Appendix 18: clinical study characteristics tables

Service-level interventions

Comparisons Included in this Clinical Question

Case management versus standard care
BANERJEE1996

Collaborative care versus any form of standard care
BOGNER2008
COLE2006
CULLUM2007
DWIGHTJOHNSON2005
ELL2007
ELL2008
FORTNEY2007
KATON2004
KATZELNICK2000
LANDIS2007
LIN2003
OSLIN2003
STRONG2008
WILLIAMS2004
WILLIAMS2007

Psychiatric liaison versus standard care
SCHRADER2005

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BANERJEE1996 Study Type: RCT Study Description: ITT included all randomised participants. Only those who completed the study were included in the logistic regression* Type of Analysis: ITT* Blindness: No mention Duration (days): Mean 182 Setting: UK, London Notes: RANDOMISATION: computer generated three digit random number 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	n= 69 Age: Sex: 12 males 57 females Diagnosis: 100% Depression by AGECAT Exclusions: - <65 years old - currently receiving psychiatric care - scoring <8 on selfcare(d) questionnaire Notes: Participants were all aged over 65 and receiving home care due to disabilities and physical illness. All participants were screened for depression using the self-care questionnaire. Baseline: No difference at baseline: MADRS: Intervention 27.5(6.2) control 25.1(6.3)	**Data Used** Mortality Remission (below cut-off) MADRS Notes: TAKEN AT: Baseline and 6 months post-randomisation (end of treatment) DROP OUT: Intervention: 4/33 Control: 4/36	**Group 1 N= 33** Mulidisciplinary 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. **Group 2 N= 36** Standard care - Each control participant was referred to a doctor only.	
Results from this paper: Quality assessment score +				
BOGNER2008 Study Type: RCT Study Description: No details of drop out reported - unclear whether ITT has been used Type of Analysis: Completer Blindness: No mention Duration (days): Mean 49	n= 64 Age: Mean 59 Sex: 15 males 49 females Diagnosis: 100% Depression by Current diagnosis	**Data Used** Physical health outcomes Adherence to physical health medication CES-D	**Group 1 N= 32** Collaborative care - Integrated care provided an individualised programme, integrating depression and hypertension management, care manager addressed factors relatedto antidepressant and hypertension medication adherence, patient education, assessed side effects	Collaborative care component score - 15/26

Notes: RANDOMISATION: procedure not reported Info on Screening Process: 109 patients were identified by medical records as potentially eligible for study. 73 provided consent for screening, 9 participants were excluded	100% Hypertension by Current diagnosis Exclusions: - no current diagnosis of depression or prescription for antidepressant medication - <50 years old - systolic blood pressue <140 mm Hg and diastolic pressure <90 mm Hg or systolic <130mm HG or diastolic of < 80 mm Hg for non-diabetic - cognitive impairment - unable to communicate in English - unable to use medication event monitoring system Notes: All participants had to have a current diagnosis of depression or a prescription for an antidepressant Baseline: CES-D: Intervention 17.5(13.2) control 19.6(14.2)	Notes: TAKEN AT: Baseline and 6 weeks post-randomisation (end of treatment) DROP OUT: not reported	and progress. **Group 2 N= 32** Standard care - Usual primary care treatment for hypertension	
Results from this paper: Quality assessment score +				
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	n= 157 Age: Mean 78 Sex: 48 males 109 females Diagnosis: 100% Depression by DSM-IV 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)	**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
Results from this paper: Quality assessment score +				
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	n= 121 Age: Mean 80 Sex: 50 males 71 females Diagnosis: 100% Depression by GDS 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	**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. Liasion with PCP	Collaborative care component score - 11/26 only basic details about the intervention provided in the paper
Results from this paper: Quality assessment score +				

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	n= 55 Age: Mean 48 Sex: all females Diagnosis: 100% Depression by PHQ-9 100% Cancer by Clinical judgement Exclusions: - <3 months since diagnosis - cancers other than carcinoma of the cervix or breast cancer (stages I-IV) - not meeting criteria for major depression or dysthymia or persistent depressive symptoms at both baseline and 1 month later - history of bipolar or psychotic disorders - gross cognitive impairment - currently misusing alcohol and/or drugs - currently receiving psychotherapy - unable to speak English or Spanish Baseline: no differences at baseline: PHQ-9 Intervention 12.6(7.0) Control 13.40(7.2)	**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	**Group 1 N= 28** 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 physican consulted **Group 2 N= 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.	Collaborative care component score - 18/26 Active intervention lasted 8 weeks but contact with services lasted 8 months
Results from this paper: Quality assessment score +				
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: 9178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.	n= 311 Age: Sex: 86 males 225 females Diagnosis: 100% Depression by PHQ-9 Exclusions: - Cognitive impairment - no screening positive for depression Notes: All participants were receiving home healthcare. 100% of sample had at least 1 chronic physical health problem Baseline: No differences at baseline	**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	**Group 1 N= 155** Collaborative care - Existing staff acted as Clinical Depression Specialist and used a stepped care depression treatment algorithm. First-line treatment was choice of structured psychotherapy, problem solving therapy or antidepressant medication. **Group 2 N= 156** Enhanced standard care - Routine PHQ-9 screening at admission to home health care. If the participant screened positive, the primary care physician was informed.	Collaborative care component score - 19/26
Results from this paper: Quality assessment score +				
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	n= 472 Age: Sex: 73 males 399 females Diagnosis: Depression by PHQ-9 100% Cancer by Clinical judgement Exclusions: - <90 days after cancer diagnosis and not receiving either acute or follow-up care - <18 years	**Data Used** Pain intensity SF-12 PHQ-9 Mortality Response (>50 reduction from baseline)	**Group 1 N= 242** 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.	Collaborative care component score - 20/26

eligibility, 571 met criteria for depression or dysthymia, 99 excluded.	- PHQ-9 <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: Time since diagnosis >90 days with advanced cancer excluded Baseline: No baseline differences reported: PHQ9 Intervention: 12.79(4.4) Control: 13.17(4.51)	Notes: TAKEN AT: Baseline and 12 months' post randomisation (end of treatment) DROPOUT: Intervention: 98/242 Control: 116/23(	**Group 2 N= 230** 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 physican education and depression treatments.	
Results from this paper: Quality assessment score +				
FORTNEY2007 Study Type: RCT Study Description: ITT with missing values were imputed using multiple imputation Type of Analysis: ITT Blindness: No mention Duration (days): Mean 365 Setting: US, Veterans Affairs medical centres Notes: RANDOMISATION: Unit of randomisation was the Veterans Affairs clinic Info on Screening Process: 430 participants were enrolled in the study; of these, 35 did not provide informed consent	n= 395 Age: Mean 60 Sex: 362 males 33 females Diagnosis: 100% Depression by PHQ-9 Exclusions: - Serious mental illness - PHQ-9 score <12 - current suicide ideation - recent bereavement - pregnancy - substance dependence - cognitive impairment - receiving speciality mental health treatment Notes: Even though not recruited specifically for a chronic physical health problem, 99% of the sample had at least 1 current chronic health problem Baseline: No significant differences at baseline: PHQ-9 Intervention: 16.3(3.4) Control: 16.4(3.4)	**Data Used** Quality of life (physical) Satisfaction with care Medication adherence Remission (no longer meeting diagnosis) Remission (below cut-off) Notes: TAKEN AT: Baseline and 12 months post-randomisation (end of treatment) DROPOUT: Intervention: 31/177, Control: 29/218	**Group 1 N= 177** 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. **Group 2 N= 218** Enhanced standard care - All providers and patients received education. Results of depression screening were logged into electronic medical records.	Cluster randomised Collaborative care component score - 15/26
Results from this paper: Quality assessment score +				
KATON2004 Study Type: RCT Study Description: ITT - no details provided, used for modelling not dichotomous data (completer only) Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 365 Setting: US, Washington Notes: RANDOMISATION: computerised algorithm Info on Screening Process: 851 screened, 375 eligible, 329 randomised (46 refused randomisation, 42 refused, 4 did not provide consent)	n= 329 Age: Mean 58 Sex: 115 males 214 females Diagnosis: Depression by PHQ-9 Diabetes by Clinical judgement Exclusions: - no diagnosis of diabetes or depression - hearing difficulties which would prevent telephone conversations - currently in care of psychiatrist - bipolar disorder or schizophrenia - use of antipsychotic or mood stabiliser medication - mental confusion - PHQ-(score <10 Notes: all participants were on the GHC population based diabetes register Baseline: Baseline SCL-20 score: Intervention 1.6(0.45) Control: 1.7(0.51)	**Data Used** Satisfaction with care SCL-20 Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 12 months post-randomisation (end of maintenance phase) DROP out: Intervention 18/164 Control: 23/165	**Group 1 N= 164** 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 **Group 2 N= 165** Standard care - Usual care with those screening positive for depression advised to consult with their primary care physician regarding the depression	Collaborative care component score - 18/26

Results from this paper:
Quality assessment score +

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

n= 407

Age: Mean 46

Sex: 92 males 315 females

Diagnosis:
100% Depression by DSM-IV

Exclusions: - HAM-D <15
- Not screening positive for depression on modified SCID
- life-threatening medical disorder
- recent treatment for alcohol or substance use disorder
- past treatment for schizophrenia or bipolar disorder
- active treatment for depression defined as current speciality mental health treatment or minimal adequate trial of antidepressants

Notes: All participants were high utilisers of primary care (for reasons other than depression)

Baseline: No differences at baseline: HAM-D Intervention: 19.1 control: 19.2

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

Group 1 N= 218
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

Group 2 N= 189
Standard care - Physicians informed that telephone screening suggested depression

Cluster randomised - physician practices the unit of randomisation
Collaborative care component score - 14/26

Results from this paper:
Quality assessment score +

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 fo the study contacted to participate. No further details.

n= 45

Age: Mean 40

Sex: 2 males 43 females

Diagnosis:
100% Depression by PHQ-9

Asthma by Clinical judgement

Diabetes by Clinical judgement

Exclusions: - PHQ-9 score <10
- Not currently receiving care for either asthma or diabetes
- Bipolar disorder, psychotic symptoms
- active suicidal ideation

Notes: All participants visiting a Medicaid centre for either usual asthma or diabetes care

Baseline: PHQ-9: Intervention: 17.3(5.2) control: 15.9(4.8)

Data Used
SF-12
HAM-D
PHQ-9

Notes: TAKEN AT: Baseline and 6 months post-randomisation (end of treatment)
DROP OUT - not reported

Group 1 N= 22
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

Group 2 N= 23
Standard care - General care managers provided usual care services for asthma and diabetes

Collaborative care component score: 15/26

Results from this paper:
Quality assessment score +

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

n= 1001

Age: Mean 72

Sex: 317 males 684 females

Diagnosis:
100% Depression by DSM-IV

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

Group 1 N= 495
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	
Results from this paper: Quality assessment score +				
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	n= 97 Age: Mean 62 Sex: 93 males 4 females Diagnosis: 100% Depression by DSM-IV Exclusions: - <18 years - active suicidal ideation - regular use of illegal substances - current hallucinations or a history of a primary psychotic disorder - history of mania or hypomania Notes: ~50% of total participants were recruited from cardiology or rheumatology clinics, with a higher % for depression only sample used in the analysis. Baseline: No differences at baseline: HDRS Intervention 14.3(5.6) control 15.5(5.4)	**Data Used** HDRS CES-D Response (>50 reduction from baseline) Notes: TAKEN AT: baseline and 4 months post-randomisation (end of treatment) DROPOUT: not reported for depression only cases	**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.
Results from this paper: Quality assessment score +				
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	n= 669 Age: Sex: no information Diagnosis: 100% Depression by CES-D 100% Cardiovascular disease by Clinical judgement Exclusions: - <18 or >64 years old - CES-D <16 Notes: Participants were admitted to hospital with MI, unstable angina, arrhythmia, congestive heart failure, coronary artery bypass surgery or angioplasty Baseline: No differences at baseline reported	**Data Used** Mortality Diagnosis of MDD Notes: TAKEN AT: Baseline and 12 weeks post-randomisation (end of treatment) DROP OUT: Intervention 57/331 Control 40/338	**Group 1 N= 331** Psychiatric consultation - Consultations followed routine practice, screening scores were sent to GP who took part in a 15-30 minute telephone conference with the attending psychiatric registrar and cardiac rehabilitation nurse, management tailored to patient based on consultation **Group 2 N= 338** Standard care - standard cardiac and non-cardiac care	Cluster randomised
Results from this paper: quality assessment score +				

STRONG2008 Study Type: RCT Study Description: ITT included all participants who were randomised and had avaliable 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: 660 participants with MDD screened for eligibility, 326 did not meet inclusion criteria, 134 refused to participate	n= 200 Age: Mean 56 Sex: 59 males 141 females Diagnosis: 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	**Data Used** Remission (below cut-off) Pain intensity SCL-20 Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 6 month's post-randomisation (end of treatment) DROPOUT: Intervention 15/101, Control 17/99	**Group 1 N= 101** Collaborative care - Depression care for people with cancer. 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 **Group 2 N= 99** Standard care - Usual care including services available from the GP. GPs and oncologists were informed of the depression diagnosis and advice was given regarding antidepressants if requested.	Collaborative care component score - 16/26
Results from this paper: Quality assessment score +				
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	n= 417 Age: Mean 71 Sex: 194 males 223 females Diagnosis: 100% Depression by DSM-IV 100% Diabetes 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 SCL-20 Depression: Intervention 1.7(0.6) control 1.7(0.6)	**Data Used** Physical health outcomes Mortality SCL-20	**Group 1 N= 205** 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. **Group 2 N= 212** Standard care - Usual care from primary care physician	Subgroup analysis of Unutzer et al. (2002) IMPACT trial Collaborative care component score - 15/26
Results from this paper: Quality assessment score +				
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	n= 188 Age: Mean 60 Sex: 83 males 99 females Diagnosis: 100% Depression by DSM-IV 100% Stroke by Clinical judgement Exclusions: - <18 years	**Data Used** Mortality PHQ-9 HAM-D Response (>50 reduction from baseline) Remission (below cut-off)	**Group 1 N= 89** 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. **Group 2 N= 93** Standard care - Usual care	6 participants were not included in the analysis and have no demographic or baseline data Collaborative care component score - 12/26

envelopes Info on Screening Process: 1175 potentially eligible subjects, 783 excluded (495 non-depressed, 344 declined 148 no follow-up)	- Severe language impairment, inablity to speak and understand English - Life expectancy <6 months - Haemorrhagic stroke - Active psychosis - Suicidality - Substance misuse - Currently taking any MAOIs - Women who were pregnant at time of stroke Notes: Ischemic stroke Baseline: No differences at baseline: HAM-D: Intervention 18.0(5.4) control: 19.2(5.9)	Notes: TAKEN AT: Baseline and 12 weeks' post-randomisation (end of treatment) DROP OUT: Intervention 5/94 control 1/94		
Results from this paper: Quality assessment score - +				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
BOGNER2007	No extractable data
BOUMAN2008	Population not depressed at baseline
BURNS2007A	Population did not have chronic physical health problems
COLE2006a	Non-RCT
HARINGSMA2006	Population did not have comorbid physical health problems
HU2003A	Post-stroke rehabilitation - not focused on depression
JOUBERT2006	Prevention study - not depression at baseline, depression as an outcome only
JOUBERT2008	Prevention study
KOIKE2002	No extractable data
KRAHN2006	Older adults but not a comorbid sample
KROENKE2008	Population did not have chronic physical health problems (only subgroup in trial had chronic physical health problems, reported elsewhere)
LEWIN2007	No depressed at baseline
OSLIN2004	No extractable data - scores for depression not conducted on a recognised scale
RABINS2000	Intervention does not meet definition (outside scope of severe mental illness [SMI] outreach)
RAHIMI2008	Not randomised
ROLLMAN2009	Study protocol only
SIREY2007	Description of study only and case study
STIEFEL2008	No extractable data
TRIEF2007	Not depressed at baseline

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BANERJEE1996 (Published Data Only)

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BOGNER2008 (Published Data Only)

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Psychological and psychosocial interventions

Comparisons Included in this Clinical Question

Counselling versus standard care
MANNE2007

Group based cognitive and behavioural skills intervention versus other psychosocial intervention
CHESNEY2003
EVANS1995
HECKMAN2007
KELLY1993
KUNIK2008

Group based cognitive and behavioural skills intervention versus standard care
ANTONI2006
CHESNEY2003
DAVIS1984
EVANS1995
HECKMAN2007
HENRY1997
KELLY1993
LARCOMBE1984
LII2007
LUSTMAN1998

Group existential therapy versus control
KISSANE2007
SIMSON2008
WEISS2003

Health education versus standard care
BALFOUR2006
CLARK2003
HECKMAN2007

Individually based cognitive and behavioural skills intervention versus counselling
BROWN1993
MANNE2007
MOHR2005

Individually based cognitive and behavioural skills intervention versus standard care
ADDOLORATO2004
FOLEY1987
MANNE2007
MOHR2000
SAVARD2006

Individually based cognitive and behavioural skills intervention versus supportive psychotherapy
MARKOWITZ1998

Peer support (self-help) versus standard care
EVANS1995
KELLY1993
SIMONI2007

Peer support (self-help) verus group-based cognitive and behavioural intervention
EVANS1995
KELLY1993

Physical activity versus standard care
COURNEYA2007
KOUKOUVOU2004
LAI2006
SIMS2009

Relaxation versus standard care
YU2006

Self-help intervention versus standard care
BARTH2005
BRODY2006
LANDREVILLE1997
STEIN2007

Social support versus standard care
DESROSIERS2007

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
ADDOLORATO2004 Study Type: RCT Blindness: No mention Duration (days): Mean 180 Notes: Details on randomisation not adequately reported. Allocation concealment not addressed.	n= 66 Age: Mean 31 Sex: 29 males 37 females Diagnosis: 100% Anxiety/Depression by Zung (modified for physical illness)	**Data Used** Remission (below cut-off)	**Group 1 N= 33** 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.	Do not perform sensitivity analysis because participants recruited for depression. Intervention modified to the physical illness.

Info on Screening Process: 112 considered; 66 affected by anxiety and depression - randomised.	Coeliac Disease 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.	Notes: TAKEN AT: pre- and post-intervention (6-months post-baseline). DROP OUTS: none reported.	Individual. 1 session every 2 weeks. **Group 2 N= 33**	
Results from this paper: Quality assessed: +				
ANTONI2006 Study Type: RCT Study Description: Analysed 101/130: those with an undetectable viral load were excluded (N= 15 - treatment; N=14 - control). Includes LTFU & non-completer* Type of Analysis: *Completers Blindness: No mention Duration (days): Mean 70 Followup: 6- and 12-months Setting: US Setting not reported Notes: Randomisation: Ids were drawn from a box for assignment to conditions by the project manager and overseen by prinicipal investigator. Info on Screening Process: 257 HIV+ gay men were approached; 81 refused; 46 were excluded. Began trial with 130; men analysed only 101 with a detectable HIV viral load at baseline.	n= 101 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 Notes: TAKEN AT: pre-, post-treatment (3-months) and follow-up at 6-, 12-months. DROP OUTS: LTfollow-up - N=22 treatment, N=23 control; Discontinued participation - N=2 treatment, N=5 control; EXCLUDED: N=15 treatment, N=14 control after randomisation.	**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 sesssions 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 = +				
BALFOUR2006 Study Type: RCT Type of Analysis: No mention Blindness: No mention Duration (days): Mean 28	n= 63 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 weely. 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	Do not need to perform sensitivity as results are reported for a subgroup with depression. Component of intervention aimed at reducing depression.

Notes: Randomisation by random numbers table. Info on Screening Process: Details on screening not reported.	Exclusions: - not diagnosed with HIV for at least 6-months - currently on antiretroviral therapy - HIV RNA levels less than 50 copies/ml - not able to read and write English or French - actively suicidal or psychotic Notes: Mean CD4 cell count of participants = 356 cell/ul; mean HIV plasma viral load approx 73,000 copies/ml. Baseline: No differences at baseline on outcome measures. 43% of patients had CES-D clinical cut-off score of 16 - results presented for subgroup of patients with depression N= 15 - treatment; N= 12 - control.	Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: none reported.	symptoms. Therapist = psychologist. Manual. **Group 2 N= 12** TAU - Standard HIV clinic multi-disciplinary team care	
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 Blindness: No mention Duration (days): Range 21-28 Followup: 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.	n= 59 Age: Mean 58 Sex: 45 males 14 females Diagnosis: 100% Cardiovascular disease Depression by DSM-IV Exclusions: - HADS < 17 and no DSM-IV diagnosis of unipolar affective disorder Notes: For those with Cardiovascular disease they were currently receiving treatment for disorder. Myocardial infarction = 57.6%; coronary artery bypass graft = 33.9%; percutaneous transluminal coronary angioplasty = 22.0%; unstable angina pectoris 5.0% 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.	**Data Used** HADS BDI-21 item Notes: TAKEN AT: pre-and post-treatment. DROP OUTS: LTfollow-up - 0/27 treatment and 4/32 control.	**Group 1 N= 27** Individual based cognitive and behavioural skills - 3-, 4-week inpatient rehabilitation. Individual therapy. 4-6 sessions, 50 minutes each. Delivered by psychotherapist. Education; self-help materials; aimed at reducing depression. Cognitive-behavioural approach. **Group 2 N= 28** Control - Treatment as usual = exercise, diet counselling, relaxation and health behaviour education.	Do not need to perform sensitivity analysis as participants recruited for depression; intervention aimed at reducing depression.
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.	n= 32 Age: Mean 82 Sex: 11 males 21 females Diagnosis: 100% Macular degeneration 100% Depression by DSM-IV Exclusions: - did not meet criteria for DSM-IV major or minor depression - GDS-15 < 5 Baseline: Baseline depression GDS-15: 7.50 (2.19), 7.80 (2.35).	**Data Used** GDS-15 item Notes: TAKEN AT: baseline and 6-month follow-up. DROP OUTS: only used completers who had depression at baseline.	**Group 1 N= 12** Self-help - Cognitive and behavioural. Group therapy. Problem solving, cognitive & behavioural elements, guided practice, designed to meet the needs of sight impaired adults. 12 hours over 6-weeks. **Group 2 N= 20** Control - Two arms: audio-taped health education and waitlist. 12 hours over 6 weeks.	Subset from larger study with depression at baseline. Intervention modified for chronic physical health problem.
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
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.

n= 40

Age: Mean 61

Sex: 39 males 11 females

Diagnosis:
MI by Clinical judgement

Depression by SADS

Exclusions: - did not have a myocardial infarction and/or bypass surgery in the last 4-24 months (according to physican's reports)
- prognosis worse than 3.3 based on the New York Heart Association
- unstable cardiac status with medical contraindications to increased physical activitity according to physicians' reports
- did not have an onset of depression and/or anxiety associated with the MI or bypass surgery based on the SADS
- scores less than 13 on the BDI; or less than 70 on the Global Severity Index on the SCL 90-R
- spouses, friends or relatives who are not willing to participate in the treatment
- not between 43 and 75 years old

Notes: 12 had MI only; 15 bypass only; 13 MI and bypass.

Baseline: Control group was significantly higher on BDI (17.25 versus 12.06) and the GSI (71.21 versus 65.15).

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.

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.

Do not perform a sensitivity analysis - participants recruited for onset of depression associated with physical health problem; intervention for depression.

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.

n= 149

Age: Mean 39 Range 24-58

Sex: all males

Diagnosis:
100% HIV/AIDS by Self-report

100% Depression by CES-D

Exclusions: - not self-identified as gay or bisexual
- not between the ages of 21 and 60
- self-reported CD4 levels not between 200 and 700 cells/mm3
- score less than 10 on the CES-D
- major depressive disorder and psychotic disorders
- history of alcohol dependence or substance use disorder in the past year
- currently in psychotherapy or were using therapeutic doses of psychoactive medication on a regular basis
- CD4 T-cell count to confirm diagnosis of AIDS

Notes: Mean CD4 count was 403 (SD = 109); 7% had an AIDS-defining condition. Information on time since diagnosis not specified.

Baseline: No significant differences at baseline. Baseline scores of CES-D: 17.9 (SD = 9.6) - group based cognitive-behavioural intervention; 15.7 (SD = 9.5) - health education; 16.9 (SD = 9.2) control.

Data Used
CES-D

Notes: TAKEN AT: pre- and post-intervention (not including booster sessions) + 6-, 12-month follow-up (for two treatment conditions only). DROP OUTS: 21/149 (14%) at 3-month follow-up

Group 1 N= 54

Group based cognitive and behavioural skills - Group based (6-8). Cognitive theory aimed at stress & coping. Homework assigned. 10 weekly 90 minute sessions + 6 maintenance sessions for remainder of year. Adaptation for HIV-related stressors. Therapists = graduate social worker/clinical psychologist

Group 2 N= 51

Health-education - 10 weekly group 90 minute sessions on HIV-related topics & resources. Including information on clinical trials, legal issues. 6 maintenance sessions for remainder of year.

Group 3 N= 44

Control - Waitlist control. After post-intervention and whilst other treatment conditions were receiving booster sessions during follow-up, received group based cognitive-behavioural intervention.

Do not perform sensitivity analysis as participants recruited for depression and chronic physical health problems. Sub group analysis: group based cognitive-behavioural intervention aimed at psychosocial stresses.

Results from this paper:
Quality assessed: +

CLARK2003

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.

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.

n= 62

Age: Mean 72

Sex: 38 males 24 females

Diagnosis:
100% Stroke by Current diagnosis

Exclusions: - no confirmed diagnosis of stroke
- not discharged at home
- discharged to in-home rehabilitation or residential care
- not co-resident with spouse
- severe expressive or receptive language problems
- poor command of English
- cognitive deficiency (Mini Mental State Examination)

Baseline: Did not test for differences at baseline for outcome measures. **Baseline GDS-15 score: 3.7 (SD = 2.7) - treatment, 4.0 (SD = 2.8) - control JUST BELOW CUT-OFF SCORE OF 5**

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.

Group 1 N= 30

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.

Group 2 N= 32

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.

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

Results from this paper:
Quality assessed: +

COURNEYA2007

Study Type: RCT

Study Description: Follow-up data for those who completed measures*

Type of Analysis: Completers*

Blindness: No mention

Duration (days): Mean 119

Setting: Canada

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

n= 242

Age: Mean 50 Range 25-78

Sex: all females

Diagnosis:
Cancer

Exclusions: - not able to speak English or French
- pregnant
- <18
- not first-line adjuvant chemotherapy
- incomplete axillary surgery
- transabdominal rectus abdominus muscle reconstructive surgery
- uncontrolled hypertension
- cardiac illness
- psychiatric illness

Notes: Currently receiving treatment for disorder. Breast cancer I to IIIA

Baseline: No significant differences at baseline. Depression at baseline CES-D: resistance training 13.8 (10.1), aerobic training 12.8 (9.8), TAU 13.9 (9.7).

Data Used
CES-D

Notes: TAKEN AT: baseline, mid-point, post-intervention, 6-month follow-up. DROP OUT: 10/160 exercise; 7/82 waitlist

Group 1 N= 150

Physical activity - 2 groups: aerobic exercise only, resistance training only. Exercised x3 per week. Aerobic exercise sessions up to 45 minutes. Resistance exercise 2 sets of 8-12 repetitions. Difficulty increased each week.

Group 2 N= 75

Waitlist - Asked to not participate in any physical activity program - were offered 1-month physical activity program post-intervention.

Participants not recruited for depression

Results from this paper:
Quality assessed: +

DAVIS1984

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 42

Followup: 6-weeks

Notes: Details on randomisation not reported.

Info on Screening Process: All participants

n= 13

Age: Mean 33

Sex: 3 males 10 females

Diagnosis:
100% Epilepsy

100% Depression by Not specified

Data Used
BDI

Notes: TAKEN AT: pre- and post treatment. DROP OUTS: 0/9 CBT, 2/7 WLC. *NO STANDARD DEVIATIONS REPORTED.

Group 1 N= 8

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 mediction. 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).		**Group 2 N= 5** Waitlist - Offered treatment after post-assessment.	
Results from this paper: Quality assessed: +				
DESROSIERS2007 Study Type: RCT Study Description: Single blind = rater only blinded Type of Analysis: Completer Blindness: Single blind Duration (days): 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.	n= 62 Age: Mean 71 Sex: Diagnosis: 100% Stroke by Current diagnosis Exclusions: - clinical diagnosis of stroke - not living in the community - no self-report problems with leisure activities - cognitive problem score < or equal to the 5th percentile on the Modified Mini-Mental State - language comprehension problems - severe comorbidities Baseline: Differences at baseline on the HRQoL which was lower in the control group. Baseline scores of depression on CES-D:18.5 (SD = 12.1) - treatment & 16.3 (SD = 9.0) - control.	**Data Used** HRQoL CES-D Notes: TAKEN AT: pre- and post-intervention. DROP OUTS; 4/33 - treatment, 2/29 - control.	**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.
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.	n= 78 Age: Mean 54 Sex: 47 males 31 females Diagnosis: 100% Depression by CES-D Cancer Exclusions: - CES-D less than 16 Notes: Stage II cancer: N=30 lung cancer, N=22 bladder, N=16 prostate, N=4 head-neck. Scheduled for radiation treatment. Mean duration of knowledge on their diagnosis = 12.3 weeks. Baseline: Did not test for differences in severity of depression at baseline. Baseline scores of depression = 27.2 (SD = 8.8) - cognitive & behavioural; 27.9 (SD = 8.4) - peer support; 29.0 (SD = 7.0) - control	**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	**Group 1 N= 27** CBT - 8-week, group therapy 1 hour per week, 6-9 patients led by social worker. Included homework assignments. Intervention designed for depression/anxiety. **Group 2 N= 21** Peer support - 8-week, group therapy 1 hour per week, 6-9 patients led by social worker. Modelled after support groups typically used in chronic physical health problems. Members encouraged to describe feelings about having cancer. **Group 3 N= 24** No treatment - Did not attend intervention. Offered crisis intervention + individual therapy at no charge outside study protocol (only 2 persons took up offer).	Participants recruited for depression and chronic physical health problems; intervention for depression.
Results from this paper: 1.1 Poorly addressed 1.2 Not reported 1.3 Not addressed 1.4 Not addressed				

1.5 Adequately covered
1.6 Not addressed
1.7 Well covered
1.8 7.7% in total
1.9 Not addressed
1.10 Not applicable

2.1 +

FOLEY1987

Study Type: RCT

Type of Analysis: Completers*

Blindness: No mention

Duration (days): Mean 35

Setting: GERMANY
Outpatient

Notes: Details on randomisation not reported. Allocation concealment not addressed.

Info on Screening Process: 41 met criteria; *36 provided pre-and post-assessments and analysed.

n= 36

Age: Mean 39

Sex: 5 males 31 females

Diagnosis:
100% Multiple sclerosis

Exclusions: - no confirmed MS diagnosis
- a level of disability greater than 8 on the 10-point Disability Status Scale
- major cognitive deficits

Baseline: No significant baseline differences between groups. Baseline scores of BDI depression: 24.4 (SD = 13.0) - treatment & 21.7 (15.0) - control.

Data Used
BDI

Data Not Used
Physical health outcomes - no data

Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5/4.

Group 1 N= 18

Individual based cognitive and behavioural skills - 6 session cognitive-behavioural + shortened progressive deep-muscle relaxation. Therapist = advanced clinical psychologist. Focused on psychosocial stressors.

Group 2 N= 18

Control - Waitlist control, received treatment after 5 week delay. In the mean time received TAU: all received minimum of 2 hour supportive psychotherapy. N=2 antidepressants, 2 family counselling, 3 individual counselling.

Perform sensitivity analysis as participants not recruited for depression and chronic physical illness. Sub group analysis: interventon for psychosocial stressors.

Results from this paper:
Quality assessed: +

HECKMAN2007

Study Type: RCT

Study Description: Perform analysis on participants who completed assessment form.*

Type of Analysis: *Completers

Blindness: No mention

Duration (days): Mean 56

Followup: 4-, 8-month

Setting: US

Notes: Details on randomisation/allocation concealment not reported.

Info on Screening Process: 360 eligible; 61 excluded; 299 randomised; 257 completed post-assessment; 243 completed 4-month follow-up; 223 completed 8-month follow-up

n= 299

Age: Mean 43

Sex: 210 males 89 females

Diagnosis:
100% HIV/AIDS by Self-report

Exclusions: - 18 years +
- informed consent
- self-reported diagnosis of HIV/AIDS
- residence in community of 50,000 or fewer & at least 20 miles from a city of 100,000 or more

Notes: Participants reported having lived with HIV for a mean of 10 years.

Baseline: No differences between group at baseline on main outcome measures. Baseline depression scores for all participants = BDI 22.1 (SD = 10.5) with 71% reporting a score of 16+. Usual care: 22.47 (1.03); psychoeducation : 21.33 (1.16); cognitive behavioural: 22.55 (1.02).

Data Used
HIV-Related Life-Stressor Burden Scale
SCL 90
BDI-21 item

Notes: TAKEN AT: pre- and post-assessment and 4-. 8-month follow-up. DROP OUTS: Completed post-assessment 94/07 (usual care), 66/84 (psychoeducation), 97/108 (cognitive-behavioural)

Group 1 N= 107

TAU - AIDS service organisations - case management, support groups, social services assistance.

Group 2 N= 108

Group based cognitive and behavioural skills - Coping Improvement Group - 8 weekly sessions. 6-8 per group. Therapist = Masters/PhD level clinicians. 90 minutes. Separate groups for gay men. Cognitive-behavioural principles. Conducted using teleconference. Intervention aimed at stress/coping

Group 3 N= 84

Health-education - Information support group intervention - group therapy. Therapist = nurse practitioners/social workers. Separate groups for gay men. 90 minutes: 60 minutes assigned to information relating to AIDS/HIV; 30-minute topics generated by group.

Perform sensitivity analysis as participants were not recruited for depression and chronic physical health problems. Sub-group analysis as intervention aimed at psychosocial stressors (stress and coping)

Results from this paper:
Quality assessed: +

HENRY1997

Study Type: RCT

Study Description: 'ITT' analysis does not included the two participants who discontinued their involvement in the programme for medical reasons.*

n= 19

Age: Mean 60 Range 47-74

Sex: 9 males 10 females

Diagnosis:
100% Diabetes

Data Used
BDI

Group 1 N= 10

CBT - 6 weekly 1.5-hour sessions. Group therapy. Muscle relaxation + cognitive coping skills training (that is monitor negative self-statements, problem solving). Homework assignments.

Perform sensitivity analysis - participants were not recruited for depression and chronic physical health problems. Intervention designed to reduce stress

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	Designed to cope with stress and anxiety. **Group 2 N= 9** Waitlist - Participants received treatment immediately following the past-treatment assessment period.	(and anxiety).
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 Centres 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-intervention and 3-month follow-up. DROP OUTS: only report outcomes for completers.	**Group 1 N= 27** CBT - 8 week group therapy (8-9 participants). 90 minutes. Led by psychologists, counsellors or psychiatry residents. Also discussed safer sex practice. Aimed to reduce anxiety & depression. **Group 2 N= 14** Peer support - 8 week group therapy (8-10 participants). 90 minutes. Led by psychologists, counsellors or psychiatry residents. Encouraged members to describe their feelings about having HIV. **Group 3 N= 27** No treatment - Offered crisis intervention outside study protocol.	Participants recruited for depression; cognitive-behavioural intervention designed to reduce depression - discussed safe sex practice.
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 analysed for psychosocial outcomes.	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:	**Group 1 N= 147** Supportive-expressive group psychotherapy - Group therapy (12). Weekly 90 minute, advised for 1 year. To improve interpersonal relationships; create network of social support; coping skills. Provides safe form to express feelings/confront existential issues. Co-therapist = psychology/social worker. **Group 2 N= 80** Control - x3 relaxation classes, 1 hour over 3-week period. Progressive muscular relaxation, guided imagery, manualised method. Encouraged to practice. Also delivered to treatment group. Delivered by occupational therapist.	Participants not recruited for depression and chronic physical health problems; analysis reported for sub-group with depression.

	analysis refers only to this sub-population.			
Results from this paper: Quality assessed: +				
KOUKOUVOU2004 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 180 Setting: Greece, Thessalonki Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: Details not reported.	n= 29 Age: Mean 53 Range 36-66 Sex: all males Diagnosis: 100% Cardiovascular disease by Clinical judgement Exclusions: - did not have a diagnosis of CHF mainly based on clinical signs, radiological findings, echocardiographically determined ejection fraction/shortening fraction -myocardial infarction/unstable angina, aortic stenosis, diabetes mellitus, uncontrolled hypertension, muscutloskeletal limitations or other contraindications for participating in an physical activity programme - not clinically stable for <3-months - not on stable medication or diet Baseline: No differences at baseline. Baseline scores of depression: HADS-D = 13.1 (SD = 3.13) - treatment, 11.6 (SD = 2.3) - control; BDI = 18.6 (SD = 4.65) - treatment, 18.5 (SD = 5.1) - control. Only 1 patient was found without depression, 7 mild (scores 10-15), 14 moderate (16-23) & 4 severe (>23).	**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.	**Group 1 N= 11** Control - No further information. **Group 2 N= 18** 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.	Perform sensitivity analysis as participants not recruited for depression and chronic physical health problems (only 1 patient without depression). Aim of the study is to reduce psychological profile.
Results from this paper: Quality assessed: +				
KUNIK2008 Study Type: RCT Study Description: Completed assessments* Type of Analysis: Completers* Blindness: Single blind Duration (days): Mean 56 Followup: 12-month Setting: US Notes: Randomisation numbers generated by statistician. Allocation concealment not addressed. Info on Screening Process: 1981 screened, 1351 eligible for pre-treatment testing, 747 presented for testing, 256 eligible, 238 randomised.	n= 238 Age: Mean 66 Sex: 226 males 9 females Diagnosis: 100% Cardiovascular disease by Laboratory-confirmed 100% Anxiety/Depression by BAI/BDI 53% Depression by DSM-IV Exclusions: - no diagnosis of COPD - without moderate anxiety (>16 BAI) and/ or depression BDI > 14) - no treatment by GP - cognitive disorder (<23 MMSE) - psychotic disorder - substance misuse/dependence (SCID) Notes: 32.9% had a history of psychiatric treatment. Baseline: No significant baseline differences. Depression at baseline (BDI): cognitive and behavioural - 23.44 (12.49); health education - 21.12 (12.09).	**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).	**Group 1 N= 63** Group based cognitive and behavioural skills - 8 1-hour sessions for both anxiety & depression. Group (N=10). Therapist = psychological interns, post-doctoral fellows. Discussed symptoms, practice exercises. Relaxation training, pleasurable activity, cognitive therapy, problem-solving. **Group 2 N= 60** Health-education - 8 sessions COPD education. 45 lectures/15 discussion. Same therapists. Discussed breathing strategies, medication use, end of life planning.	Recruited for depression.
Results from this paper: Quality assessed: +				

LAI2006 Study Type: RCT Study Description: Single blind = observer blinded Blindness: Single blind Duration (days): Mean 84 Followup: 6-month Setting: US, Kansas Home Notes: Randomisation by random-number generator. Allocation concealment with sealed envelopes. Info on Screening Process: 582 in registry, 117 consented and eligible, 100 passed cardiac stress test and enrolled, 100 randomised.	n= 100 Age: Mean 70 Sex: 62 males 38 females Diagnosis: 100% Stroke by Clinical judgement Exclusions: - no diagnosis of stroke according to WHO - no confirmed diagnosis of clinical assessment and/or positive CT/MRI scan - < 50 years - stroke onsent not within 3-28 days - not a resident within a 50-mile radius - subarachnoid haemorrhage - lethargic, obtunded, comatose - uncontrolled blood pressure - hepatic or renal failure NYHA III/IV heart failure - known limited life expectancy pre-stroke disability in self-care lived in nursing home prior to stroke Baseline: No significant differences between groups at baseline. Baseline GDS score = 3.4 (SD = 2.8) - treatment & 3.8 (SD = 2.7) - control.	**Data Used** SF-36 GDS-15 item **Data Not Used** Physical health outcomes - no data Notes: TAKEN AT: pre- and post-intervention and 6-months follow-up. DROP OUTS: at follow-up 10/50 - treatment and 10/50 - control.	**Group 1 N= 50** 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. **Group 2 N= 50** TAU - Health rehabilitation services as ordered by their physicans. Visted by research assistant every 2 weeks to provide education about stroke prevention.	Perform sensitivity analysis as participants are not recruited for depression (sub-threshold depression). Aim of intervention is to reduce depression.
Results from this paper: Quality assessed: +				
LANDREVILLE1997 Study Type: RCT Study Description: study used on data from 23 participants who completed study* Type of Analysis: *Completers Blindness: Open Duration (days): Mean 28 Setting: Canada Setting not specified Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: 163 interested in participating; 119 excluded; 44 admitted; N=4 (9%) did not complete study	n= 23 Age: Mean 72 Sex: 3 males 20 females Diagnosis: 100% Depression by DSM-III-R 100% Functional impairment (elderly) by Functional Autonomy Measurement System Exclusions: - less than 55 years - less than 11 on GDS - have less than 1 disability in activities of daily living, instrumental activities of daily living or mobility - not living in the community in independent living - psychosis, alcohol dependence, immediate suicide risk - having an illness known to cause depressive symptoms (hyperthroidism) - cognitive impairment (>24 on Mini-Mental State Examination) - currently on medication for depression or not on stabilised medication for a minimum of 3 months Notes: Duration of disability (months): 108.70 - treatment; 147.69 - control. Baseline: Total - major depression = 17; minor depression = 6. Baseline BDI score: 19.70 - treatment; 21.76 - control. Baseline GDS score: 20.40 - treatment; 18.84 - control.	**Data Used** Functional Autonomy Measurement System GDS BDI-21 item Notes: TAKEN AT: pre- and post-treatment and 6 month follow-up for treatment group only. DROP OUTS: 4 (9%) dropped out.	**Group 1 N= 10** Self-help - Bibliotherapy based on Feeling Good - cognitive therapy for depression. Monitor depressive symptoms. Contacted by telephone once a week to ask about progress & answer questions. **Group 2 N= 13** Waitlist - Contacted by therapist via telephone once a week to monitor condition & to encourage group to persevere until treatment became available. Did not offer counselling, telephone lasted 15 minutes.	Do not need to perform sensitivity analysis as participants were recruited for depression
Results from this paper: Quality assessed: +				
LARCOMBE1984				

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.	n= 19 Age: Mean 42 Range 26-61 Sex: 6 males 13 females Diagnosis: 100% Multiple sclerosis by physician Depression by BDI Exclusions: - not aged between 20 and 65 - no 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 suicidial 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).	**Data Used** HDRS BDI Notes: TAKEN AT: pre- and post-intervention, and 1-month follow-up (for treatment group only). DROP OUTS: none reported	**Group 1 N= 9** CBT - Weekly, 90 minute sessions. Group therapy (4-5 participants). Led by grasuate students. Pleasant activity schedule; identifying depressive thoughts & distorted cognitions. **Group 2 N= 10** Waitlist - Treatment delayed for 6-weeks.	Participants recruited for depression and chronic physical health problems; intervention aimed at depression. 1 participant in the treatment and 2 in the waiting list group were receiving antidepressant medication.
Results from this paper: Quality assessed: = +				
LII2007 Study Type: RCT Study Description: Patients in the treatment arm who missed group therapy x2 were dropped from the study* Type of Analysis: *Completers Blindness: Duration (days): Mean 56 Followup: None Setting: Taiwan Notes: Randomisation done by independent researcher using random computer-generated list. Info on Screening Process: 60 patients recruited from haemodialysis unit; 12 dropped out (10 - treatment, 2 - control)	n= 48 Age: Sex: 23 males 25 females Diagnosis: 100% Renal disease by Current diagnosis Exclusions: - less than 18 years - not literate in Mandarin or Taiwanese - not diagnosed with End Stage Renal Disease - not receiving routine haemodialysis treatment - history of psychiatric disorder or severe systemic diseases (that is, migrating cancer, rheumatoid arthritis, severe congestive heart failure) Notes: End-Stage Renal Disease (all on dialysis). Study is looking at the effect of reducing haemodialysis patients' depression; excluded participants with history of depression. Baseline: There was no significant difference between groups at baseline on depression scores. Baseline scores of BDI-21 depression scores are: 15.9 (SD = 9.89) - treatment, 12.18 (12.18 (SD = 8.92) - control.	**Data Used** SF-36 BDI-21 item Notes: TAKEN AT: pre- and post-intervention (1-month after intervention). DROP OUTS: 10/30 - treatment and 2/30 - control	**Group 1 N= 20** Group based cognitive and behavioural skills - Cognitive theraoy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression. Group. 2 hour per week for 8 weeks. 10-15 per group. Therapist = clinical nurse specialist/renal nurse. **Group 2 N= 28** TAU - Routine nursing care and a self-care booklet normally provided by the unit.	Perform sensitivity analysis - participants not recruited for depression; intervention for stress/depression - modified and included health education (sub group analysis).
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	n= 51 Age: Mean 55 Sex: 26 males 25 females Diagnosis: Diabetes by physician	**Data Used** Response (>50 reduction from baseline) Remission (below cut-off)	**Group 1 N= 25** Group based cognitive and behavioural skills - CBT - 60 minute. 10 weekly sessions. Therapist = licensed psychologist. Behavioural strategies, problem solving, cognitive techniques. All	Sensitivity analysis not needed, participants recruited for depression; intervention aimed at depression.

Blindness: Single blind Duration (days): Mean 70 Followup: 6-months** Notes: Randomised via computer algorithm; concealed in sealed envelopes Info on Screening Process: 135 eligible; 84 excluded; 51 randomised; treatment: 1, control: 0 did not begin; treatment: 4, control: 4 did not complete intervention; treatment: 20, control: 22 completed intervention + post-assessment; treatment: 20, control: 21 completed follow-up	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: Type II diabetes mellitus. Mean duration of diabetes: 9.9 years (SD = 11.8) - treatment & 7.7 years (SD = 7.0) - control. Baseline: No significant differences at baseline on depression; large but non-significant differences between groups on prevalence of complications of diabetes, use of insulin, duration of diabetes. Baseline scores of BDI depression: 24.9 (SD = 10.2) - treatment; 21.1 (SD = 6.8) - control.	Notes: TAKEN AT: Pre- and post-assessment; 6-month follow-up. **At follow-up some patients who remained depressed after 10 week treatmen were referred to primary care for antidepressant medication or to a psychotherapist.	received individual session in diabetes education programme. Intervention for depression. **Group 2 N= 26** Control - Diabetes education programme (also provided to treatment group). 60 minute, biweekly, individual sessions during entire treatment period (10 weeks).	
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. Info on Screening Process: 852 approached; 353 randomised; 297, 263, 225 completed 3-. 6-, 9-month post-assessment.	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 **Data Not Used** Physical health outcomes (self-report) - no dat 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.	**Group 1 N= 122** Individual based cognitive and behavioural skills - 6 x 1 hour individual sessions + phone booster session. Aim: coping skills; identifying & dealing with emotional reactions to cancer. Homework assigned. Educational material. Therapist = social worker/psychologist **Group 2 N= 120** Counselling - 6 x 1 hour individual + phone booster sessions. Aim: emotional expression, support existing coping behaviours, enhanced self-esteem & autonomy. Conversational in style. Discuss reactions to cancer. Manualised. Therapist = social worker/psychologist **Group 3 N= 111** TAU - Social work consultations. Referrals to a psychiatrist/pyschologist could be made by physician.	Perform sensitivity analysis - participants not recruited for depression; sub-group: intervention for psychosocial stressors.
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

minimal treatment (n=15).* Type of Analysis: *ITT Blindness: Open Duration (days): Mean 119 Setting: USA Outpatient 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.	Diagnosis: 100% HIV by Not specified 53% Depression by DSM-III-R Exclusions: - not HIV-positive for 6 months or more - a score of 14 or less on the HDRS-24 item - not judged by clinician to have significant depressive symptoms - poor physical health that inhibits outpatient treatment - non-HIV medical disease - schizophrenia, bipolar disoder, current substance misuse - contraindication to imipramine - MMSE score < 25 - inability to speak English - concurrent psychiatric treatment aside from HIV self-help or support groups Notes: Baseline mean Karnofsky score = 80 (SD 6.5); CD4 cell count = 280 (SD 222); all clinically judged to have depression. Baseline: There were no significant differences between groups at baseline. HAM-D (24 items) baseline scores: 20.4 (4.5) - cognitive and behavioural; 20.4 (4.5) - IPT; 20.5 (5.6) IPT + pharmacology	HDRS-24 HDRS-17 BDI Notes: TAKEN AT: pre-, mid- and post-intervention.	sessions within 17-week period. Designed for depression. Individual therapy. **Group 2 N= 24** IPT - Modified to psychosocial concerns of depressed HIV-positive patients. 16 x 50 minute sessions within 17-week period. Individual therapy. **Group 3 N= 24** Supportive psychotherapy - Ranged between 8 - 16 sessions of 30 - 50 minutes duration. Added psychoeducation about depression and HIV + client centred approach. Served as control arm in the study. Less structured. **Group 4 N= 26** Supportive psychotherapy - Therapy ranged between 8 - 16 sessions of 30-50 minutes duration. Imipramine. Mean dose 210 (S.D. 66) - Begun at 50 mg/d and increases as tolerated to 300 mg/d for 3-4 weeks.	therapy aimed at reducing depression. IPT modified for physical health problem.
Results from this paper: Quality assessed: ++				
MOHR2000 Study Type: RCT Type of Analysis: ITT and completers Blindness: No mention Duration (days): Mean 56 Notes: Details on randomisation not reported. Info on Screening Process: 73 assessed, 39 did not meet inclusion criteria, 2 declined.	n= 32 Age: Mean 42 Sex: 9 males 23 females Diagnosis: 100% Multiple sclerosis Depression by POMS-D Exclusions: - No diagnosis of relapsing MS - No treatment with interferon beta-1a - Score of < 15 on POMS-Depression-Dejection scale - Patients in treatment for depression for < 3 months who did not intend to continue treatment throughout the study - Dementia - < 5th percentle on the Short Word List Baseline: There were no significant differences between groups at baseline. Baseline scores of POMS-D = 33.1 - treatment, 27.9 - control.	**Data Used** POMS-D Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5 CBT; 4 TAU.	**Group 1 N= 11** CBT - Telephone-administrated. Modified for use with MS patients. Homework assignments. Individual therapy. Weekly, 50-minute sessions over 8 weeks. **Group 2 N= 12** TAU - Usual care available through Kaiser Permanete Medical Care Program of Northern California.	Depressed group; intervention modified for physical health; telephone administrated. All patients receiving interferon beta-1a; 1 additional psychotherapy, 1 antidepressant. Control group; 1 additional psychotherapy, 2 antidepressant.
Results from this paper: Quality assessed: +				
MOHR2005 Study Type: RCT Type of Analysis: Completers Blindness: Single blind Duration (days): Mean 112 Followup: 12 month Setting: US	n= 127 Age: Mean 47 Sex: 62 males 65 females Diagnosis: 100% Multiple sclerosis by physician	**Data Used** SCID HAM-D BDI-II	**Group 1 N= 62** Individual based cognitive and behavioural skills - telephone administrated. Doctoral level psychologist. 50 minute session per week. CBT for depression. Basic CBT skills, behavioural activation, conitive restructuring, problem solving.	Recruited for depression; cognitive and behavioural intervention aimed at treating depression.

Allocation concealment not addressed. Info on Screening Process: 748 completed screening, 223 met preliminary criteria, 150 eligible for randomisation, 23 declined, 127 randomised.	100% Depression by BDI Exclusions: - no diagnosis of MS - score < 3 on Guy's Neurological Disability Scale - score < 16 on BDI and < 14 on HAM-D - inability to speak and read English - < 18 years old - dementia, psychosis, substance misuse, plan/ intent to commit suicide - undergoing psychotherapy - currently experiencing MS exacerbation - medication other than antidepressants that affect mood Baseline: Baseline depression scored HAM-D: 21.35 (3.90) - cognitive behavioural, 21.66 (3.53) - psychotherapy; BDI: 27 (7.78) - cognitive behavioural, 28.32 (7.91) - psychotherapy.	Notes: TAKEN AT: baseline, mid-, post-intervention, 3-, 6-, 9-. 12-month follow-up. DROP OUTS: 3/62 cognitive and behavioural; 5/65 psychotherapy.	**Group 2 N= 65** Psychotherapy - telephone administrated. Doctoral level psychologist. 50 minute session per week. Goal: to increase individual's experience of their internal world.	
Results from this paper: Quality assessed: +				
SAVARD2006 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*	n= 37 Age: Mean 51 Sex: all females Diagnosis: 100% Cancer 73% Depression by DSM-IV Exclusions: - no diagnosis of metastatic breast cancer (stage IV) - a score of <7 on the HADS-D or <15 on the BDI - terminal stage of the disease defined as a life expectancy < 2 months - DSM-IV criterial for severe psychiatric disorder other than major depression - severe suicidal ideations with risk of acting out - Scale for Suicide Ideation - having recently (within the past 2-months) started on antidepressant medication or recently altered the dosage - currently receiving a psychological intervention targeting depression Notes: Current diagnosis Baseline: No significant differences at baseline for depression; cognitive-behavioural treatment group had longer time passed since initial cancer diagnosis. Baseline BDI scores of depression: 21.13 - treatment, 20.10 - control; HAM-D: 14.21 - treatment, 14.40 - control.	**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	**Group 1 N= 20** Control - Waitlist control **Group 2 N= 21** 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	Do not perform sensitivity analysis - participants recruited for depression.
Results from this paper: Quality assessed: +				
SIMONI2007 Study Type: RCT Study Description: Single blind = rater only blinded *Only participants with non-missing data at each time point were included in analysis Type of Analysis: *Completers	n= 136 Age: Mean 43 Sex: 75 males 61 females Diagnosis: 100% HIV by Current diagnosis Exclusions: - less than 18 years	**Data Used** Physical health outcomes CES-D	**Group 1 N= 71** 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.	Perform sensitivity analysis as participants were not recruited for depression and physical health problems.

Blindness: Single blind Duration (days): Mean 90 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 (83%) completed follow-up; 65 assigned to control, 57 (88%) completed follow-up.	- not proficient in English - not prescribed on HAART regimen - with dementia or psychosis Notes: Years since HIV diagnosis: 7.8 years (SD = 4.6) Baseline: No significant differences at baseline for outcome measures. Baseline scores of CES-D depression: 19.9 (SD = 12.4) - treatment, 19.6 (SD = 11.2) - control.	Notes: TAKEN AT: pre- and post-intervention and 3-month follow-up.	**Group 2 N= 65** TAU - Standard medical care from the clinic. Were given social & mental health referrals when requested.	
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-assistive 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).	**Data Used** Remission (below cut-off) SF-12 Quality of Life Index CES-D Notes: TAKEN AT: baseline, post-intervention and 6-month follow-up. DROP OUTS: 2/22 control group; 0/23 intervention group.	**Group 1 N= 23** Physical activity - Group based. Twice per week for 10 weeks. Supervised by fitness trainer. Each session cost $5. Moderate intensity strengthening exercises/resistance training. **Group 2 N= 22** Waitlist - Waitlist controls receiving usual care.	Recruited for depression.
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	**Data Used** HADS Notes: TAKEN AT: baseline and post-interventior (discharged from hospital). DROP-OUTS: none reported.	**Group 1 N= 15** Group existential therapy - An average of 5 sesssions, 30 minutes weekly. **Group 2 N= 15** TAU - Standard treatment, including medical and surgical care.	Recruited for depression.

STEIN2007 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 122 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 speak either English or Spanish - 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** Self-help - Participant + nominated peer. Resource guide locating sources for support. Delivered by telephone. Therapist = social worker/clinical psychologist/nurse. Family functioning, HIV education + psychoeducation. 22 weeks of treatment, maximum 12 calls.	Do not need to perform sensitivity analysis as participants recruited for depression and physical health problems.
Results from this paper: Quality assessed: +				
WEISS2003 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 16 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 psychotic symptoms Notes: Participants known about diagnosis for an average of 4 years, 65% were asymptomatics & 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
Results from this paper: Quality assessed: +				
YU2006 Study Type: RCT Blindness: Single blind Duration (days): Mean 84 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 systematic 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.

	- 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

Reference ID	Reason for Exclusion
ANTONI2000	Excluded men with current psychopathology & depression severity using a corrected 17-HRDS score of > 15 to take into account possible HIV-related organic symptoms.
ARVING2007	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.
BADGER2007	Treatment group - CES-D = 16.44 (SD = 1.7); Control - CES-D = 9.88 (SD = 1.7)
BASLER1991	Unclear whether population is depressed
BERGER2008	Population not depressed
BILLHULT2007	Population not depressed
BLANCH2002	Design - not an RCT (no control group)
CHANG2008	Population not depressed
CLASSEN2008	Population not depressed
DAVIES2008	Population not depressed
DETER2007	Outcomes not relevant
DOBKIN2007	Design - not an RCT (no control group)
EDELMAN1999	Population not depressed: median of POMS-D is 6 for treatment group and 5 for control group
EDELMAN1999A	Baseline scores of depression as assessed by POMS-D = 11.39 for treatment and 12.17 for control.
ELCI2008	Rehabilitation program (outside the scope of the guideline)
FREEMAN2005	Population not depressed
FRIZELLE2004	Population not depressed. Baseline HADS-D scores = 4.32 (SD = 4.01).
GALLAGHER2003	Population does not have depression: control group - 6.1 (SD = 3.40 on HADS-D and treatment group - 6.3 (SD = 3.5)
GITLIN2007	Not an intervention trial
GIVEN2004	Data is not extractable
GOODWIN2001	Population not depressed.
GOTAY2007	Less than 50% were above the clinical cut off for depression as assessed by a CES-D score of greater than 16
GREER1992	Population - Baseline scores of HADS-D: 6.2 (SD 4.0) - treatment and 5.8 (SD 3.5) - control group.
HOFFMANN2007	Population not depression: means HADS-D for treatment and control = 5
HOPKO2005	Design: no control group (pre and post scores for 6 patients receiving treatment)
ISMAIL2008	Does not meet minimal criteria for depression, PHQ-9: M ~ 6
JERANT2008	Population not depressed
JOHNSON2008	Population not depressed at baseline

JONKERS2007	Do not report data on clinical efficacy of the intervention. Report: drop-out, fidelity, dose-received exposure/satisfaction, barriers
KARAPOLAT2008	Population not depressed
KARLSEN2004	Prevention study. Combines three scales to assess overall psychological well-being (one of the including depression - Zung Short). Does not look at depression specifically.
KENNEDY2003	Design - not an RCT
KOHN2000	Only has a BDI score at follow-up therefore cannot assess whether population has depression or not (only reports biological indicators at baseline)
LEPORE2003	Population not depressed: baseline scores of CES-D depression = 0.46 (control); 0.54 (education); 0.49 (education +)
LINCOLN2003	Data: only report medians
LIU2008	Intervention does not meet definition criteria
LOLAK2008	Did not meet criteria for depression HADS: M ~ 5
MARTIRE2007	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)
MAY2002	Population not depressed - 24.3% treatment & 29.2% control reached scores higher than the 95% of the reference population for depression. Looked at depression as a moderater of efficacy. Zung depression baseline = 13.94 - control and 12.49 - treatment
MENDOZA2001	Intervention not relevant - memory notebook
MOADEL2008	Commentary
MOHR2001	Not randomised to group existential therapy
MOHR2001A	No comparisons between interventions (treatment groups collapsed); aim to examine the relationship between depression, treatment of depression and interferon gamma
MULDER1994	Population did not all have depression - 12% were within the range of depression on the BDI and 46% on the GHQ
NEIDIG2003	Population did not meet minimal criteria for depression
NUNES2007	Excluded clinical depression
PAYNE2008	Population not depressed at baseline
POWELL2008	Population not depressed
RIGBY2008	Population not depressed
ROBINSONWHELEN2007	No extractable data
SCHOLZ2006	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
SMITH2004	Population not all depressed. Only reported medians so could not use data
SMITH2008	Randomisation not adequately done
SNOEK2008	No extractable data for depression
SOMMARUGA1995	Could not assess whether participants met criteria for depression
STEEL2007	Population not depressed at baseline
SUH2002	Before and after study with no control group
SULLIVAN2009	Design not an RCT

THOMAS1999	Intervention for physical health problem and not psychosocial factors
TIMONEN2002	Only 26% met diagnosis of depression; baseline scores on the Zung = 47.3 (SD = 7.8) - treatment & 48.1 (SD = 10.1) - control. Cut-off Zung = 50
TSANG2003	Population not depressed: baseline GDS (30 item) score = 6 (treatment) and 7 (control)
VOS2007	No extractable data
WANG2003	Participants not depressed - 10.9% in treatment group and 10.4% in control group (10.6% total). Reported association between depression and outcome but not outcomes for depressed patients
WANG2008	Intervention does not meet definition
WEBER2007	Population not depressed: GDS-15 (short form) cut off for depression is traditionally set at 5; means GDS score for treatment group = 2.49 (SD = 3.015) and for control group = 1.97 (SD = 2.358)
WILLIAMS2007A	No depression outcomes
ZAUTRA2008	No measure of depression at baseline and no recognised depression scale

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Mendoza, R. J., Pittenger, D. J. & Weinstein, C. S. (2001) Unit management of depression of patients with multiple sclerosis using cognitive remediation strategies: a preliminary study. Neurorehabilitation & Neural Repair, 15, 9-14.

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Mohr, D. C., Boudewyn, A. C., Goodkin, D. E., et al. (2001) Comparative outcomes for individual cognitive-behavior therapy, supportive-expressive group psychotherapy, and sertraline for the treatment of depression in multiple sclerosis. Journal of Consulting and Clinical Psychology, 69, 942-949.

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Neidig, J. L., Smith, B. A., & Brashers, D. E. (2003) Aerobic exercise training for depressive symptom management in adults living with HIV infection. Journal of the Association of Nurses in AIDS Care, 14, 30-40.

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Powell, C. B., Kneier, A., Chen, L., et al. (2008) A randomized study of the effectiveness of a brief psychosocial intervention for women attending a gynecologic cancer clinic. Gynecologic Oncology, 111, 137-143.

RIGBY2008 (Published Data Only)
Rigby, S. A., Thornton, E. W. & Young, C. A. (2008) A randomized group intervention trial to enhance mood and self-efficacy in people with multiple sclerosis. British Journal of Health Psychology, 13, 619-631.

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Sholz, U., Knoll, N., Sniehotta, F.F., et al. (2006) Physical activity and depressive symptoms in cardiac rehabilitation: long term effects of self-management intervention. Social Science and Medicine, 62, 3109-3120.

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Smith, J., Forster, A. & Young, J. (2004) A randomized trial to evaluate an education programme for patients and carers after stroke. Clinical Rehabilitation, 18, 726-736.

SMITH2008 (Published Data Only)
Smith, P. S. & Thompson, M. (2008) Treadmill training post stroke: are there any secondary benefits? A pilot study. Clinical Rehabilitation, 22, 997-1002.

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Sommaruga, M., Spanevello, A., Migliori, G. B., et al. (1995) The effects of a cognitive behavioural intervention in asthmatic patients. Monaldi Archives for Chest Disease, 50, 398-402.

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Steel, J. L., Nadeau, K., Olek, M., et al. (2007) Preliminary results of an individually tailored psychosocial intervention for patients with advanced hepatobiliary carcinoma. Journal of Psychosocial Oncology, 25-42.

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Suh, M. R., Jung, H. H., Kim, S. B., et al. (2002) Effects of regular exercise on anxiety, depression, and quality of life in maintenance hemodialysis patients. Renal Failure, 24, 337-345.

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Sullivan, M. J., Wood, L., Terry, J., et al. (2009) The Support, Education, and Research in Chronic Heart Failure Study (SEARCH): a mindfulness-based psychoeducational intervention improves depression and clinical symptoms in patients with chronic heart failure. American Heart Journal, 157, 84-90.

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Thomas, V.J., Dixon, A.L. & Milligan, P. (1999) Cognitive-behaviour therapy for the management of sickle cell disease pain: an evaluation of a community-based intervention. British Journal of Health Psychology, 4, 209-229.

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Timonen, L., Rantanen, T., Timonen, T. E., et al. (2002) Effects of a group-based exercise program on the mood state of frail older women after discharge from hospital. International Journal of Geriatric Psychiatry, 17, 1106-1111.

TSANG2003 (Published Data Only)

Tsang, H. W., Mok, C. K., Au, Y., et al. (2003) The effect of Qigong on general and psychosocial health of elderly with chronic physical illnesses: a randomized clinical trial. International Journal of Geriatric Psychiatry, 18, 441-449.

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Vos, P. J., Visser, A. P., Garssen, B., et al. (2007) Effectiveness of group psychotherapy compared to social support groups in patients with primary, non-metastatic breast cancer. Journal of Psychosocial Oncology, 25, 37-60.

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Wang, L. & Li, J. (2003). Role of educational intervention in the management of comorbid depression and hypertension. Blood Pressure, 12, 198-202.

WANG2008

Wang, C. (2008) Tai Chi improves pain and functional status in adults with rheumatoid arthritis: results of a pilot single-blinded randomized controlled trial. Medicine & Sport Science, 52, 218-229.

WEBER2007 (Published Data Only)

Weber, B. A., Roberts, L., Yarandi, H., Mills, T. L., et al. (2007) The impact of dyadic social support on self-efficacy and depression after radical prostatectomy. Journal of Aging and Health, 19, 630-645.

WILLIAMS2007A

Williams, G. C., Lynch, M. & Glasgow, R. E. (2007) Computer-assested intervention improves patient-centered diabetes care by increasing autonomy support. Health Psychology, 26, 728-734.

ZAUTRA2008

Zautra, A. J., Davis, M. C., Reich, J. W., et al. (2008) Comparison of cognitive behavioral and mindfulness meditation interventions on adaptation to rheumatoid arthritis for patients with and without history of recurrent depression. Journal of Consulting & Clinical Psychology, 76, 408-421.

Psychological/psychosocial interventions combined with and compared with pharmacological interventions

Comparisons Included in this Clinical Question

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
MOHR2001 Study Type: RCT Type of Analysis: ITT Blindness: No mention Duration (days): Mean 112 Followup: 6-month follow-up Setting: USA, California 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 Info on Screening Process: 177 patients showed some signs of depression and received a thorough screening assessment; 63 met inclusion/exclusion criteria.	n= 63 Age: Mean 44 Sex: 17 males 46 females Diagnosis: 100% multiple sclerosis Depression 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 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.	**Data Used** Longitudinal Interval Follow-up Evaluation-II HDRS BDI Notes: TAKEN AT: pre- and post-intervention and at 6-month follow-up.	**Group 1 N= 20** 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. **Group 2 N= 22** 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 **Group 3 N= 21** 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.	Do not perform sensitivity analysis - participants recruited for depression. Cognitive and behavioural Intervention modified for chronic physical health problem.
Results from this paper: Quality assessed: +				

Characteristics of Excluded Studies

References of Included Studies

MOHR2001 (Published Data Only)

Mohr, D. C., Boudewyn, A. C., Goodkin, D. E., et al. (2001) Comparative outcomes for individual cognitive-behavior therapy, supportive-expressive group psychotherapy, and sertraline for the treatment of depression in multiple sclerosis. Journal of Consulting and Clinical Psychology, 69, 942-949.

References of Excluded Studies

Comparisons Included in this Clinical Question

Psychosocial intervention plus pharmacology versus pharmacology alone
LESPERANCE2007

Psychosocial intervention plus pharmacology versus psychosocial intervention alone
LESPERANCE2007
MARKOWITZ1998
TARG1994
ZISOOK1998

Psychosocial intervention versus pharmacology
LESPERANCE2007

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
LESPERANCE2007 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 84 Setting: CANADA 9 academic centres Outpatient Notes: RANDOMISATION: computer generated and concealed in opaque envelopes Info on Screening Process: 370 screened, 30 did not have depression, 30 HAMD <20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused	n= 284 Age: Mean 58 Sex: 214 males 70 females Diagnosis: 100% Depression by DSM-IV 100% Cardiovascular disease Exclusions: - <18 years of age - HAMD <20 - depression due to general medical condition - psychosis, bipolar - substance misuse - suicide risk - current use of antidepressants, lithium, anticonvulsants for mood disoder - current psychotherapy - previous absence of response to citalopram or IPT - 2 or more previous unsuccessful treatments for the index depression - lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events - MMSE < 24 - clinical judgement that the patient would not adhere to study regime - coronary bypass graft surgery planned during the next 4 months - 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; HAM-D: 30.0 - IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.	**Data Used** Cardiovascular outcomes Response (>50 reduction from baseline) Remission (below cut-off) BDI-II HDRS-24 Notes: DROP OUTS: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67	**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. **Group 3 N= 75** 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 4 N= 67** 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.	Sponsored by Canadian Institutes of Health Research. Participants recruited for major depression; intervention modifed for illness
Results from this paper: Quality assessment score = +				
MARKOWITZ1998				

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
Outpatient

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.

n= 101

Age: Mean 37 Range 24-59

Sex: 86 males 15 females

Diagnosis:
100% HIV by Not specified

53% Depression by DSM-III-R

Exclusions: - not HIV-positive for 6 months or more
- a score of 14 or less on the HDRS-24 item
- not judged by clinican to have significant depressive symptoms
- poor physical health that inhibits outpatient treatment
- non-HIV medical disease
- schizophrenia, bipolar disoder, current substance misuse
- contraindication to imipramine
- MMSE score < 25
- inability to speak English
- concurrent psychiatric treatment aside from HIV self-help or support groups

Notes: Baseline mean Karnofsky score = 80 (SD 6.5); CD4 cell count = 280 (SD 222); all clinically judged to have depression.

Baseline: There were no significant differences between groups at baseline. HAM-D (24 items) baseline scores: 20.4 (4.5) - cognitive and behavioural; 20.4 (4.5) - IPT; 20.5 (5.6) IPT + pharmacology

Data Used
100-point Karnofsky scale
CD4 cell count
HDRS-24
HDRS-17
BDI

Notes: TAKEN AT: pre-, mid- and post-intervention.

Group 1 N= 27

CBT - Therapists were all PhD psychologists. Homework assigned. 16 x 50 minute sessions within 17-week period. Designed for depression. Individual therapy.

Group 2 N= 24

IPT - Modified to psychosocial concerns of depressed HIV-positive patients. 16 x 50 minute sessions within 17-week period. Individual therapy.

Group 3 N= 24

Supportive psychotherapy - Ranged between 8 - 16 sessions of 30-50 minutes duration. Added psychoeducation about depression and HIV + client centred approach. Served as control arm in the study. Less structured.

Group 4 N= 26

Supportive psychotherapy - Therapy ranged between 8-16 sessions of 30-50 minutes duration.

Imipramine. Mean dose 210 (S.D. 66) - Begun at 50 mg/d and increases as tolerated to 300 mg/d for 3-4 weeks.

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

Results from this paper:
Quality assessed: ++

TARG1994

Study Type: RCT

Study Description: 2 drop outs were not included in analysis*

Type of Analysis: *Completers

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.

n= 20

Age: Mean 33 Range 26-49

Sex: all males

Diagnosis:
100% Depression by HAM-D

100% HIV by Not specified

Exclusions: - substance mis-use
- HRSD <16
- did not have major depression
- not asymptomatic

Baseline: HRSD: Fluoxetine 20.8 (5.3) Placebo 19.7 (4.0)

Data Used
Physical health outcomes
SCID
POMS-D
HDRS

Notes: DROP OUTS: Fluoxetine 1/10 Placebo 1/10

Group 1 N= 10

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.

Group 2 N= 10

Placebo

Supportive psychotherapy - 12 weeks: weekly sessions relaxation techniques, problem solving skills training

Funding: California AIDS Center. Participants recruited for depression. Psychosocial intervention modified for physical health problem.

Results from this paper:
Quality assessed: +

ZISOOK1998

Study Type: RCT

Study Description: ITT: all participants given medication + 1 follow-up assessment; used LOCF*

Type of Analysis: *ITT

Blindness: Double blind

Duration (days): Mean 49

n= 47

Age: Mean 35

Sex: all males

Diagnosis:
100% Depression by DSM-III-R

Data Used
BDI-13 item
HDRS-17

Data Not Used
CGI-S - no data
CGI-I - no variablility measure

Group 1 N= 25

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.

Funding: NIMH grant, Eli Lilly provided medication. Participants recruited for major depression

Notes: No further details on randomisation. Allocation concealment not addressed. Info on Screening Process: 47 referred	100% HIV Exclusions: - acutely ill - substance mis-use - cognitively impaired - suicidal - not currently experiencing major depression of moderate to severe intensity - not HIV seropositive Notes: HIV seropositive for approximately 3 years prior to study. Baseline: HRSD17 item: Fluoxetine 20.4 (4.1) Placebo 20.2 (5.8). BDI-13: Fluoxetine = 14.0 (7.2) Placebo = 13.7 (5.0) No significant differences at baseline between groups for depression.	Notes: DROP OUTS: Fluoxetine 4/25 Placebo 6/22	Supportive psychotherapy - Minimum of 7 weeks. Education about HIV and depression, mutual support, coping strategies. Group therapy. **Group 2 N= 22** Placebo Supportive psychotherapy - Minimum of 7 weeks. Education about HIV and depression, mutual support, coping strategies. Group therapy.	
Results from this paper: Quality assessed: +				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
KEMP2004	Non-randomised control trial
ROBINSON2008	Population not depressed
SCHIFFER1990	Compares Desipramine with placebo

References of Included Studies

LESPERANCE2007 (Published Data Only)

Lesperance, F., Frasure-Smith, N., Koszycki, D., et al. (2007) Effects of citalopram and interpersonal psychotherapy on depression in patients with coronary artery disease: the Canadian Cardiac Randomized Evaluation of Antidepressant and Psychotherapy Efficacy (CREATE) trial. JAMA, 297, 367-379.

MARKOWITZ1998 (Published Data Only)

Markowitz, J. C., Kocsis, J. H., Fishman, B., et al. (1998) Treatment of depressive symptoms in human immunodeficiency virus-positive patients. Archive of General Psychiatry, 55, 452-457.

TARG1994 (Published Data Only)

Targ, E. F., Karasic, D. H., Diefenbach, P. N., et al. (1994) Structured group therapy and fluoxetine to treat depression in HIV-positive persons. Psychosomatics, 35, 132-137.

ZISOOK1998 (Published Data Only)

Zisook, S., Peterkin, J., Goggin, K. J., et al. (1998) Treatment of major depression in HIV-seropositive men. HIV Neurobehavioral Research Center Group. Journal of Clinical Psychiatry, 59, 217-224.

References of Excluded Studies

KEMP2004 (Published Data Only)

Kemp, B.J., Kahan, J.S., Krause, J.S., et al. (2004) Treatment of major depression in individuals with spinal cord injury. Journal of Spinal Cord Medicine, 27, 22-28.

ROBINSON2008 (Published Data Only)

Robinson, R. G., Jorge, R. E., Moser, D. J., et al. (2008) Escitalopram and problem-solving therapy for prevention of poststroke depression: a randomized controlled trial. JAMA, 299, 2391-2400.

SCHIFFER1990 (Published Data Only)

Schiffer, R. B. & Wineman, N. M. (1990) Antidepressant pharmacotherapy of depression associated with multiple sclerosis. American Journal of Psychiatry, 147, 1493-1497.

Pharmacological interventions

Comparisons Included in this Clinical Question

Amitriptyline versus nomifensine
ROBERTSON1985

Citalopram versus reboxetine
RAMPELLO2004

Citalopram versus venlafaxine
ZHAO2005

Duloxetine versus placebo
WISE2007

Fluoxetine versus desipramine
HOLLAND1998 SCHWARTZ1999

Fluoxetine versus paroxetine
GULSEREN2005

Fluoxetine versus placebo
BLUMENFIELD1997

Maprotiline versus mianserin
SCHIFANO1990

Mianserin versus placebo
COSTA1985 VANHEERINGEN1996

Mirtazapine versus placebo
VANDENBRINK2002

Paroxetine versus amitriptyline
BIRD2000 PEZZELLA2001

Paroxetine versus desipramine
MUSSELMAN2006

Paroxetine versus doxepin
LI2005

Paroxetine versus nortriptyline
NELSON1999 POLLOCK2000

Psychostimulant (SAMe) versus placebo
ANCARANI1993

SSRI versus other drug
BARONE2006

SSRI versus placebo
ANDERSEN1994
BROWN2005A
CHEN2002
DEVOS2008
EHDE2008
EISER2005
EVANS1997
FISCH2003
FRUEHWALD2003
GLASSMAN2002
GOTTLIEB2007
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

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
ANCARANI1993 Study Type: RCT Study Description: 1/42 treatment, 1/11 placebo withdrawn, no reason given Type of Analysis: completers* Blindness: Double blind Duration (days): Mean 21 Setting: 5 neurology units, ITALY Notes: no information on randomisation Info on Screening Process: 53 enrolled, no more information.	n= 53 Age: Mean 55 Sex: 30 males 23 females Diagnosis: 100% Renal disease 100% Depression by DSM-III-R Exclusions: on dialysis for less than 4 months Notes: Renal disease diagnosed by physician. Undergoing	**Data Used** IPAT-DS HARD Notes: TAKEN AT: day 0 (start), day 10, day 21 (end). DROP OUT: 1 participant from each group (2.38 SAMe, 9.09 placebo)	**Group 1 N= 41** SAMe (S-adenosyl-L-methionine). Mean dose 400mg - SAMe (400mg) intravenously delivered on alternate days, at the end of dialysis session. **Group 2 N= 10** Placebo - no information on placebo	Funding: BioResearch, BASF group, Milan, Italy.

	dialysis 3 times per week Baseline: IPAT-DS: 36.24 (1.67) SAMe, 36.20 (3.41) placebo HARD: 25.73 (1.11) SAMe, 20.66 (2.14) placebo			
Results from this paper: Quality assessment = +				
ANDERSEN1980 Study Type: RCT Type of Analysis: Completer only Blindness: Double blind Duration (days): Setting: Denmark Notes: RANDOMISATION: procedure not reported	n= 22 Age: Mean 59 Sex: no information Diagnosis: Depression Parkinson's disease Exclusions: - other somatic diseases - dementia Notes: Current diagnosis Baseline: Not reported	**Data Not Used** Anderson depression scale - no data Notes: depression data not usable as in medians not in means	**Group 1 N= 10** Nortriptyline **Group 2 N= 12** Placebo	
Results from this paper: Quality assessment score = +				
ANDERSEN1994 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 42 Setting: Denmark, patients with acute stroke admitted to hospital Notes: RANDOMISATION: no further details	n= 66 Age: Mean 67 Sex: 26 males 40 females Diagnosis: 100% Stroke Depression Exclusions: - subarachnoid haemorrhage or Binswanger's disease - previous degenerative or expansive neurological diseases - psychiatric illness other than depression Baseline: HDRS: Citalopram 19.4 (3.1) Placebo 18.9 (2.8)	**Data Used** Response (>50 reduction from baseline) HDRS-17 Notes: TAKEN AT: Baseline and endpoint DROP OUTS: Citalopram 7/33 Placebo 2/33	**Group 1 N= 33** Citalopram - 10 to 40 mg/day **Group 2 N= 33** Placebo	Funding: Lundbeck Foundation, Medical Research Foundation for North Jutland, the Aalborg Diocese Research Foundation
Results from this paper: Quality assessment score = +				
ANTONINI2006 Study Type: RCT Type of Analysis: completer only Blindness: Single blind Duration (days): Mean 84 Setting: Italy Notes: no further details on randomisation	n= 31 Age: Mean 70 Sex: 14 males 17 females Diagnosis: 100% Depression by DSM-IV 100% Parkinson's disease Exclusions: - severe motor fluctuations - psychosis - dementia	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline) Physical health outcomes HDRS Notes: TAKEN AT: Baseline and endpoint DROP OUTS: Sertraline 4/16 Amitriptyline 4/15	**Group 1 N= 12** Sertraline. Mean dose 50mg **Group 2 N= 11** Amitriptyline. Mean dose 25mg	Funding: Pfizer

	Baseline: HDRS: Sertraline 20.3 (3.9) Amitriptyline 19.7 (2.8)			
Results from this paper: Quality assessment score = +				
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	n= 67 Age: Mean 66 Sex: 35 males 32 females Diagnosis: 100% Depression by DSM-IV 100% Parkinson's disease Exclusions: - HDRS <16 - Not on stable treatment for Parkinson's - history of motor fluctuations - use of dopamine agonists, antipsychotics - psychosis - suicide attempts Baseline: HDRS: Sertraline 21.33 (4.4) Pramipexole 19.7 (3.5)	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline) HDRS 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	Funding: no information
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 Info on Screening Process: 210 entered, 191 randomised, 3 more dropped out from amitriptyline group for lack of dose efficacy and lack of good clinical practice.	n= 191 Age: Mean 54 Sex: 48 males 140 females Diagnosis: 100% Arthritis 100% Depression by ICD-10 Exclusions: failure to make ICD-10 criteria for depression (mild, moderate or severe) Risk of suicide Patients receiving MAOIs, lithium, ECT, an SSRI, TCA or tetracyclic antidepressant 8 weeks from the trial start. Patients with severe co-existing illness that may be affected by the study medications Notes: All participants had history of arthritis for over 1 year. Previous episodes of major depression: (19.1) paroxetine group and (17.0) in amitriptyline. Previous history of anxiety/obsessional disorders: (8.5) paroxetine group and (7.4) in amitriptyline. Baseline: MADRS total: 24.4 (5.1) Paroxetine, 24.3 (5.5) Amitriptyline	**Data Used** PGE Physical health outcomes (self-report) CGI-I Adverse events 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.	Educational grant from SmithKline Beecham
Results from this paper: Quality assessment result: +				
BLUMENFIELD1997 Study Type: RCT Study Description: * 1/7 treatment left study, all placebo participants completed	n= 14 Age: Sex: no information	**Data Used** HADS BDI	**Group 1 N= 6** Fluoxetine. Mean dose 20 mg - 20 mg daily	Funded by the Lily Research Laboratory.

Blindness: Double blind Duration (days): Mean 56 Setting: 2 hospitals, New York, US. Notes: Details on randomisation not reported. Info on Screening Process: no information	Diagnosis: 100% Renal disease 100% Depression by HADS-D Exclusions: - not between 18-70 years of age - other chronic illness - other psychiatric disorder other than major depressive disorder - received psychotropic medication in the week prior to study - received MAOIs 2 weeks prior to study - not satisfing 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.		**Group 2 N= 7** Placebo - placebo as capsule	
Results from this paper: Quality assessment = +				
BORSON1992 Study Type: RCT Type of Analysis: Completer Blindness: Double blind Duration (days): Mean 84 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	n= 36 Age: Mean 61 Sex: 22 males 14 females Diagnosis: 100% COPD 100% Depression by DSM-III 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) Notes: TAKEN AT: baseline and end of treatment DROPOUT: Nortriptyline: 5/18; Placebo: 1/18 Leaving due to adverse events	**Group 1 N= 18** Nortriptyline. Mean dose 67.3 - Antidepressant treatment was initiated at one-quarter of the final calculated dose of 1 mg/kg body weight **Group 2 N= 18** Placebo - Identical placebo to maintain blinding	Non-drug company funded (medical research service) but drug companies supplied both the active treatment and placebo treatment
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* Type of Analysis: ITT* Blindness: Double blind Duration (days): Mean 84	n= 90 Age: Mean 41 Sex: 16 males 66 females Diagnosis: 100% Asthma Depression by Two-item screening tool	**Data Used** IDS-SR Adverse events AQLQ ACQ HAM-D Remission (below cut-off) Response (>50 reduction from baseline)	**Group 1 N= 41** Citalopram. Mean dose 20 mg/d **Group 2 N= 41** Placebo	Although 90 participants were randomised, the paper only presents and analyses data from 83 participants

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 DROPOUT: 23/41 Citalopram; 16/41 Placebo (based on the 82 evaluable sample)		
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	n= 60 Age: Sex: no information Diagnosis: 100% Stroke by Current diagnosis 100% Depression 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)	**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	no information on funding
Results from this paper: Quality assessment score = +				
COSTA1985 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	n= 73 Age: Mean 52 Sex: all females Diagnosis: Cancer Depression by Clinical judgement Exclusions: - age <18 - No diagnosis of depression according to criteria proposed by Stewart et al. and Kathol & Perry - Depression not succeeding or paralleling development of cancer - Zung self-rating score <41, Ham-D <16 - Diagnoses of alcoholism, drug-use disorder, personality disorder, schizoaffective disorder, depressive symdrome superimposed on residual schizophrenia, organic mental disorder - Epilepsy - Vomiting resistant to treatment	**Data Used** Adverse events HDRS-17 CGI-S Brief Zung Self-rating Depression Scale Notes: TAKEN AT: Baseline and at the end of treatment DROPOUT: 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	Funding not mentioned

	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 & 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) Placbo 20.8(3.85)			
Results from this paper: Quality assessment score = +				
DEVOS2008 Study Type: RCT Study Description: All participants were included in the analysis for primary data Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 30 Setting: France, Lille Notes: RANDOMISATION: Independently stratified using a randomisation table. List was transmitted to an independent contract research organisation. Info on Screening Process: 48 participants screened, no screening failures	n= 48 Age: Mean 62 Sex: 15 males 27 females Diagnosis: 100% Depression by DSM-IV Parkinson's disease by Clinical judgement Exclusions: - >80 years - Parkinson's disease <2 years - Not receiving optimal dose of dopaminergic treatment - Not meeting DSM-IV criteria for major depression - <20 MADRS - Serious or unstable medical condition - Dementia - Psychotic disorders and suicidal thoughts Baseline: No significant differences at baseline between groups: MADRS: Placebo 27, Citalopram 25, Despramine 29 Reports demographic data for 42/48 participants	**Data Used** MADRS Response (>50 reduction from baseline) Remission (below cut-off) Notes: TAKEN AT: Baseline and 30 days (end of treatment) DROP OUT: 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 and 1 placebo tablet for 2 days followed by three 25 mg tablets for last 28 days	Non-drug company funded (follow-upnded by French Ministry of Health grant)
Results from this paper: Quality assessment score ++				
EHDE2008 Study Type: RCT Study Description: All outcomes analysed using ITT regardless of participant's adherence to protocol. For the main analyses, baseline values were substituted for missing Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 84 Setting: Washington, US - participants were recruited from various centres and clinics Notes: RANDOMISATION: a randomisation table was prepared in blocks of 10 using a computerised random number generator. Info on Screening Process: 349 participants assessed for eligibility, 215 were excluded (main reason due to taking antidepressants) and 90 people declined	n= 42 Age: Mean 45 Range 24-63 Sex: 20 males 22 females Diagnosis: multiple sclerosis by Clinical judgement Depression by DSM-IV Exclusions: - Age <18years - Diagnosis of MS not confirmed by neurologist or MS-specialising physiatrist - No diagnosis of MDD or dysthymia based on DSM-IV criteria - Failed paroxetine treatment in past - Receiving psychotherapy - Taking psychotropic medications - Taking >50 mg/day amitriptyline or equivalent for pain or sleep - Suicidal ideation necessitating immediate psychiatric intervention - Pregnant, nursing or not using adequate contraception - Participating in another drug study	**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. Doseage 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	Study supported by non-industry grant. Drugs provided by GlaxoSmithKline

	- Use of corticosteroids within 2 weeks prior to enrollment 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 HAM-D: 17.2(4.3) Paroxetine, 19.0(4.6) Placebo CES-D: 33.3(9.3) Paroxetine, 35.9(8.3) Placebo			
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	n= 28 Age: Mean 66 Range 49-79 Sex: 14 males 14 females Diagnosis: 100% COPD 100% Depression by ICD-10 Exclusions: - No diagnosis of COPD and/or a change in FEV after bronchodilators of >15% of normal values - no history of smoking (either current or past) - Excerise tolerance not affected by COPD - No diagnosis of clinical depression - Previously diagnosis with depression - Use of psychotrophic drugs within past 3 months - Significant comorbidity limiting mobility, such as cardiothoracic Notes: COPD was current diagnosis. All had a diagnosis of moderate to severe COPD Baseline: HAD 12(3); BDI 23(8)	**Data Used** SGRQ MADRS Physical health outcomes BDI HADS Notes: TAKEN AT: baseline and end point (end of double-blind stage) DROPOUT: Paroxetine 4/14 ; Placebo 0/14	**Group 1 N= 14** Paroxetine. Mean dose 20 mg **Group 2 N= 14** Placebo	Funding not reported
Results from this paper: Quality Assessment score: +				
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	n= 82 Age: Mean 82 Sex: 14 males 59 females Diagnosis: 100% Depression by GMS-AGECAT Exclusions: - <65 years old - Suicidal intent or severe depression requiring ECT - Serious mental illness - Already receiving psychotropic medication other than hypnotics - Unstable epilepsy - Severe cognitive impairment (MMSE <10) Notes: Participants had various medical illnesses. A subgroup analysis of those with serious illnesses was conducted in a follow-up paper Baseline: Only reported for 76/82. No baseline differences HAMD Fluoxetine 20.5, Placebo 21.0	**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 assessment score: +				

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

n= 163

Age: Mean 60

Sex: 82 males 81 females

Diagnosis:
Cancer

Depression by Two-item screening tool

Exclusions: - Scoring <2 on a two-item screening survey for depression and anhedonia
- Serious suicidal risk or psychotic behaviours
- Inabililty to swallow oral medications
- Regular use of antidepressants or psychotropic drugs (other than phenothiazine-type antiemetics or benzodiazepines) within 6 weeks of the baseline study evaluation
- Uncontrolled brain or leptomeningeal disease
- Current use of MAOIs
- Enrolment onto another clinical trial with QoL as the primary outcome
- Recent or active substance misuse
- Major depression as diagnosed by a psychiatrist

Baseline: Brief Zung Self-rating Depression Scale: Fluoxetine 24.44 (6.56) Placebo 23.09 (5.91
FACT-G: Fluoxetine 64.30 (15.80) Placebo 67.40 (16.26)

Data Used
Functional Assessment of Cancer Therapy-General
Brief Zung Self-rating Depression Scale
Response (>50 reduction from baseline)
Notes: TAKEN AT 3-6 weeks into treatment
DROP OUT Fluoxetine 19/83, Placebo 15/80
Discontinued study drug due to adverse events: Fluoxetine 4/83 Placebo 2/80

Group 1 N= 83
Fluoxetine. Mean dose 20 mg - The study drug was self-administerd by the patient once daily in the morning

Group 2 N= 80
Placebo - Patients received an identical placebo tablet which was self-administered once daily in the morning

Supported in part by Mary Margaret Walther program for Cancer Care Research. Fluoxetine, placebo and study notebooks provided by Eli Lilly

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

n= 54

Age: Mean 64

Sex: 21 males 29 females

Diagnosis:
Stroke by Current diagnosis

Depression

Exclusions: - HDRS <15
- More than mild communication deficits and/or cognitive impairment
- Relevant diseases of the CNS
- Previous degenerative or expansive neurological disorders

Baseline: HDRS: Fluoxetine 32.8(12.7) Placebo 30.3(15)
BDI: Fluoxetine 12.2 (5.6) Placebo 10.9(5.4)

Data Used
MMSE
HDRS
BDI
Notes: TAKEN AT: Baseline and endpoint
DROP OUTS: Fluoxetine 2/28 Placebo 2/26

Group 1 N= 28
Fluoxetine. Mean dose 20 mg/d

Group 2 N= 26
Placebo

Drug company sponsored: Lannacher Heilmittel

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

n= 369

Age: Mean 57

Sex: 234 males 135 females

Diagnosis:
MI

Data Used
Cardiovascular outcomes
HDRS-17

Group 1 N= 186
Sertraline. Mean dose 50-200 mg - Flexible dosing: Received 50 mg/d first 6 weeks, depending on response could be increased to 100 mg/d at end of 6 weeks, and maximum 200 mg/d at end of week 12

Drug company sponsored (Pfizer)
Participants could be removed from study at psychiatrist discretion if failed to improve severe depression

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	Notes: DROP OUTS: Sertraline 53/186 Placebo 46/183 Deaths: Sertraline 2/186 Placebo 5/183 Adverse events: Sertraline 16/186 Placebo 11/183	**Group 2 N= 183** Placebo	according to APA criteria
Results from this paper: Quality assessment score = +				
GOTTLIEB2007 Study Type: RCT Type of Analysis: ITT Blindness: 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	**Data Used** SF-36 Remission (below cut-off) Notes: DROP OUTS: Paroxetine 1/14 Placebo 1/14 Death: Paroxetine 1/14 Placebo 0/14	**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	Drug company sponsored (Glaxo Smith Kline) Moderate depression according to APA criteria
Results from this paper: Quality assessment score = +				
GULSEREN2005 Study Type: RCT Study Description: There is no mention of blinding of the participants, raters were however blinded. Type of Analysis: Completer Blindness: 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= 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 psychotic 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)	**Data Used** Adverse events Physical health outcomes Response (>50 reduction from baseline) CGI-I HAM-A HAM-D **Data Not Used** SF-36 - Individual scale (but not total scores) Notes: TAKEN AT: Baseline and end of treatmen (week12) DROP OUT: Fluoxetine 1/12 Paroxetine 2/11	**Group 1 N= 12** Fluoxetine. Mean dose 20 mg/day **Group 2 N= 11** Paroxetine. Mean dose 20 mg/day	Only completer data has been used for baseline and demographic variables
Results from this paper: Quality assessment = +				
HOLLAND1998				

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.	n= 38 Age: Mean 50 Sex: all females Diagnosis: Cancer 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 30 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	**Data Not Used** HAM-D - no data CGI-S - no data HAM-A - no data Notes: TAKEN AT: Baseline and post-treatment (visit 8) DROP OUT: Fluoxetine: 6/21, Desipramine 7/17 Leaving due to adverse events: Fluoxetine 6/21 Desipramine 5/17	**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 week 1-4, could increase by 20 mg/week during days 29-42. Dose reduction was 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	Drug company sponsored: Eli Lilly
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	n= 60 Age: Sex: no information Diagnosis: Cardiovascular disease 100% Depression by CCMD-3 Stroke 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 Notes: Cardiovascular disease diagnosed on basis of clinical judgement. Participants all had vascular depression which consisted of depression following either cardiovascular or cerebrovascular events.	**Data Used** HAM-D **Data Not Used** Response (>50 reduction from baseline) - Does not meet definition Notes: TAKEN AT: Baseline and endpoint DROPOUT: no drop outs during the 12 week study period	**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 increasd to 50-250 mg 3 times daily based on response and tolerability	No information about funding

	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 Study Type: RCT Type of Analysis: completer only Blindness: Double blind Duration (days): Mean 84 Setting: US, hospitals in Iowa and Baltimore Notes: RANDOMISATION: no further details	n= 47 Age: Mean 60 Sex: 27 males 20 females Diagnosis: 100% Stroke 100% Depression Exclusions: - Aphasia, dementia, decreased levels of consciousness - HAMD <10 Notes: Stroke was current diagnosis	**Data Used** MMSE HAM-D Notes: TAKEN AT: Baseline and endpoint DROP OUTS: 12/47 not reported for each group	**Group 1 N= 21** Nortriptyline - 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
Results from this paper: Quality assessment score = +				
LACASSE2004 Study Type: RCT Study Description: Worst possible score was substituted for those dropping out of intervention group with the best score substituted for those dropping out of placebo Type of Analysis: ITT and Completer Blindness: Double blind Duration (days): Mean 84 Setting: Respiratory care home service Quebec, Canada Notes: RANDOMISATION: random number table used to allocate patients. Process under the responsibility of one hospital pharmacist not involved in trial Info on Screening Process: 342 assessed for eligibility, 237 ineligible, 82 refused.	n= 23 Age: Mean 70 Sex: 10 males 13 females Diagnosis: 100% COPD 100% Depression by GDS Exclusions: - Aged <60 - Inpatients - No diagnosis of COPD supported by a history of past or current smoking - FEV1 >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 Notes: COPD diagnosed by clinical judgement. All participants were on long-term oxygen therapy (>=18 hours per day) Baseline: GDS: 18.7(3.6) Paroxetine, 17.9(5.2) Placebo	**Data Used** Adverse events **Data Not Used** GDS - No usable data Chronic Respiratory Questionnaire - No usable data Notes: TAKEN AT: Baseline and week 12 (post-treatment) DROPOUT: 4/12 paroxetine, 4/11 placebo	**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
Results from this paper: Quality assessed: = +				
LAKSHMANAN1986 Study Type: RCT Type of Analysis: completer only Blindness: Double blind Duration (days): Mean 90	n= 29 Age: Mean 76 Sex:	**Data Used** Response (>50 reduction from baseline) HAM-D GDS **Data Not Used**	**Group 1 N= 11** Doxepin - 10 mg for people <70kg in weight and 20 mg >70 kg	No information on study funding

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	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)	Physical health outcomes - Not a valid scale Notes: TAKEN AT: Baseline and endpoint DROPOUT: 5 participants in total dropped out of the study (no information about group)	**Group 2 N= 13** Placebo	
Results from this paper: Quality assessment score = +				
LEENTJENS2003 Study Type: RCT Study Description: All participants completed the study Type of Analysis: Completer Blindness: Double blind Duration (days): Mean 67 Setting: Netherlands Notes: no further details on randomisatin	n= 12 Age: Mean 67 Sex: 8 males 4 females 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** Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and endpoint No DROP OUTS	**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	Problems recruiting participants aimed for 40, trial was terminated due to problems with recruitment
Results from this paper: Quality assessment score = +				
LESPERANCE2007 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 84 Setting: CANADA 9 academic centres Outpatient Notes: RANDOMISATION: computer generated and concealed in opaque envelopes Info on Screening Process: 370 screened, 30 did not have depression, 30 HAM-D <20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused	n= 284 Age: Mean 58 Sex: 214 males 70 females Diagnosis: 100% Depression by DSM-IV 100% Cardiovascular disease Exclusions: - <18 years of age - HAM-D <20 - Depression due to general medical condition - Psychosis, bipolar disorder - Substance misuse - Suicide risk - Current use of antidepressants, lithium, anticonvulsants for mood disoder - Current psychotherapy - Previous absence of response to citalopram or IPT - 2 or more previous unsuccessful treatments for the index depression - Lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events - MMSE < 24 - Clinical judgement that the patient would not adhere to study regime - Coronary bypass graft surgery planned during the next 4 months	**Data Used** Cardiovascular outcomes Response (>50 reduction from baseline) Remission (below cut-off) BDI-II HDRS-24 Notes: DROP OUTS: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67	**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.	Sponsored by Canadian Institutes of Health Research. Participants recruited for major depression; intervention modifed for illness

	- 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; HAM-D: 30.0 IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.		**Group 3 N= 75** 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 4 N= 67** 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.	
Results from this paper: Quality assessment score = +				
LI2005 Study Type: RCT Study Description: Raters were blind to treatment allocation but unclear from paper whether participants were also blinded Type of Analysis: Completer 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	n= 67 Age: Mean 34 Sex: 32 males 35 females Diagnosis: Epilepsy Depression by CCMD-3 Exclusions: - No diagnosis of epilepsy - No CCMD-3 diagnosis of depression - HAM-D <18 - Comorbid neurological or physical illness or substance misuse - Refusal to consent Notes: Diagnosis of epilepsy from clinical assessment and confirmatory EEG. All participants were on anticonvulsants Baseline: No differences in age, duration of illness or on pretreatment HAM-D scores	**Data Used** Adverse events HAM-D HAM-A Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and end of treatmen DROP OUT - 0/33 treatment, 3/34 (9%) control	**Group 1 N= 33** 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 **Group 2 N= 34** Doxepin. Mean dose 100mg/d - Starting dose of 25 mg/d was adjusted according to response. Mean 100 mg/d (12.5 mg/d)	Funding not reported
Results from this paper: Quality assessment score = +				
LIPSEY1984 Study Type: RCT Study Description: LOCF (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	n= 34 Age: Mean 61 Sex: 22 males 12 females Diagnosis: 100% Stroke 100% Depression Exclusions: - Severe comprehension deficit	**Data Used** Remission (below cut-off) Notes: TAKEN AT: baseline and endpoint DROP OUTS: Nortriptyline 3/14 Placebo 2/20	**Group 1 N= 14** Nortriptyline - 6 week regimen: 20 mg/d week 1, 50 mg/d week 2-3, 70 mg/d week4, 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 **Group 2 N= 20** Placebo	Funding: NIH grant, Sandoz Pharmaceutical company provided medication

table	- Aready receiving antidepressants - Contraindication for nortriptyline Baseline: Not reported			
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 Diabetes 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	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: Nortryptyline 19.0(7.4), Placebo 17.8(7.1)	**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 treatmen (week 8) DROPOUT: Does not give drop-out for depressed only. Total study drop-out = 14%	**Group 1 N= 14** Nortriptyline. 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 **Group 2 N= 14** Placebo	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 +				
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)	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)	**Data Used** Physical health outcomes BDI HAM-D Remission (below cut-off) Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and End of treatmen DROPOUT: Fluoxetine 3/30 (10%), Placebo 3/30 (10%) Leaving the study early due to adverse events: Fluoxetine 1/30, placebo 0/30	**Group 1 N= 27** Fluoxetine. Mean dose 20-40 mg/day - Dosing began at 20 mg/day and could be increased to a maximum of 40 mg/day **Group 2 N= 27** Placebo	Drug-company follow-upnded - Eli Lilly Demographics and baseline for completers only

	HAM-D Fluoxetine 20.1(5.6), Placebo 19.5(6.9)			
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 I the survival estimates Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 365 Setting: Outpatient clinics US, Washington, Seattle and Arizona 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 statisfied the inclusion criteria and were enrolled in the open label phase of the trial. 156 completed the inducation phase of which 152 entered the maintenance phase of the trial (presented here)	n= 152 Age: Mean 53 Sex: 61 males 91 females Diagnosis: Diabetes Depression by DSM-IV Exclusions: - Non-recovery from depression during open-label phase of trial (Initially patients were excluded if BDI <14 or HAM-D <15) - Aged <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 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)	**Data Used** Time to relapse Notes: TAKEN AT: trial could continue up to 52 weeks or until a relapse of depression occurred. DROPOUT: 15/79 sertraline (19%), Placebo 7/73 (19%)	**Group 1 N= 79** Sertraline. Mean dose 118 mg/day - Participants began the open-phase of the study 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 dovetailing the induction and maintenance medication. **Group 2 N= 73** Placebo - During a 2-week period after randomisation, the induction medication was gradually reduced and the maintenance medication, in this case placebo, increased.	Drug-company sponsored study - Pfizer NY Recovery from depression was defined per DSM-IV citeria as a period of >=2 months during which there were no significant symptoms of depression
Results from this paper: Quality assessment ++				
MAURI1994 Study Type: RCT Blindness: Double blind Duration (days): Mean 56 Setting: Italy Notes: RANDOMISATION: no further details	n= 26 Age: Mean 35 Sex: 19 males 6 females Diagnosis: 100% Depression by DSM-III-R 100% HIV Baseline: HDRS: Fluoxetine 30.37(1.31) Placebo 29.50(6.94)	**Data Used** HDRS Notes: no information on DROP OUTS	**Group 1 N= 16** Fluvoxamine. Mean dose 100-150 mg/d **Group 2 N= 10** Placebo	Funding: no information
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	n= 38 Age: Mean 62 Sex: 23 males 15 females Diagnosis: 100% Cardiovascular disease Exclusions: - <15 Inventory to Diagnose Depression before discharge and 2 weeks later	**Data Used** Cardiovascular outcomes Notes: DROP OUTS: Sertraline 6/18 Placebo 5/20	**Group 1 N= 18** Sertraline. Mean dose 50 mg/d **Group 2 N= 20** Placebo	Sponsorship by Heart and Stroke Foundation of Ontario All received access to multidisciplinary care: exercise rehabilitation, nutrition, counselling

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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	n= 52 Age: Mean 63 Sex: 27 males 25 females 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)	**Data Used** Response (>50 reduction from baseline) HAM-D Notes: TAKEN AT: Baseline and endpoint DROPOUT: Paroxetine 7/18, Nortriptyline 5/17, Placebo 6/17	**Group 1 N= 18** Paroxetine. Mean dose 28.4 mg - Flexible dosing started at 12.5 mg and could be increased to 37.5 mg **Group 2 N= 17** Nortriptyline. Mean dose 48.5 mg - Flexible dosing started at 25 mg could be increased to 75 mg **Group 3 N= 17** Placebo	NIH funded trial
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 Duration (days): 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	n= 549 Age: Mean 56 Range 23-84 Sex: 116 males 363 females 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 Notes: 32% of the sample had a CES-D >19 (defined by authors as cut-off for depression) 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)	**Data Used** POMS CES-D Notes: 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	**Group 1 N= 277** Paroxetine. Mean dose 20 mg **Group 2 N= 272** Placebo - Identical looking placebo	Drug company sponsored: GlaxoSmith-Kline Supported by a National Cancer Institute Grant
Results from this paper: Quality assessment score = +				
MURRAY2005A Study Type: RCT Study Description: LOCF	n= 123 Age: Mean 71 Sex: 59 males 64 females	**Data Used** Activities of daily living MADRS	**Group 1 N= 62** Sertraline - 50 mg/d weeks 1-4, after 4 weeks could be increased to 100 mg/d according to investigators' discretion. After 6 weeks had to display 20%	Funding: Unrestricted grant from Pfizer; also grants from AFA Insurances, and Marianne and Marcus Wallenberg Foundation

Blindness: Double blind Duration (days): Mean 180 Setting: Sweden, stroke centres Notes: RANDOMISATION: conducted at the Central Pharmacy in Stockholm, each centre pharmacy received presealed treatment packages. Info on Screening Process: 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: 100% Depression by DSM-IV 100% Stroke 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	Notes: DROP OUTS: Sertraline 24/62 Placebo 30/61	reduction from baseline on MADRS to continue. **Group 2 N= 61** Placebo - After 6 weeks had to display 20% reduction from baseline on MADRS to continue.	
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 Blindness: Double blind Duration (days): Mean 42 Followup: 6 months Setting: 2 centres Notes: RANDOMISATION: not reported Info on Screening Process: Details not reported	n= 35 Age: Mean 54 Sex: all females Diagnosis: Cancer Depression by DSM-III-R 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)	**Data Used** Adverse events Response (>50 reduction from baseline) Remission (below cut-off) CGI-S HAM-D HAM-A Notes: TAKEN AT: baseline, post-treatment and 6 month follow-up DROPOUT: Paroxetine 5/13, Desipramine 5/11, Placebo 5/11 Leaving the study early due to adverse events: Paroxetine 2/13, Desipramine 1/11, Placebo 2/11	**Group 1 N= 13** Paroxetine. Mean dose 31 mg - 20 mg/day for 4 weeks, dose could be increased to 40 mg/d **Group 2 N= 11** Desipramine. Mean dose 113 mg (25 g/evening for 3 days) - Increased to 50 mg/evening for 4 days with subsequent forced titration to 125 mg/day at the rate of 25 mg every 7 days during 2nd, 3rd and 4th weeks. After titration dose increases of 25 mg/day permitted every 3 days up max 200 mg/day. **Group 3 N= 11** Placebo	Drug company sponsored: GlaxoSmithKline
Results from this paper: Quality assessment score = +				
NELSON1999 Study Type: RCT Study Description: ITT (LOCF) Blindness: Double blind Duration (days): Mean 42 Setting: US Notes: RANDOMISATION: no further details	n= 81 Age: Mean 58 Sex: 67 males 14 females Diagnosis: 100% Depression by DSM-III-R 100% Cardiovascular disease Exclusions: - < 18 years	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline)	**Group 1 N= 41** Paroxetine - Starting dose of 20 mg/d unless over 65 years (then 10 mg/d). After week 3 increased to 30 mg/d if required up to a maximum of 40 mg/d. **Group 2 N= 40** Nortriptyline - Nortriptyline plasma concentrations determined at week 1, 2 and 6. Dose adjusted to obtain blood level between 50 and 150 ng/ml	Sponsored by drug company (Smith Kline Beecham) Severe depression

	- HAMD-17 <16 - Psychosis, bipolar, substance misuse - Baseline QTc >460 msec - Unstable angina - MI within 3 months Baseline: HAMD = 22.6	Notes: DROP OUTS: Paroxetine 4/41 Nortriptyline 14/40 - due to adverse events: Paroxetine 2/41 Nortriptyline 10/40		
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 Duration (days): Mean 70 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	n= 15 Age: Mean 61 Sex: all females Diagnosis: Diabetes Depression by MADRS Exclusions: - Male - Pre-menopausal, aged <50 - Unstable antidiabetic medication in previous 3 months - GHbA1c <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)	**Data Used** RAND-36 HbA1c BMI Blood glucose BDI MADRS HAM-A Notes: TAKEN AT: Baseline and end of treatmen DROPOUT: Paroxetine 0/7, placebo 2/8 Adverse events: Paroxetine 4/7, placebo 3/7	**Group 1 N= 7** Paroxetine. Mean dose 20 mg/day - 20 mg once daily **Group 2 N= 8** Placebo	Competing interests: non declared
Results from this paper: Quality assessment +				
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 Duration (days): Mean 182 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 incusion criteria. Most common reason for exclusion was good glycaemic control. 6 participants withdrew consent before starting medication	n= 49 Age: Mean 59 Sex: 33 males 10 females Diagnosis: Diabetes Depression by DSM-IV Exclusions: - Aged <50 or >70 - Good glycaemic control - GHbA1c <7.5% - Moderate to severe depression as defined by >6 items on DSM criteria - Glaucoma - Using 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)	**Data Used** Adverse events SF-36 Physical health outcomes HADS Notes: TAKEN AT: baseline and end of treatment (6 months) DROPOUT: Paroxetine: 1/24 (4%), Placebo 11/25 (44%)	**Group 1 N= 23** Paroxetine. Mean dose 20 mg/day **Group 2 N= 20** Placebo	Drug company sponsored - GlaxoSmithKline Baseline demographics only provided for the 43 participants who received medication

Results from this paper:
Quality assessment +

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	n= 179 Age: Mean 51 Range 34-72 Sex: all females Diagnosis: Cancer Depression by ICD-10 Exclusions: - MADRS <16 - WHO performance status >2 - Life expectancy <3 months - Male - Marked hepatic dysfunction, renal dysfunction or severe co-existing diseases - received depot neuroleptic in past 6 months, oral neuroleptic in past 2 months, MAOI or SSRI in past 4 weeks, lithium treatment of ECT within 8 weeks or a tri- or tetra-cyclic antidepressant in previous 7 days. - Treated with an investigational compound within past 30 days or 5 half-lives, endocrine therapy in past 4 weeks - Considered to be at risk of suicide - Breast feeding, likely to become pregnant - Diagnosis of schizophrenia, bipolar disorder or other psychoses - Known misusers of alcohol or drugs - Clinically significant ECG or abnormal laboratory values - Previously treated with paroxetine or known sensitivity to SSRIs or TCAs - If likely to need surgery, scheduled for total body irradiation, spinal or abdominal radiotherapy - undergoing formal psychotherapy Baseline: FLC: Paroxetine 87.5 (18.6), Amitriptyline 95.0 (20.0)	**Data Used** Adverse events Response (>50 reduction from baseline) Functional Index of Living CGI-I CGI-S MADRS Notes: TAKEN AT: Baseline and post-treatment DROPOUT: Paroxetine: 17/89 (19%), Amitriptyline: 22/90 (22%) Leaving the study early due to adverse events: Paroxetine 9/89 (10%), Amitriptyline 10/90(11.5%	**Group 1 N= 89** Paroxetine. Mean dose 20-40 mg - Administered at 20 mg/day for 3 weeks, thereafter dose could be increased to 30 mg/d. After week 5 dose could be further increased to 40 mg/day or reduced to 20 mg/d **Group 2 N= 90** Amitriptyline. 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	No mention of funding

Results from this paper:
Quality assessment score = +

POLLOCK2000 Study Type: RCT Type of Analysis: completer only Blindness: Double blind Duration (days): Mean 42 Setting: US Notes: RANDOMISATION: no further details	n= 20 Age: Mean 59 Sex: 17 males 3 females Diagnosis: 100% Depression by DSM-III-R 100% Cardiovascular disease Exclusions: - < 3 months post MI, <3 months post coronary bypass graft, or <60% occlusion of major coronary artery - HAMD <15 - psychosis, bipolar disorder Baseline: HAM-D = 20	**Data Used** Cardiovascular outcomes Notes: no information on DROP OUTS	**Group 1 N= 10** Paroxetine - Initiated at 10 mg/d, 20 mg/d at second week **Group 2 N= 7** Nortriptyline - Adjusted to achieve plasma drug concentration ranging from 50-120 ng/ml	Sponsored by Merck/American Federation for Aging Research Fellowship, National Institute for Mental Health and National Heart, Lung, and Blood institute

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	n= 97 Age: Mean 38 Sex: 92 males 5 females Diagnosis: 100% Depression by DSM-III-R 100% HIV Exclusions: - Current risk of suicide - Previous treatment with imipramine during episode - Substance misuse - Schizophrenia or bipolar disorder Baseline: HDRS: Imipramine 17.5 (4.1) Placebo 16.1 (4.0)	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline) HDRS Notes: DROP OUTS: Imipramine 12/50 Placebo 5/47	**Group 1 N= 50** 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 **Group 2 N= 47** Placebo	Funding: NIMH grant, Ciba-Geigy Corp provided medication
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	n= 120 Age: Mean 39 Sex: 117 males 3 females Diagnosis: 100% Depression by DSM-IV 100% HIV Exclusions: - Psychosis or bipolar disorder - Substance misuse - Panic disorder - Suicide risk - Sgnificant cognitive impairment - HIV wasting syndrome - Significant diarrhoea Baseline: HDRS: Fluoxetine 19.6 (4.7) Placebo 18.6 (5.1)	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline) HDRS Notes: DROP OUTS: Fluoxetine 24/81 Placebo 9/39	**Group 1 N= 81** Fluoxetine - 20 mg/d starting dose, increased by further 20 mg/d bi-weekly depending on response **Group 2 N= 39** Placebo	Funding: NIMH grant, Eli Lilly provided medication
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	n= 123 Age: Mean 41 Sex: all males Diagnosis: 100% Depression by DSM-IV 100% HIV by DSM-IV Exclusions: - Substance misuse - pPychosis -Suicide risk - Cognitive impairment - Unstable medical condition Baseline: HRSD: Fluoxetine 18.2 (4.5) Placebo 16.8 (3.3)	**Data Used** Remission (below cut-off) Response (>50 reduction from baseline) Notes: DROP OUTS: Fluoxetine 16/46 Placebo 9/39 Testosterone 8/38	**Group 1 N= 39** Placebo **Group 2 N= 38** Testosterone **Group 3 N= 46** Fluoxetine	Funding: NIMH grant, Eli Lilly provided medication
Results from this paper:				

Quality assessment score = +

RAFFAELE1996 Study Type: RCT Study Description: Data used in the analysis not reported (assumed completer only) Type of Analysis: Not reported Blindness: No mention Duration (days): Mean 30 Setting: Italy, stroke rehabilitation program Notes: RANDOMISATION: no further details	n= 22 Age: Mean 70 Sex: 13 males 9 females Diagnosis: Stroke Depression Exclusions: - Aphasia - No DSM-III-R diagnosis of depression at baseline Baseline: Zung depression scale: Trazodone 62.4 (11.8) Placebo 59.2 (10.3)	**Data Used** Activities of daily living Zung Notes: TAKEN AT: Baseline and endpoint DROPOUT: not reported	**Group 1 N= 11** Trazodone. Mean dose 300 mg **Group 2 N= 11** Placebo	No information on funding provided

Results from this paper:
Quality assessment score = +

RAMPELLO2004 Study Type: RCT Blindness: Double blind Duration (days): Mean 112 Setting: Italy, community-based Notes: RANDOMISATION: computer generated by physician not involved in evaluation of patients Info on Screening Process: 95 screened, 16 did not meet eligiblity criteria, 5 refused to participate	n= 74 Age: Mean 74 Sex: 35 males 39 females Diagnosis: Stroke 100% Depression by DSM-IV Exclusions: - HDRS <20 - BDI <15 - Previous degenerative or expansive neurological diseases, tumours, MS, Binswanger's disease - Psychiatric illness (except depression) - Severe aphasia, cognitive deficit, impaired consciousness, heart disease Baseline: 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)	**Data Used** HDRS BDI Notes: DROP OUTS: anxious depressed - Citalopram 2/22 Reboxetine 3/22 retarded depressed - Citalopram 1/15 Reboxetine 0/15	**Group 1 N= 37** Citalopram. Mean dose 20 mg/d **Group 2 N= 37** Reboxetine. Mean dose 4 mg/d **Group 3 N=** Reboxetine	No information on funding

Results from this paper:
Quality assessment score = +

RAZAVI1996 Study Type: RCT Study Description: ITT based on all randomised patients for success rate response rate and side effects. Completer data used for scale results. Type of Analysis: ITT and completer Blindness: Double blind Duration (days): Mean 30 Setting: Multicentre Notes: RANDOMISATION: stratification based on centre, no further details reported	n= 91 Age: Mean 53 Sex: 17 males 74 females Diagnosis: Cancer Depression by DSM-III Exclusions: - HADS <13 - Major depressive disorders with melancholic features, Bipolar disorder - Alcohol misuse in previous year	**Data Used** Global Severity Index (GSI) MADRS HAM-A HADS Remission (below cut-off) Response (>50 reduction from baseline)	**Group 1 N= 46** Placebo **Group 2 N= 45** Fluoxetine. Mean dose 20 mg/day	Drug company sponsored: Lilly France and Eli Lilly Benelux

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	Notes: TAKEN AT: Baseline, end of treatment DROPOUT: Fluoxetine 15/45 (33%), Placebo 7/46 (15%) Leaving the study due to adverse effects: Fluoxetine 7/45, Placebo 2/46		
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 t.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; Eli 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

n= 48

Age: Mean 76

Sex: 8 males 40 females

Diagnosis:
100% Depression by DSM-III

Exclusions: - <65 years
- No diagnosis of MDD or dysthymic disorder according to DSM-III
- Bipolar disorder
- Presence of dementia
- Treatment with antidepressant drugs or ECT in previous 2 weeks
- Schizophrenia or other psychotic disorders
- Diagnosis of alcohol misuse or dependence, and/or substance misuse or dependence
- Evidence of a history of allergy to any of the study drugs

Notes: 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)

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

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.

Details of funding 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

n= 14

Age: Mean 36

Sex: all females

Diagnosis:
100% HIV

100% Depression by DSM-III-R

Exclusions: - <14 HSRD-17
- other Axis I and II psychiatric disorders
- substance misuse
- use of other psychotropic drugs

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

Data Used
HDRS-17

Notes: TAKEN AT: baseline and endpoint
DROP OUTS: Fluoxetine 0/8 Desipramine 2/6

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

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

Funding: Eli Lilly

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

n= 168

Age: Mean 54

Sex: 89 males 79 females

Diagnosis:
Depression by DSM-IV

100% Diabetes

Exclusions: - Pregnant or breast feeding women

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

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

Group 2 N= 84
Placebo

	- Bipolar disorder, schizophrenia, personality disorder - Learning disabilities Baseline: HAM-D: Escitalopram 26.16 Placebo 27.67	Notes: TAKEN AT: Baseline and endpoint DROPOUT: Escitalopram 14/84; Placebo 12/84		
Results from this paper: quality assessment score = ++				
STRIK2000 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 63 Followup: continuation phase for further 16 weeks Setting: Departments of Cardiology and Psychiatry, Netherlands Notes: RANDOMISATION: no further details Info on Screening Process: 556 eligible, 199 refused to participate, 4 died, 285 did not meet DSM criteria, 12 dropped out at later stage, 2 excluded because ATVI <20cm	n= 54 Age: Mean 56 Sex: 38 males 16 females Diagnosis: Depression by DSM-III-R MI Exclusions: - <18 years of age - HAMD <17 - <3 months before >12months after MI - psychosis, bipolar disorder, pregnancy Baseline: HAM-D = 21.6	**Data Used** Cardiovascular outcomes HAM-D 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	**Group 1 N= 27** Fluoxetine - Starting dose 20 mg/d, could be increased to 40 mg/d in week 3, 60 mg/d in week 6 **Group 2 N= 27** Placebo	Drug company sponsored (Eli Lilly)
Results from this paper: Quality assessment score = +				
TAN1994 Study Type: RCT Type of Analysis: Completer only Blindness: Double blind Duration (days): Mean 36 Setting: UK, LONDON Notes: RANDOMISATION: procedure not reported Info on Screening Process: No details reported	n= 63 Age: Mean 80 Sex: 21 males 42 females Diagnosis: 100% Depression by GDS Exclusions: - <65 years old - Moderate or severe cognitive impairment (AMT >7/10) - Life-threatening illness - Pre-existing antidepressant therapy - Medical contraindications - History of dysrthythmias, urinary retention, glaucoma and previous allergies - Suicidal ideation - GDS <15 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)	**Data Used** Adverse events GDS MADRS Notes: TAKEN AT: Baseline and 36 days post-randomisation (28 days of intervention) (end of treatment)	**Group 1 N= 32** Lofepramine. Mean dose 70 mg - Active drug and placebo tablets were identical and administered in the same fashion **Group 2 N= 31** Placebo - Active drug and placebo tablets were identical and administered in the same fashion	No details about funding reported
Results from this paper: Quality assessment score +				
TOLLEFSON1993 Study Type: RCT Study Description: ITT using LOCF Type of Analysis: ITT	n= 596 Age: Sex: no information	**Data Used** HAM-D	**Group 1 N= 301** Fluoxetine. Mean dose 20 mg/day **Group 2 N= 295** Placebo	Sub groups with physical illnesses (as reported in Small et al. 1996) used in the analysis.

Blindness: Double blind Duration (days): Mean 42 Setting: US, California Notes: RANDOMISATION: procedure not reported Info on Screening Process: of the 671 participants to enter the study, 82.7% had at least one current chronic illness.	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	Notes: TAKEN AT: Baseline and 6 weeks (end of treatment) DROP OUT: unclear for sub group analysis		
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	n= 94 Age: Mean 58 Sex: 73 males 21 females Diagnosis: 100% Depression by DSM-IV 100% MI Exclusions: - Other psychiatric problem - <18 years	**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	Sponsored by Netherlands Heart Foundation and unrestricted grants from drug companies (Lundbeck and Organon)
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	n= 55 Age: Mean 52 Sex: all females Diagnosis: Cancer by DSM-III Depression Exclusions: - Male - <18 years - Not meeting DSM-III criteria for depression - HAM-D 16 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)	**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	Drug company sponsored: NV Organon
Results from this paper: Quality assessment score = +				

WERMUTH1998 Study Type: RCT Study Description: ITT used LOCF, completer analysis also conducted Type of Analysis: Both ITT and completer Blindness: Double blind Duration (days): Mean 42 Followup: 52 week continuation Setting: Denmark, outpatients Notes: no further details on randomisation	n= 37 Age: Mean 64 Sex: 16 males 21 females Diagnosis: 100% Depression by DSM-III-R Exclusions: - <35 years - HDRS <13 - Dementia - Schizophrenia, psychosis - Severe medical disorders - Substance misuse Baseline: HDRS-17: Citalopram 16.61 (3.08) Placebo 16.16 (3.08)	**Data Used** Response (>50 reduction from baseline) HDRS Notes: TAKEN AT: Baseline, endpoint and follow up (not useable) DROP OUTS: Citalopram 5/18 Placebo 2/19 (6 weeks acute phase) Citalopram 12/18 Placebo 15/19 (52 weeks - data not usable)	**Group 1 N= 18** Citalopram - Starting dose of 10 mg if over 65 years or 20 mg if under 65 years. Dose reassessed at 6 weeks - non-responders dose was doubled. **Group 2 N= 19** Placebo	Funding: Lundbeck
Results from this paper: Quality assessment score = +				
WIART2000 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 45 Setting: France, Neurorehabilitation unit Notes: RANDOMISATION: no further details Info on Screening Process: 121 screened	n= 31 Age: Mean 68 Sex: 15 males 16 females Diagnosis: 100% Depression by ICD-10 Stroke Exclusions: - MADRS <19 - MMSE <23 - Severe aphasia - Previous stroke Baseline: MADRS: Fluoxetine 28.5(7.7) Placebo 27.2(6.3)	**Data Used** Response (>50 reduction from baseline) MMSE MADRS Notes: TAKEN AT: baseline and endpoint DROP OUTS: Fluoxetine 2/16 Placebo 0/15	**Group 1 N= 16** Fluoxetine. Mean dose 20 mg/d **Group 2 N= 15** Placebo	Drug company? Lilly France
Results from this paper: Quality assessment score = +				
WISE2007 Study Type: RCT Study Description: analysed in group randomly allocated to regardless of actual study participation. Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 7 Setting: US Notes: Randomisation: no further details	n= 233 Age: Mean 73 Sex: 83 males 150 females Diagnosis: 100% Depression Exclusions: - Psychiatric diagnosis other than MDD or mild dementia - Moderate to severe dementia or learning disability - Over 65 years of age Baseline: HAMD: Duloxetine 22.5(3.4) Placebo 22.2(3.8)	**Data Used** Response (>50 reduction from baseline) Remission (below cut-off) HAM-D Notes: TAKEN AT: Baseline and endpoint DROPOUT: not reported for phsyical ill health	**Group 1 N= 155** Duloxetine. Mean dose 60 mg **Group 2 N= 78** Placebo	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.
Results from this paper: Quality assessment score = +				
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	n= 121 Age: Mean 64 Sex: 75 males 46 females Diagnosis: 100% Stroke 100% Depression Exclusions: - HAM-D-17 <7 Notes: Stroke diagnosed on basis of clinical judgement.	**Data Used** Activities of daily living Response (>50 reduction from baseline) Remission (below cut-off) Notes: TAKEN AT: baseline and endpoint DROPOUT: Paroxetine: 4/64; Placebo 7/57	**Group 1 N= 64** Paroxetine. Mean dose 20 mg/d **Group 2 N= 57** Placebo	Funding: no information
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	n= 102 Age: Mean 59 Sex: 45 males 37 females Diagnosis: Stroke by Current diagnosis 100% Depression by CCMD-3 Exclusions: - Not meeting CCMD-3 criteria for depression - No confirmatory CT/MRI diagnosis of stroke - Unable to understand questionnaires and/or unable to complete assessments HAMD <18 Notes: Baseline and endpoint data only reported for the completer sample and not for the randomised sample. Baseline: Not reported	**Data Used** Response (>50 reduction from baseline) Remission (below cut-off) **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	**Group 1 N= 50** 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 **Group 2 N= 52** Venlafaxine - Target dose of 200 mg/day (tirated over 2 days, starting from 50 mg b.i.d.	No details of funding reported
Results from this paper: Quality assessment score = +				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
AMSTERDAM2006	Non-RCT
ARSLAND2000	Non-RCT
BROWN2007D	Non-RCT
CANKURTARAN2008	Mixed depression and anxiety, low % depressed in both groups
CHEMERINSKI2001	Pooled analysis of trials
CHEN2001	Looks at combining SSRI treatment with Chinese herbal medicine
CHEN2003	Unable to obtain English papers
CHOIKWON2006	No depression diagnosis
CHUCK2000	Non-RCT
COULEHAN1997	Not physically ill; randomisation combines psychosocial and pharmacological interventions in analysis
CURRIER2003	No control group
DALESSANDRO2007	Not randomised

DELOLMO2007	TMS only - no pharmacological / relevant comparator
ELLIOTT2002	Not RCT
FAKHOURY2007	No relevant comparison group
GLEASON2004	No relevant comparison group
GOODNICK1997	Non-RCT
GORDON1985	Looking at desipramine versus placebo only
GRASSI2004	Non-RCT
GRAY1992A	No diagnosis of depression
HE2002	Non-RCT
HOLLAND1991	Not an antidepressant
HU2002	Unable to obtain English version
HU2005A	No comparator (control group just received treatment as usual)
HUANG2003	Not RCT
INDACO1988	Participants non-depressed; focus of intervention is on reduction in headache
IOSIFESCU2003	No comparison
JANSEN1999	Not RCT
JIA2005	No comparator (control group just received treatment as usual)
KENNEDY1989A	Non-RCT
KIMURA2003	Pooled analysis of other trials
KOK2007	Not physically ill (psychiatric inpatient not medical inpatient)
KONG2007	Participants were not depressed
KRISHNAN2001	Pooled analysis of two trials
KUHN2003	Non-RCT
LAITINEN1969	Did not use validated scales
LASKA2005	Did not assess depression
LAURITZEN1994	Augmentation trial
LECHIN1998	Population were children and adolescents <18 years
LIANG2005	No useable comparison - treatment group did not receive placebo or any intervention
LUSTMAN2007	Non-RCT
MA2006	No useable comparison - control group did not receive placebo or any other intervention
MACFARLANE1986	Participants are not depressed. Intervention aimed at reducing pain
MAYO2007	No pre-cross over data, query regarding randomisation method
MITCHELL2008	Protocol only
MOHAPATRA2005	Not placebo controlled. Sertraline versus TAU
MORASCO2007A	Prevention study - outside scope
MOSS2006	Non-RCT
MUSSELMAN2001	Prevention study - outside scope
NIEDERMAIER2004	Prevention of depression after stroke
PAE2004	Non-RCT
PARK2008	Not a relevant comparison (drug not an antidepressant)
PENG2005	Range of psychological disorders, unclear % with depression
RABEY1996	Conference abstract

RABKIN1994A	Fluoxetine not randomised
REDING1986	No depression outcomes
ROSCOE2005	Only 28% depressed at baseline. Primary focus in on reduction of fatigue, depression was the secondary outcome
ROSEN1993	Not physically ill (psychiatric inpatient not medical inpatient)
RUDDELL2007	Only 1 participant randomised out of 614 screened
SANGER1969	Case report
SCHIFFER1990	Compares desipramine with placebo
SIMONS1996	Conference abstract
SLAUGHTER2002	Non-RCT
SMOLLER1998	Non-RCT
STAMENKOVIC1996B	Not RCT
STRANG1965	Randomisation query No diagnosis of depression - no scale data provided to assess depression at baseline. Participants were all an unselected sample
STROM1995	Participants not depressed at baseline
SUGIHARA1965	Non-RCT
TASMUTH2002	No diagnosis of depression. Intervention focuses on pain reduction
THEOBALD2003	Non RCT
VANKERKHOVEN2008	Not depressed at baseline
WAGNER2000	Not antidpressant
WANG2005	Unable to obtain English version
WERNICKE2000	Participants not depression (depression as exclusion criteria)
WHEATLEY1986	No diagnosis of depression - intervention focused on pain reduction
WILSON1974	Letter to editor
WU2003A	No placebo comparator (control participants received only standard care)
YOHANNES2001	Non-RCT
ZEPHIR2003	Non-RCT looks at effects of interferon on depression
ZHANG2007	No comparator (control group just received treatment as usual)

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