Pooled analysis of trials</td>
</tr>
<tr>
<td>CHEN2001</td>
<td>Looks at combining SSRI treatment with Chinese herbal medicine</td>
</tr>
<tr>
<td>CHEN2003</td>
<td>Unable to obtain English papers</td>
</tr>
<tr>
<td>CHOIKWON2006</td>
<td>No depression diagnosis</td>
</tr>
<tr>
<td>CHUCK2000</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>COULEHAN1997</td>
<td>Not physically ill: randomisation combines psychosocial and pharmacological interventions in analysis</td>
</tr>
<tr>
<td>CURRIER2003</td>
<td>No control group</td>
</tr>
<tr>
<td>DALESSANDRO2007</td>
<td>Not randomised</td>
</tr>
<tr>
<td>Title</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>DELLOMO2007</td>
<td>TMS only - no pharmacological / relevant comparator</td>
</tr>
<tr>
<td>ELLIOTT2002</td>
<td>Not RCT</td>
</tr>
<tr>
<td>FAHKOURY2007</td>
<td>No relevant comparison group</td>
</tr>
<tr>
<td>GLEASON2004</td>
<td>No relevant comparison group</td>
</tr>
<tr>
<td>GOODNICK1997</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>GORDON1985</td>
<td>Looking at desipramine versus placebo only</td>
</tr>
<tr>
<td>GRASSI2004</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>GRAY1992A</td>
<td>No diagnosis of depression</td>
</tr>
<tr>
<td>HE2002</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>HOLLAND1991</td>
<td>Not an antidepressant</td>
</tr>
<tr>
<td>HU2002</td>
<td>Unable to obtain English version</td>
</tr>
<tr>
<td>HU2005A</td>
<td>No comparator (control group just received treatment as usual)</td>
</tr>
<tr>
<td>HUANG2003</td>
<td>Not RCT</td>
</tr>
<tr>
<td>INDACO1988</td>
<td>Participants non-depressed; focus of intervention is on reduction in headache</td>
</tr>
<tr>
<td>IOSIFESCU2003</td>
<td>No comparison</td>
</tr>
<tr>
<td>JANSEN1999</td>
<td>Not RCT</td>
</tr>
<tr>
<td>JIA2005</td>
<td>No comparator (control group just received treatment as usual)</td>
</tr>
<tr>
<td>KENNEDY1989A</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>KIMURA2003</td>
<td>Pooled analysis of other trials</td>
</tr>
<tr>
<td>KOK2007</td>
<td>Not physically ill (psychiatric inpatient not medical inpatient)</td>
</tr>
<tr>
<td>KONG2007</td>
<td>Participants were not depressed</td>
</tr>
<tr>
<td>KRISHNAN2001</td>
<td>Pooled analysis of two trials</td>
</tr>
<tr>
<td>KUHN2003</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>LAITINEN1969</td>
<td>Did not use validated scales</td>
</tr>
<tr>
<td>LASKA2005</td>
<td>Did not assess depression</td>
</tr>
<tr>
<td>LAURITZEN1994</td>
<td>Augmentation trial</td>
</tr>
<tr>
<td>LECHIN1998</td>
<td>Population were children and adolescents &lt;18 years</td>
</tr>
<tr>
<td>LIANG2005</td>
<td>No useable comparison - treatment group did not receive placebo or any intervention</td>
</tr>
<tr>
<td>LUSTMAN2007</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>MA2006</td>
<td>No useable comparison - control group did not receive placebo or any other intervention</td>
</tr>
<tr>
<td>MACFARLANE1986</td>
<td>Participants are not depressed. Intervention aimed at reducing pain</td>
</tr>
<tr>
<td>MAYO2007</td>
<td>No pre-cross over data, query regarding randomisation method</td>
</tr>
<tr>
<td>MITCHELL2008</td>
<td>Protocol only</td>
</tr>
<tr>
<td>MOHAPATRA2005</td>
<td>Not placebo controlled. Sertraline versus TAU</td>
</tr>
<tr>
<td>MORASCO2007A</td>
<td>Prevention study - outside scope</td>
</tr>
<tr>
<td>MOSS2006</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>MUSSELMAN2001</td>
<td>Prevention study - outside scope</td>
</tr>
<tr>
<td>NIEDERMAIER2004</td>
<td>Prevention of depression after stroke</td>
</tr>
<tr>
<td>PAE2004</td>
<td>Non-RCT</td>
</tr>
<tr>
<td>PARK2008</td>
<td>Not a relevant comparison (drug not an antidepressant)</td>
</tr>
<tr>
<td>PENG2005</td>
<td>Range of psychological disorders, unclear % with depression</td>
</tr>
<tr>
<td>RABEY1996</td>
<td>Conference abstract</td>
</tr>
<tr>
<td>Study Reference</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>ANCARANI1993</td>
<td>Published Data Only</td>
</tr>
<tr>
<td>ANDERSEN1980</td>
<td>Published Data Only</td>
</tr>
<tr>
<td>ANDERSEN1994</td>
<td>Published Data Only</td>
</tr>
<tr>
<td>ANTONINI2006</td>
<td>Published Data Only</td>
</tr>
<tr>
<td>BARONE2006</td>
<td>Published Data Only</td>
</tr>
</tbody>
</table>
BIRD2000  

BLUMENFIELD1997  

BORSON1992  

BROWN2005A  


CHEN2002  

COSTA1985  

DEVOS2008  

EHDE2008  

EISER2005  

EVANS1997  


FISCH2003  

FRUEHWALD2003  

GLASSMAN2002  


GOTTLIEB2007  
GULSEREN2005

HOLLAND1998

HUANG2005

KIMURA2000

LACASSE2004

LAKSHMANAN1986

LEENTJENS2003

LESPERANCE2007

LI2005

LIPSEY1984

LUSTMAN1997A

LUSTMAN2000

LUSTMAN2006

MAURI1994

MCFARLANE2001

MENZA2008

MORROW2003
MURRAY2005A (Published Data Only)

MUSSELMAN2006 (Published Data Only)

NELSON1999 (Published Data Only)

PAILEHYVARINEN2003 (Published Data Only)

PAILEHYVARINEN2007 (Published Data Only)

PEZZELLA2001 (Published Data Only)

POLLOCK2000 (Published Data Only)

RABKIN1994 (Published Data Only)

RABKIN1999 (Published Data Only)

RABKIN2004 (Published Data Only)

RAFFAELE1996 (Published Data Only)

RAMPELLO2004 (Published Data Only)

RAZAVI1996 (Published Data Only)

ROBERTSON1985 (Published Data Only)

ROBINSON2000 (Published Data Only)
SCHIFANO1990 (Published Data Only)

SCHWARTZ1999 (Published Data Only)

SCT-MD-24 (Unpublished Data Only)
SCT-MD-24 (unpublished trial) A double-blind flexible dose comparison of the safety and efficacy of escitalopram and placebo in the treatment of major depression disorder in diabetic patients

STRIK2000 (Published Data Only)

TAN1994 (Published Data Only)

TOLLEFSON1993 (Published Data Only)


VANDENBRINK2002 (Published Data Only)

VANHEERINGEN1996

WERMUTH1998 (Published Data Only)

WISE2007 (Published Data Only)

YANG2002 (Published Data Only)
References of Excluded Studies

ZHAO2005 (Published Data Only)

AMSTERDAM2006 (Published Data Only)

ARSLAND2000

BROWN2007D

CANKURTARAN2008 (Published Data Only)

CHEMERINSKI2001 (Published Data Only)

CHEN2001 (Published Data Only)

CHEN2003 (Published Data Only)

CHOIKWON2006 (Published Data Only)

CHUCK2000 (Published Data Only)

COULEHAN1997 (Published Data Only)

COULEHAN2003 (Published Data Only)

CURRIER2003 (Published Data Only)

DALESSANDRO2007 (Published Data Only)

DELOLMO2007 (Published Data Only)

ELLIOTT2002 (Published Data Only)

FAKHOURY2007 (Published Data Only)
GLEASON2004

GOODNICK1997

GORDON1985

GRASSI2004

GRAY1992A

HE2002

HOLLAND1991

HU2002

HU2005A

HUANG2003

INDACO1988

IOSIFESCU2003

JANSEN1999

JIA2005

KENNEDY1989A

KIMURA2003

KOK2007

KONG2007


