

1

2

Depression in adults: treatment and management

3

4

5

6

7

8

Appendix M: Forest plots

9

10

11

12

13

14

15

16

17

18

19

20

1 Contents

2 Organisation and delivery of services (chapter 5) 7

3 Service delivery models 7

4 Collaborative care versus control 7

5 Collaborative care versus other active intervention..... 17

6 Medication management versus control..... 18

7 Integrated care versus control..... 19

8 Relapse prevention 19

9 Settings of care 20

10 Primary care versus secondary care for acute treatment (NMA sub-analysis) 20

11 IPT versus TAU/waitlist 21

12 Counselling versus TAU..... 23

13 Behavioural therapies versus TAU/waitlist..... 23

14 Cognitive and cognitive behavioural therapies versus TAU/waitlist 25

15 Self-help (without support) versus TAU/waitlist 26

16 Self-help with support versus TAU/waitlist 28

17 Crisis resolution team care versus standard care 29

18 Acute day hospital care versus inpatient care 31

19 Non-acute day hospital care versus outpatient care 35

20 Specialist depression service versus usual specialist mental health care 37

21 Community mental health teams (CMHTs) versus standard care 39

22 First-line treatment (chapter 7) - NMA subgroup analysis for special populations 42

23 Older adults..... 42

24 CBT versus TAU/waitlist 42

25 Fluoxetine versus placebo..... 45

26 Escitalopram versus placebo..... 46

27 Nortriptyline in older adults..... 49

28 Pairwise comparisons for interventions excluded from the NMA 50

29 Acupuncture..... 50

30 Behavioural couples therapy 57

31 Omega-3 fatty acids 58

32 Psychosocial interventions (peer support) 62

33 St John’s wort..... 63

34 Treatments for SAD..... 85

35 bright light versus waitlist control 85

36 Bright light versus attentional control..... 90

1	Bright light versus active treatment control	99
2	Bright light versus light + CBT combination	104
3	Morning versus afternoon/evening bright light box	108
4	Dawn simulation versus attentional control	114
5	Bright light versus dawn simulation	118
6	Bright light – prevention of new episode	121
7	Acute-phase treatment – antidepressants versus placebo (efficacy data)	123
8	Acute-phase treatment – antidepressants versus placebo (acceptability and tolerability data)	
9	125
10	Acute-phase treatment – antidepressants versus active control (efficacy data)	127
11	Overall efficacy (other interventions)	128
12	Continuation treatment	128
13	Antidepressants – prevention of a new episode	129
14	Further-line treatment (chapter 8)	130
15	Increasing the dose of antidepressant versus continuing with the antidepressant at the same	
16	dose.....	130
17	Increasing the dose of antidepressant versus switching to another antidepressant	131
18	Increasing the dose of antidepressant versus augmenting with another antidepressant/non-	
19	antidepressant agent	133
20	Augmenting the antidepressant with another antidepressant or a non-antidepressant agent	
21	versus placebo	136
22	Augmenting the antidepressant with another antidepressant/non-antidepressant agent versus	
23	continuing with the antidepressant-only.....	142
24	Augmenting the antidepressant with lithium compared to 'other' augmentation agents (head-	
25	to-head comparisons)	145
26	Augmenting the antidepressant with an antipsychotic compared to 'other' augmentation agents	
27	(head-to-head comparisons).....	149
28	Augmenting the antidepressant with an anticonvulsant compared to 'other' augmentation	
29	agents (head-to-head comparisons).....	150
30	Augmenting the antidepressant with an anxiolytic compared to 'other' augmentation agents	
31	(head-to-head comparisons).....	151
32	Augmenting the antidepressant with a thyroid hormone compared to 'other' augmentation	
33	agents (head-to-head comparisons)	153
34	Augmenting the antidepressant with a psychological intervention compared to attention-	
35	placebo.....	153
36	Augmenting the antidepressant with a psychological intervention compared to continuing with	
37	the antidepressant-only	155
38	Augmenting the antidepressant with a psychological intervention compared to augmenting	
39	with a non-antidepressant agent.....	159

1	Augmenting the antidepressant with a psychological intervention compared to 'other' psychological intervention (head-to-head comparisons)	160
2		
3	Augmenting the antidepressant with a physical intervention compared to attention-placebo	161
4	Switching to another antidepressant of a different class compared to placebo.....	162
5	Switching to another antidepressant of a different class compared to continuing with the same antidepressant	164
6		
7	Switching to a non-antidepressant agent compared to continuing with the antidepressant....	167
8	Switching to another antidepressant or non-antidepressant agent compared to augmenting with another antidepressant or non-antidepressant agent	169
9		
10	Switching to another antidepressant of the same class compared to switching to another antidepressant of a different class.....	172
11		
12	Switching to another antidepressant or non-antidepressant agent (head-to-head comparisons)	174
13		
14	Switching to a combined psychological and pharmacological intervention versus switching to a psychological intervention-only.....	178
15		
16	Antipsychotic augmentation versus placebo: Sub-analysis by sedating versus non-sedating antipsychotics	179
17		
18	Chronic depression (chapter 9).....	181
19	Problem solving versus pill placebo for chronic depression.....	181
20	Cognitive and cognitive behavioural therapies versus antidepressants for chronic depression	182
21	CBASP versus other psychological intervention for chronic depression	184
22	Cognitive and cognitive behavioural therapies + TAU/AD versus TAU/AD-only for chronic depression.....	185
23		
24	CBASP (maintenance treatment) versus assessment-only for relapse prevention in chronic depression.....	187
25		
26	IPT versus sertraline for chronic depression.....	188
27	IPT versus brief supportive psychotherapy (BSP) for chronic depression	189
28	IPT + TAU/AD versus TAU/AD-only for chronic depression	190
29	Brief supportive psychotherapy (BSP) versus sertraline for chronic depression.....	191
30	Cognitive-Interpersonal Group Psychotherapy for Chronic Depression (CIGP-CD) + fluoxetine versus fluoxetine (maintenance treatment) for relapse prevention in chronic depression	192
31		
32	SSRIs versus placebo for chronic depression	193
33	Sertraline versus imipramine for chronic depression	196
34	Sertraline + IPT versus IPT-only for chronic depression	197
35	TCA versus placebo for chronic depression	198
36	TCA versus antipsychotic for chronic depression	200
37	Duloxetine versus placebo for chronic depression.....	202
38	Phenelzine versus placebo for chronic depression.....	202

1	Phenelzine versus imipramine for chronic depression.....	202
2	Moclobemide versus placebo for chronic depression.....	203
3	Moclobemide versus imipramine for chronic depression.....	204
4	Amisulpride versus placebo for chronic depression.....	205
5	Complex depression (chapter 10).....	206
6	CBT/behavioural therapies versus psychodynamic therapies for complex depression.....	206
7	Pharmacotherapy versus combination therapy for complex depression.....	207
8	Psychotic depression (chapter 10).....	208
9	Antidepressants versus other pharmacological interventions.....	208
10	Antidepressant versus placebo.....	208
11	Antidepressant versus antidepressant.....	209
12	Antidepressant versus antipsychotic.....	212
13	Antidepressant versus antipsychotic plus antidepressant.....	212
14	Combined antidepressant and antipsychotic versus other pharmacological interventions.....	214
15	Antidepressant plus antipsychotic versus antidepressant plus placebo.....	214
16	Antidepressant plus antipsychotic versus antipsychotic plus placebo.....	215
17	Antipsychotics versus other pharmacological interventions.....	216
18	Antipsychotics versus placebo.....	216
19	Benzodiazepines versus other pharmacological interventions.....	217
20	Benzodiazepines versus placebo.....	217
21	Benzodiazepines versus antidepressants.....	218
22	Benzodiazepines versus benzodiazepines.....	220
23	Relapse prevention.....	221
24	ECT plus an antidepressant versus antidepressants with or without lithium augmentation.....	221
25	Antidepressants plus antipsychotics versus antidepressants plus placebo.....	221
26	Relapse prevention (chapter 11).....	222
27	Psychological interventions versus control.....	222
28	Psychological interventions versus psychological interventions.....	227
29	Pharmacological interventions.....	228
30	Combination interventions.....	235
31	Access to services (chapter 12).....	237
32	Close monitoring versus usual care (men [veterans]).....	237
33	Telephone disease management versus usual care (older men [veterans]).....	238
34	Simple collaborative care versus usual care (men [veterans] and older adults).....	238
35	Co-located services versus geographically separate services (older adults).....	240
36	Clinic-based tele-psychiatry (using a webcam) versus TAU (BAME).....	240

1	Telephone CBT versus enhanced usual care (BAME).....	242
2	Culturally-adapted CBT versus TAU (BAME)	242
3		
4		

- 1
- 2
- 3
- 4
- 5

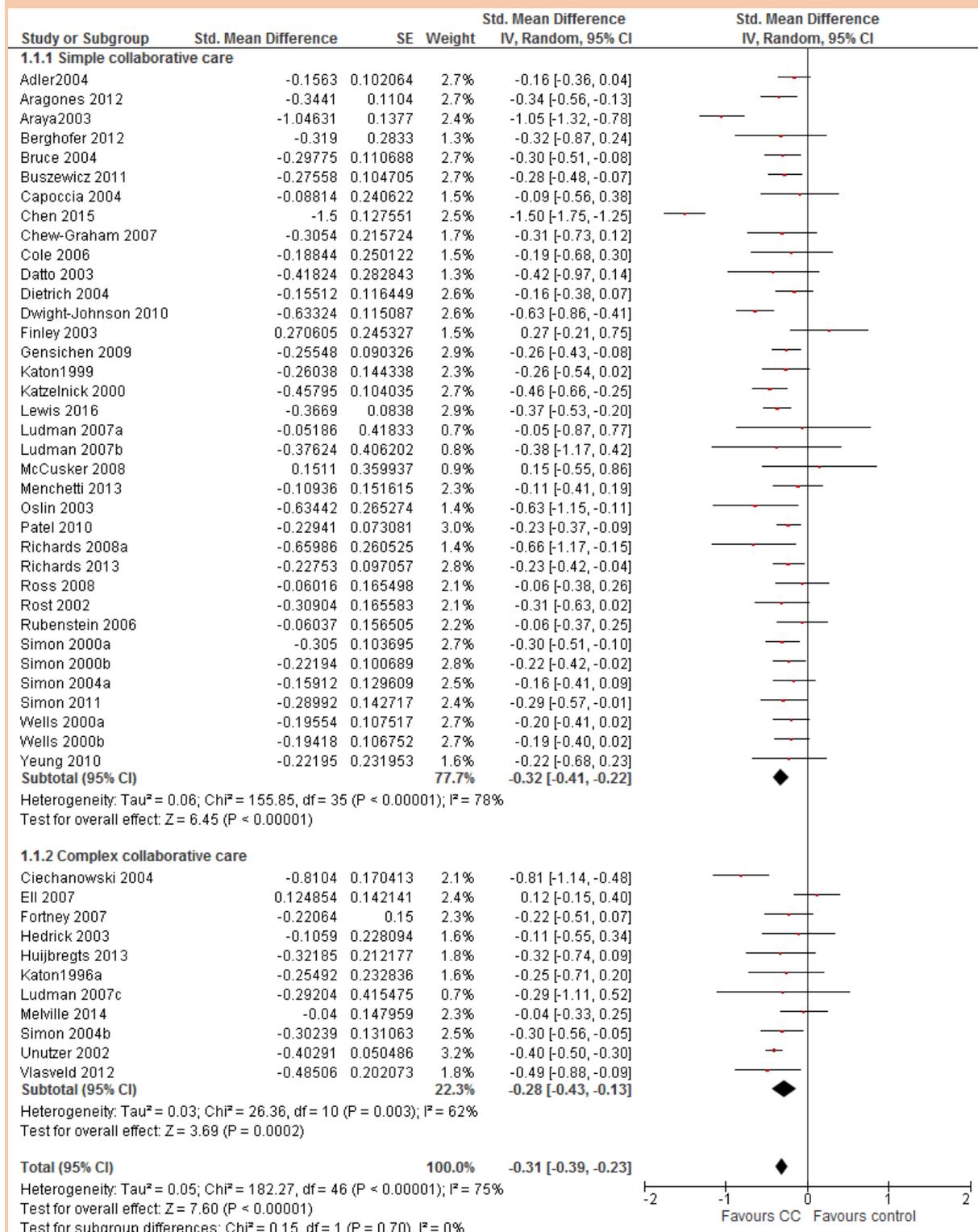
Organisation and delivery of services (chapter 5)

Service delivery models

Collaborative care versus control

1

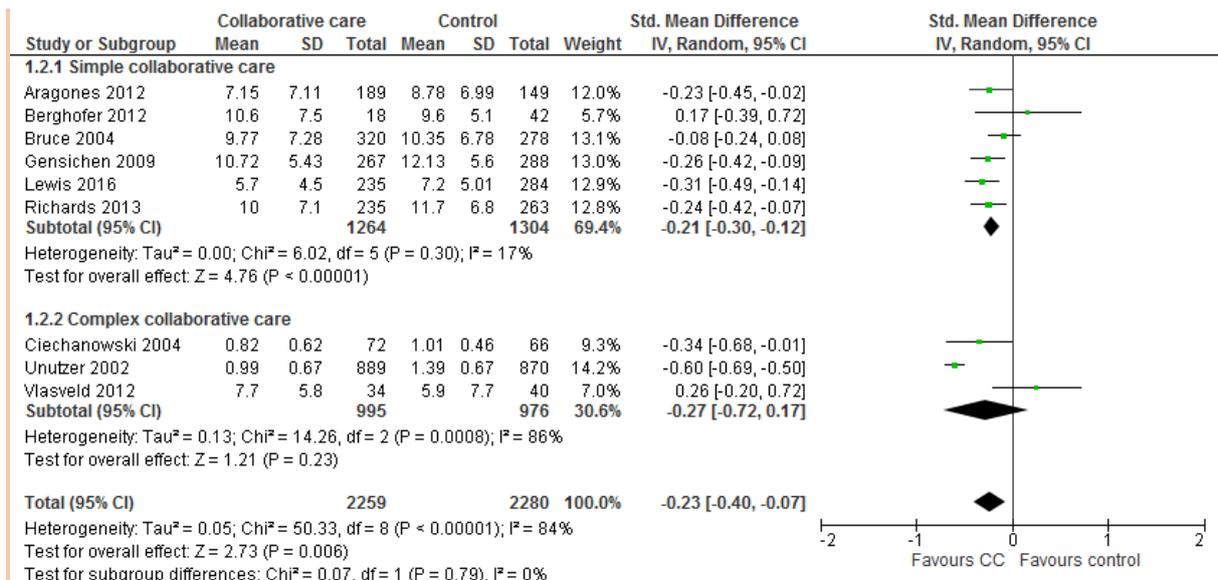
Depression symptoms at endpoint



2

3

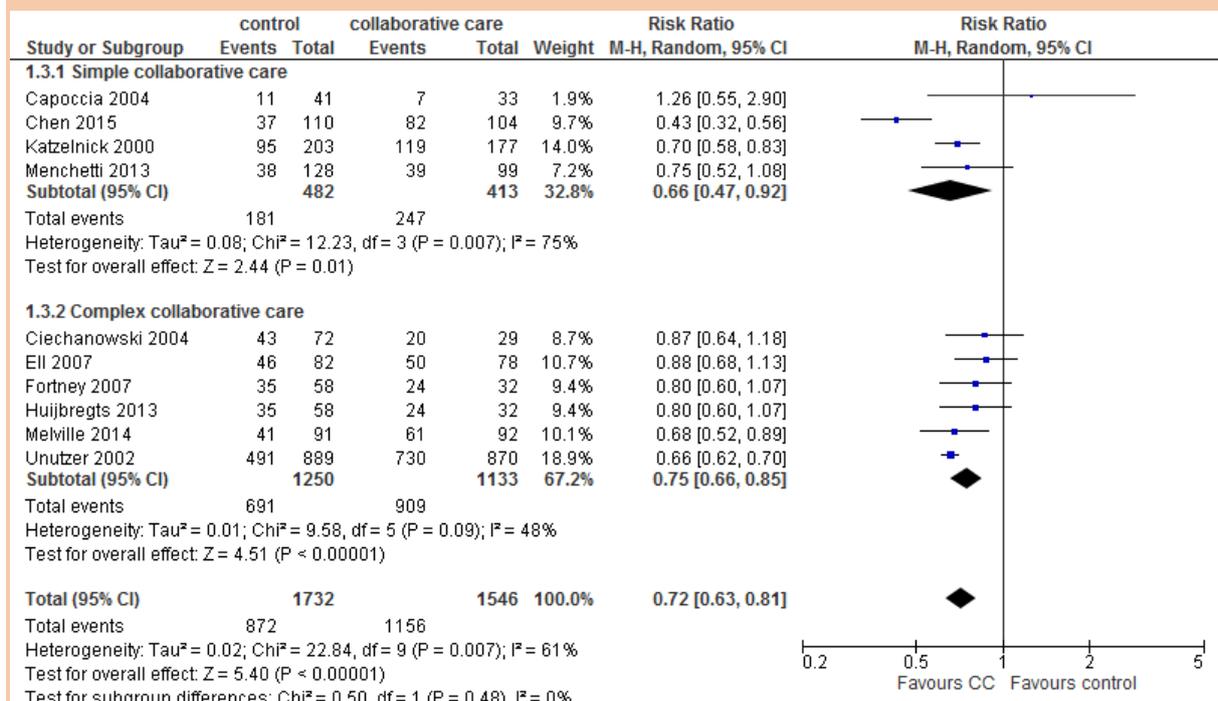
Depression symptoms at follow-up (12 months)



1

2

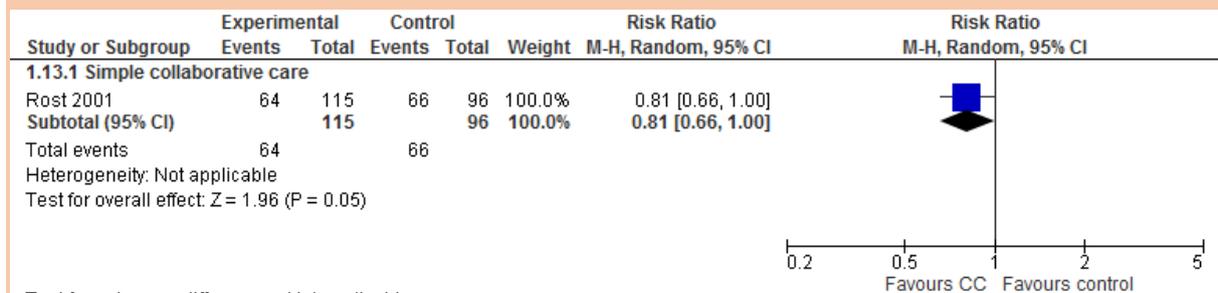
Non-response at follow-up (12 months)



3

4

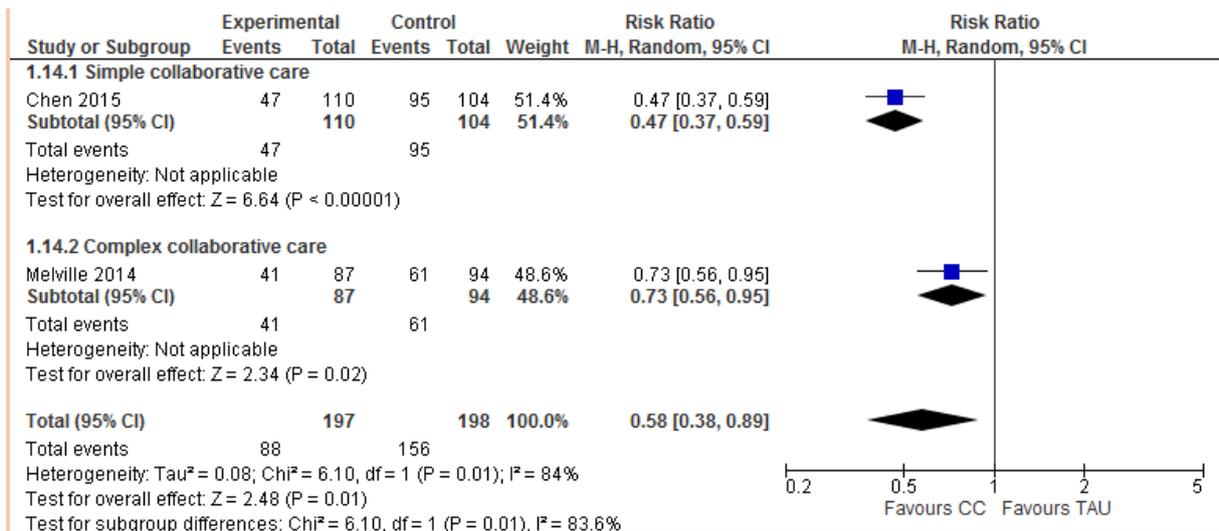
Non-remission at endpoint



5

6

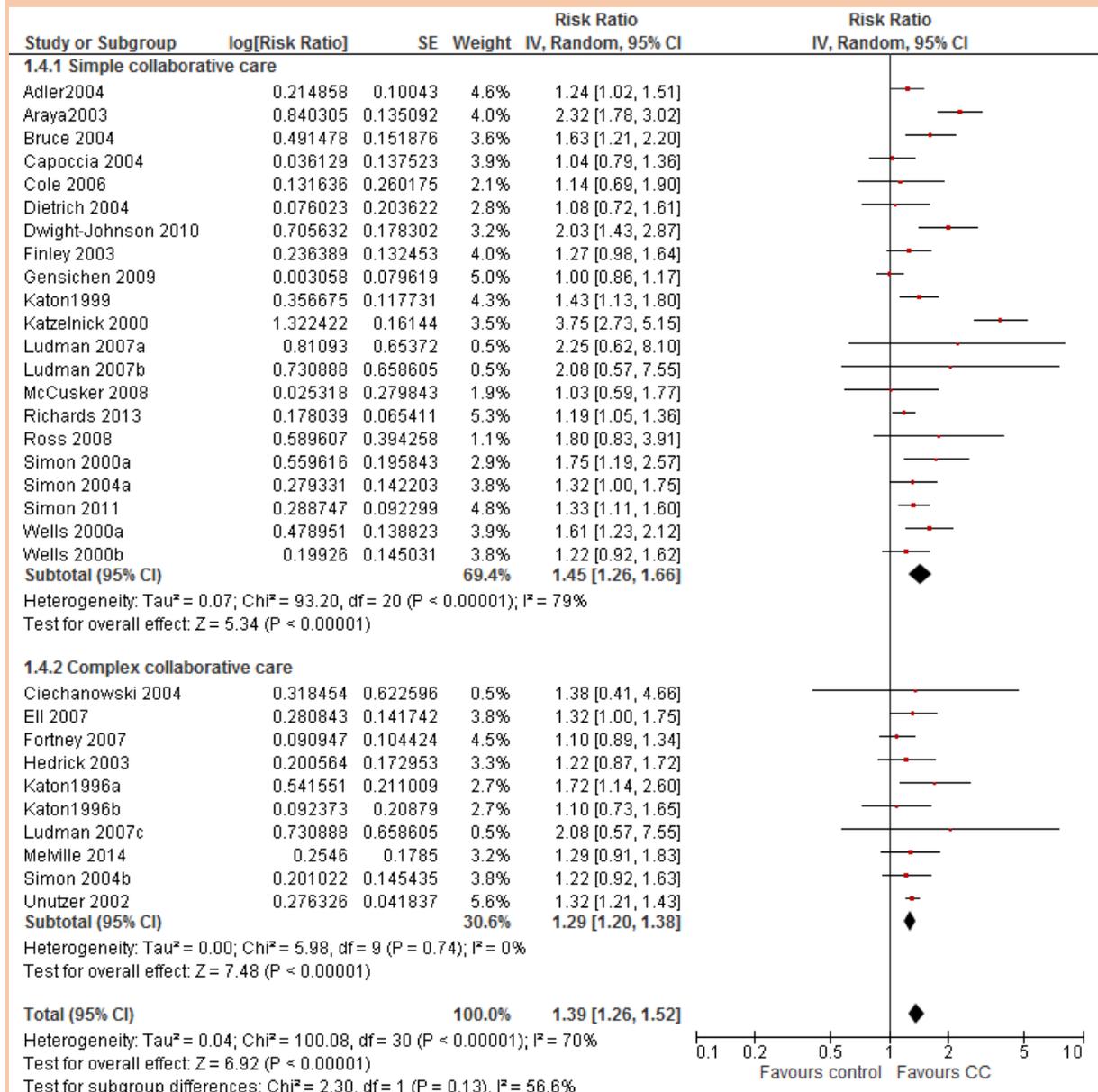
Non-remission at follow-up (12 months)



1

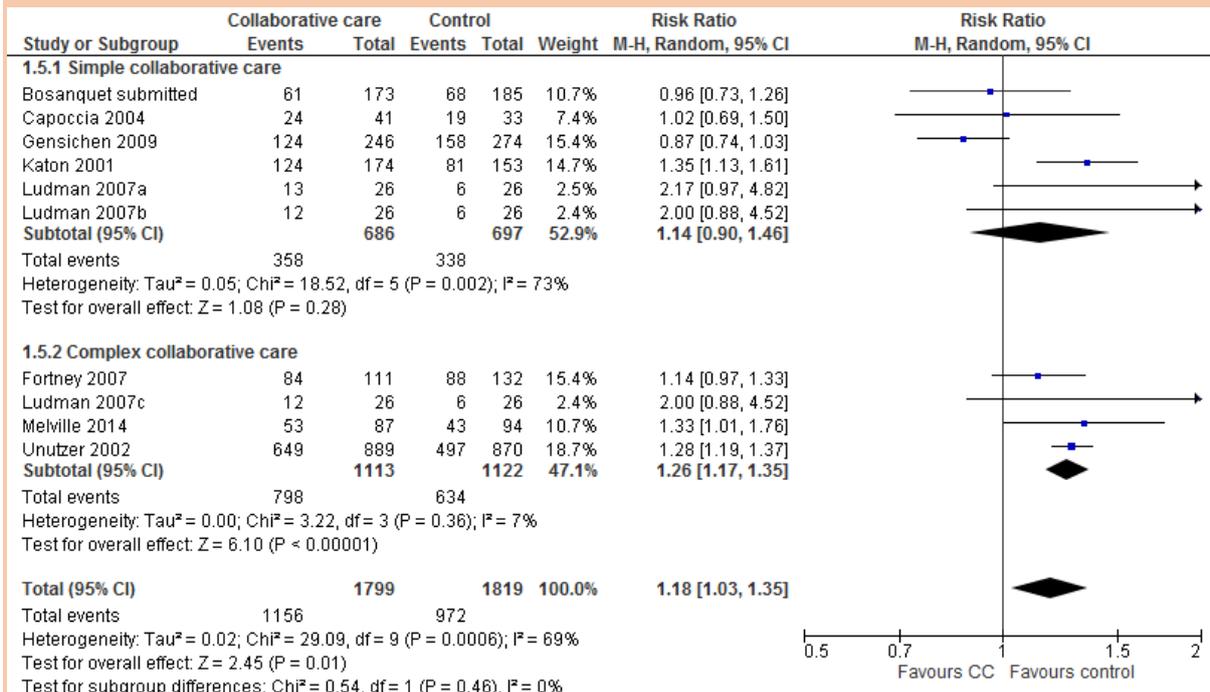
2

Antidepressant use at endpoint

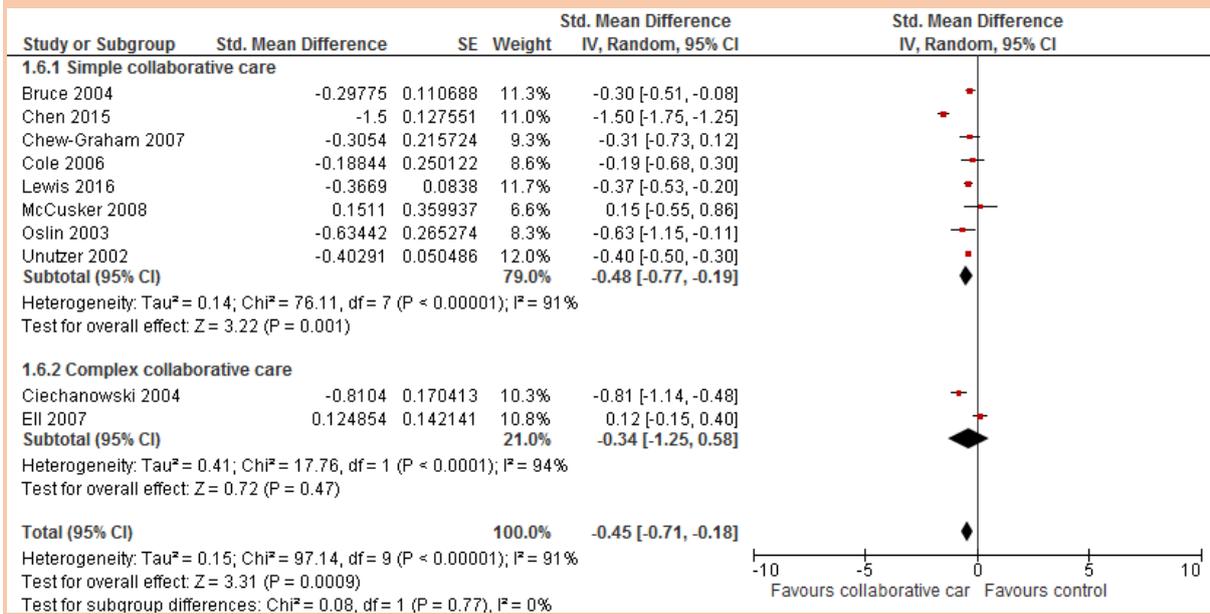


3

1 Antidepressant use at follow-up (12 months)



2
3 Sub-analysis: depression symptoms at endpoint in older people

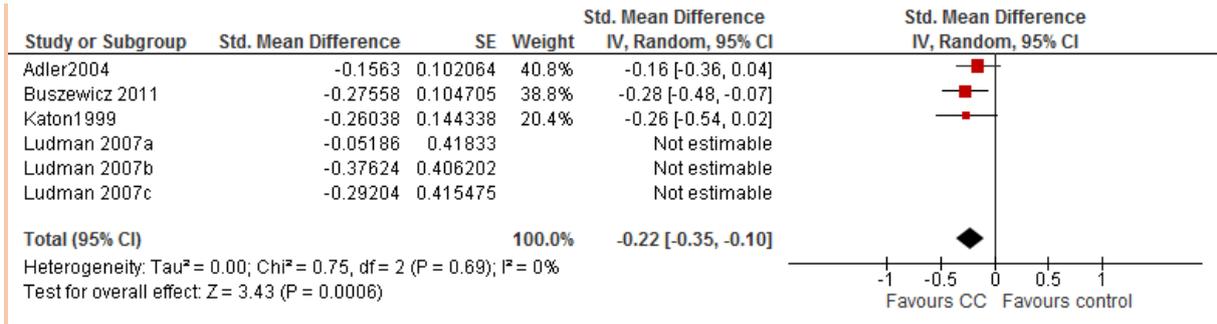


4
5 Sub-analysis: depression symptoms at endpoint in BME individuals



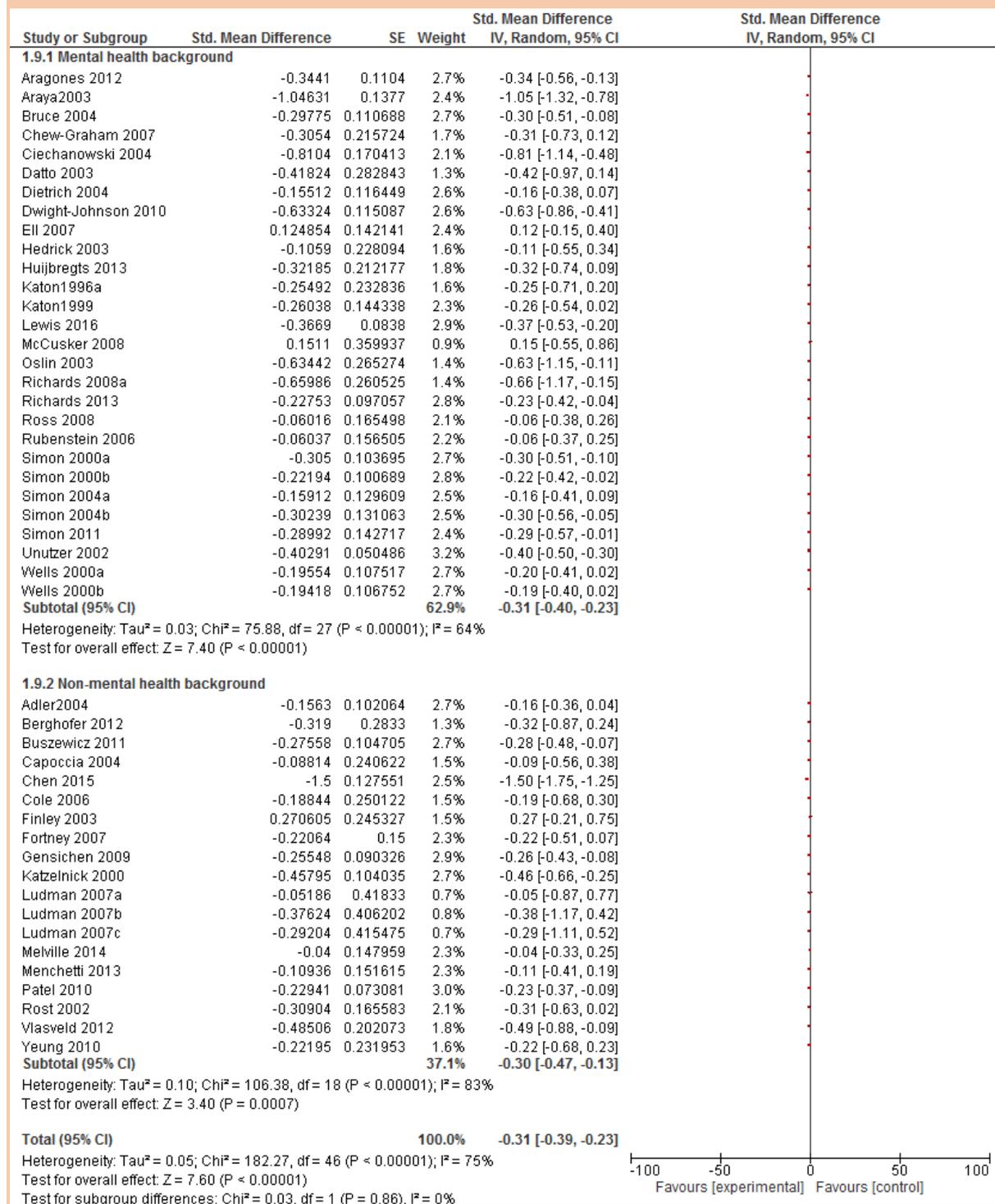
6
7 Sub-analysis: depression symptoms at endpoint in chronic depression

1



1

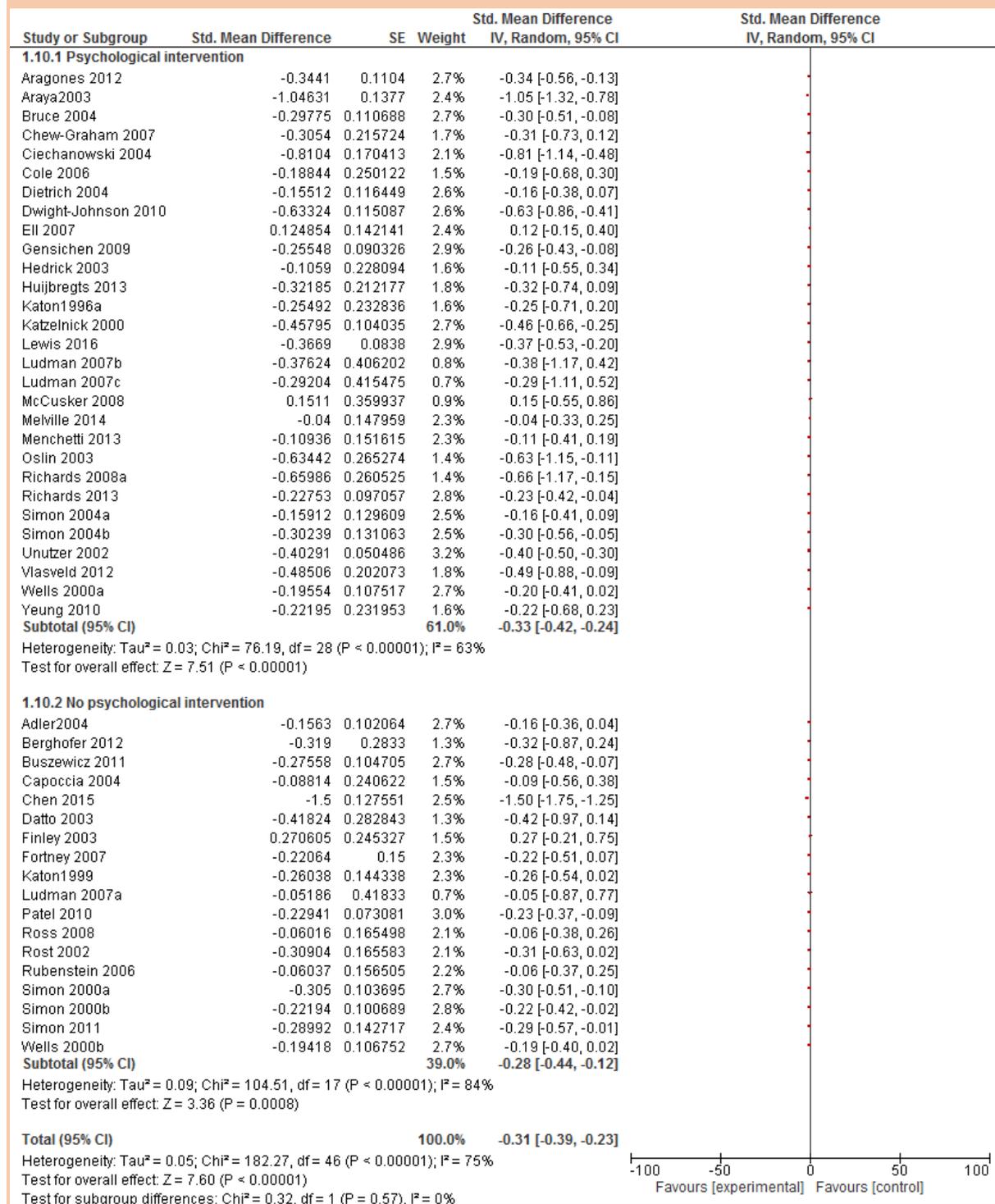
Sub-analysis: depression symptoms at endpoint by case-manager background



2

1

Sub-analysis: depression symptoms at endpoint by psychological intervention

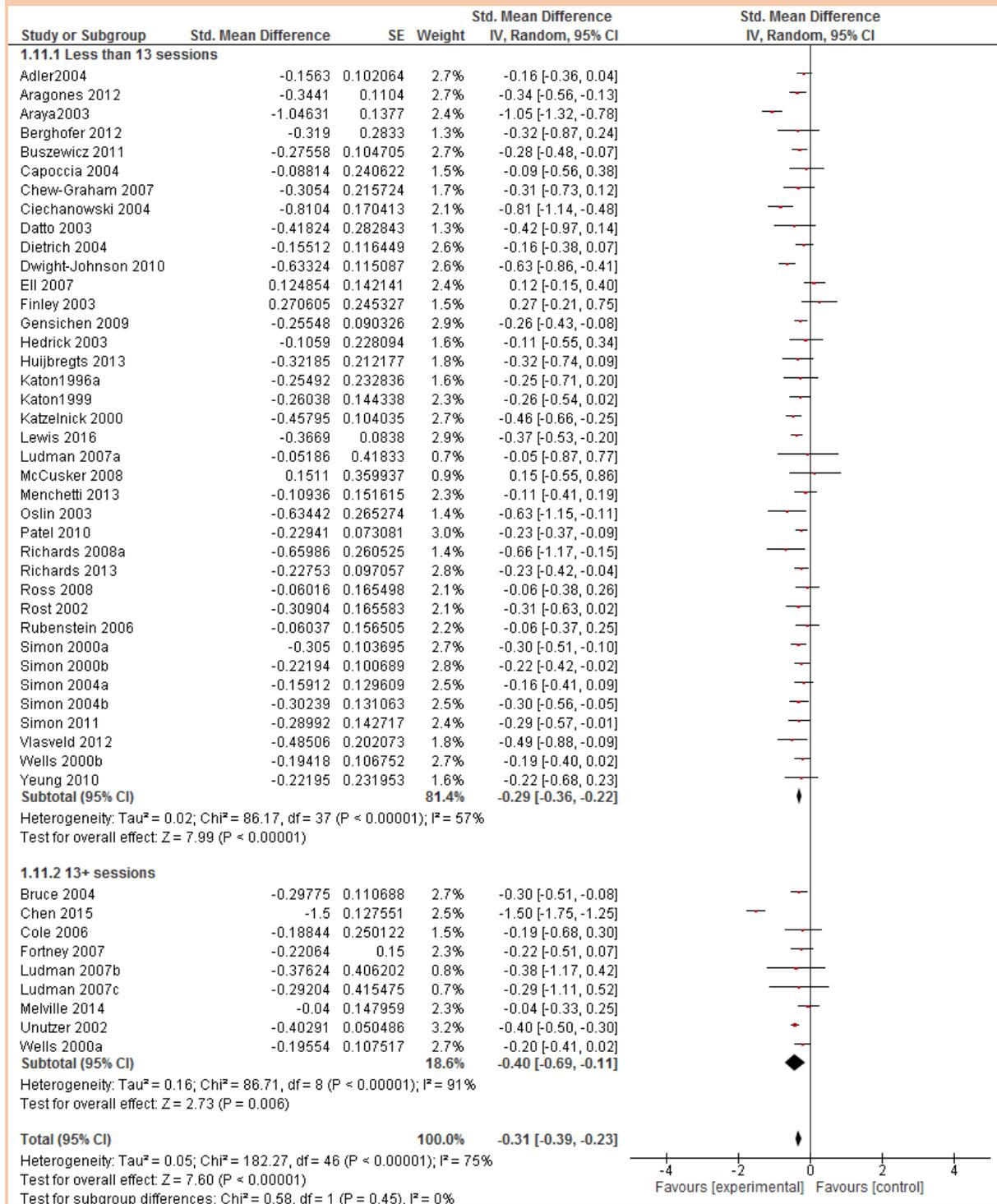


2

3

1

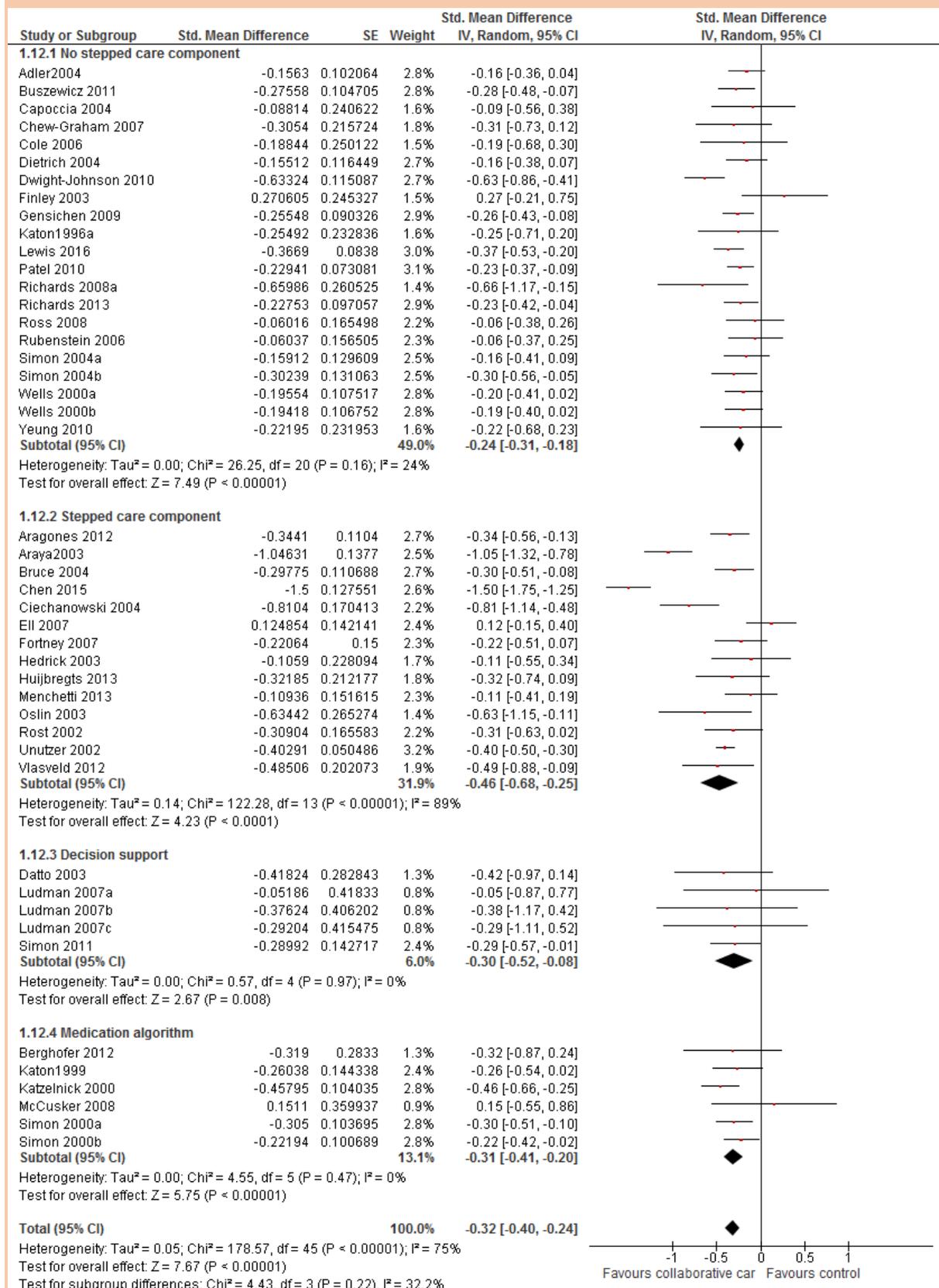
Sub-analysis: depression symptoms at endpoint by number of contacts



2

1

Sub-analysis: depression symptoms at endpoint by stepped care algorithm



2

3

1 Collaborative care versus other active intervention

2

3 Simple collaborative care: standard versus patient-centred



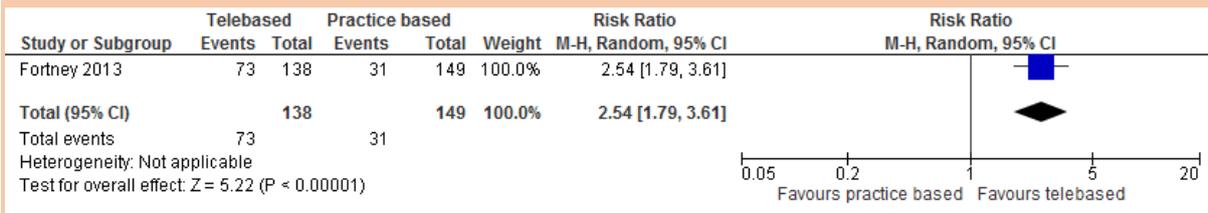
4

5 Response at endpoint: tele-based versus practice based



6

7 Response at follow-up: tele-based versus practice-based

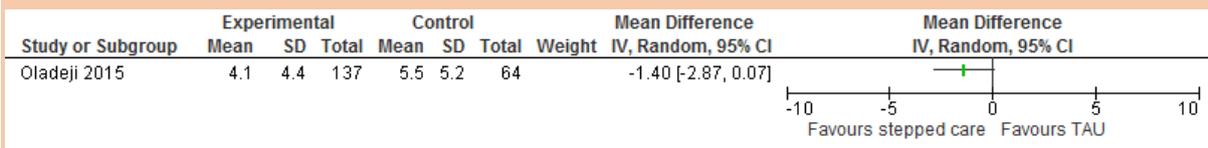


8

9

10 Stepped care versus control

11 Depression symptoms at endpoint (PHQ-9)



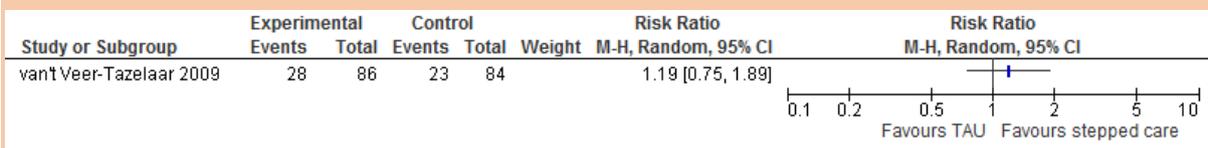
12

13 Remission at endpoint



14

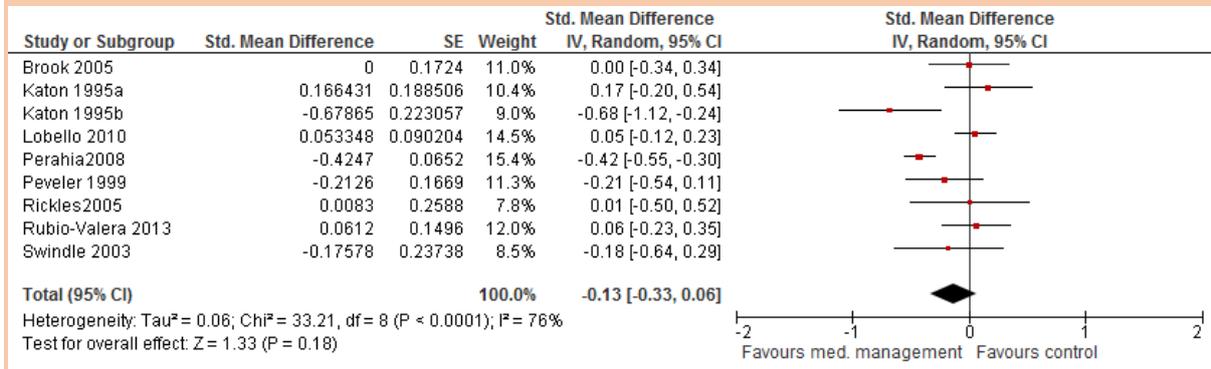
15 Antidepressant use



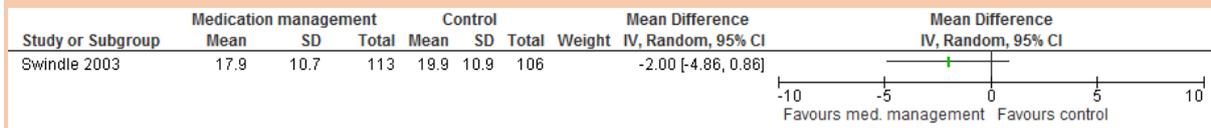
16

1
2
3
4
5
6
7
8
9
10
11
12
13

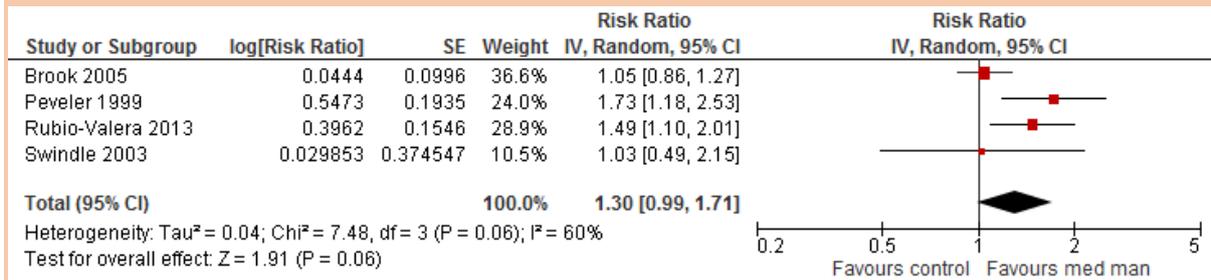
Medication management versus control
Mean change in depression scores at endpoint



Mean change in depression scores at follow-up (12 months)

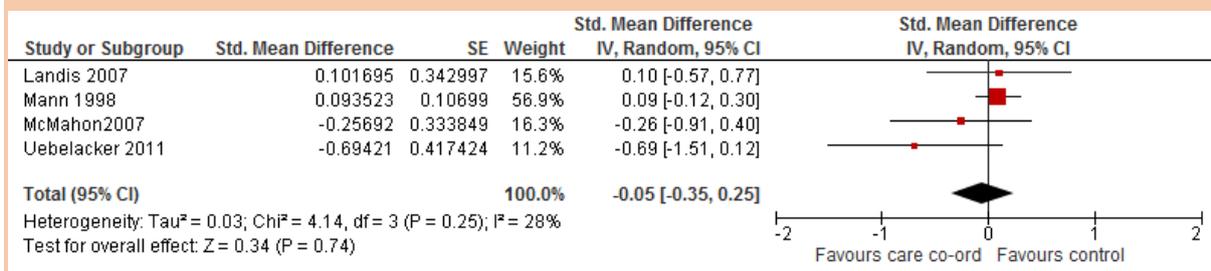


Antidepressant use at endpoint

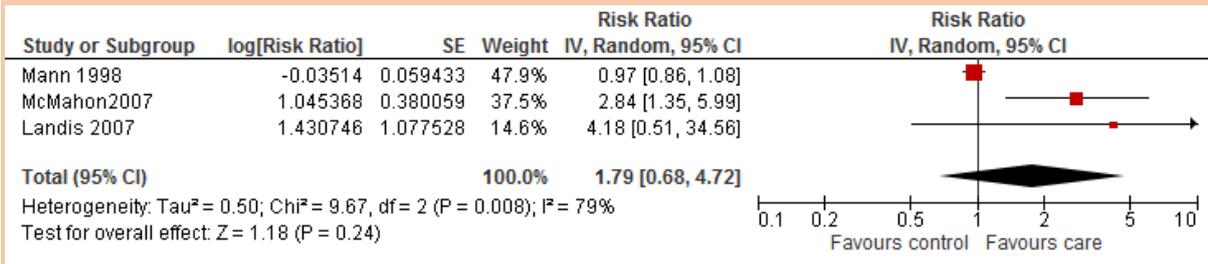


Care co-ordination versus control

Mean change in depression scores at endpoint

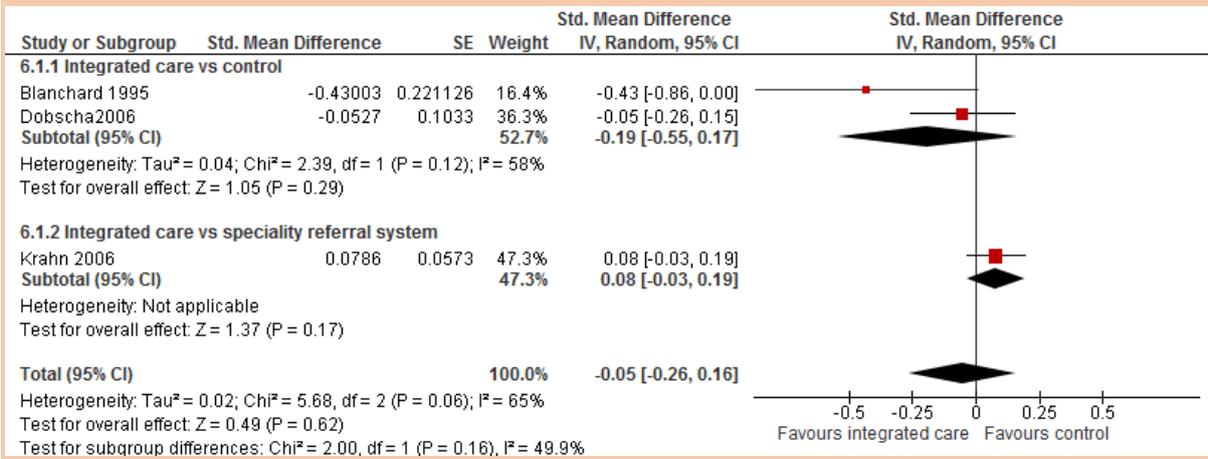


1 Antidepressant adherence



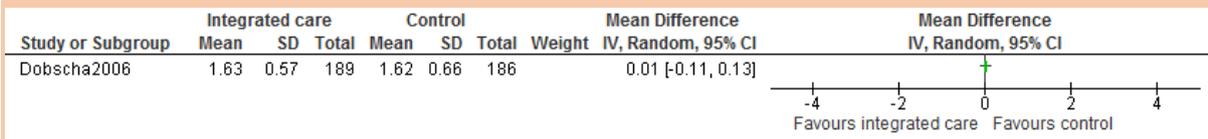
2
3

4 Integrated care versus control
5 Mean change in depression scores at endpoint



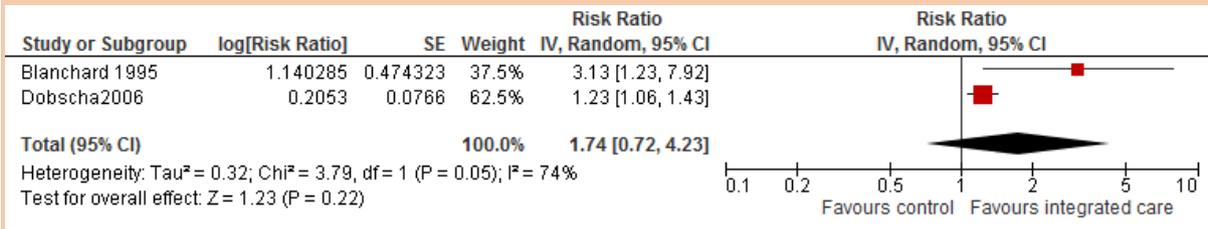
6
7

7 Mean change in depression scores at follow-up (12 months)



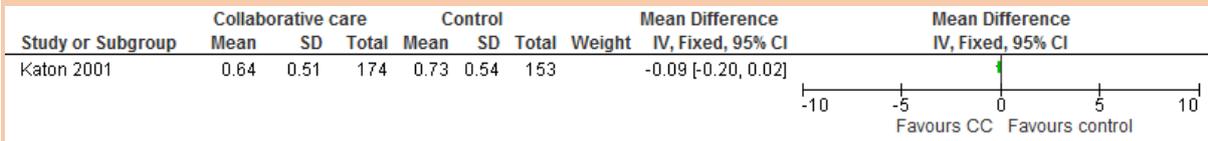
8
9

9 Antidepressant adherence



10
11

12 Relapse prevention
13 Depression symptoms (collaborative care)

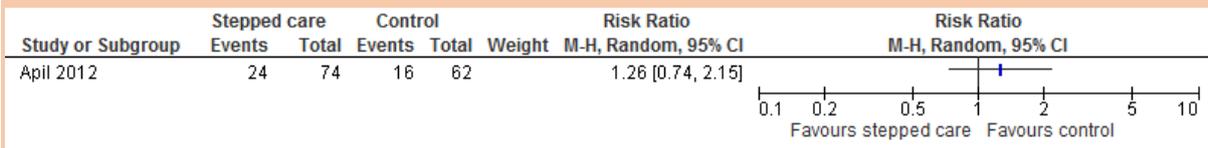


14

1 Relapse (collaborative care)



2
3 Relapse (stepped care)

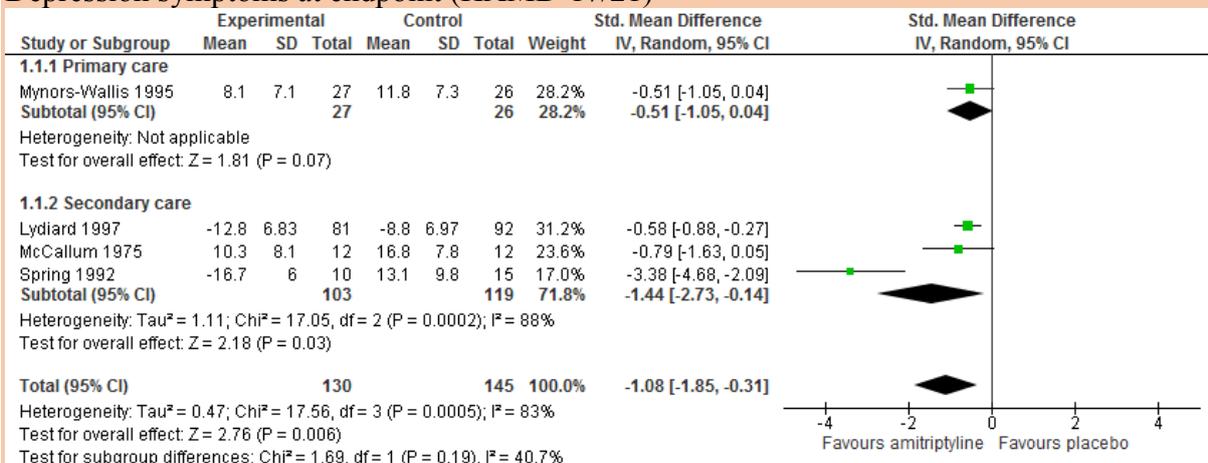


9 Settings of care

10 Primary care versus secondary care for acute treatment (NMA sub-analysis)

11 Amitriptyline versus placebo

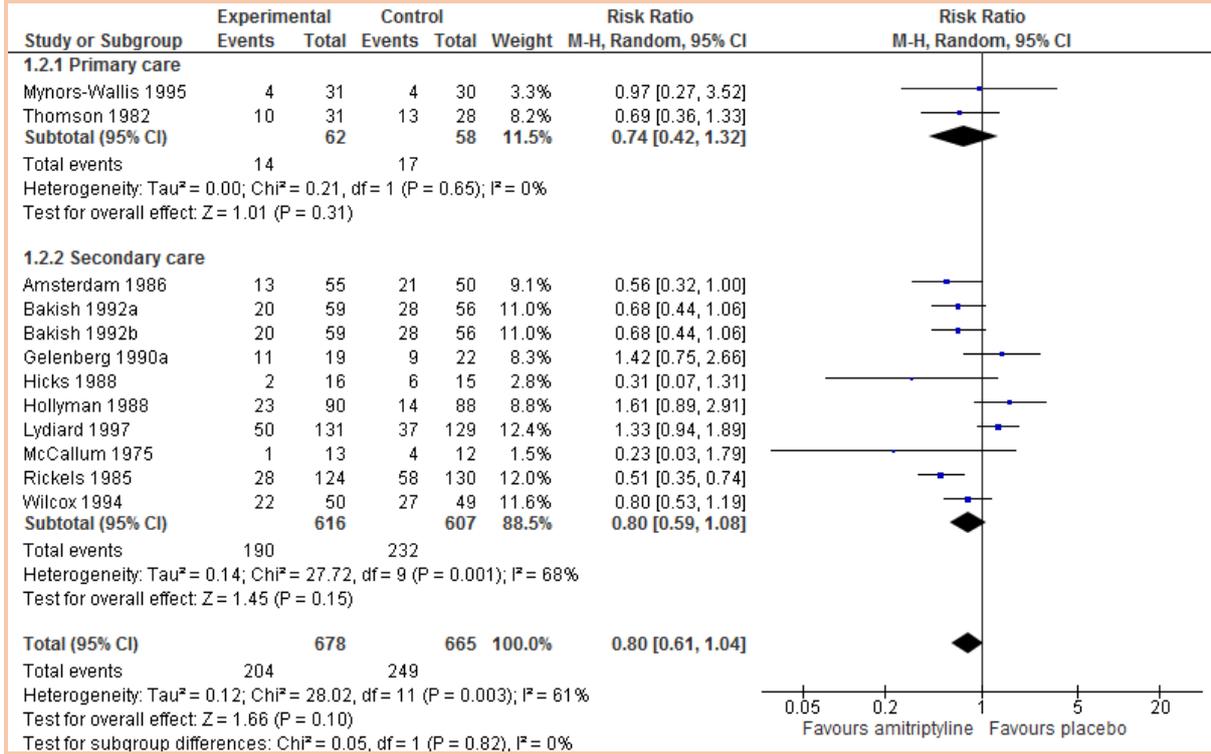
13 Depression symptoms at endpoint (HAMD-17/21)



14
15

1

Discontinuation

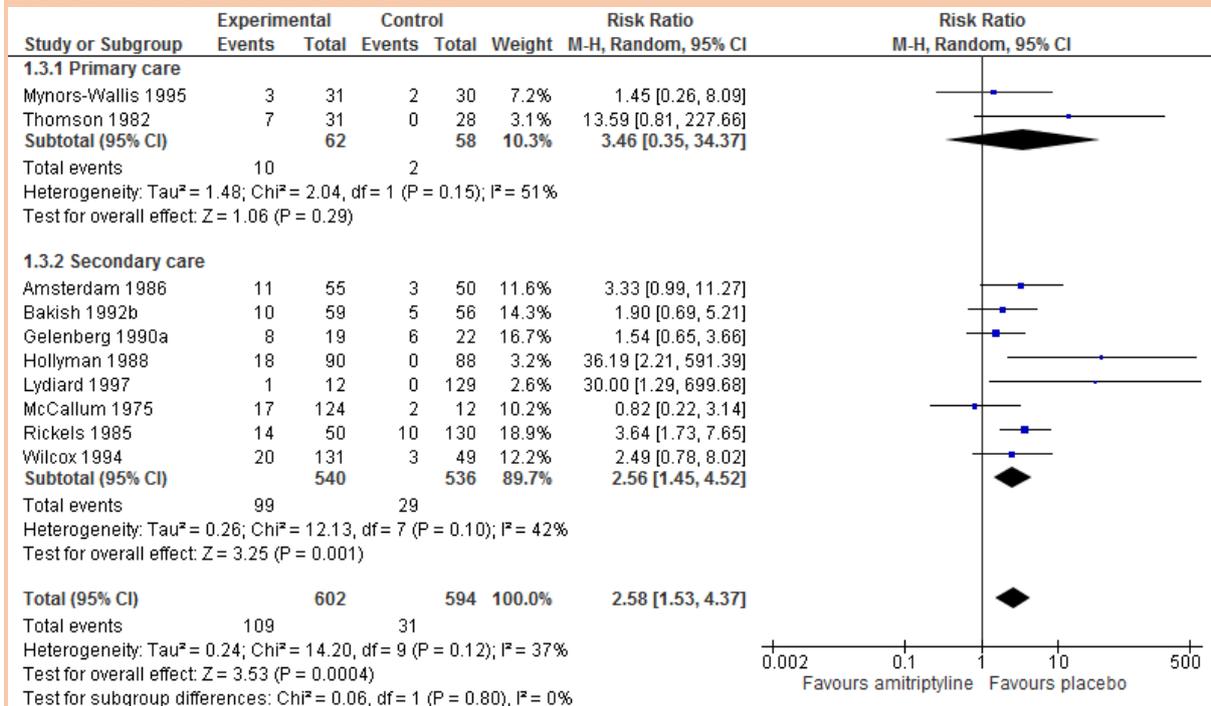


2

3

4

Discontinuation due to side effects



5

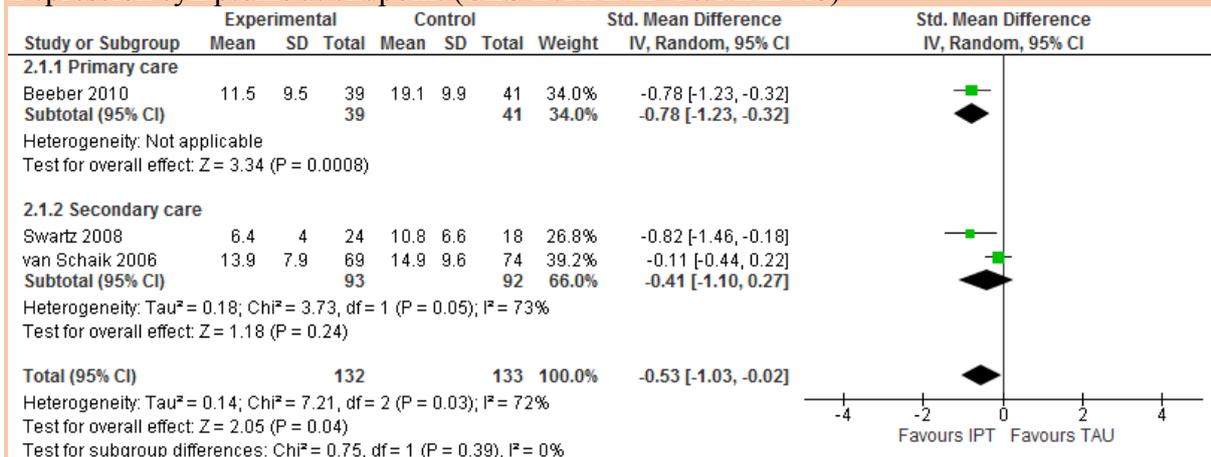
6

7

8

IPT versus TAU/waitlist

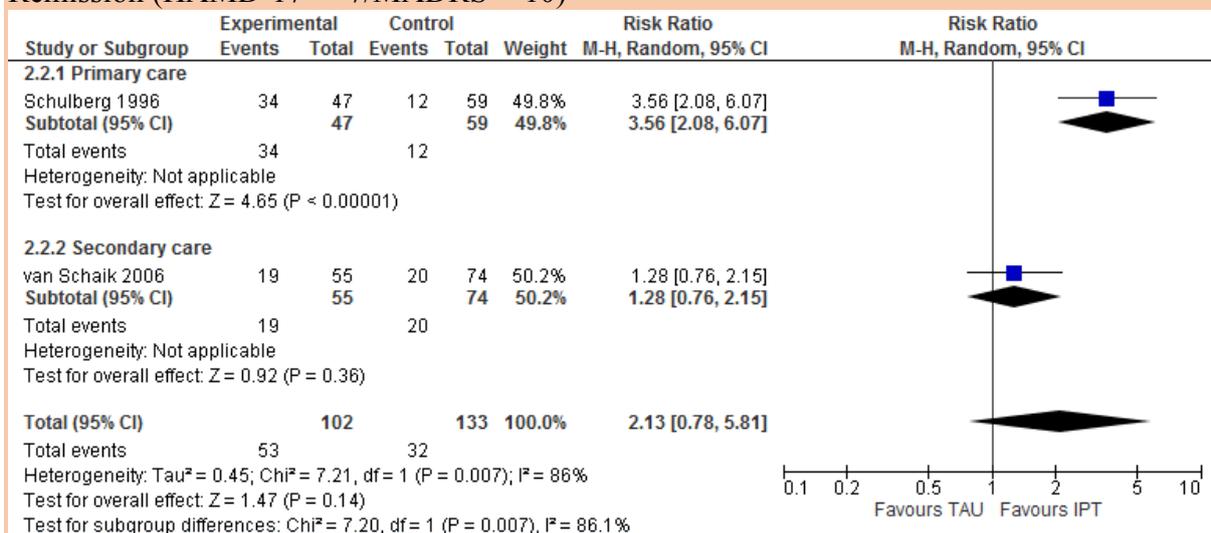
1 Depression symptoms at endpoint (CES-D/HAMD-17/MADRS)



2

3

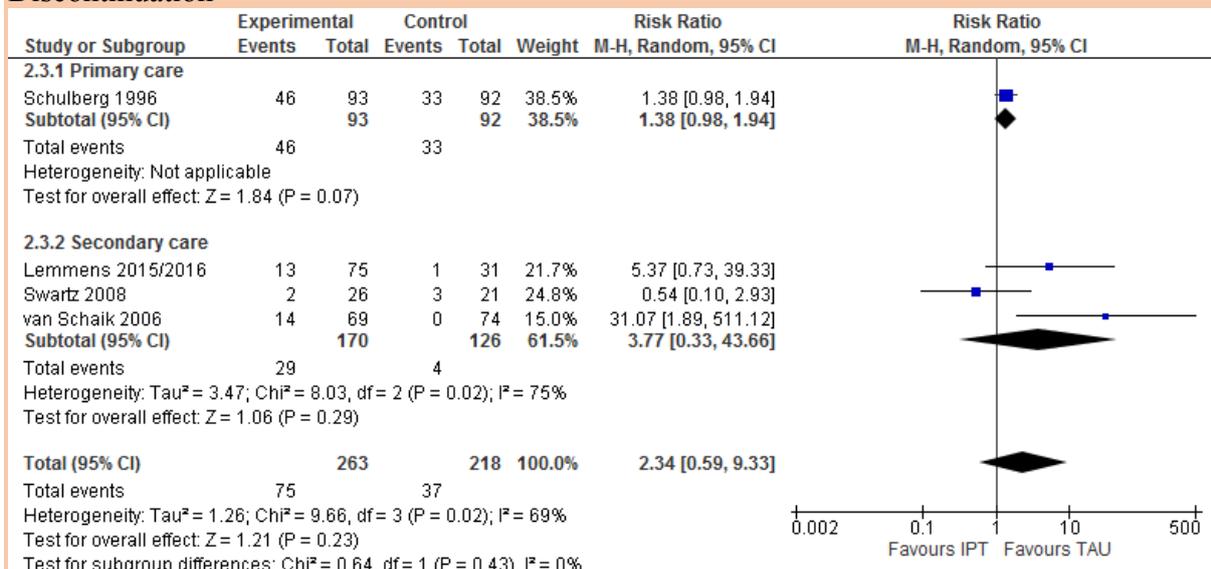
4 Remission (HAMD-17 <=7/MADRS<=10)



5

6

7 Discontinuation



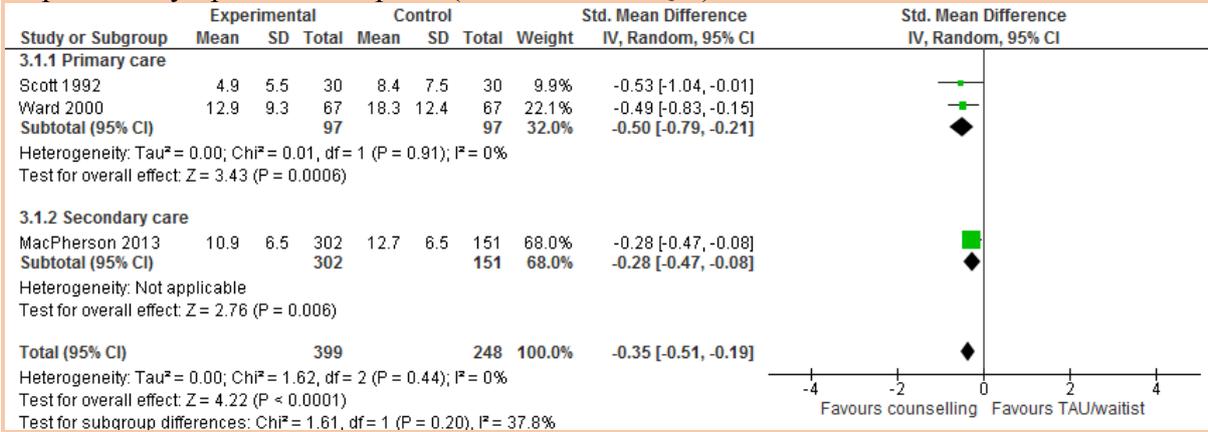
8

9

1 Counselling versus TAU

2

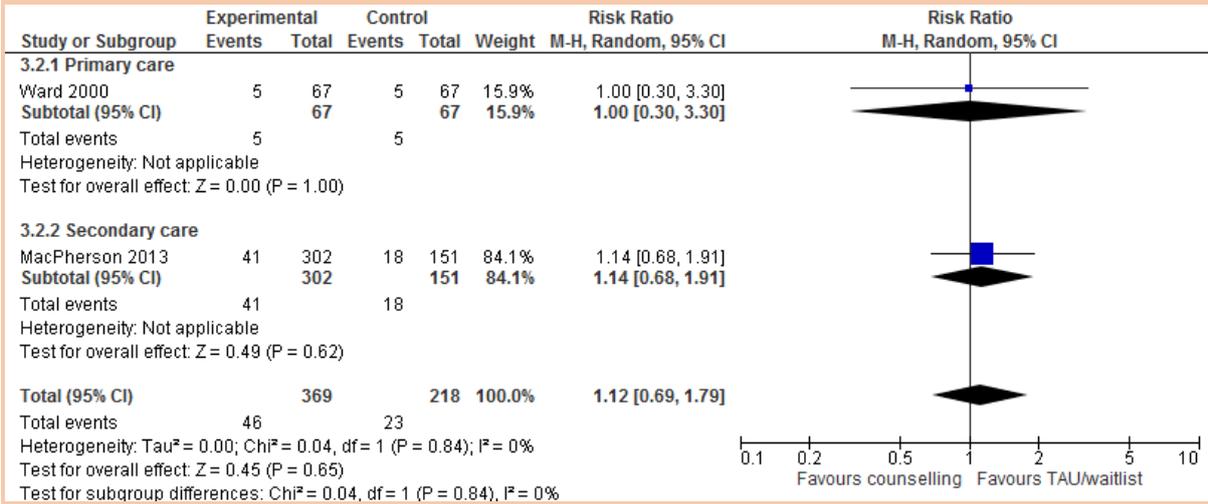
3 Depression symptoms at endpoint (HAMD-17/PHQ-9)



4

5

6 Discontinuation



7

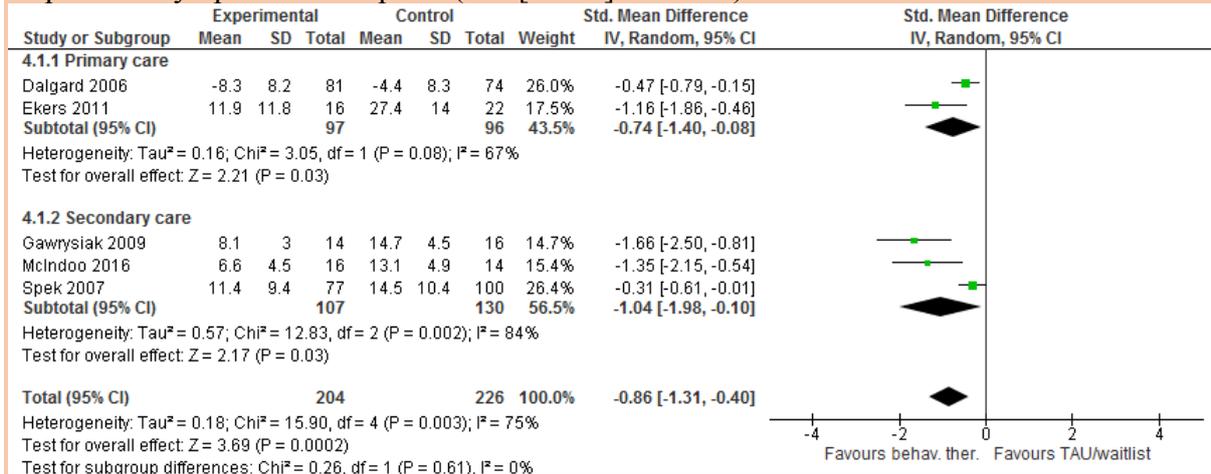
8

9 Behavioural therapies versus TAU/waitlist

10

1

Depression symptoms at endpoint (BDI[I or II]/HAM-D)

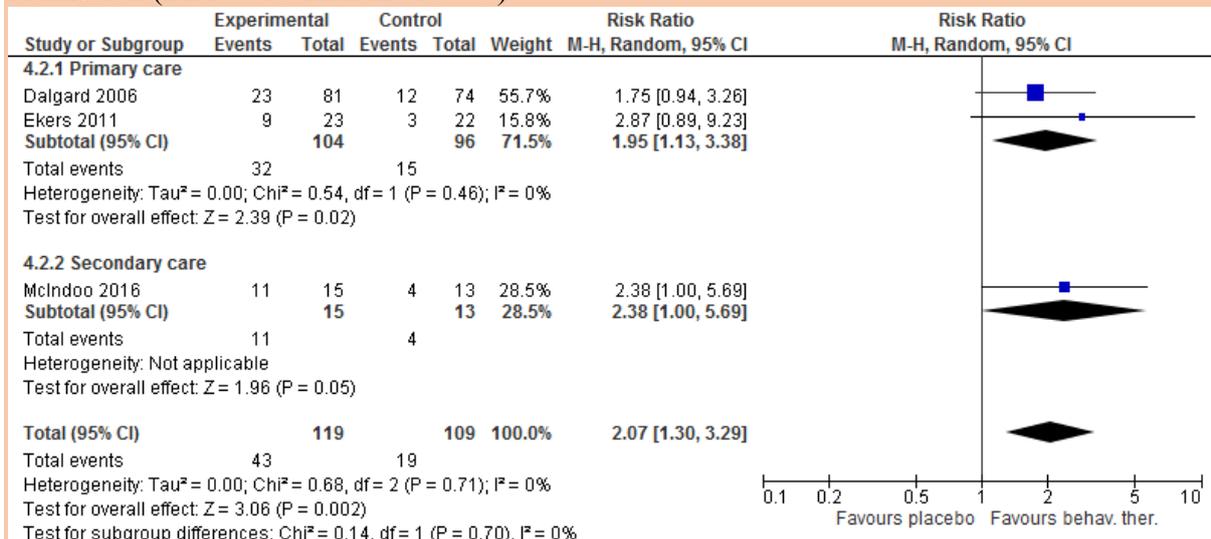


2

3

4

Remission (BDI <=10/HAMD-17<=7)

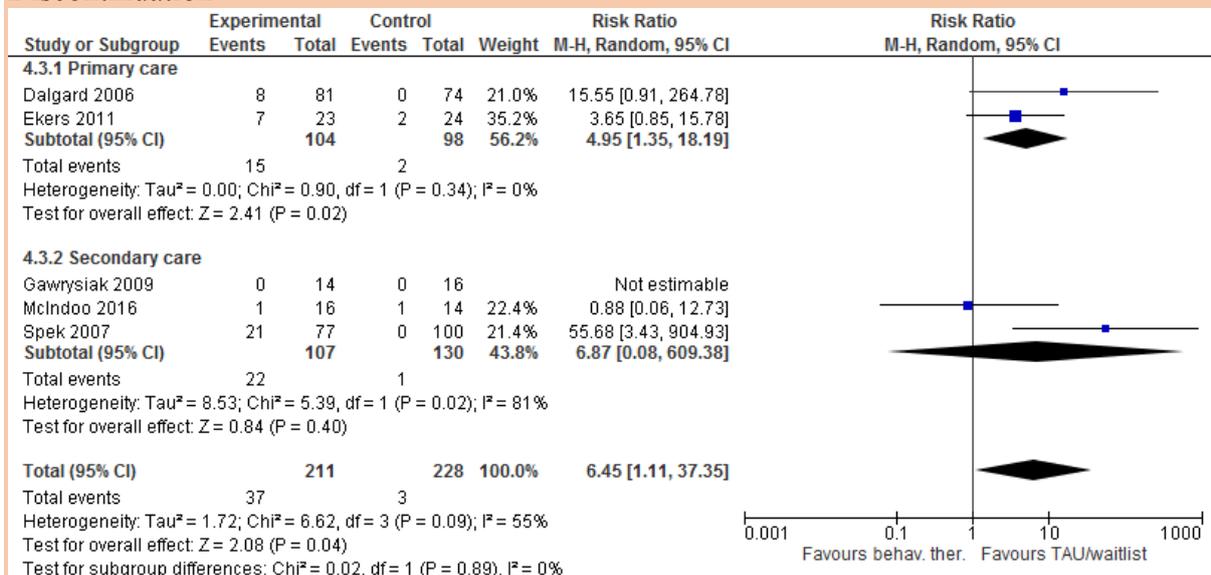


5

6

7

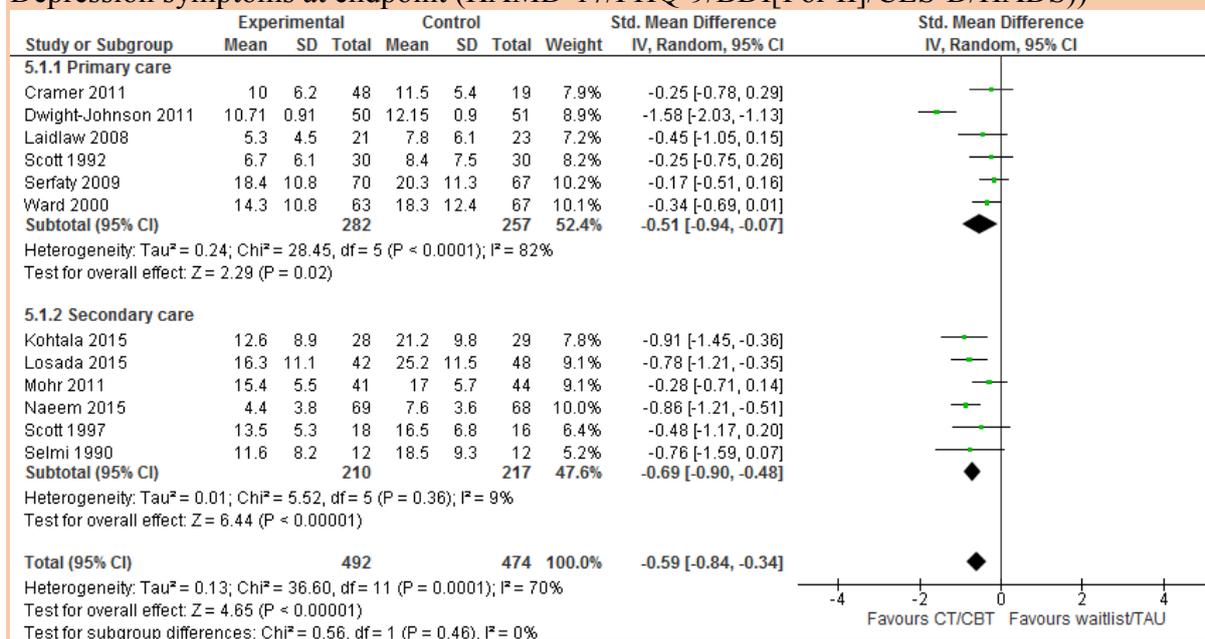
Discontinuation



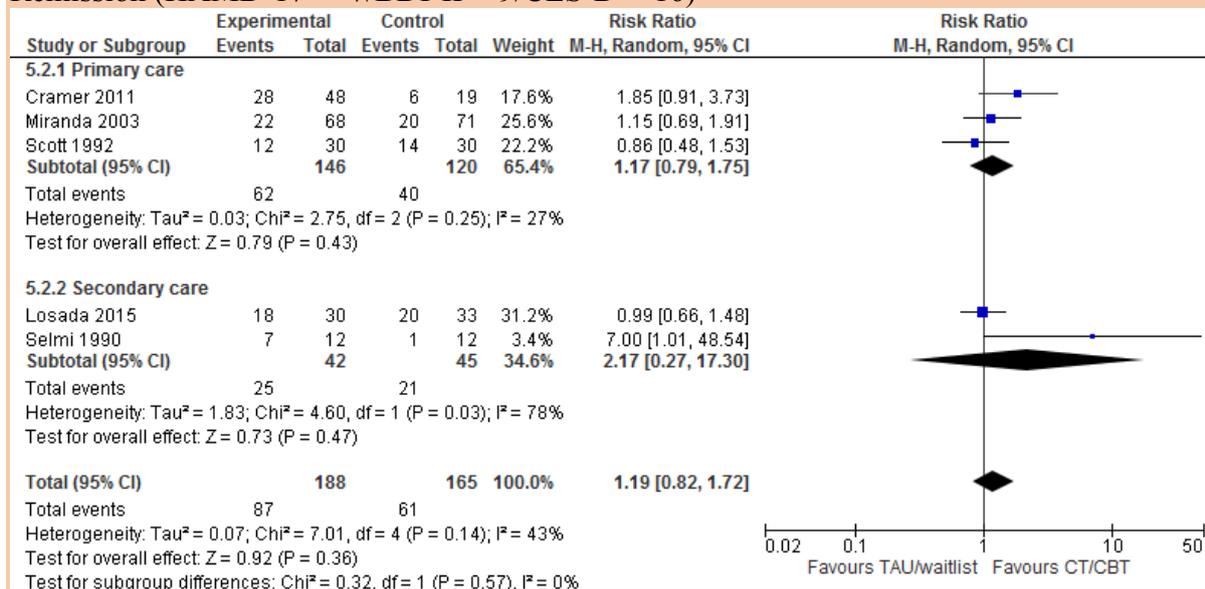
8

Cognitive and cognitive behavioural therapies versus TAU/waitlist

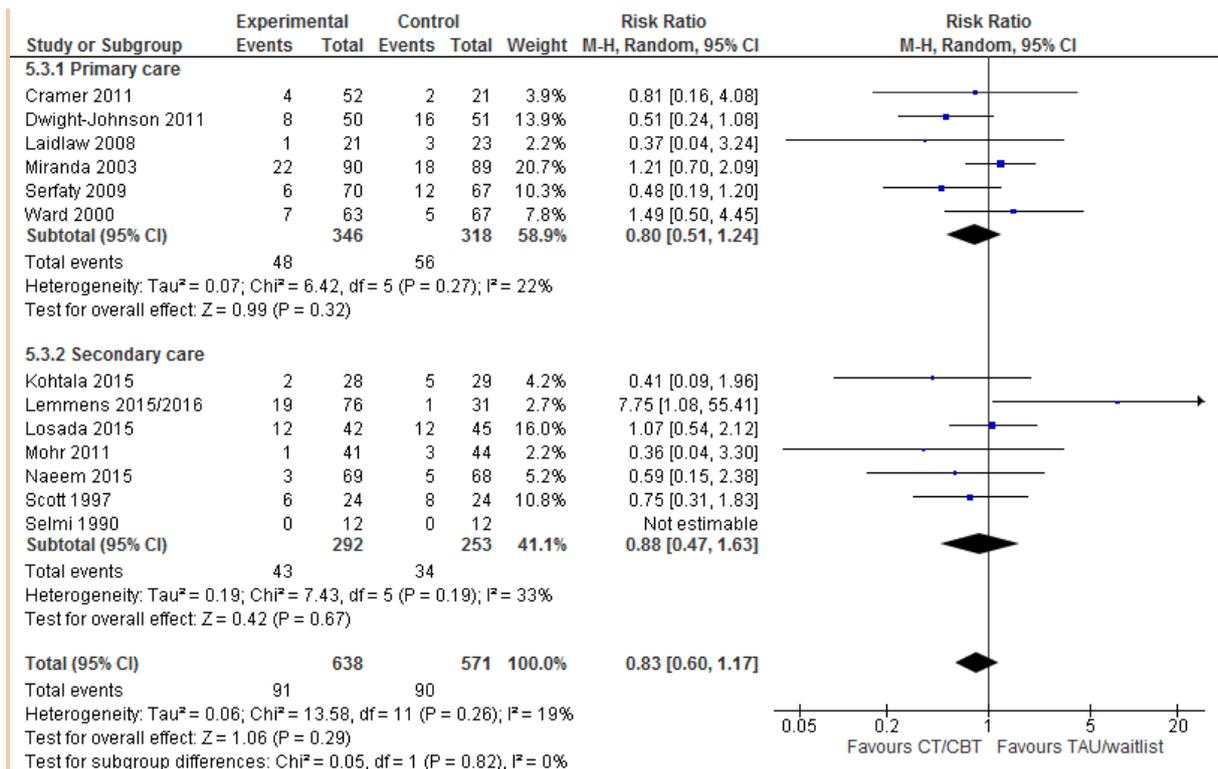
Depression symptoms at endpoint (HAMD-17/PHQ-9/BDI[I or II]/CES-D/HADS))



Remission (HAMD-17 <=7/BDI-II<=9/CES-D<=16)



Discontinuation



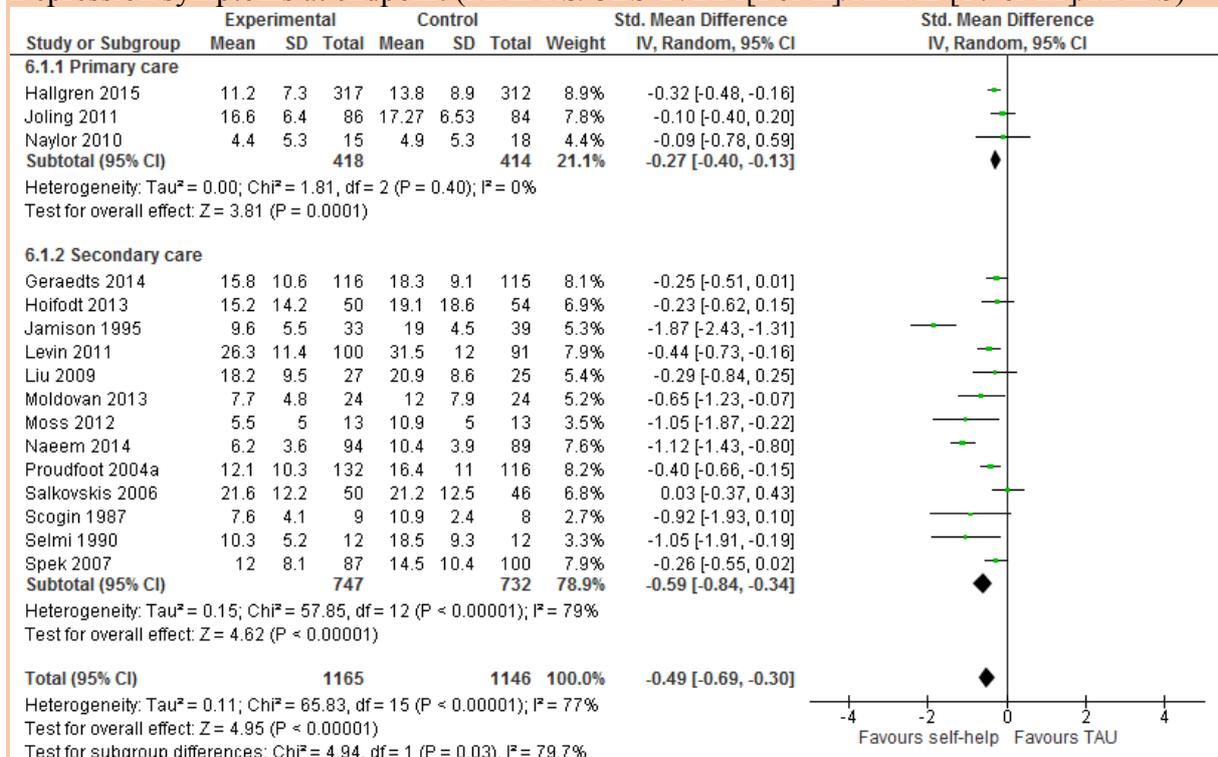
1

2

3 Self-help (without support) versus TAU/waitlist

4

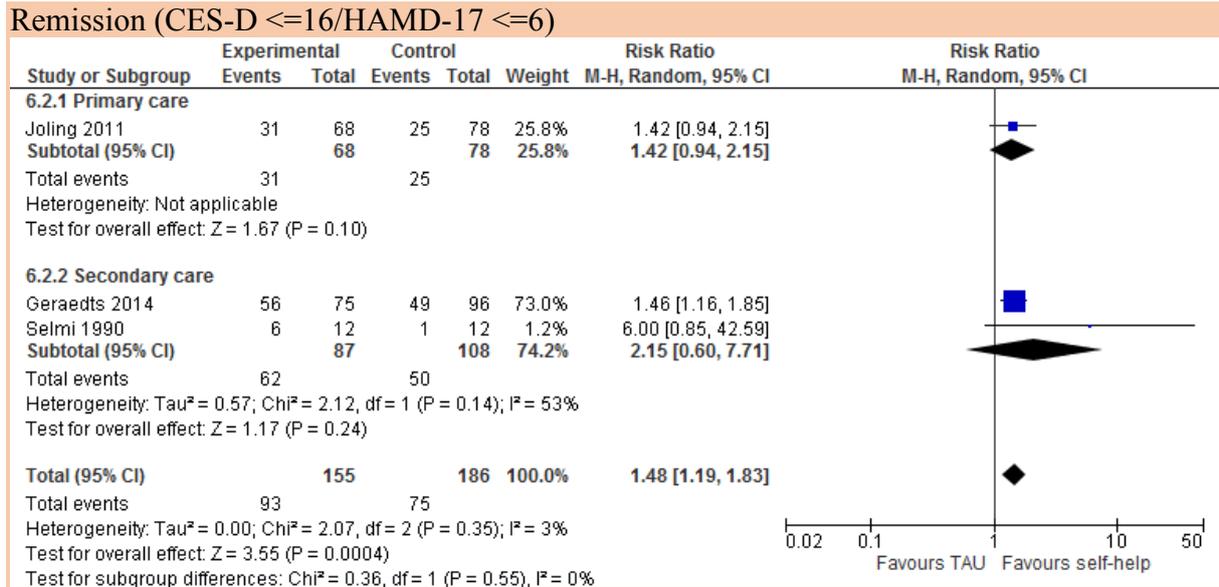
5 Depression symptoms at endpoint (MADRS/CES-D/BDI[I or II]/HAMD[17 or 21]/HADS)



6

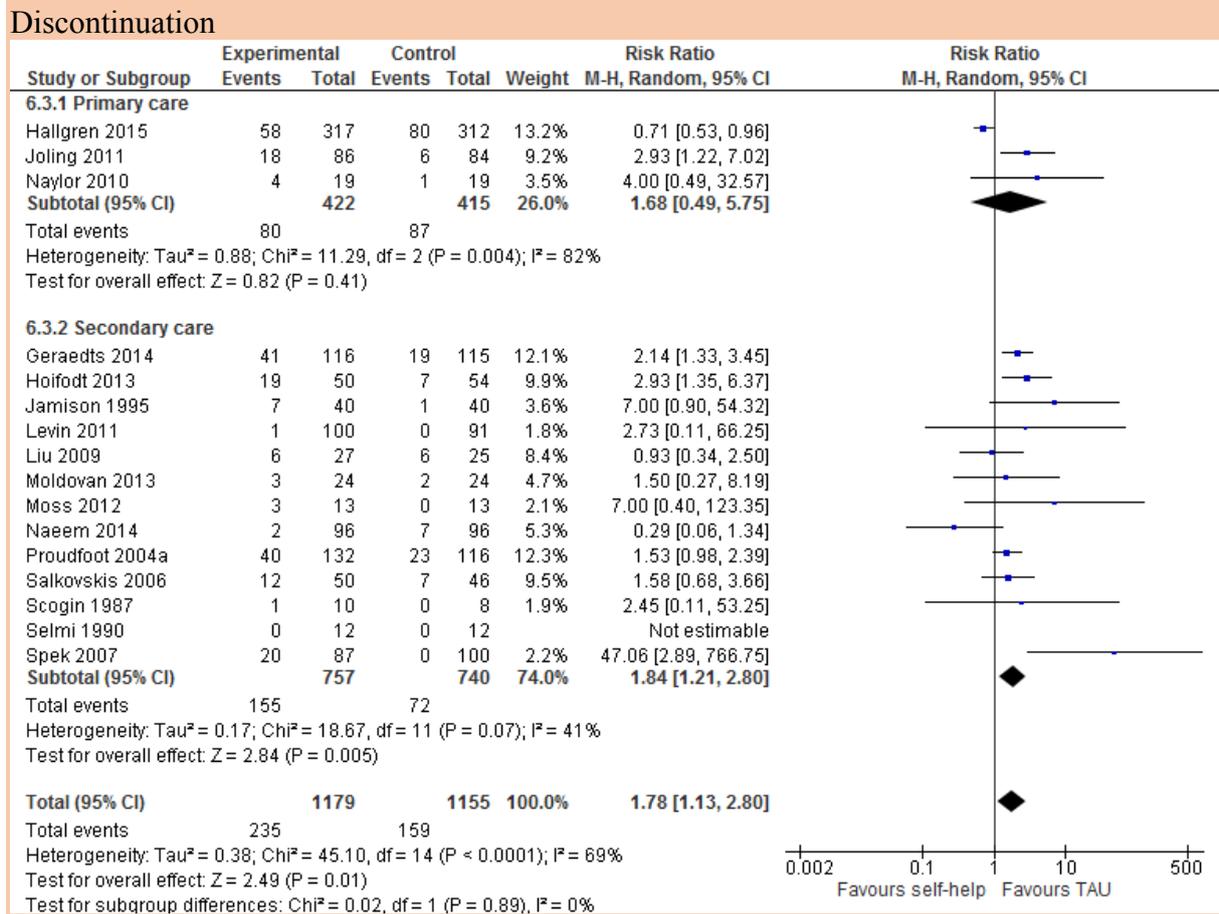
7

1



2

3



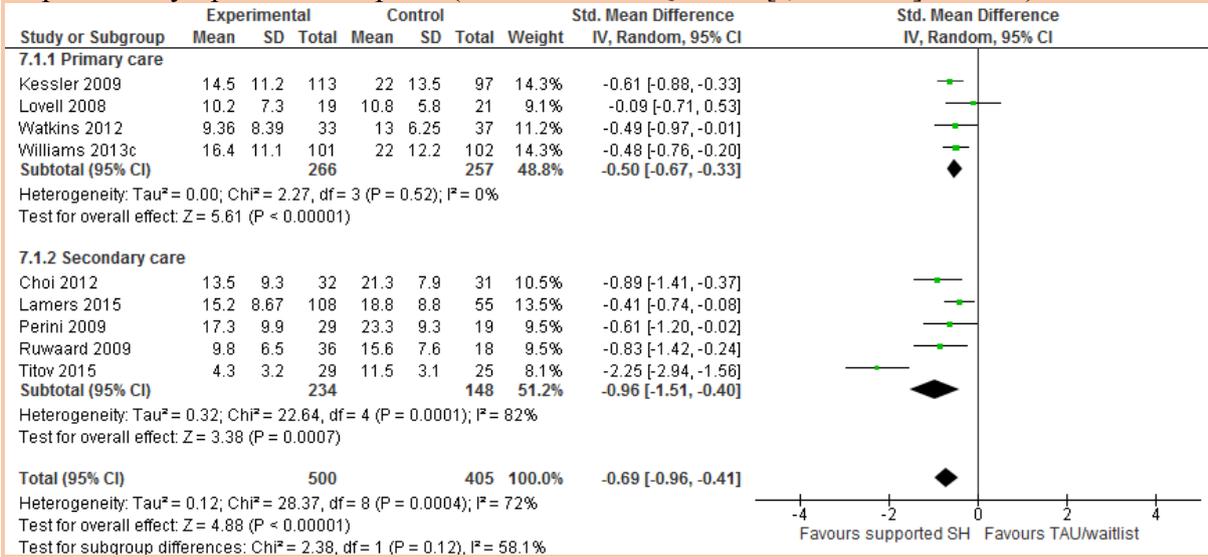
4

5

1 Self-help with support versus TAU/waitlist

2

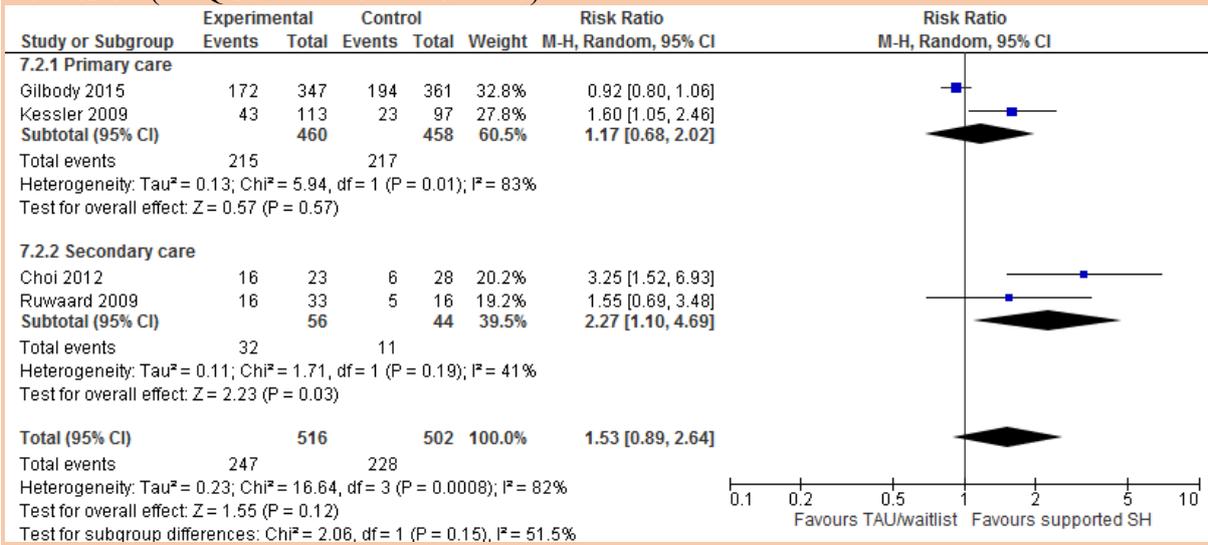
3 Depression symptoms at endpoint (HAMD-17/PHQ-9/BDI[I, II or CH]/CES-D)



4

5

6 Remission (PHQ-9/BDI <=9/<=16/<=10)

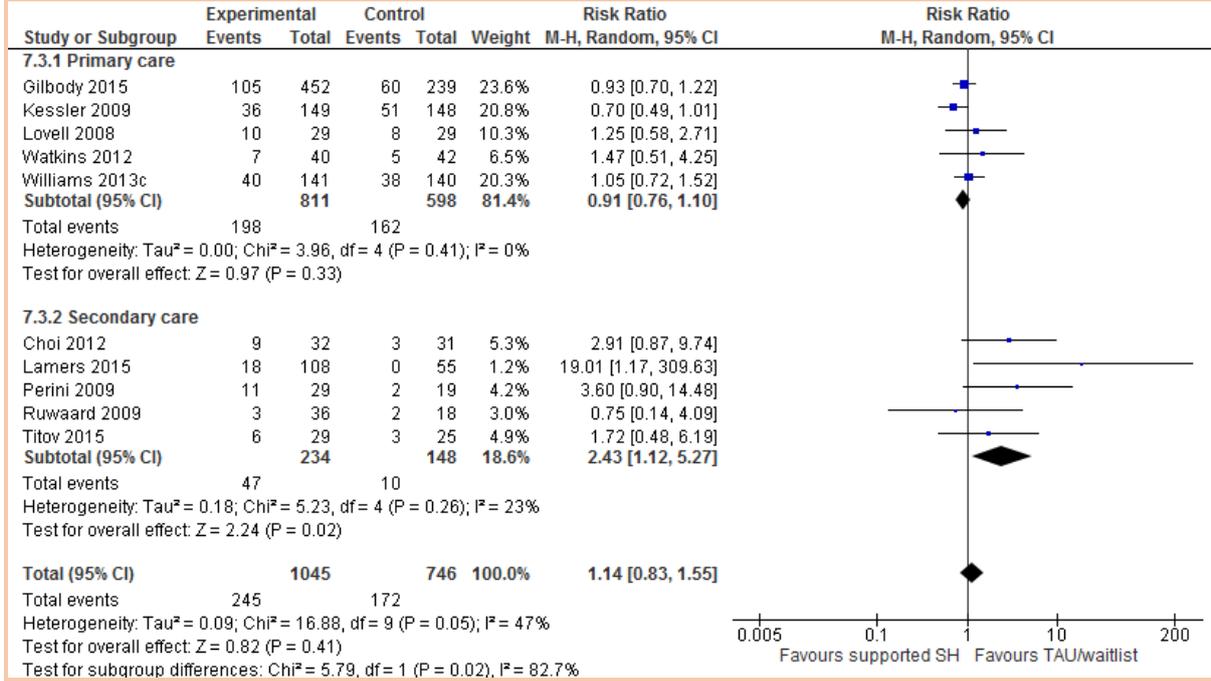


7

8

1
2
3
4
5
6
7
8
9
10
11
12
13
14

Discontinuation

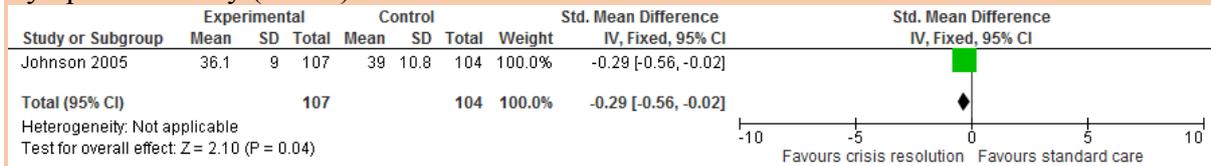


Crisis resolution team care versus standard care

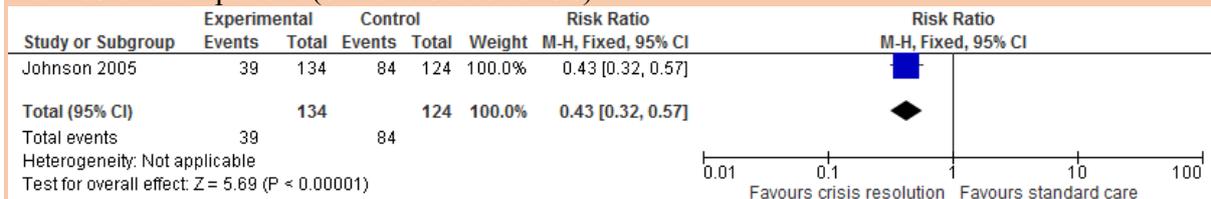
Lost to follow-up by end of study (12 months)



Symptom severity (BPRS) 8 weeks after crisis

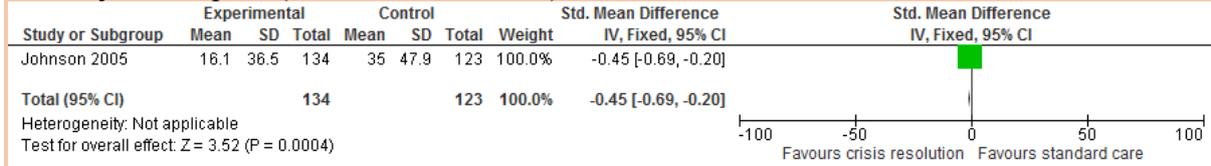


Admission as inpatient (6 months after crisis)



1

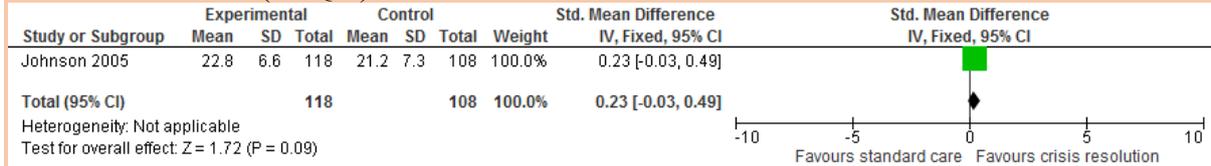
Bed days in hospital (6 months after crisis)



2

3

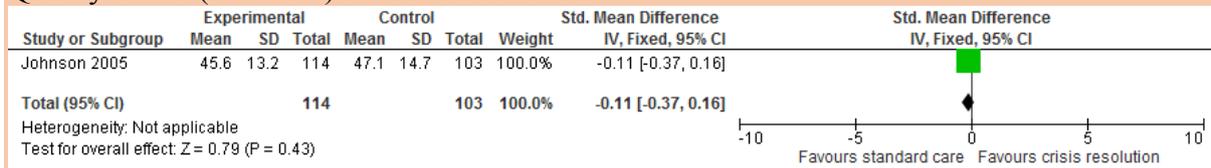
4 Patient satisfaction (CSQ-8) 8 weeks after crisis



5

6

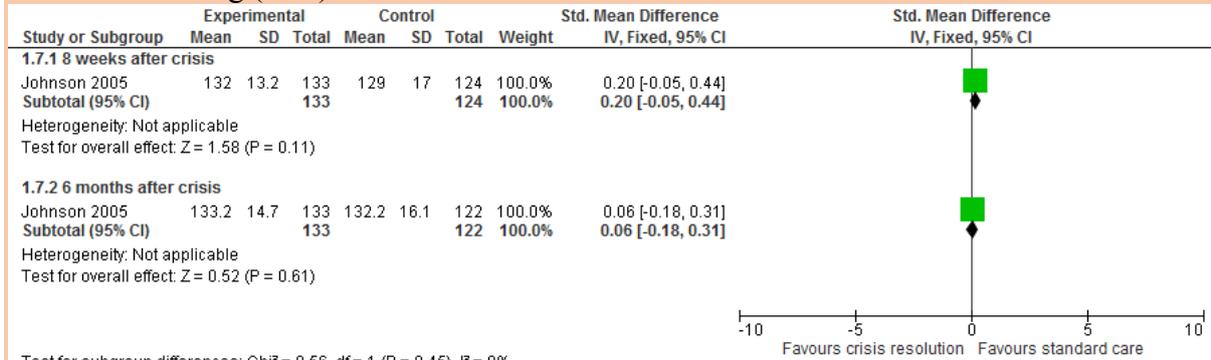
7 Quality of life (MANSA) 8 weeks after crisis



8

9

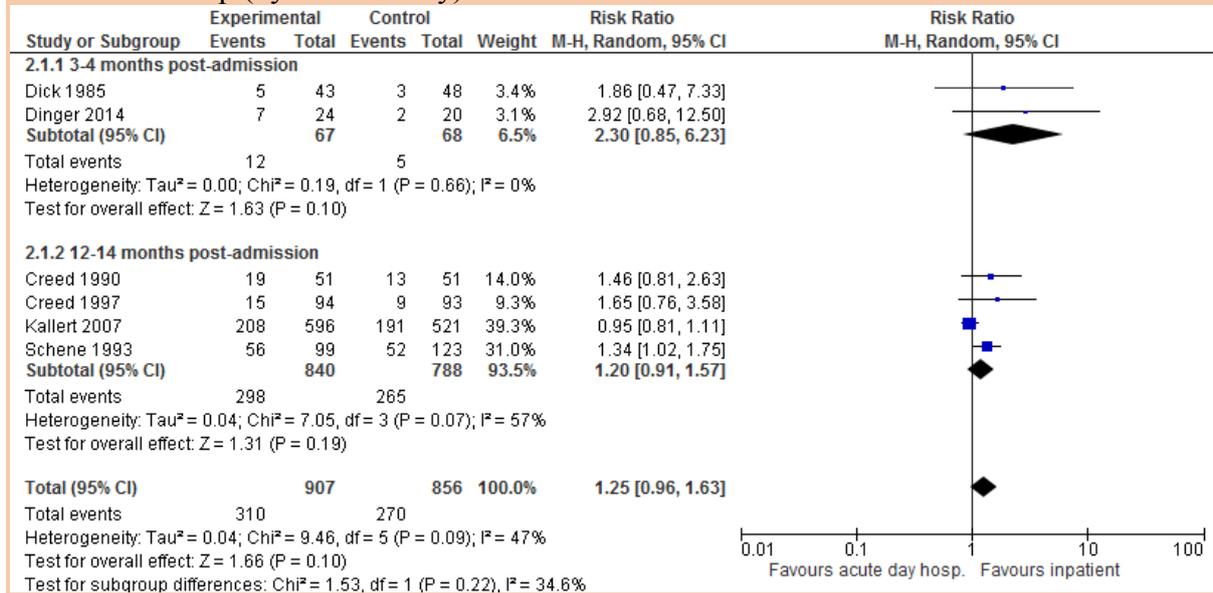
10 Social functioning (LSP)



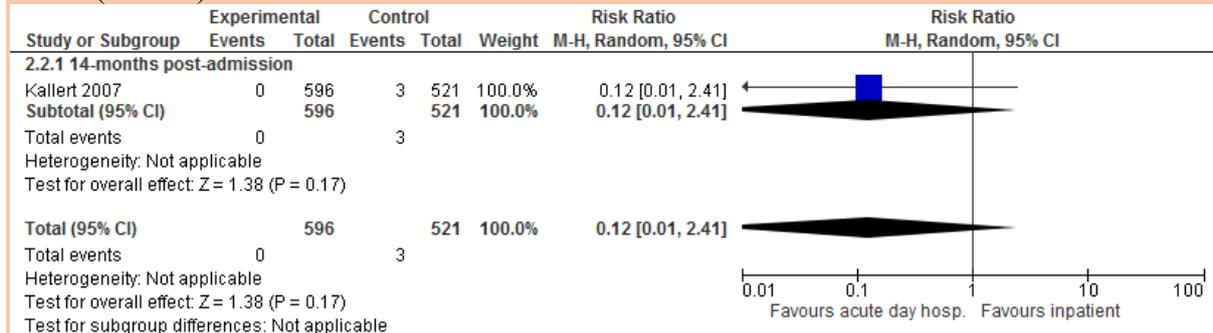
11

Acute day hospital care versus inpatient care

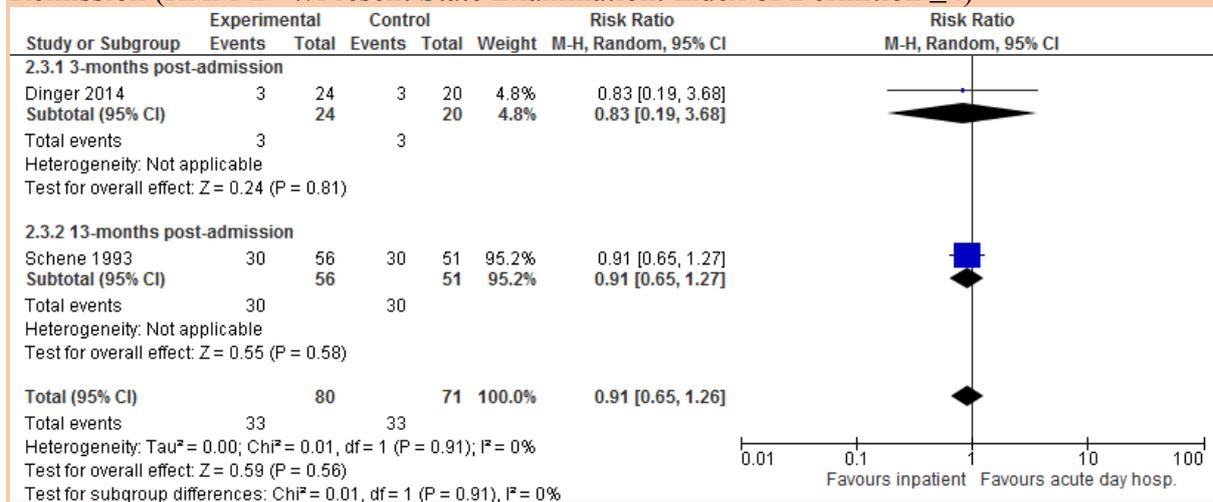
Lost to follow-up (by end of study)



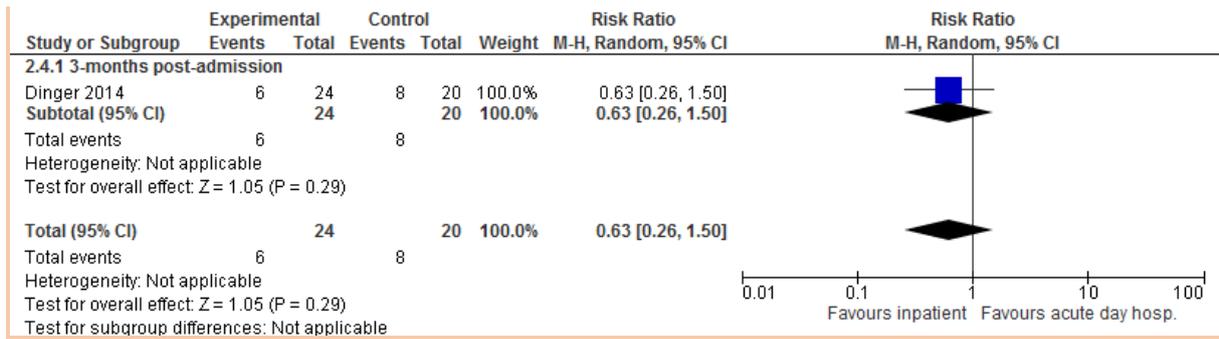
Death (suicide)



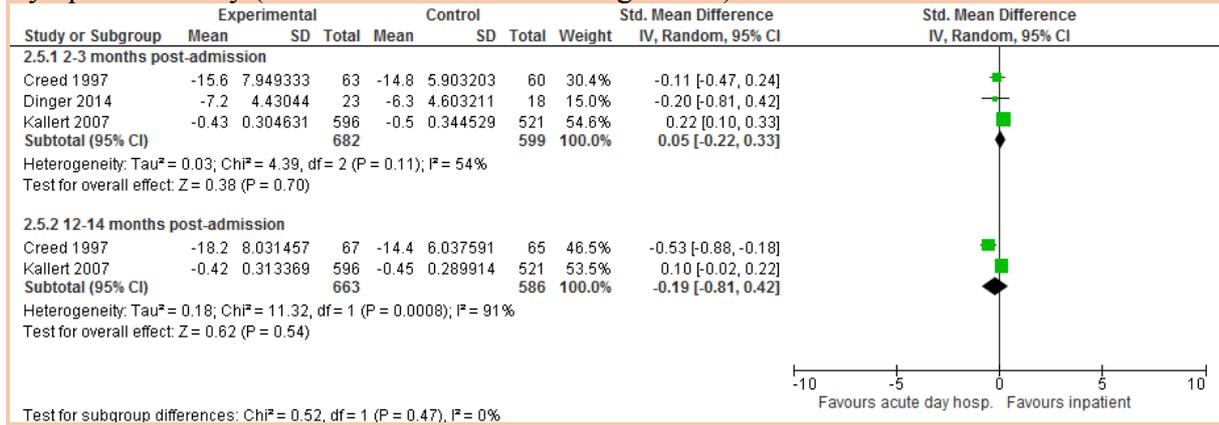
Remission (HAM-D<7/Present State Examination: Index of Definition ≤4)



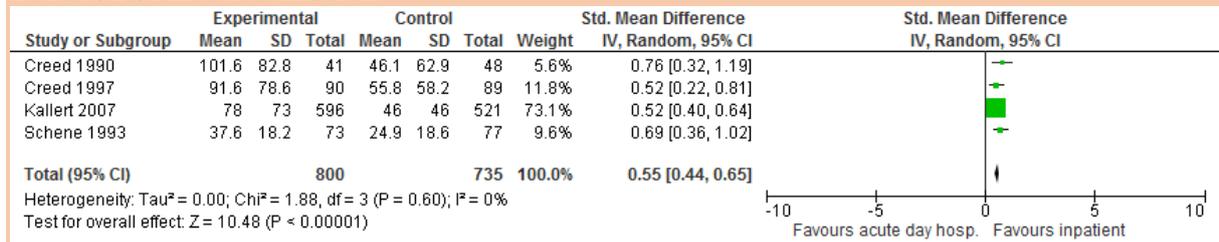
Response (at least 47% improvement on HAM-D)



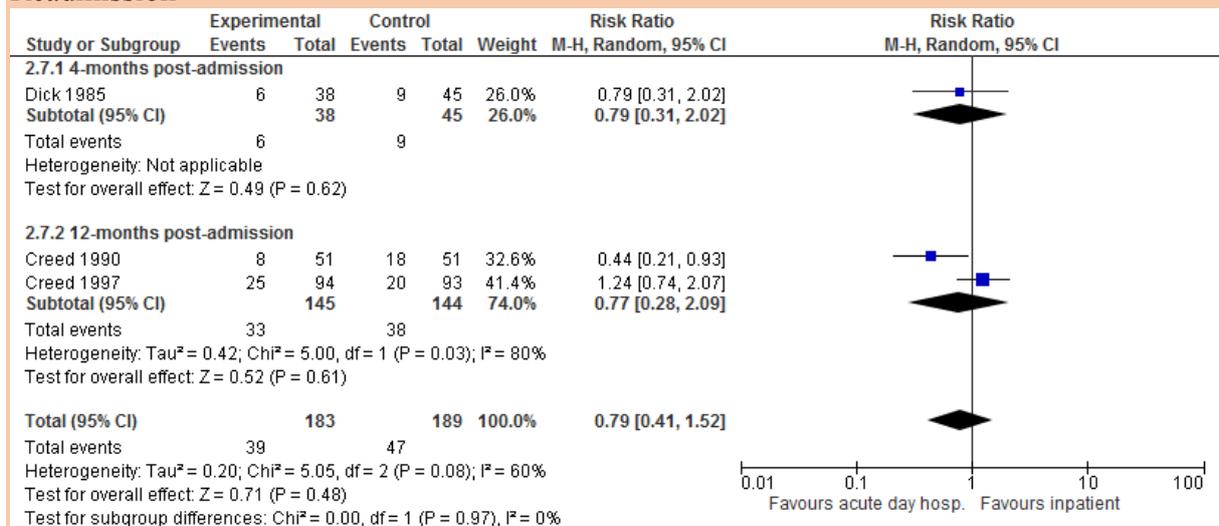
Symptom severity (BPRS/CPRS/HAM-D change score)



Duration of index admission

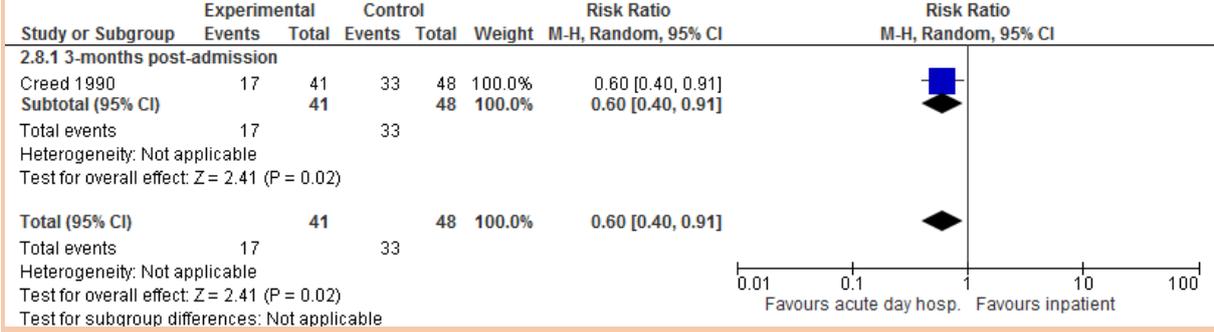


Readmission

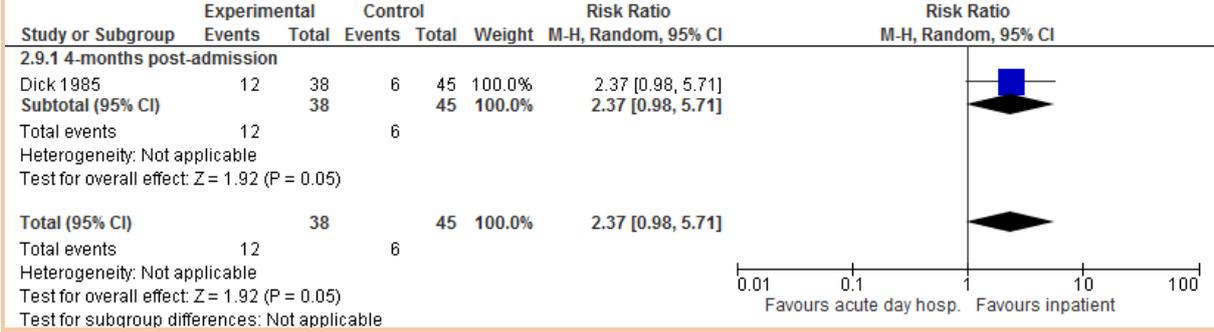


1
2
3
4
5
6
7
8
9
10
11
12

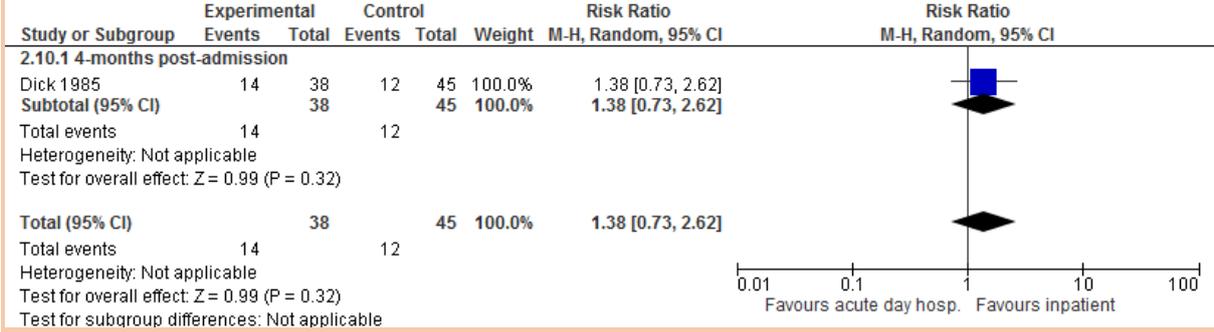
Discharge



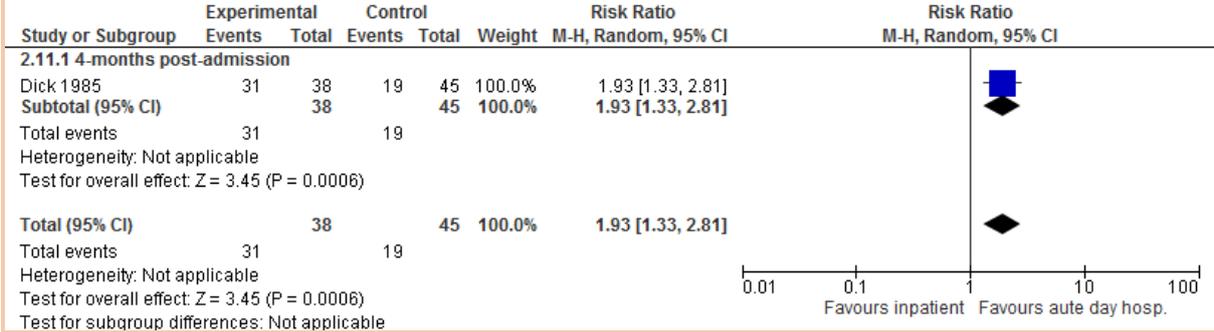
Service utilisation: Emergency contacts



Service utilisation: Outpatient contact

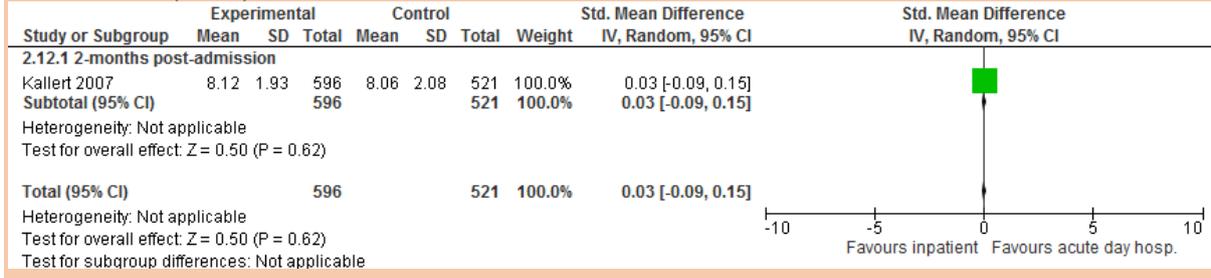


Satisfaction (number of participants satisfied or very satisfied with their treatment)



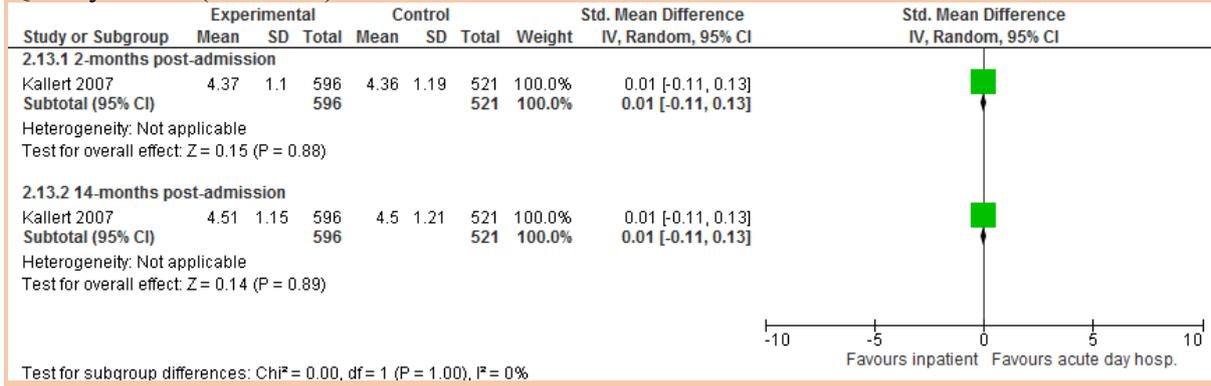
1
2
3
4

Satisfaction (CAT)



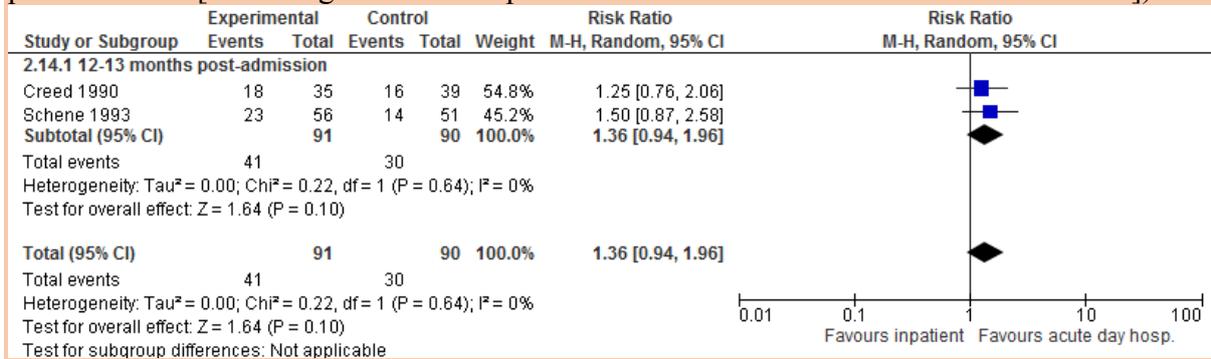
2
3
4

Quality of life (MANSA)



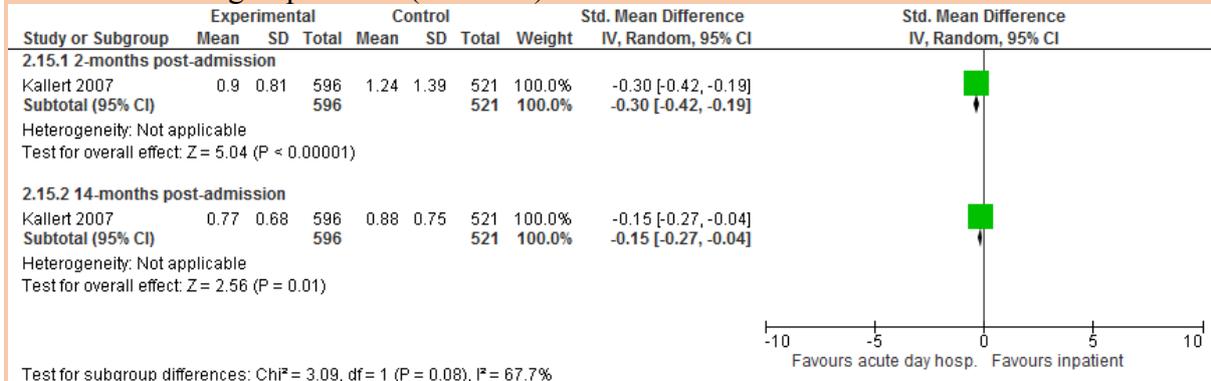
5
6
7
8
9

Social functioning response (2 role disabilities or less on Groningen Social Disabilities Schedule [GSDS]/number of participants living in the community and social functioning at previous level [according to the social performance and behaviour assessment schedule])



10
11
12

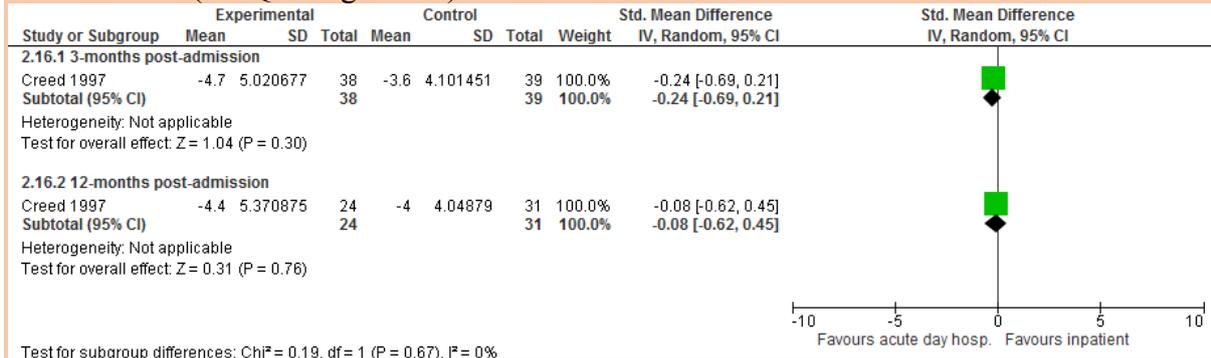
Social functioning impairment (GSDS-II)



13
14

1

Carer distress (GHQ change score)



Test for subgroup differences: Chi² = 0.19, df = 1 (P = 0.67), I² = 0%

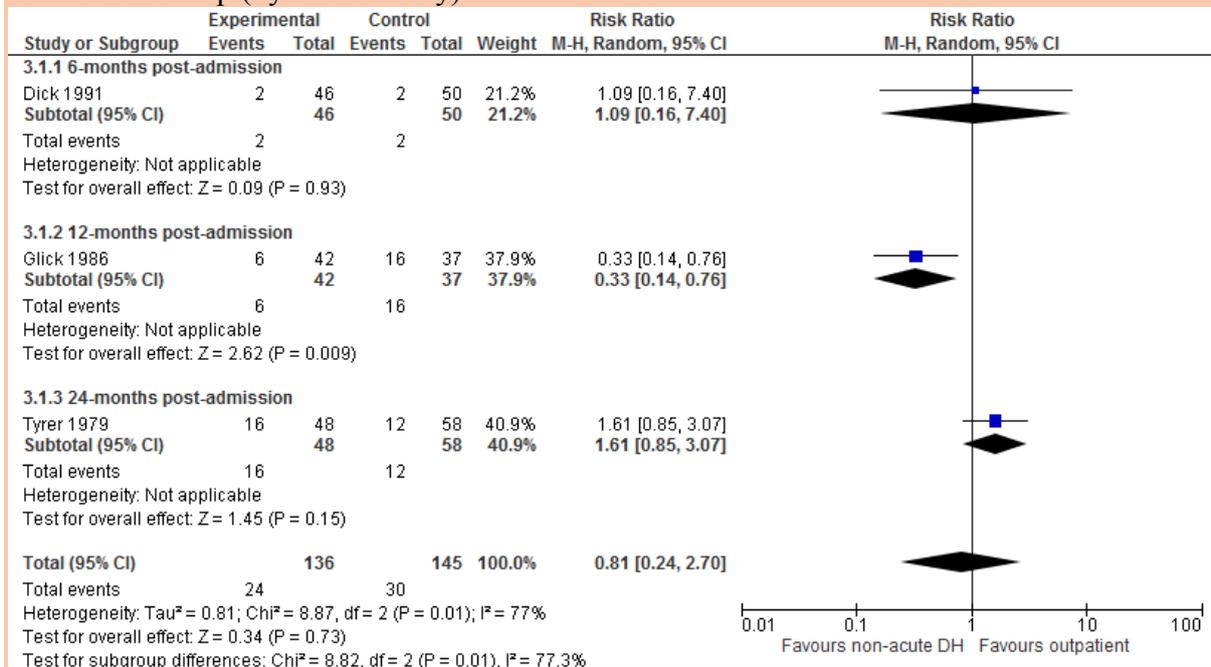
2

3

Non-acute day hospital care versus outpatient care

5

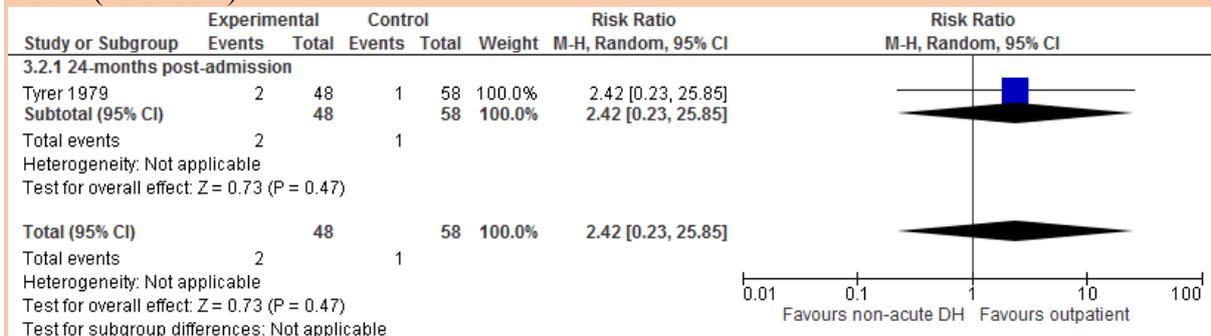
6 Lost to follow-up (by end of study)



7

8

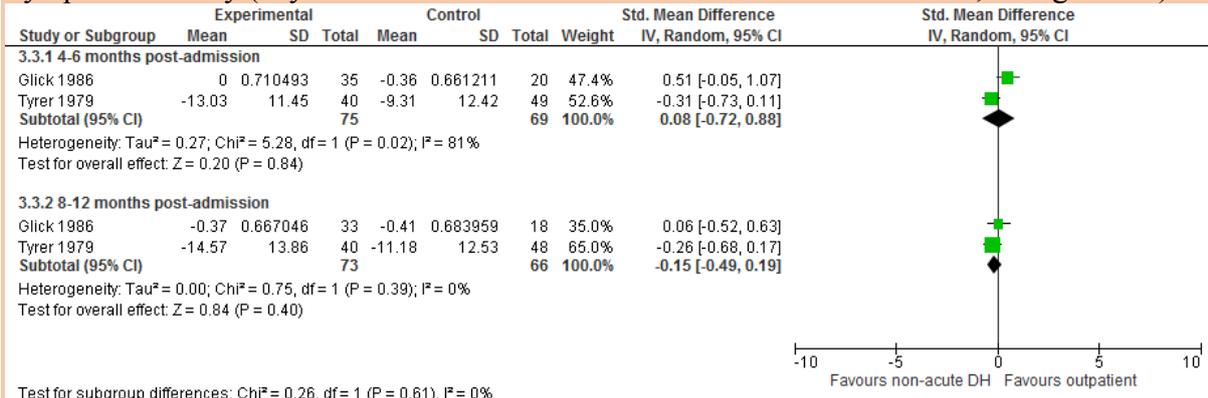
9 Death (all causes)



10

11

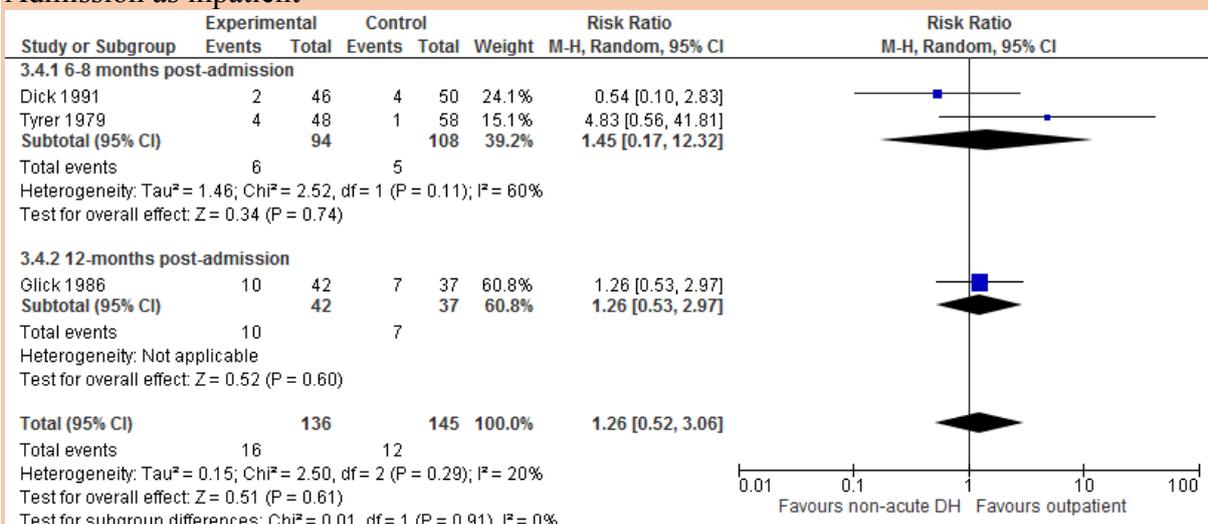
1 Symptom severity (Psychiatric Evaluation Form/Present State Examination; change score)



Test for subgroup differences: Chi² = 0.26, df = 1 (P = 0.61), I² = 0%

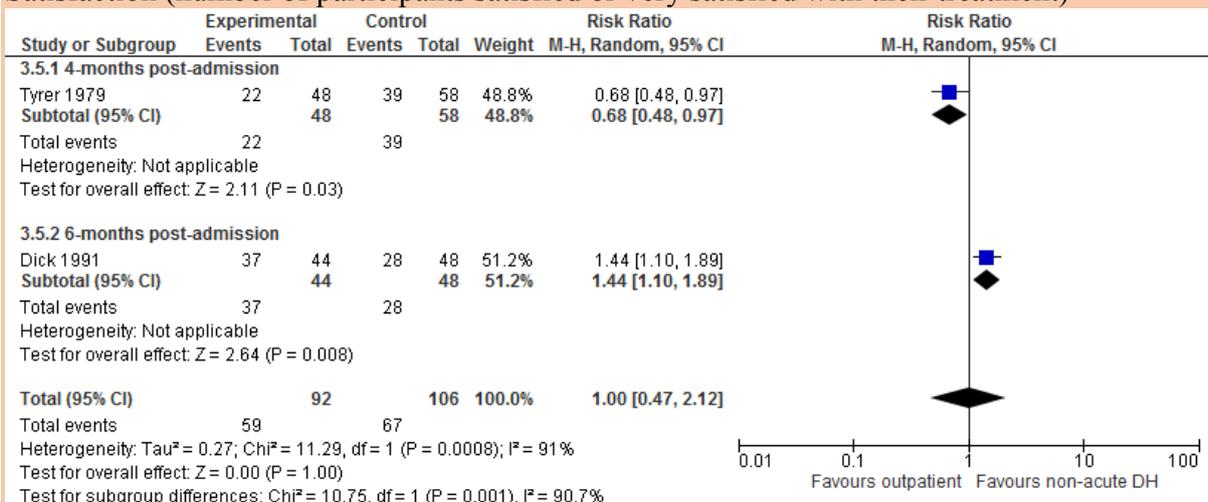
2
3

4 Admission as inpatient



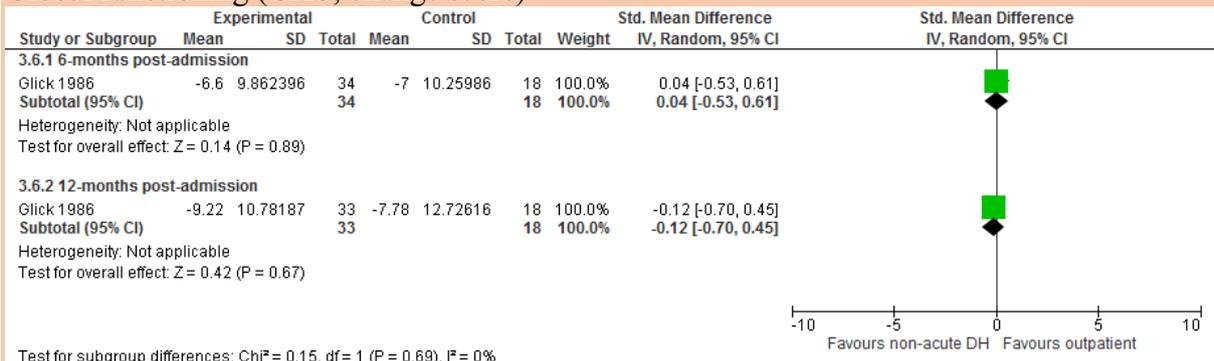
5
6

7 Satisfaction (number of participants satisfied or very satisfied with their treatment)



8
9

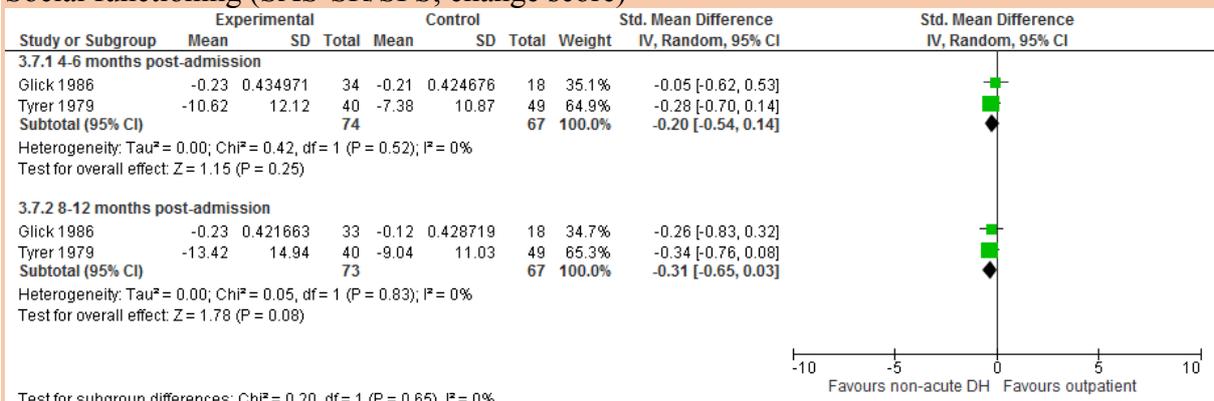
1 **Global functioning (GAS; change score)**



2

3

4 **Social functioning (SAS-SR/SFS; change score)**



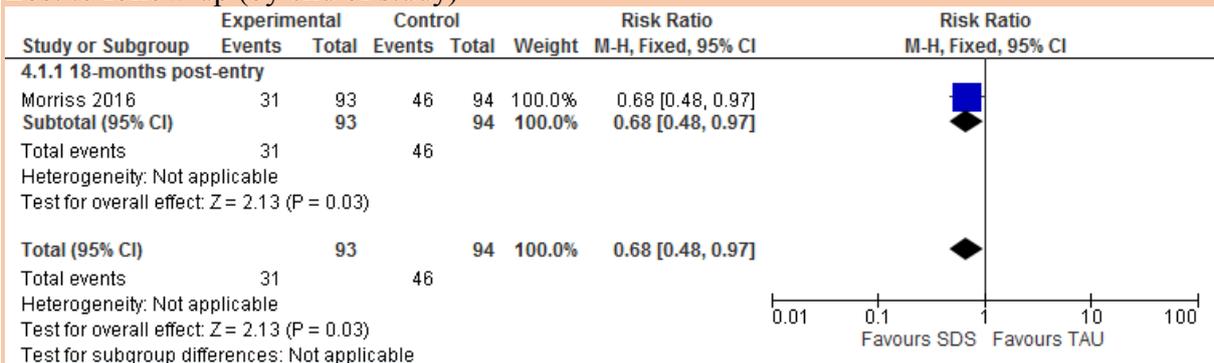
5

6

7 **Specialist depression service versus usual specialist mental health care**

8

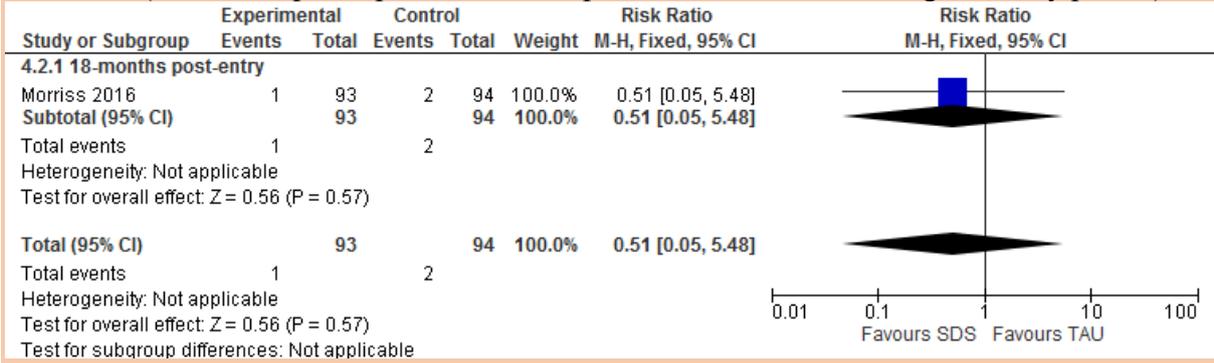
9 **Lost to follow-up (by end of study)**



10

11

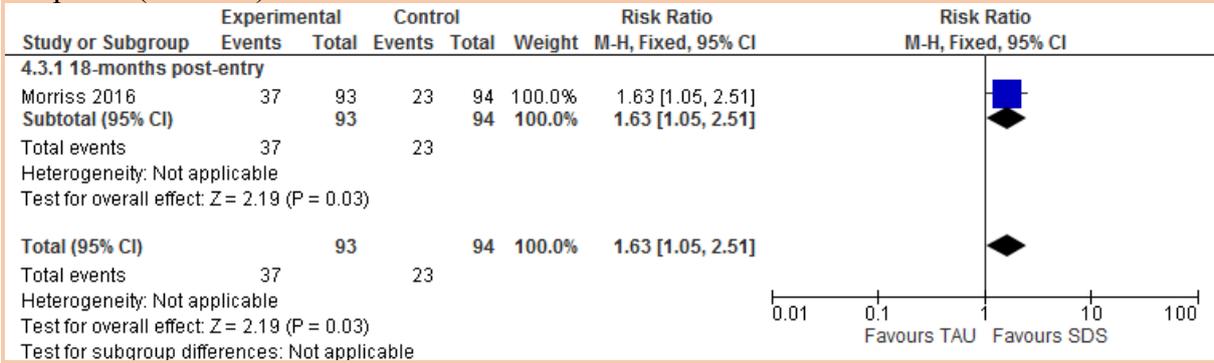
1 Self-harm (number of participants who had episodes of self-harm during the study period)



2

3

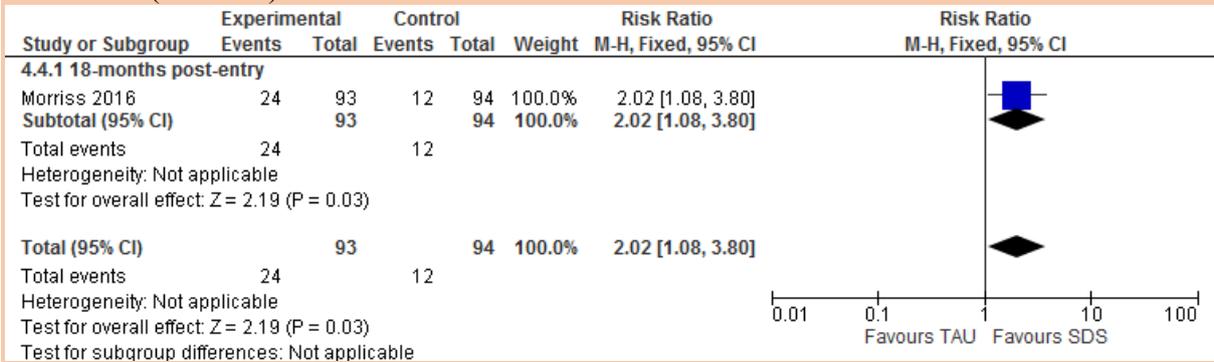
4 Response (HAM-D)



5

6

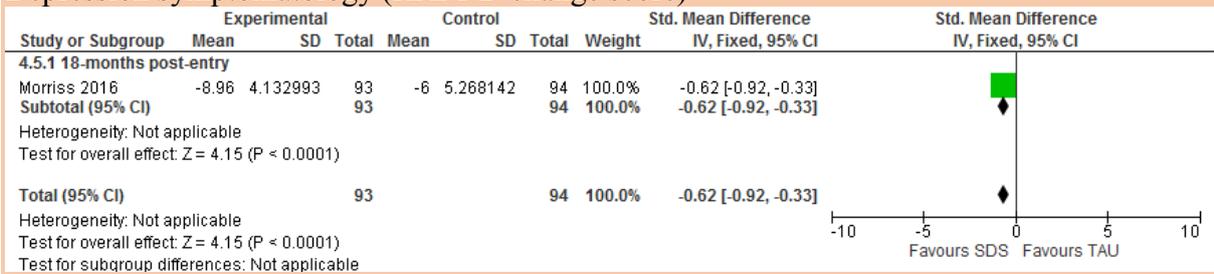
7 Remission (HAM-D)



8

9

10 Depression symptomatology (HAM-D change score)

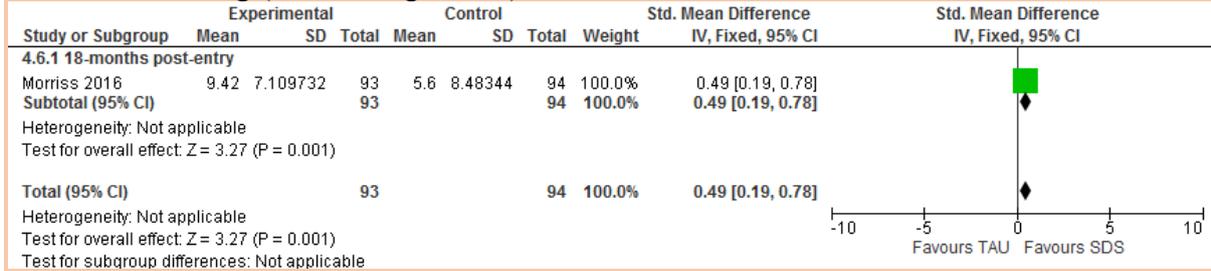


11

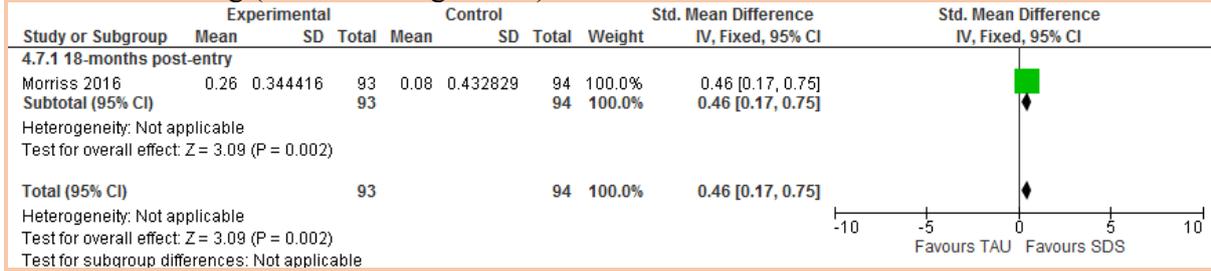
12

1
2
3
4
5
6
7
8
9
10
11
12
13
14

Global functioning (GAF change score)

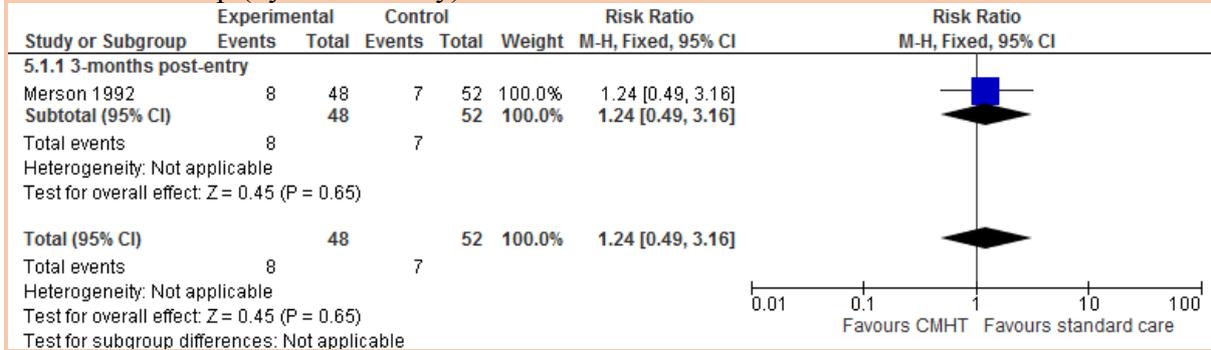


Social functioning (SAS-M change score)

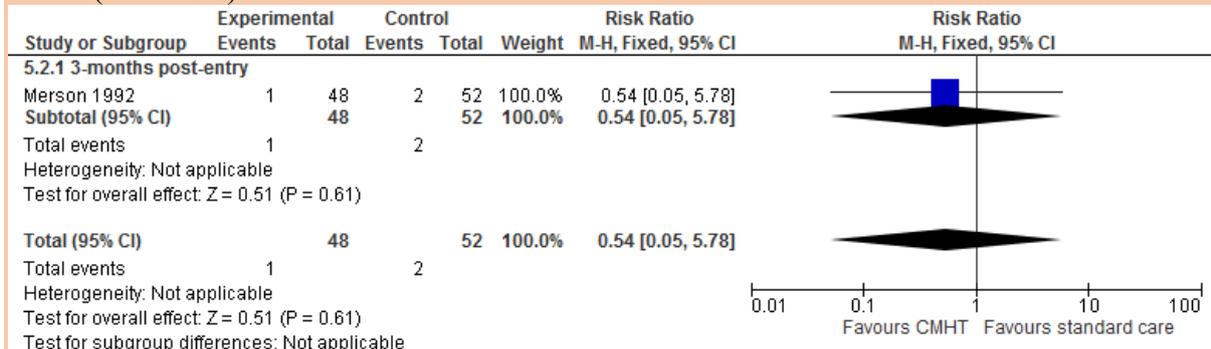


Community mental health teams (CMHTs) versus standard care

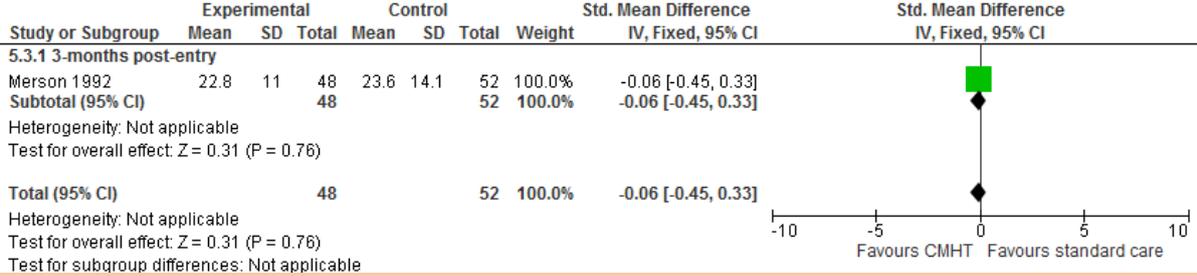
Lost to follow-up (by end of study)



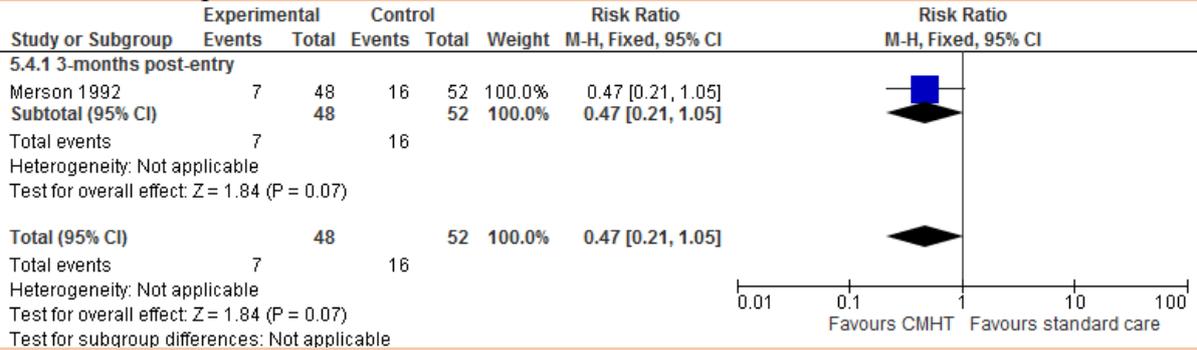
Death (all causes)



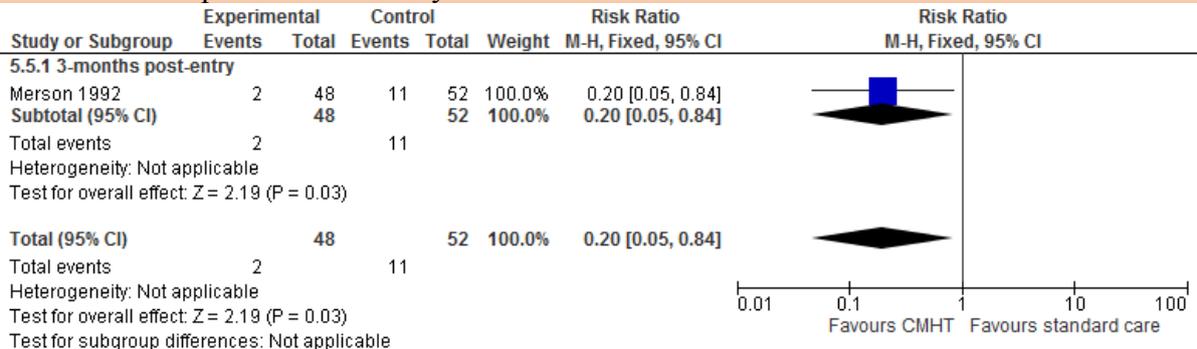
1 Symptom severity (CPRS at endpoint)



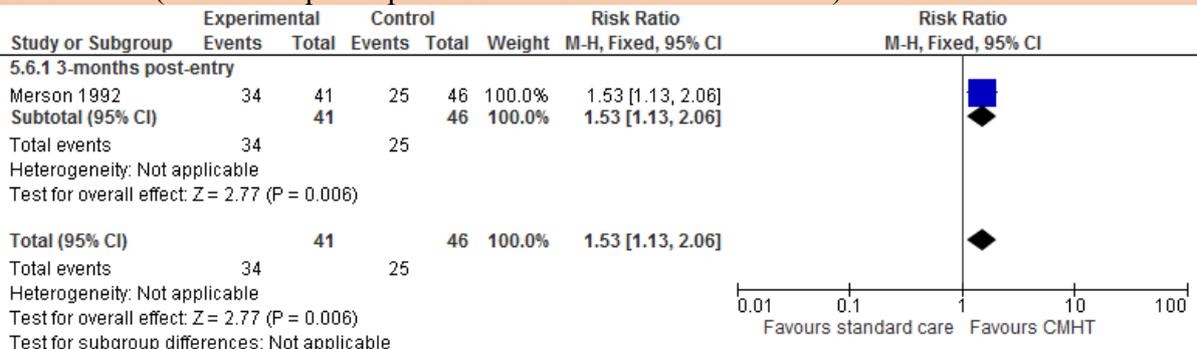
2
3
4 Admission as inpatient



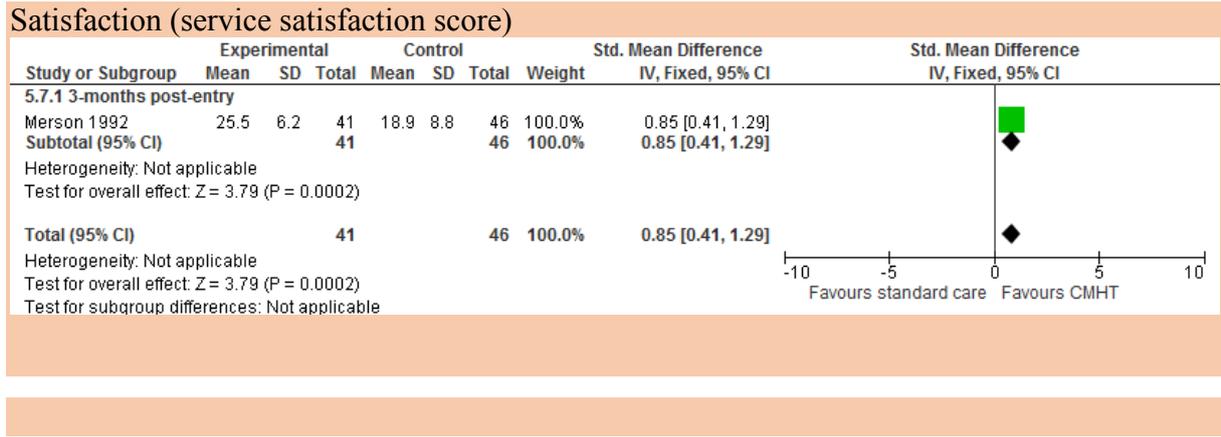
5
6
7 Admission as inpatient for >10 days



8
9
10 Satisfaction (number of participants satisfied with their treatment)



1



2

3

4

1
2
3
4
5
6

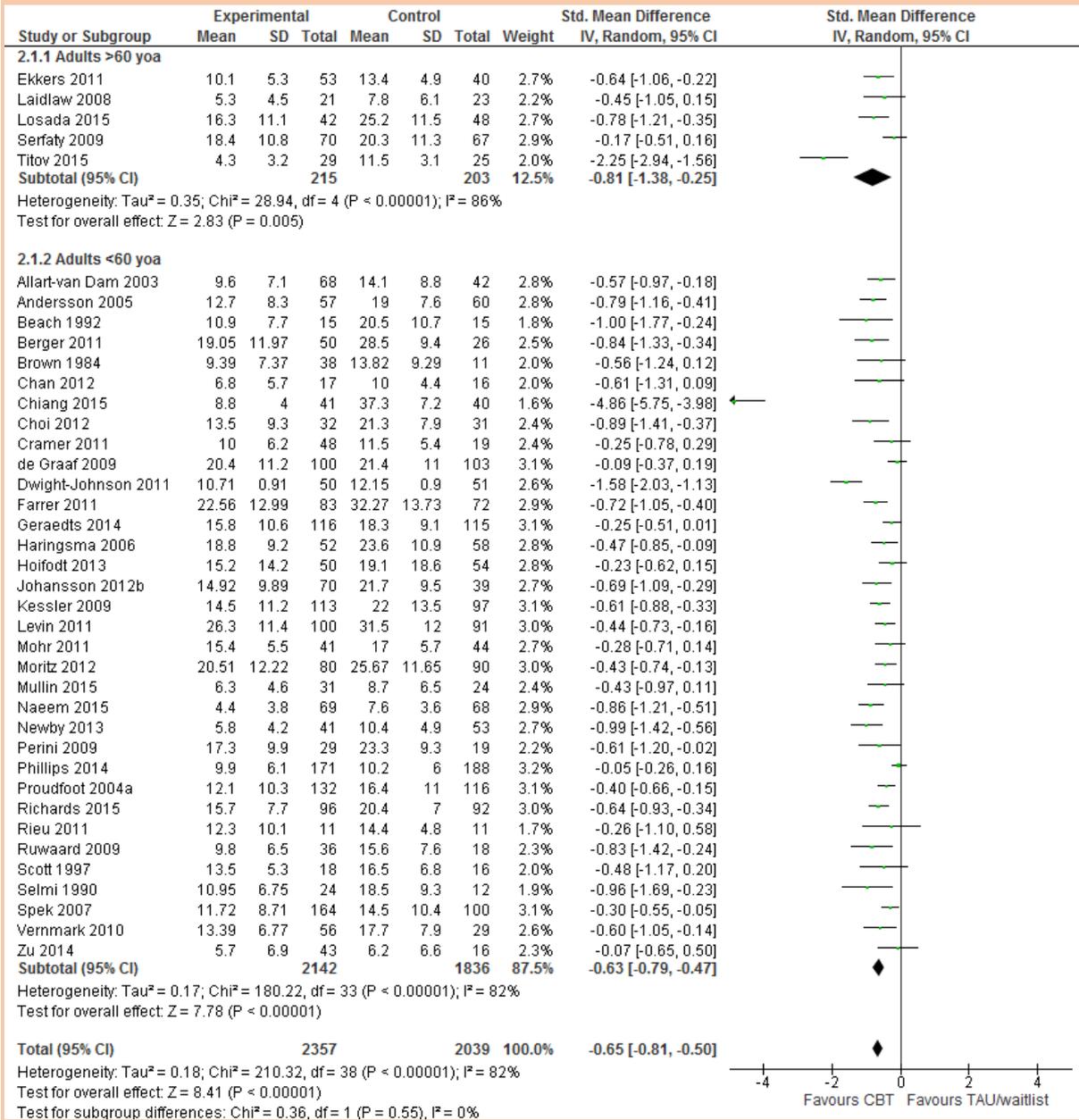
7
8
9
10

First-line treatment (chapter 7) - NMA subgroup analysis for special populations

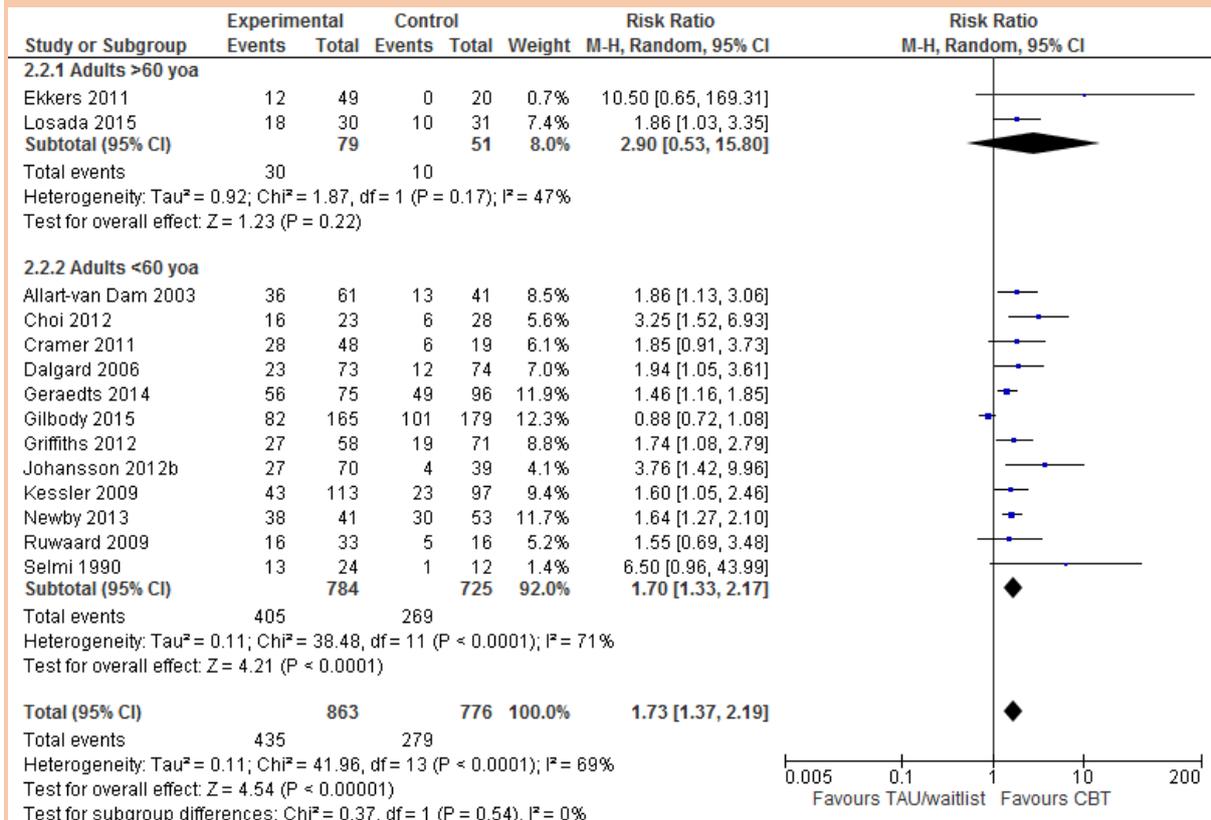
Older adults

CBT versus TAU/waitlist

Depression symptomatology at endpoint



1 Remission at endpoint

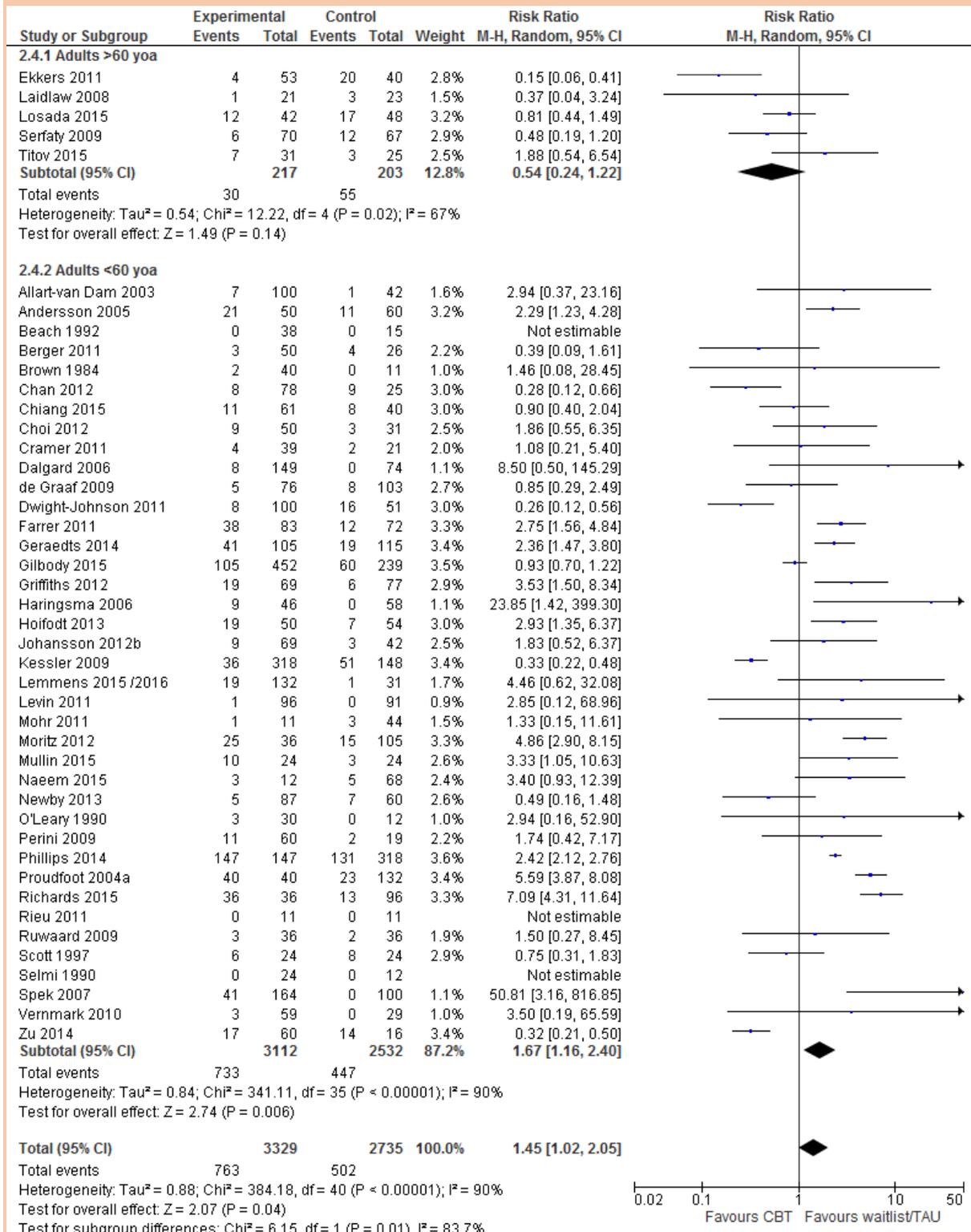


2

3

1

Discontinuation rates



2

3

4

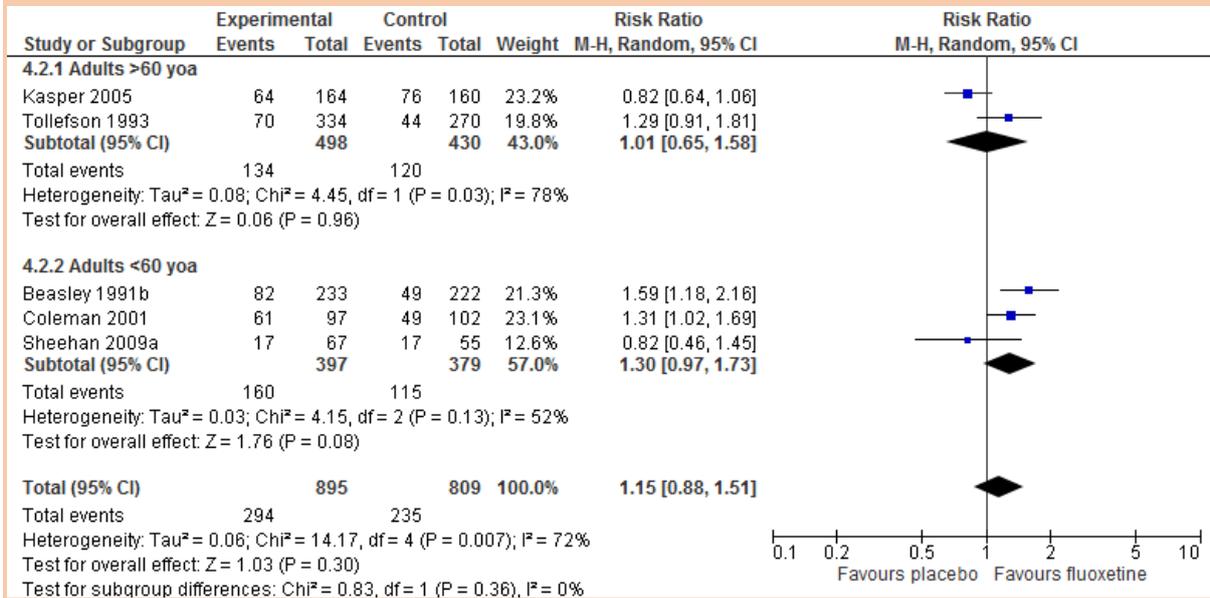
5

6

1

2 Fluoxetine versus placebo

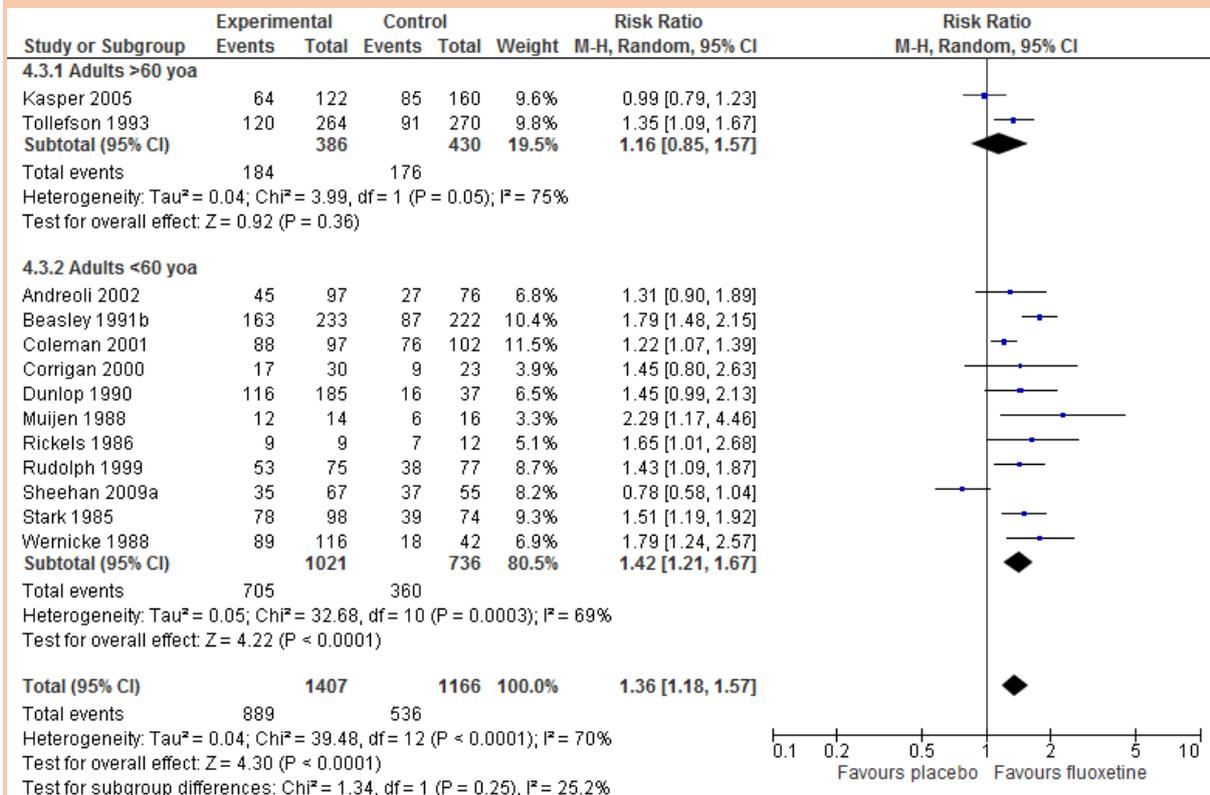
3 Remission at endpoint



4

5

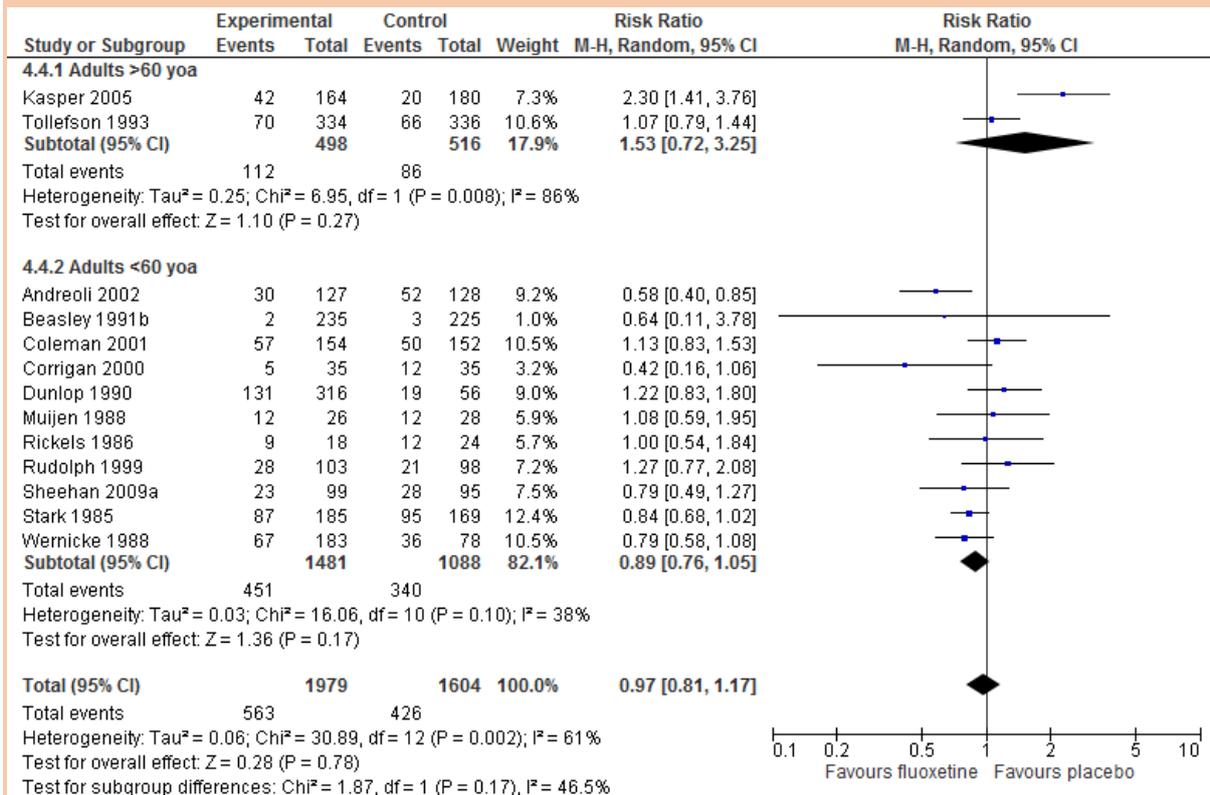
6 Response at endpoint



7

8

1 Discontinuation rates

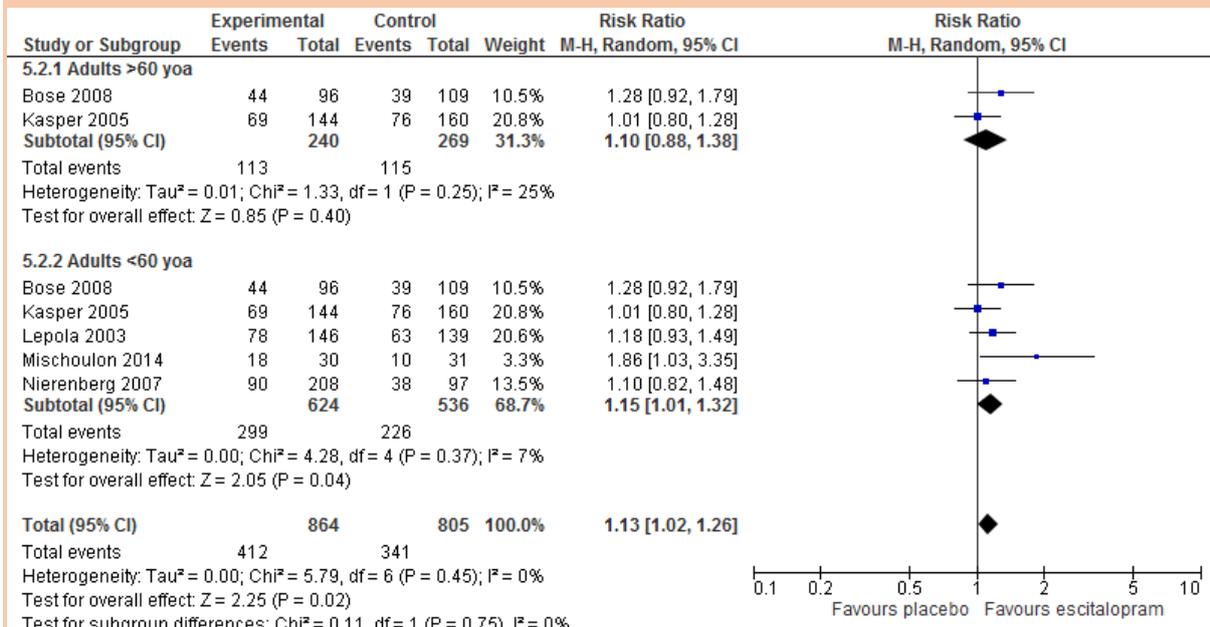


2

3

4 Escitalopram versus placebo

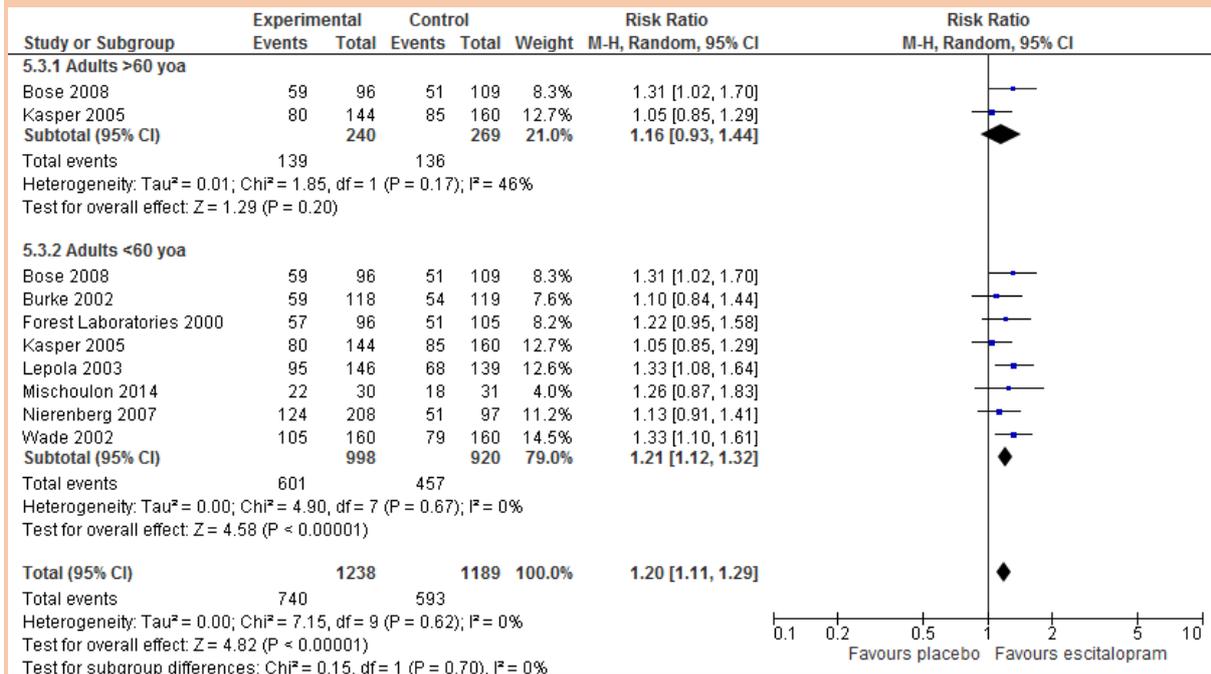
5 Remission at endpoint



6

7

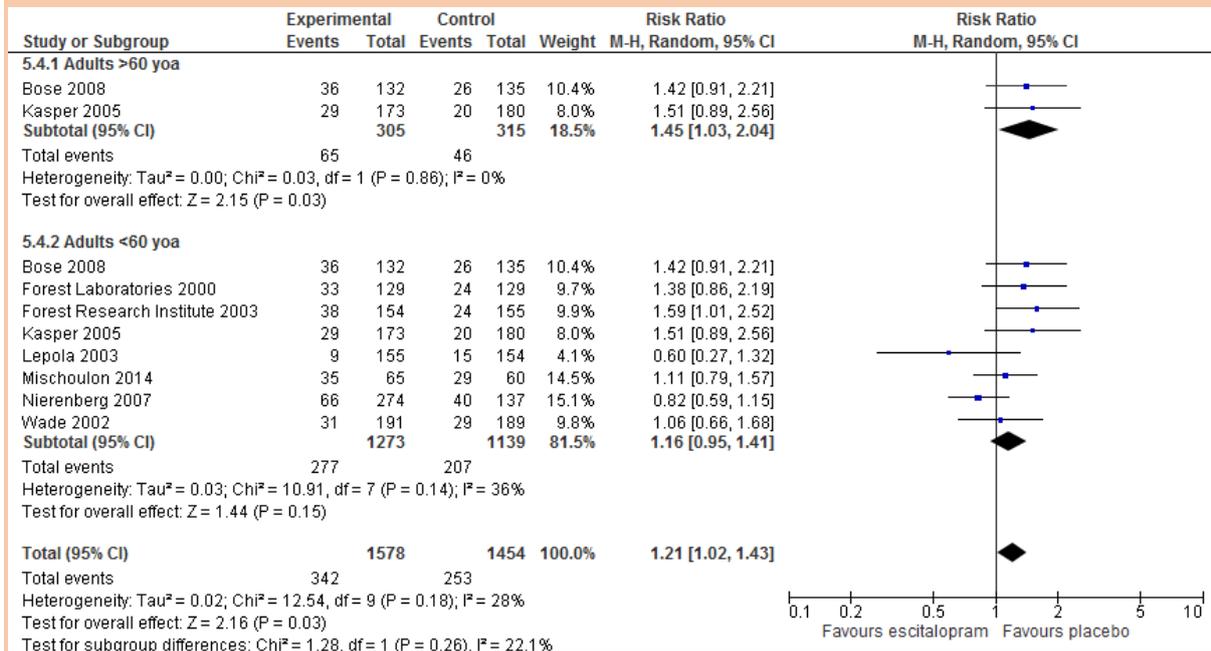
1 Response at endpoint



2

3

4 Discontinuation rates

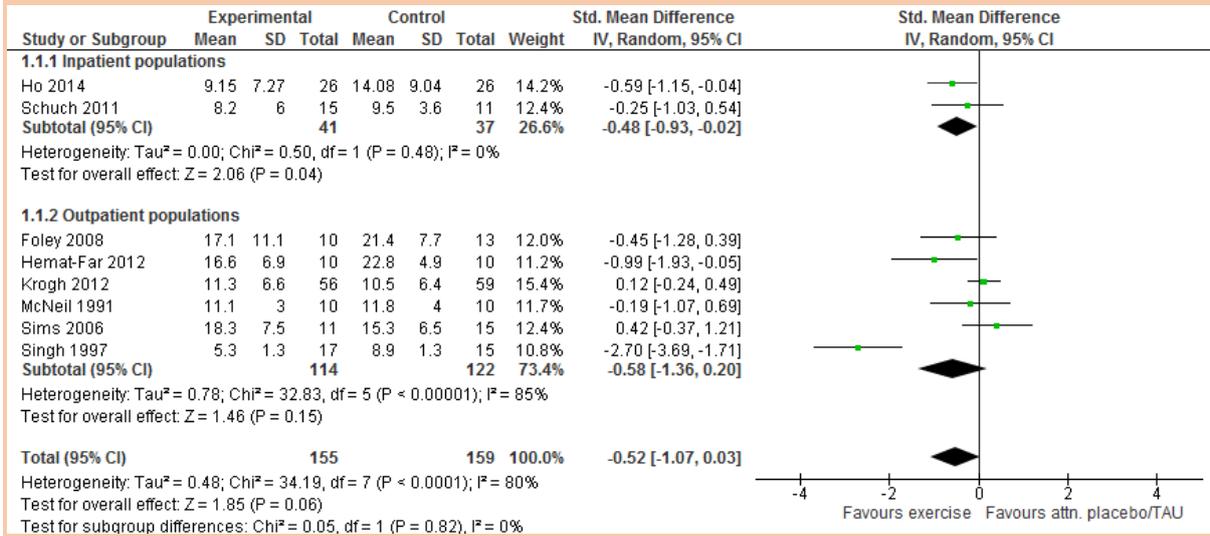


5

6

1 Inpatients

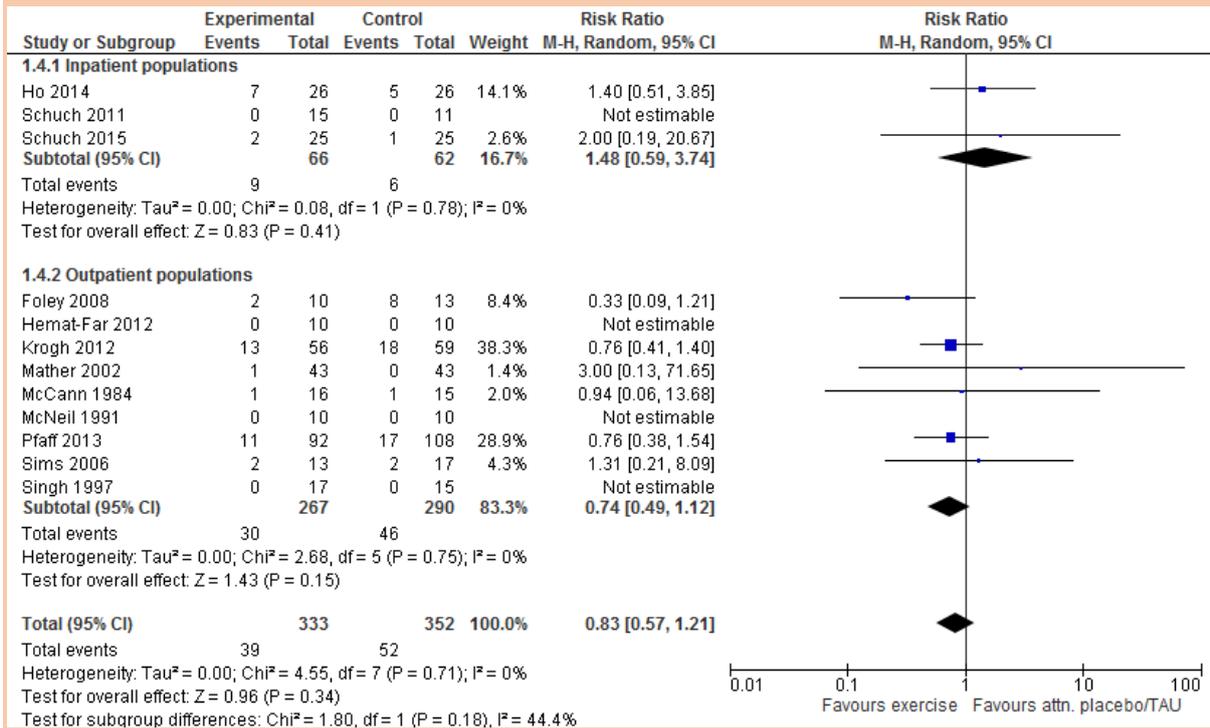
2 Depression symptoms at endpoint



3

4

5 Discontinuation rates



6

7

1 Discontinuation due to side effects

Study or Subgroup	Experimental		Control		Weight	Risk Ratio	
	Events	Total	Events	Total		M-H, Random, 95% CI	M-H, Random, 95% CI
1.5.1 Inpatient populations							
Ho 2014	0	26	0	26		Not estimable	
Schuch 2011	0	15	0	11		Not estimable	
Schuch 2015	0	25	0	25		Not estimable	
Subtotal (95% CI)		66		62		Not estimable	
Total events	0		0				
Heterogeneity: Not applicable							
Test for overall effect: Not applicable							
1.5.2 Outpatient populations							
Foley 2008	0	10	0	13		Not estimable	
Mather 2002	0	43	0	43		Not estimable	
Singh 1997	0	17	0	15		Not estimable	
Subtotal (95% CI)		70		71		Not estimable	
Total events	0		0				
Heterogeneity: Not applicable							
Test for overall effect: Not applicable							
Total (95% CI)		136		133		Not estimable	
Total events	0		0				
Heterogeneity: Not applicable							
Test for overall effect: Not applicable							
Test for subgroup differences: Not applicable							

2

3

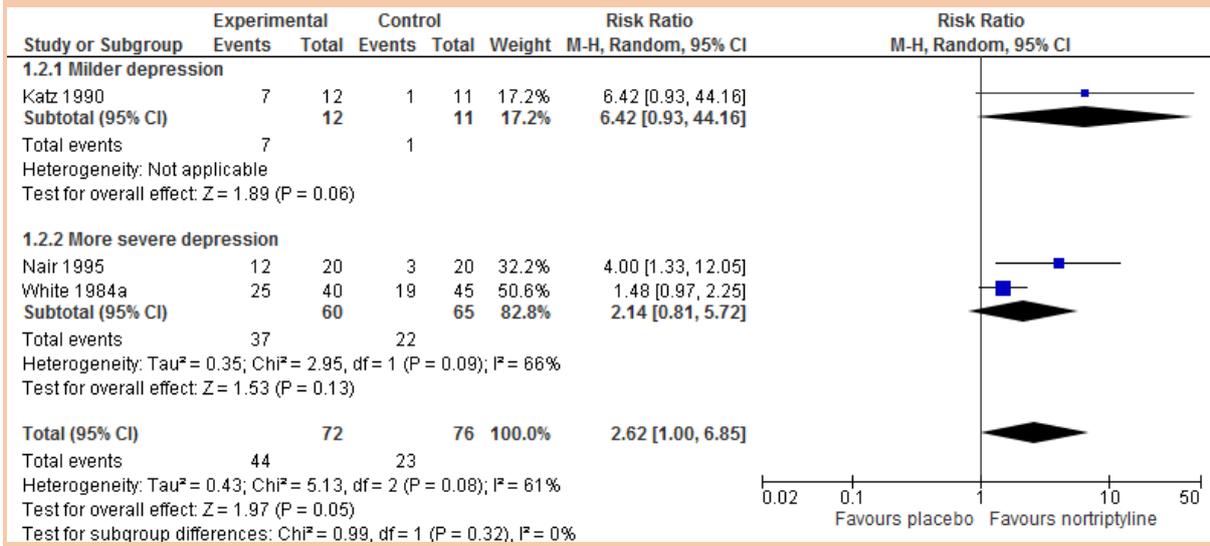
4 Nortriptyline in older adults

5 Depressive symptoms at endpoint (HAMD)

Study or Subgroup	Experimental			Control			Weight	Mean Difference		Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	IV, Random, 95% CI	
1.1.1 Milder depression										
Katz 1990	13.1	6.7	12	21.2	5.7	11	33.4%	-8.10 [-13.17, -3.03]		
Subtotal (95% CI)			12			11	33.4%	-8.10 [-13.17, -3.03]		
Heterogeneity: Not applicable										
Test for overall effect: Z = 3.13 (P = 0.002)										
1.1.2 More severe depression										
White 1984a	11.7	8.2	41	17	8.8	45	66.6%	-5.30 [-8.89, -1.71]		
Subtotal (95% CI)			41			45	66.6%	-5.30 [-8.89, -1.71]		
Heterogeneity: Not applicable										
Test for overall effect: Z = 2.89 (P = 0.004)										
Total (95% CI)			53			56	100.0%	-6.24 [-9.17, -3.30]		
Heterogeneity: Tau ² = 0.00; Chi ² = 0.78, df = 1 (P = 0.38); I ² = 0%										
Test for overall effect: Z = 4.17 (P < 0.0001)										
Test for subgroup differences: Chi ² = 0.78, df = 1 (P = 0.38), I ² = 0%										

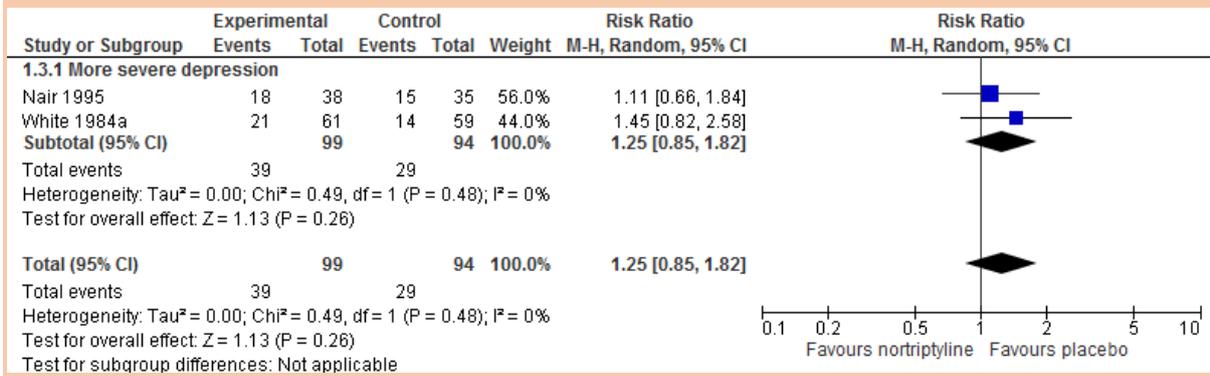
6

1 Remission (CGI/HAMD) at endpoint



2

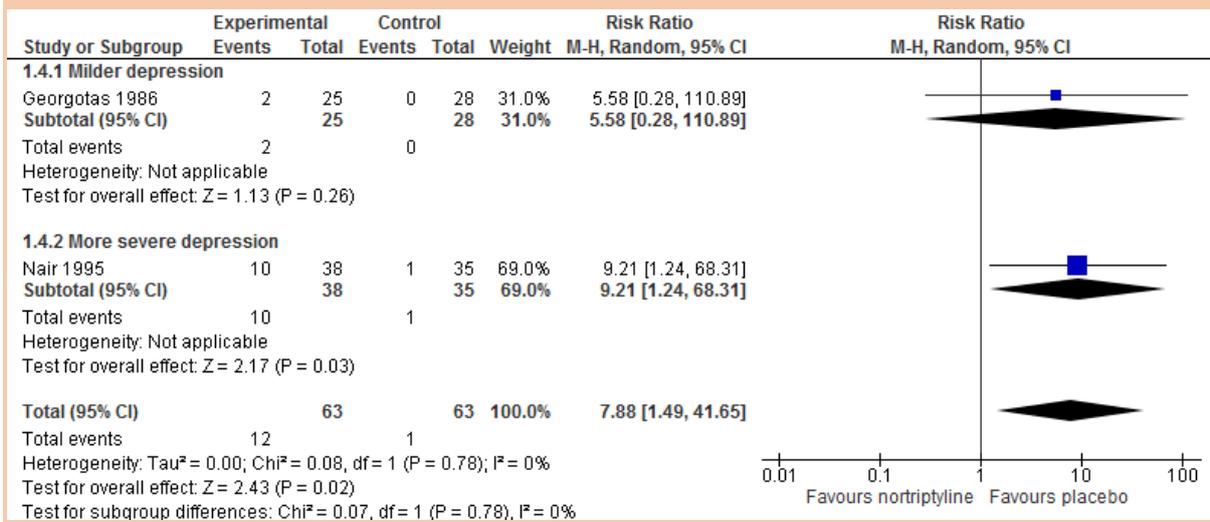
3 Discontinuation



4

5

6 Discontinuation due to side effects



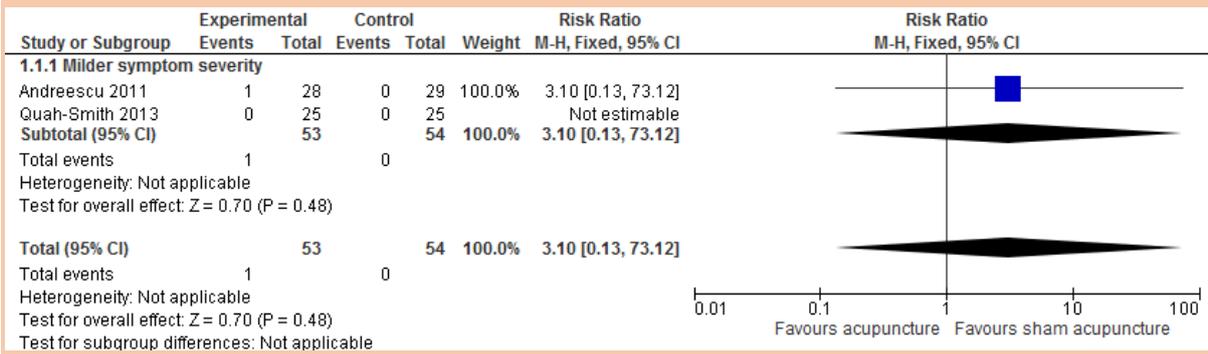
7

8 Pairwise comparisons for interventions excluded from the NMA

9 Acupuncture

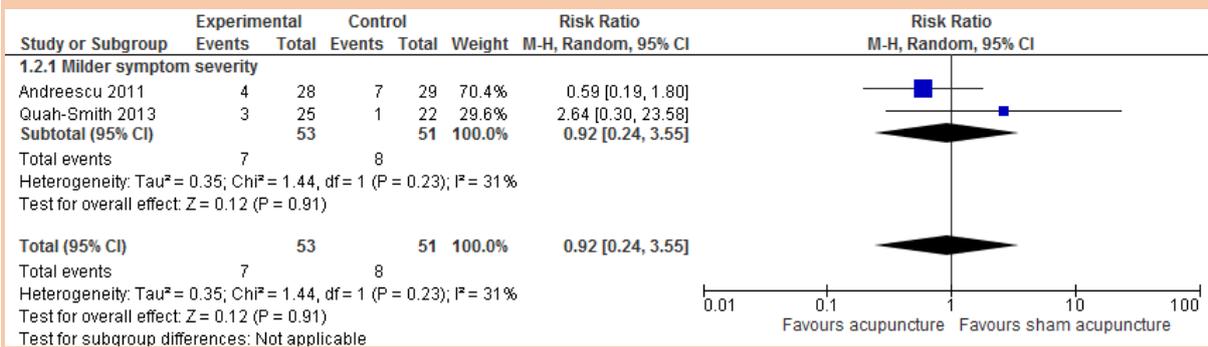
10 Acupuncture versus sham acupuncture

1 Discontinuation due to side effects: mild/moderate symptom severity



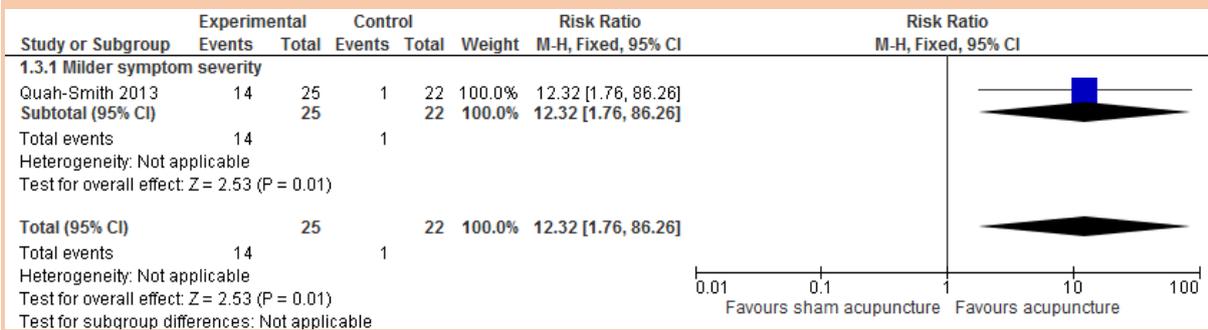
2

3 Discontinuation for any reason: mild/moderate symptom severity



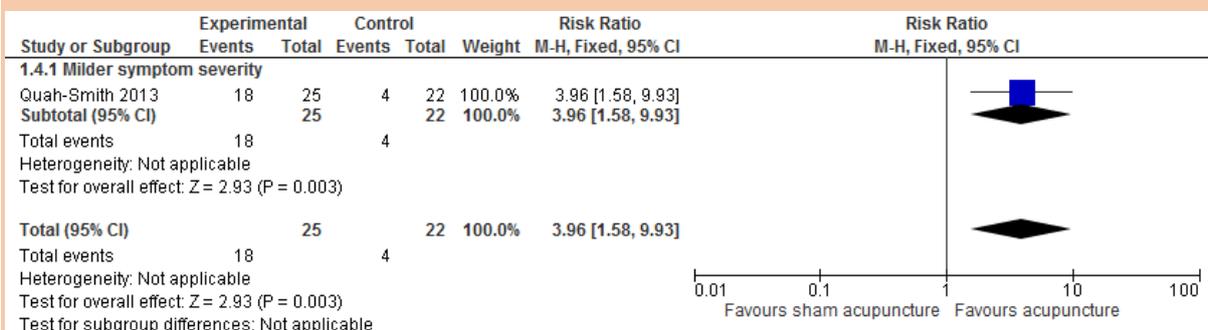
4

5 Remission: mild/moderate symptom severity



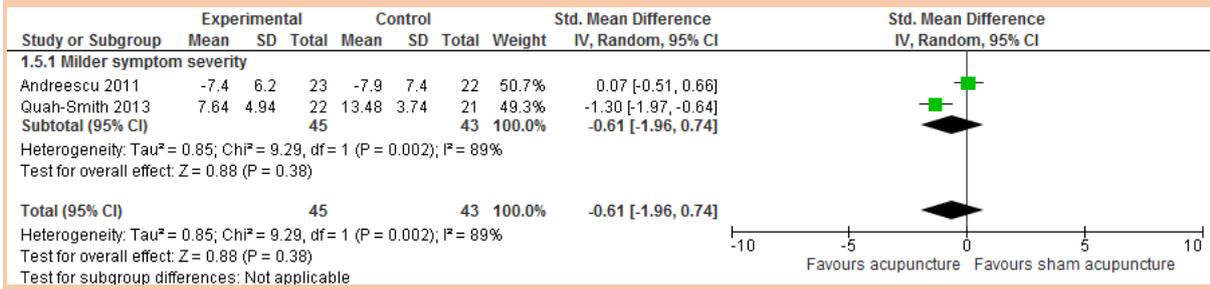
6

7 Response: mild/moderate symptom severity



8

1 Depression symptomatology (HAMD): mild/moderate symptom severity

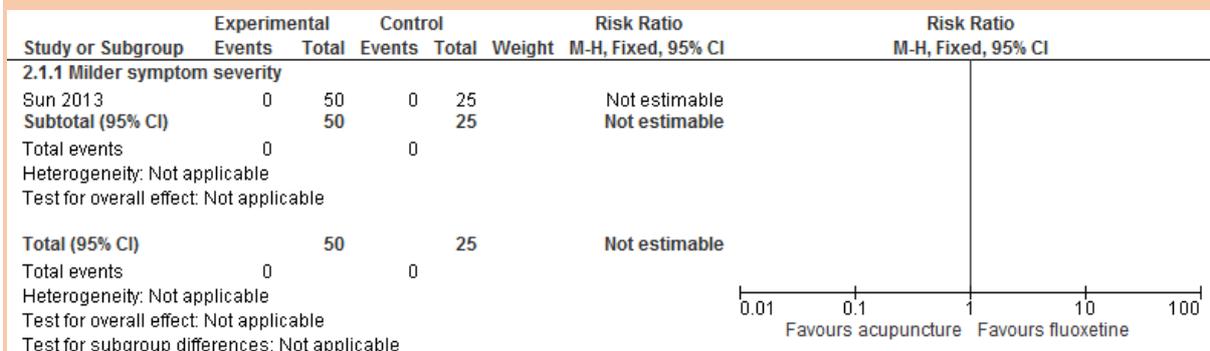


2 Test for subgroup differences: Not applicable

3

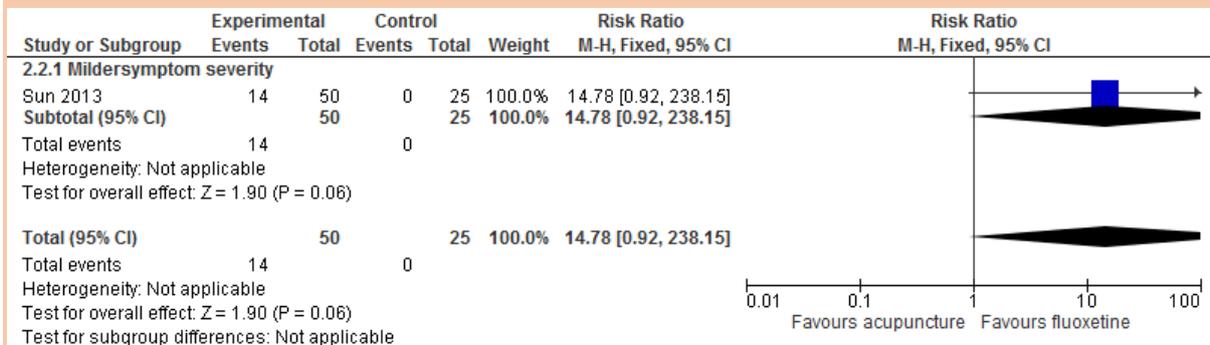
4 Acupuncture versus fluoxetine

5 Discontinuation due to side effects: mild/moderate symptom severity



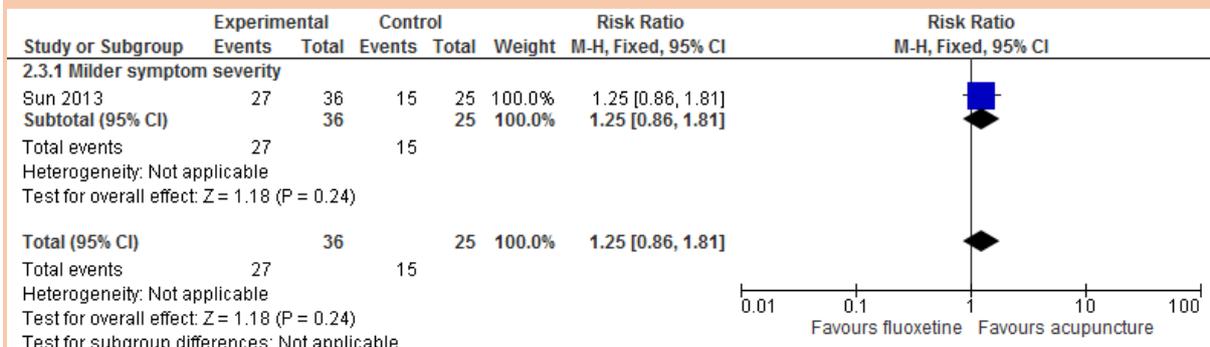
6 Test for subgroup differences: Not applicable

7 Discontinuation for any reason: mild/moderate symptom severity



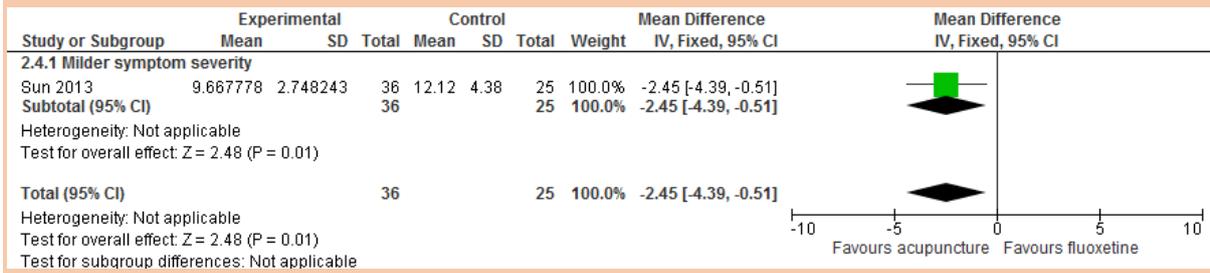
8 Test for subgroup differences: Not applicable

9 Response: mild/moderate symptom severity



10 Test for subgroup differences: Not applicable

1 Depression symptomatology (HAMD): mild/moderate symptom severity

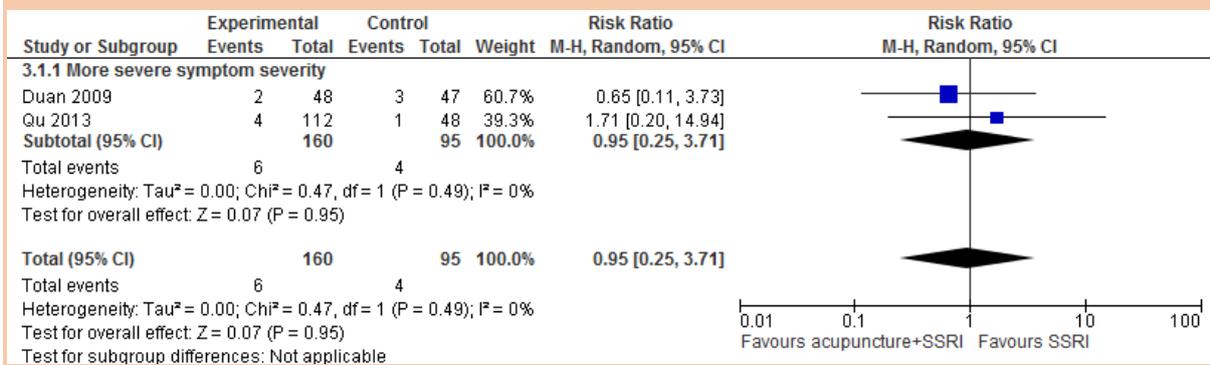


2

3

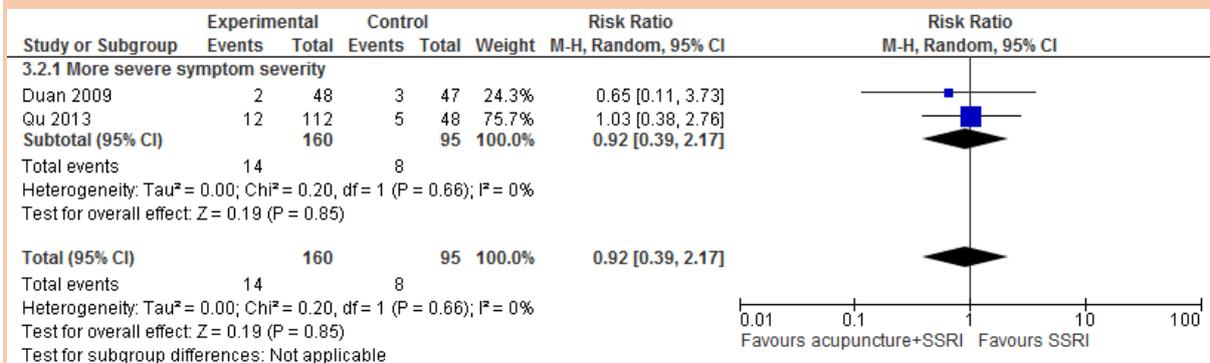
4 Acupuncture + SSRI versus SSRI

5 Discontinuation due to side effects: moderate/severe symptom severity



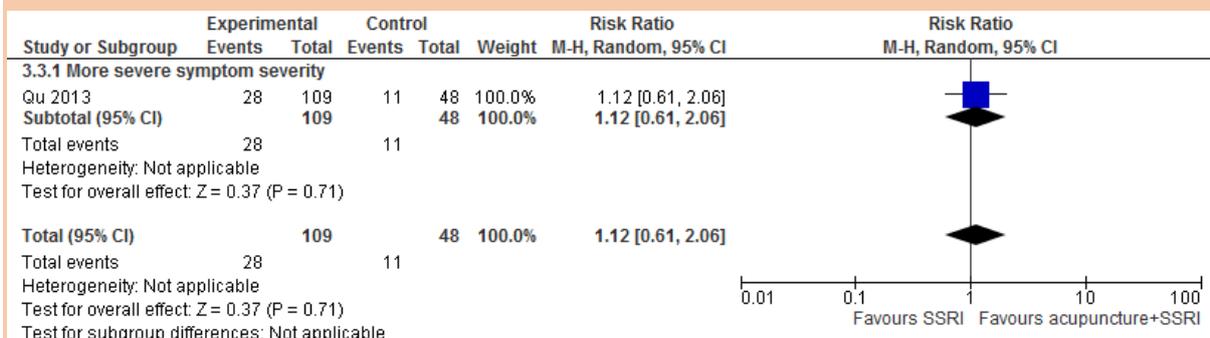
6

7 Discontinuation for any reason: moderate/severe symptom severity



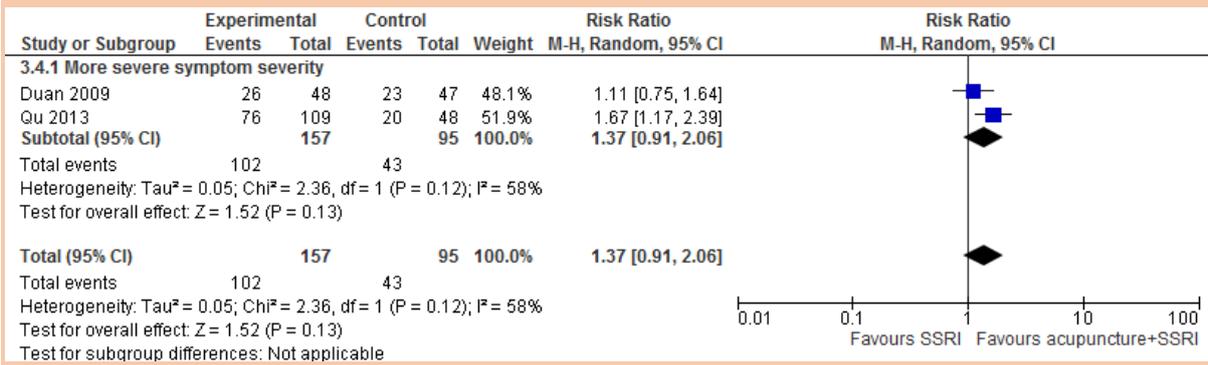
8

9 Remission (HAMD<=7): moderate/severe symptom severity

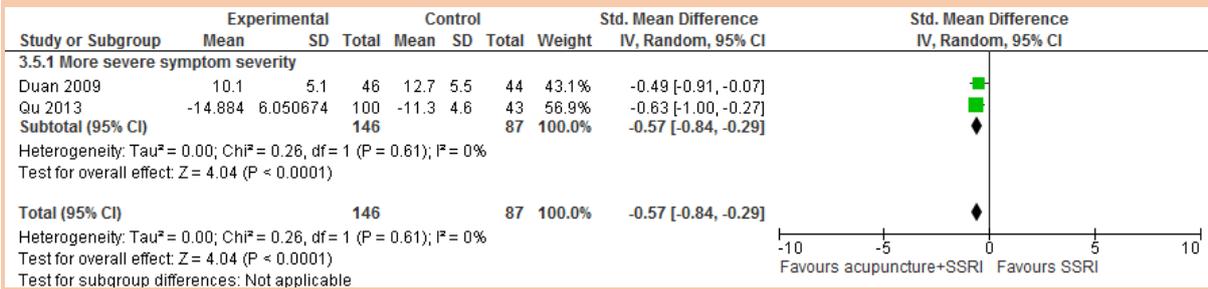


10

1 Response: moderate/severe symptom severity

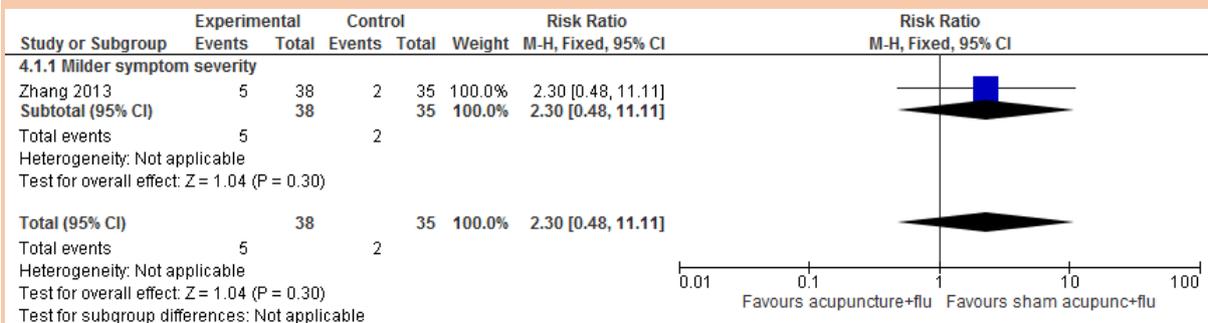


3 Depression symptomatology (HAMD): moderate/severe symptom severity

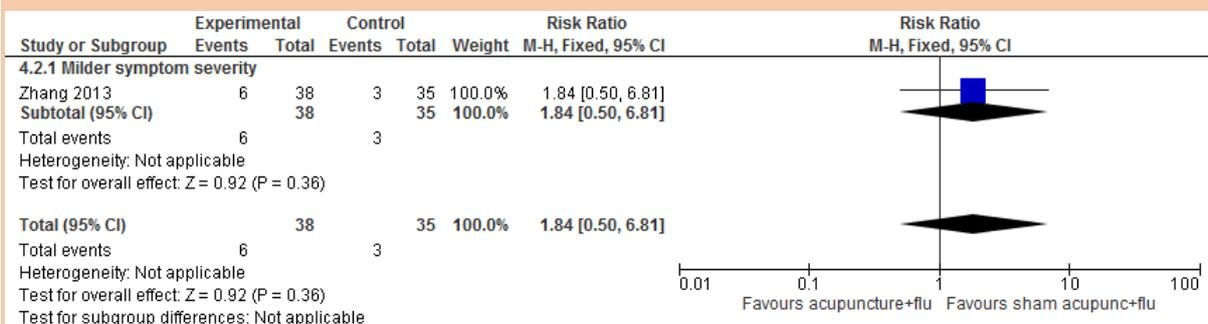


6 Acupuncture + fluoxetine versus sham acupuncture + fluoxetine

7 Discontinuation due to side effects: mild/moderate symptom severity

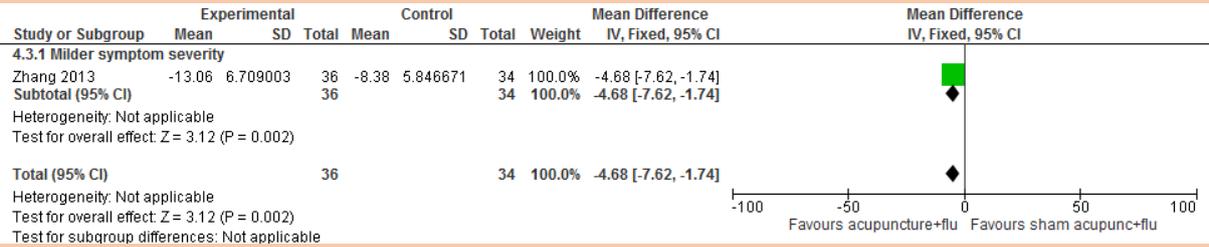


9 Discontinuation for any reason: mild/moderate symptom severity



1 Depression symptomatology (HAMD): mild/moderate symptom severity

2

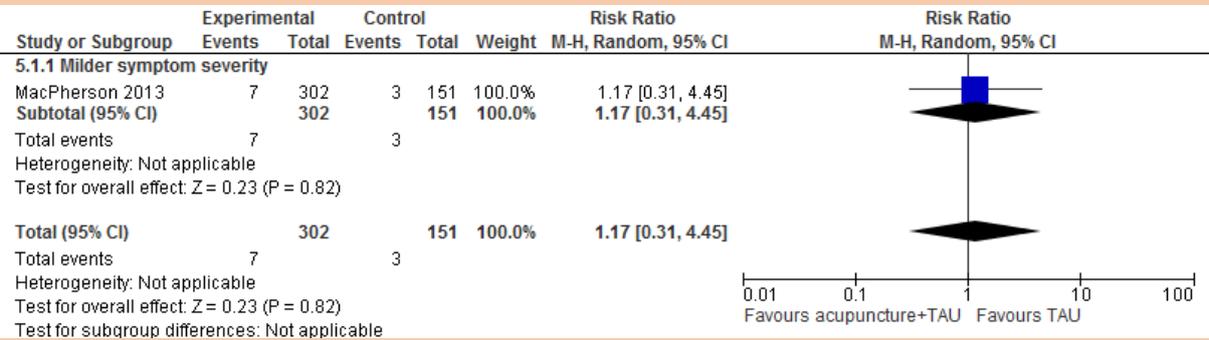


3

4

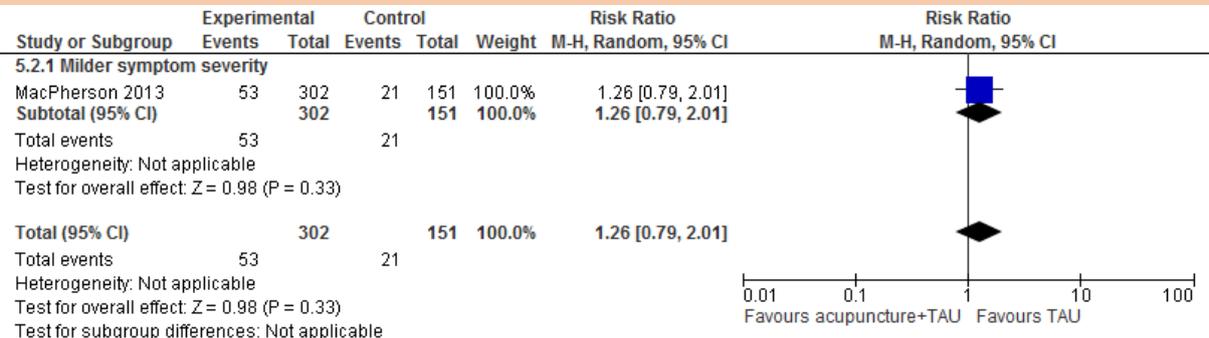
5 Acupuncture + TAU versus TAU

6 Discontinuation due to side effects: mild/moderate symptom severity



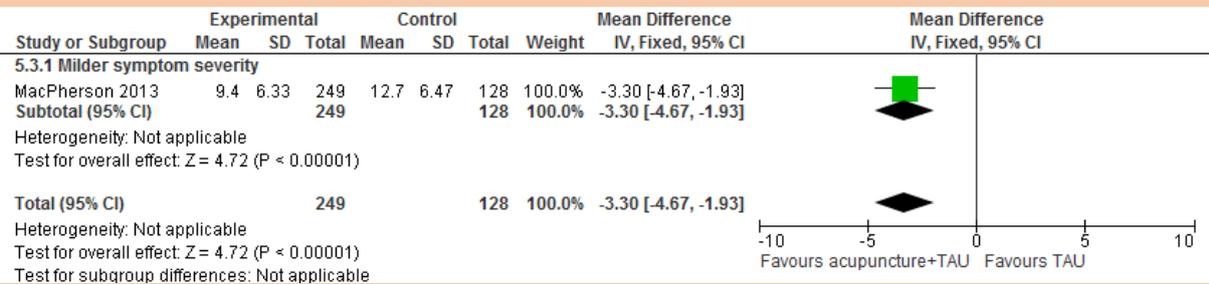
7

8 Discontinuation for any reason: mild/moderate symptom severity



9

10 Depression symptomatology (PHQ-9): mild/moderate symptom severity

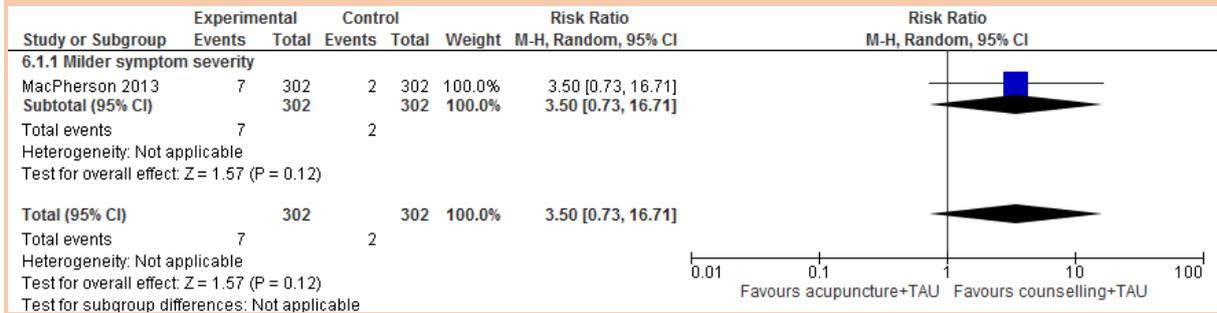


11

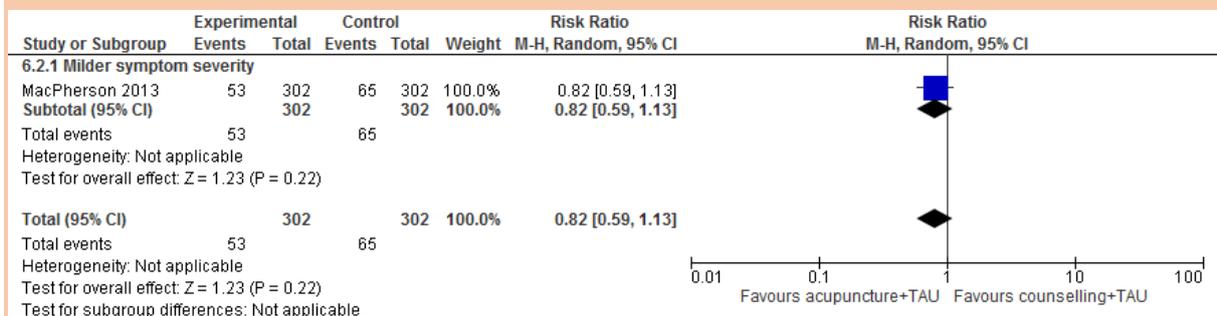
1
2
3
4
5
6
7
8
9

Acupuncture + TAU versus counselling + TAU

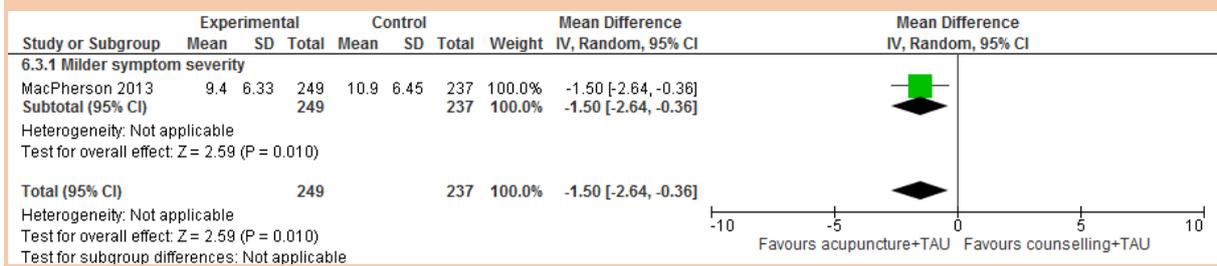
Discontinuation due to side effects: mild/moderate symptom severity



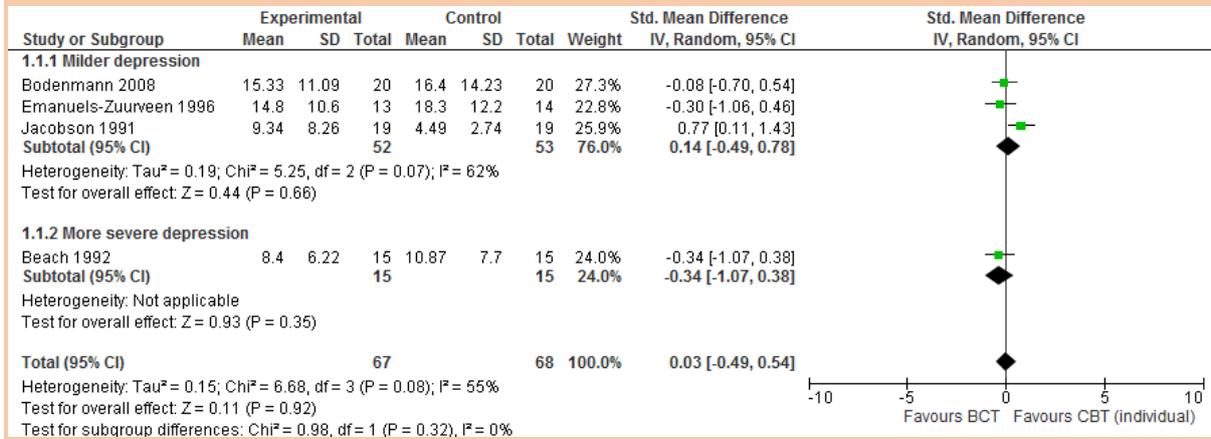
Discontinuation for any reason: mild/moderate symptom severity



Depression symptomatology: mild/moderate symptom severity

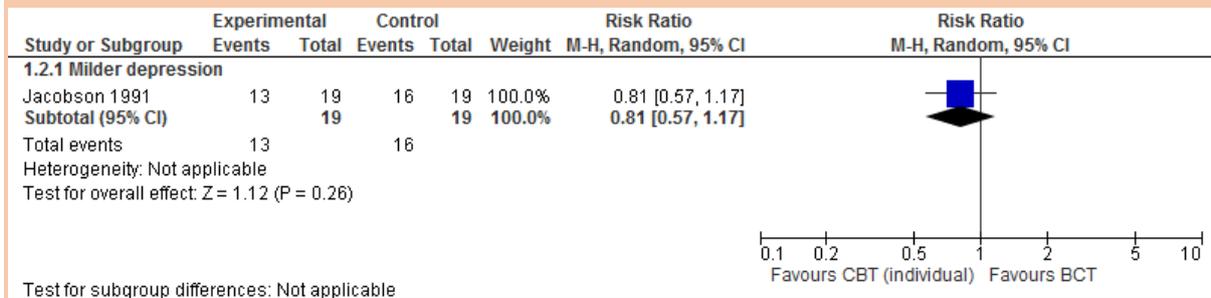


- 1 Behavioural couples therapy
- 2 Behavioural couples therapy versus CBT
- 3 Depression symptomatology at endpoint



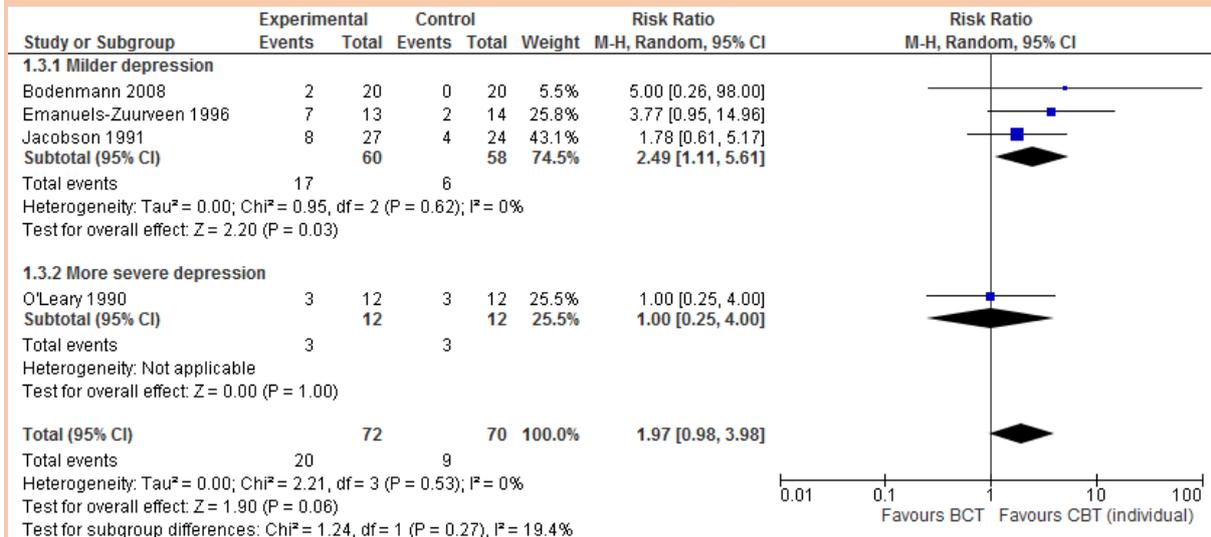
4

5 Remission



6

7 Treatment discontinuation

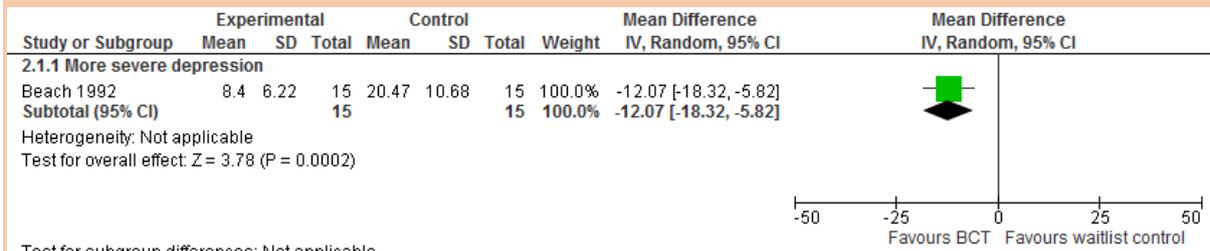


8

9

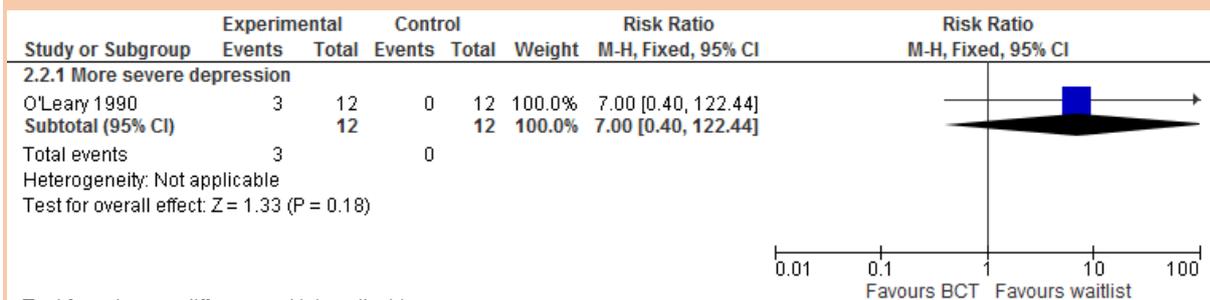
1 Behavioural couples therapy versus waitlist control

2 Depression symptoms at endpoint



3 Test for subgroup differences: Not applicable

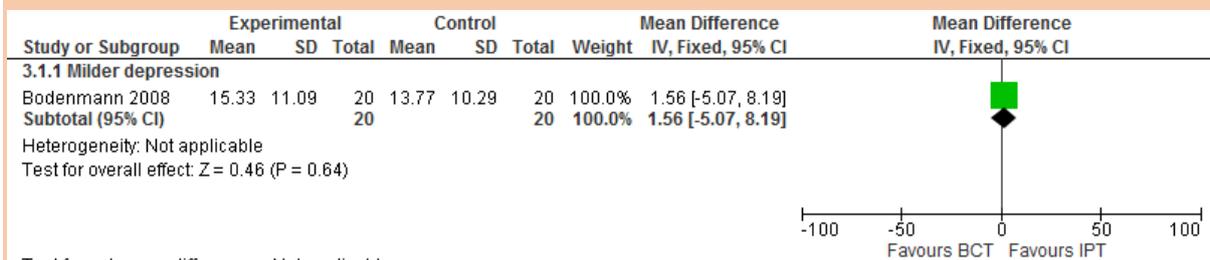
4 Treatment discontinuation



5 Test for subgroup differences: Not applicable

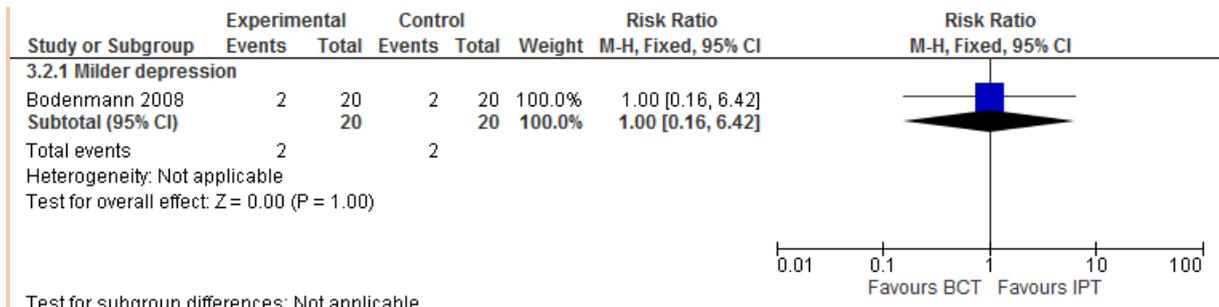
6 Behavioural couples therapy versus interpersonal psychotherapy (IPT)

7 Depression symptoms at endpoint



8 Test for subgroup differences: Not applicable

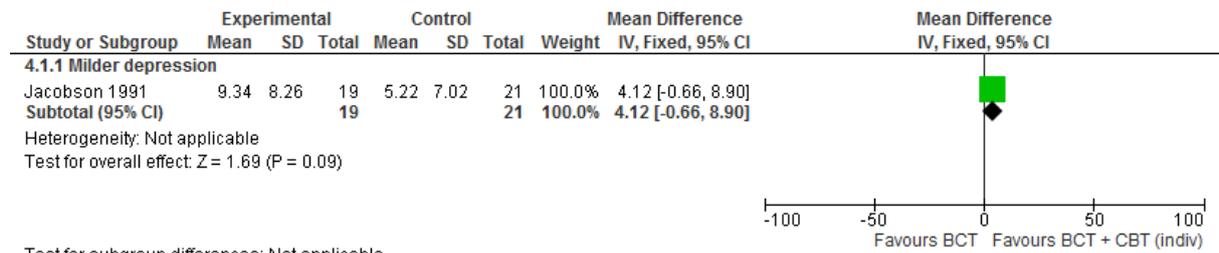
9 Treatment discontinuation



1 Test for subgroup differences: Not applicable

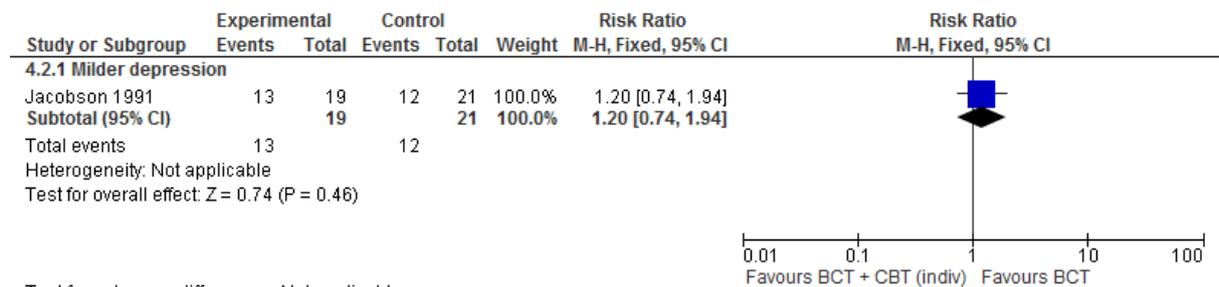
2 Behavioural couples therapy (BCT) versus combined BCT and CBT (individual CBT for the depressed wife)

4 Depression symptoms at endpoint



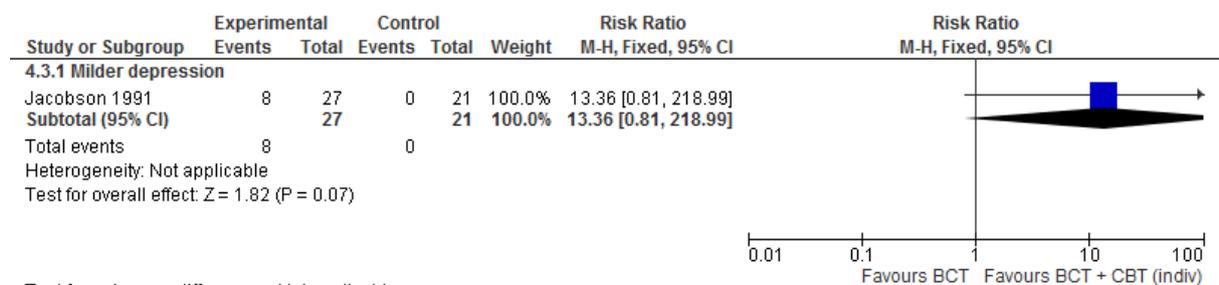
5 Test for subgroup differences: Not applicable

7 Remission



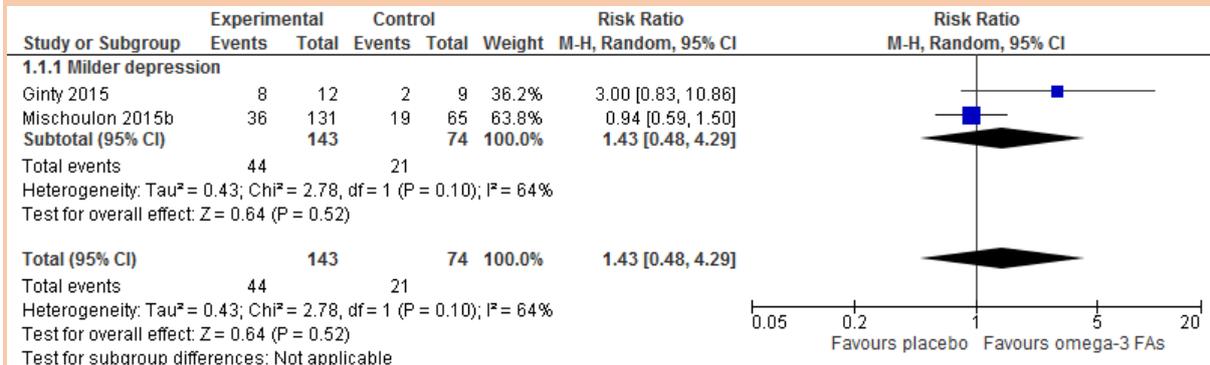
8 Test for subgroup differences: Not applicable

11 Treatment discontinuation

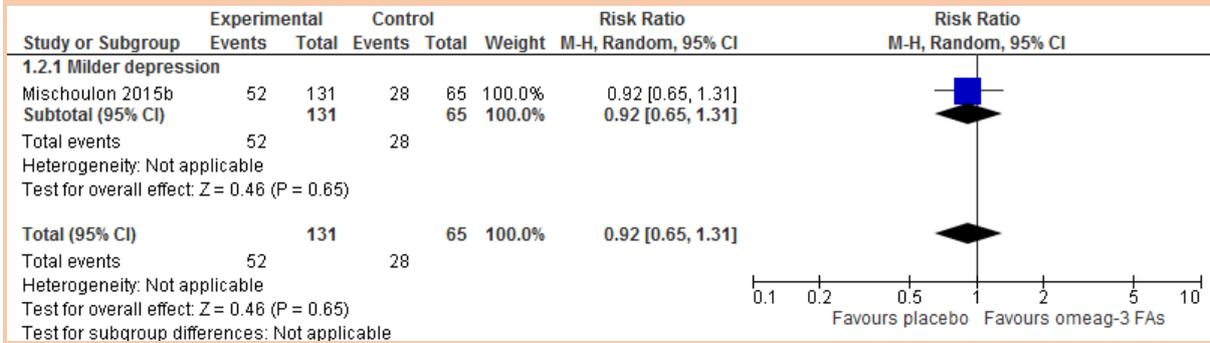


12 Test for subgroup differences: Not applicable

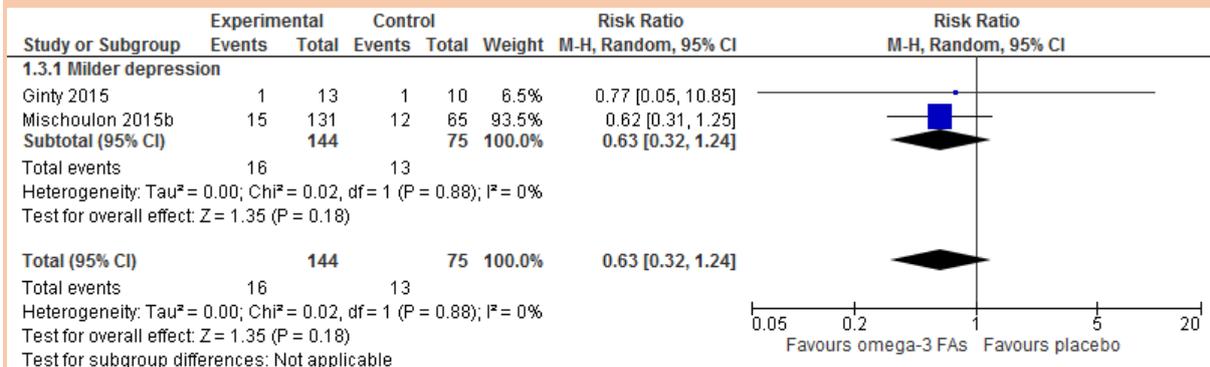
- 1 Omega-3 fatty acids
- 2 Omega-3 fatty acids versus placebo
- 3 Remission (BDI<=10 or HAMD-17 <=7)



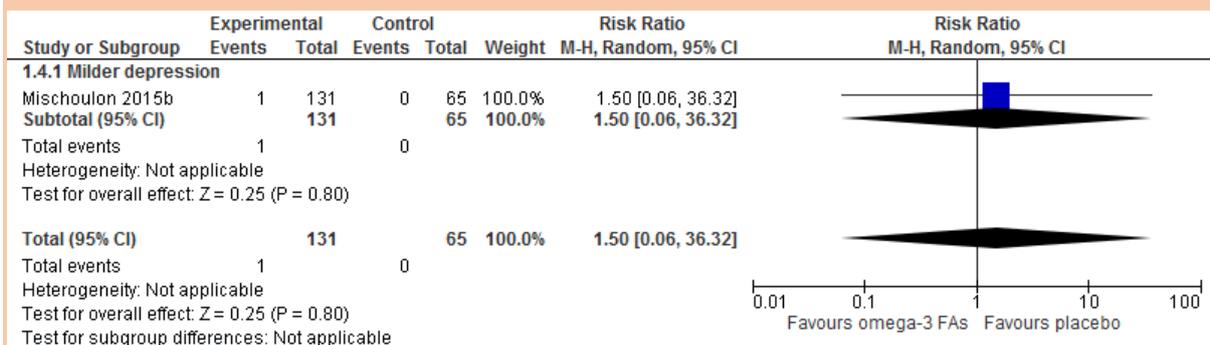
- 4
- 5 Response (HAMD reduced by >=50%)



- 6
- 7 Treatment discontinuation



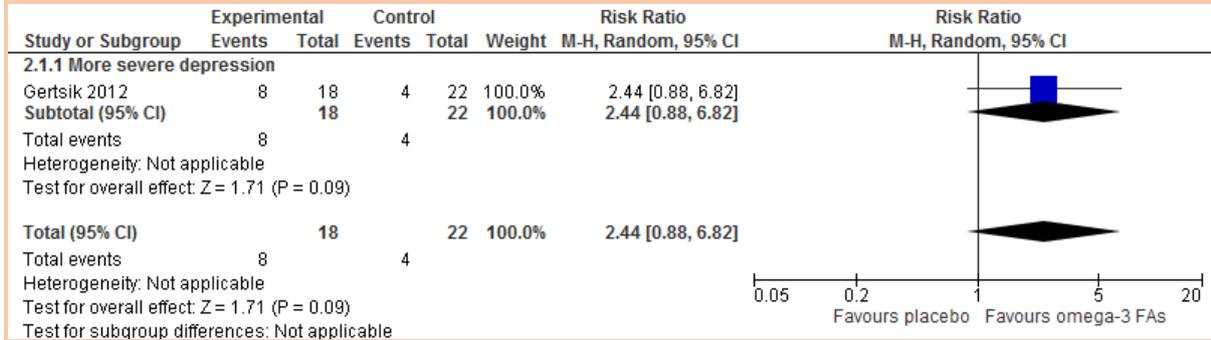
- 8
- 9 Discontinuation due to side effects



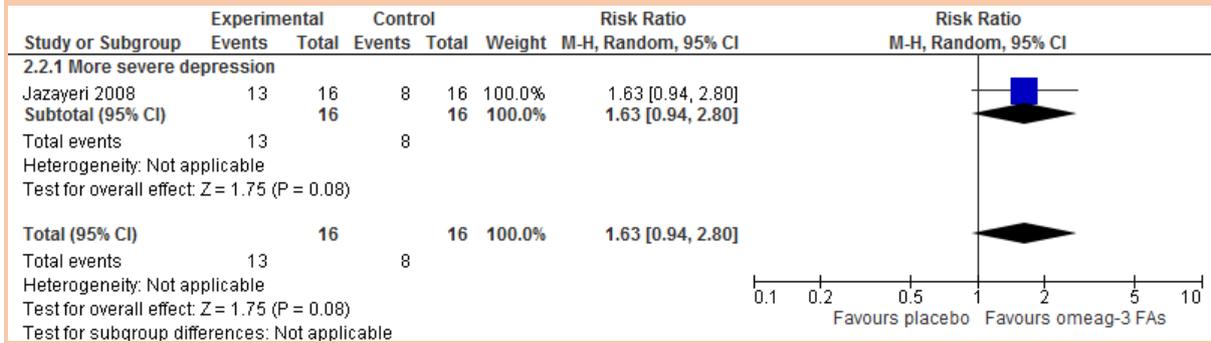
- 10

1
2
3
4
5
6
7
8
9
10
11
12

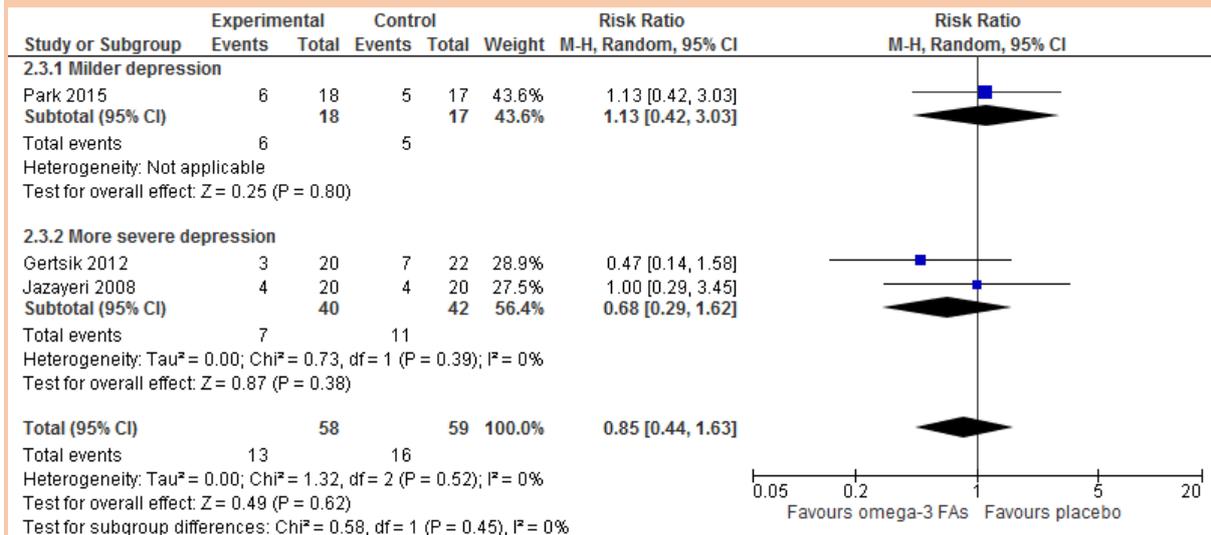
Omega-3 fatty acids + SSRI/antidepressant versus placebo + SSRI/antidepressant
Remission (BDI≤10 or HAMD≤7 at endpoint)



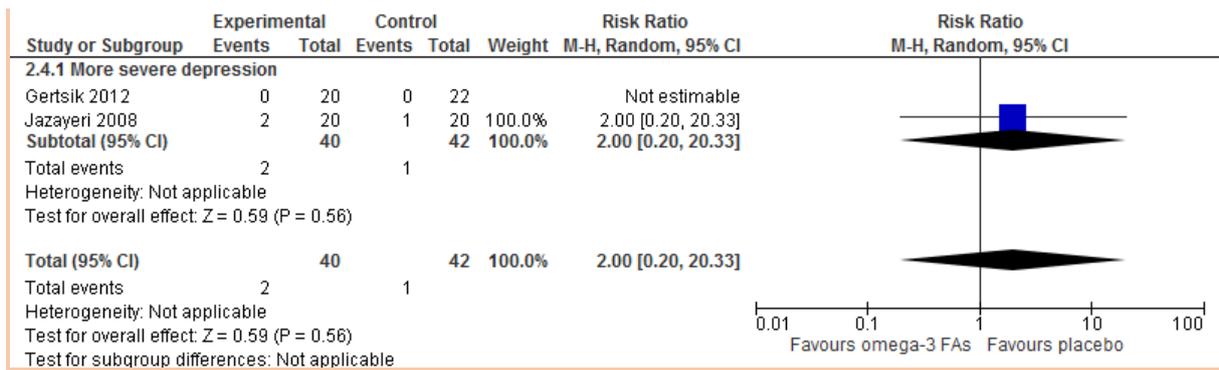
Response (HAMD reduced by >50% at endpoint)



Treatment discontinuation



Discontinuation due to side effects



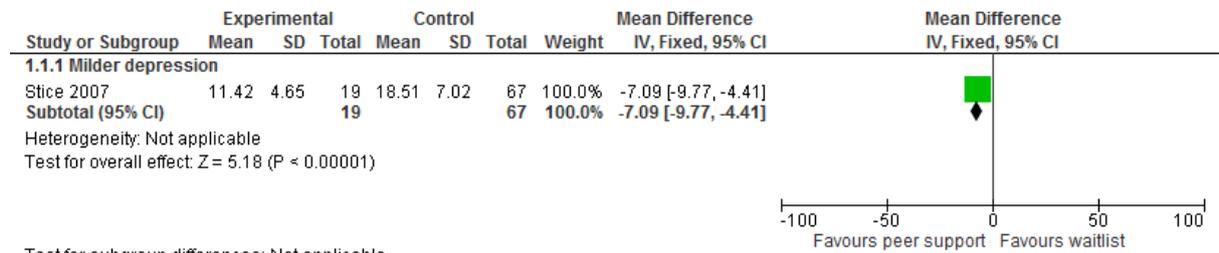
1

2

3 Psychosocial interventions (peer support)

4 Peer support versus waitlist

5 Depression symptomatology at endpoint (BDI)

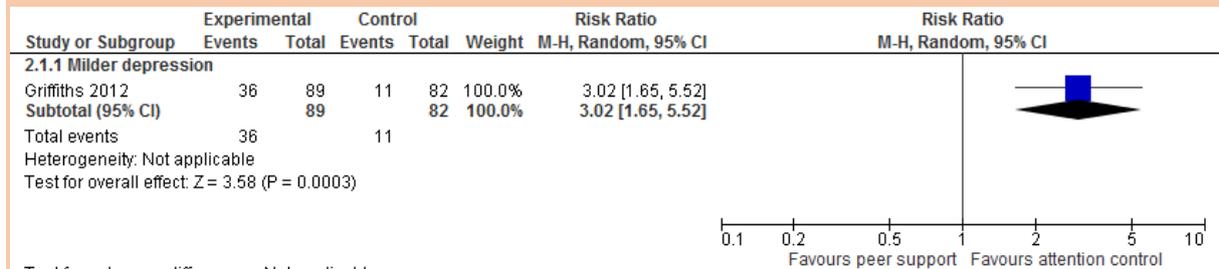


6

Test for subgroup differences: Not applicable

7 Peer support (online support group) versus attention-placebo control

8 Treatment discontinuation rates

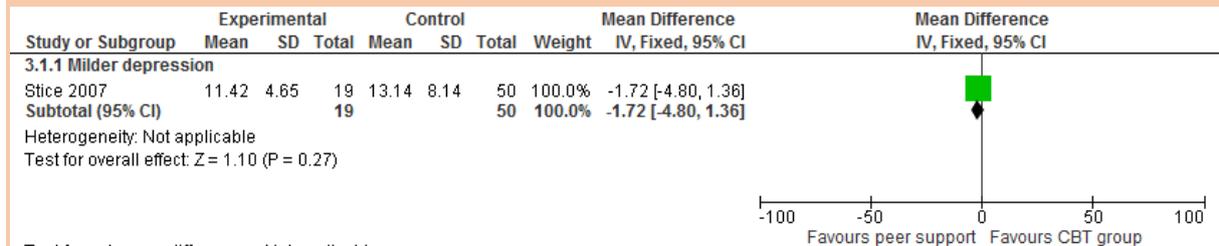


9

Test for subgroup differences: Not applicable

10 Peer support group versus CBT group

11 Depression symptomatology at endpoint (BDI)



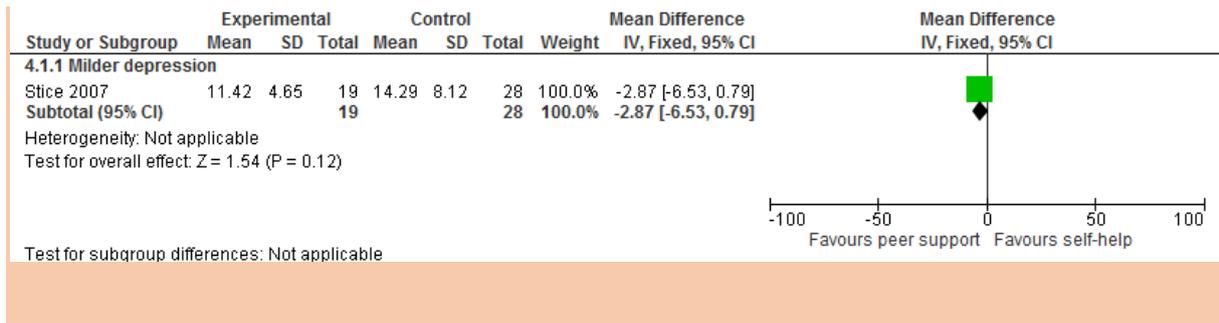
12

Test for subgroup differences: Not applicable

13

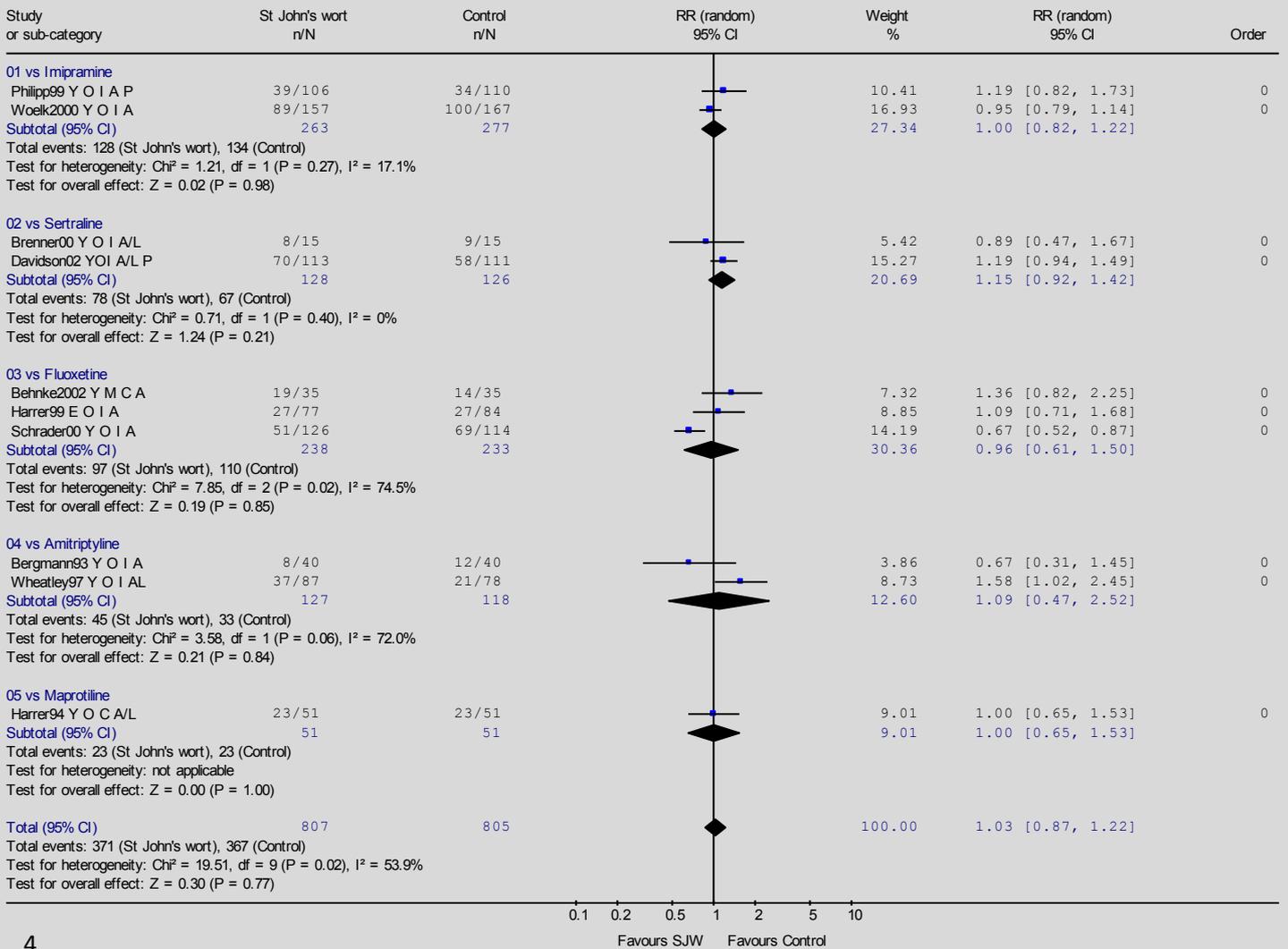
14 Peer support group versus self-help (without support)

15 Depression symptomatology at endpoint (BDI)

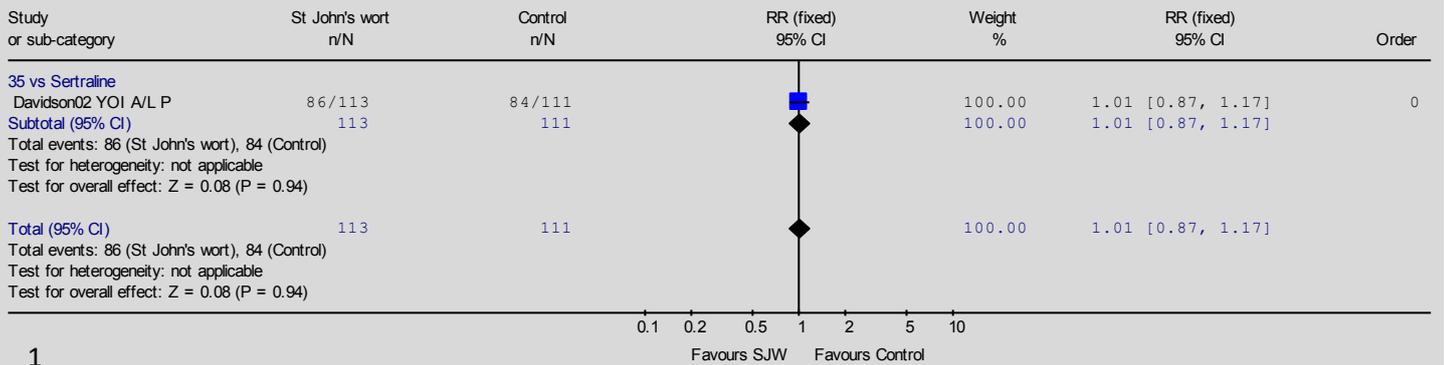


3 St John's wort

Review: Pharmacology: St John's wort
 Comparison: 01 Efficacy against ADs
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score

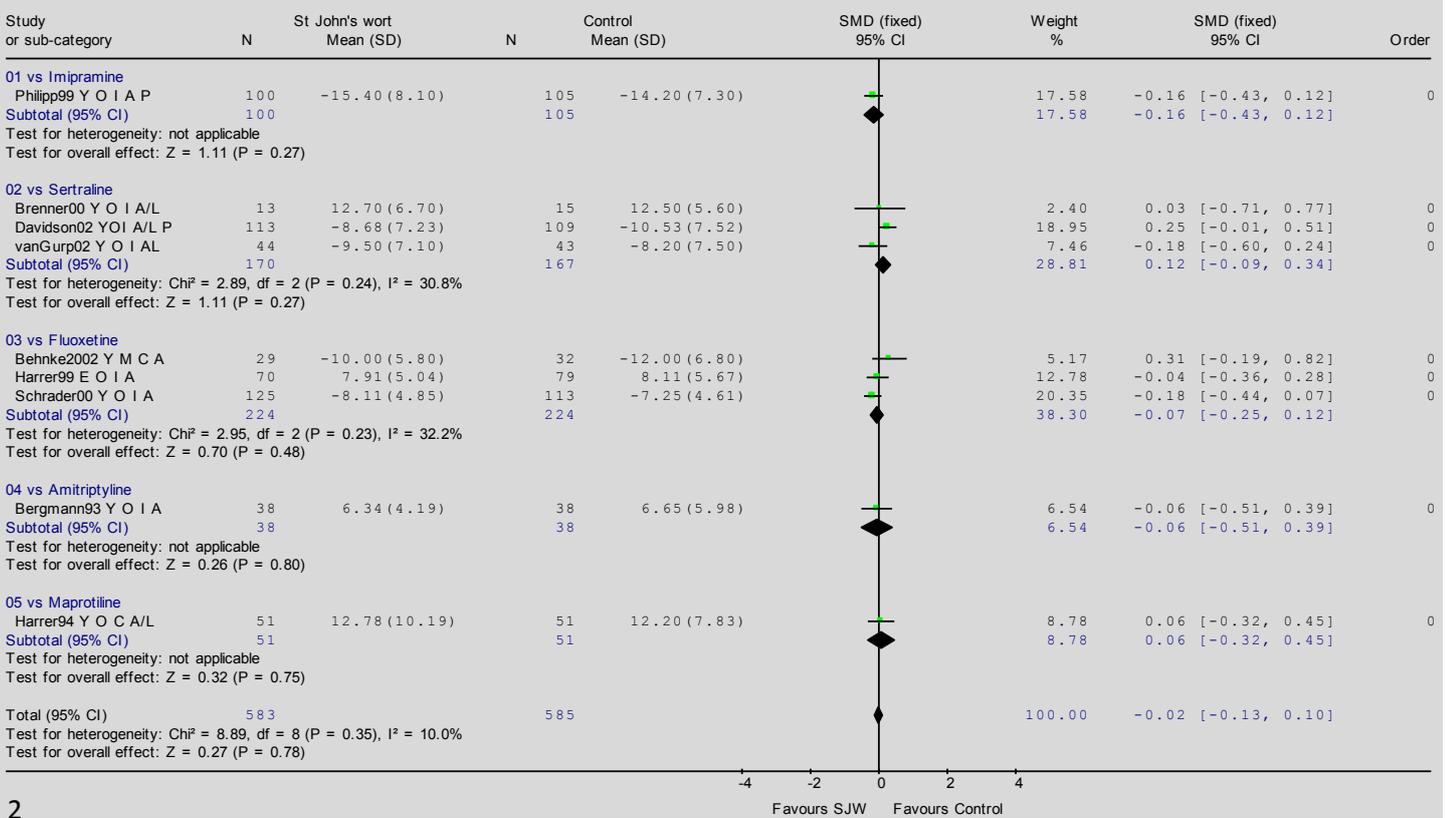


Review: Pharmacology: St John's wort
 Comparison: 01 Efficacy against ADs
 Outcome: 02 Number of people not achieving remission



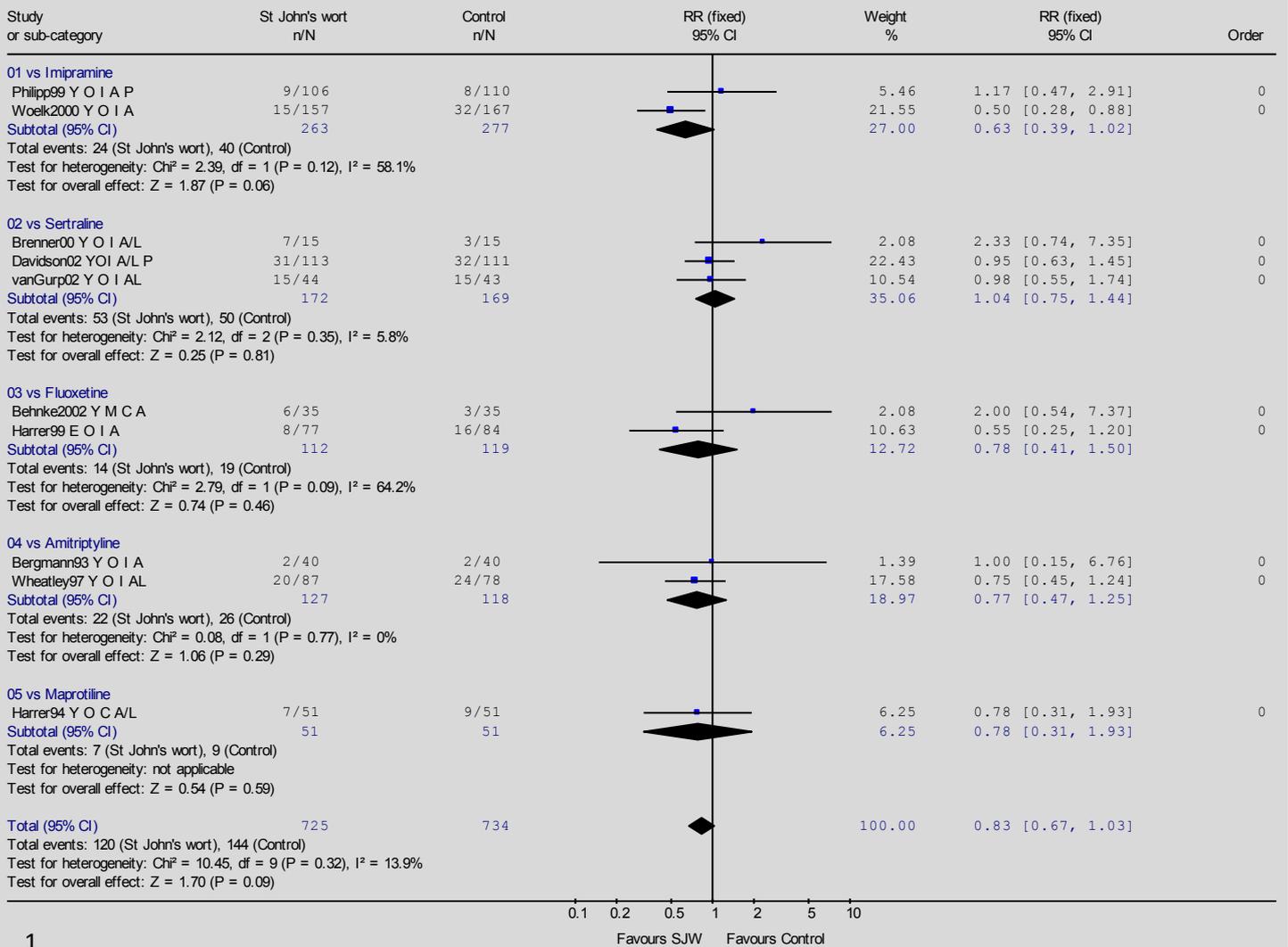
1

Review: Pharmacology: St John's wort
 Comparison: 01 Efficacy against ADs
 Outcome: 03 Mean endpoint scores



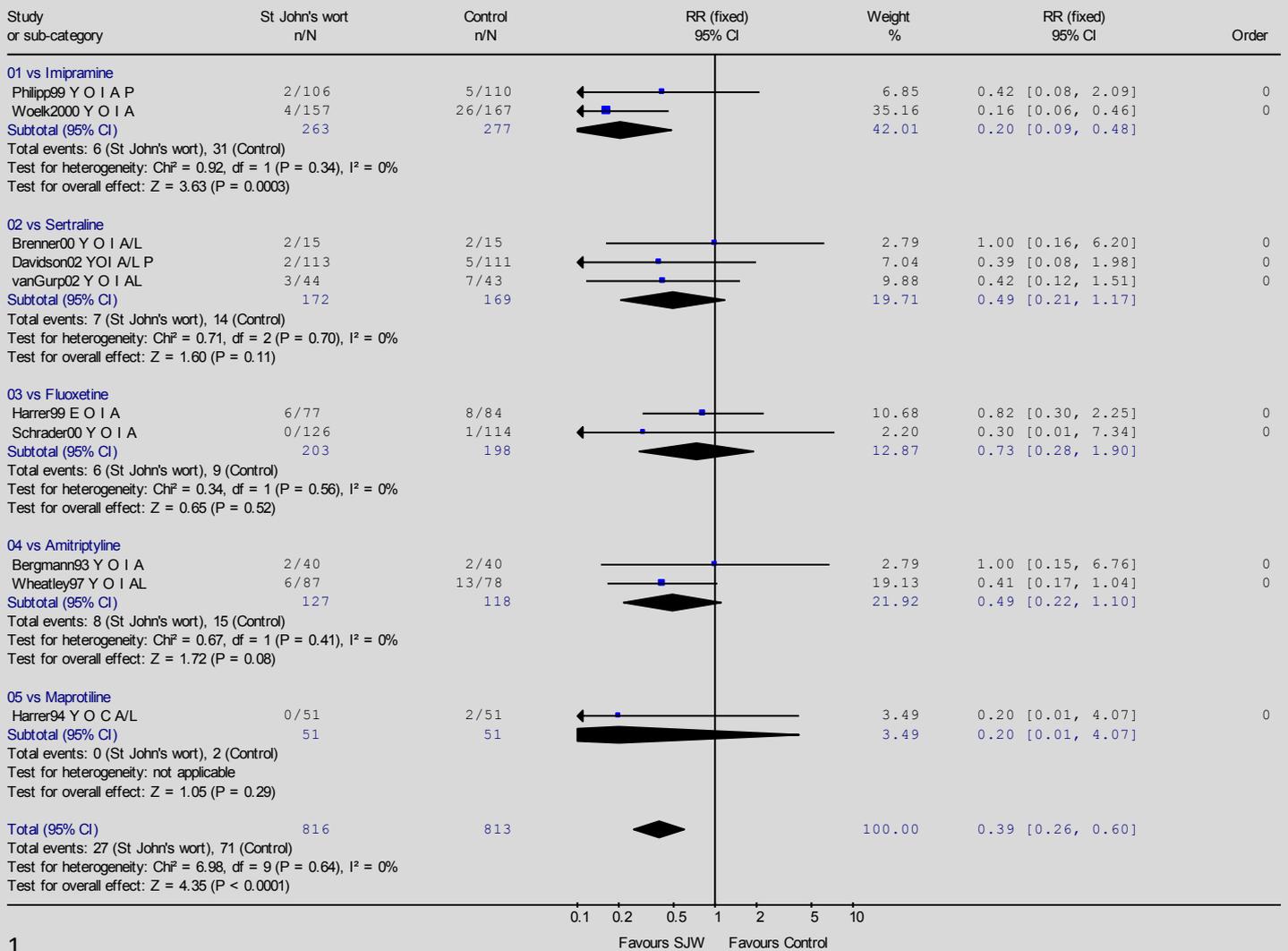
2

Review: Pharmacology: St John's wort
 Comparison: 02 Tolerability against ADs
 Outcome: 01 Leaving the study early



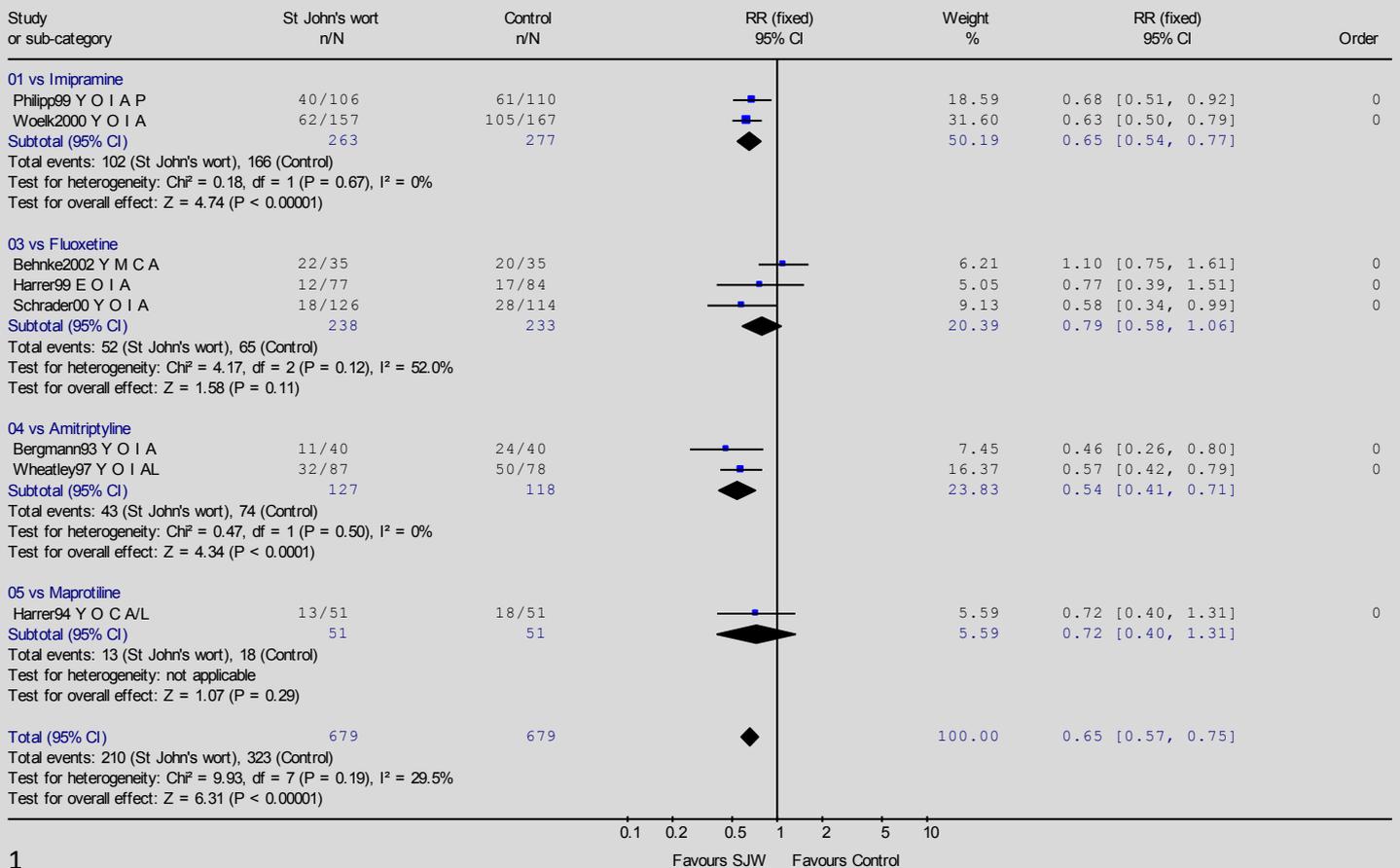
1

Review: Pharmacology: St John's wort
 Comparison: 02 Tolerability against ADs
 Outcome: 02 Leaving the study early due to side effects

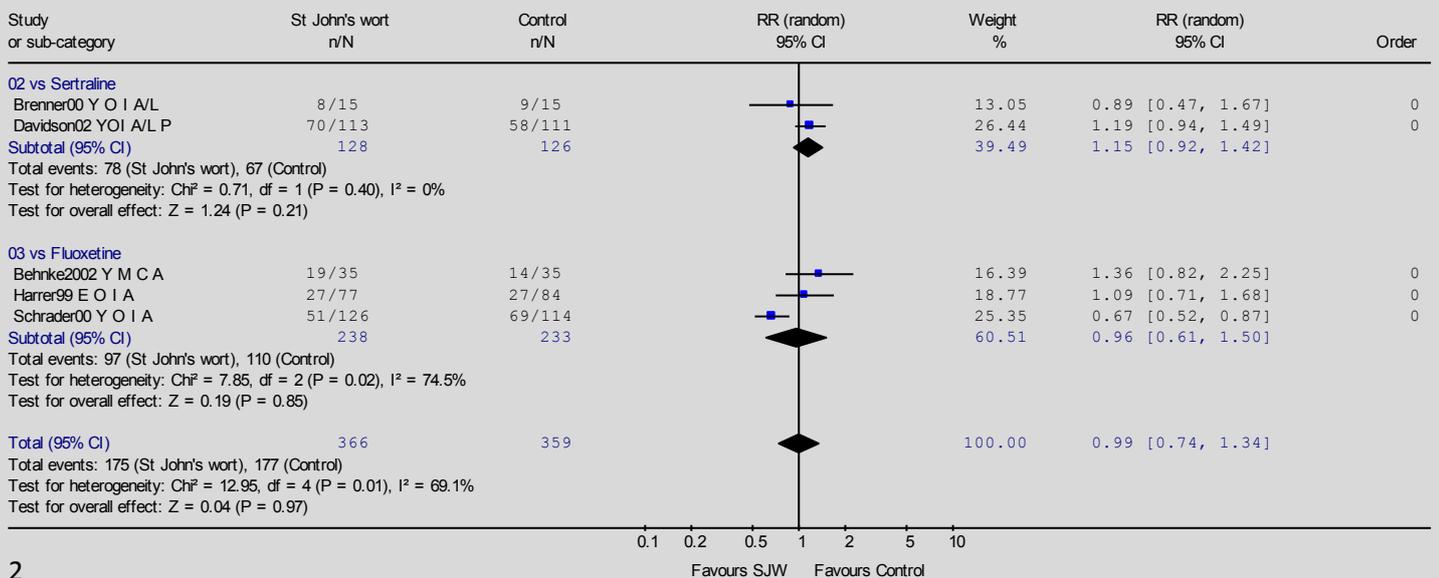


1

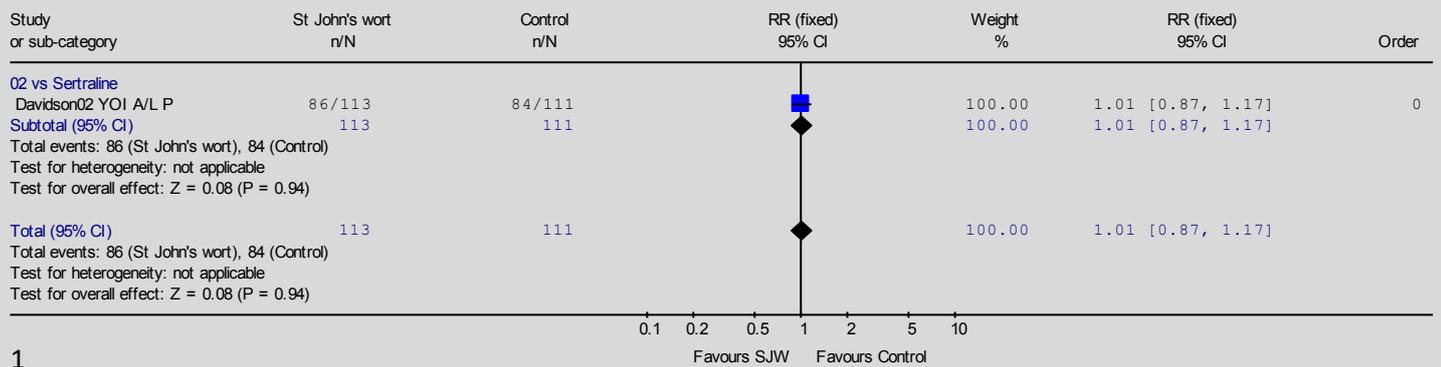
Review: Pharmacology: St John's wort
 Comparison: 02 Tolerability against ADs
 Outcome: 03 Patients reporting side effects



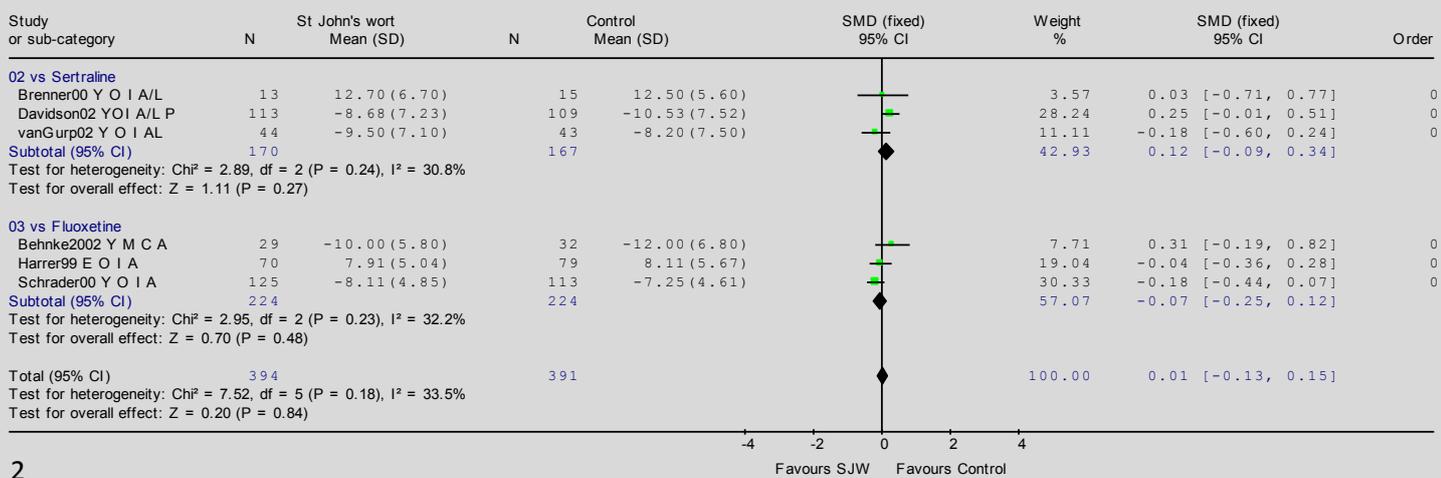
1
 Review: Pharmacology: St John's wort
 Comparison: 03 Efficacy against SSRIs
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score



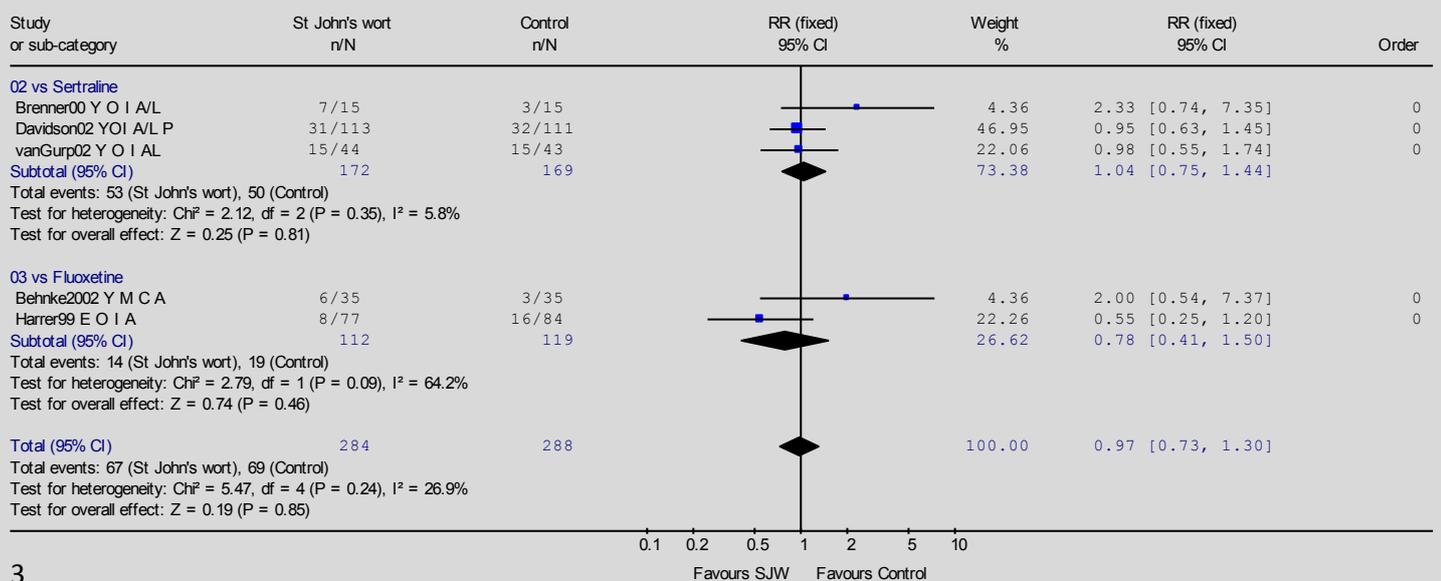
Review: Pharmacology: St John's wort
 Comparison: 03 Efficacy against SSRIs
 Outcome: 02 Number of people not achieving remission



1
 Review: Pharmacology: St John's wort
 Comparison: 03 Efficacy against SSRIs
 Outcome: 03 Mean endpoint scores

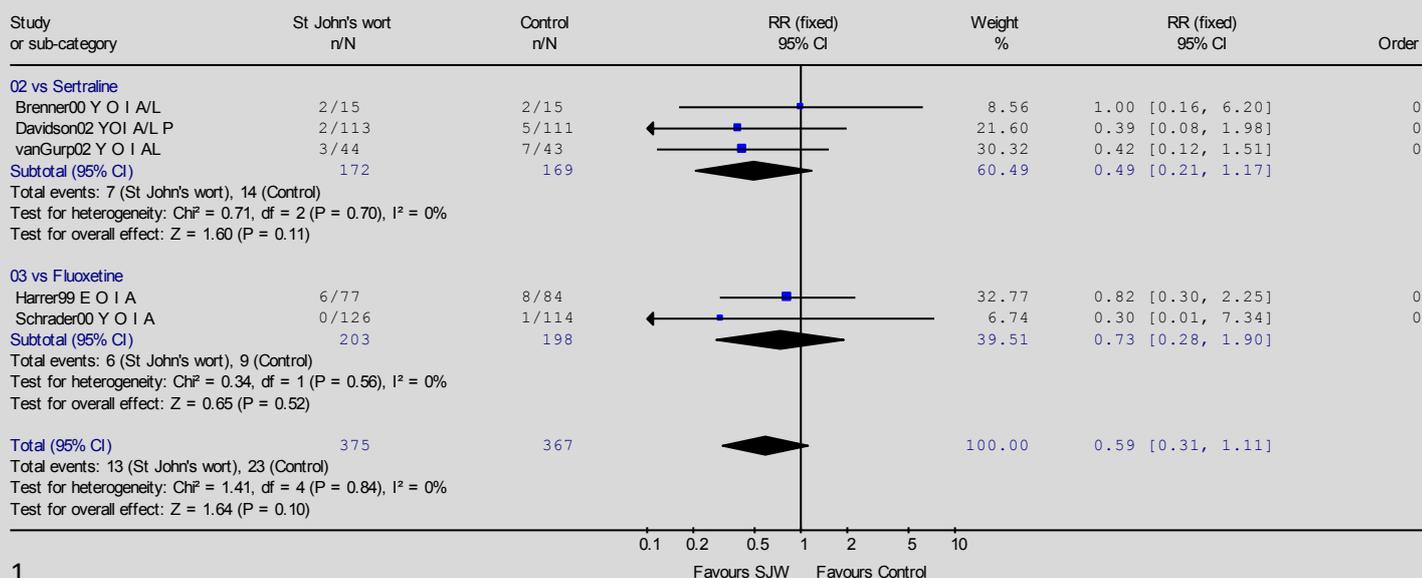


2
 Review: Pharmacology: St John's wort
 Comparison: 04 Tolerability against SSRIs
 Outcome: 01 Leaving the study early

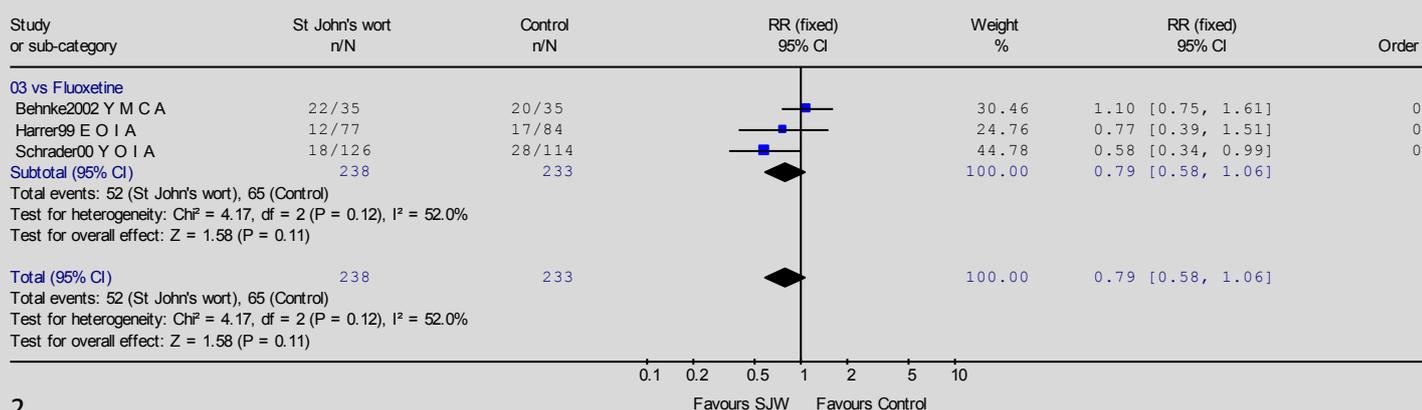


3

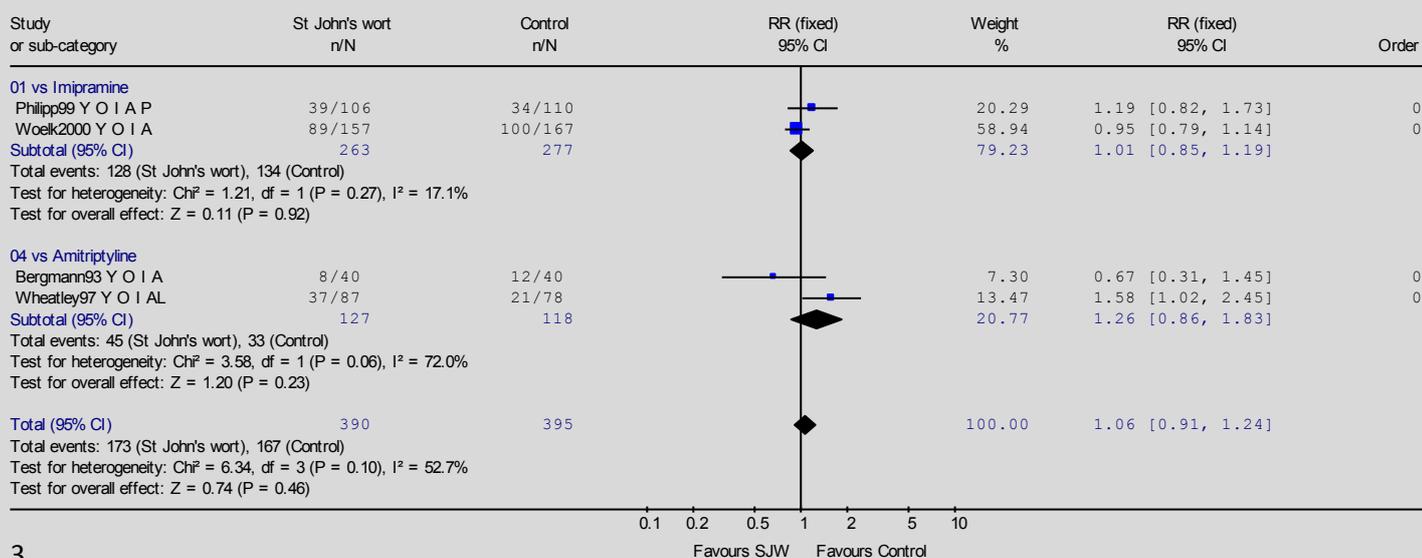
Review: Pharmacology: St John's wort
 Comparison: 04 Tolerability against SSRIs
 Outcome: 02 Leaving the study early due to side effects



1
 Review: Pharmacology: St John's wort
 Comparison: 04 Tolerability against SSRIs
 Outcome: 03 Patients reporting side effects

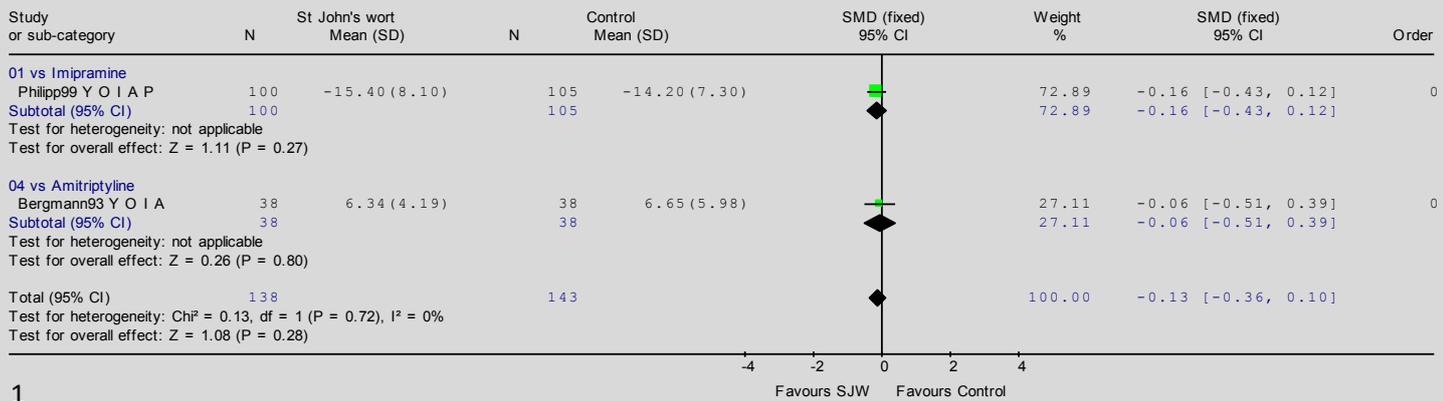


2
 Review: Pharmacology: St John's wort
 Comparison: 05 Efficacy against TCAs
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score

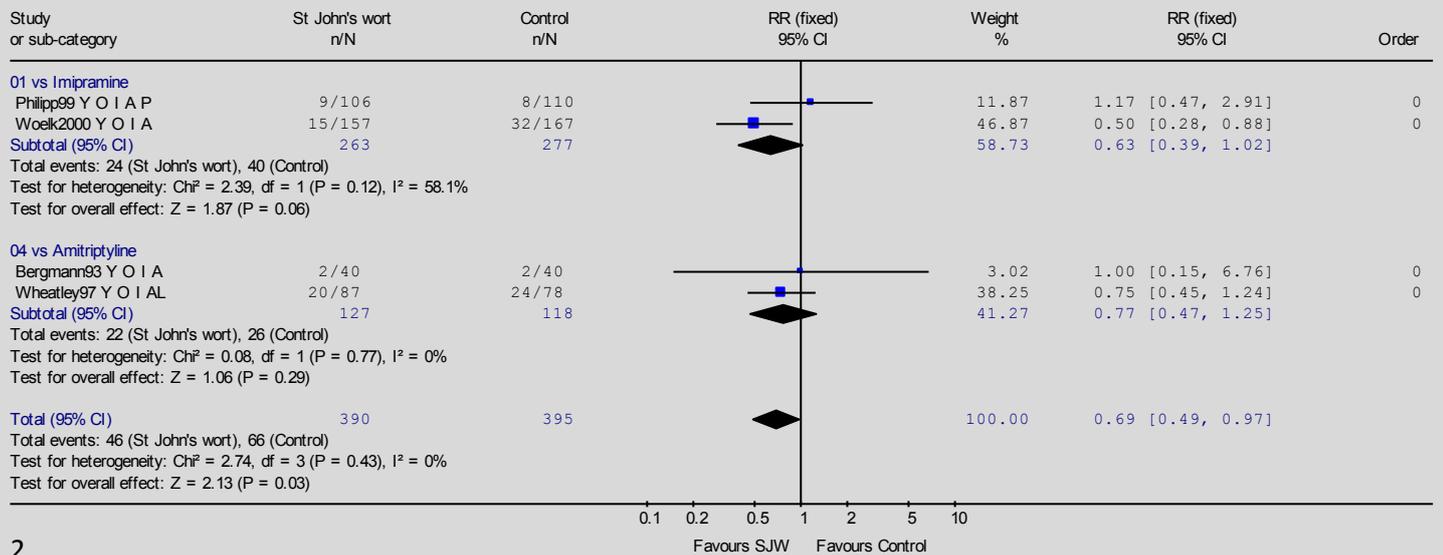


3

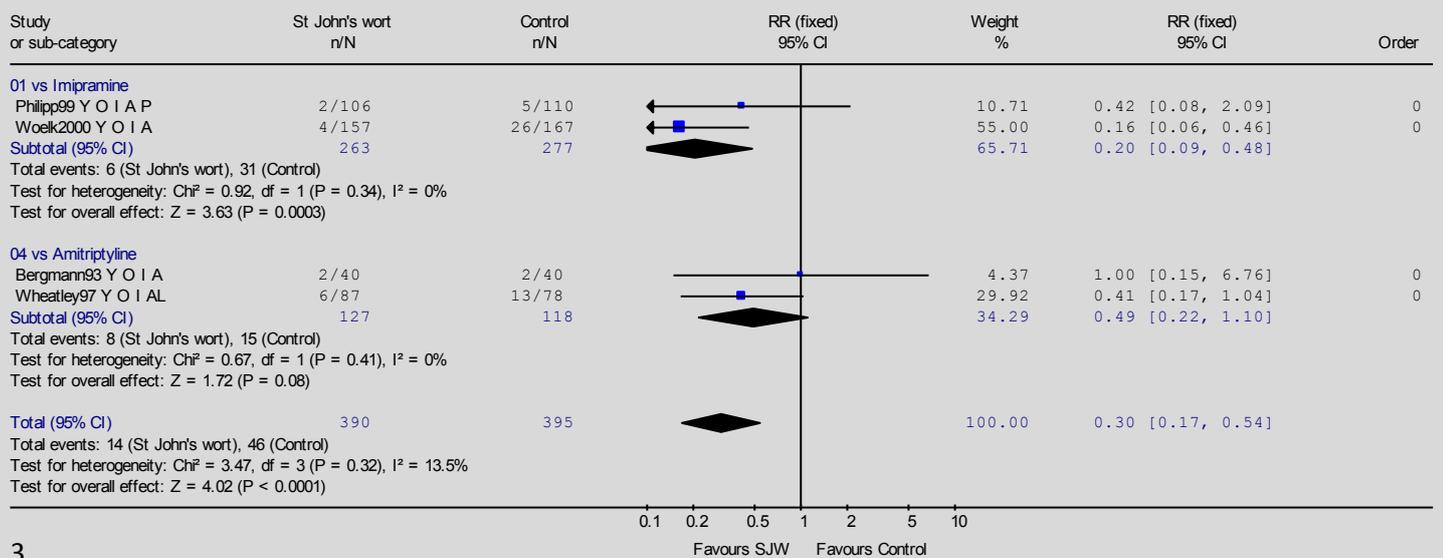
Review: Pharmacology: St John's wort
 Comparison: 05 Efficacy against TCAs
 Outcome: 03 Mean endpoint scores



1
 Review: Pharmacology: St John's wort
 Comparison: 06 Tolerability against TCAs
 Outcome: 01 Leaving the study early

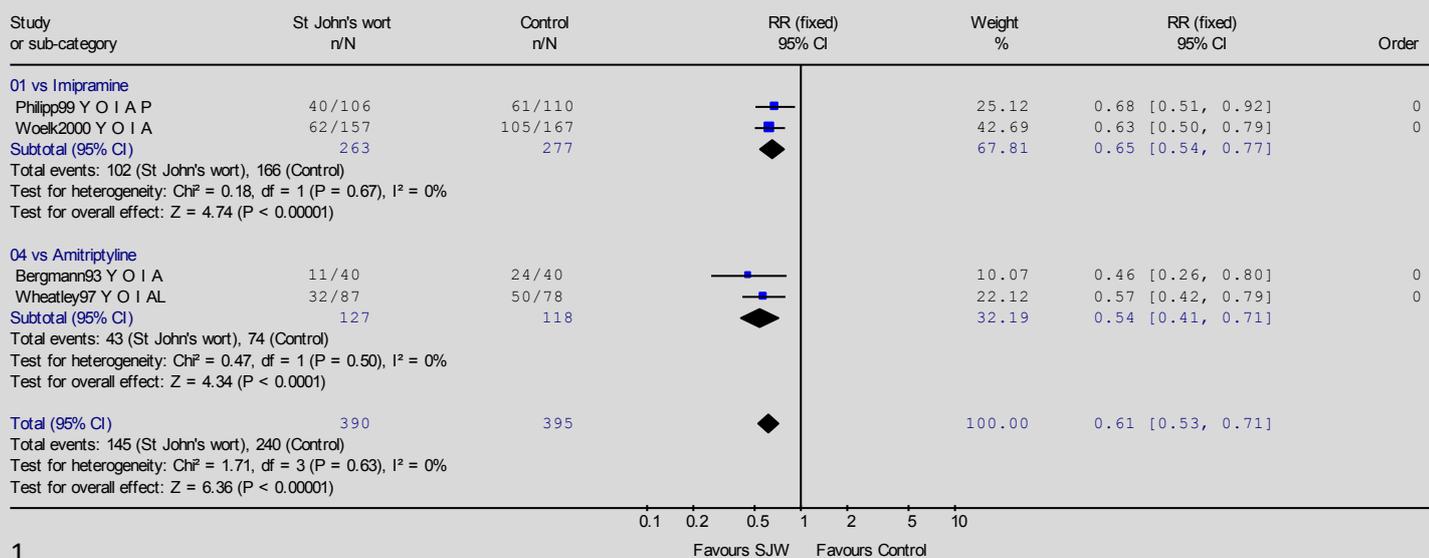


2
 Review: Pharmacology: St John's wort
 Comparison: 06 Tolerability against TCAs
 Outcome: 02 Leaving the study early due to side effects

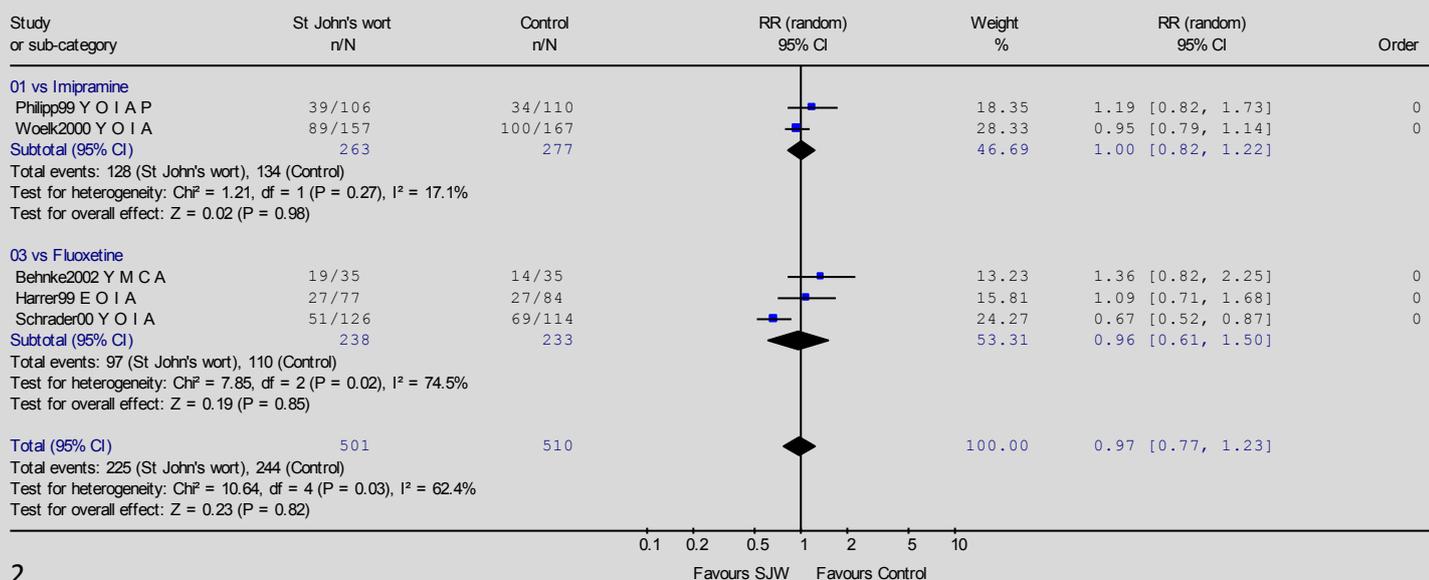


3

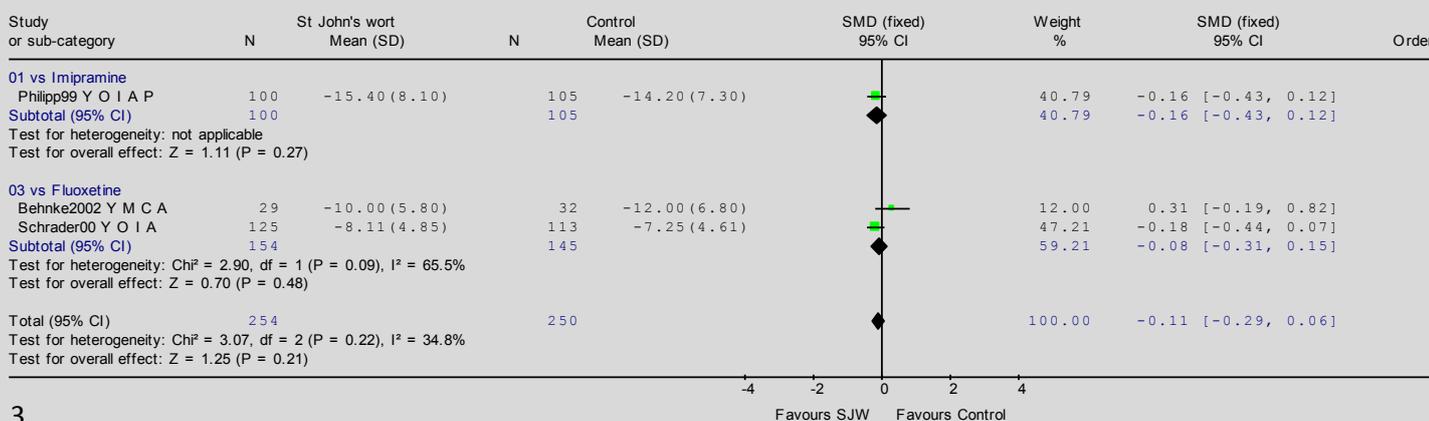
Review: Pharmacology: St John's wort
 Comparison: 06 Tolerability against TCAs
 Outcome: 03 Patients reporting side effects



1
 Review: Pharmacology: St John's wort
 Comparison: 07 Efficacy against therapeutic doses of ADs
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score

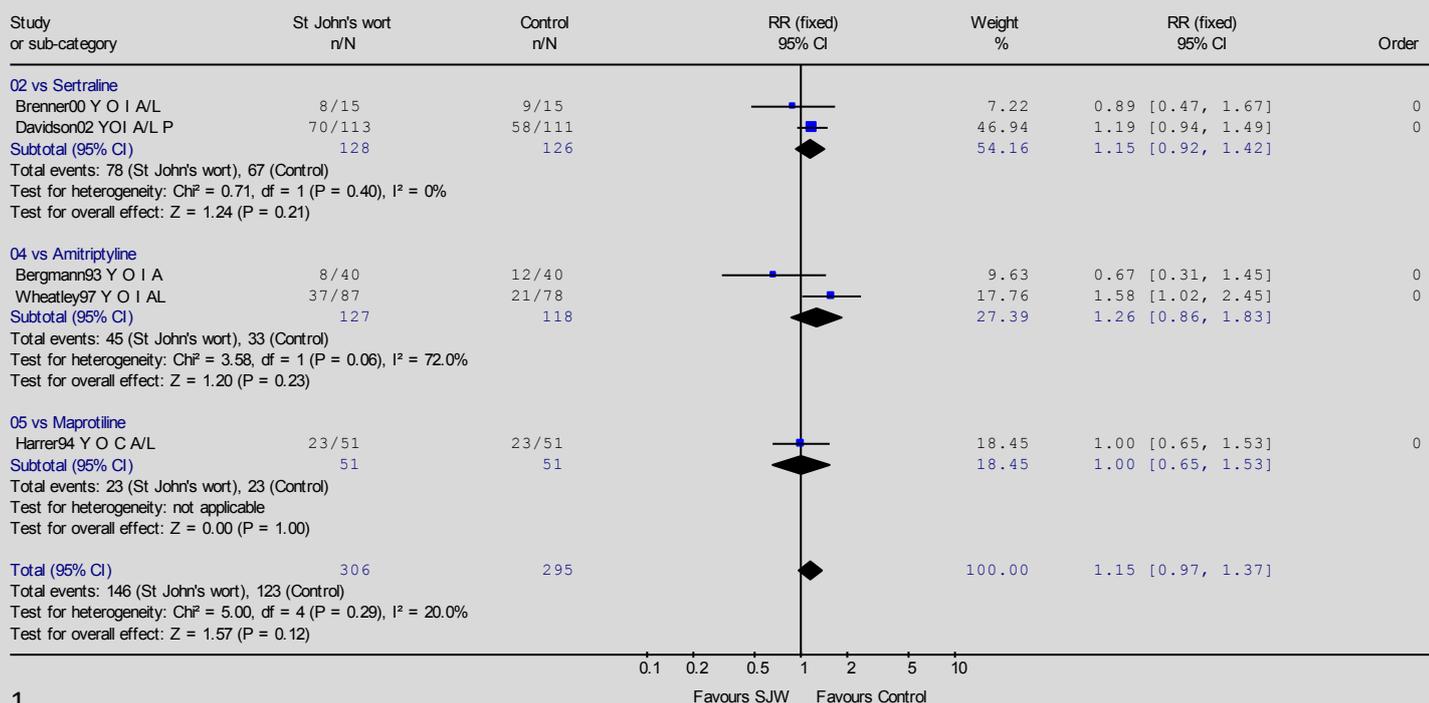


2
 Review: Pharmacology: St John's wort
 Comparison: 07 Efficacy against therapeutic doses of ADs
 Outcome: 03 Mean endpoint scores

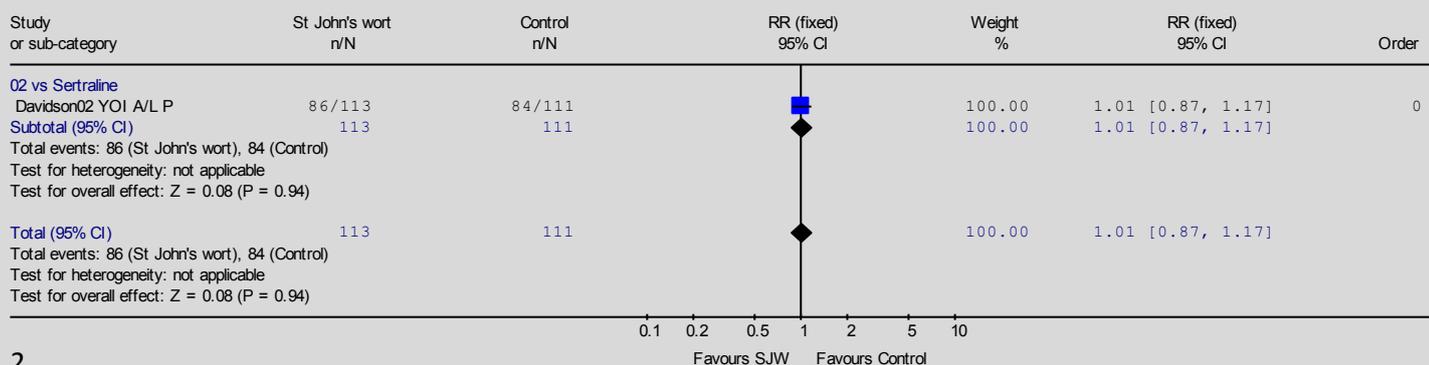


3

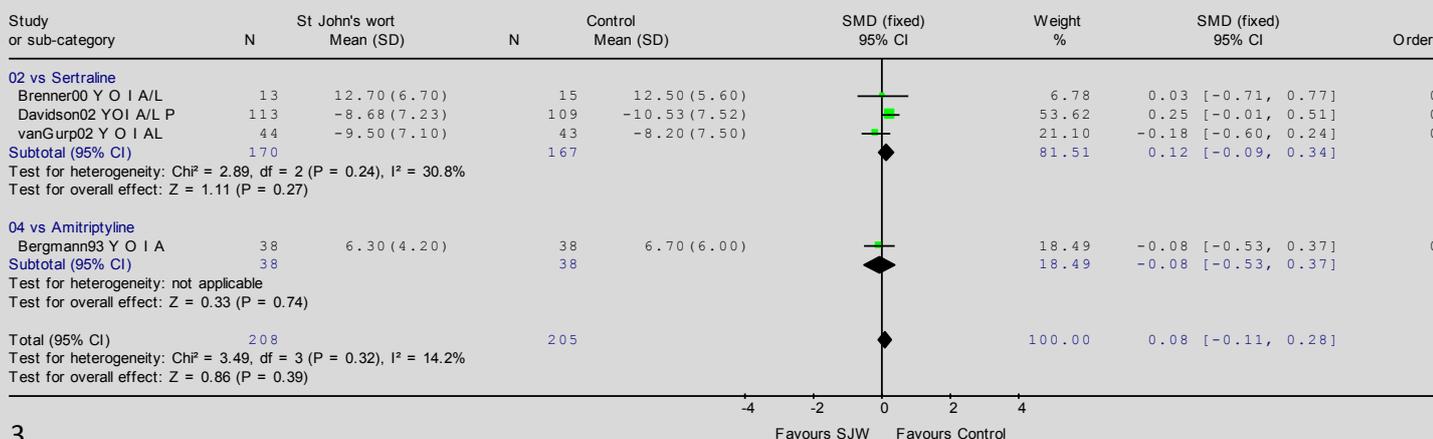
Review: Pharmacology: St John's wort
 Comparison: 08 Efficacy against low doses of ADs
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score



1
 Review: Pharmacology: St John's wort
 Comparison: 08 Efficacy against low doses of ADs
 Outcome: 02 Number of people not achieving remission

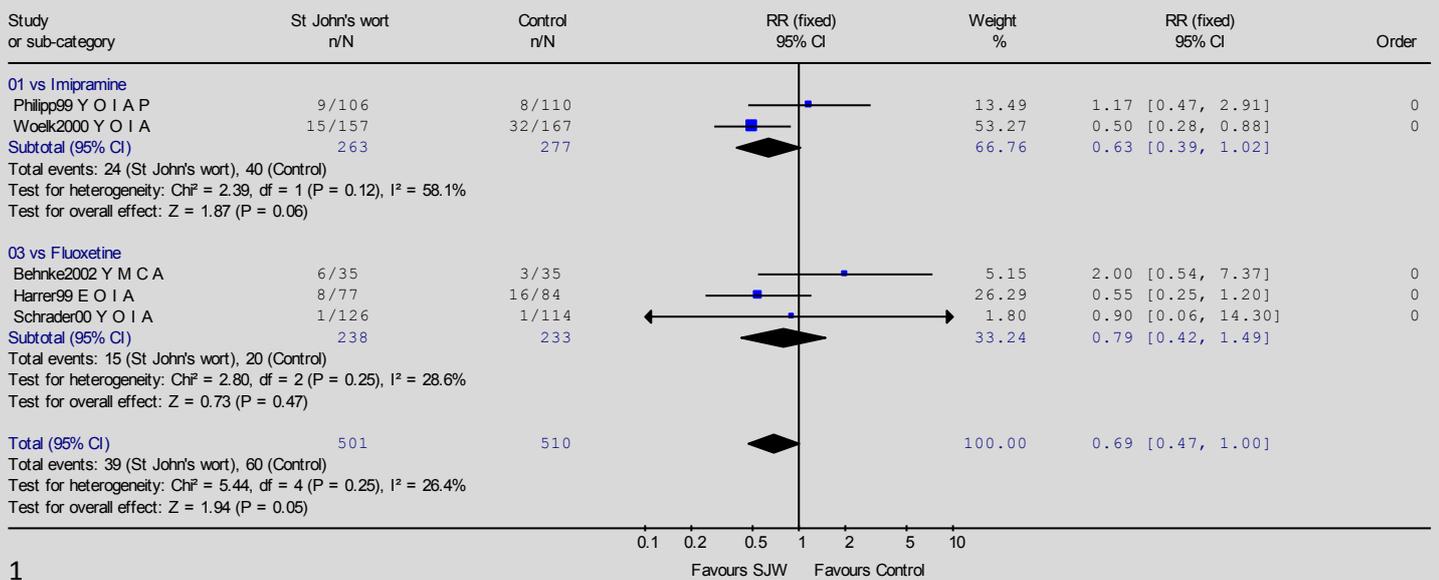


2
 Review: Pharmacology: St John's wort
 Comparison: 08 Efficacy against low doses of ADs
 Outcome: 03 Mean endpoint scores

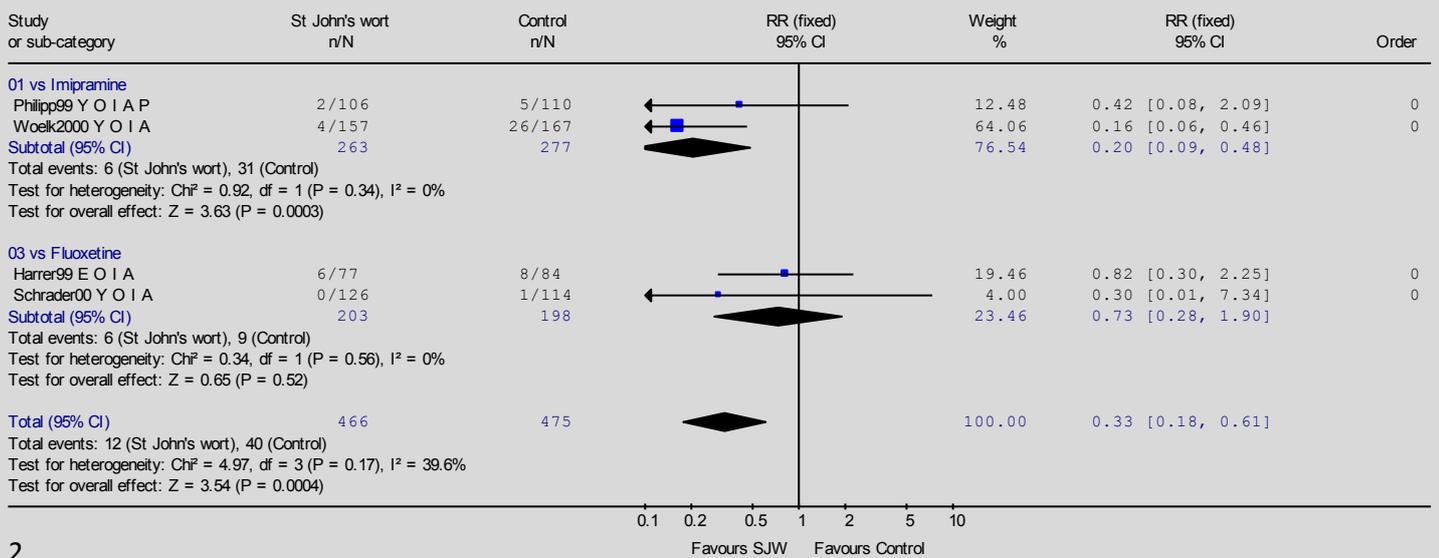


3

Review: Pharmacology: St John's wort
 Comparison: 09 Tolerability against therapeutic doses of ADs
 Outcome: 01 Leaving the study early

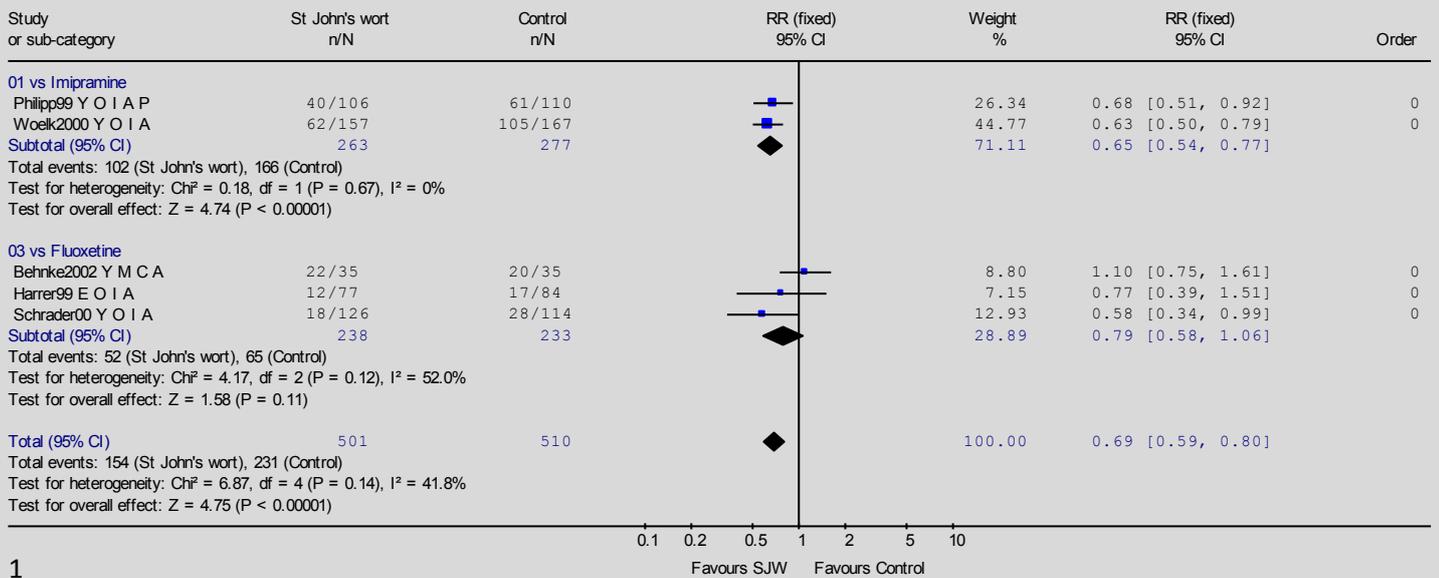


1
 Review: Pharmacology: St John's wort
 Comparison: 09 Tolerability against therapeutic doses of ADs
 Outcome: 02 Leaving the study early due to side effects

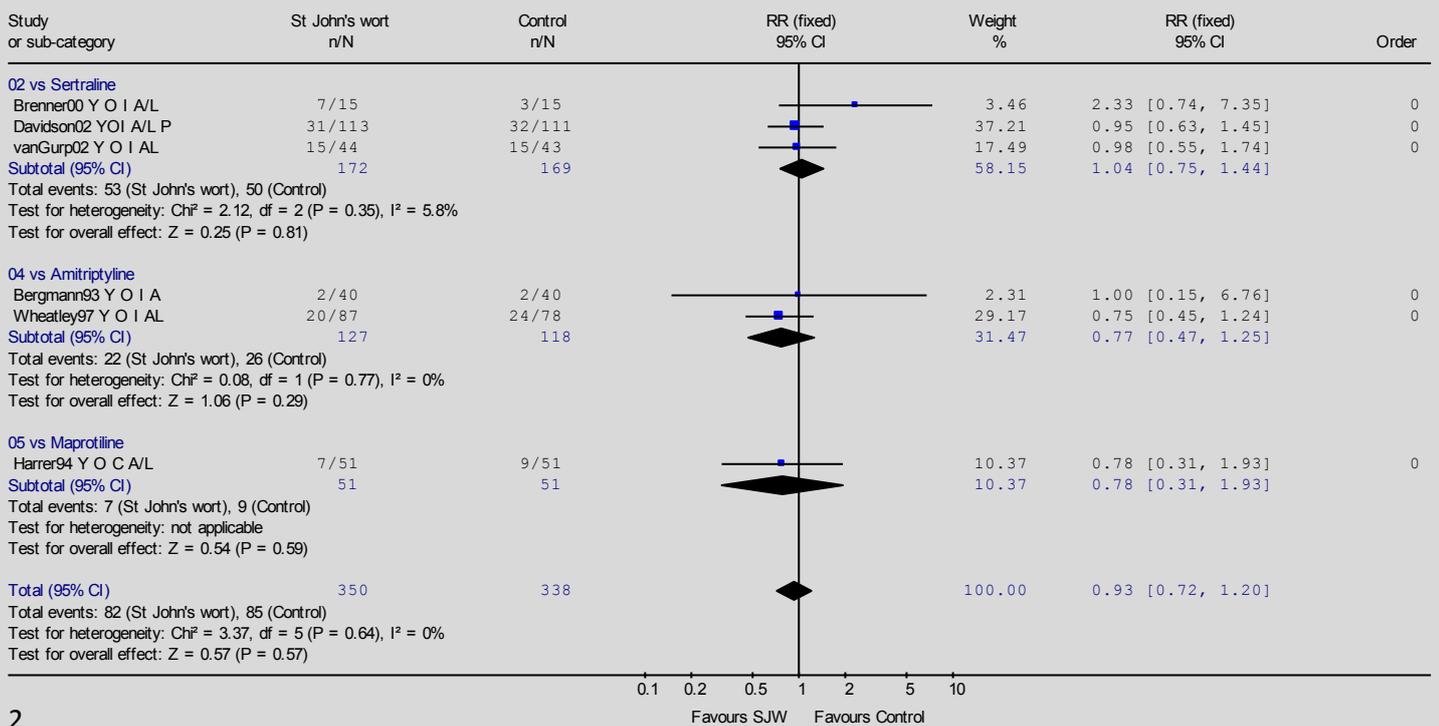


2

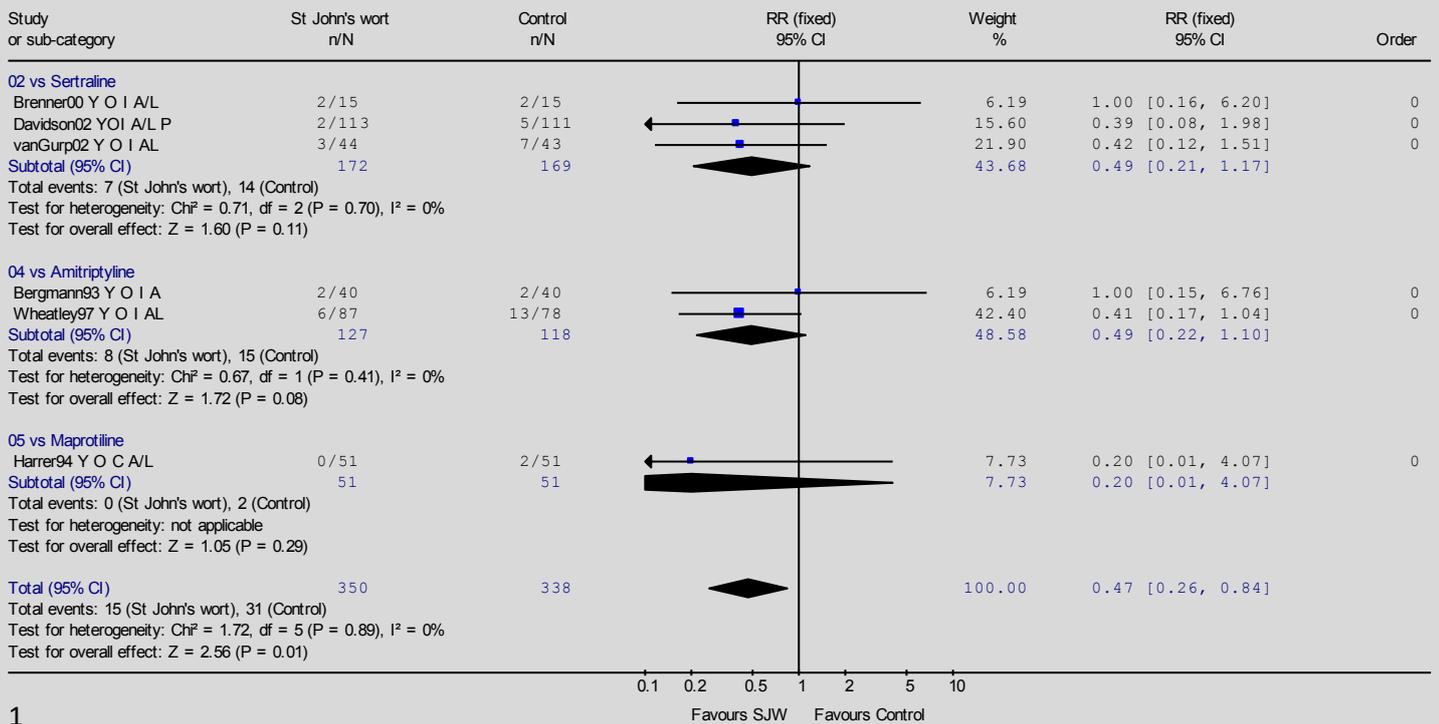
Review: Pharmacology: St John's wort
 Comparison: 09 Tolerability against therapeutic doses of ADs
 Outcome: 03 Patients reporting side effects



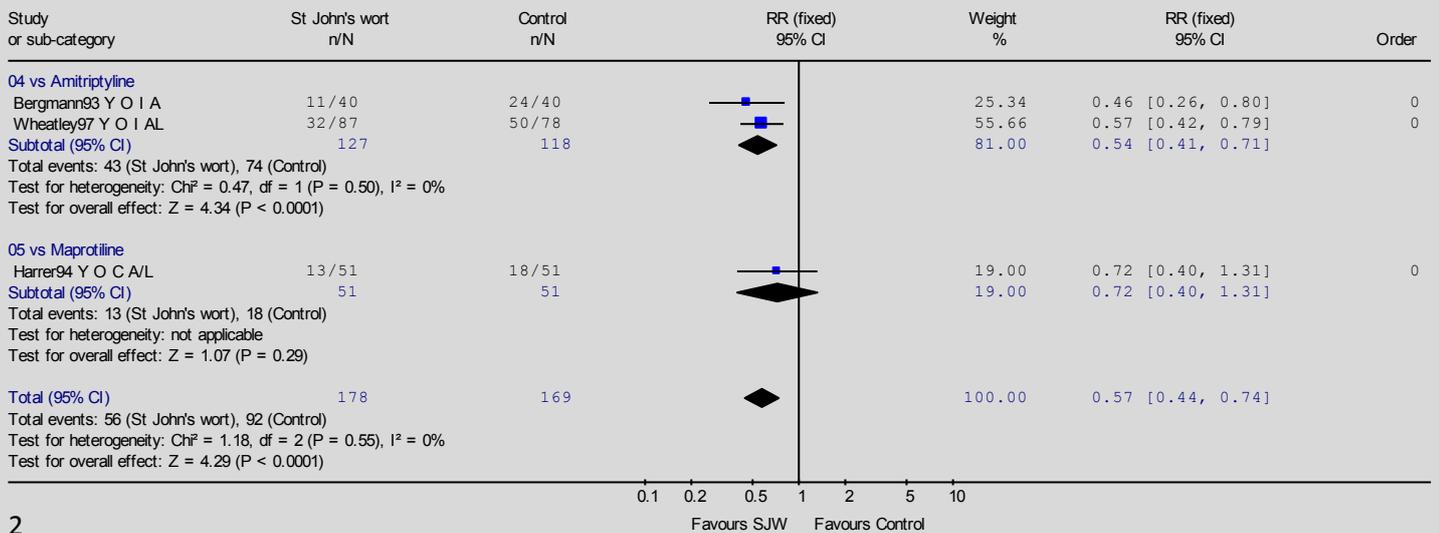
1
 Review: Pharmacology: St John's wort
 Comparison: 10 Tolerability against low doses of ADs
 Outcome: 01 Leaving the study early



Review: Pharmacology: St John's wort
 Comparison: 10 Tolerability against low doses of ADs
 Outcome: 02 Leaving the study early due to side effects

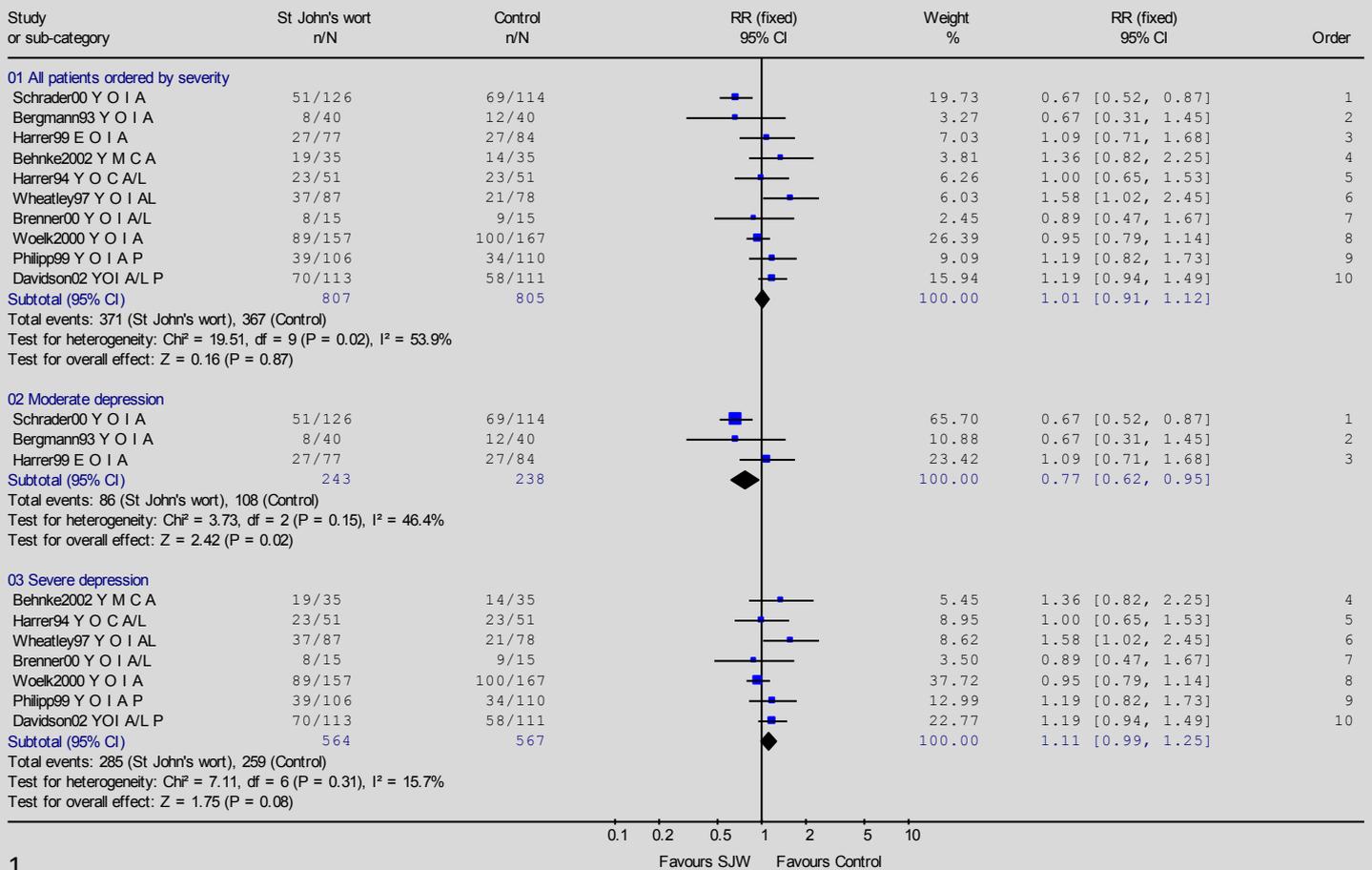


1
 Review: Pharmacology: St John's wort
 Comparison: 10 Tolerability against low doses of ADs
 Outcome: 03 Patients reporting side effects

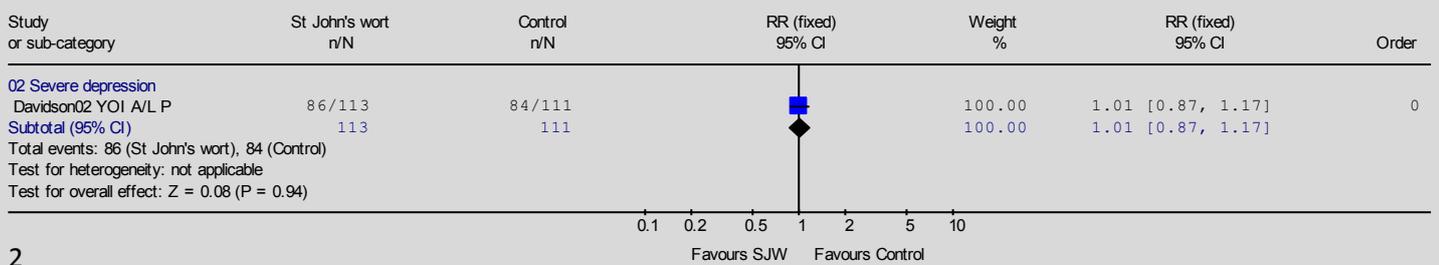


2

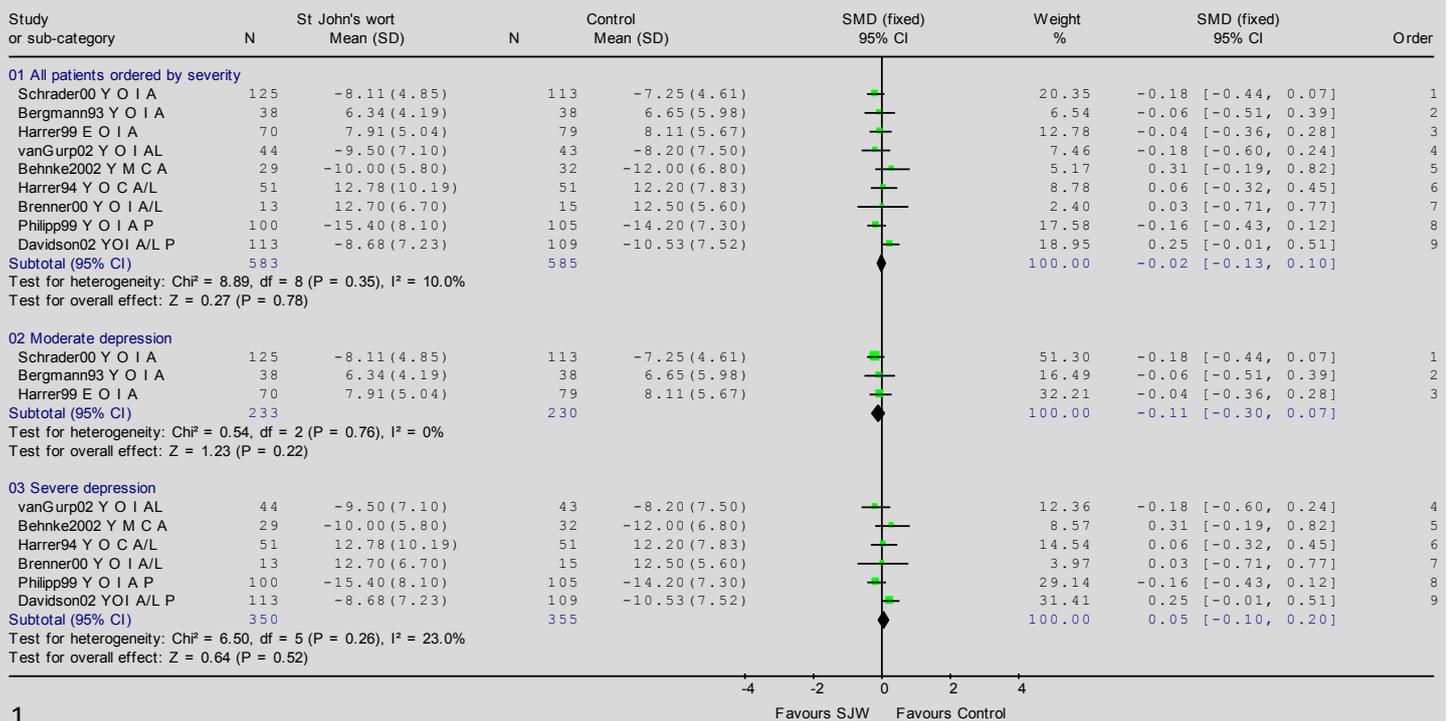
Review: Pharmacology: St John's wort
 Comparison: 11 Efficacy against ADs by severity of depression
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score



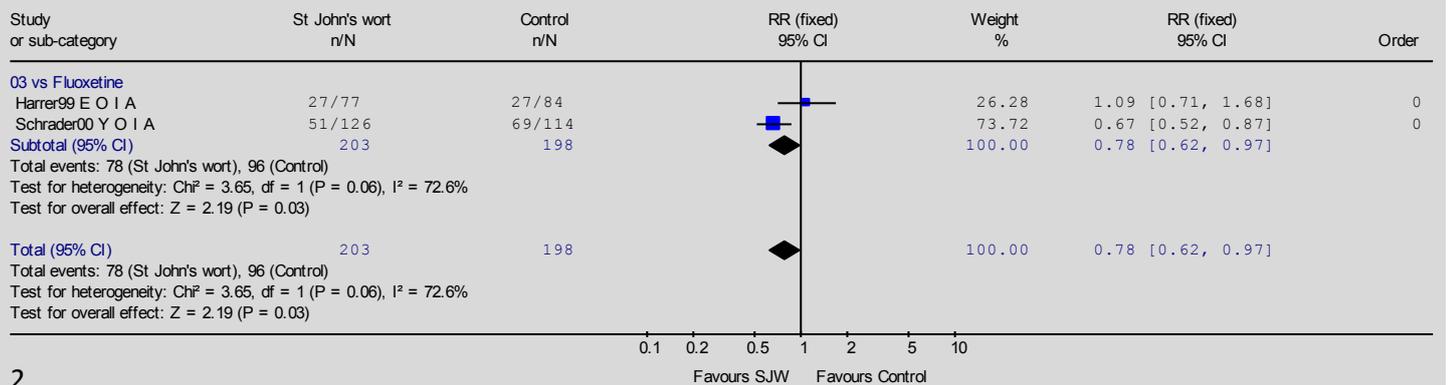
1
 Review: Pharmacology: St John's wort
 Comparison: 11 Efficacy against ADs by severity of depression
 Outcome: 02 Number of people not achieving remission



Review: Pharmacology: St John's wort
 Comparison: 11 Efficacy against ADs by severity of depression
 Outcome: 03 Mean endpoint scores

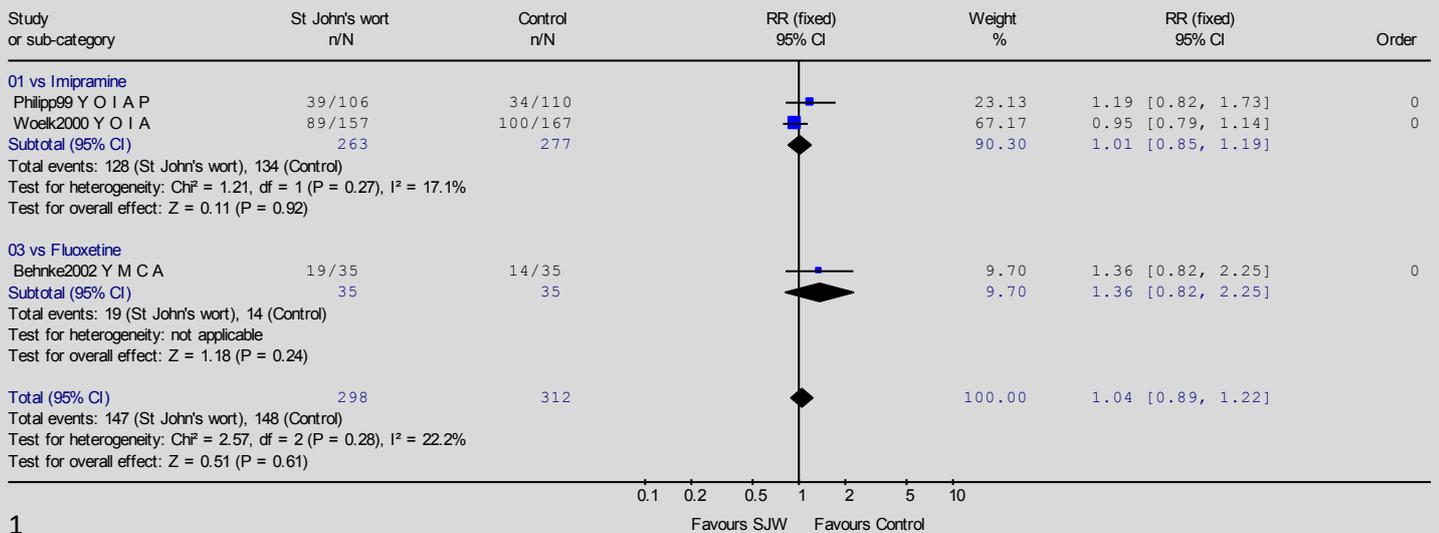


1
 Review: Pharmacology: St John's wort
 Comparison: 12 Therapeutic dose / severity
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score / moderate depression

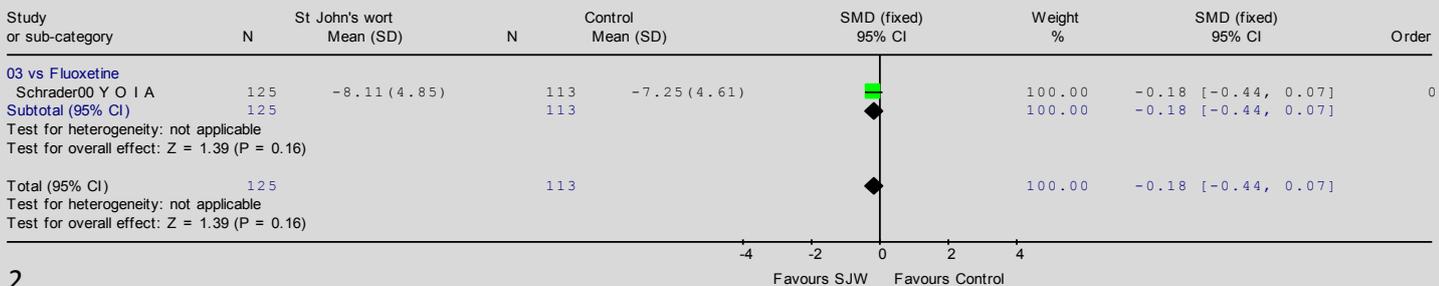


2

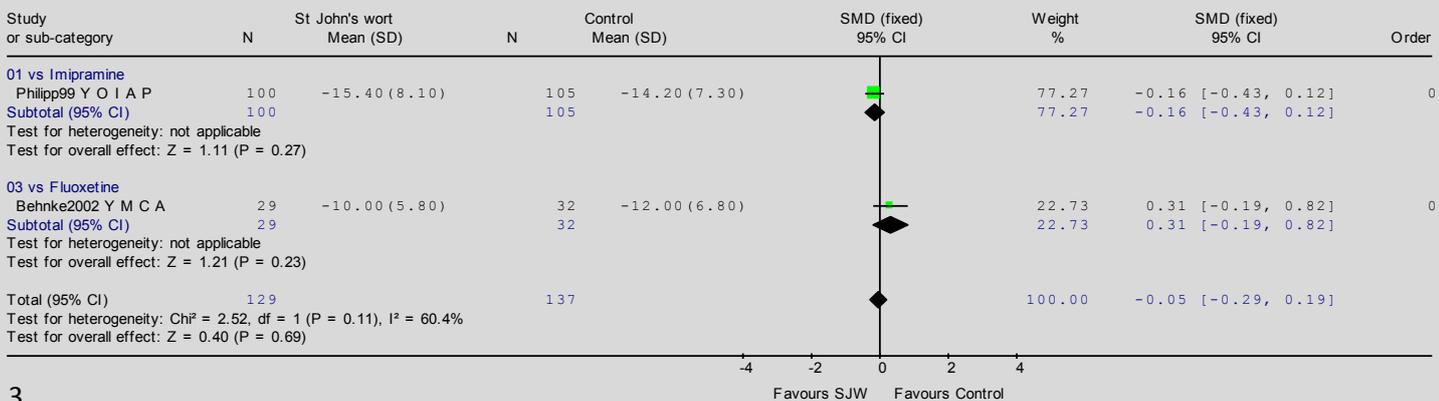
Review: Pharmacology: St John's wort
 Comparison: 12 Therapeutic dose / severity
 Outcome: 02 Number of people not achieving at least 50% reduction in depression score / severe depression



1
 Review: Pharmacology: St John's wort
 Comparison: 12 Therapeutic dose / severity
 Outcome: 03 Mean endpoint scores / moderate depression

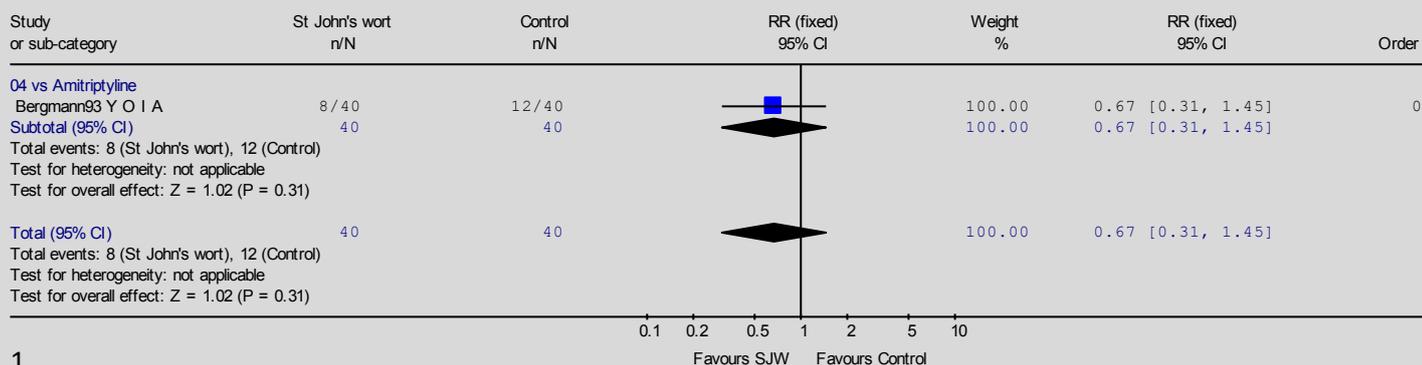


2
 Review: Pharmacology: St John's wort
 Comparison: 12 Therapeutic dose / severity
 Outcome: 04 Mean endpoint scores / severe depression

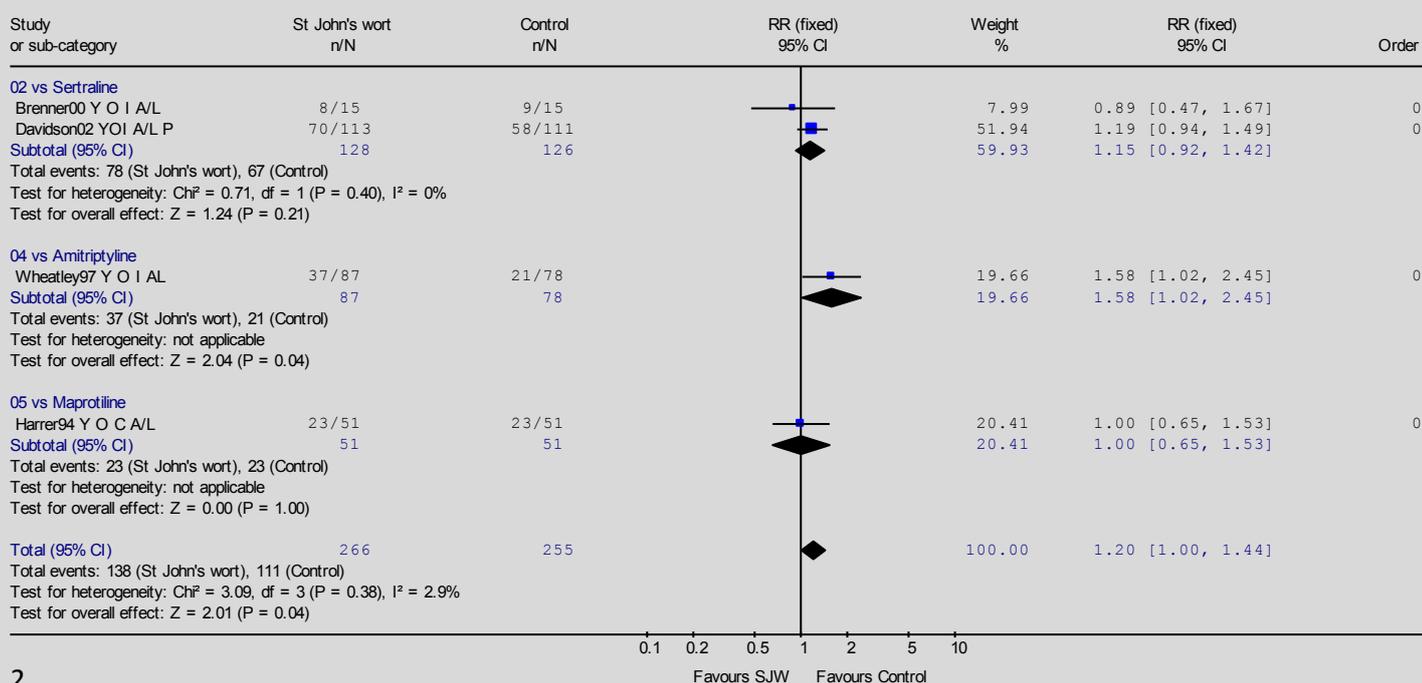


3

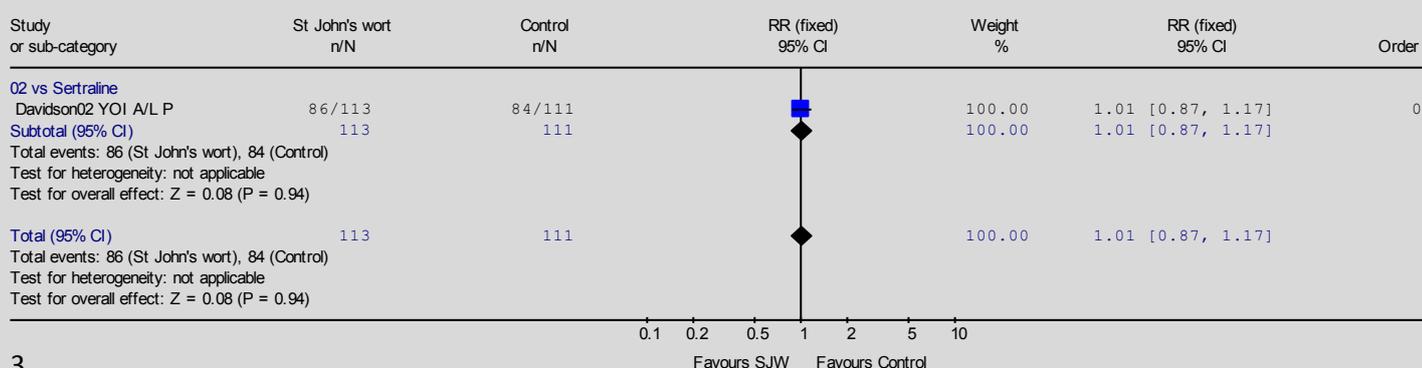
Review: Pharmacology: St John's wort
 Comparison: 13 Low dose / severity
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score / moderate depression



1
 Review: Pharmacology: St John's wort
 Comparison: 13 Low dose / severity
 Outcome: 02 Number of people not achieving at least 50% reduction in depression score / severe depression

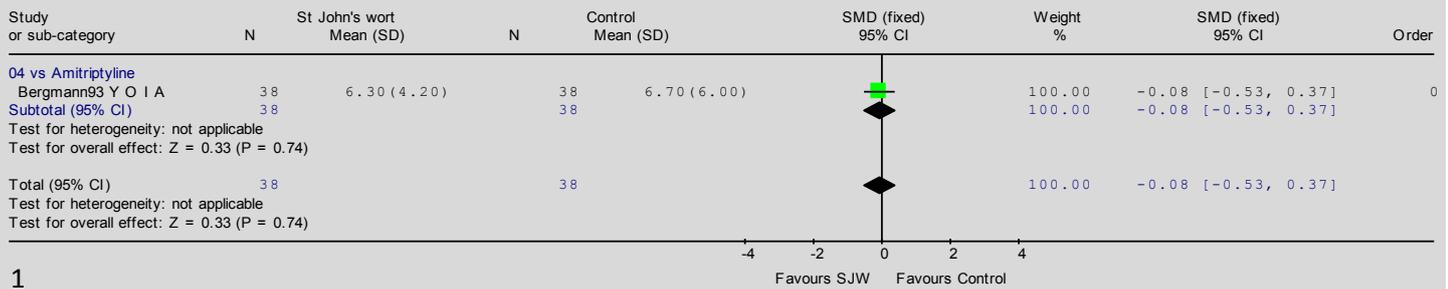


2
 Review: Pharmacology: St John's wort
 Comparison: 13 Low dose / severity
 Outcome: 03 Number of people not achieving remission / severe depression

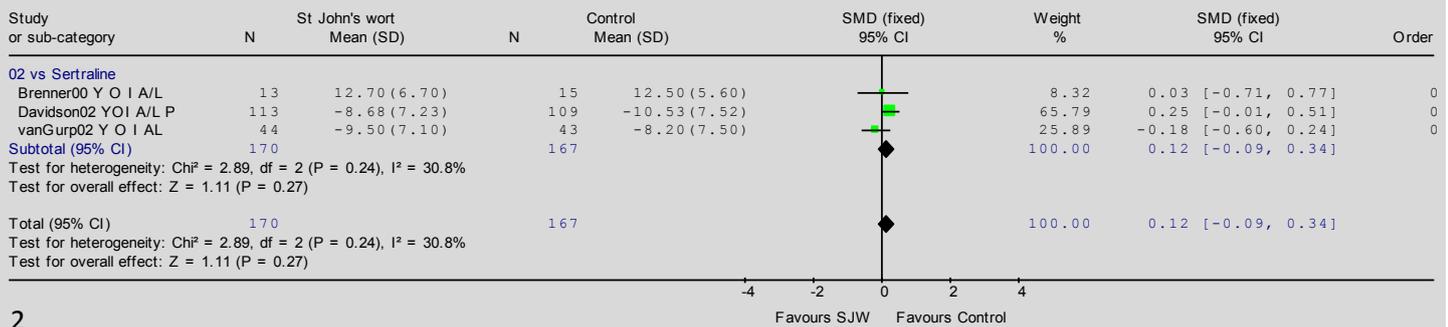


3

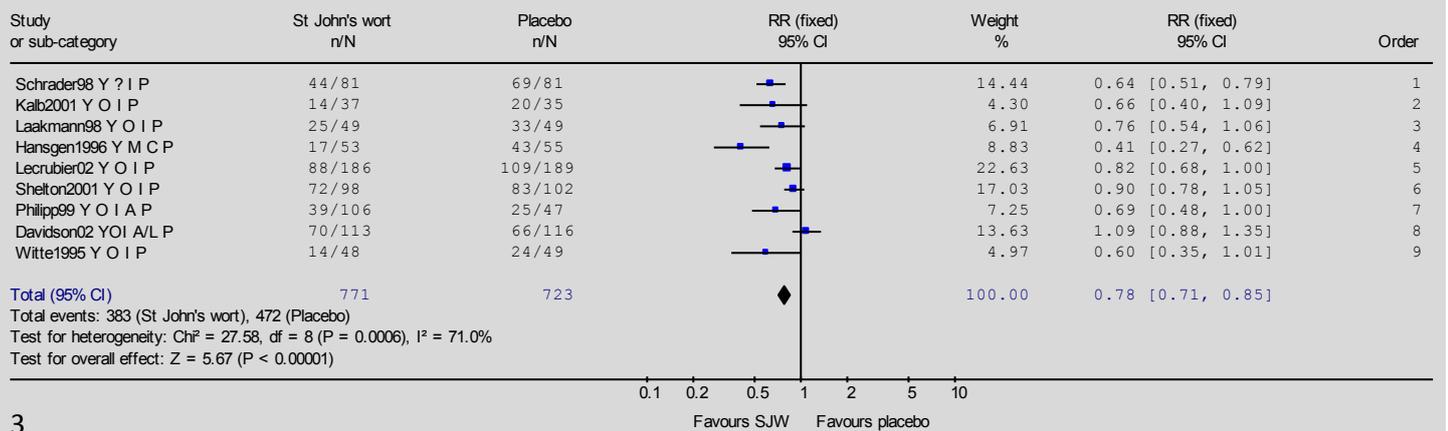
Review: Pharmacology: St John's wort
 Comparison: 13 Low dose / severity
 Outcome: 04 Mean endpoint scores / moderate depression



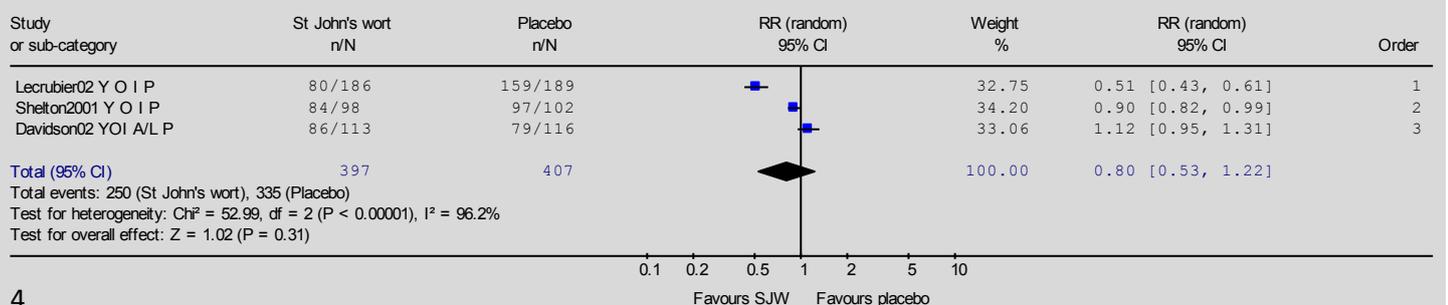
1
 Review: Pharmacology: St John's wort
 Comparison: 13 Low dose / severity
 Outcome: 05 Mean endpoint scores / severe depression



2
 Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score

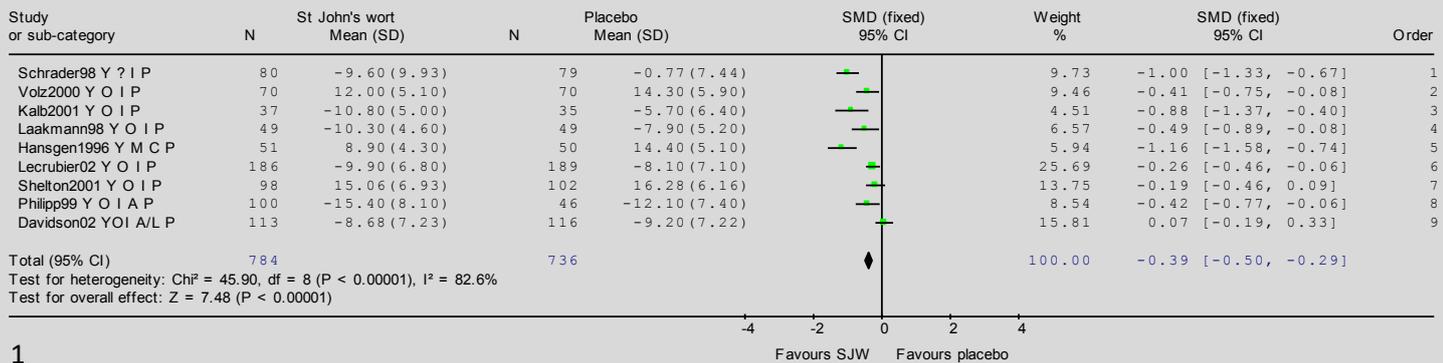


3
 Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 02 Number of people not achieving remission

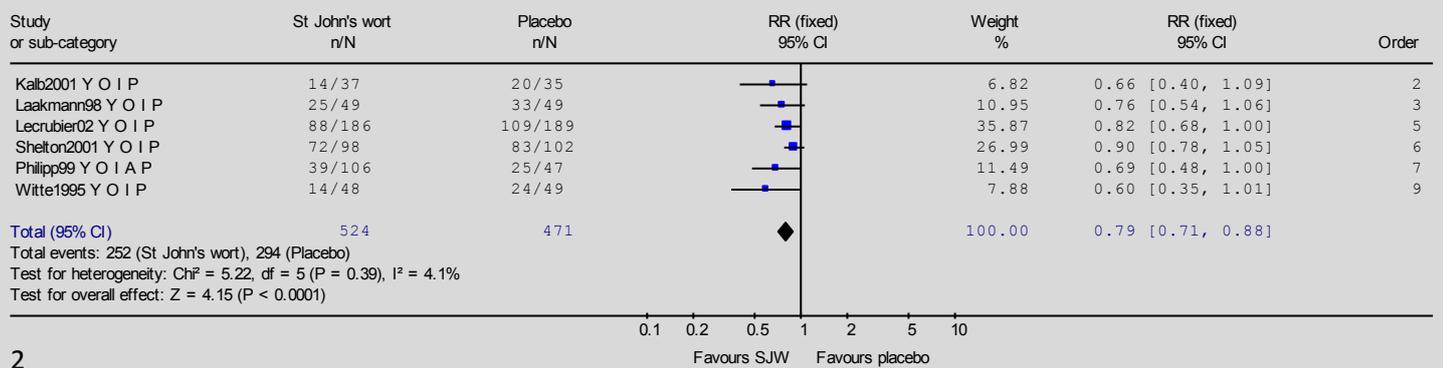


4

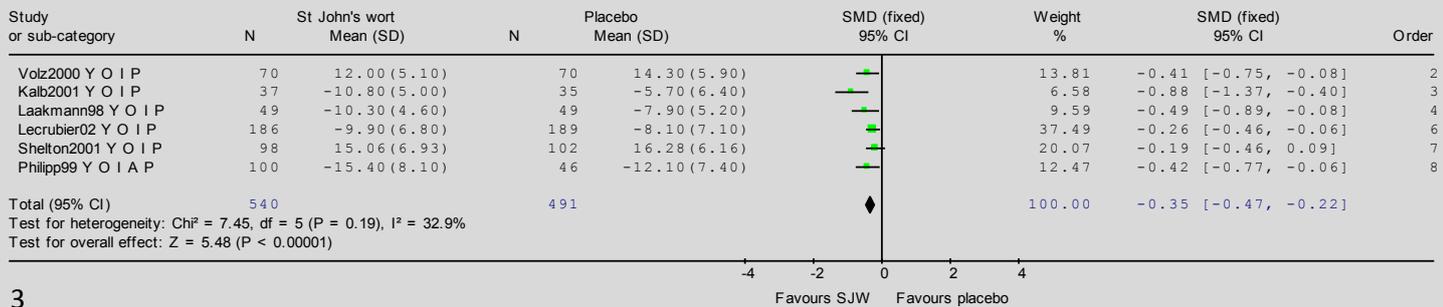
Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 03 Mean endpoint scores



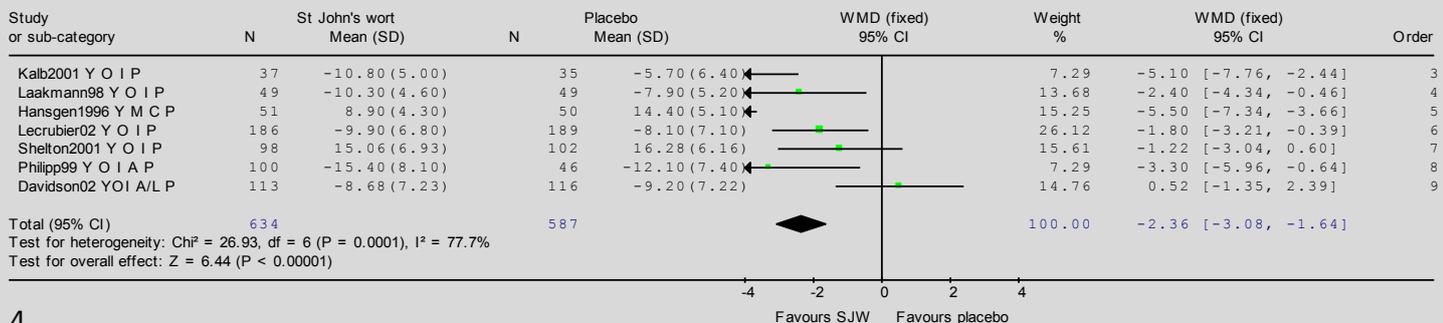
1
 Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 04 Sensitivity analysis: Number of people not achieving at least 50% reduction in depression score



2
 Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 05 Sensitivity analysis: Mean endpoint scores

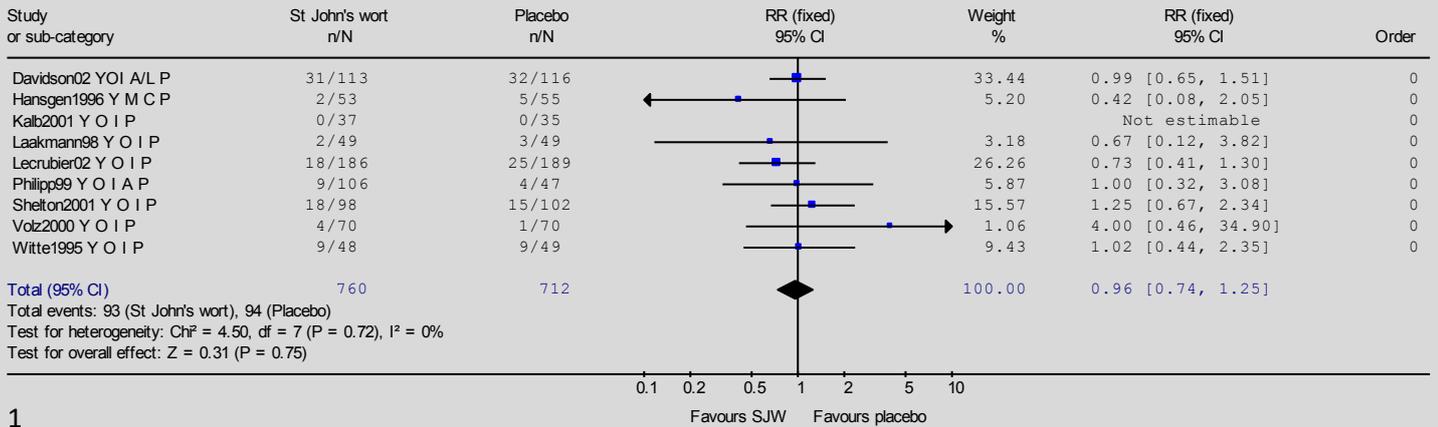


3
 Review: Pharmacology: St John's wort
 Comparison: 14 Efficacy against placebo
 Outcome: 06 Mean endpoint scores (HRSD-17 only)

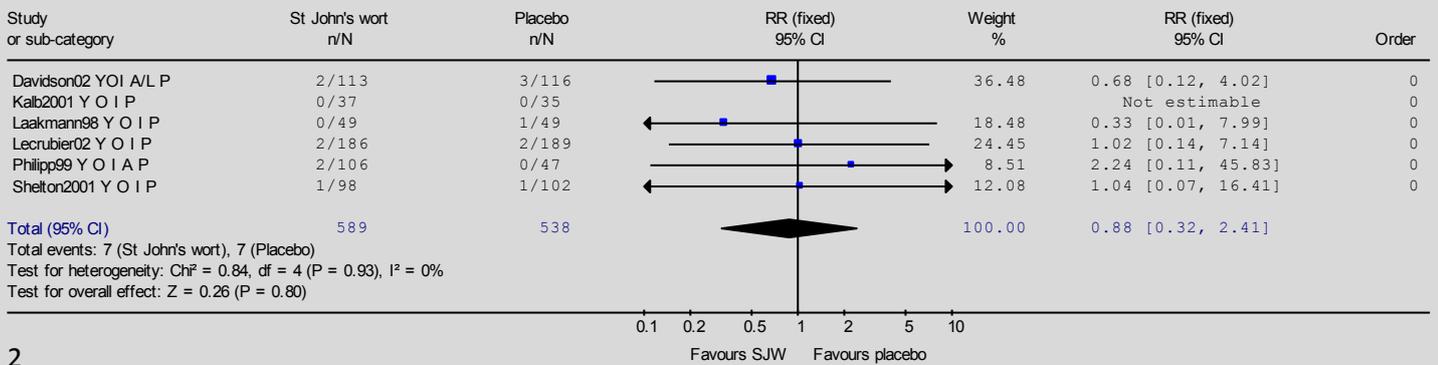


4
 Favours SJW Favours placebo

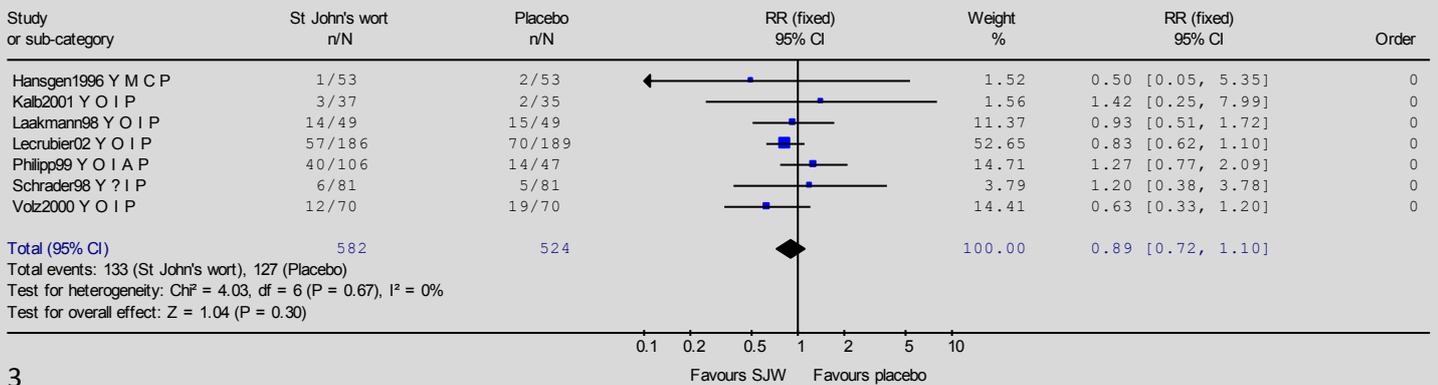
Review: Pharmacology: St John's wort
 Comparison: 15 Tolerability against placebo
 Outcome: 01 Leaving the study early



1
 Review: Pharmacology: St John's wort
 Comparison: 15 Tolerability against placebo
 Outcome: 02 Leaving the study early due to side effects

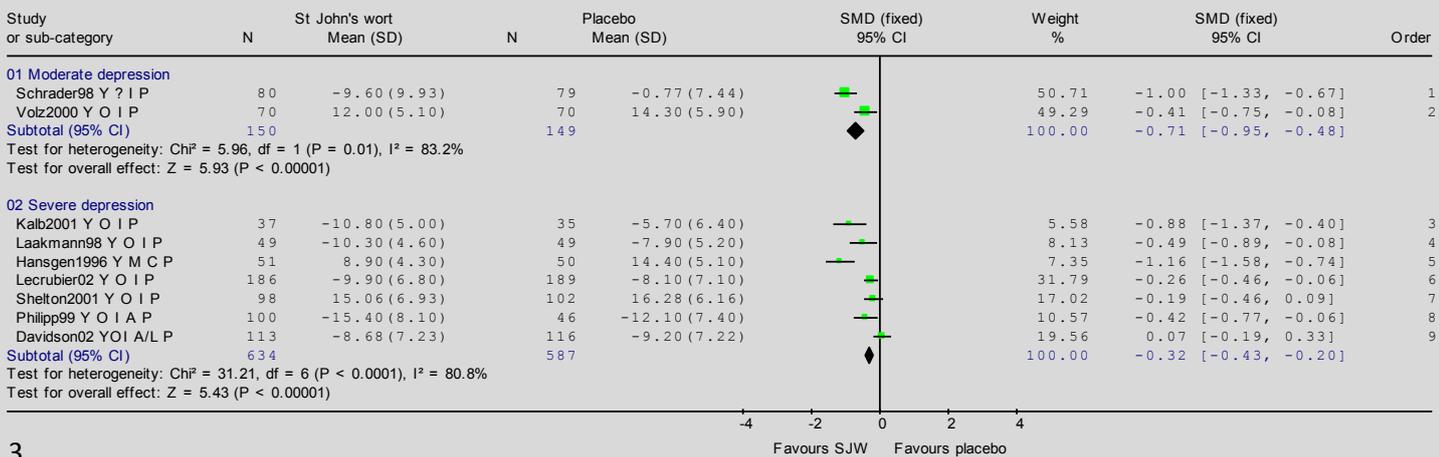
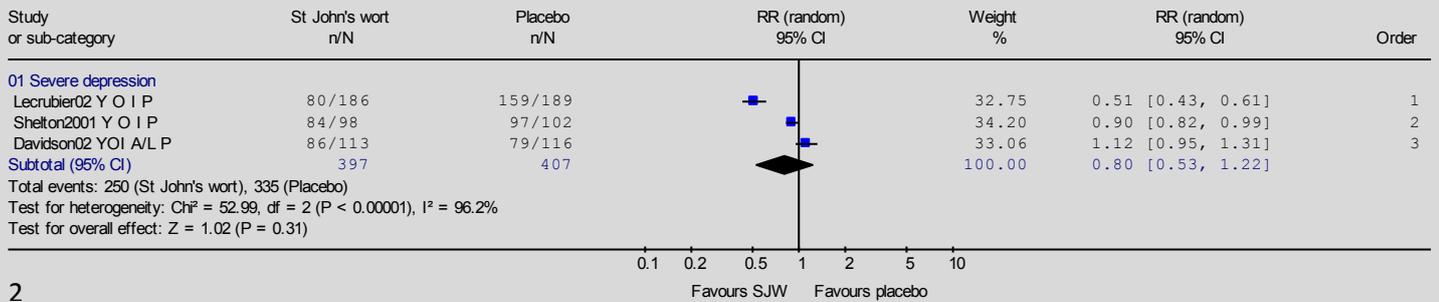
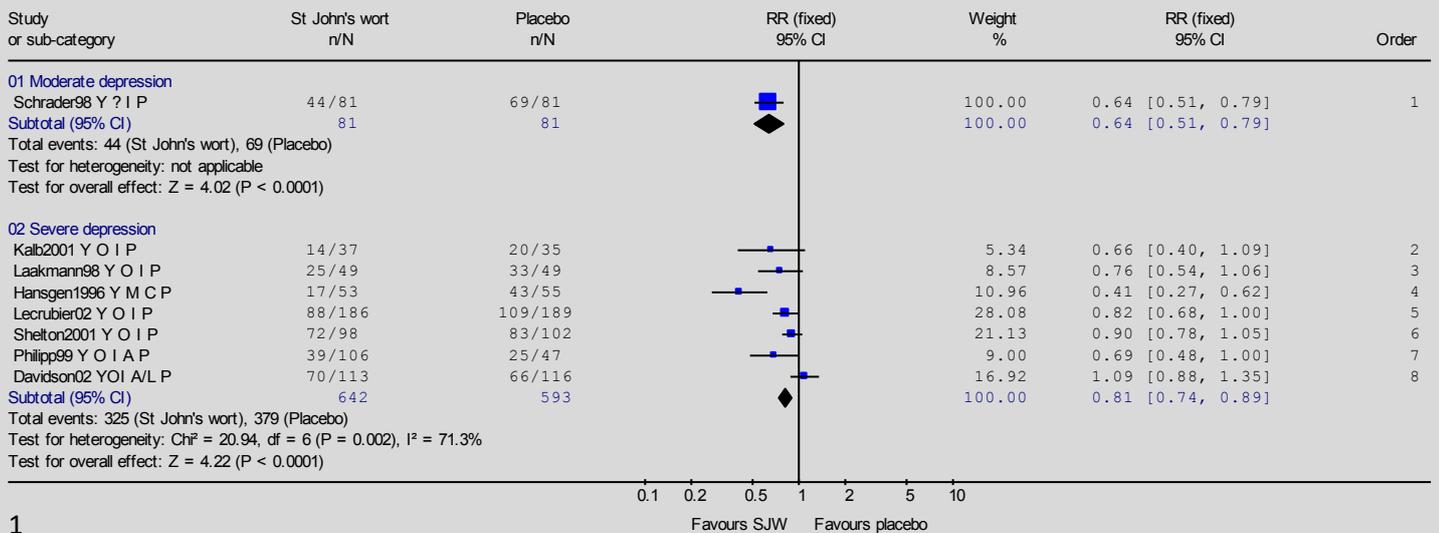


2
 Review: Pharmacology: St John's wort
 Comparison: 15 Tolerability against placebo
 Outcome: 03 Patients reporting side effects

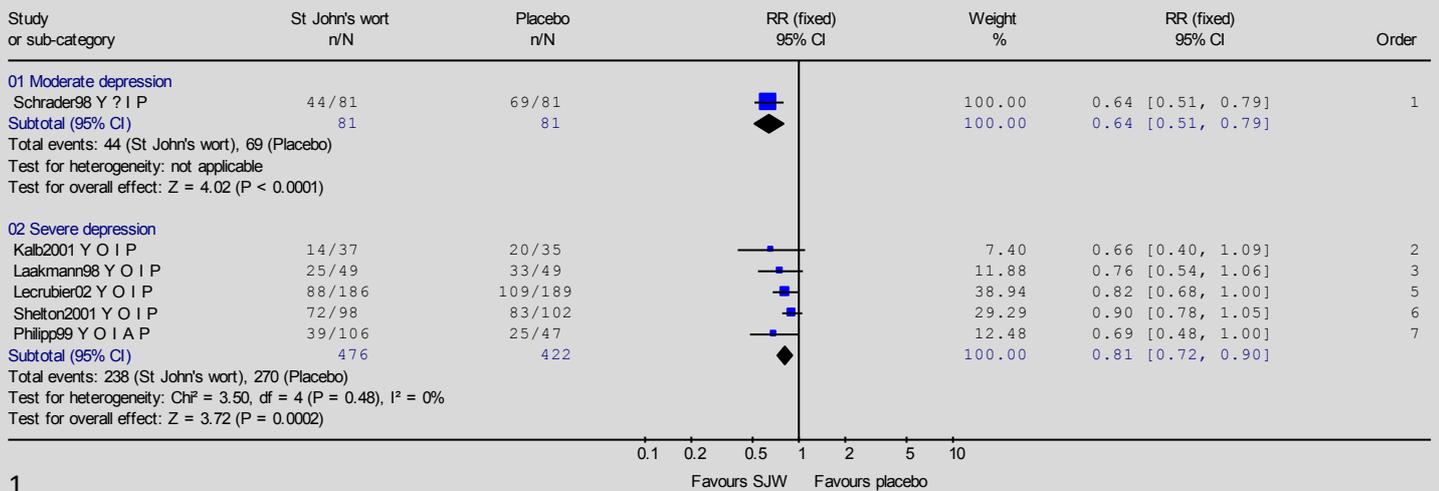


3

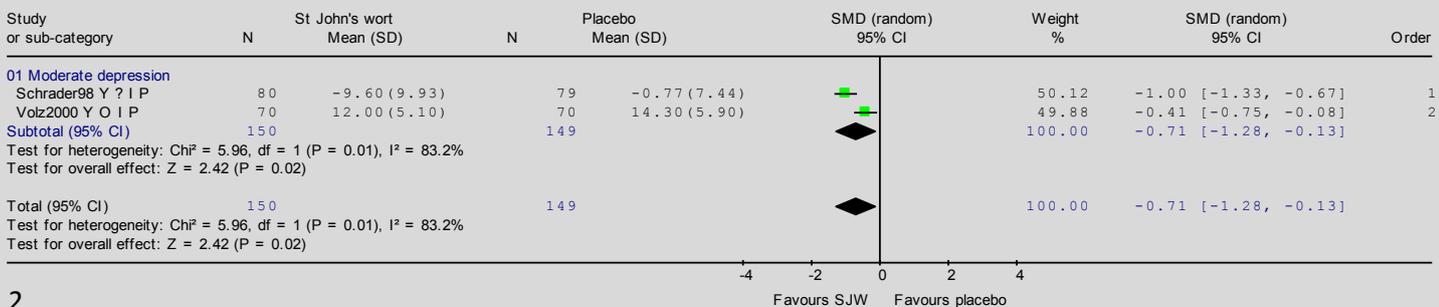
Review: Pharmacology: St John's wort
 Comparison: 16 Efficacy against placebo by severity
 Outcome: 01 Number of people not achieving at least 50% reduction in depression score



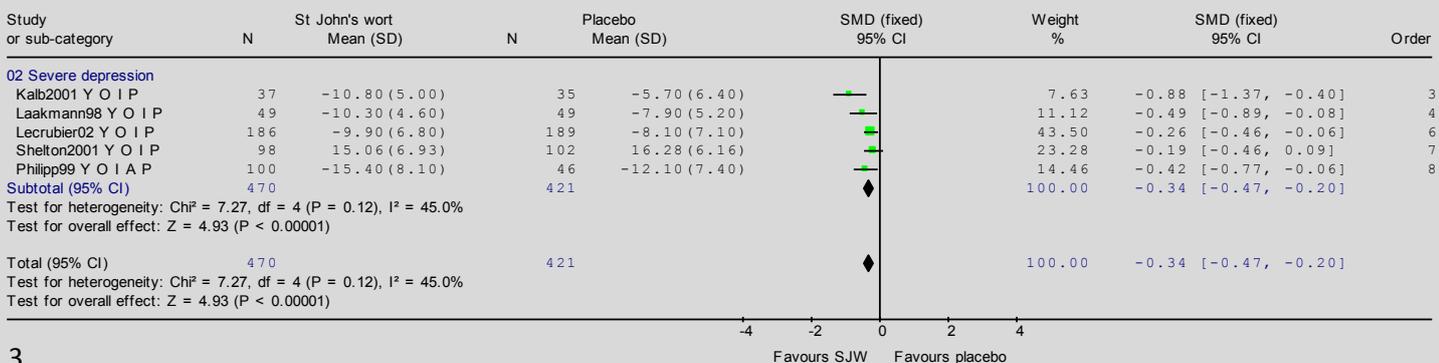
Review: Pharmacology: St John's wort
 Comparison: 16 Efficacy against placebo by severity
 Outcome: 04 Sensitivity analysis: Number of people not achieving at least 50% reduction in depression score



1
 Review: Pharmacology: St John's wort
 Comparison: 16 Efficacy against placebo by severity
 Outcome: 05 Sensitivity analysis: Mean endpoint scores



2
 Review: Pharmacology: St John's wort
 Comparison: 16 Efficacy against placebo by severity
 Outcome: 06 Sensitivity analysis: Mean endpoint scores

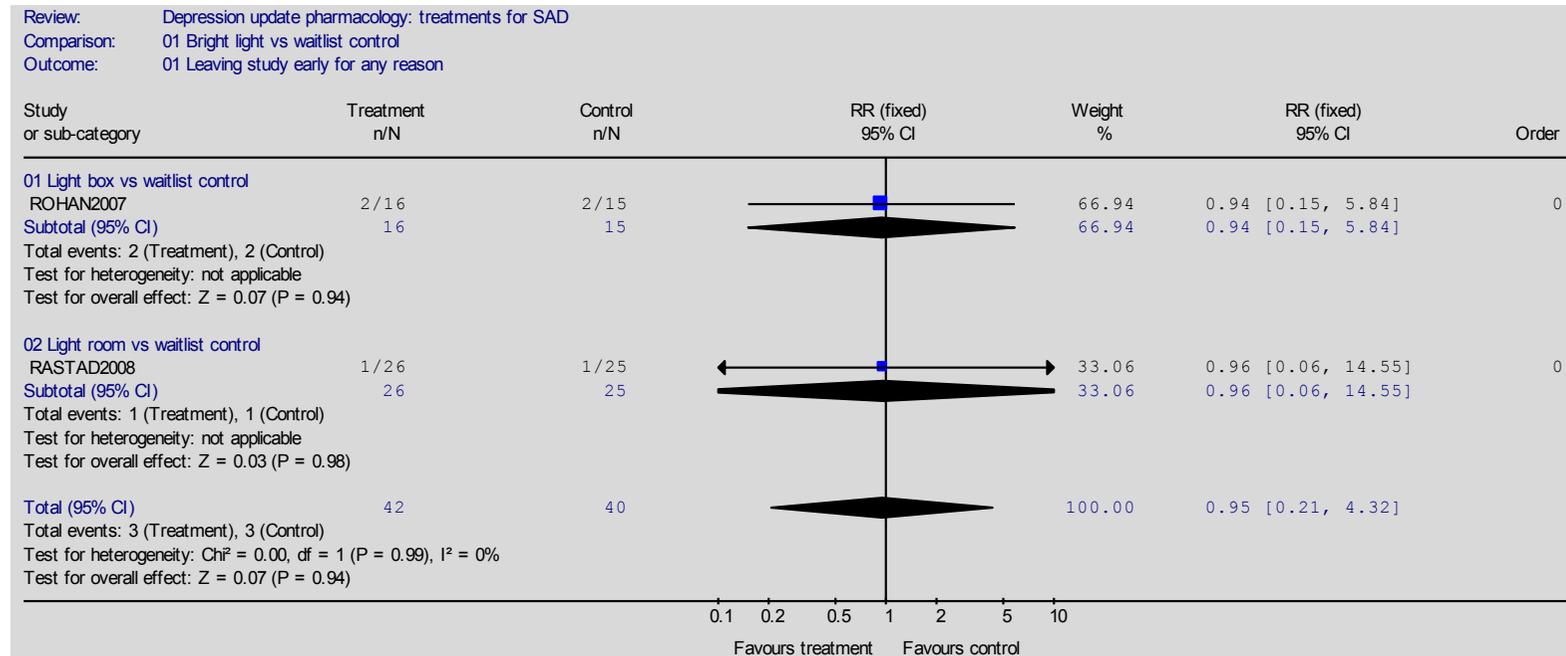


3
4

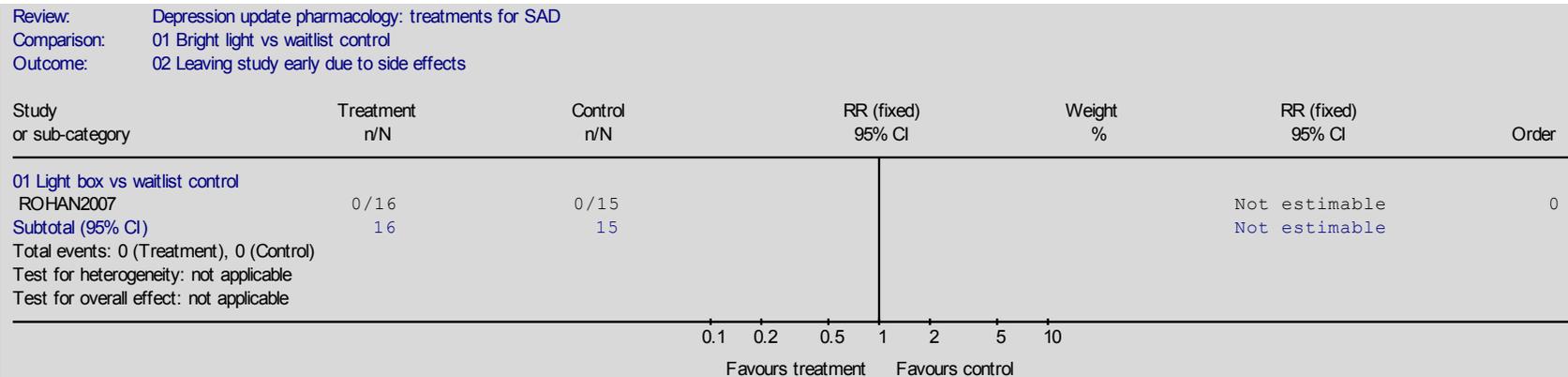
Treatments for SAD

bright light versus waitlist control

Number leaving the study early for any reason

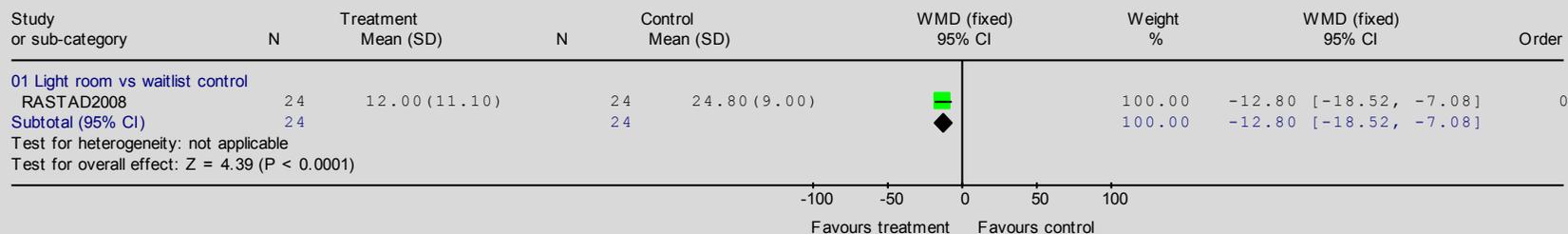


Number leaving the study early due to side effects

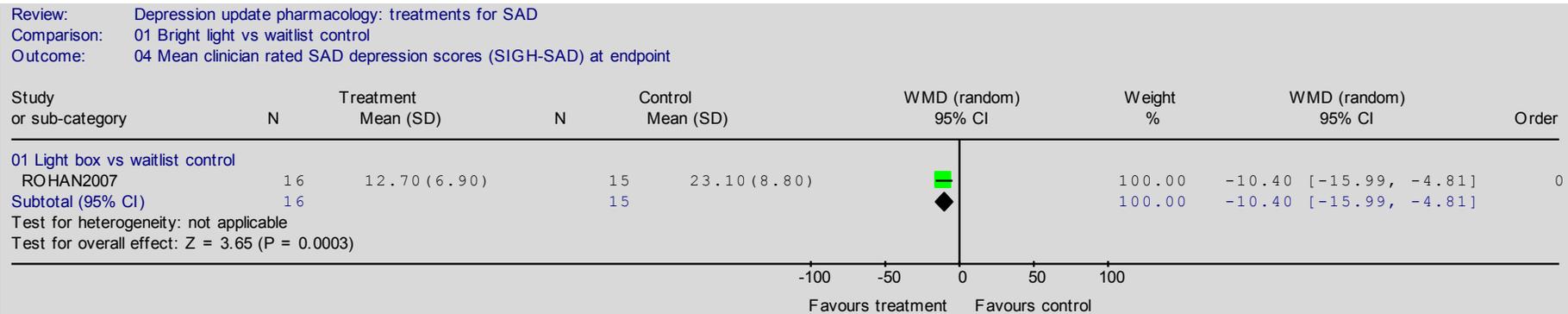


Mean endpoint SAD depression scores (SIGH-SAD-SR) (self-rated)

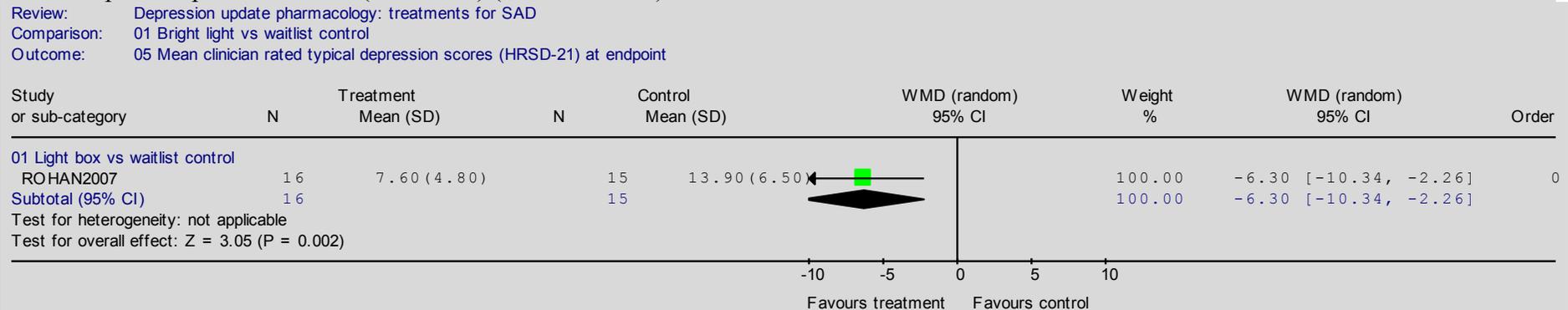
Review: Depression update pharmacology: treatments for SAD
 Comparison: 01 Bright light vs waitlist control
 Outcome: 03 Mean self rated SAD depression scores (SIGH-SAD-SR) at endpoint



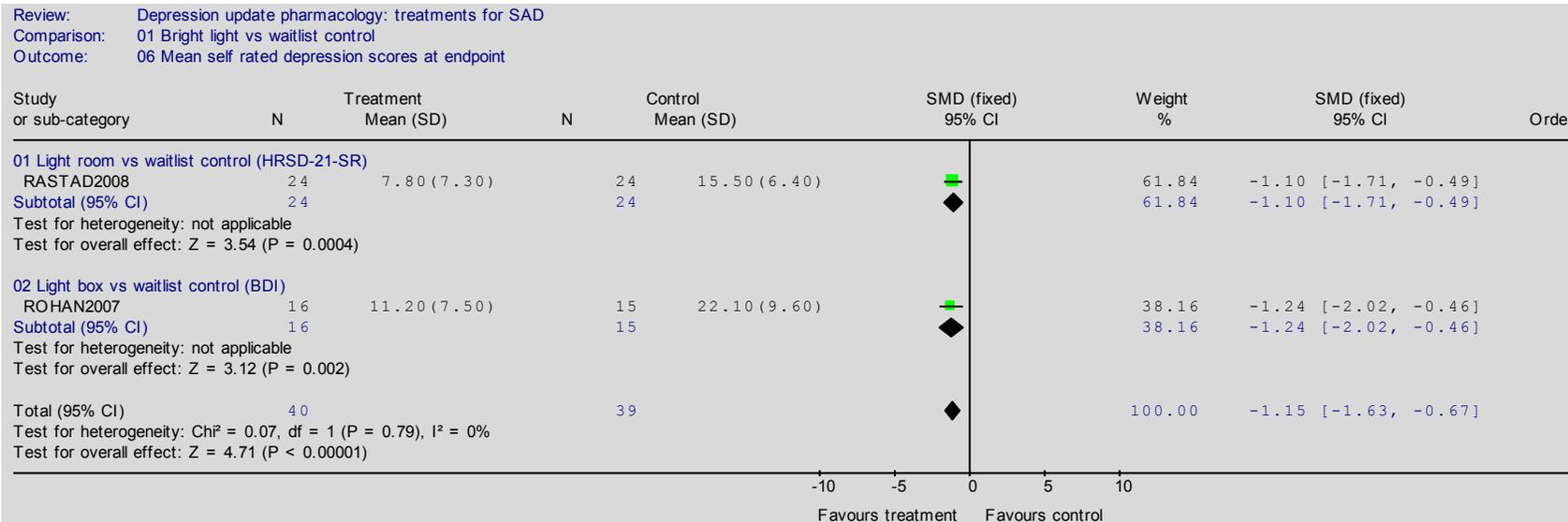
Mean endpoint SAD depression scores (SIGH-SAD) (clinician-rated)



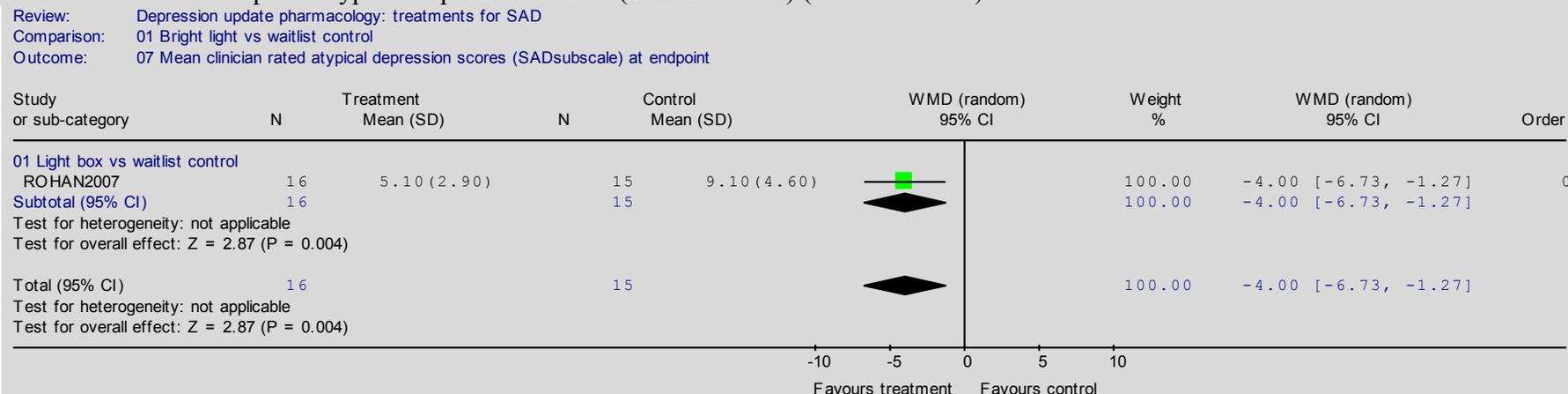
Mean endpoint depression scores (HRSD-21) (clinician-rated)



SAD.01.06. Mean depression scores at endpoint (self-rated)

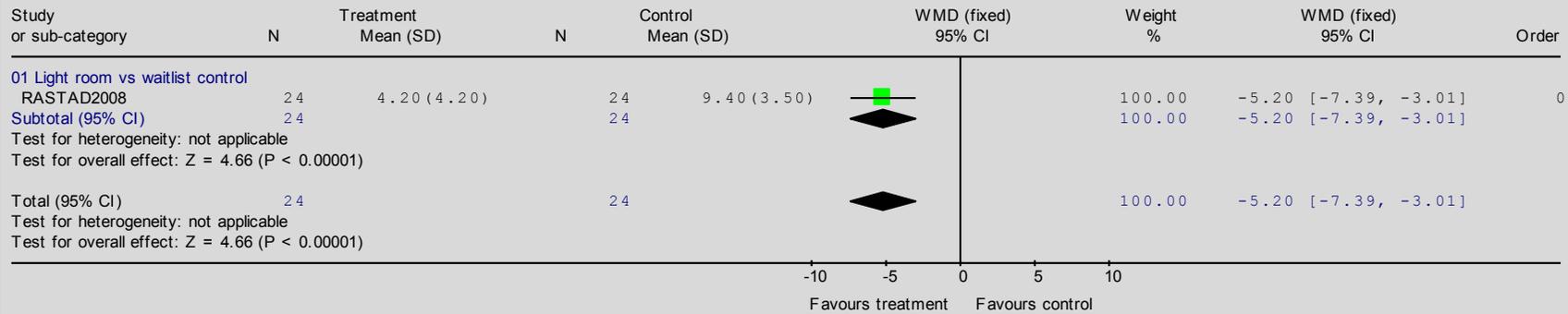


SAD.01.07. Mean endpoint atypical depression scores (SAD subscale) (clinician-rated)



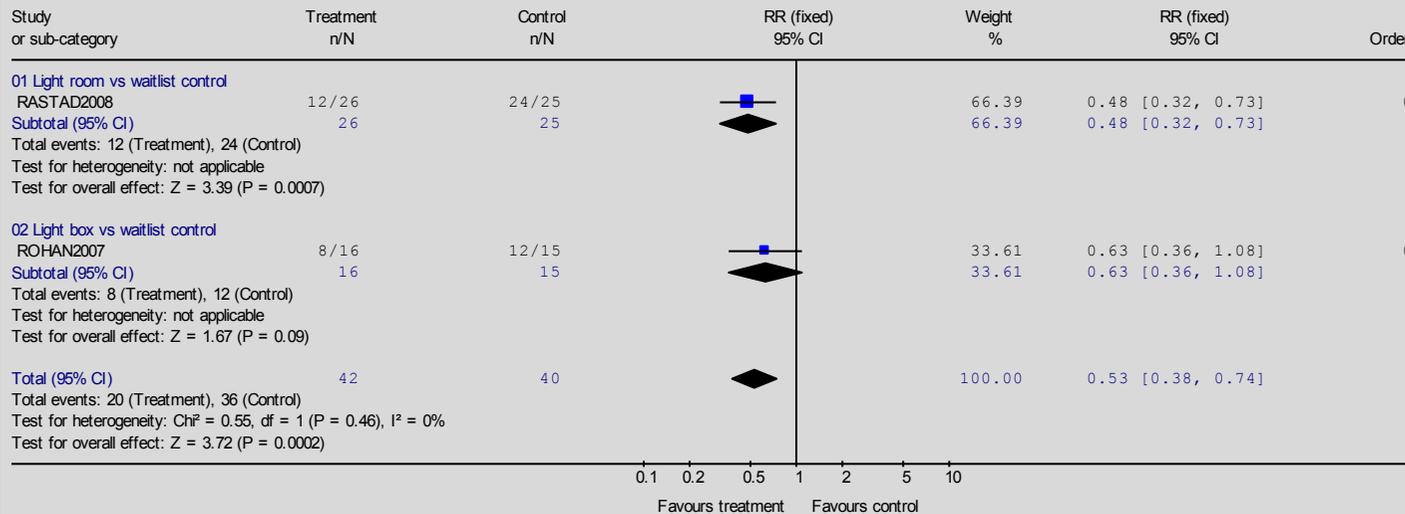
Mean endpoint atypical depression scores (SAD-SR subscale) (self-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 01 Bright light vs waitlist control
 Outcome: 08 Mean self rated atypical depression scores (SAD-SR subscale) at endpoint



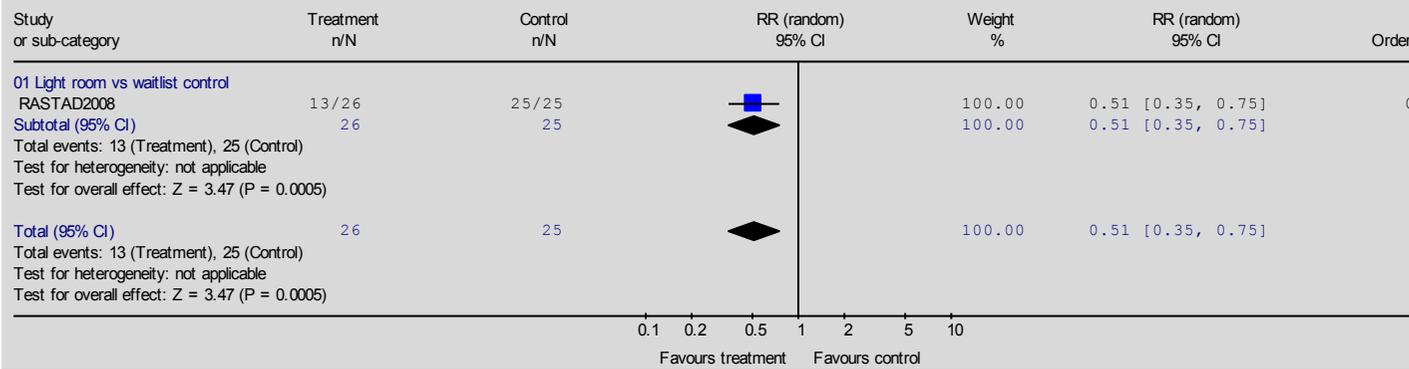
Non-response data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 01 Bright light vs waitlist control
 Outcome: 10 Non remission (SIGH-SAD-SR)



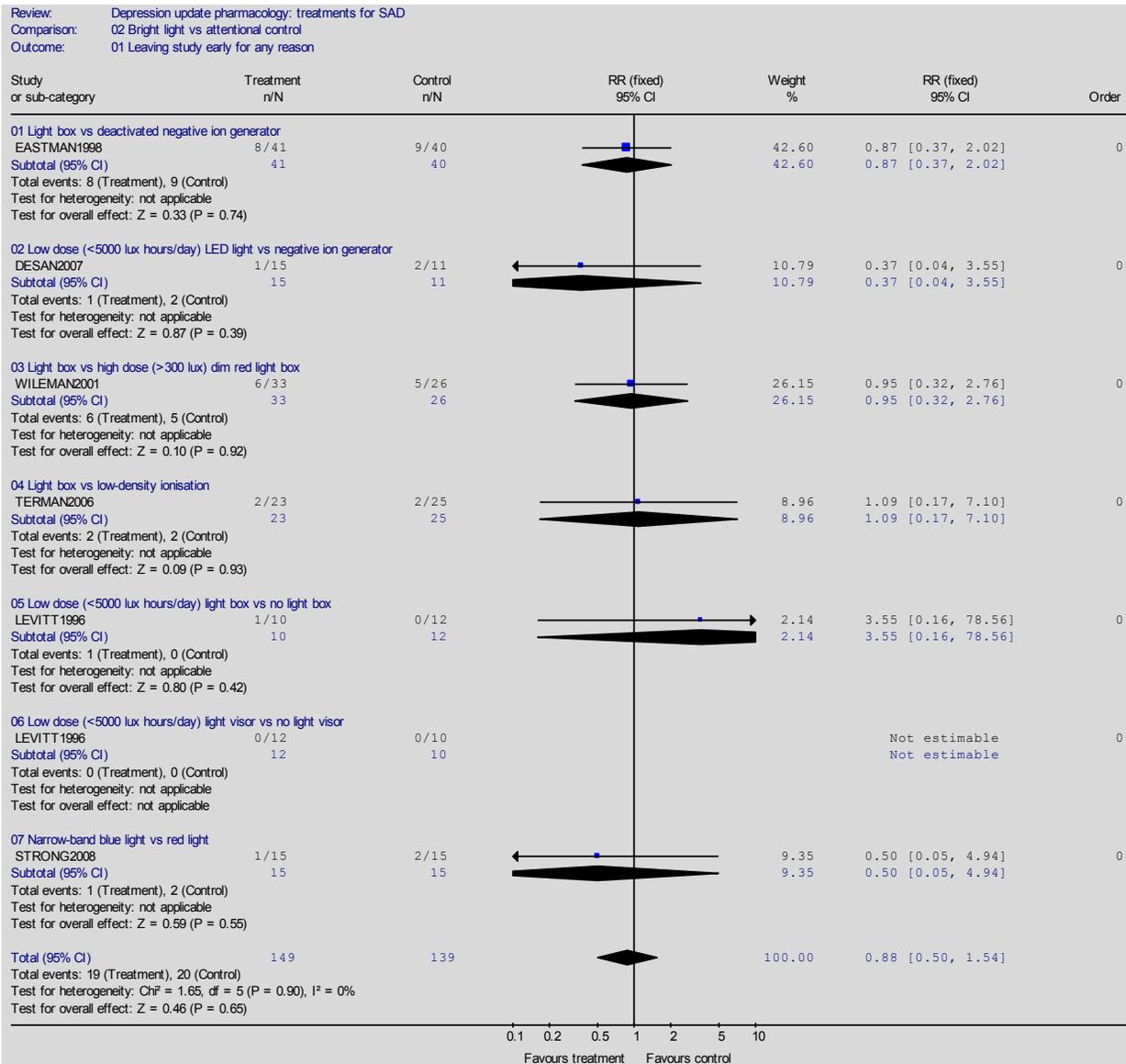
Non-response data (SIGN-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 01 Bright light vs waitlist control
 Outcome: 11 Non response (SIGN-SAD)



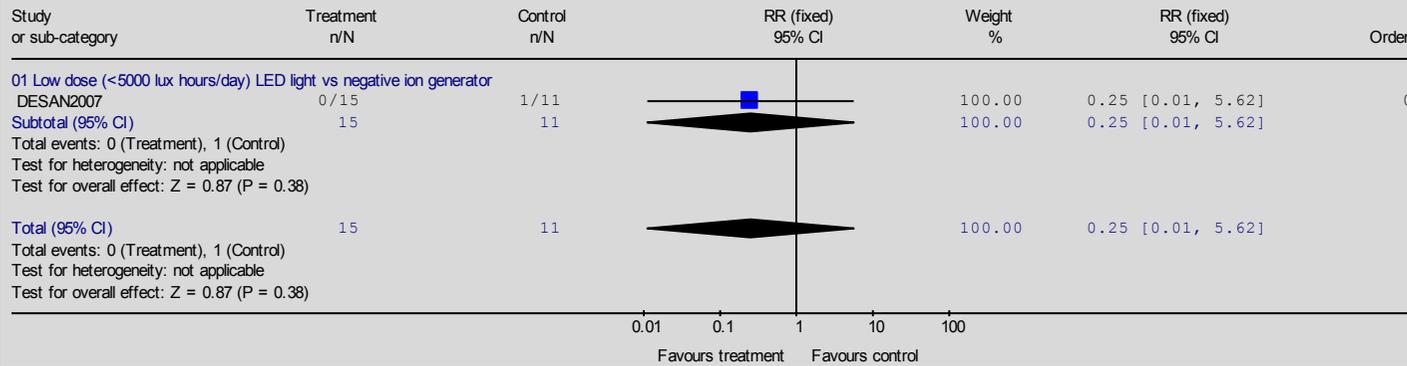
Bright light versus attentional control

Number leaving study early for any reason



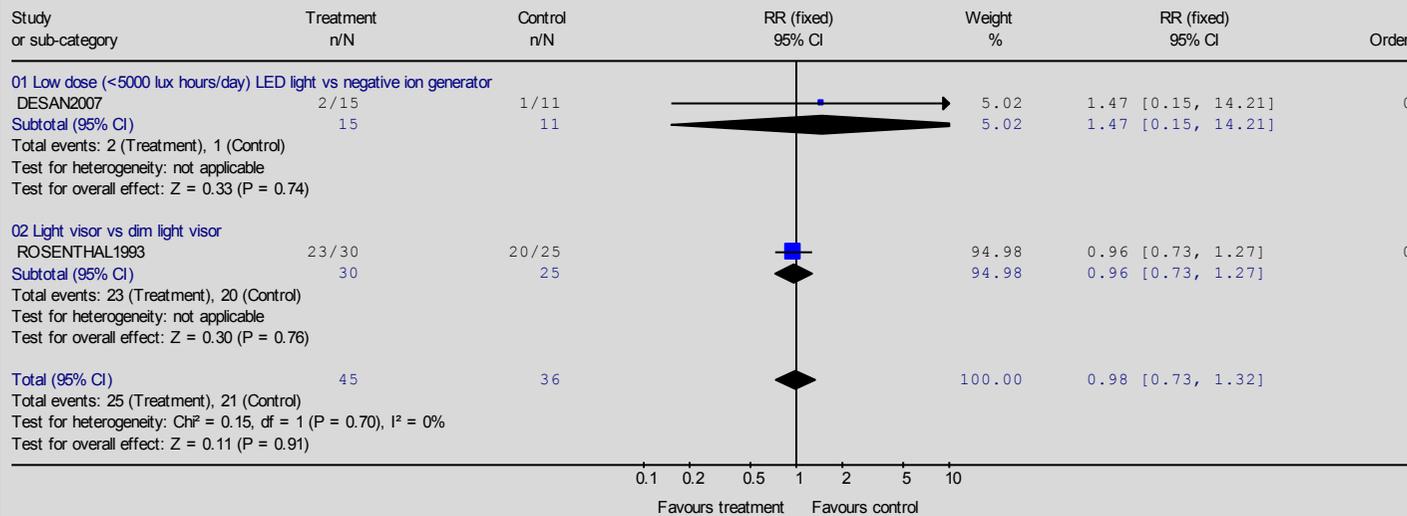
Number leaving study early due to lack of efficacy

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 02 Leaving study early due to lack of efficacy



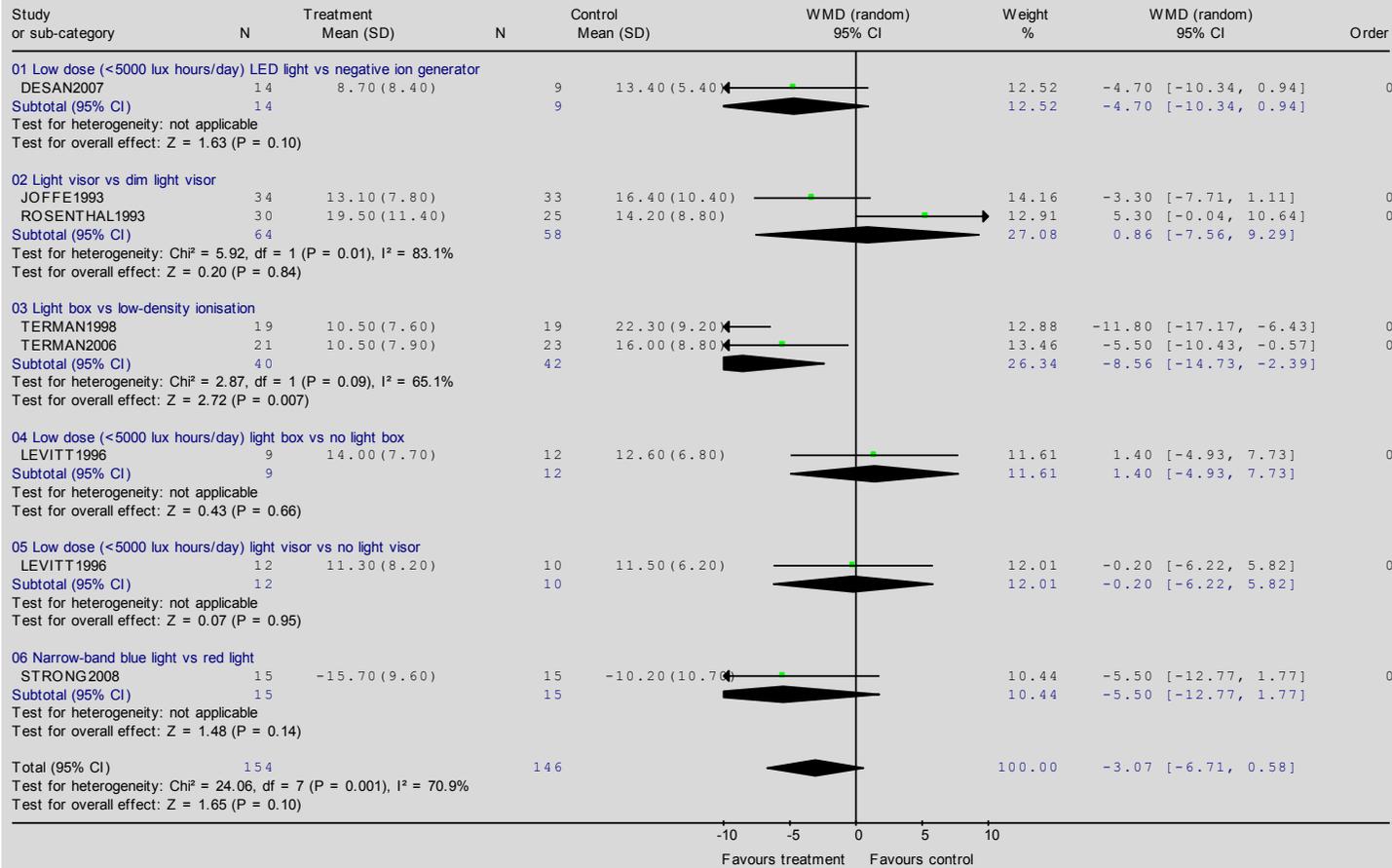
Number of reported side effects

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 03 Reported side effects



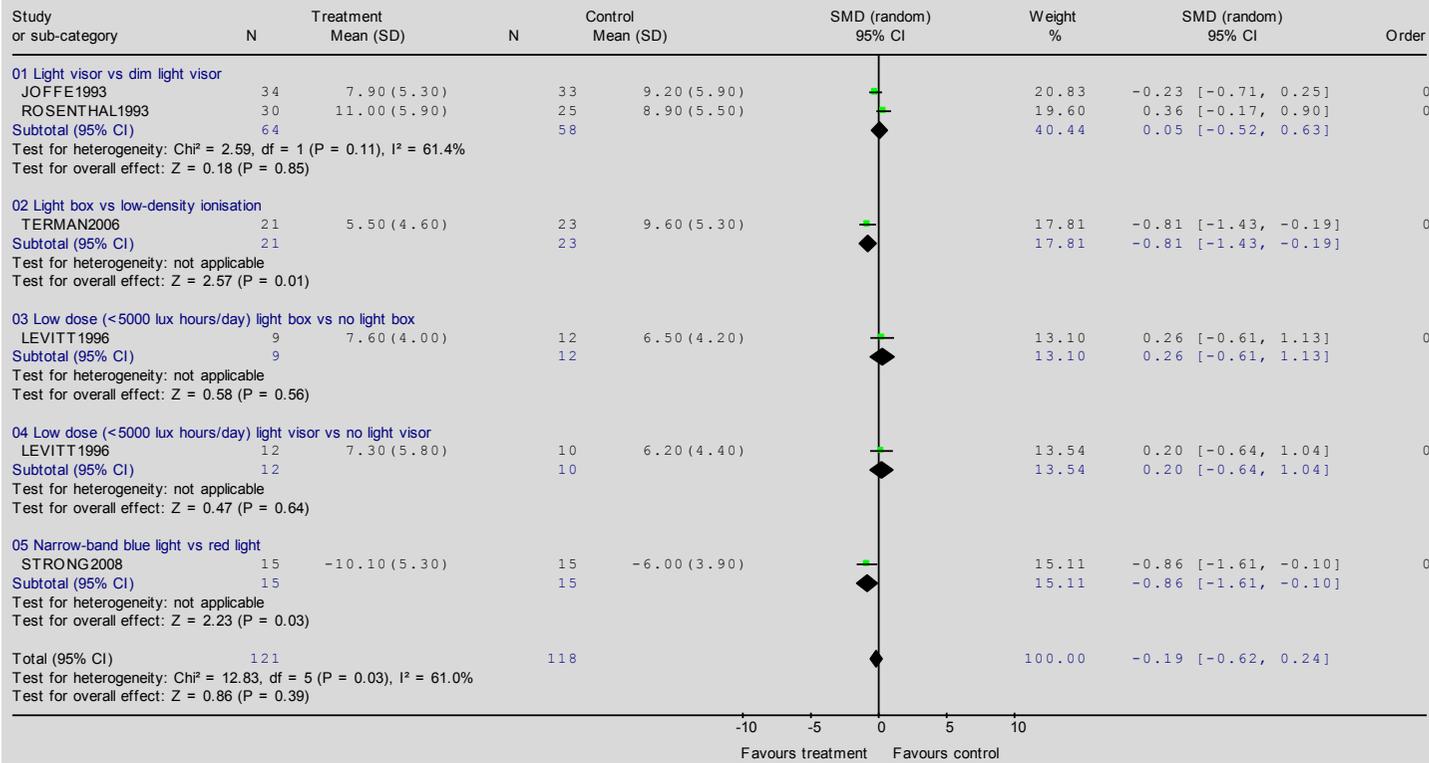
Mean endpoint depression scores (SIGH-SAD) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 04 Mean clinician rated SAD depression scores (SIGH-SAD) at endpoint



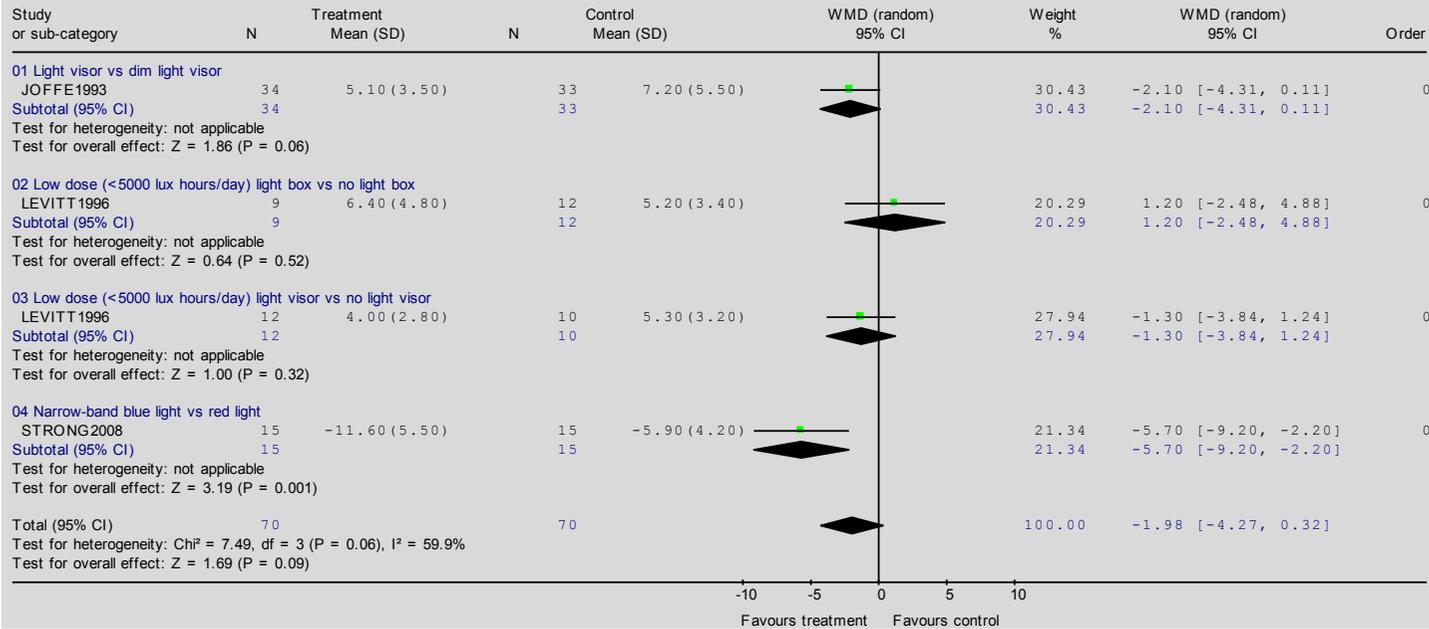
Mean endpoint typical depression scores (HAM-D17/HRSD-21) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 05 Mean clinician rated typical depression scores (HAM-D17/HRSD-21) at endpoint

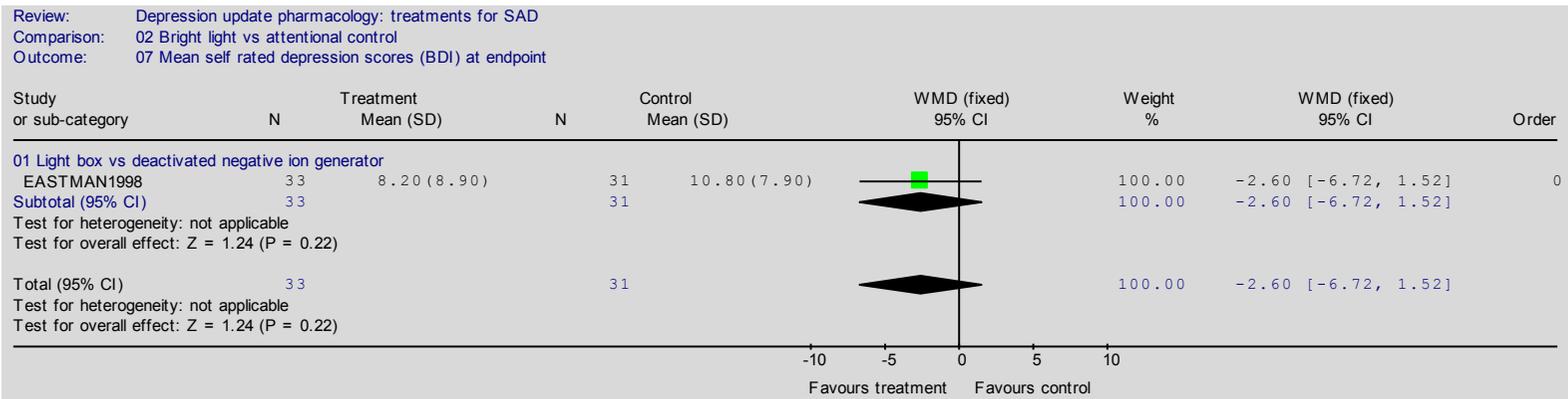


Mean endpoint atypical depression scores (SAD subscale) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 06 Mean clinician rated atypical depression scores (SAD subscale) at endpoint

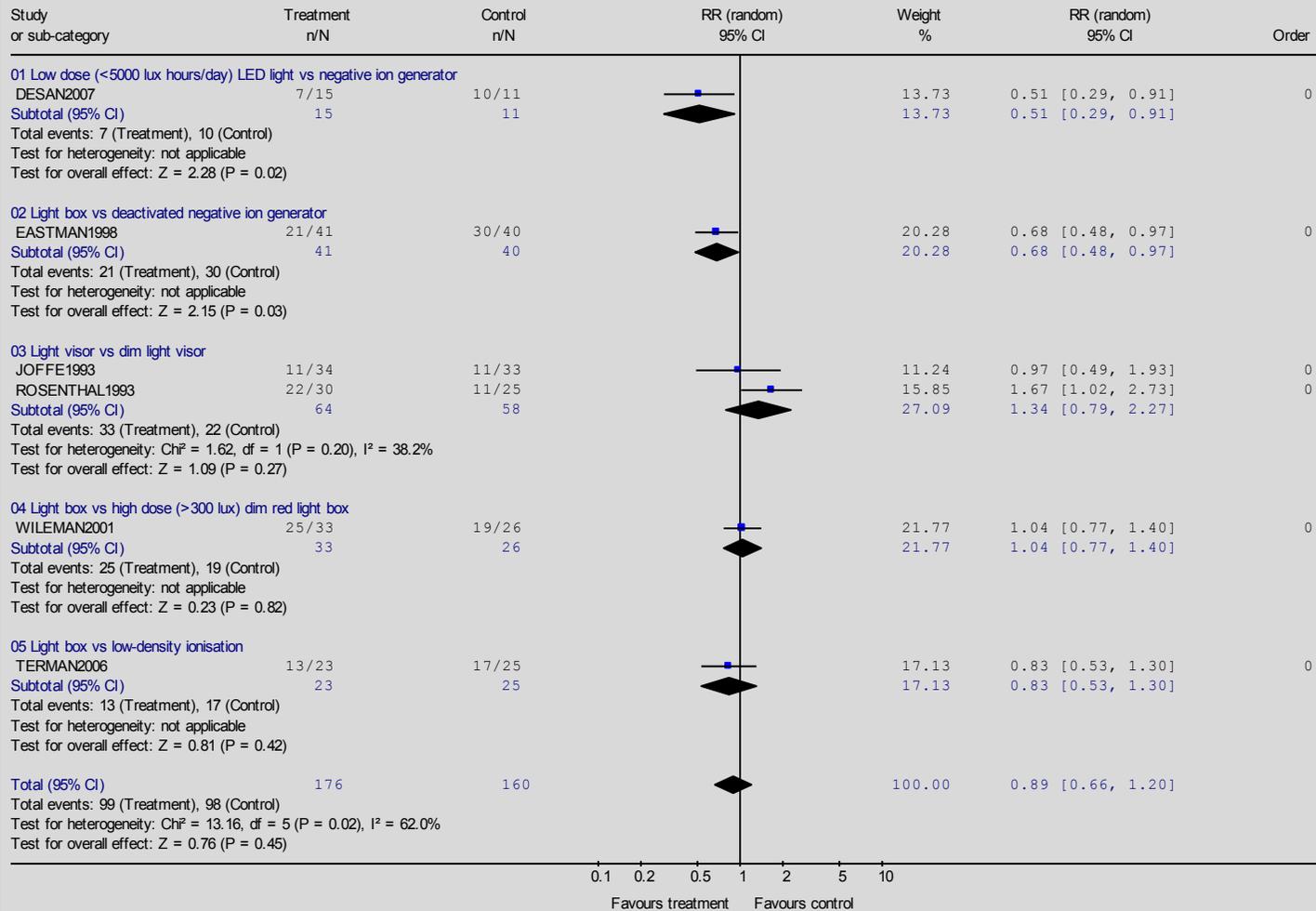


Mean endpoint depression scores (BDI) (self-rated)



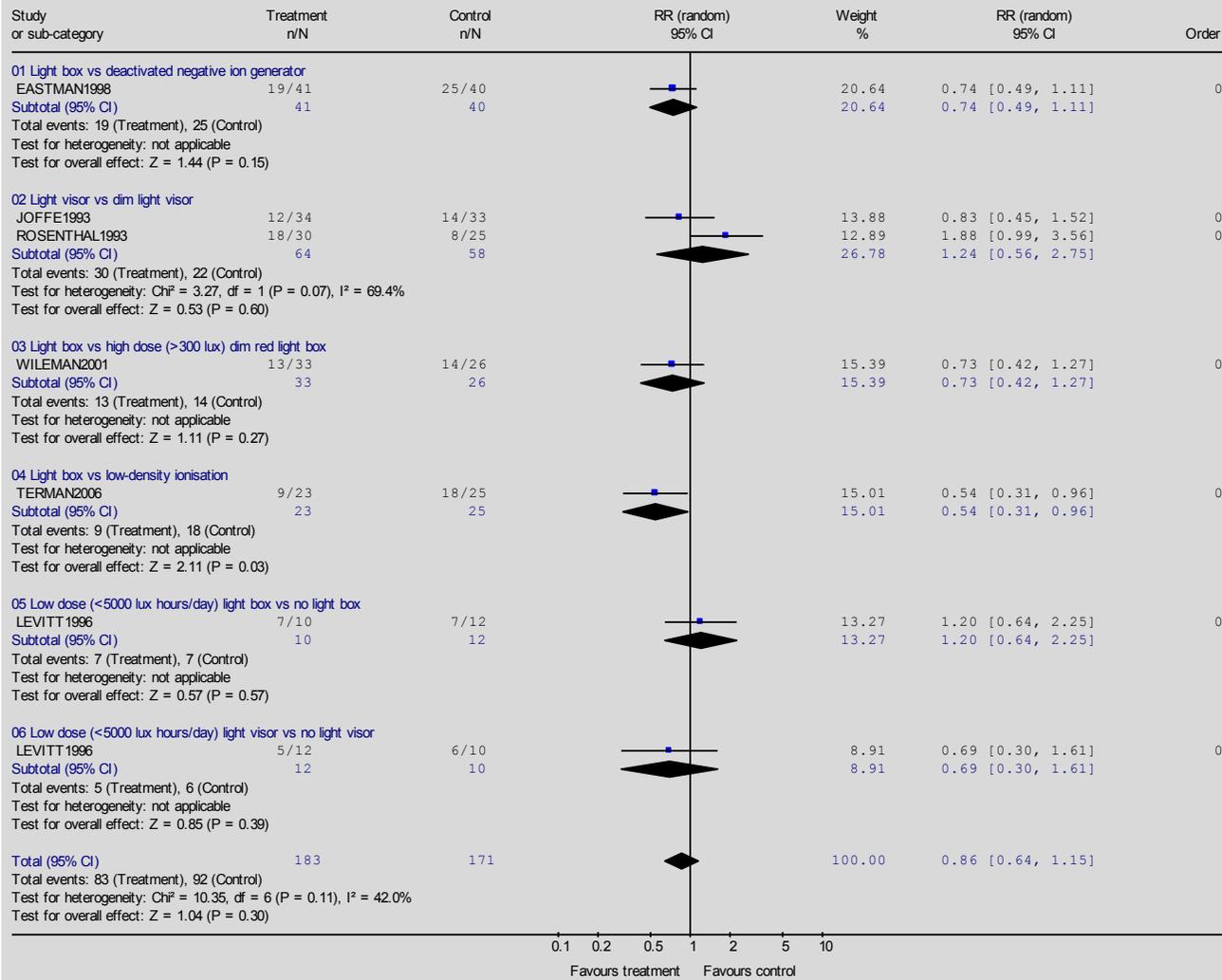
Non-remission data (SIGH-SAD, SIGH-SAD-SR or HDRS)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 08 Non remission (SIGH-SAD or SIGH-SAD-SR or HDRS)



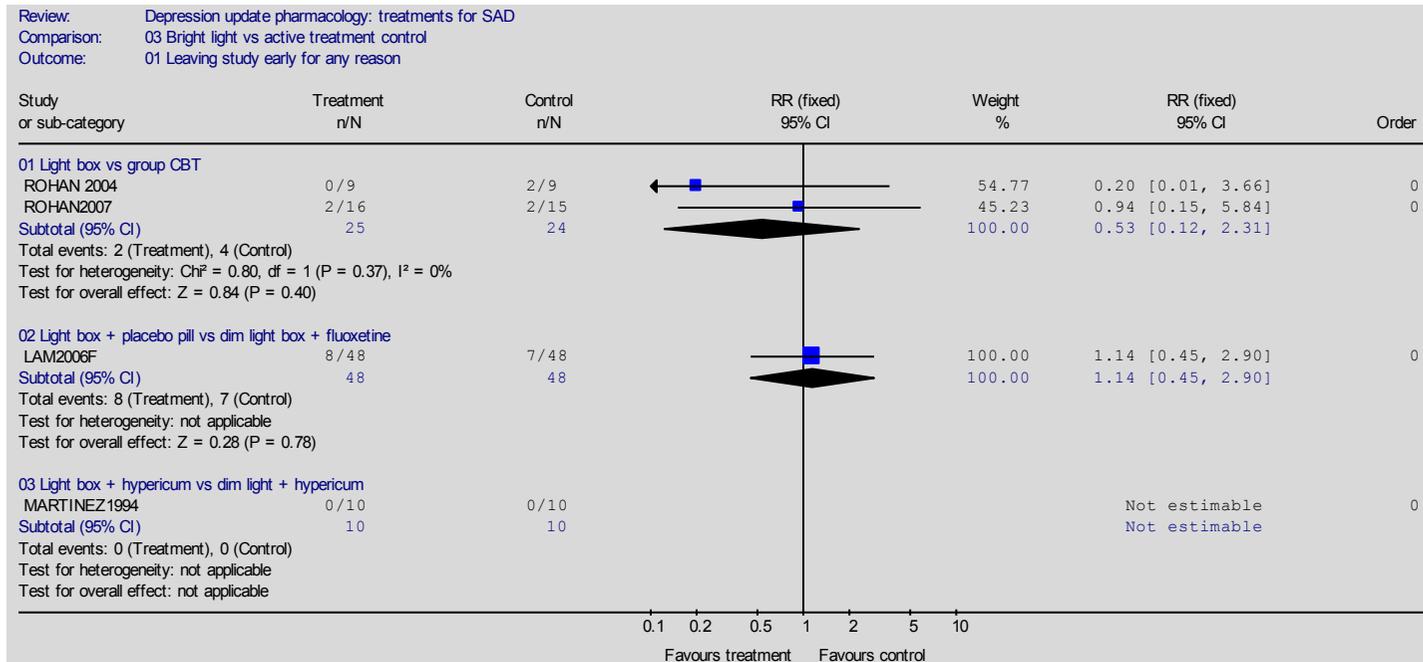
Non-response data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 02 Bright light vs attentional control
 Outcome: 09 Non response (SIGH-SAD)

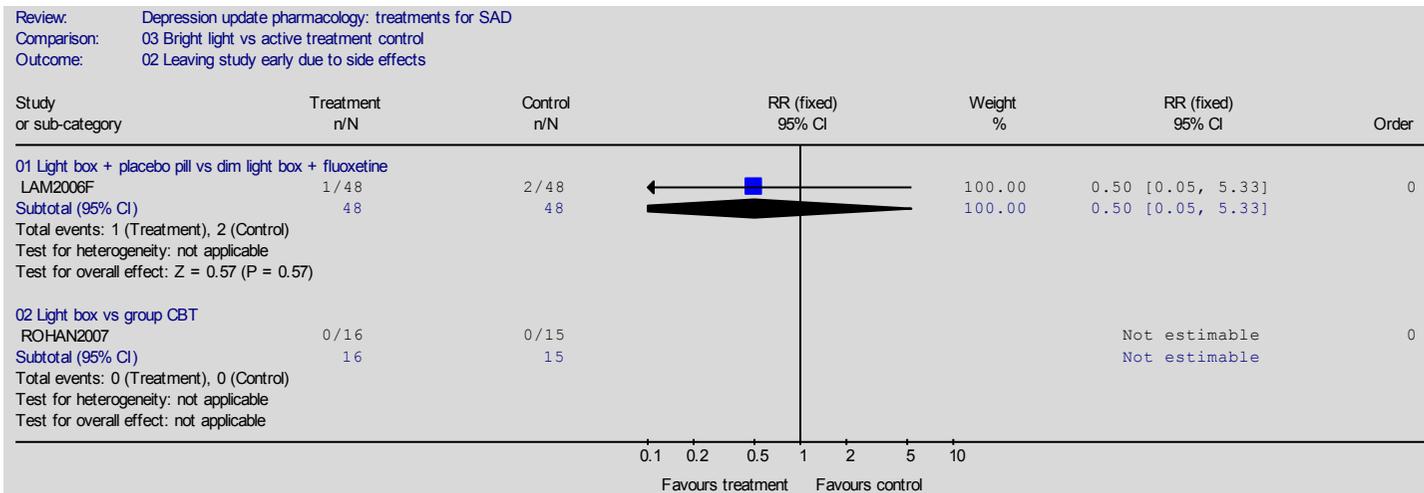


Bright light versus active treatment control

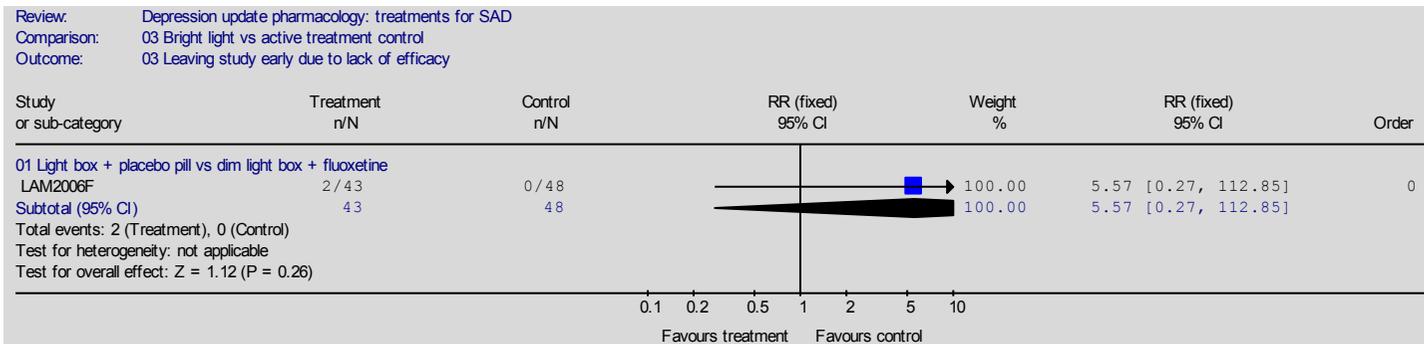
Number leaving study early for any reason



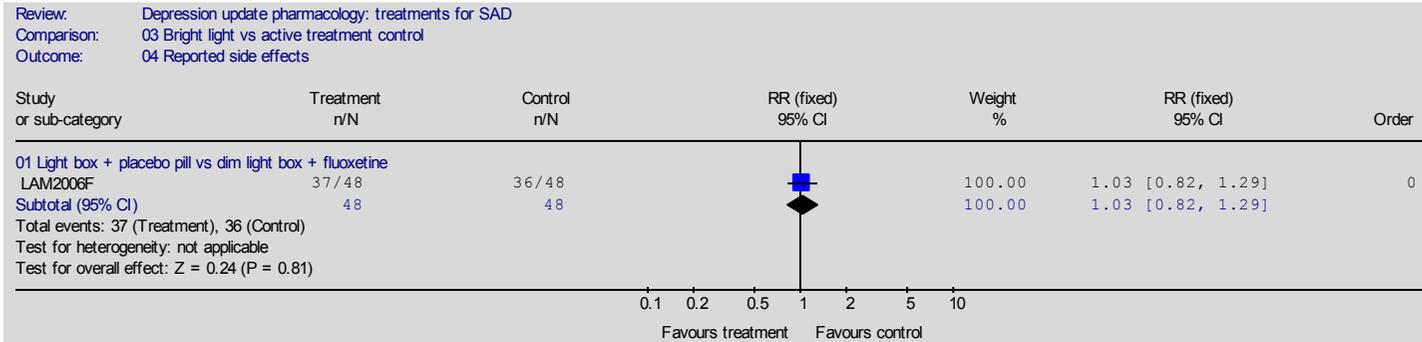
Number leaving study early due to side effects



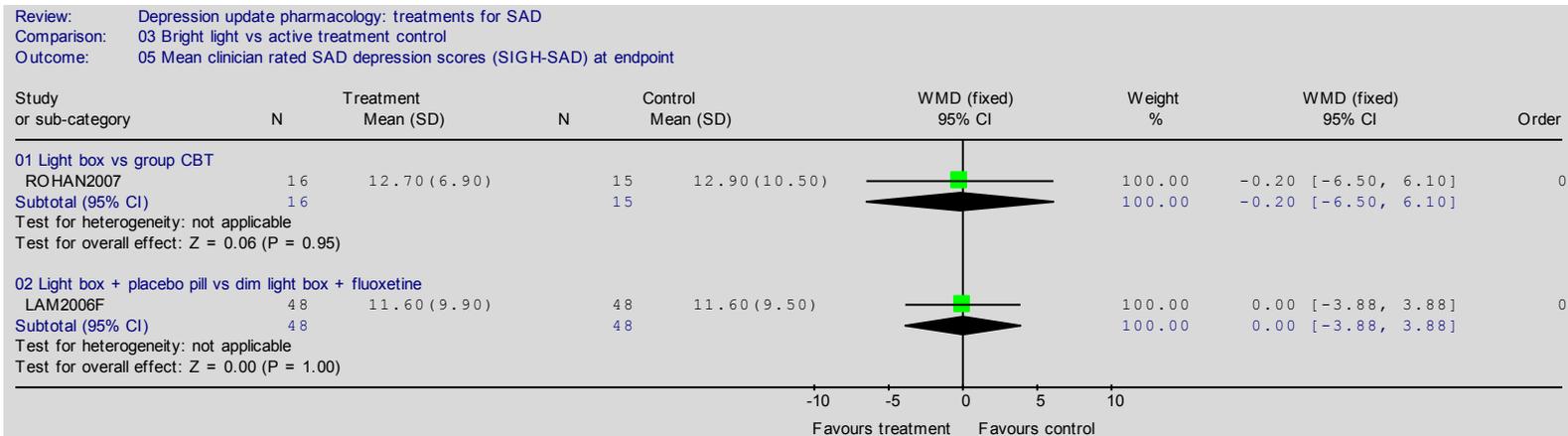
Number leaving study early due to lack of efficacy



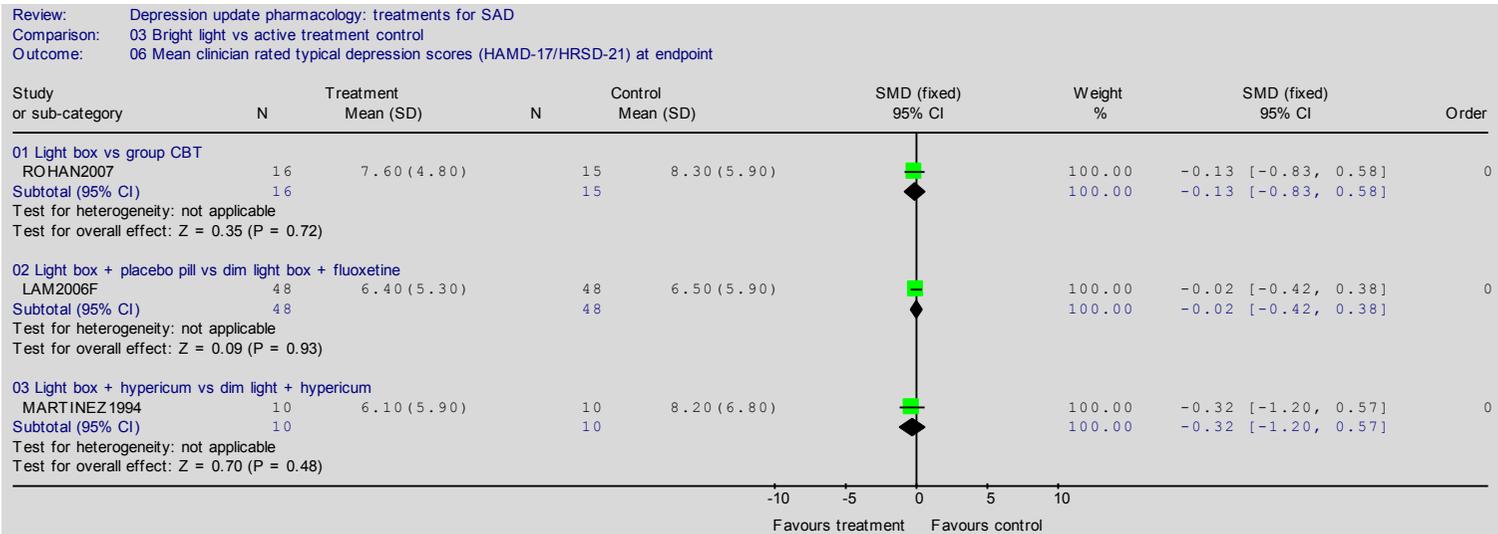
Number of reported side effects



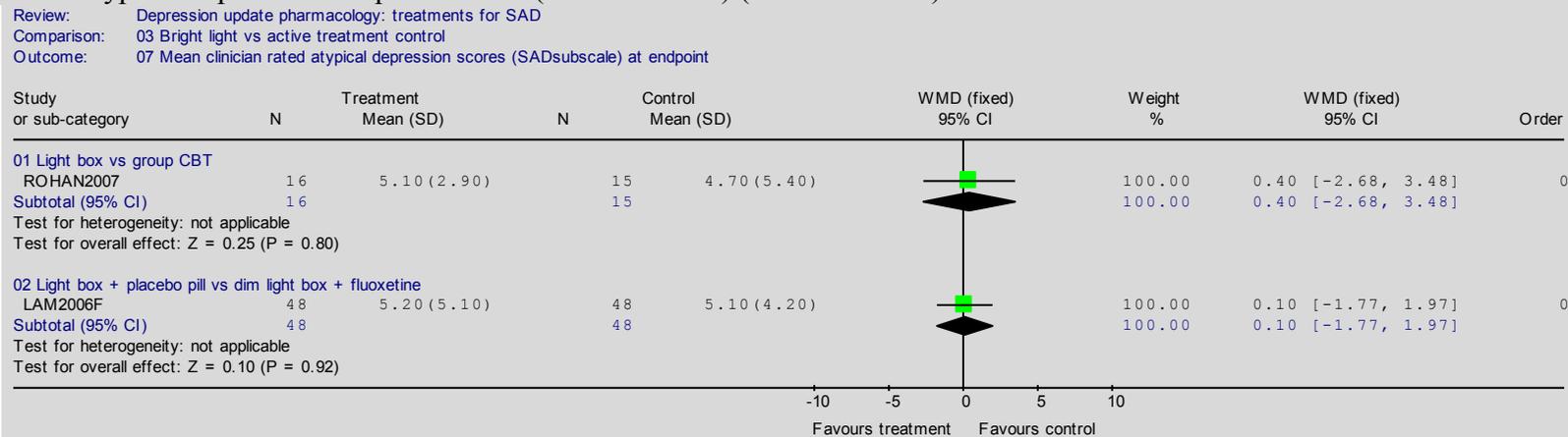
Mean SAD depression endpoint scores (SIGH-SAD) (clinician-rated)



Mean atypical depression endpoint scores (HAM-D17/HRSD-21) (clinician-rated)

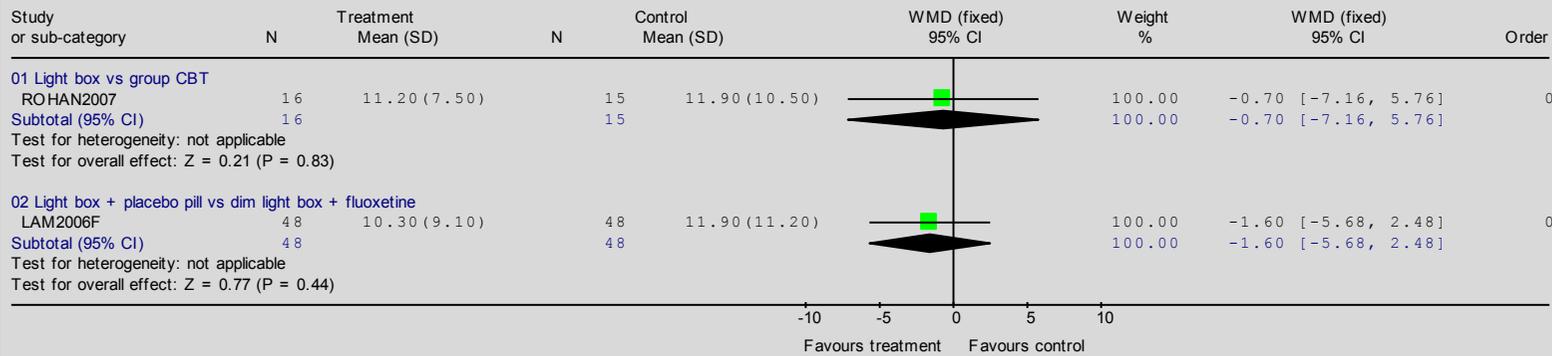


Mean atypical depression endpoint scores (SAD subscale) (clinician-rated)



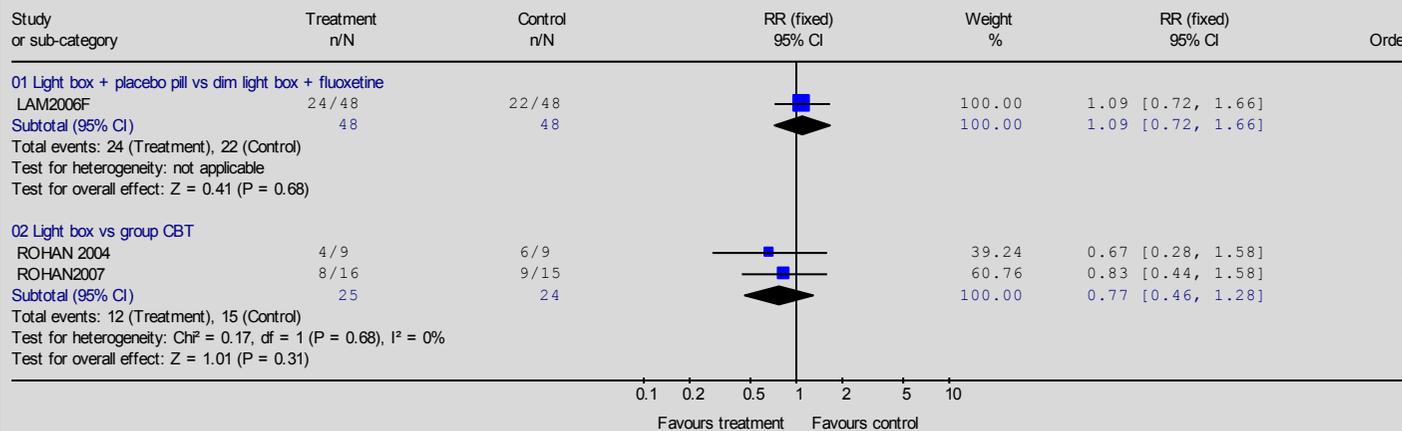
Mean depression endpoint scores (BDI) (self-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 03 Bright light vs active treatment control
 Outcome: 08 Mean self rated depression scores (BDI) at endpoint



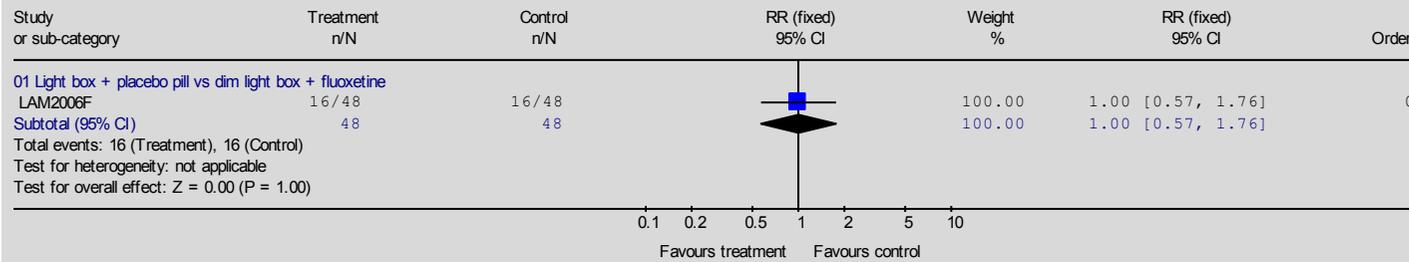
Non-remission data

Review: Depression update pharmacology: treatments for SAD
 Comparison: 03 Bright light vs active treatment control
 Outcome: 09 Non remission



SAD.03.10. Non-response data

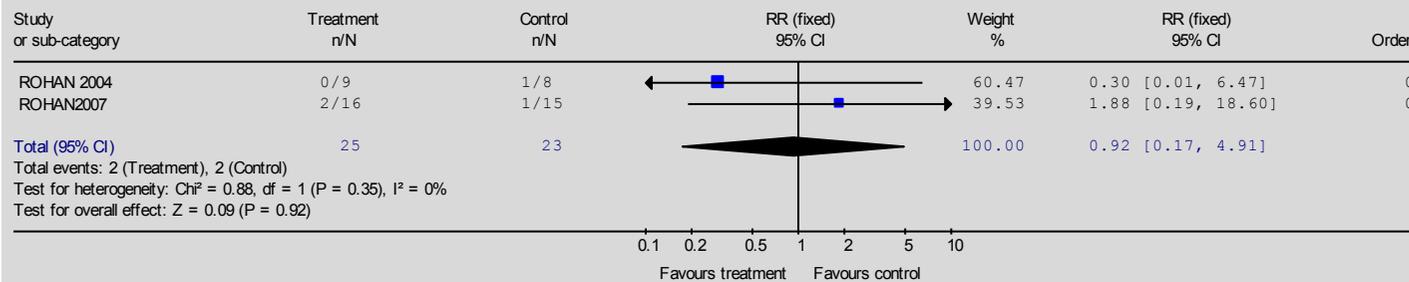
Review: Depression update pharmacology: treatments for SAD
 Comparison: 03 Bright light vs active treatment control
 Outcome: 10 Non response



Bright light versus light + CBT combination

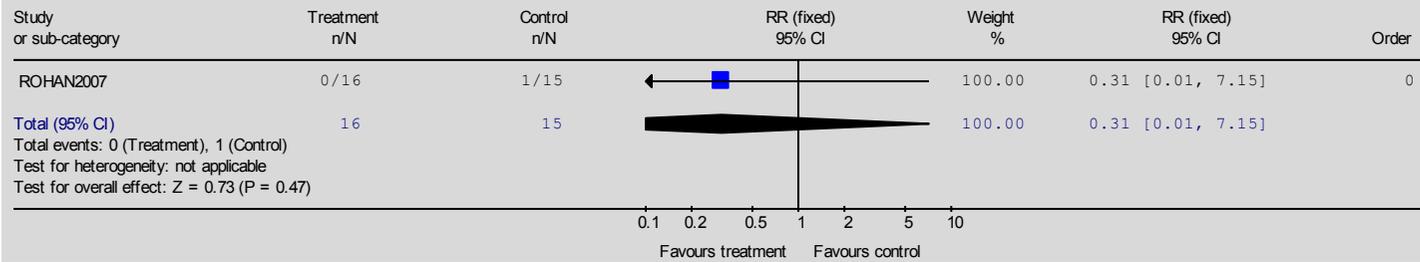
Number leaving study early for any reason

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 01 Leaving study early for any reason



Number leaving study early due to side effects

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 02 Leaving study early due to side effects



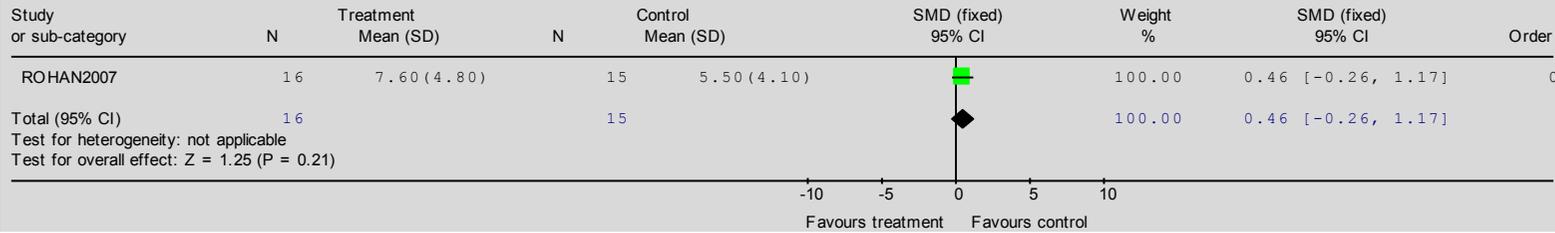
Mean SAD depression endpoint scores (SIGH-SAD) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 03 Mean clinician rated SAD depression scores (SIGH-SAD) at endpoint



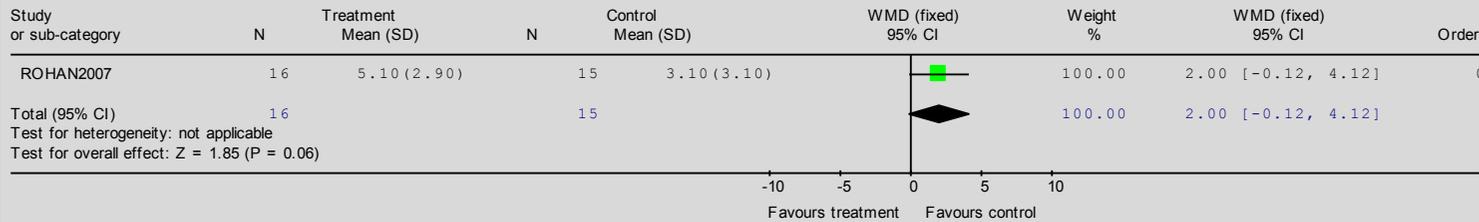
Mean typical depression endpoint scores (HAM-D17/HRSD-21) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 04 Mean clinician rated typical depression scores (HAM-D17/HRSD-21) at endpoint



Mean atypical depression endpoint scores (SAD subscale) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 05 Mean clinician rated atypical depression scores (SAD subscale) at endpoint



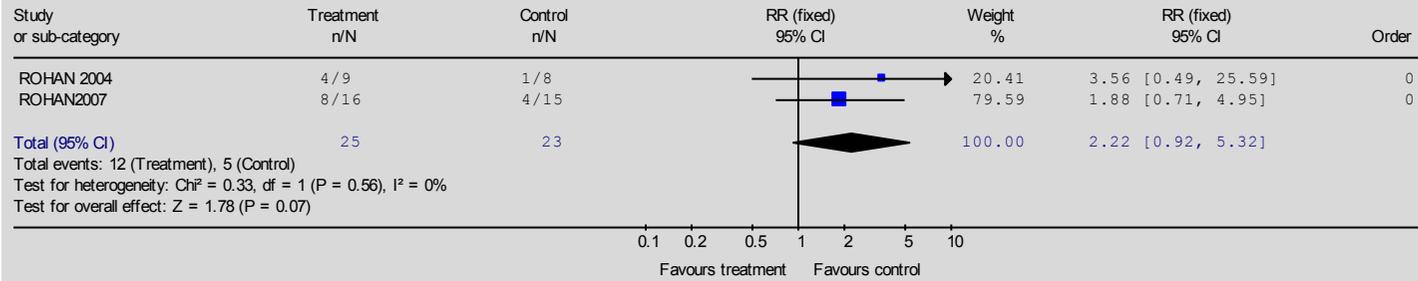
Mean depression endpoint scores (BDI) (self-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 06 Mean self rated depression scores (BDI) at endpoint



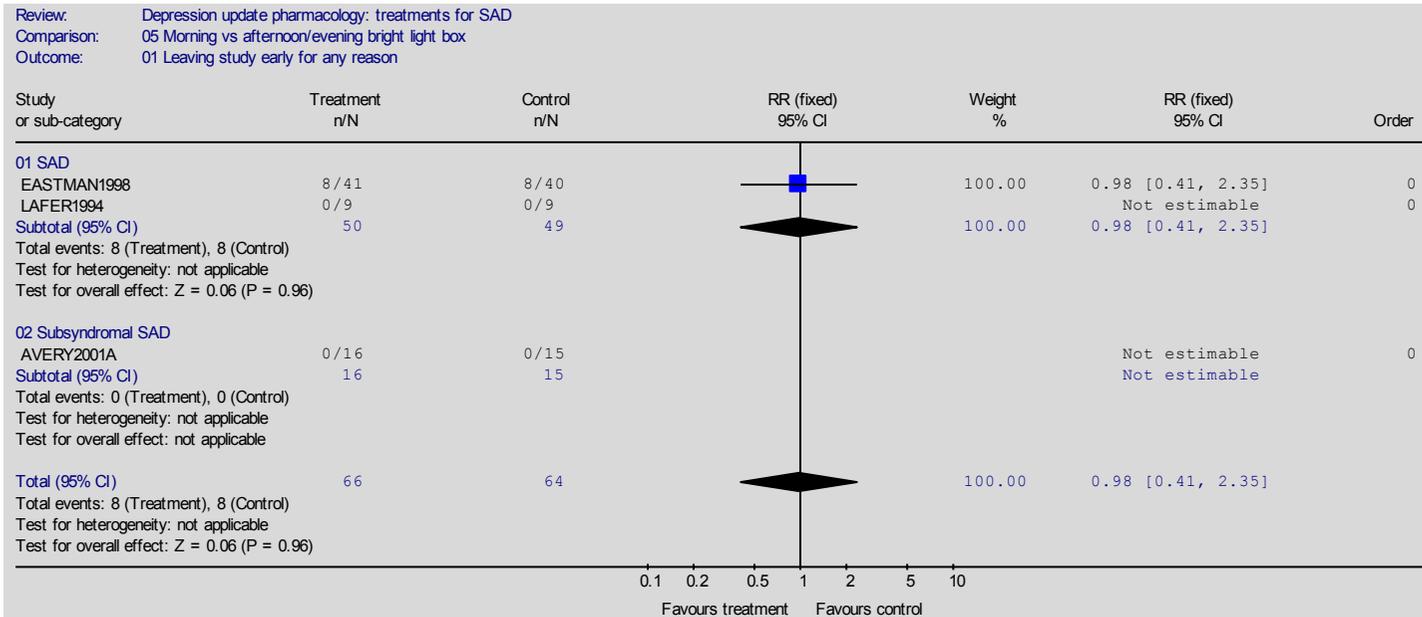
Non-remission data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 04 Bright light vs light + CBT combo
 Outcome: 07 Non remission (SIGH-SAD)



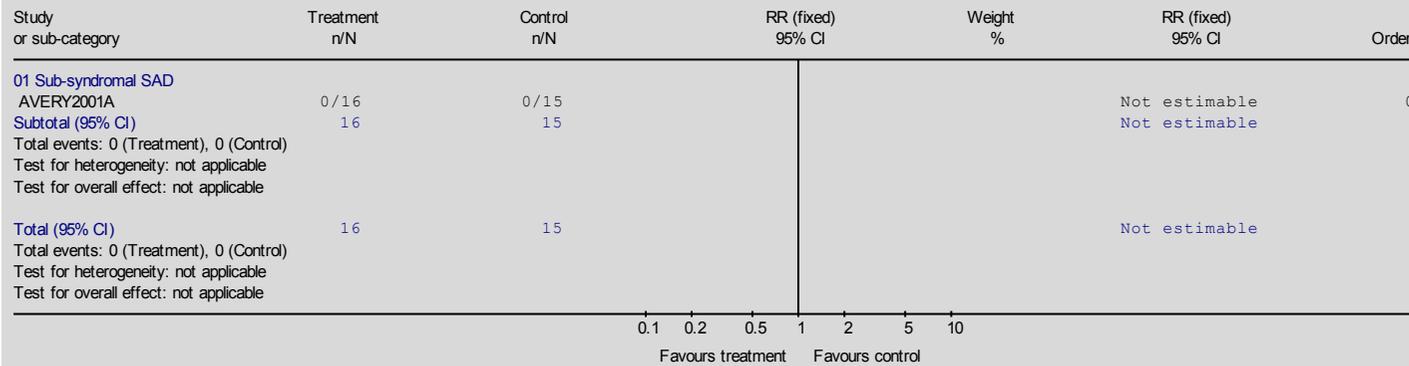
Morning versus afternoon/evening bright light box

Number leaving study early for any reason



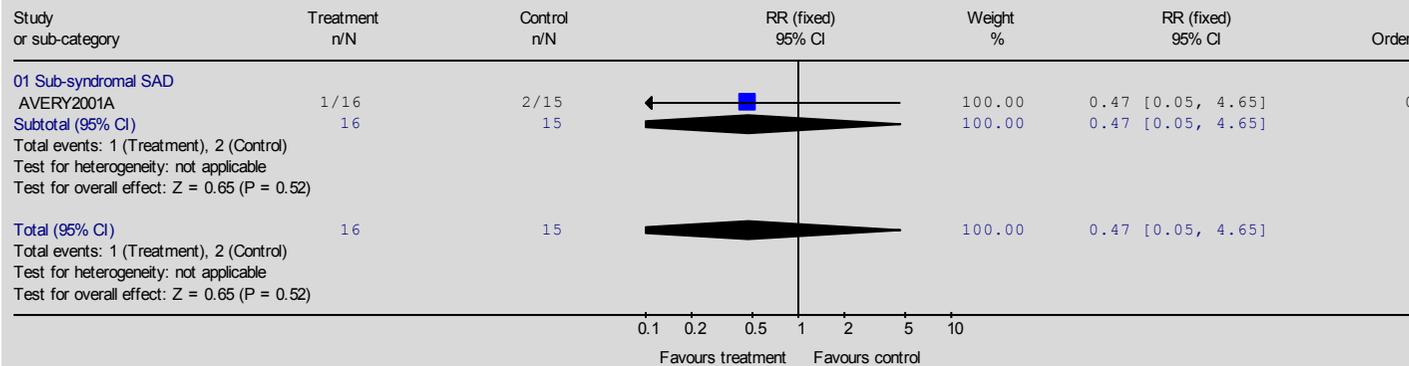
Number leaving study early due to side effects

Review: Depression update pharmacology: treatments for SAD
 Comparison: 05 Morning vs afternoon/evening bright light box
 Outcome: 02 Leaving study early due to side effects

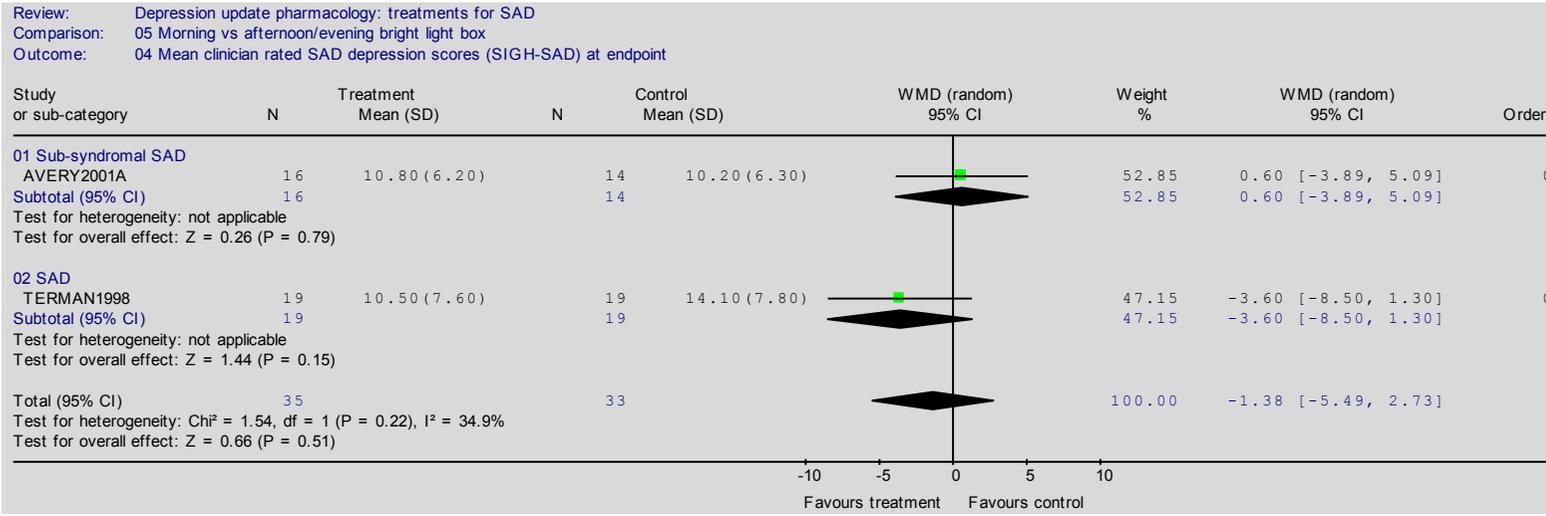


Number of reported side effects

Review: Depression update pharmacology: treatments for SAD
 Comparison: 05 Morning vs afternoon/evening bright light box
 Outcome: 03 Reported side effects

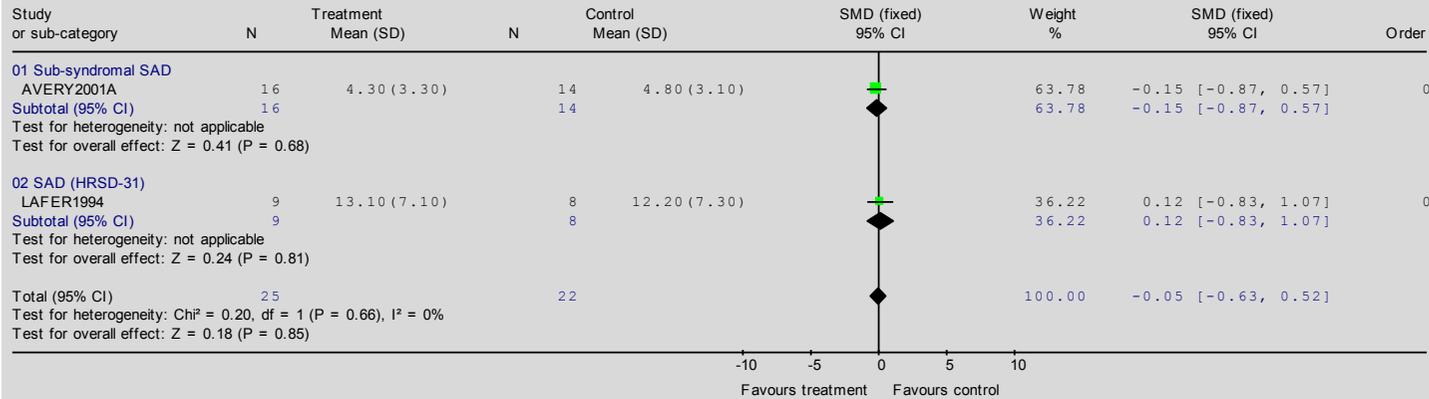


Mean SAD depression endpoint scores (SIGH-SAD) (clinician-rated)



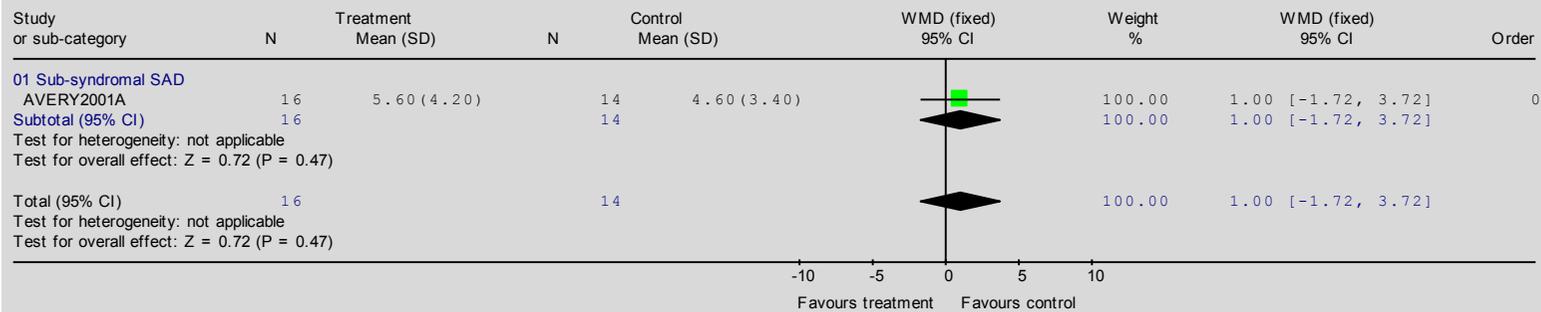
Mean typical depression endpoint scores (HAM-D17/HRSD-31) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 05 Morning vs afternoon/evening bright light box
 Outcome: 05 Mean clinician rated typical depression scores (HAM-D17/HRSD-31) at endpoint

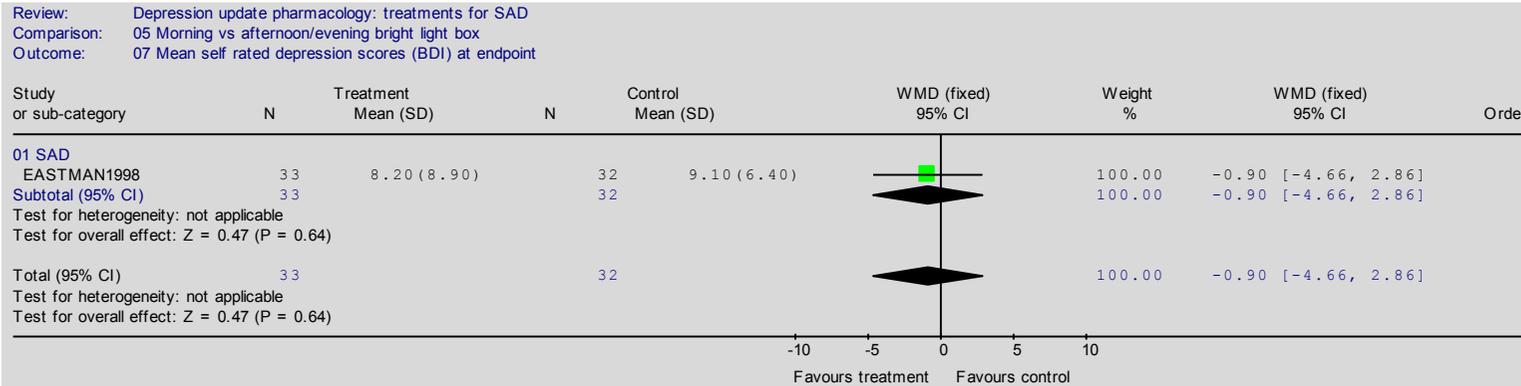


Mean atypical depression endpoint scores (SAD subscale) (clinician-rated)

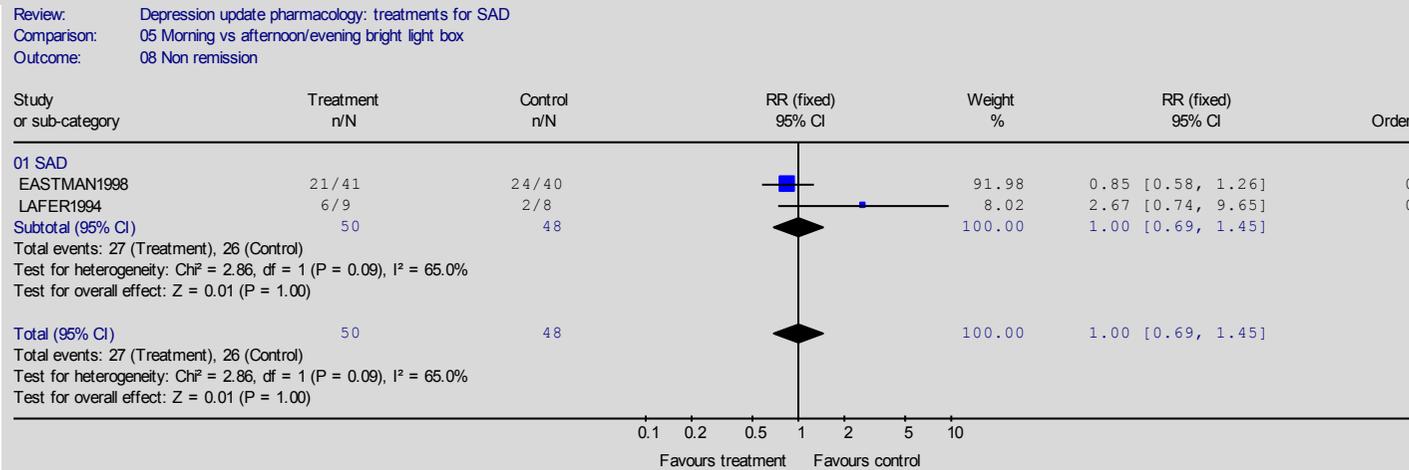
Review: Depression update pharmacology: treatments for SAD
 Comparison: 05 Morning vs afternoon/evening bright light box
 Outcome: 06 Mean clinician rated atypical depression scores (SAD-subscale) at endpoint



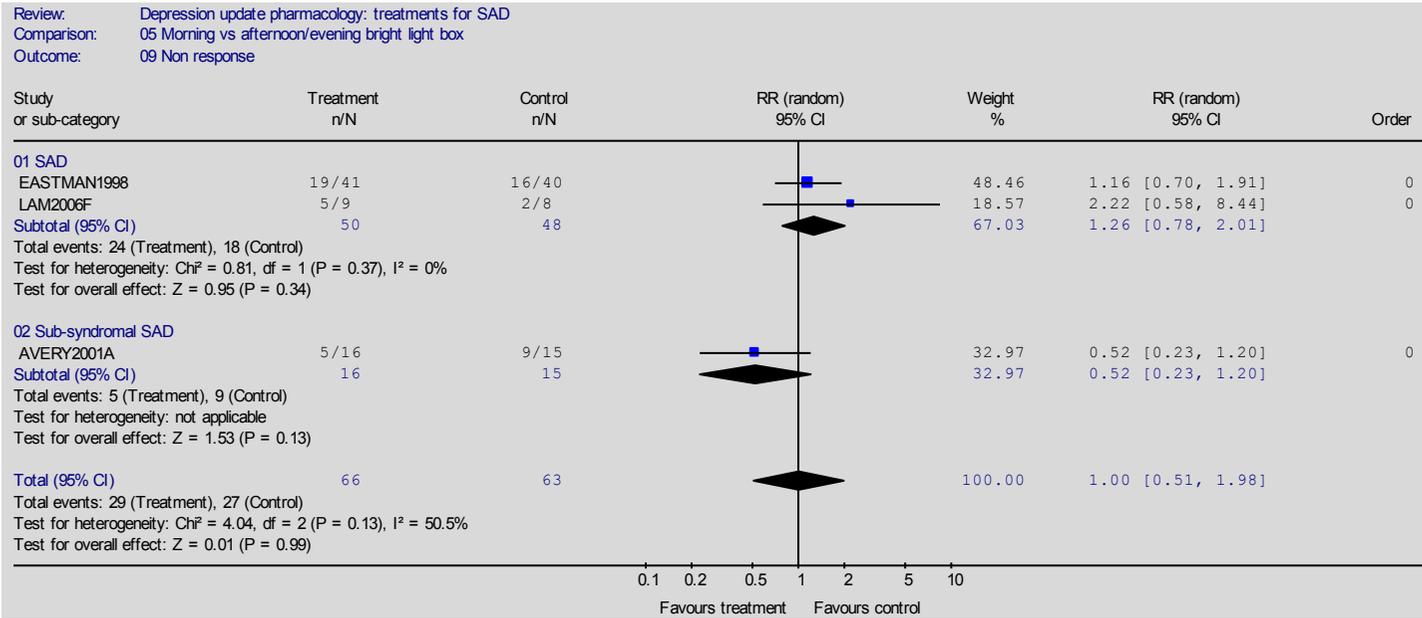
Mean depression endpoint scores (BDI) (self-rated)



Non-remission data

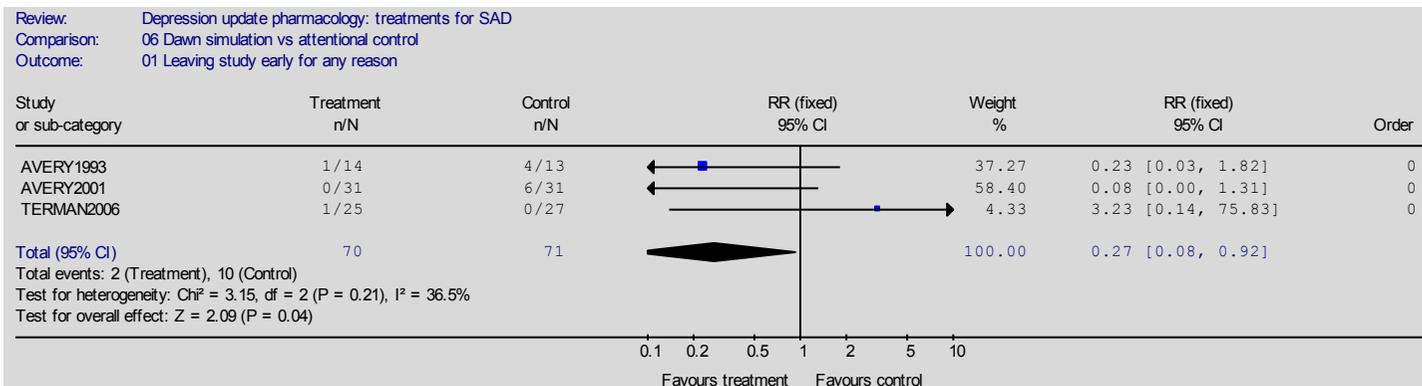


Non-response data

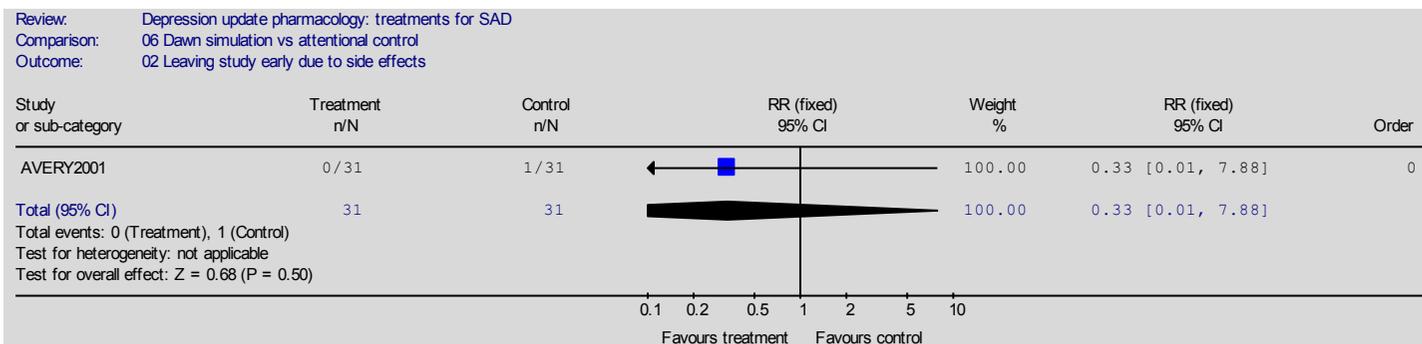


Dawn simulation versus attentional control

Number leaving study early for any reason

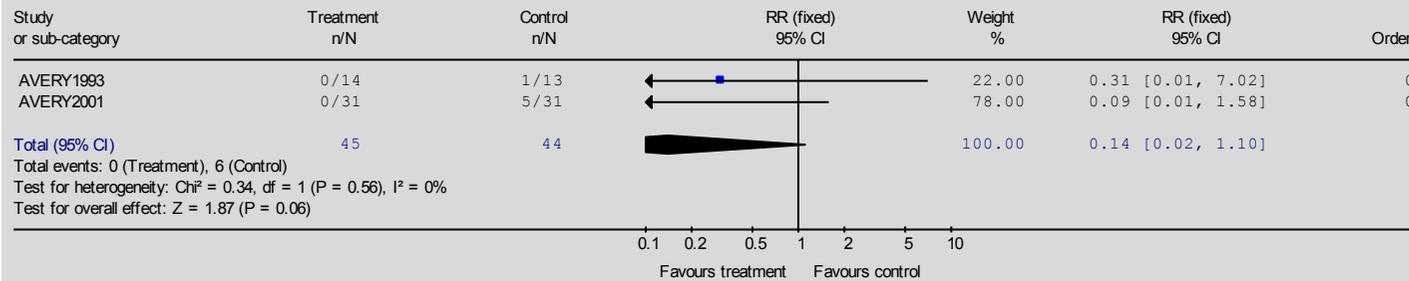


Number leaving study early due to side effects



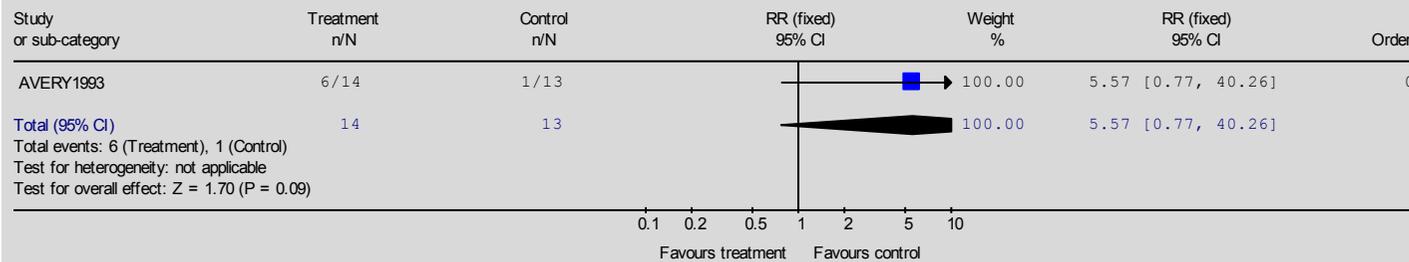
Number leaving study early due to lack of efficacy

Review: Depression update pharmacology: treatments for SAD
 Comparison: 06 Dawn simulation vs attentional control
 Outcome: 03 Leaving study early due to lack of efficacy

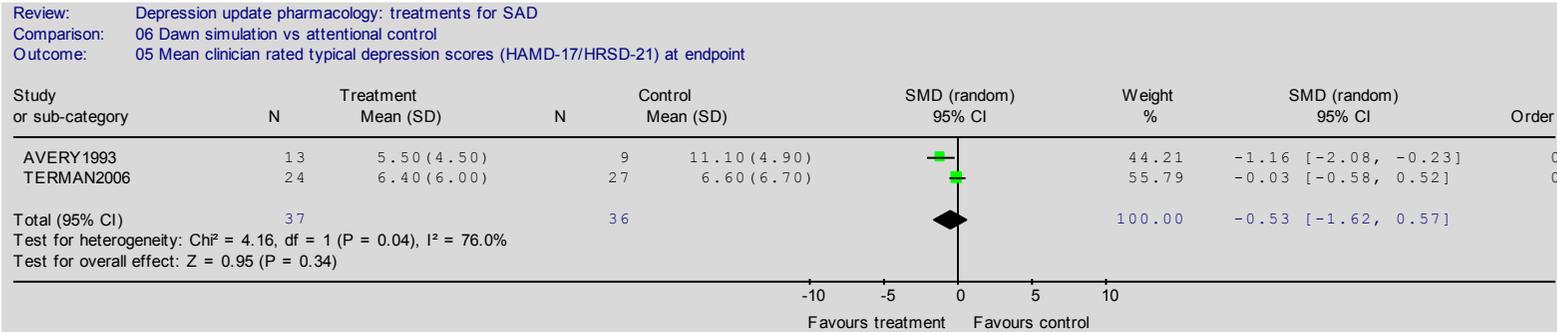


Number of reported side effects

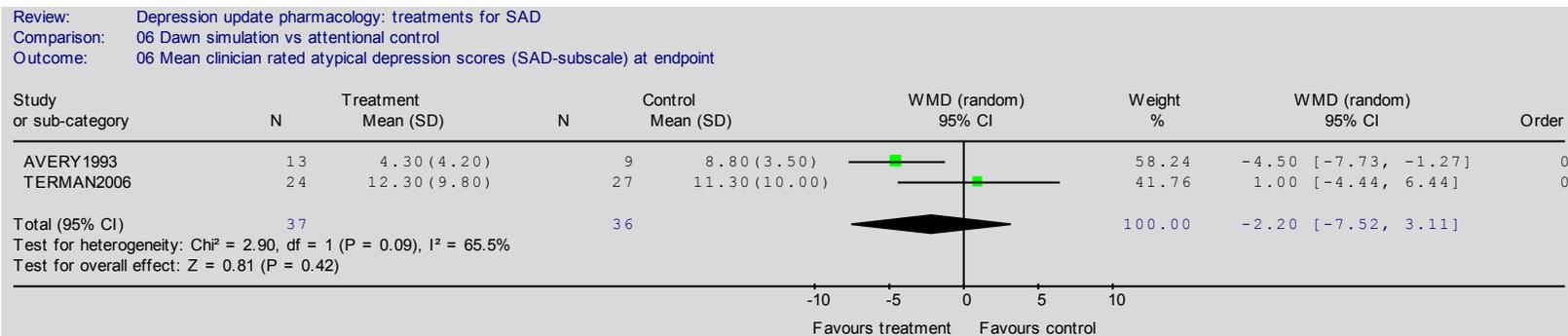
Review: Depression update pharmacology: treatments for SAD
 Comparison: 06 Dawn simulation vs attentional control
 Outcome: 04 Reported side effects



Mean typical depression endpoint scores (HAM-D17/HRSD-21) (clinician-rated)

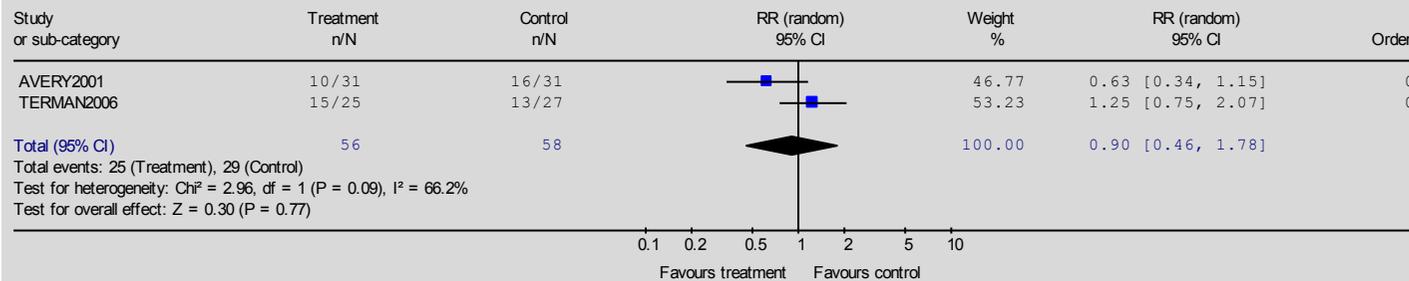


Mean atypical depression endpoint scores (SAD subscale) (clinician-rated)



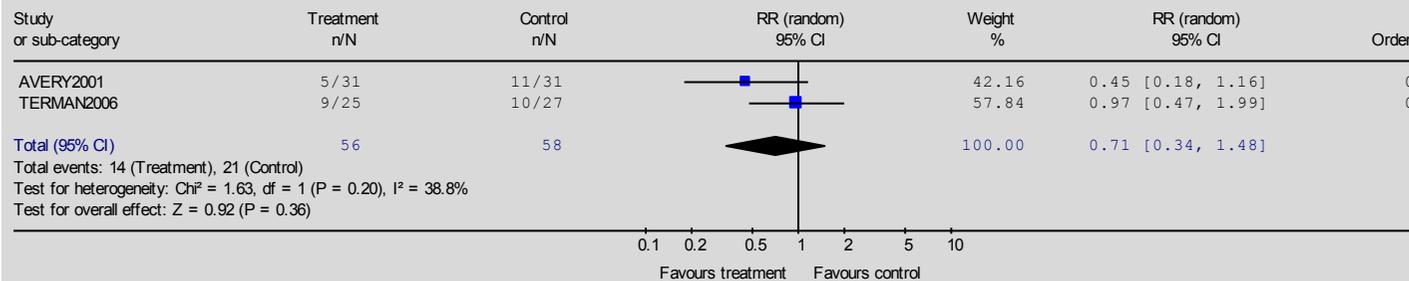
Non-remission data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 06 Dawn simulation vs attentional control
 Outcome: 07 Non remission (SIGH-SAD)



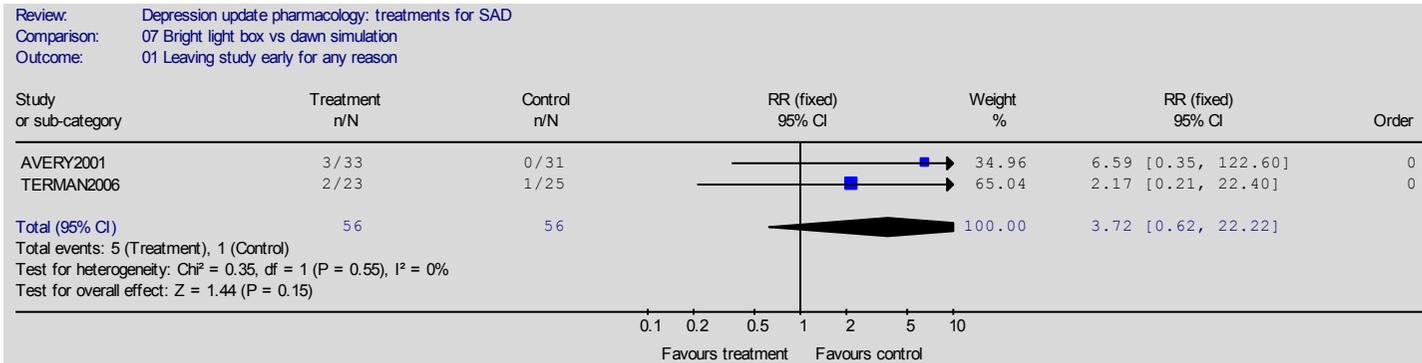
Non-response data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 06 Dawn simulation vs attentional control
 Outcome: 08 Non response (SIGH-SAD)

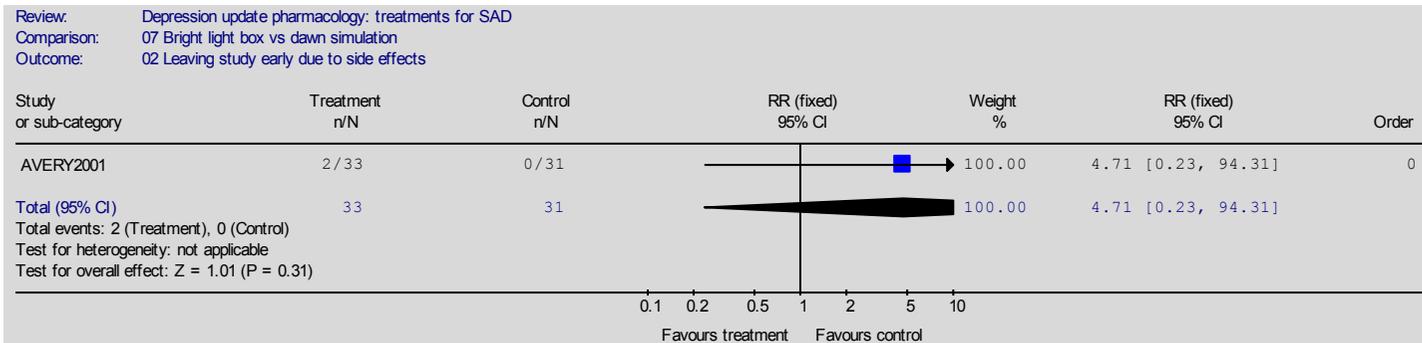


Bright light versus dawn simulation

Number leaving study early for any reason

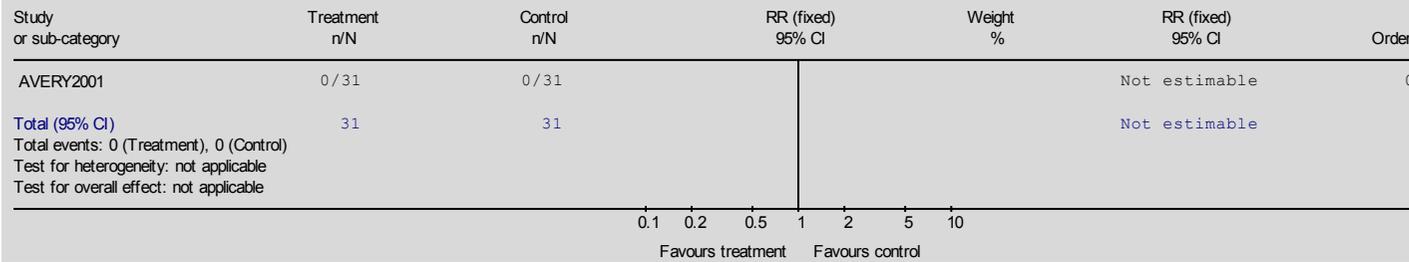


Number leaving study early due to side effects



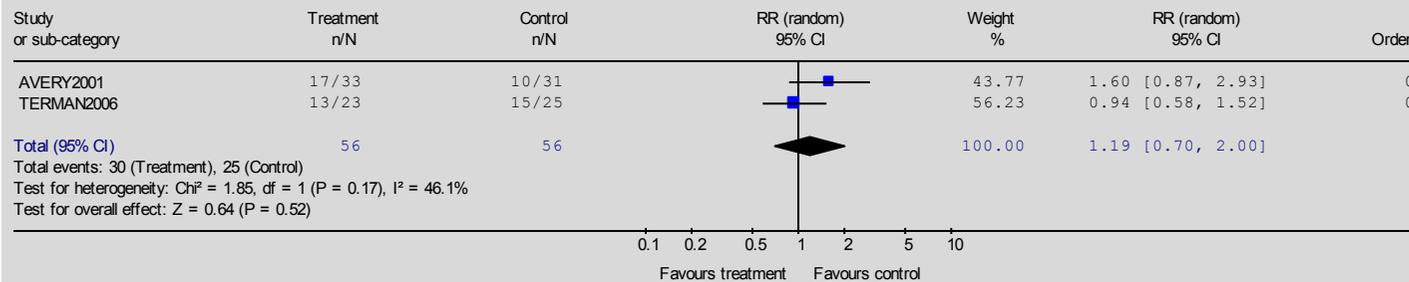
Number leaving study early due to lack of efficacy

Review: Depression update pharmacology: treatments for SAD
 Comparison: 07 Bright light box vs dawn simulation
 Outcome: 03 Leaving study early due to lack of efficacy



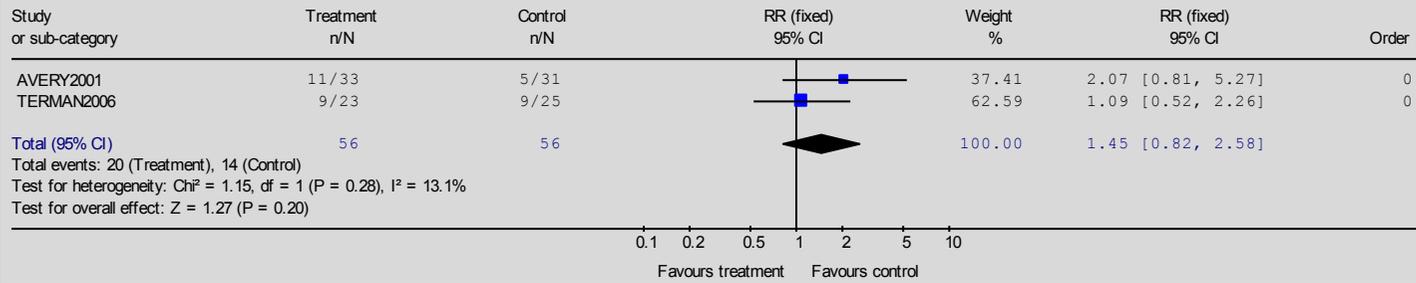
Non-remission data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 07 Bright light box vs dawn simulation
 Outcome: 04 Non remission (SIGH-SAD)



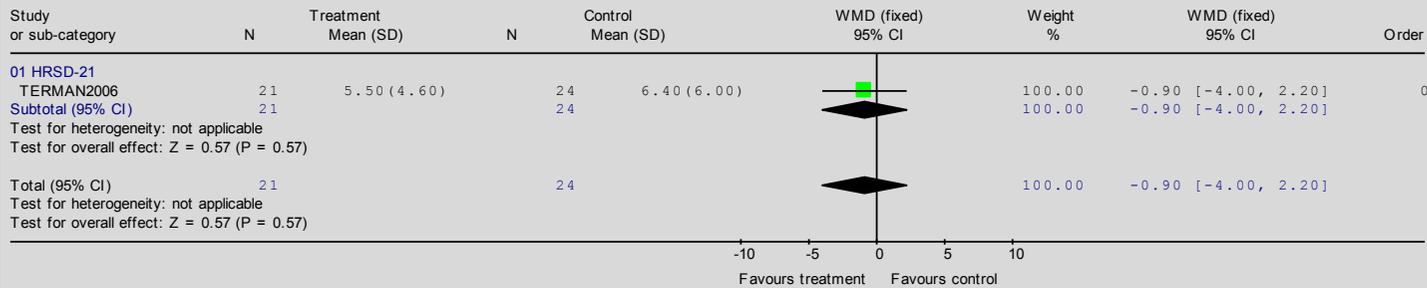
Non-response data (SIGH-SAD)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 07 Bright light box vs dawn simulation
 Outcome: 05 Non response (SIGH-SAD)

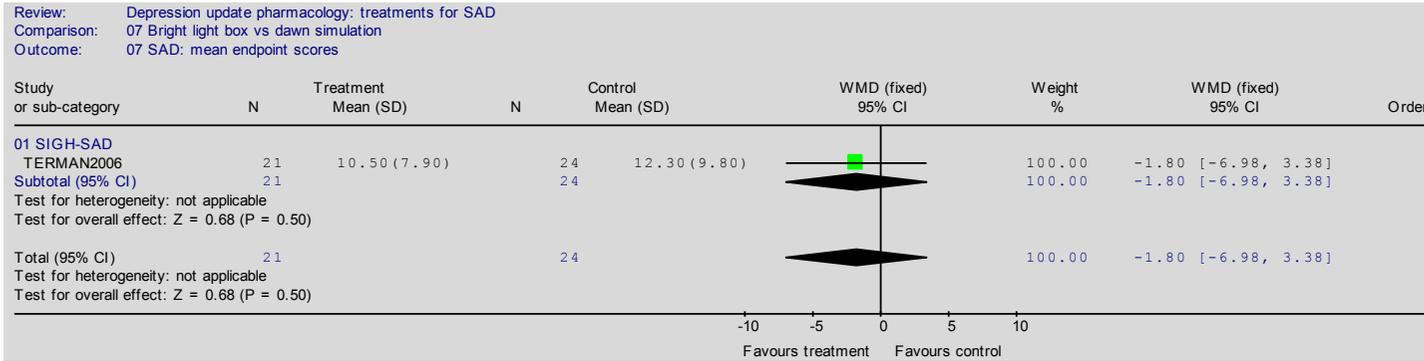


Mean depression endpoint scores

Review: Depression update pharmacology: treatments for SAD
 Comparison: 07 Bright light box vs dawn simulation
 Outcome: 06 Depression: mean endpoint scores

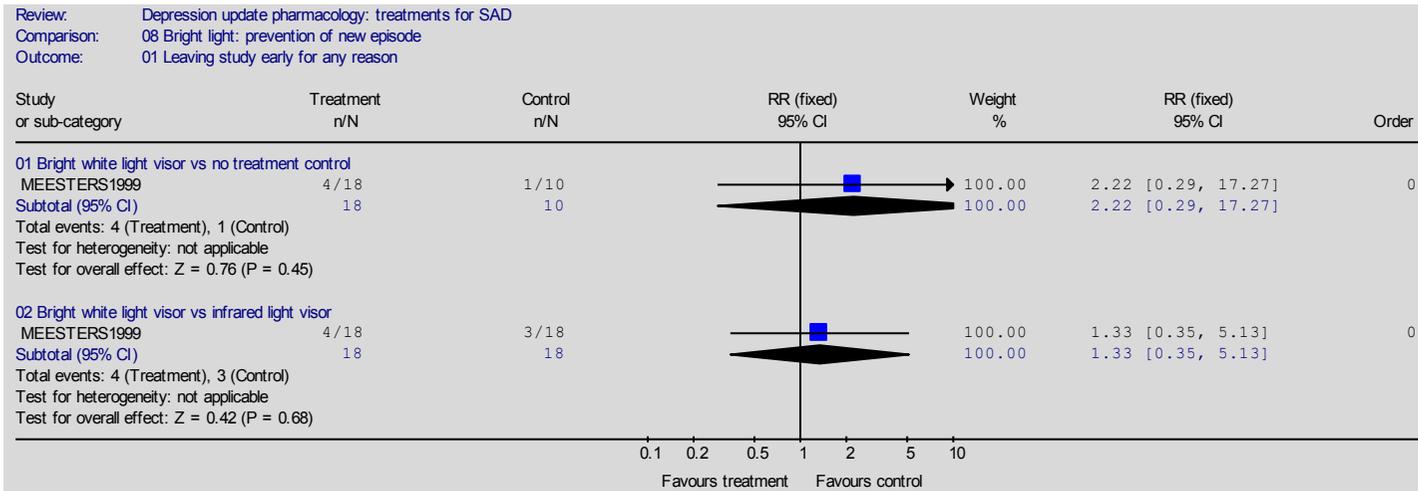


Mean SAD depression endpoint scores

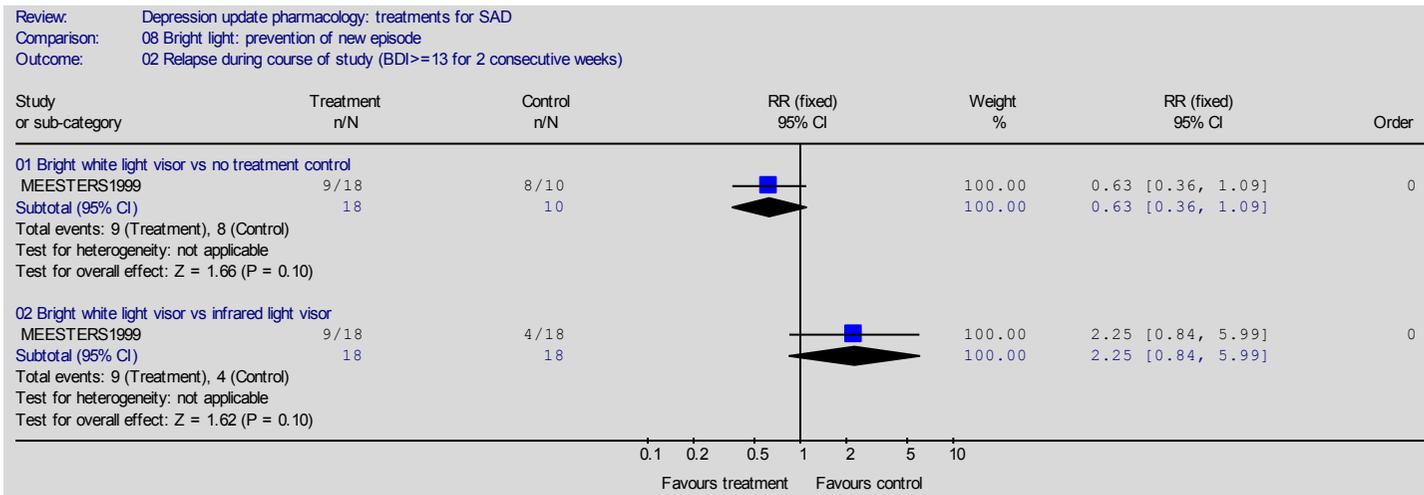


Bright light – prevention of new episode

Number leaving study early for any reason

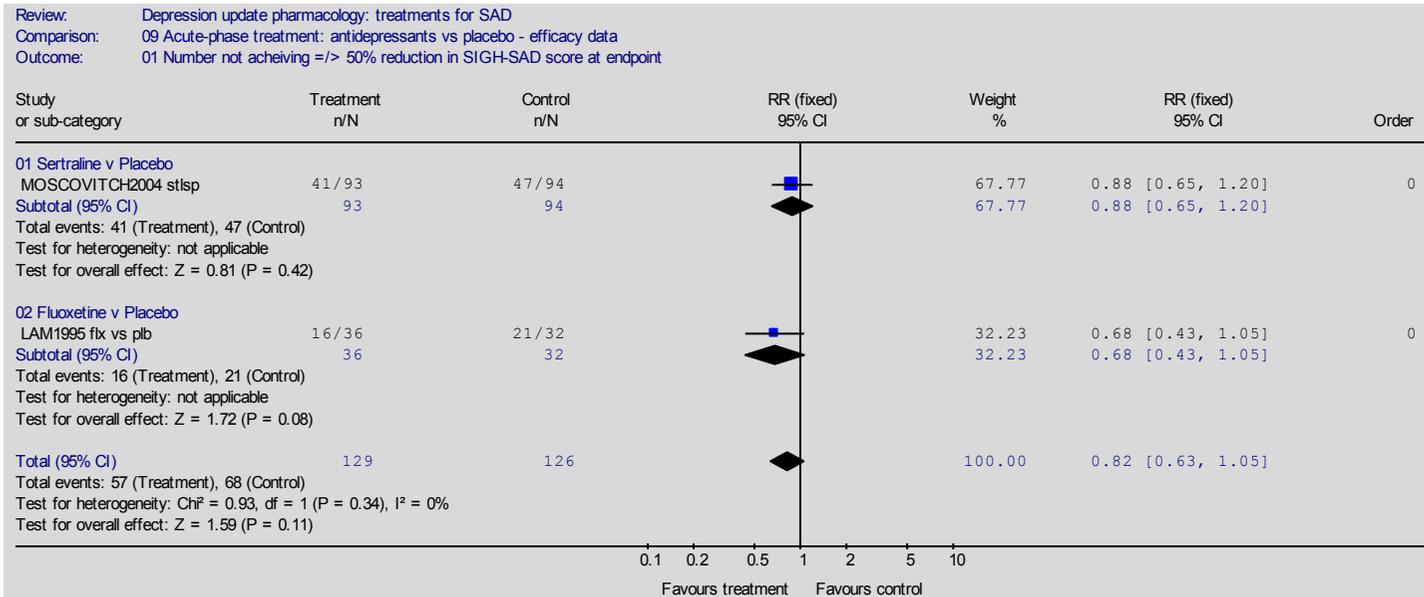


Number who relapsed during course of study (BDI \geq 13 for 2 consecutive weeks)

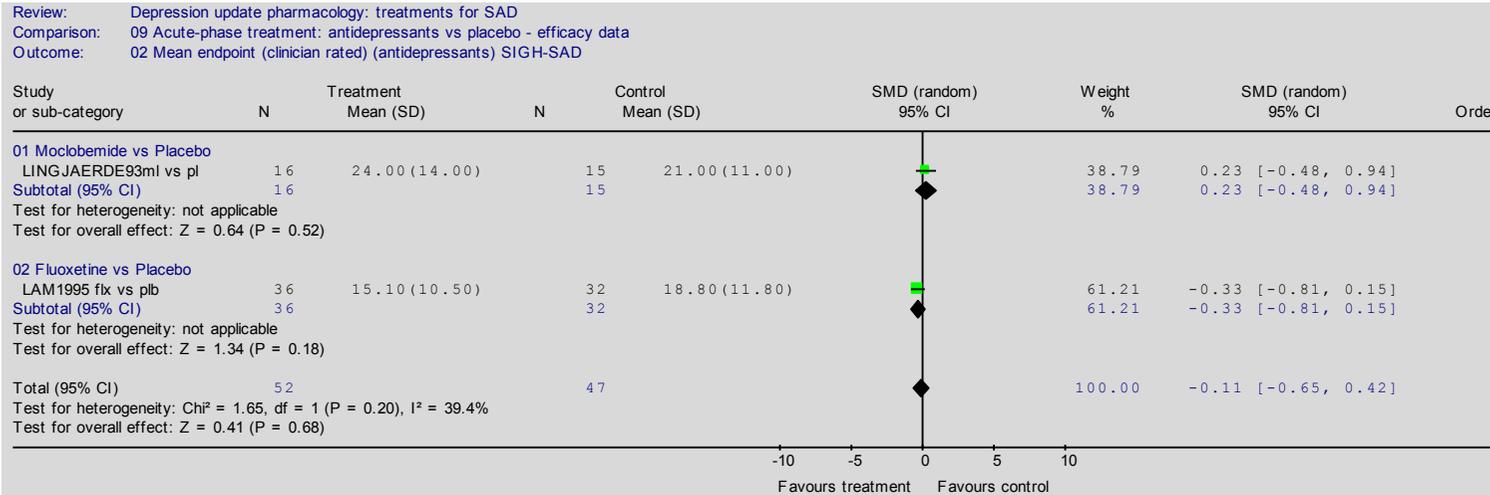


Acute-phase treatment – antidepressants versus placebo (efficacy data)

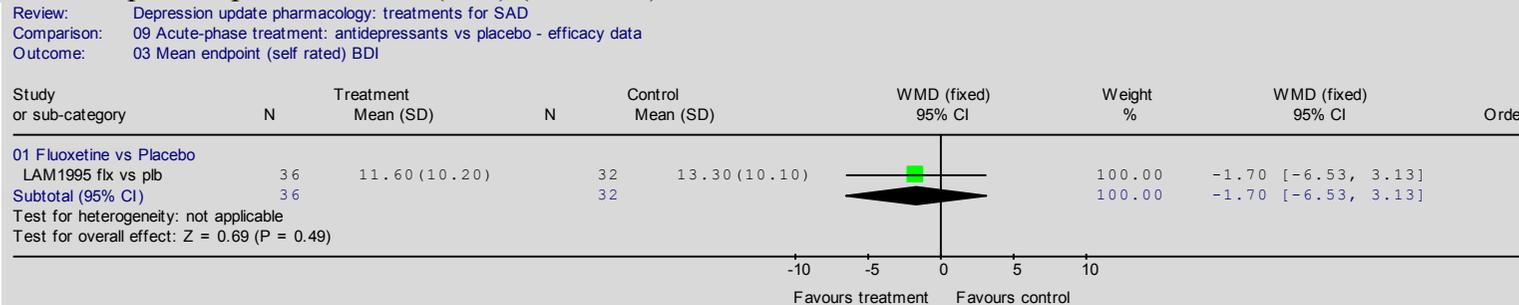
Non-response data (SIGH-SAD)



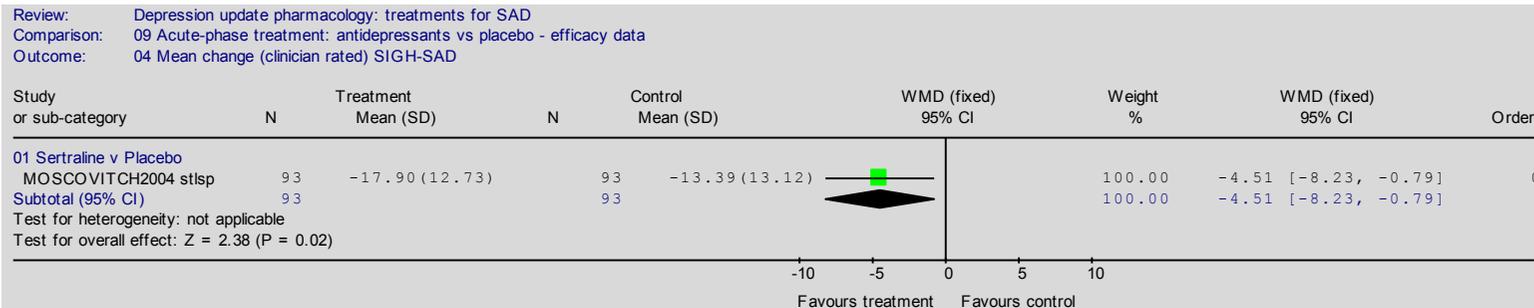
Mean endpoint depression scores (SIGH-SAD) (clinician-rated)



Mean endpoint depression scores (BDI) (self-rated)

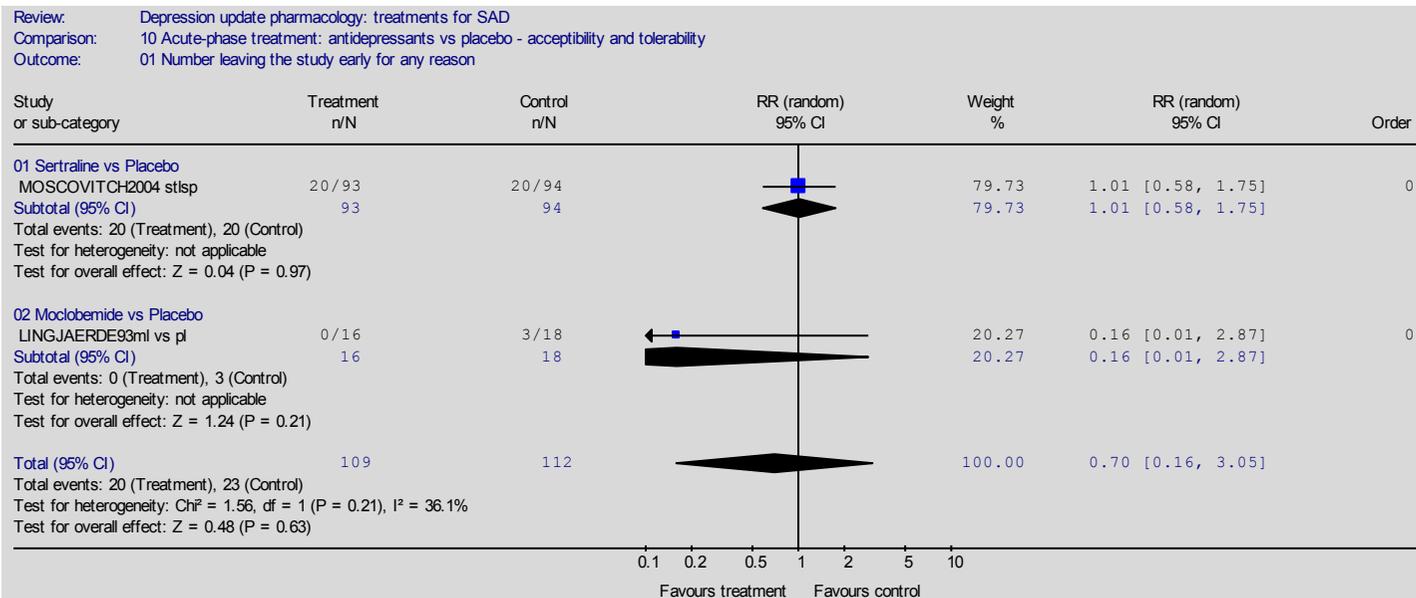


Mean change depression scores (SIGH-SAD) (clinician-rated)



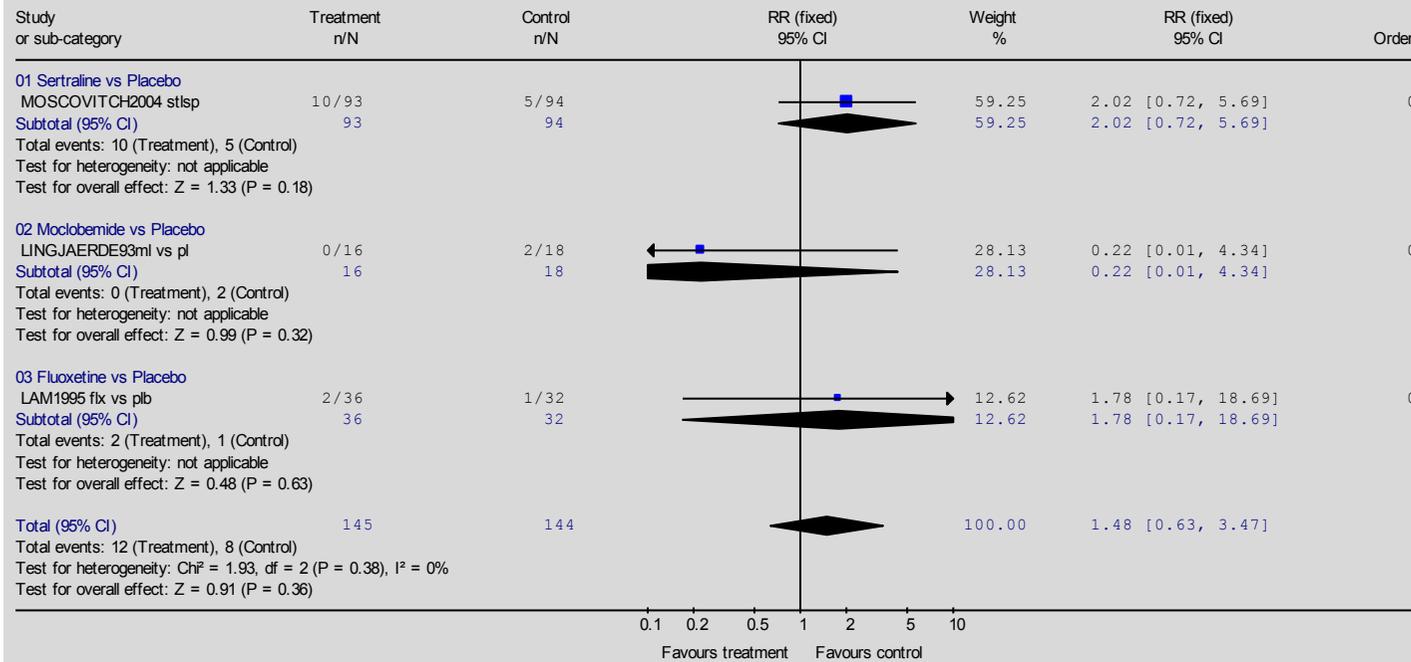
Acute-phase treatment – antidepressants versus placebo (acceptability and tolerability data)

Number leaving the study early for any reason



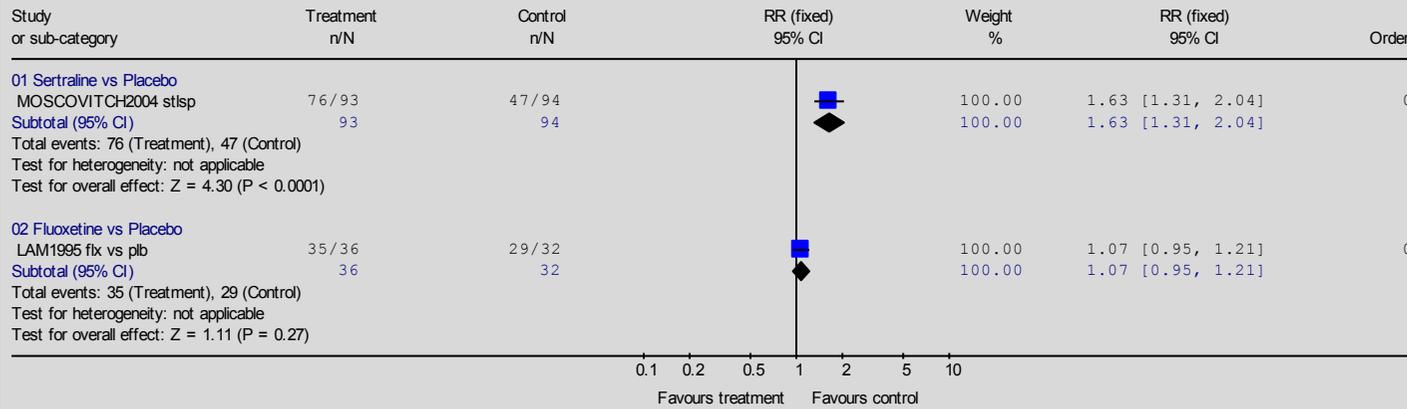
Number leaving the study early due to side effects

Review: Depression update pharmacology: treatments for SAD
 Comparison: 10 Acute-phase treatment: antidepressants vs placebo - acceptability and tolerability
 Outcome: 02 Number leaving the study early due to side effects



Number reporting side effects

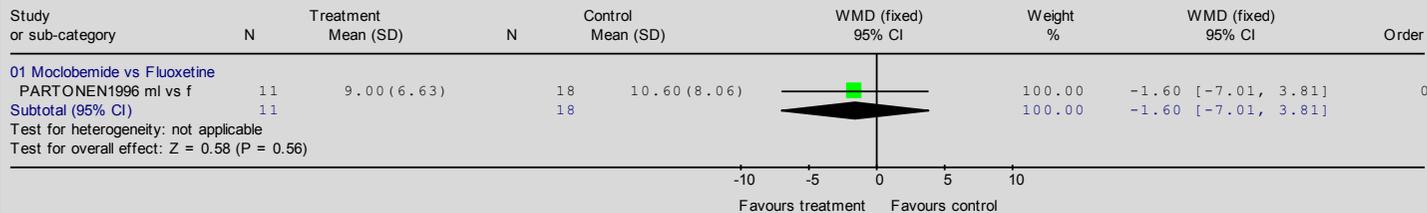
Review: Depression update pharmacology: treatments for SAD
 Comparison: 10 Acute-phase treatment: antidepressants vs placebo - acceptability and tolerability
 Outcome: 03 Number reporting side effects



Acute-phase treatment – antidepressants versus active control (efficacy data)

Mean endpoint depression data (SIGH-SAD) (clinician-rated)

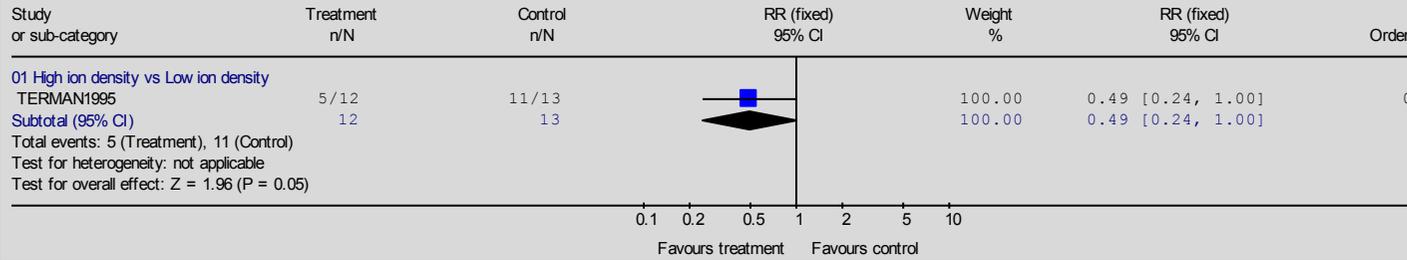
Review: Depression update pharmacology: treatments for SAD
 Comparison: 11 Acute-phase treatment: antidepressants vs active control - efficacy data
 Outcome: 01 Mean endpoint (clinician rated) SIGH-SAD



Overall efficacy (other interventions)

Non-response data (SIGH-SAD)

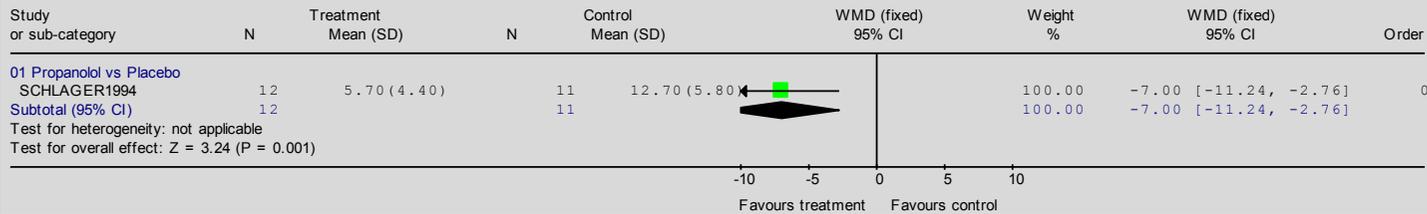
Review: Depression update pharmacology: treatments for SAD
 Comparison: 12 Overall efficacy (other interventions)
 Outcome: 01 Number not achieving \geq 50% reduction in outcome score at endpoint SIGH-SAD



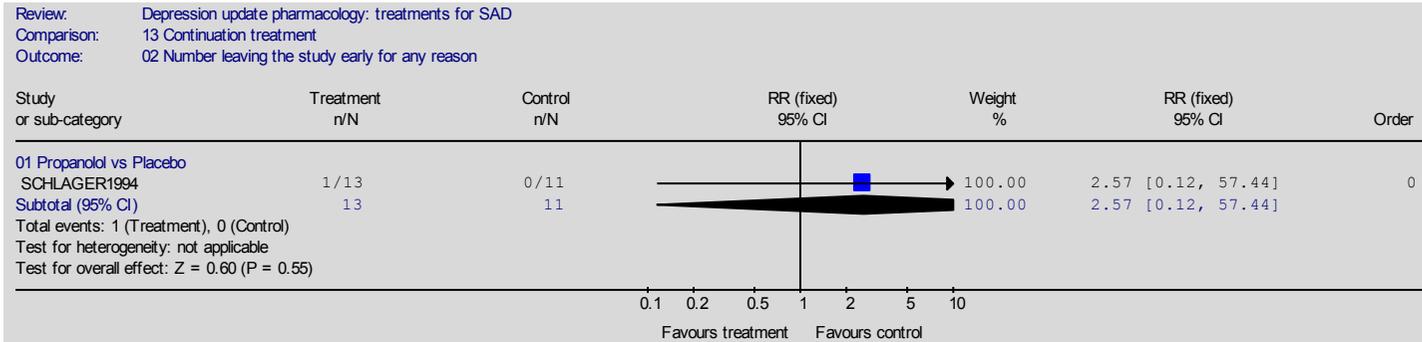
Continuation treatment

Mean endpoint depression scores (HAM-D21) (clinician-rated)

Review: Depression update pharmacology: treatments for SAD
 Comparison: 13 Continuation treatment
 Outcome: 01 Mean endpoint (clinician-rated) HAMD-21

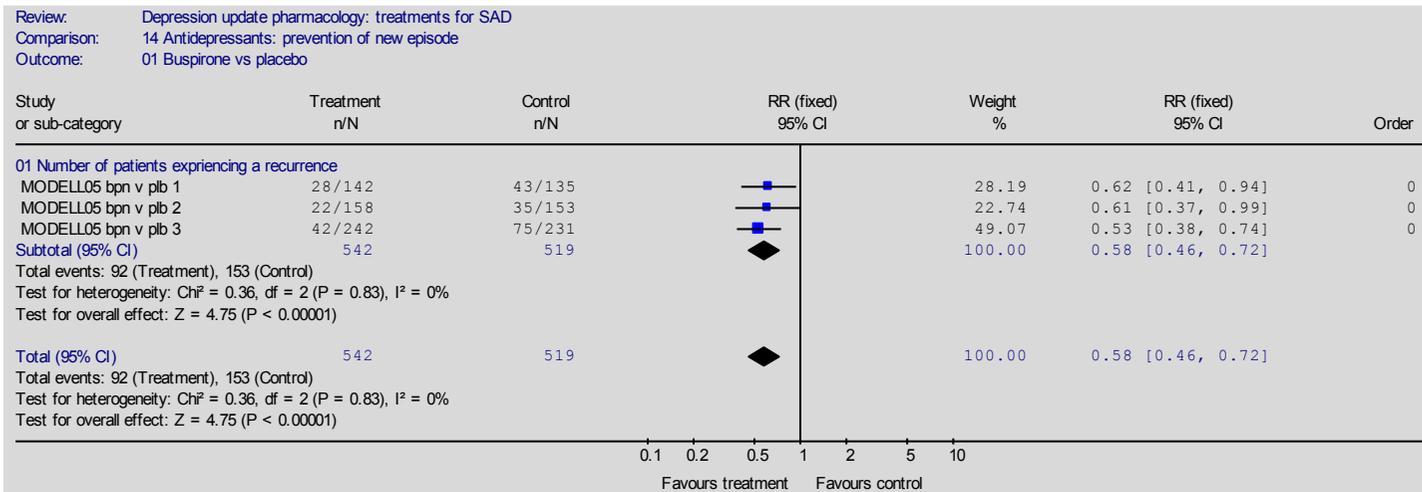


Number leaving the study early for any reason



Antidepressants – prevention of a new episode

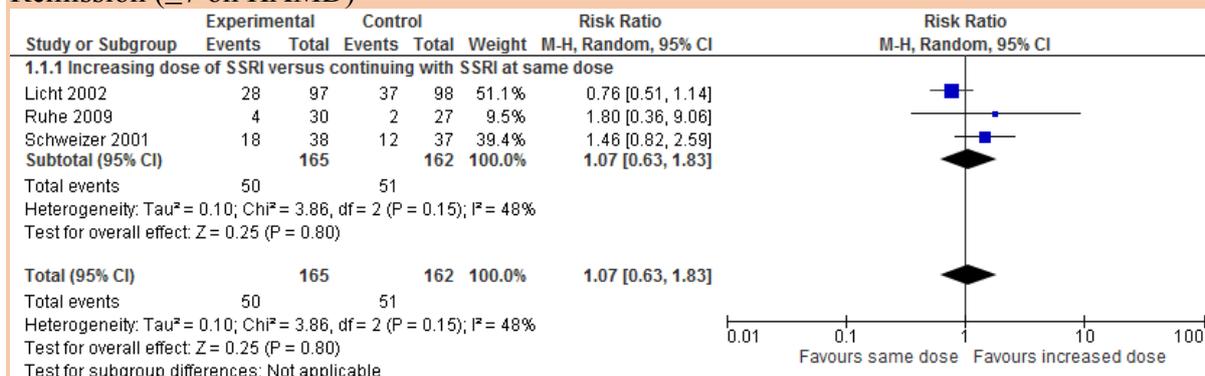
Number of patients experiencing a recurrence



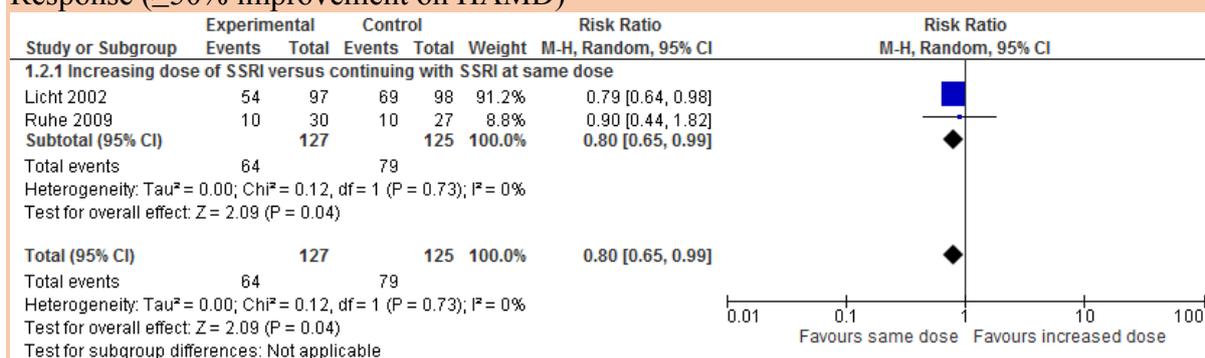
Further-line treatment (chapter 8)

Increasing the dose of antidepressant versus continuing with the antidepressant at the same dose

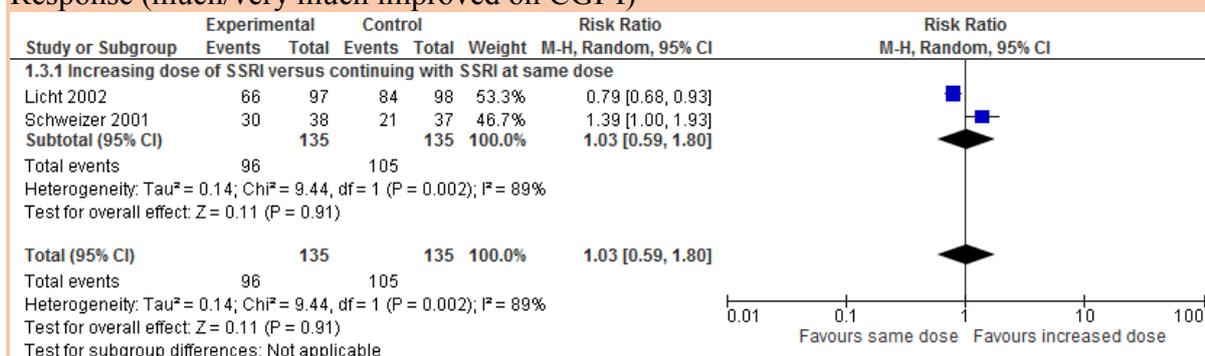
Remission (≤ 7 on HAMD)



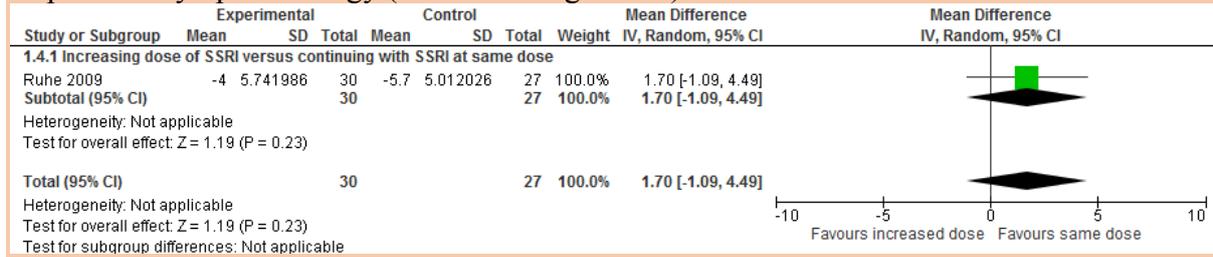
Response ($\geq 50\%$ improvement on HAMD)



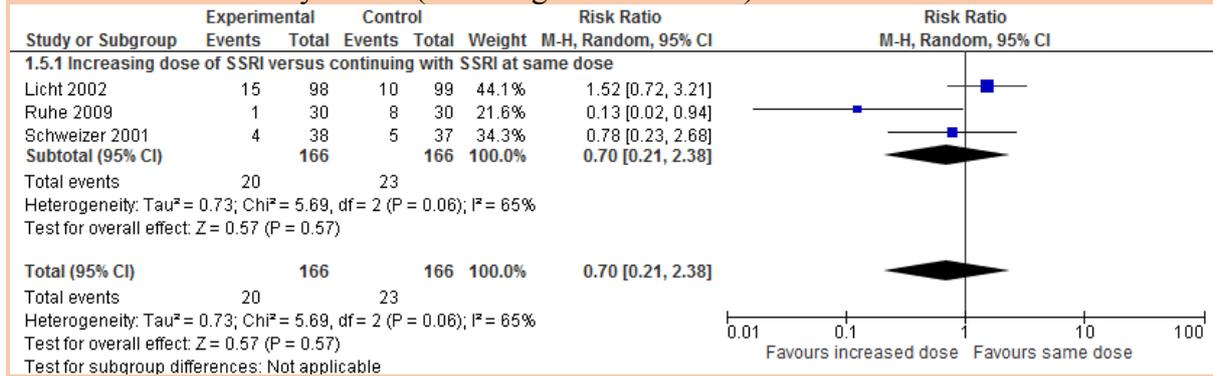
Response (much/very much improved on CGI-I)



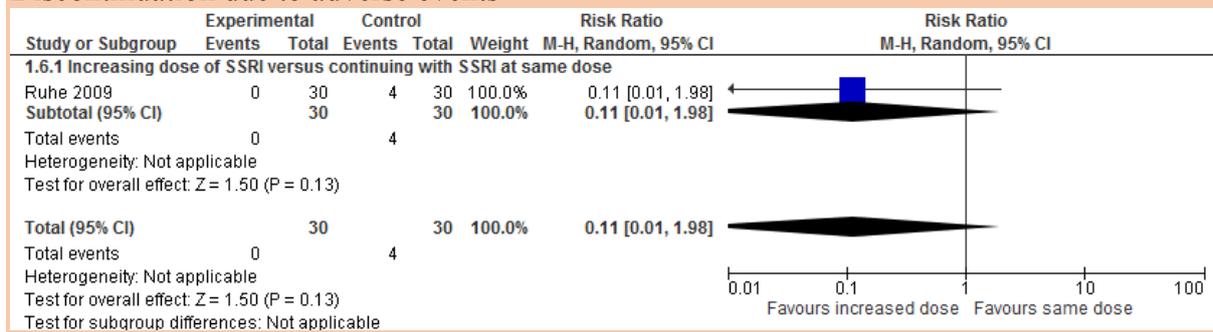
Depression symptomatology (HAMD change score)



Discontinuation for any reason (including adverse events)



Discontinuation due to adverse events

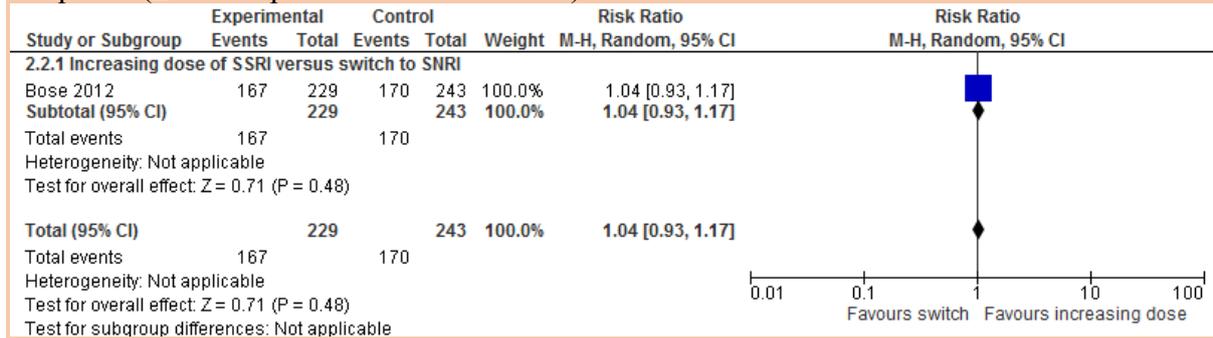


Increasing the dose of antidepressant versus switching to another antidepressant

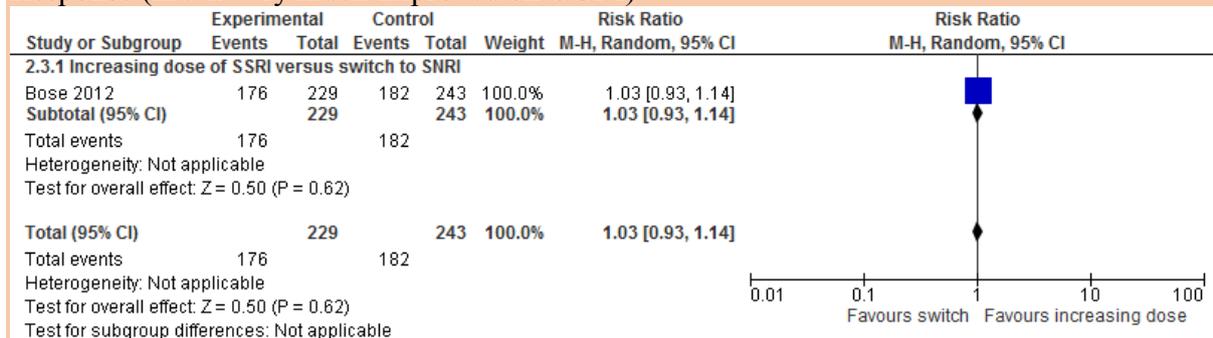
Remission (≤10 on MADRS)



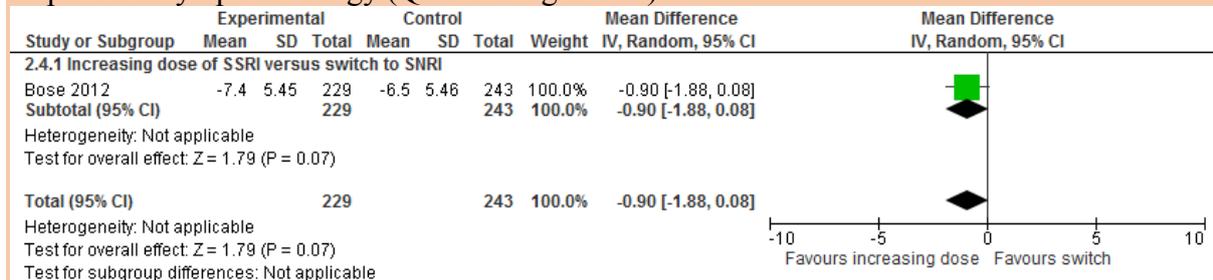
Response ($\geq 50\%$ improvement on MADRS)



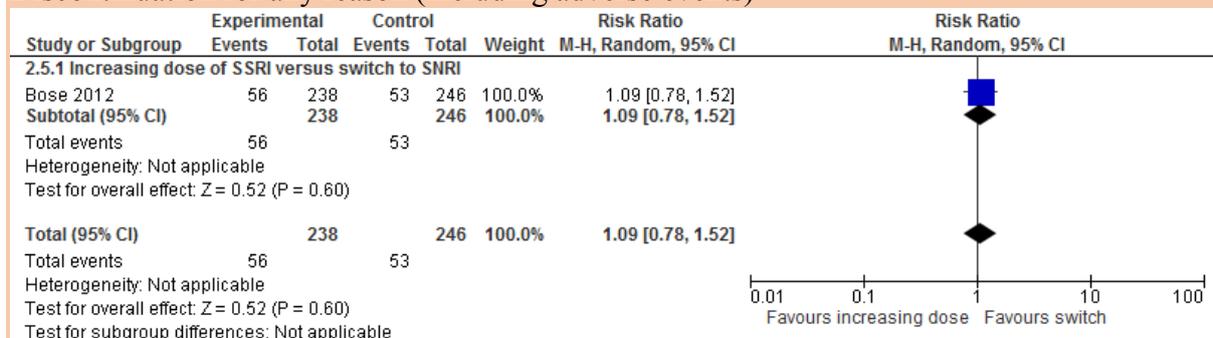
Response (much/very much improved on CGI-I)



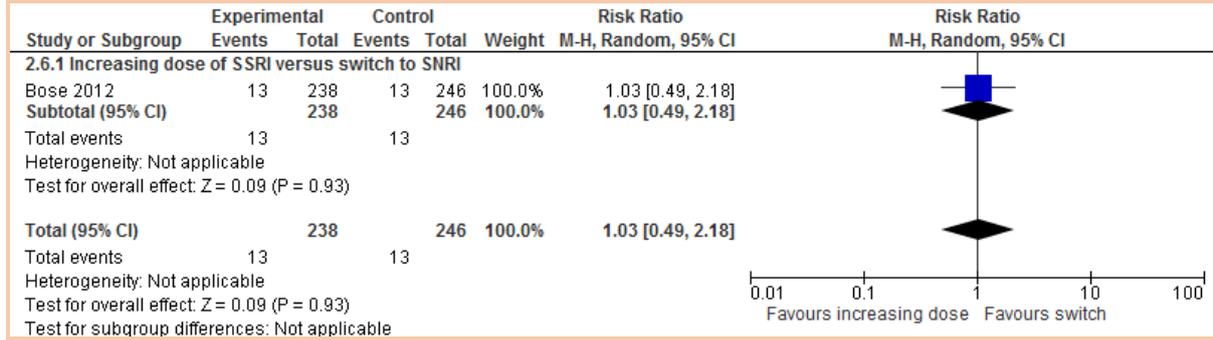
Depression symptomatology (QIDS change score)



Discontinuation for any reason (including adverse events)

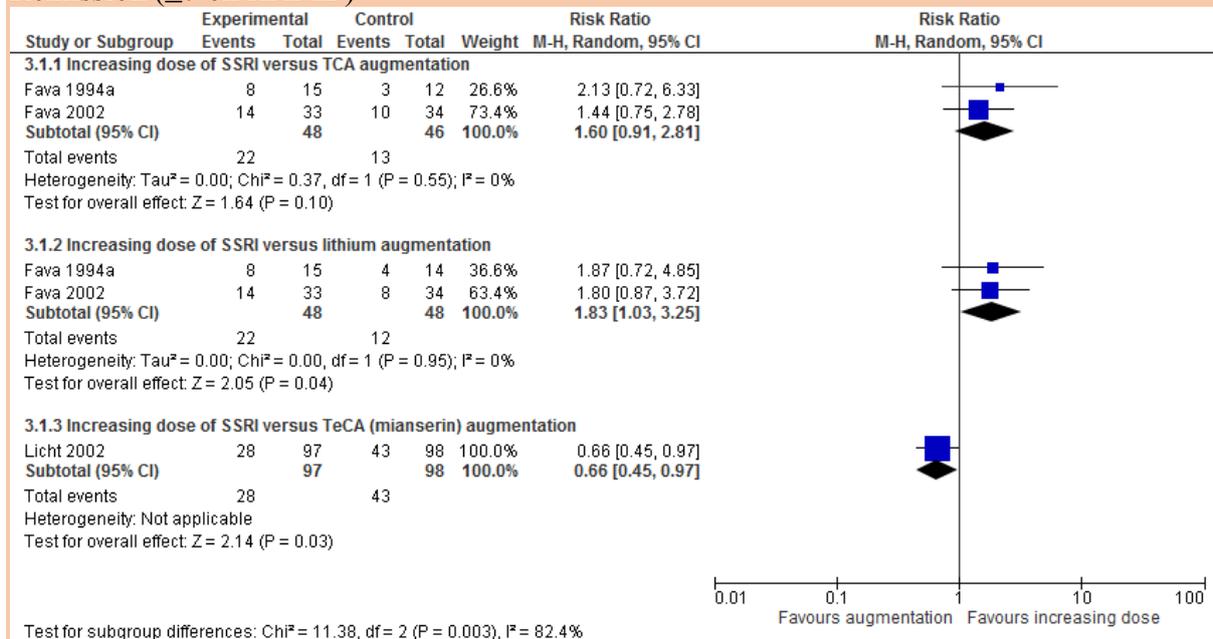


Discontinuation due to adverse events

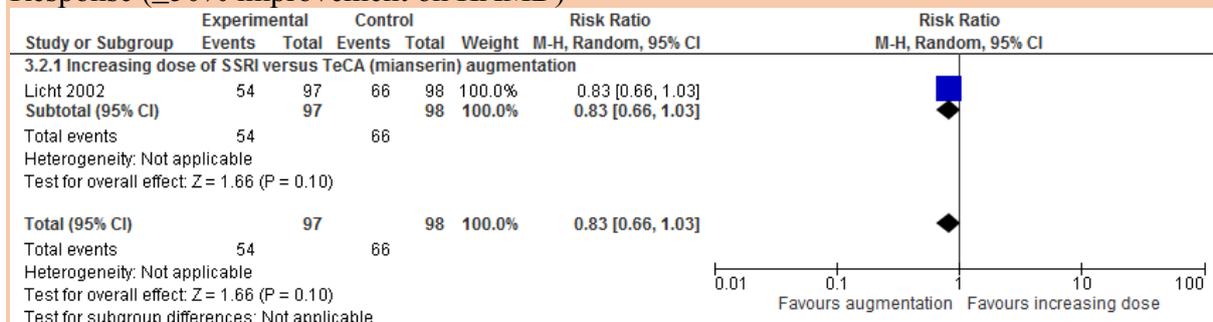


Increasing the dose of antidepressant versus augmenting with another antidepressant/non-antidepressant agent

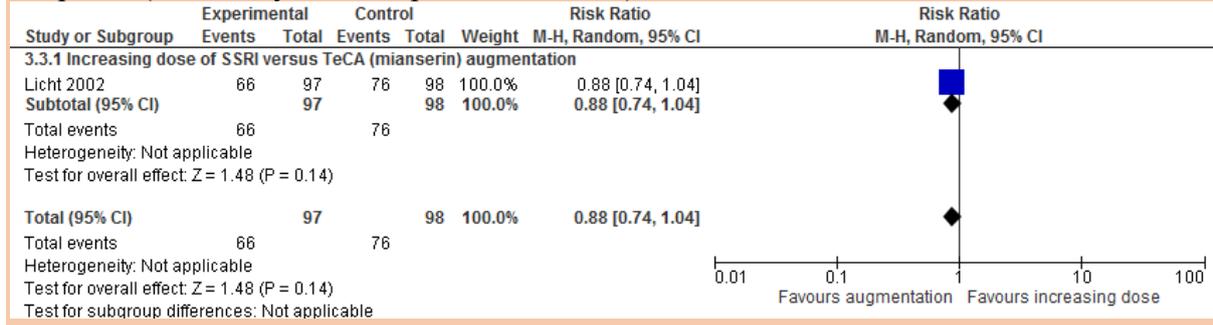
Remission (≤ 7 on HAMD)



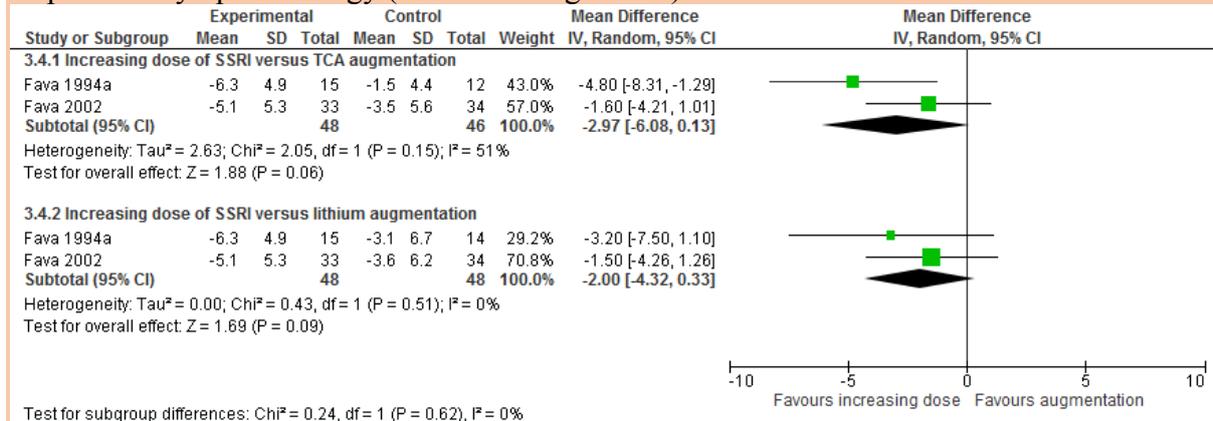
Response ($\geq 50\%$ improvement on HAMD)



Response (much/very much improved on CGI-I)

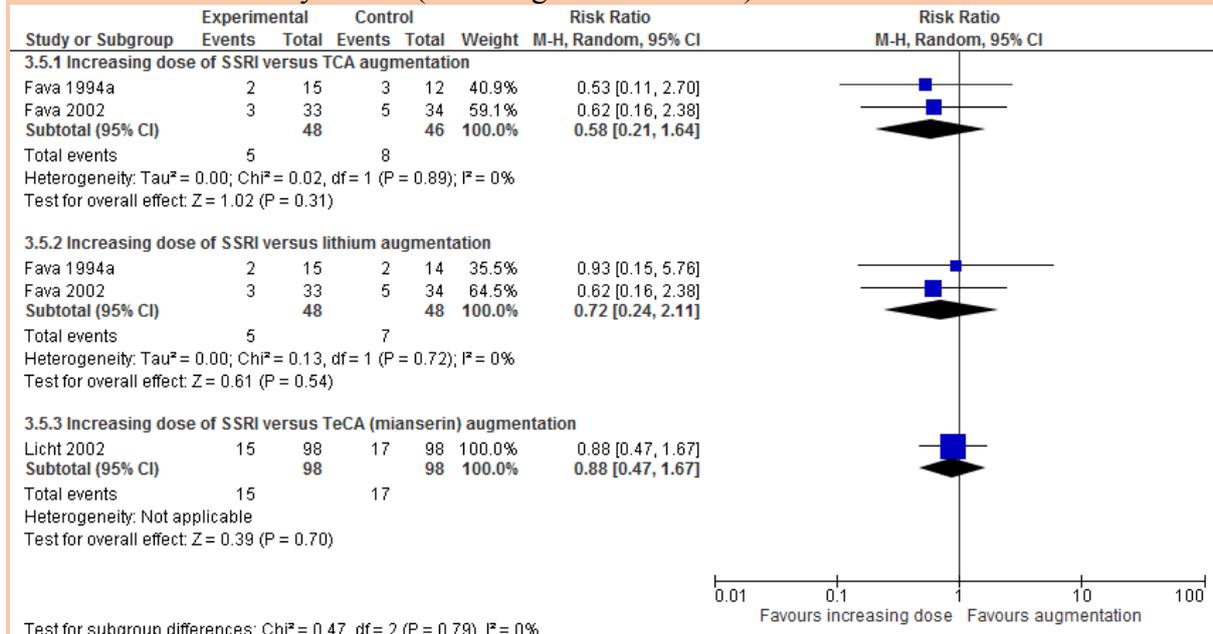


Depression symptomatology (HAMD change score)



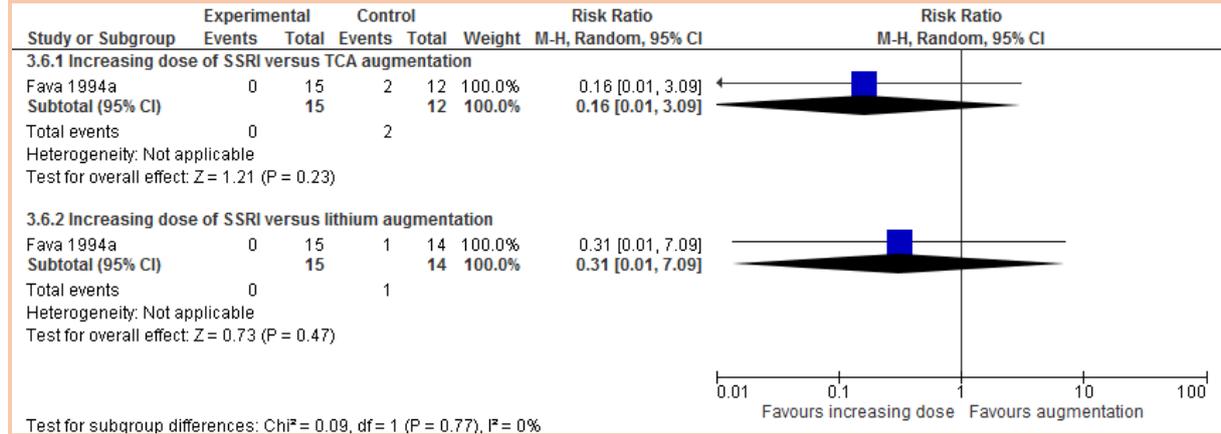
Test for subgroup differences: Chi² = 0.24, df = 1 (P = 0.62), I² = 0%

Discontinuation for any reason (including adverse events)



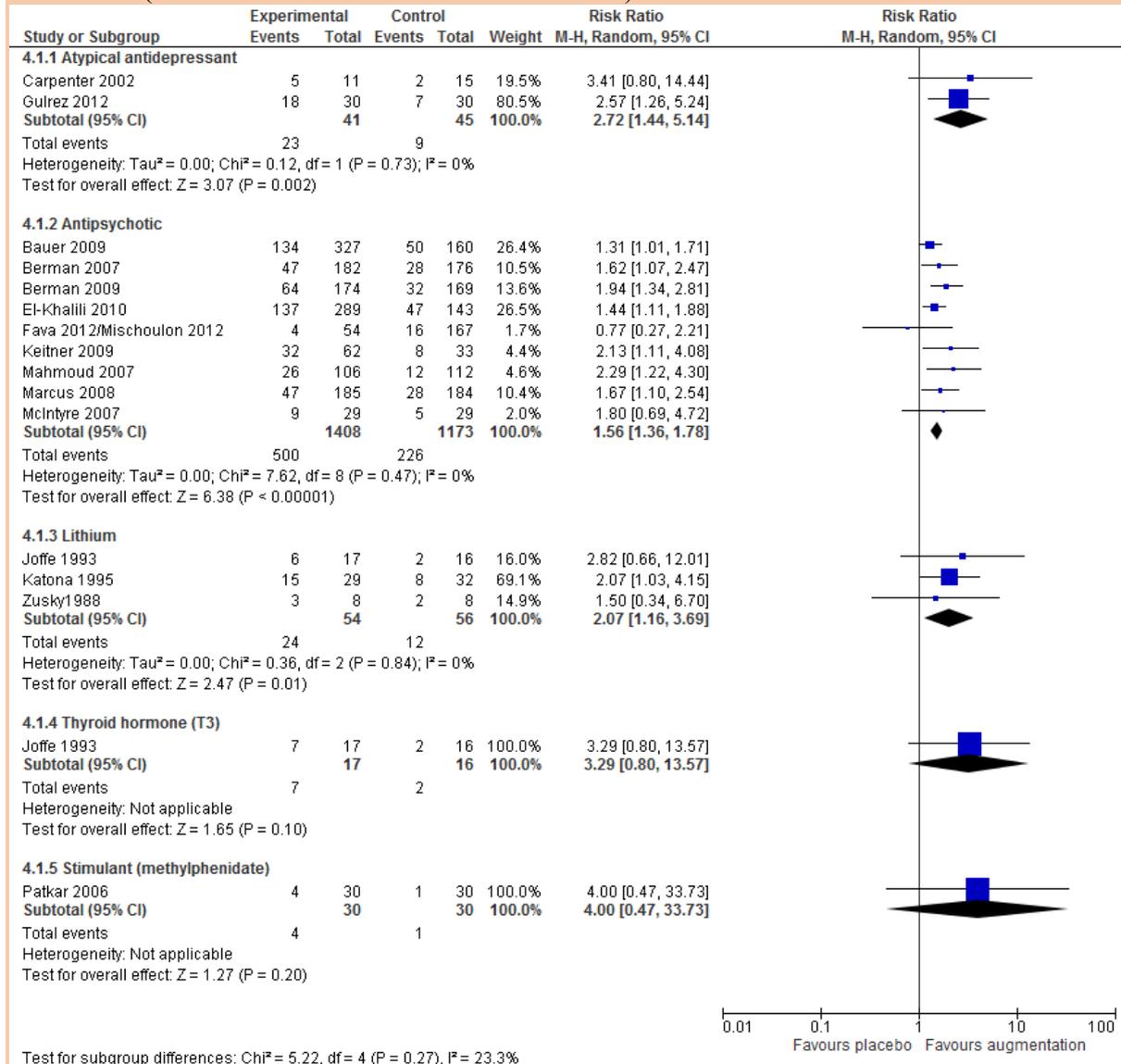
Test for subgroup differences: Chi² = 0.47, df = 2 (P = 0.79), I² = 0%

Discontinuation due to adverse events

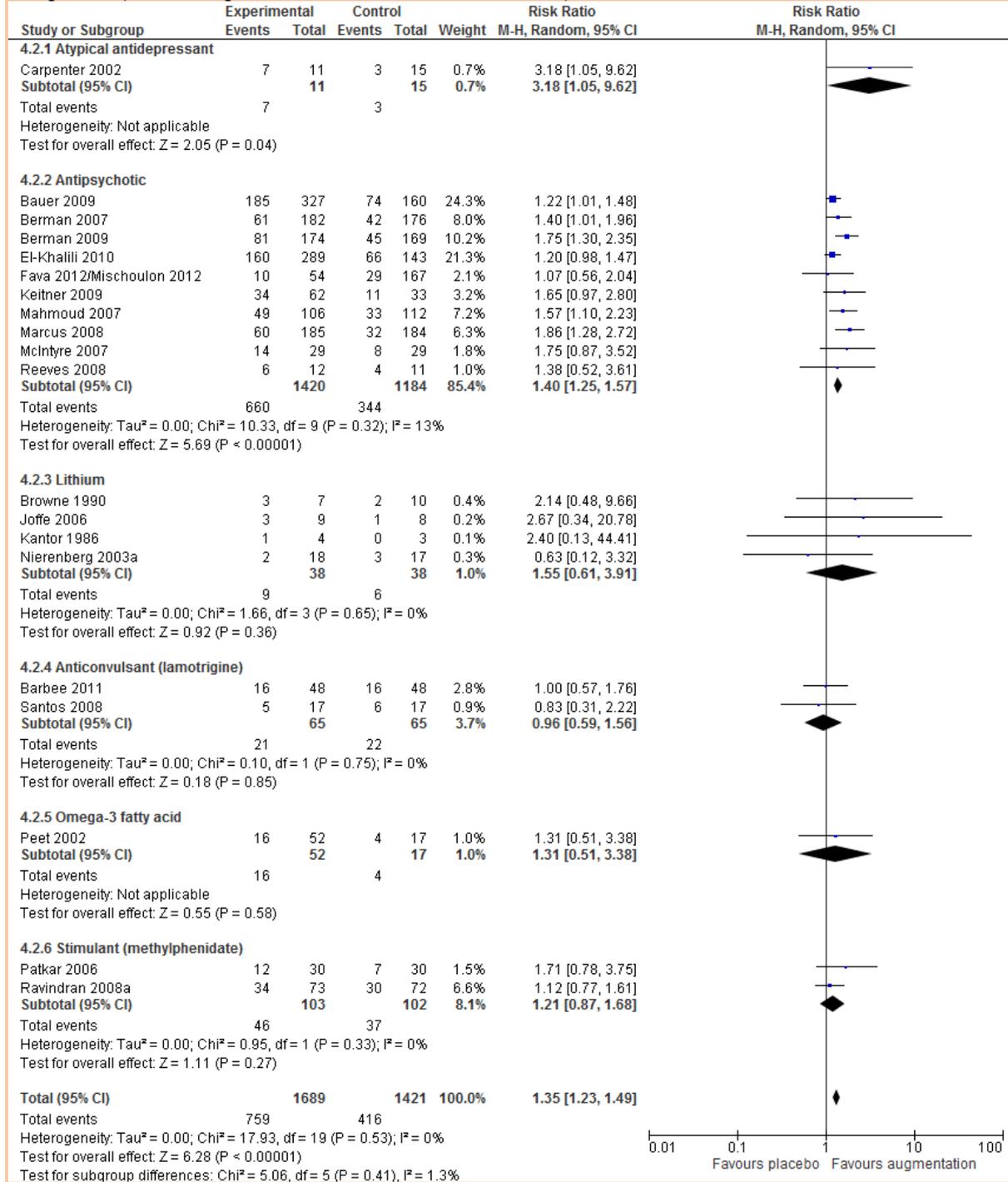


Augmenting the antidepressant with another antidepressant or a non-antidepressant agent versus placebo

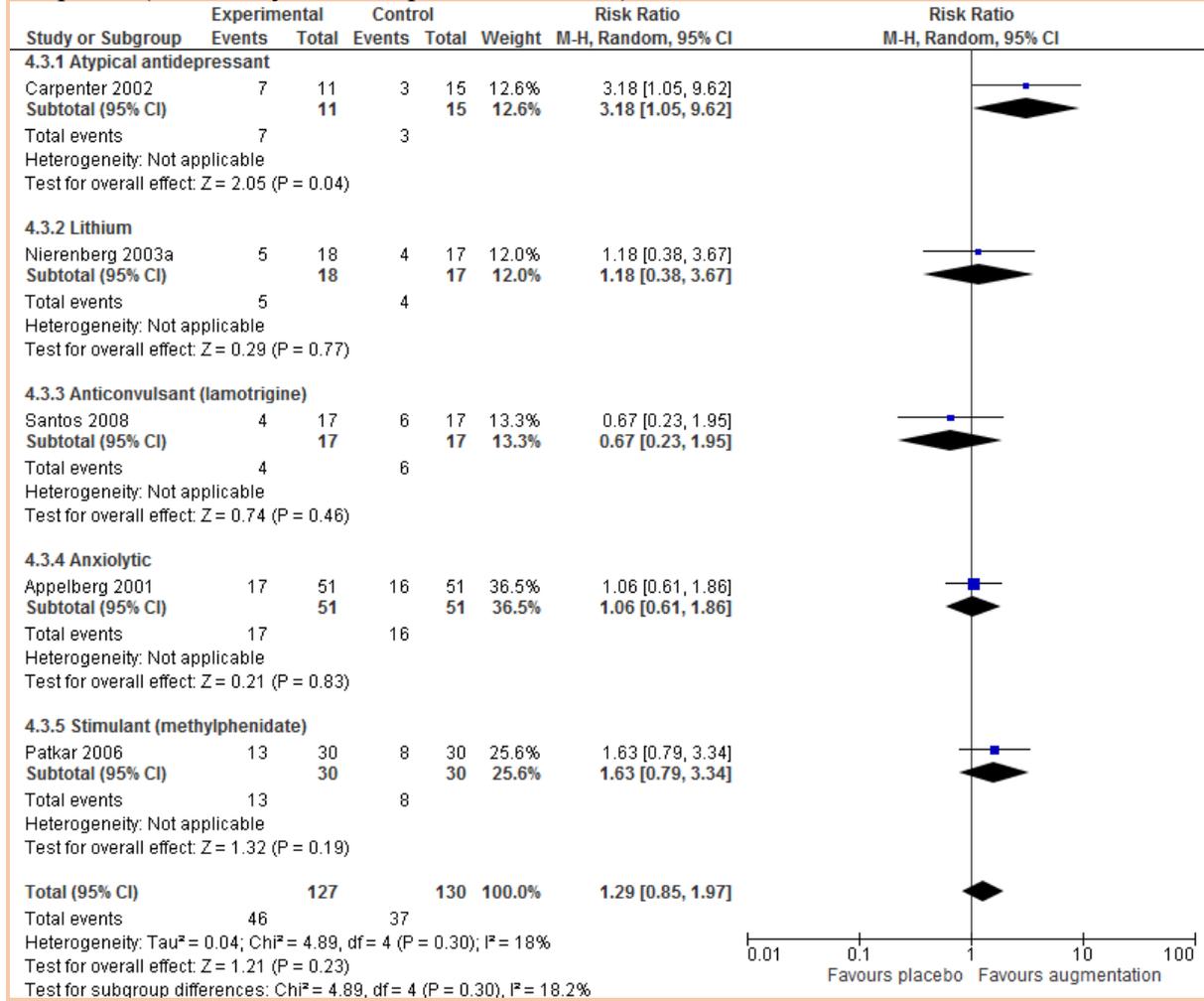
Remission (<10/11 on MADRS/<7/8/10 on HAMD)



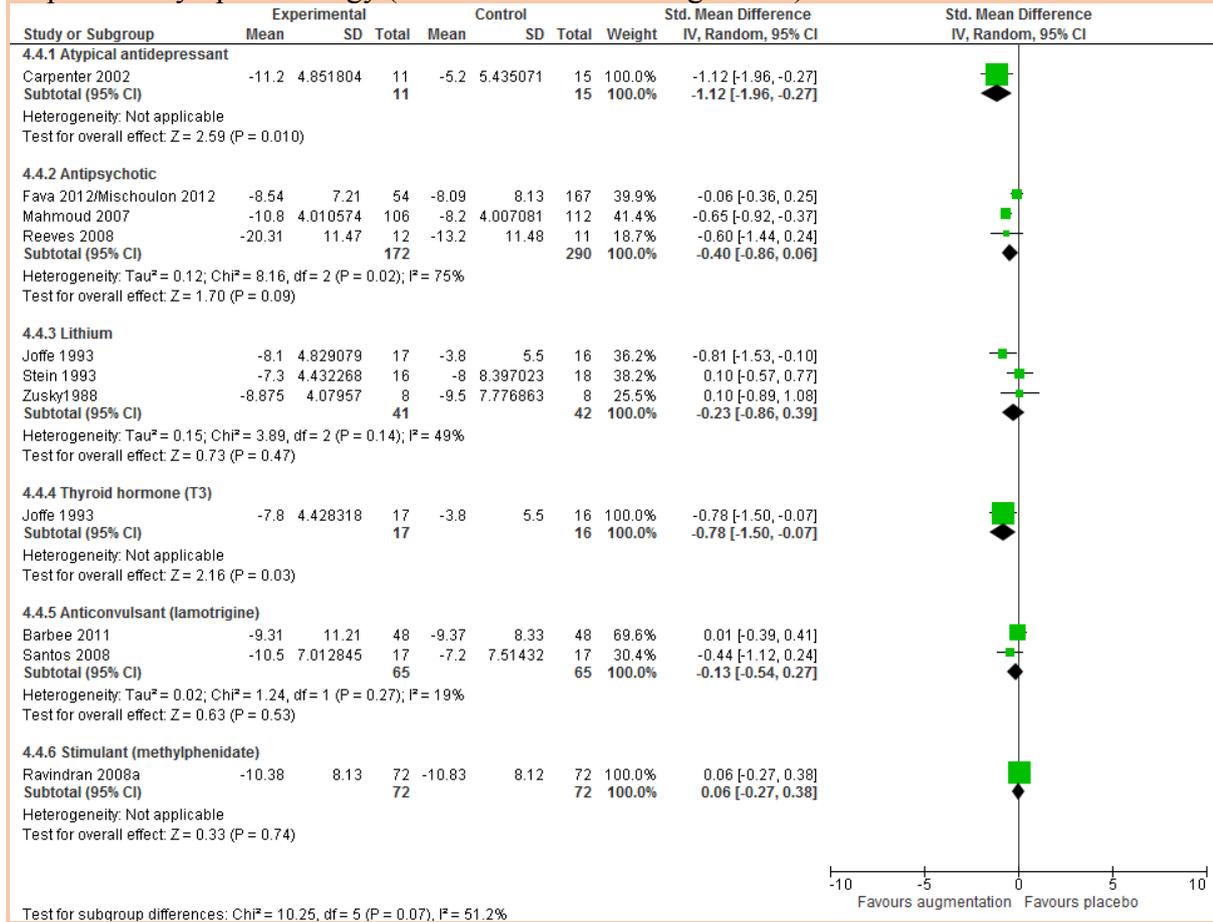
Response ($\geq 50\%$ improvement on MADRS/HAMD)



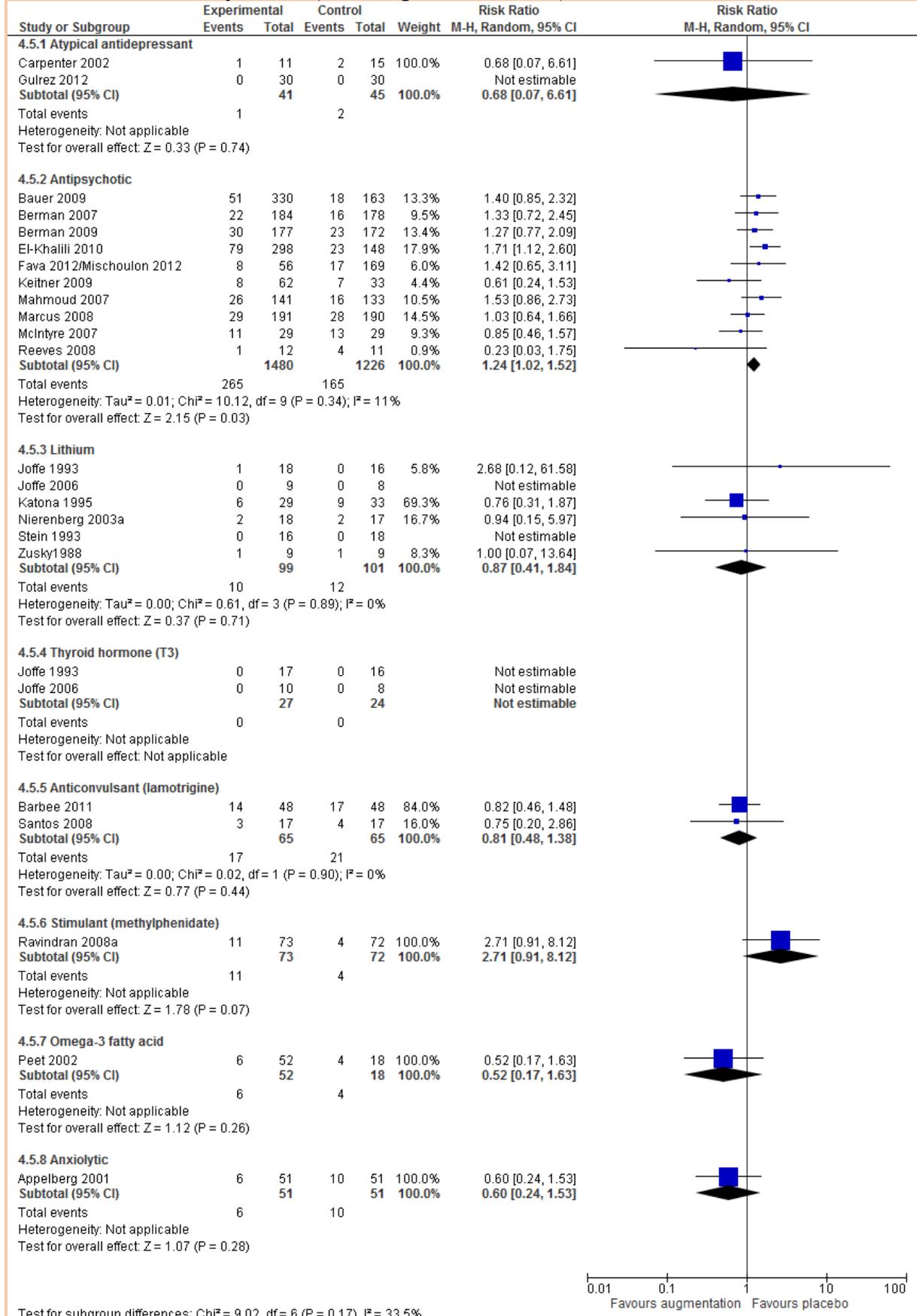
Response (much/very much improved on CGI-I)



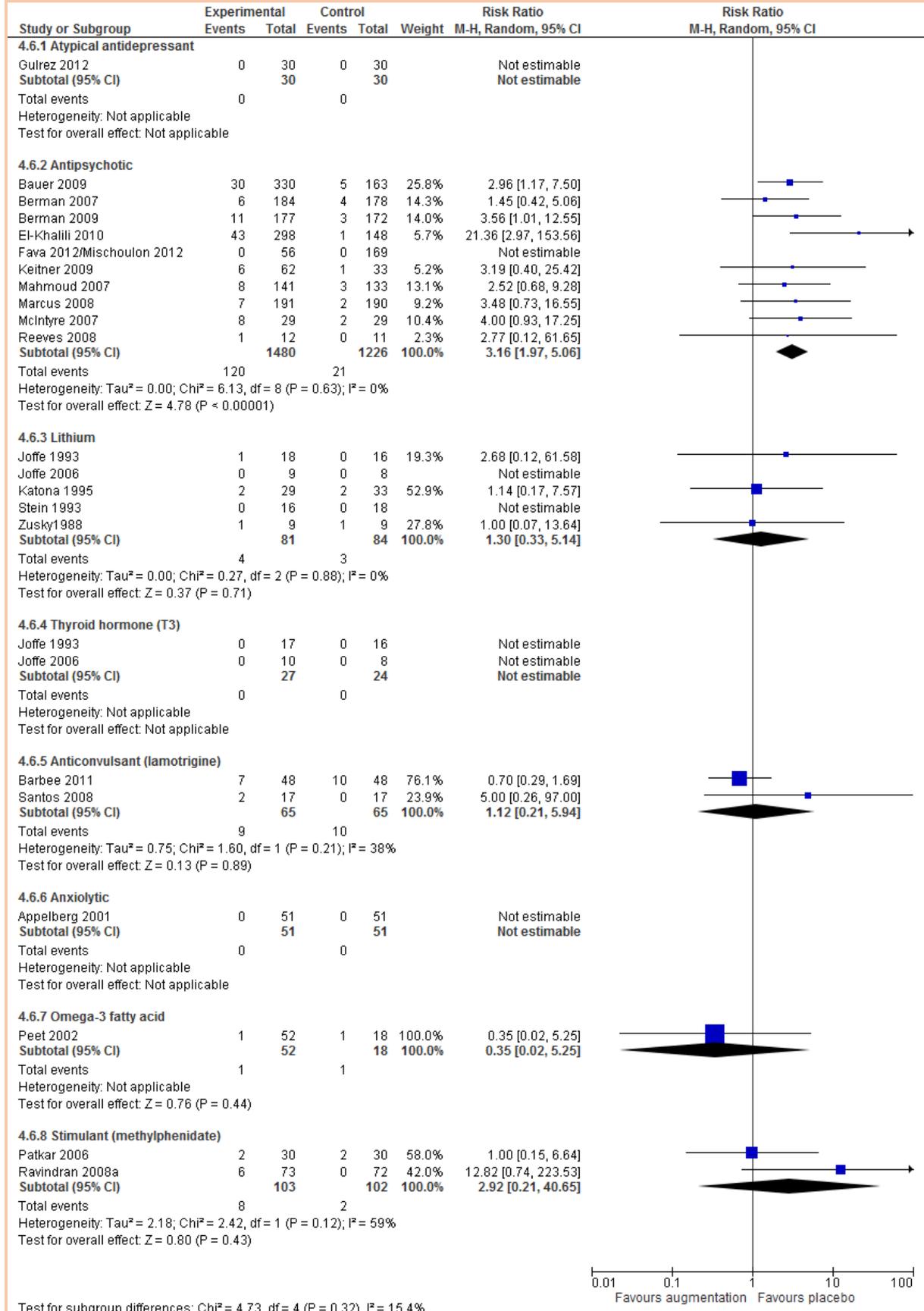
Depression symptomatology (MADRS/HAMD change score)



Discontinuation for any reason (including adverse events)

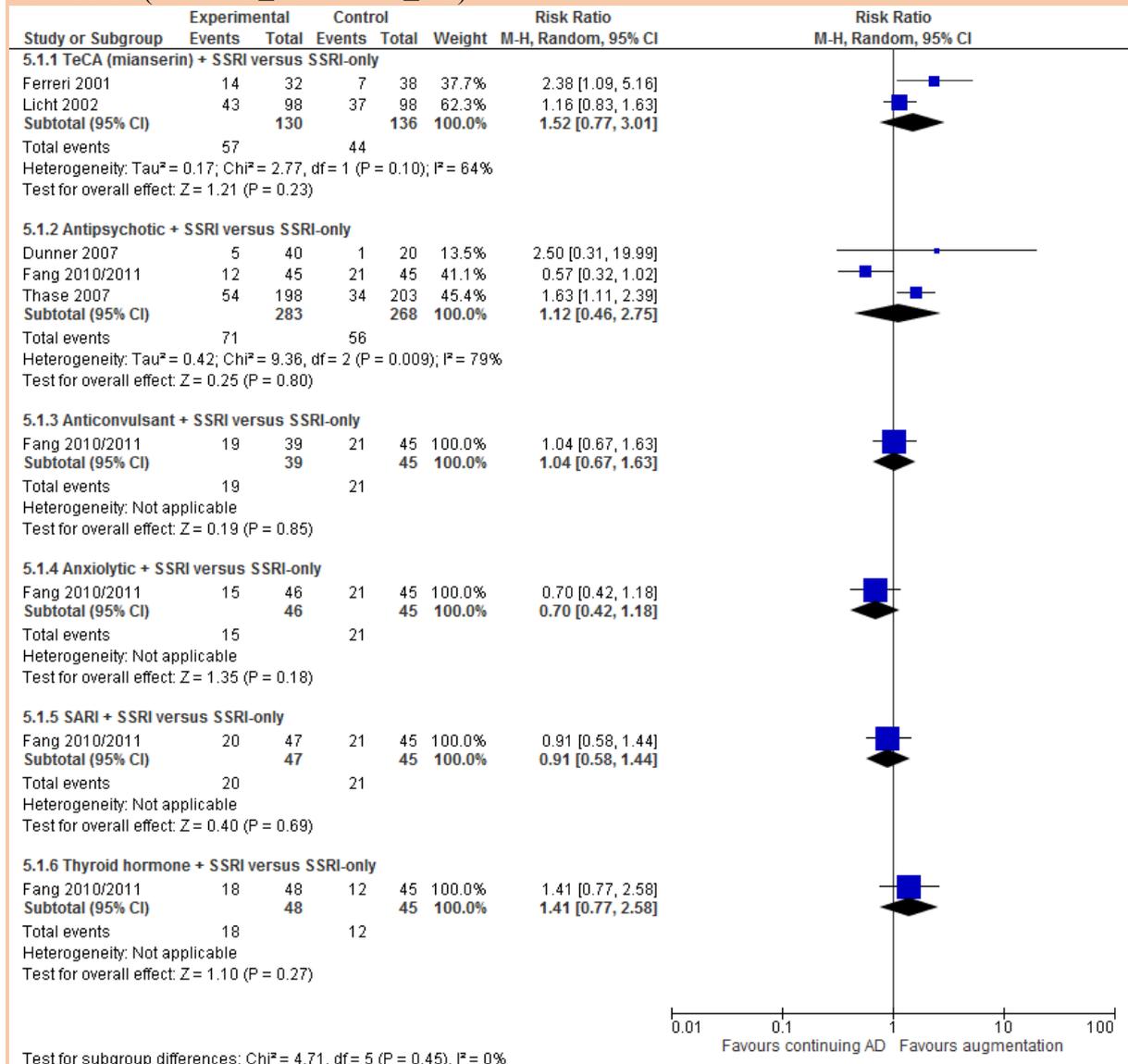


Discontinuation due to adverse events

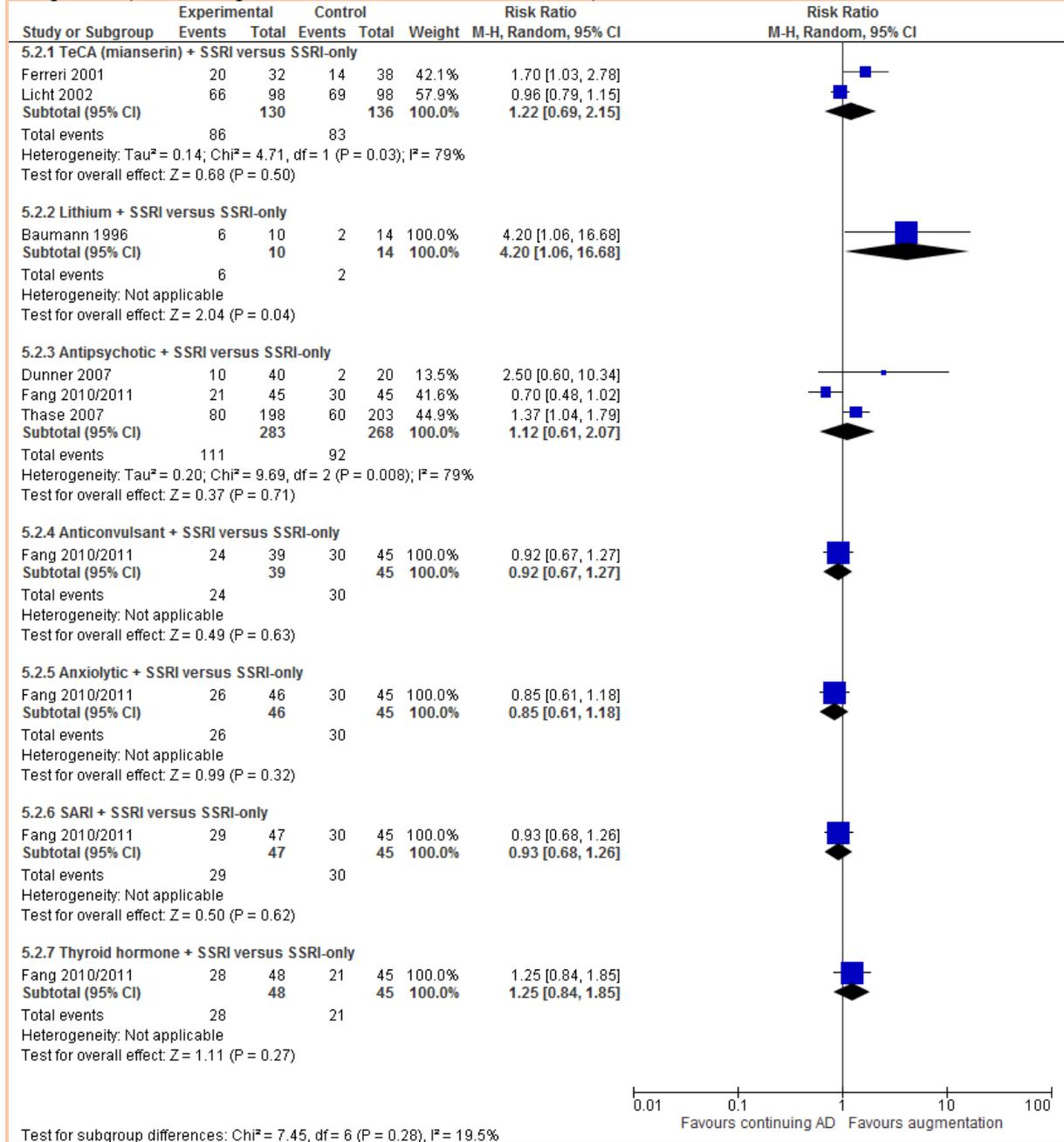


Augmenting the antidepressant with another antidepressant/non-antidepressant agent versus continuing with the antidepressant-only

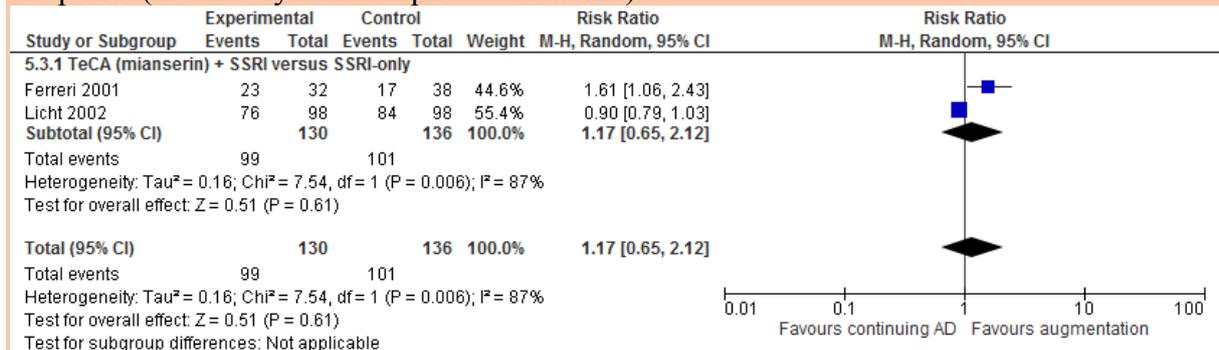
Remission (MADRS \leq 10/HAMD \leq 7/8)



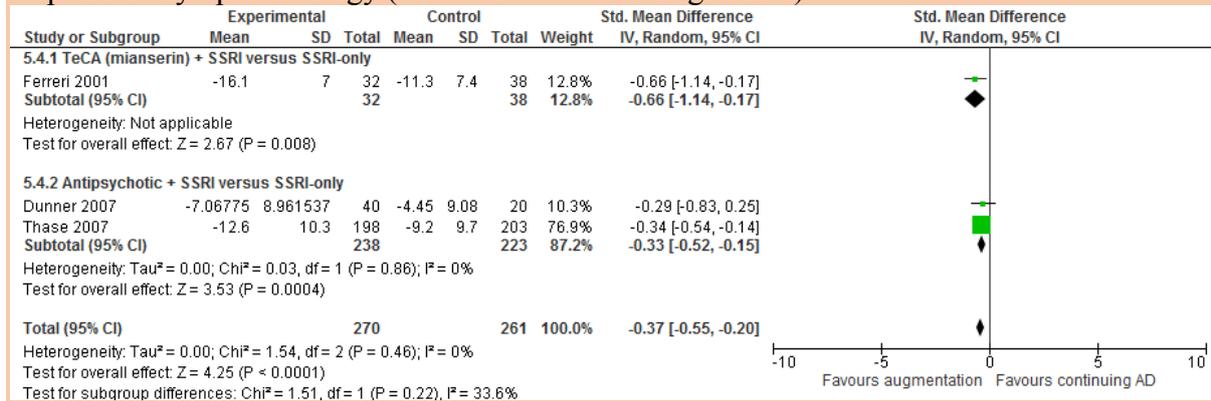
Response ($\geq 50\%$ improvement on MADRS/HAMD)



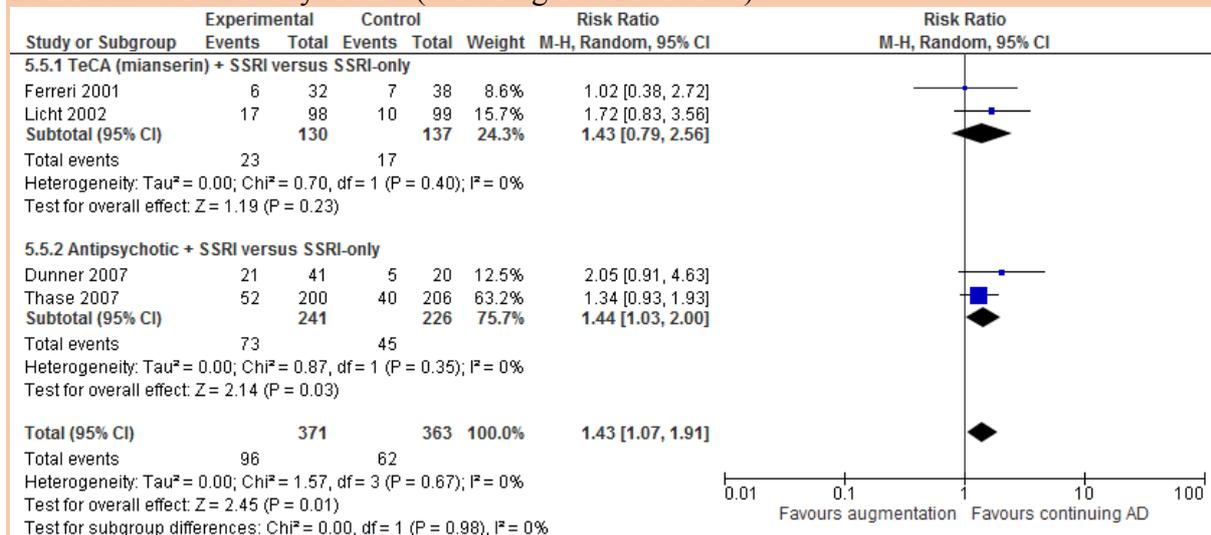
Response (much/very much improved on CGI-I)



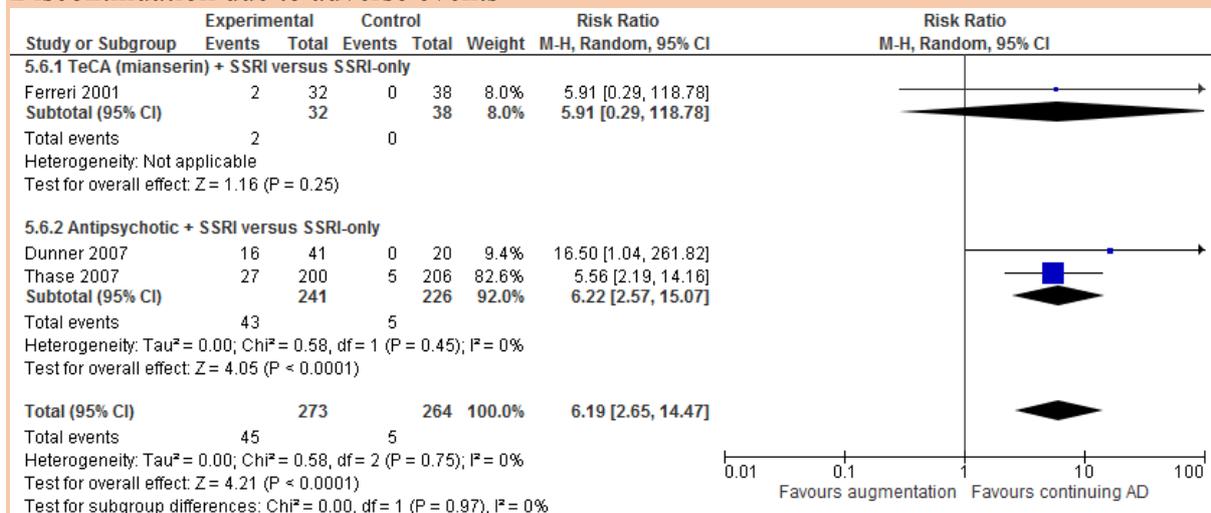
Depression symptomatology (MADRS/HAMD change score)



Discontinuation for any reason (including adverse events)

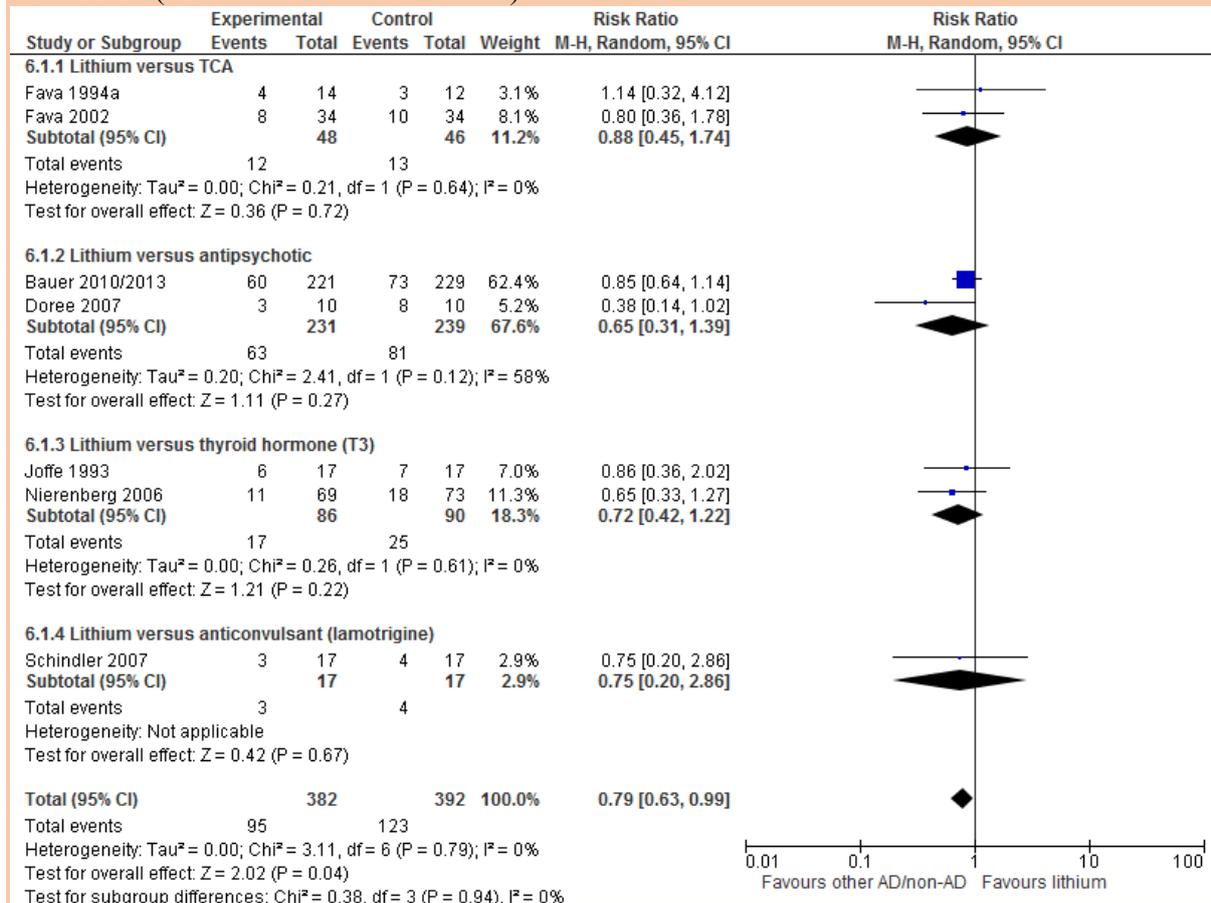


Discontinuation due to adverse events

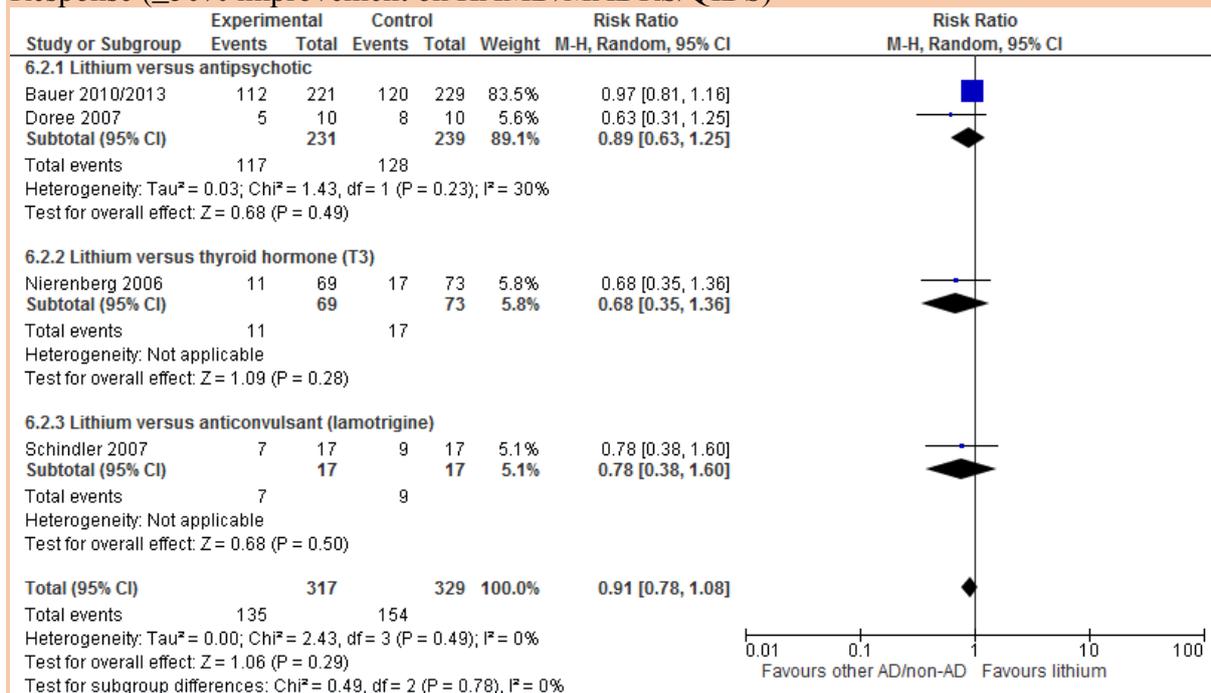


Augmenting the antidepressant with lithium compared to 'other' augmentation agents (head-to-head comparisons)

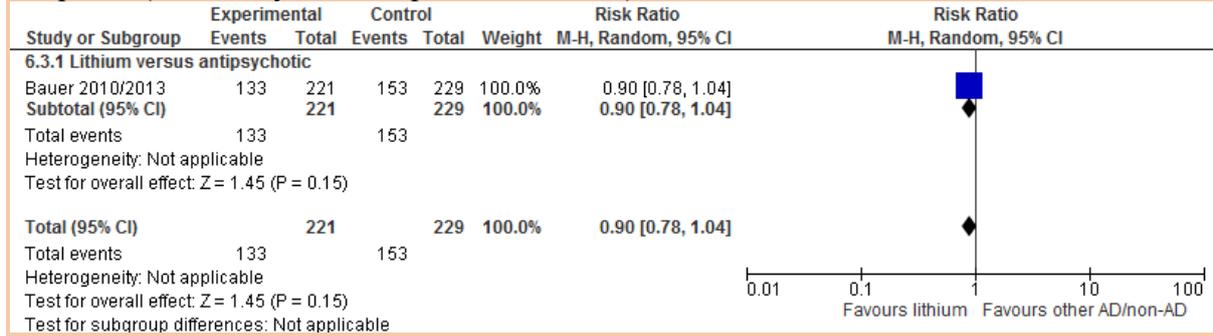
Remission (<8/10 on MADRS/HAMD)



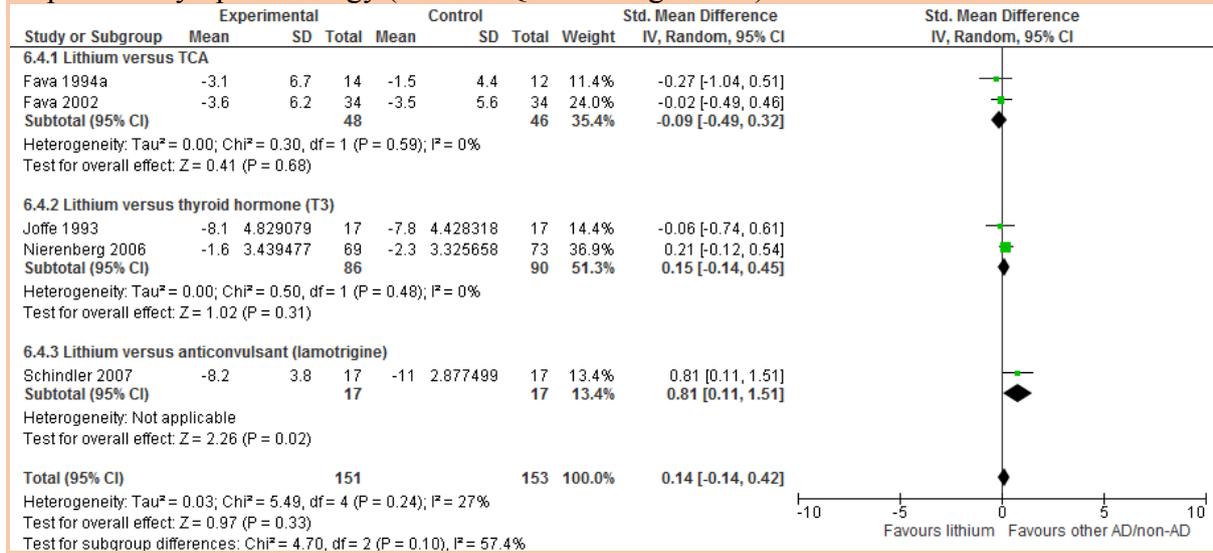
Response (≥50% improvement on HAMD/MADRS/QIDS)



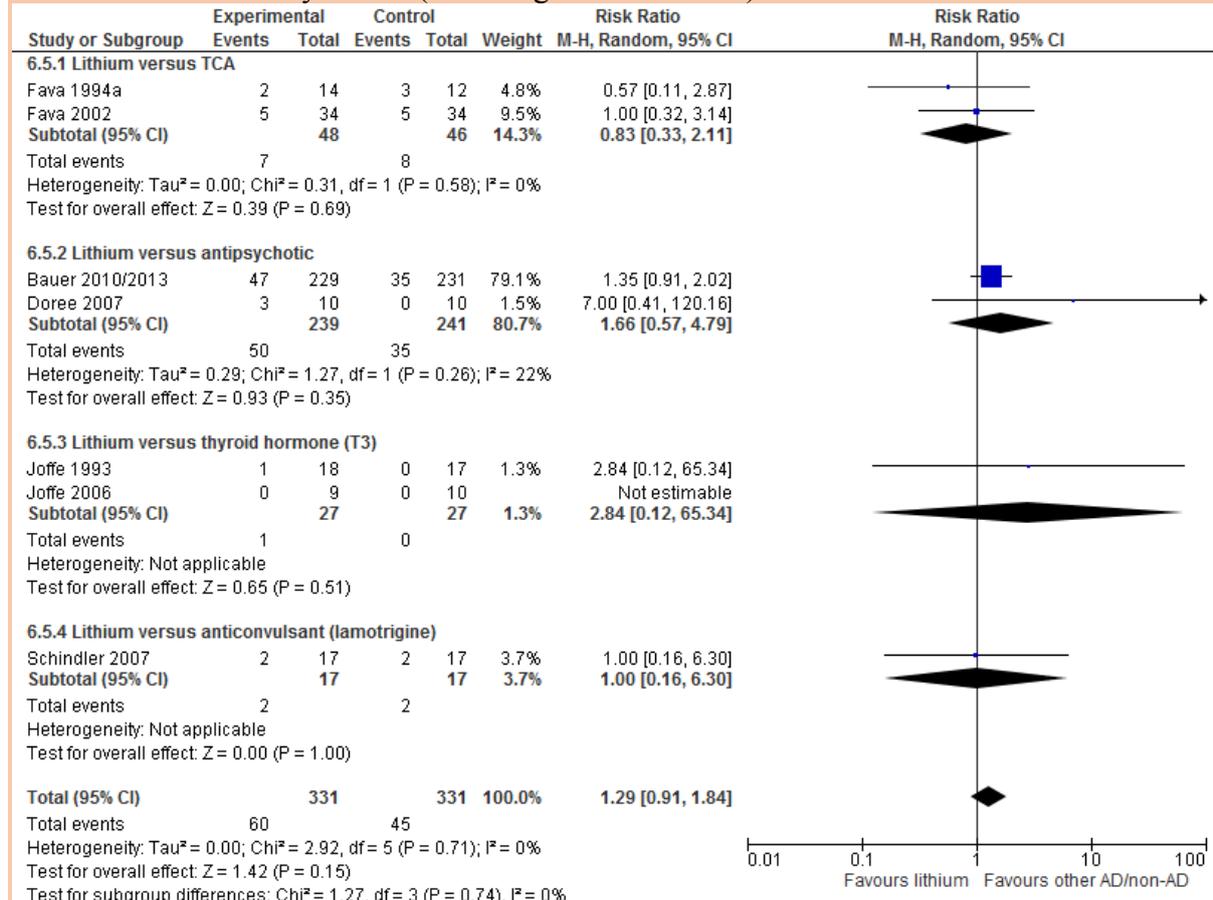
Response (much/very much improved on CGI-I)



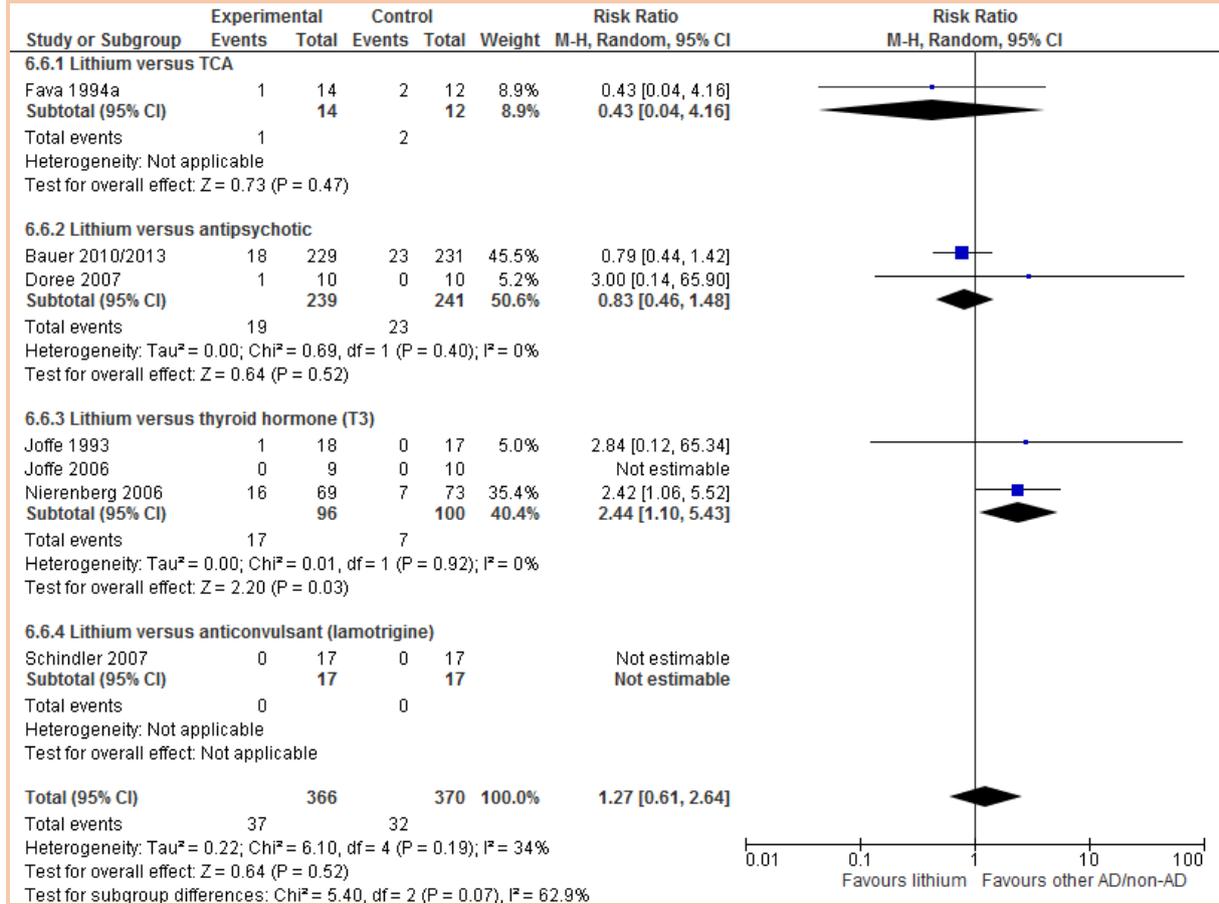
Depression symptomatology (HAMD/QIDS change score)



Discontinuation for any reason (including adverse events)

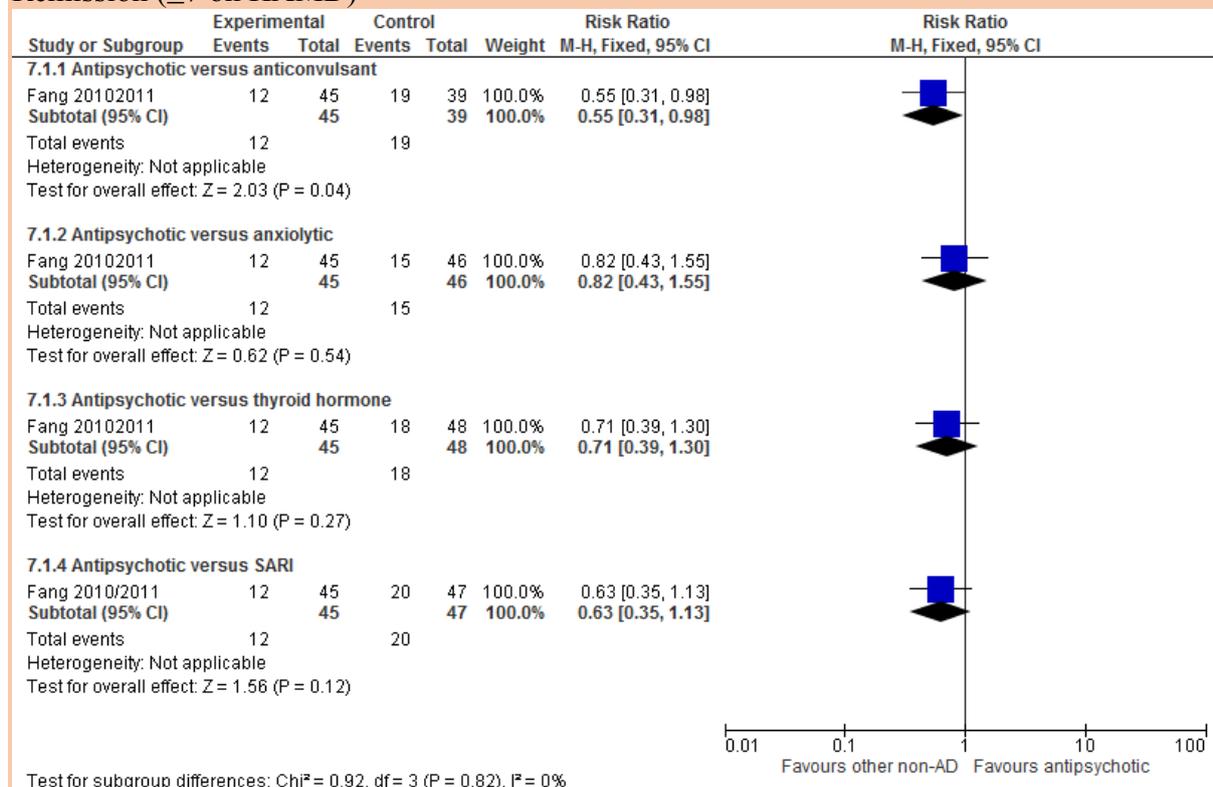


Discontinuation due to adverse events

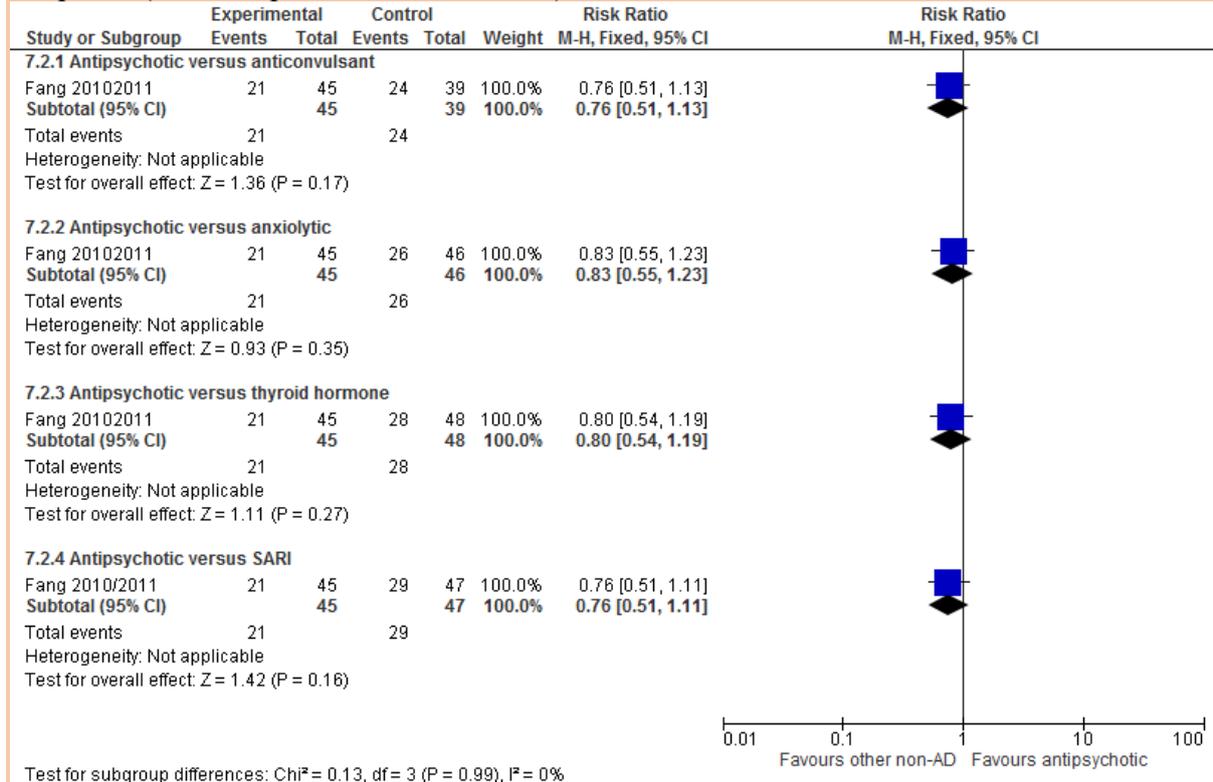


Augmenting the antidepressant with an antipsychotic compared to 'other' augmentation agents (head-to-head comparisons)

Remission (≤ 7 on HAM-D)

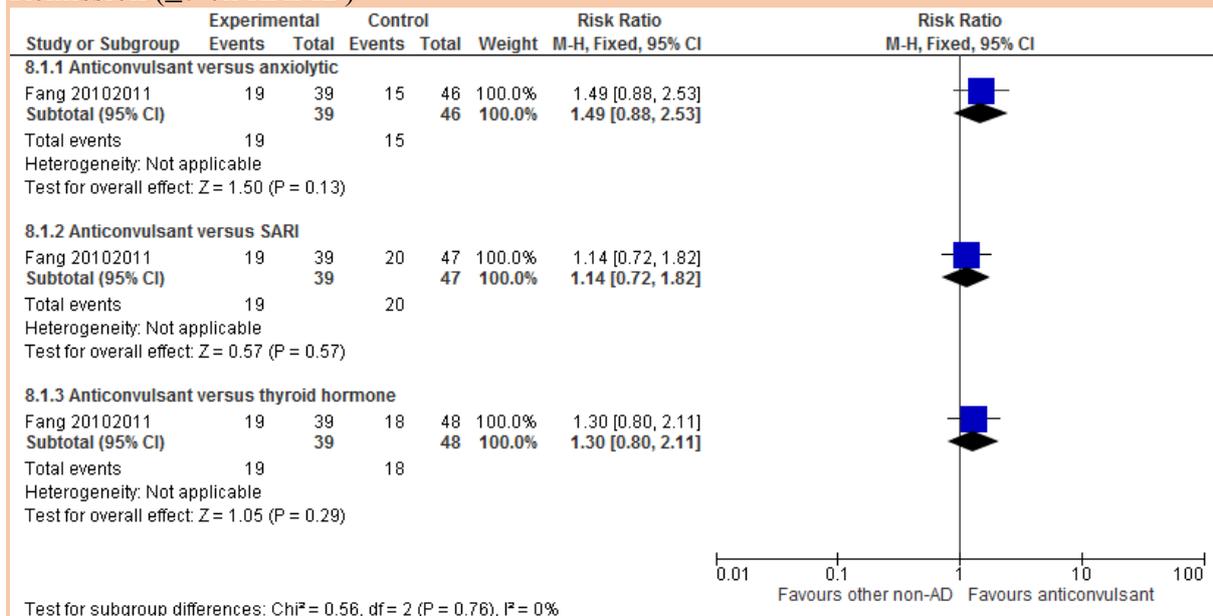


Response ($\geq 50\%$ improvement on HAMD)

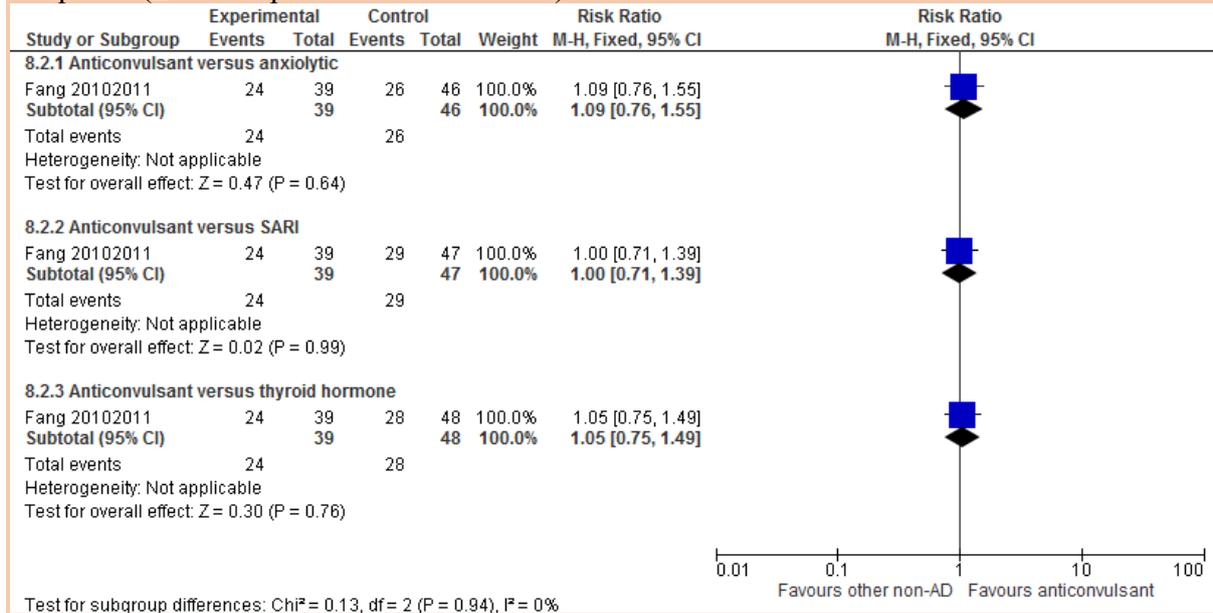


Augmenting the antidepressant with an anticonvulsant compared to 'other' augmentation agents (head-to-head comparisons)

Remission (≤ 7 on HAMD)

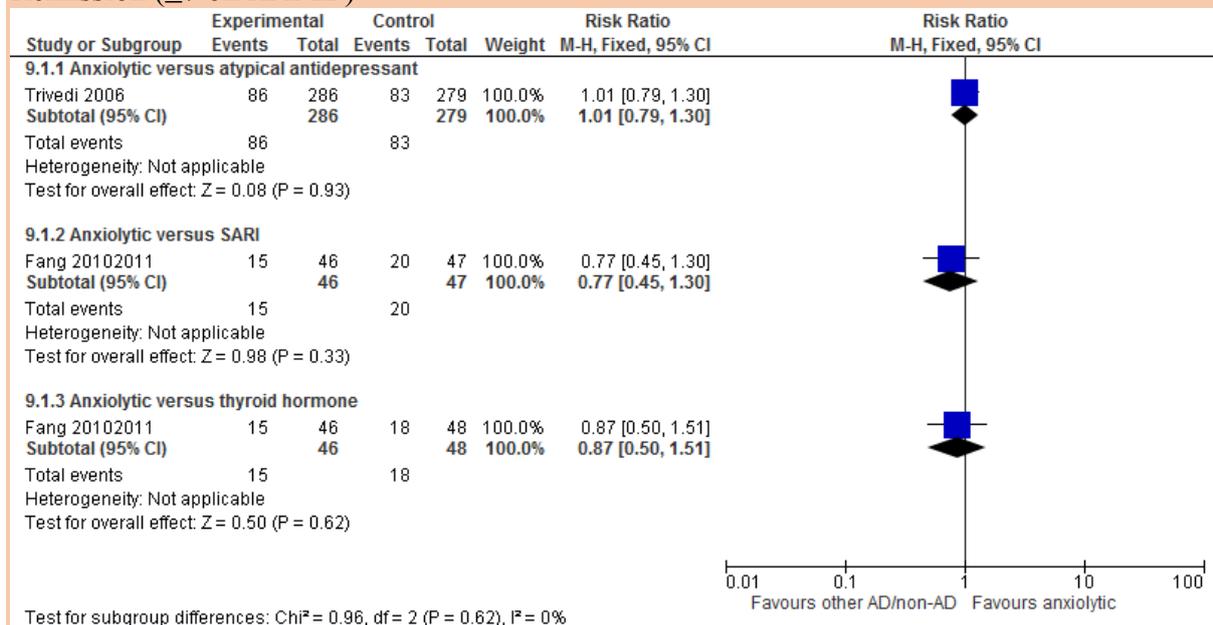


Response ($\geq 50\%$ improvement on HAMD)

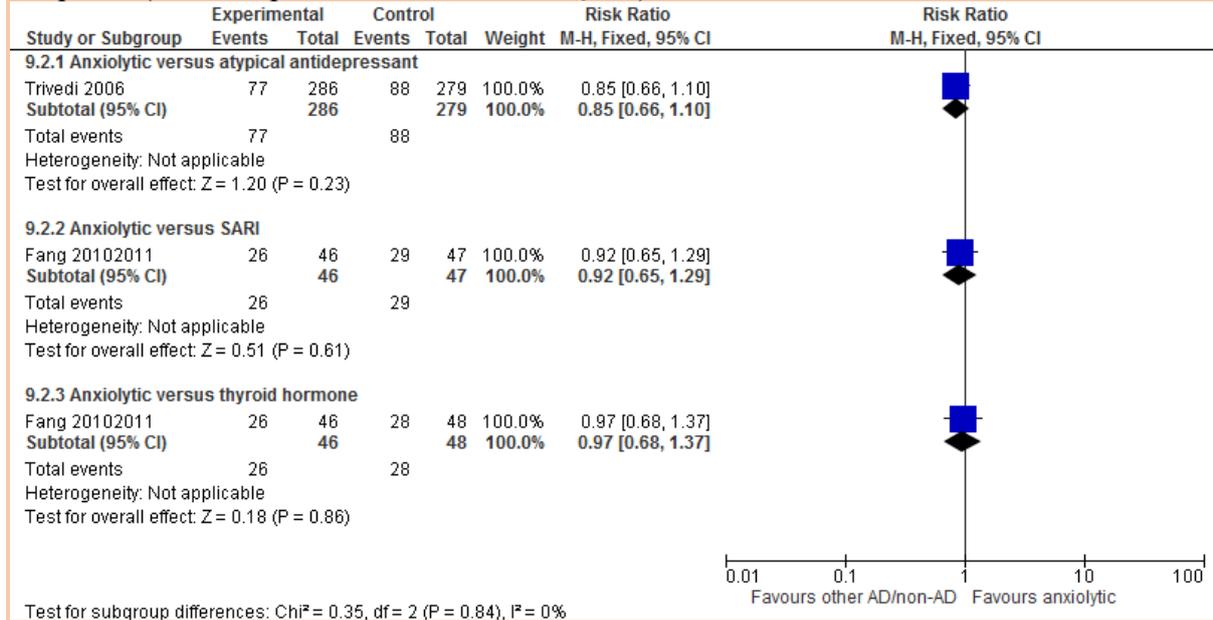


Augmenting the antidepressant with an anxiolytic compared to 'other' augmentation agents (head-to-head comparisons)

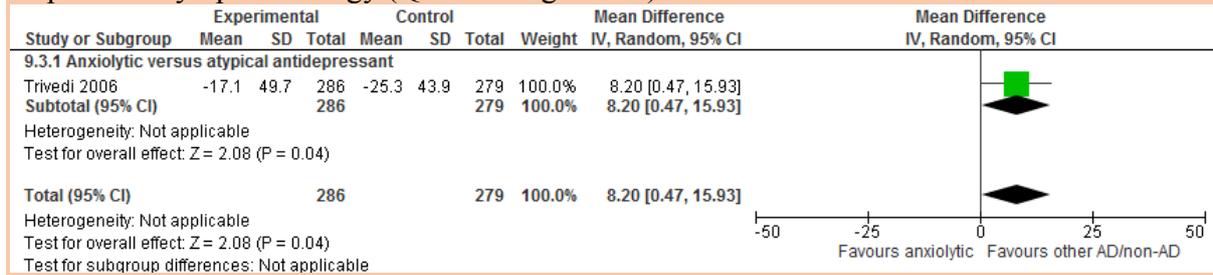
Remission (≤ 7 on HAMD)



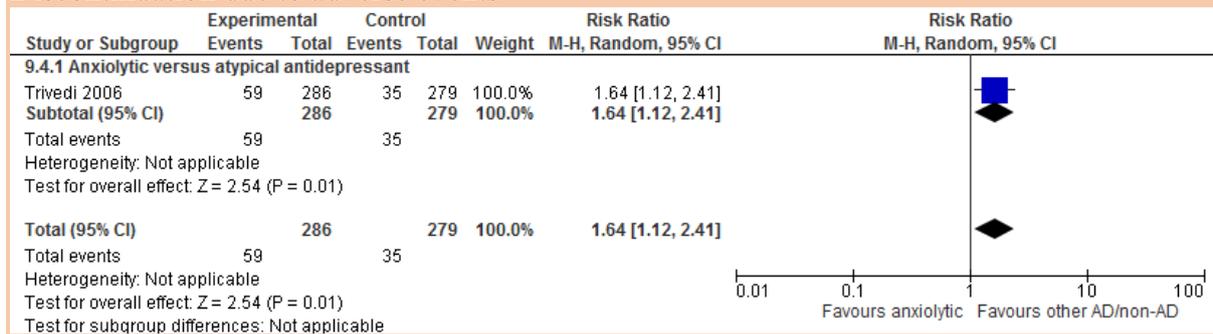
Response ($\geq 50\%$ improvement on HAMD/QIDS)



Depression symptomatology (QIDS change score)

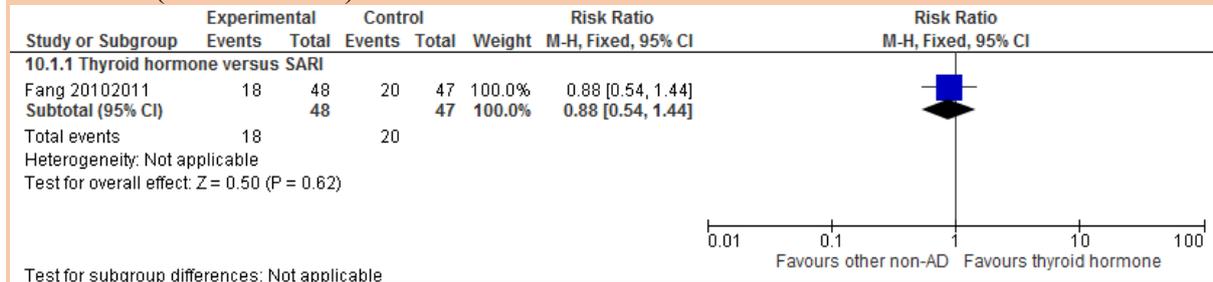


Discontinuation due to adverse events

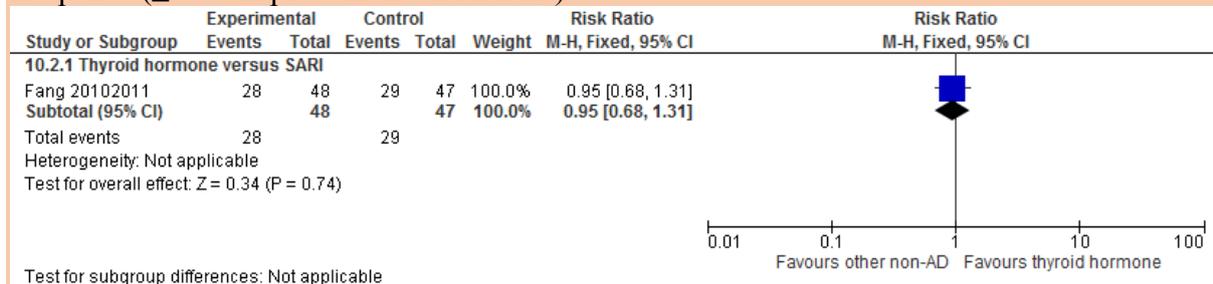


Augmenting the antidepressant with a thyroid hormone compared to 'other' augmentation agents (head-to-head comparisons)

Remission (≤ 7 on HAMD)

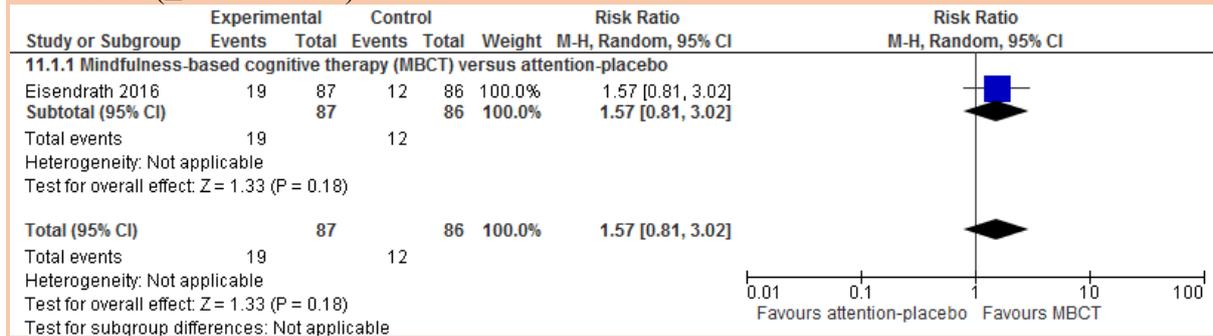


Response ($\geq 50\%$ improvement on HAMD)

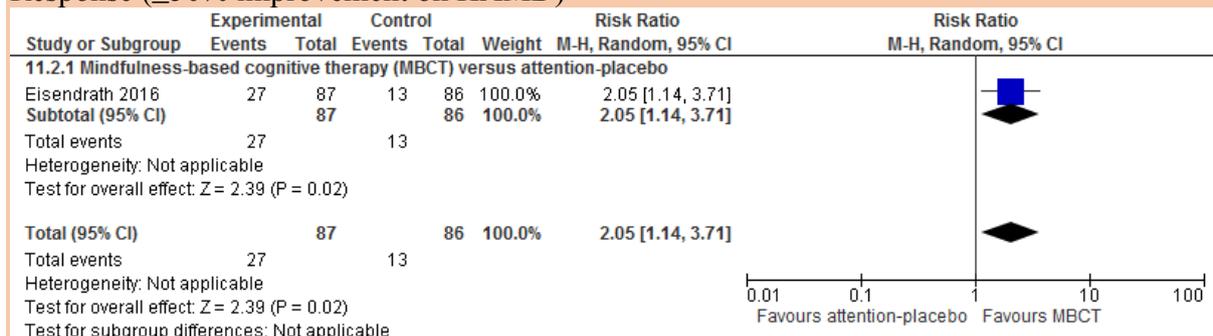


Augmenting the antidepressant with a psychological intervention compared to attention-placebo

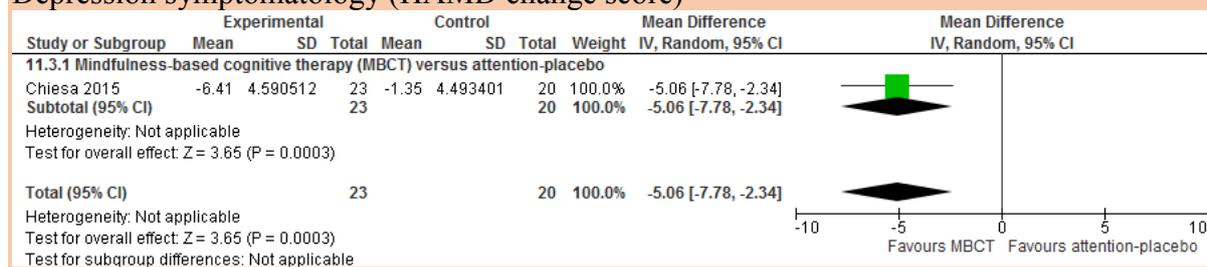
Remission (≤ 7 on HAMD)



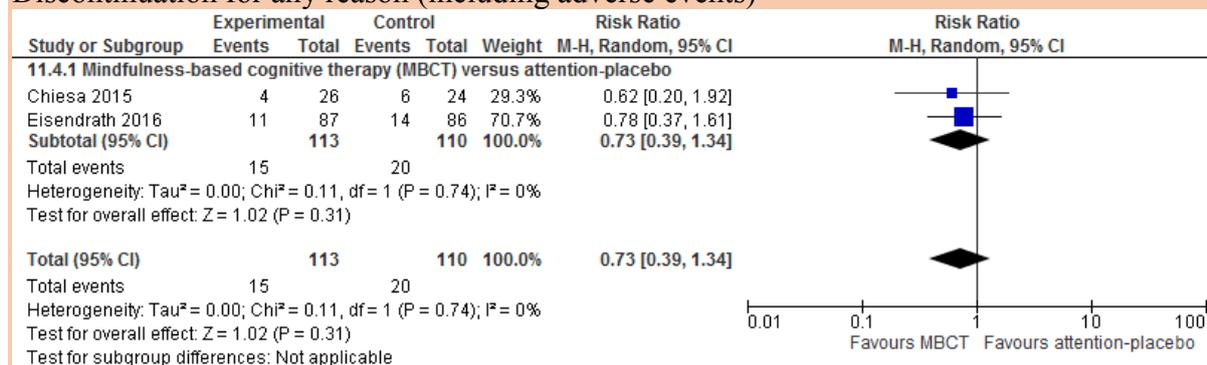
Response ($\geq 50\%$ improvement on HAMD)



Depression symptomatology (HAMD change score)

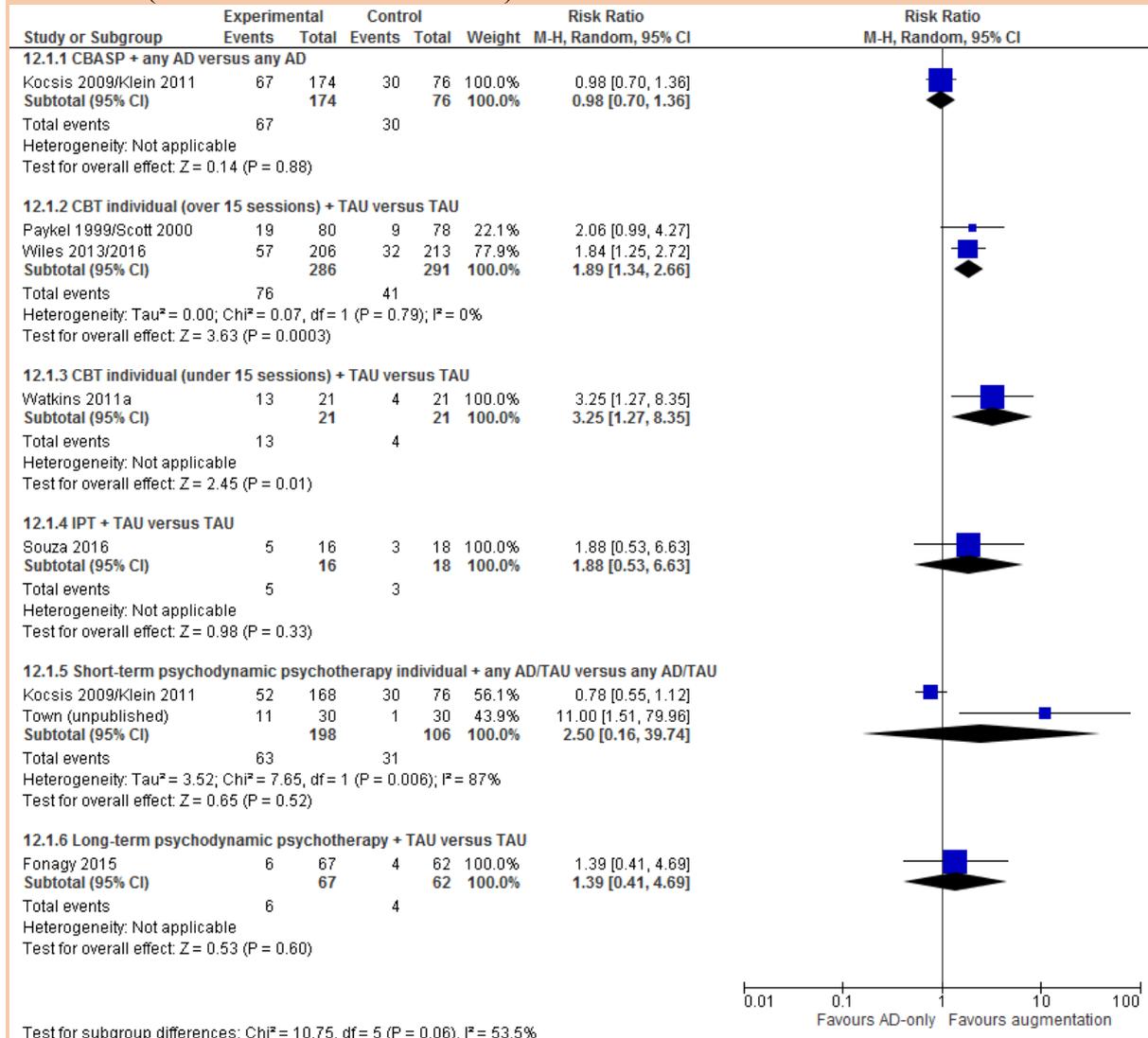


Discontinuation for any reason (including adverse events)

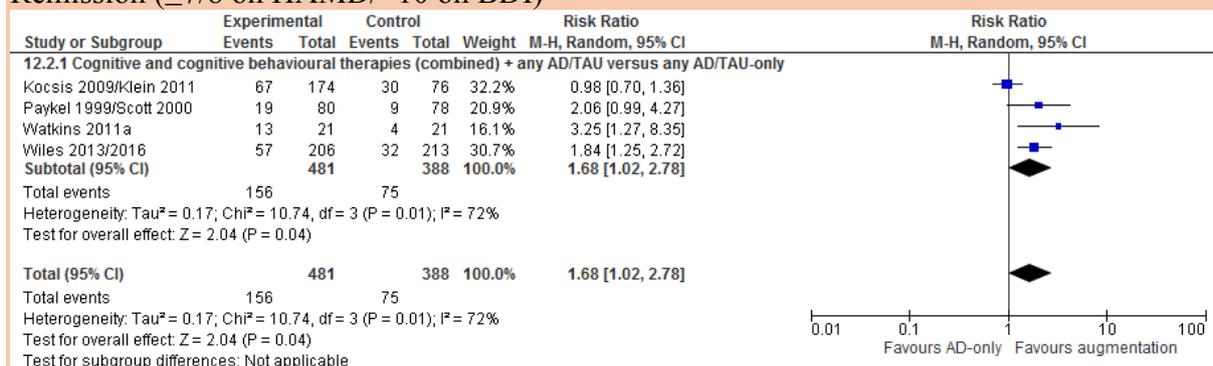


Augmenting the antidepressant with a psychological intervention compared to continuing with the antidepressant-only

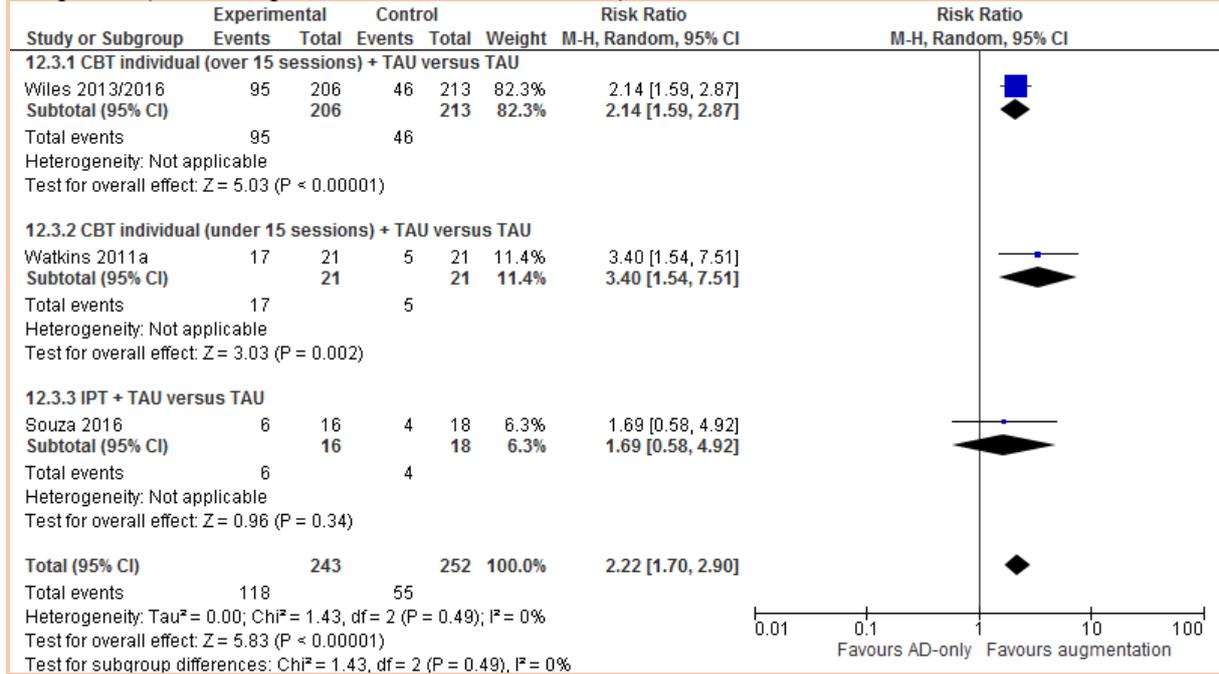
Remission ($\leq 7/8$ on HAMD/ <10 on BDI)



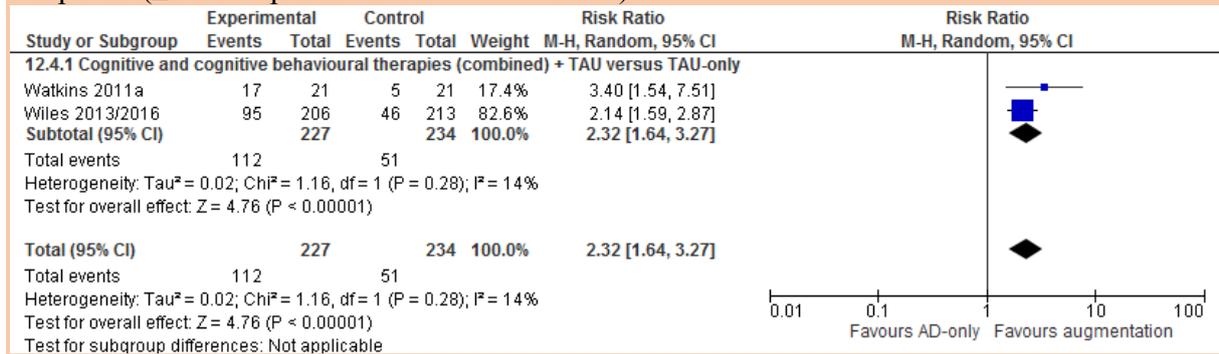
Remission ($\leq 7/8$ on HAMD/ <10 on BDI)



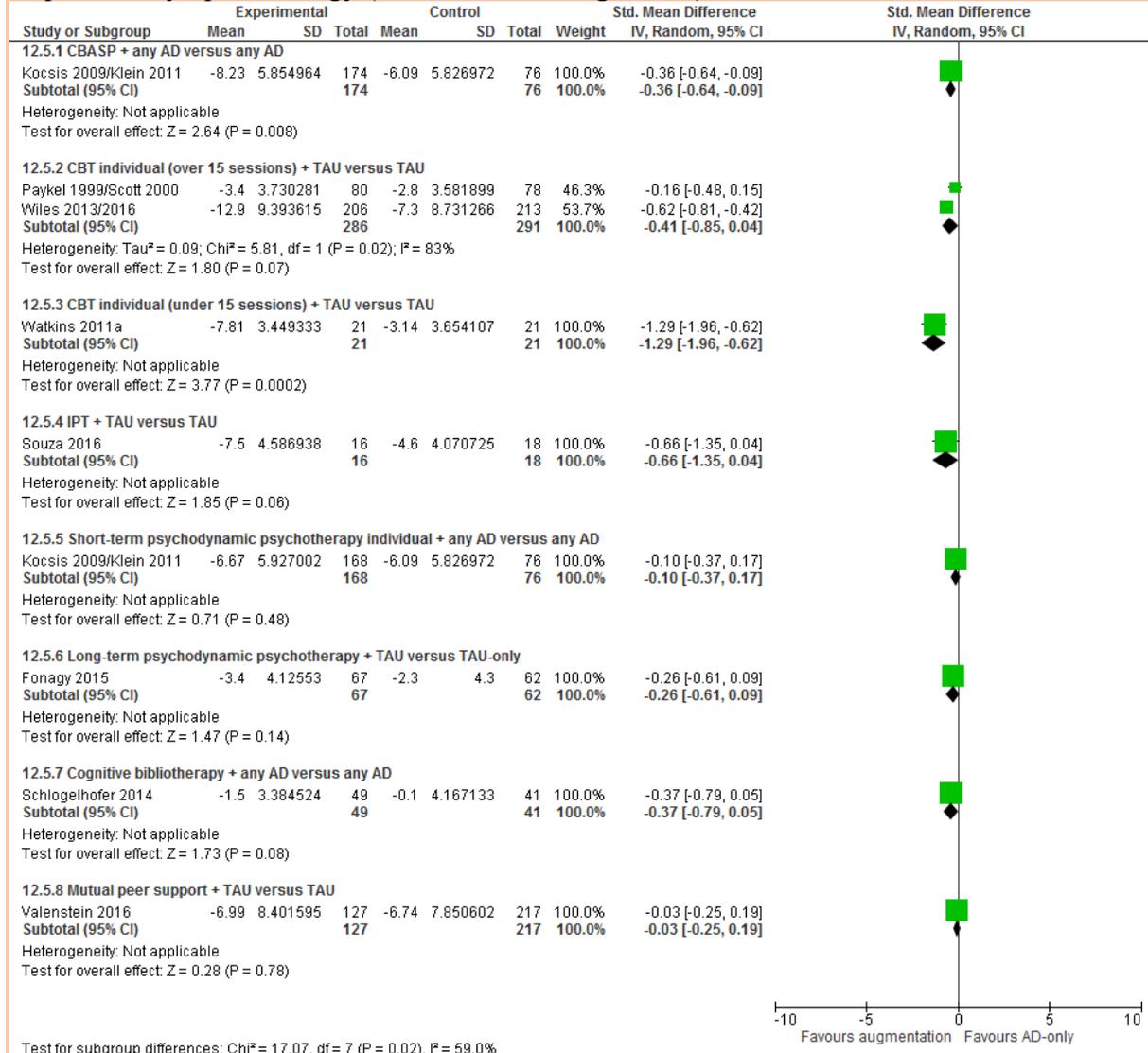
Response ($\geq 50\%$ improvement on HAMD/BDI)



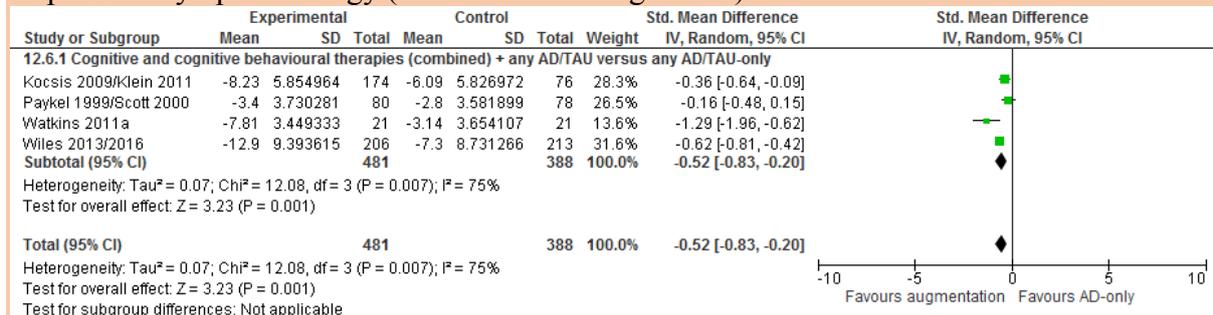
Response ($\geq 50\%$ improvement on HAMD/BDI)



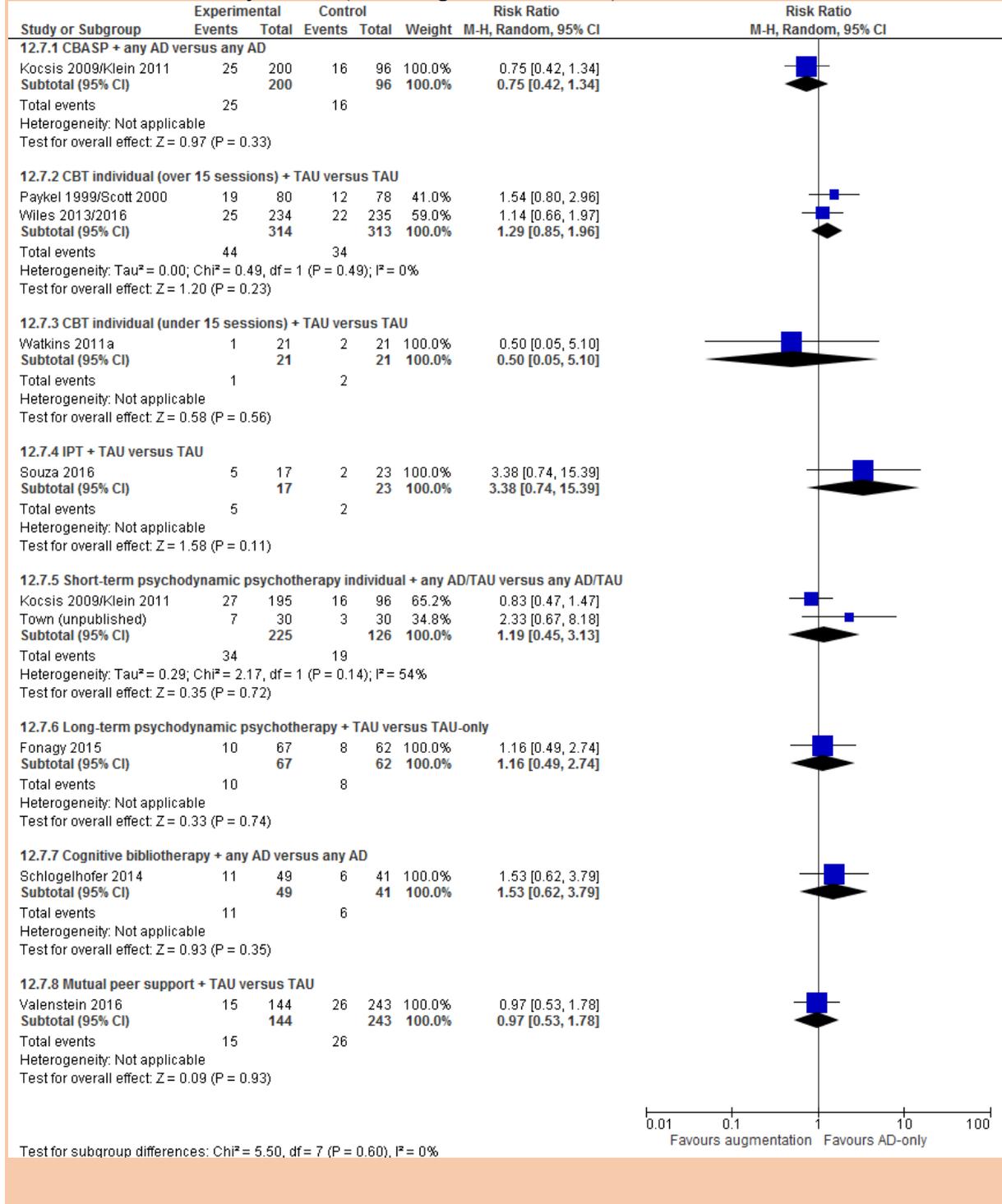
Depression symptomatology (HAMD/BDI change score)



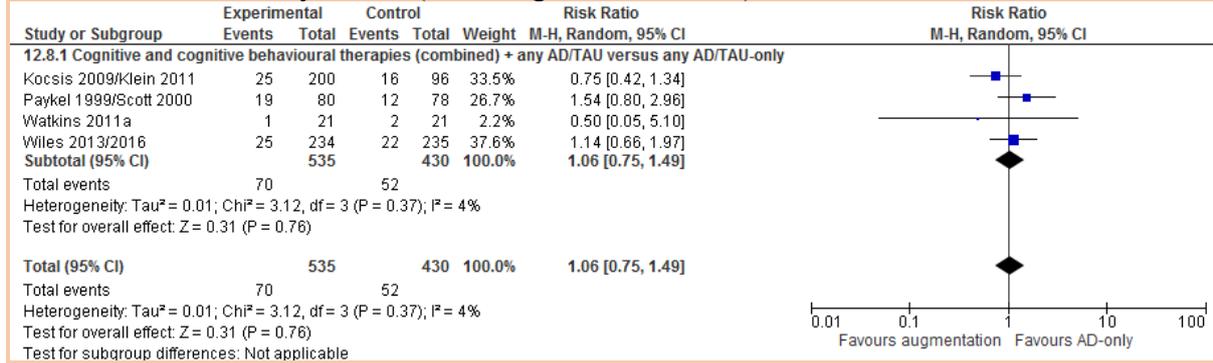
Depression symptomatology (HAMD/BDI change score)



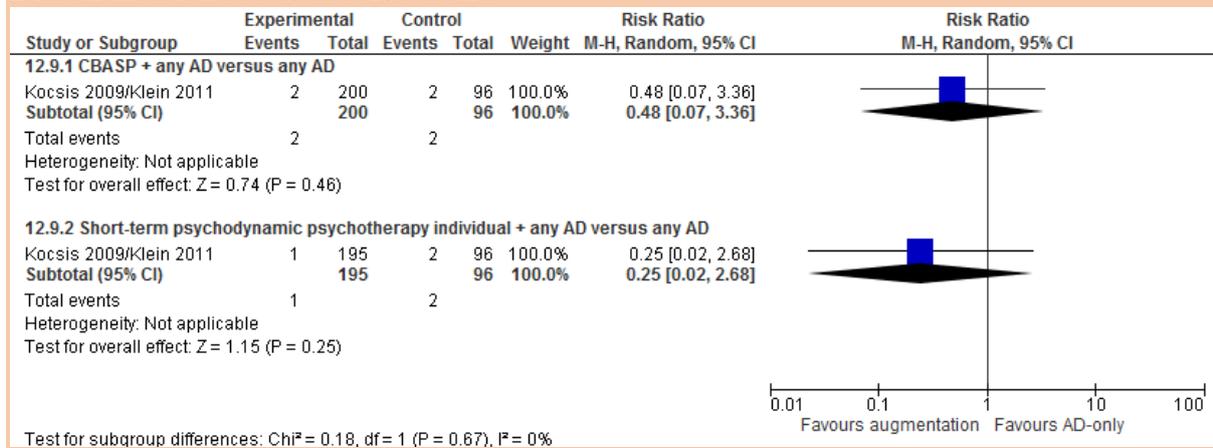
Discontinuation for any reason (including adverse events)



Discontinuation for any reason (including adverse events)

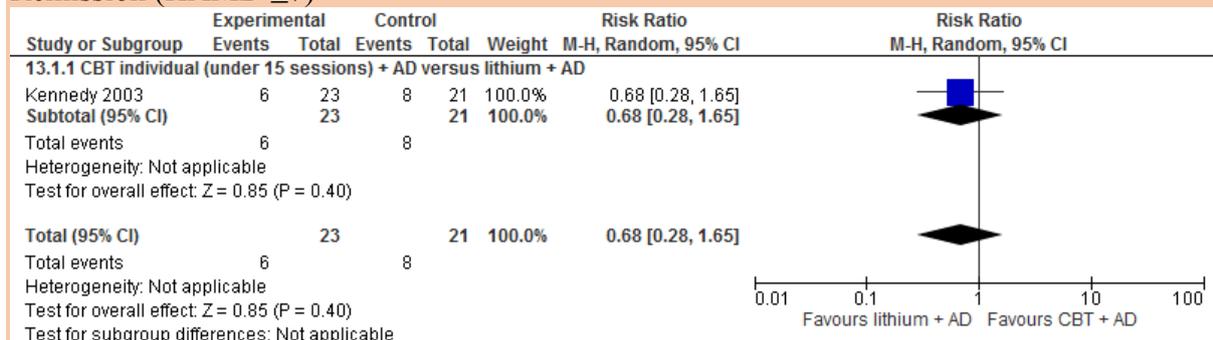


Discontinuation due to adverse events

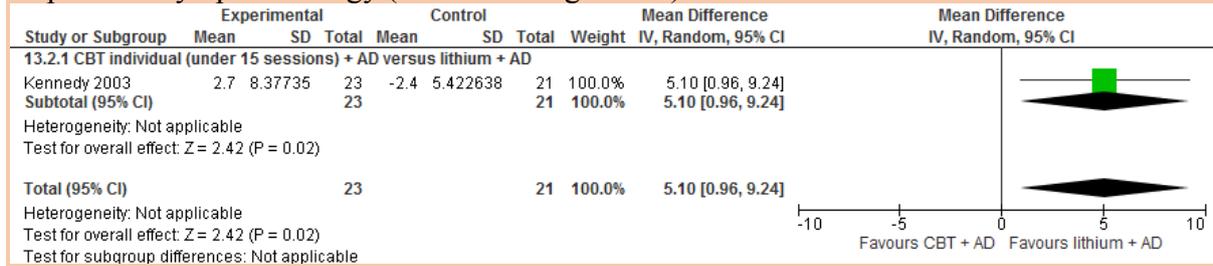


Augmenting the antidepressant with a psychological intervention compared to augmenting with a non-antidepressant agent

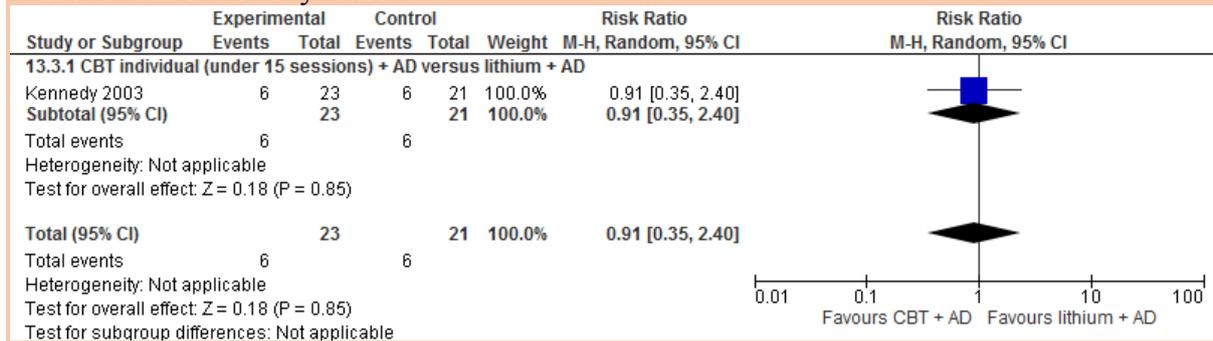
Remission (HAMD ≤7)



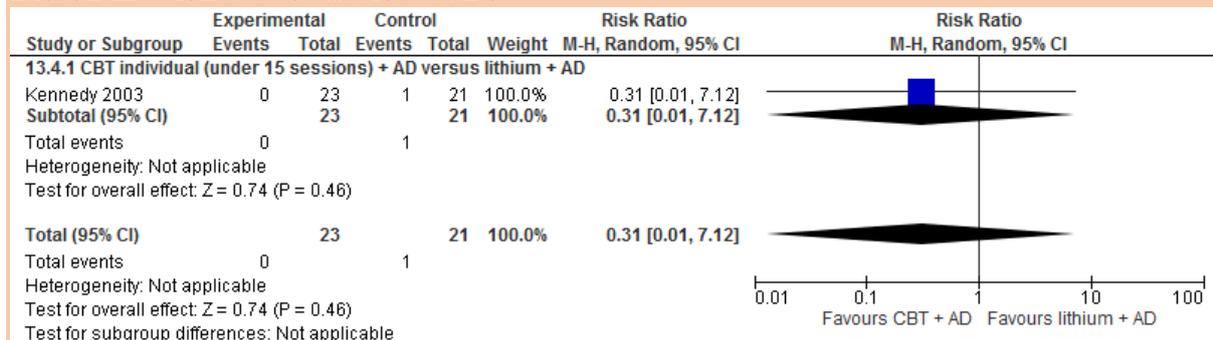
Depression symptomatology (HAMD change score)



Discontinuation for any reason

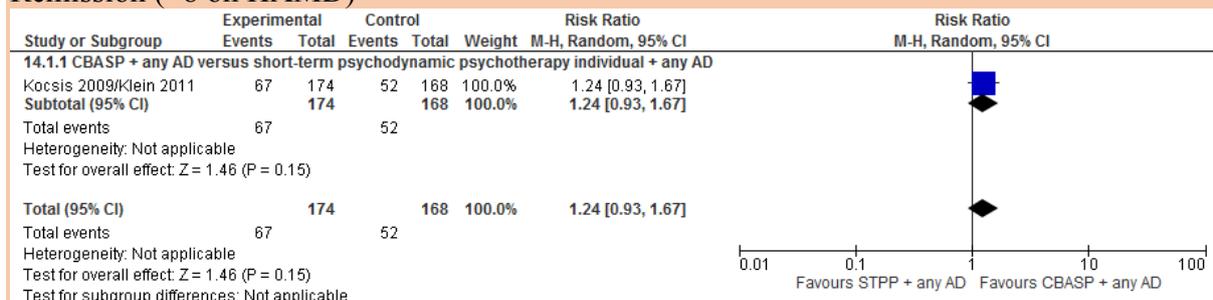


Discontinuation due to adverse events

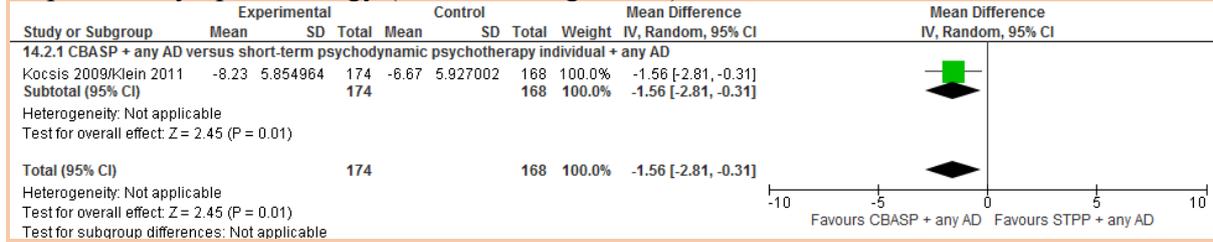


Augmenting the antidepressant with a psychological intervention compared to 'other' psychological intervention (head-to-head comparisons)

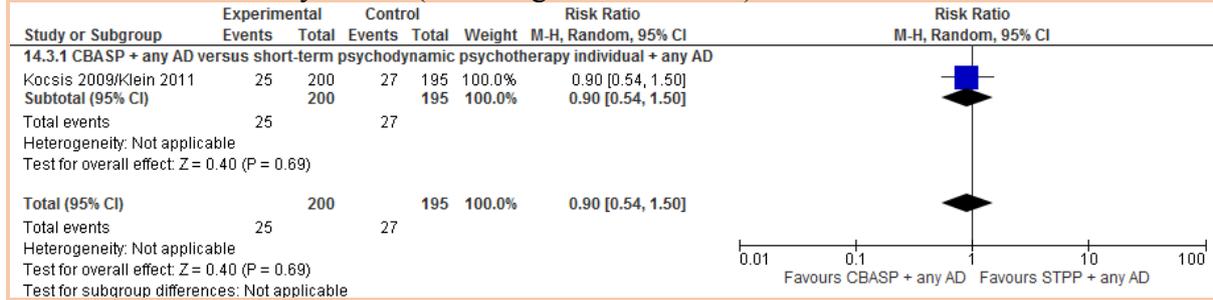
Remission (<8 on HAMD)



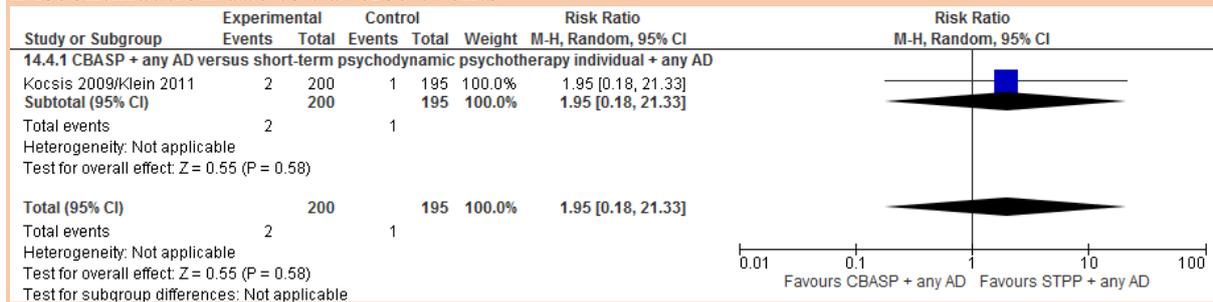
Depression symptomatology (HAMD change score)



Discontinuation for any reason (including adverse events)

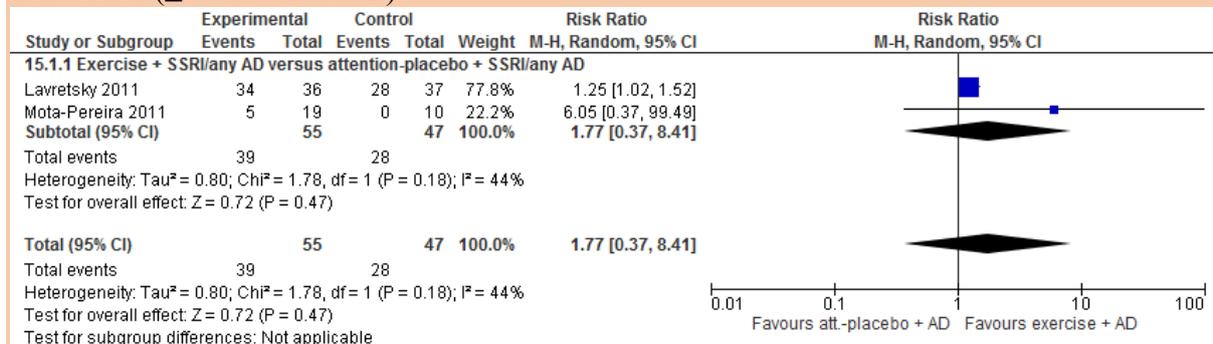


Discontinuation due to adverse events

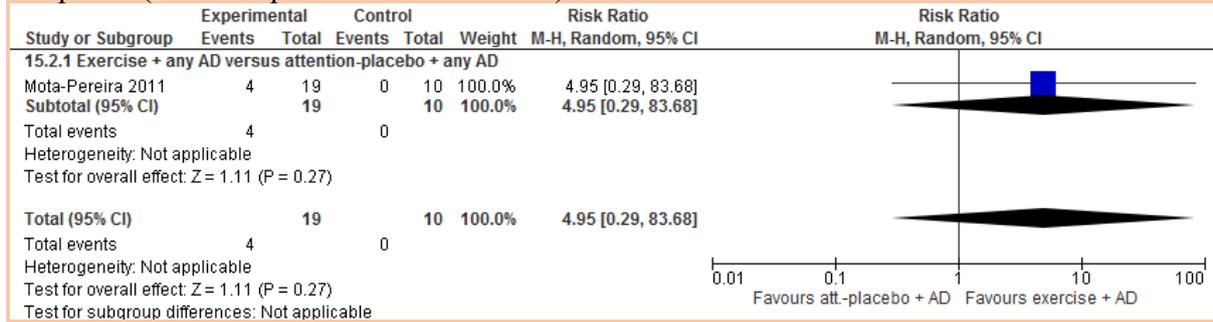


Augmenting the antidepressant with a physical intervention compared to attention-placebo

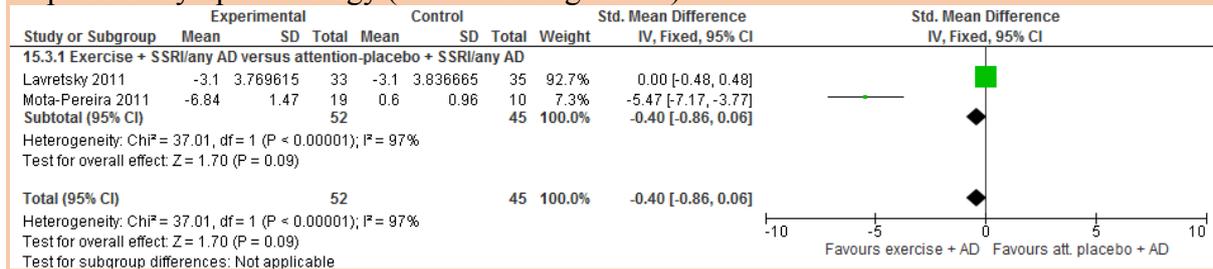
Remission ($\leq 7/10$ on HAMD)



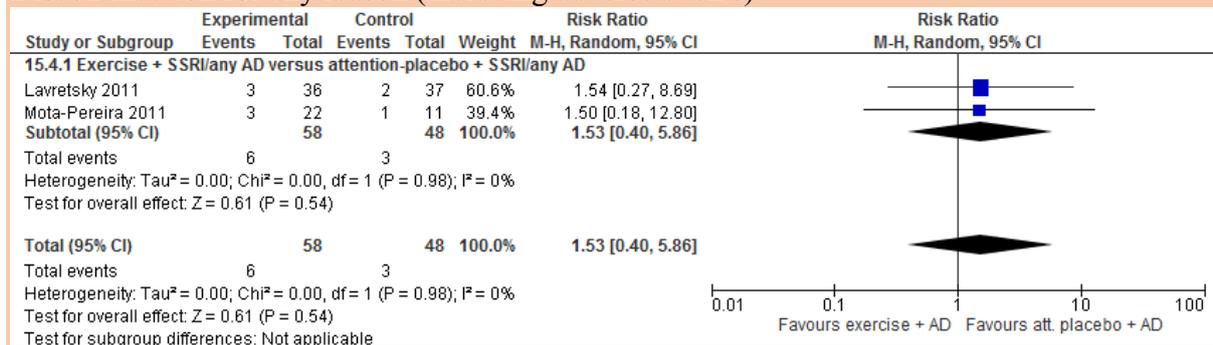
Response ($\geq 50\%$ improvement on HAMD)



Depression symptomatology (HAMD change score)

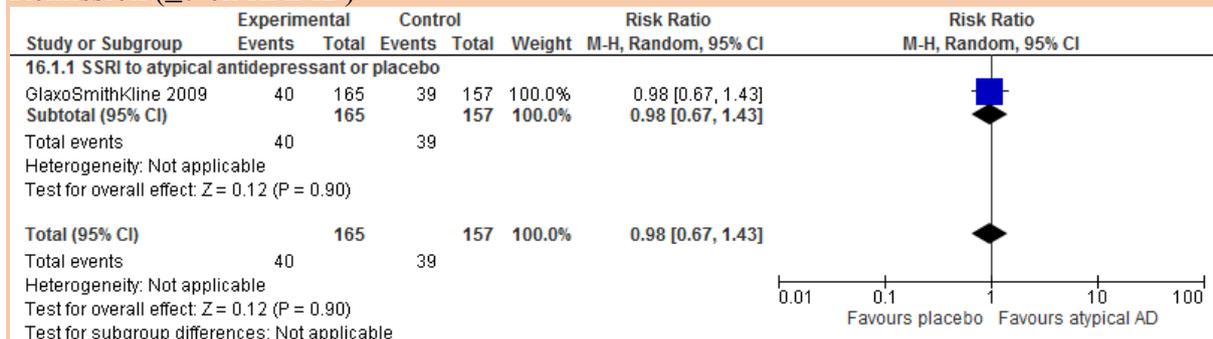


Discontinuation for any reason (including adverse events)

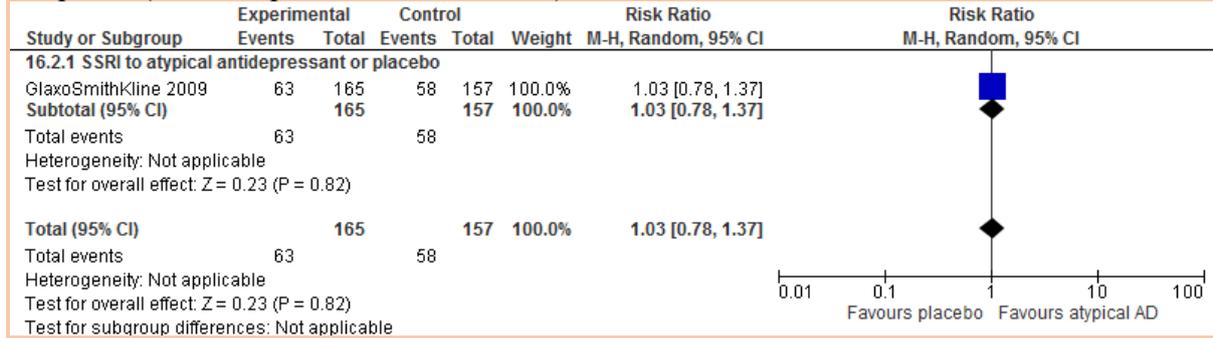


Switching to another antidepressant of a different class compared to placebo

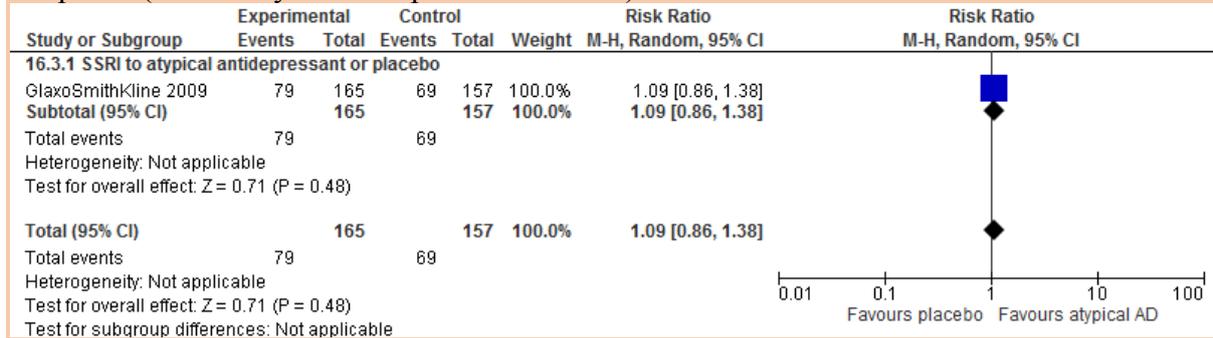
Remission (≤ 7 on HAMD)



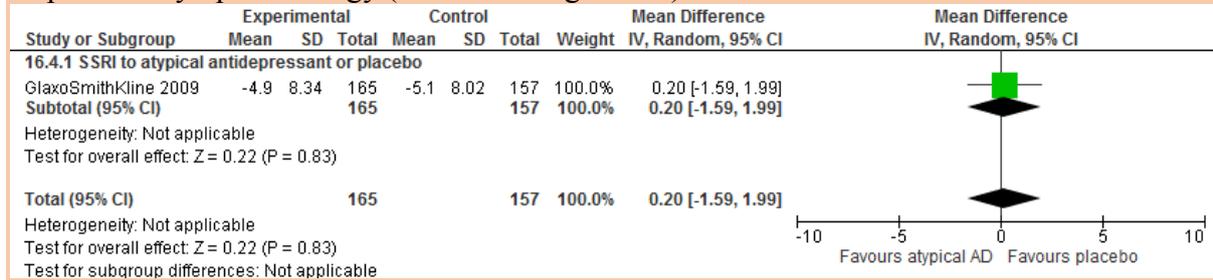
Response ($\geq 50\%$ improvement on HAMD)



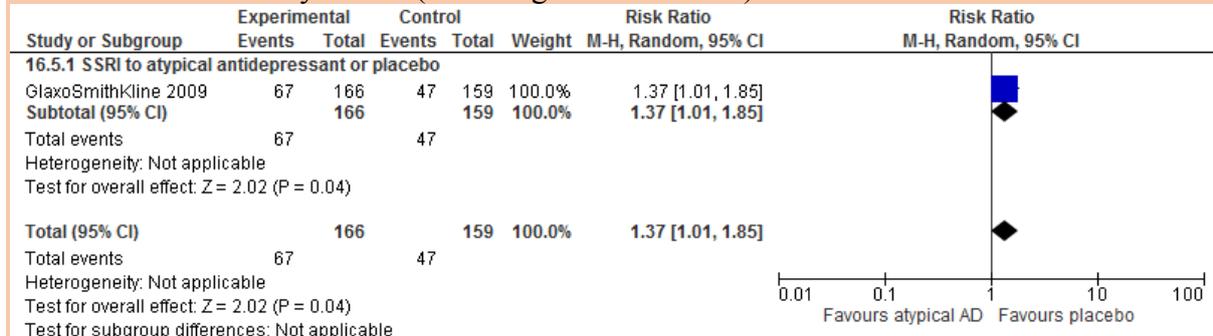
Response (much/very much improved on CGI-I)



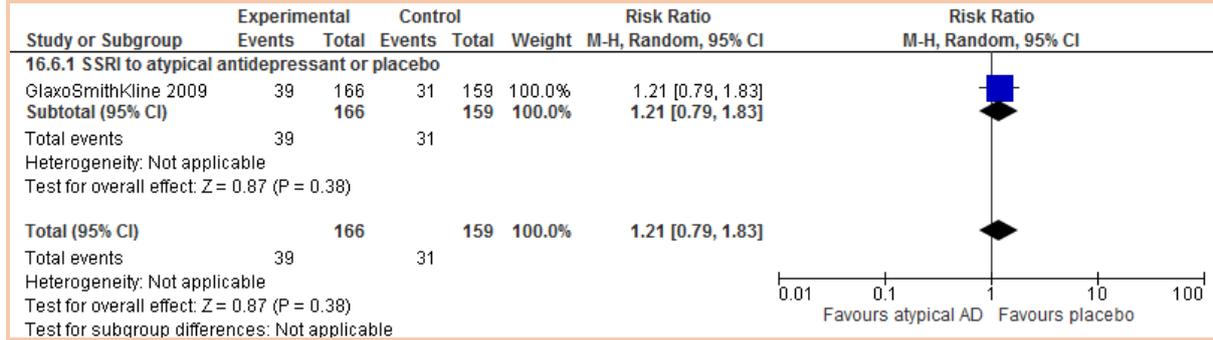
Depression symptomatology (HAMD change score)



Discontinuation for any reason (including adverse events)

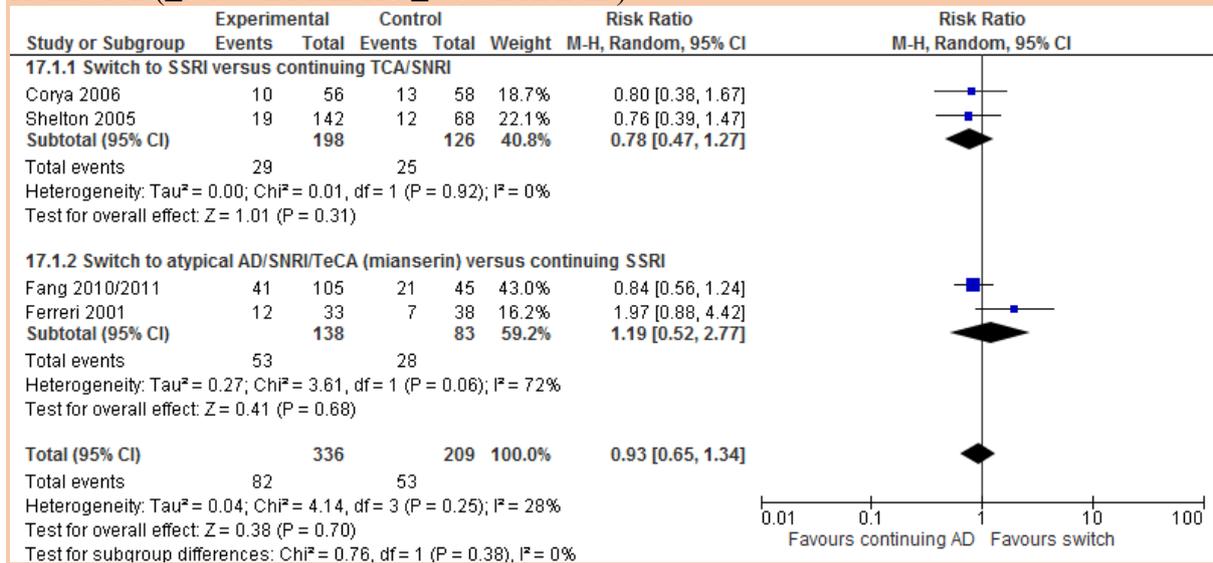


Discontinuation due to adverse events

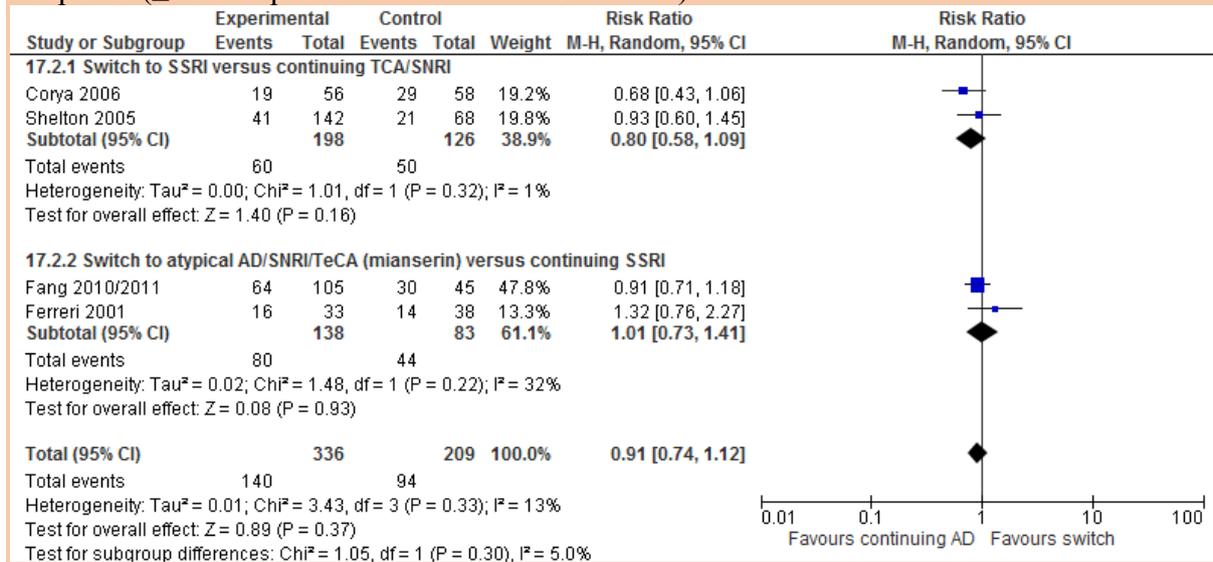


Switching to another antidepressant of a different class compared to continuing with the same antidepressant

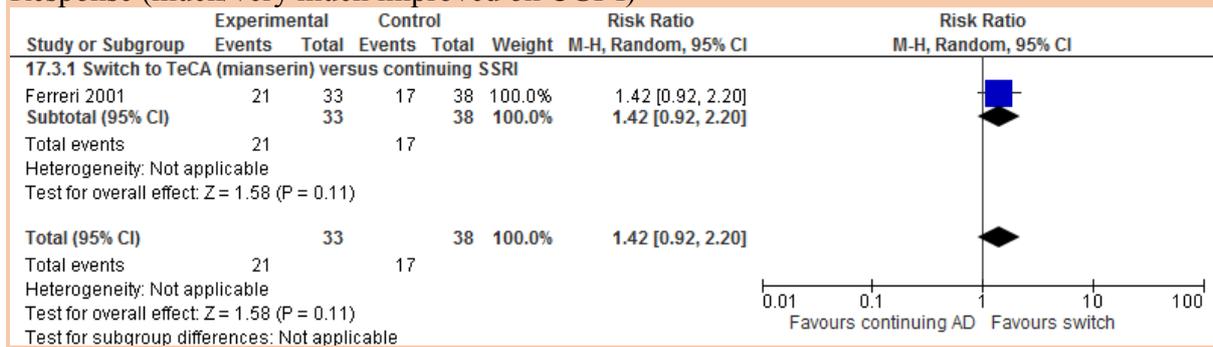
Remission ($\leq 8/10$ on MADRS/ $\leq 7/8$ on HAMD)



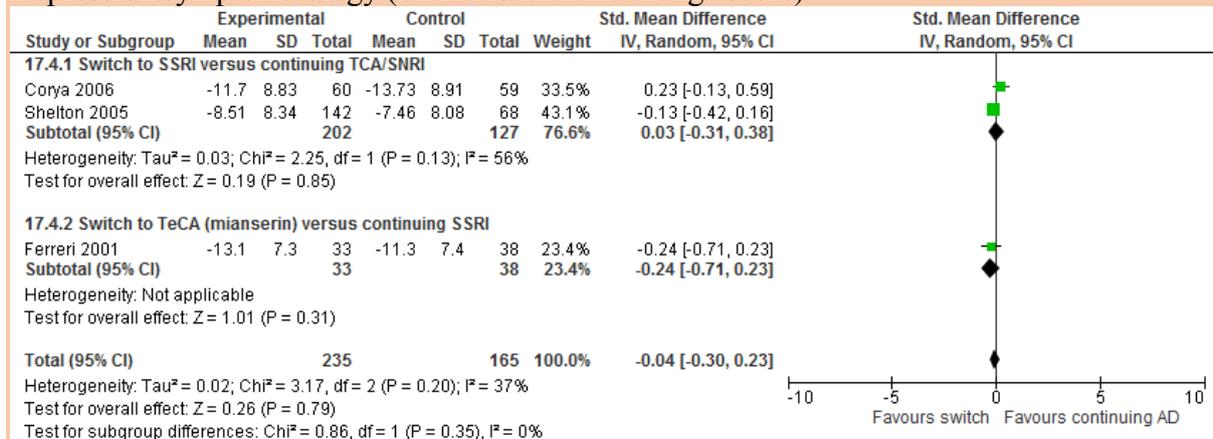
Response ($\geq 50\%$ improvement on MADRS/HAMD)



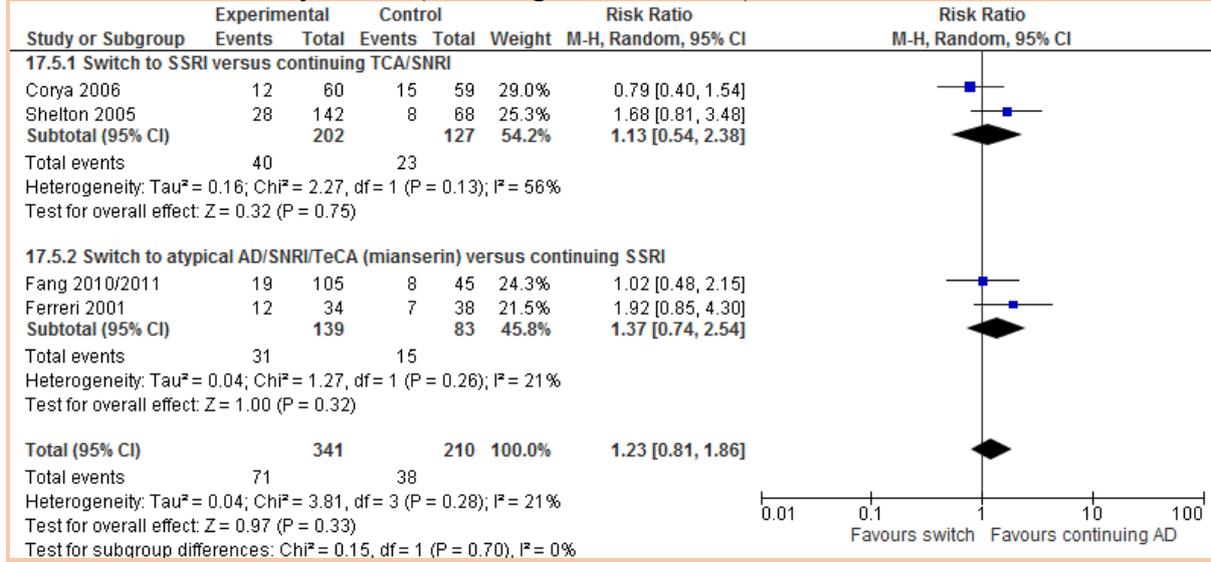
Response (much/very much improved on CGI-I)



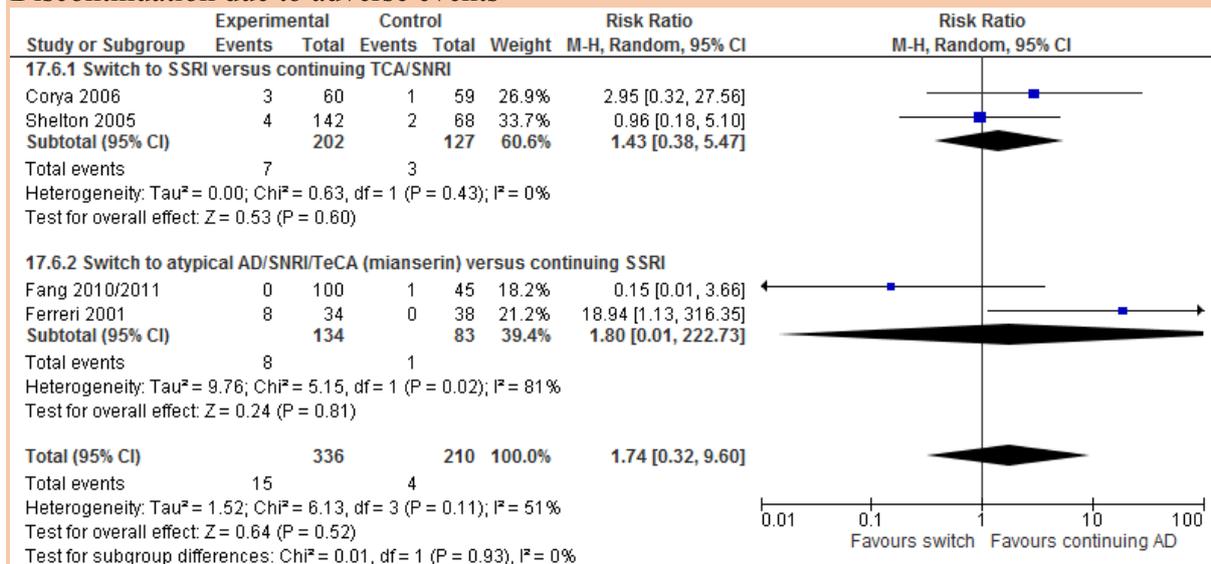
Depression symptomatology (MADRS/HAMD change score)



Discontinuation for any reason (including adverse events)

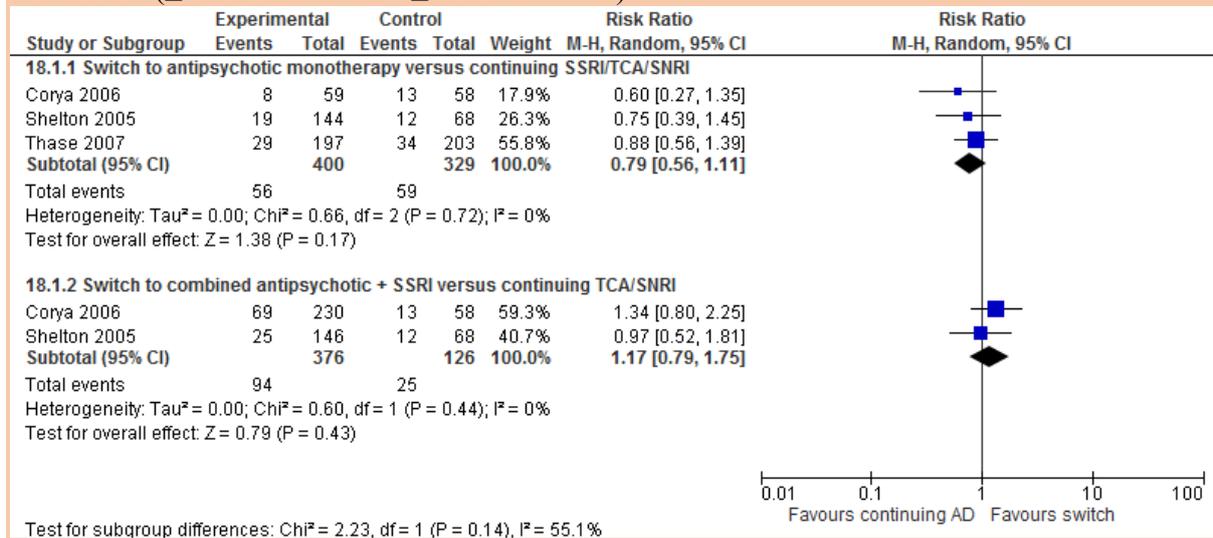


Discontinuation due to adverse events

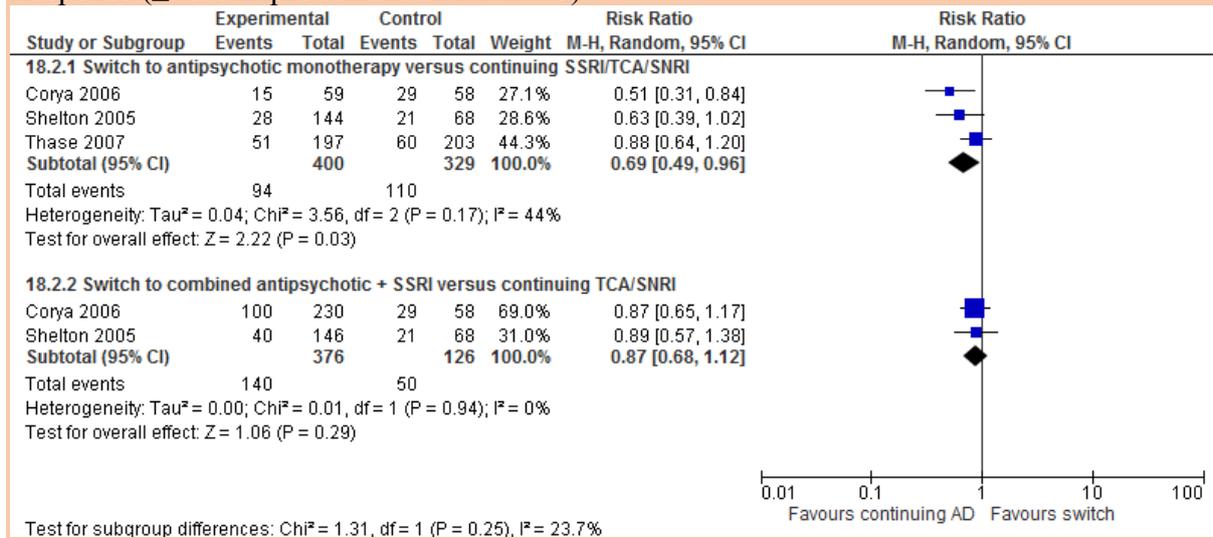


Switching to a non-antidepressant agent compared to continuing with the antidepressant

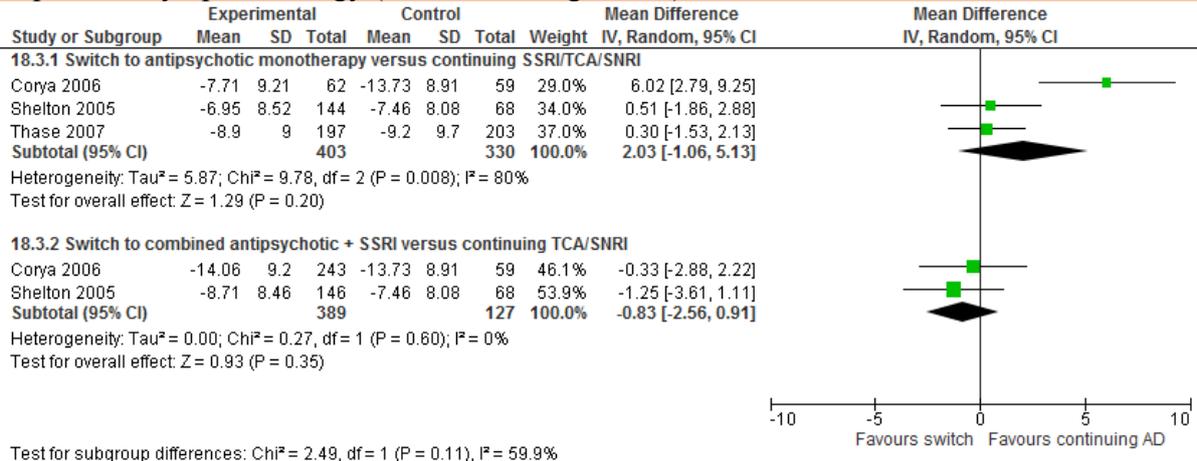
Remission ($\leq 8/10$ on MADRS/ $\leq 7/8$ on HAMD)



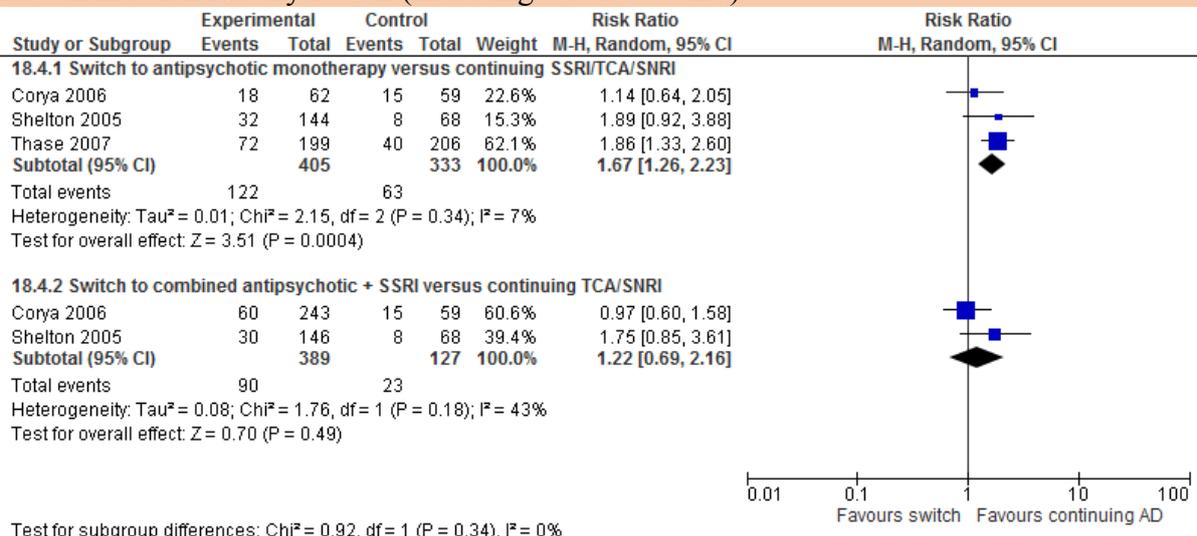
Response ($\geq 50\%$ improvement on MADRS)



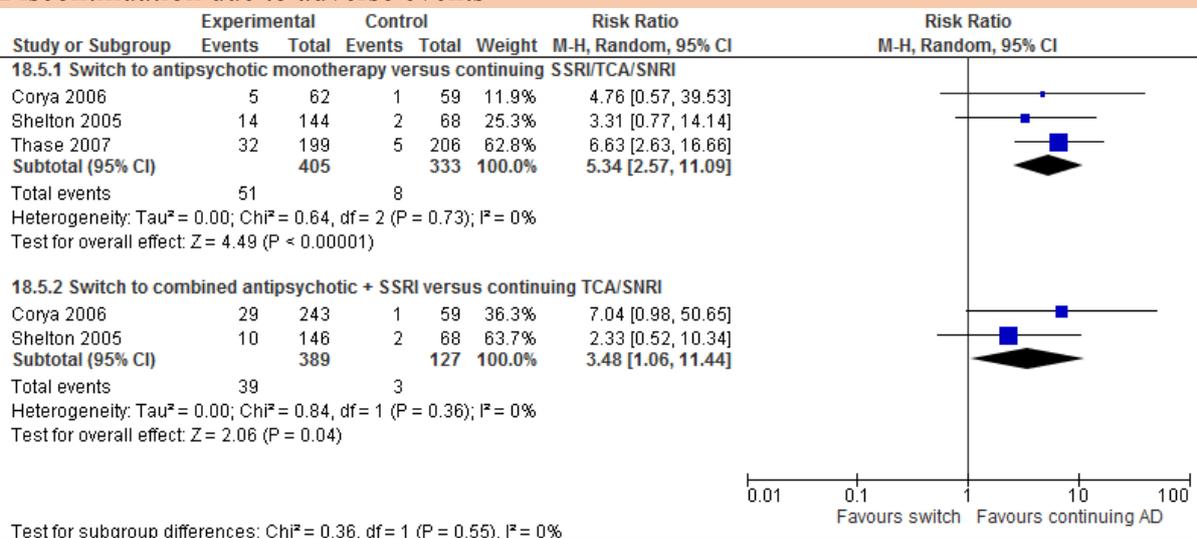
Depression symptomatology (MADRS change score)



Discontinuation for any reason (including adverse events)

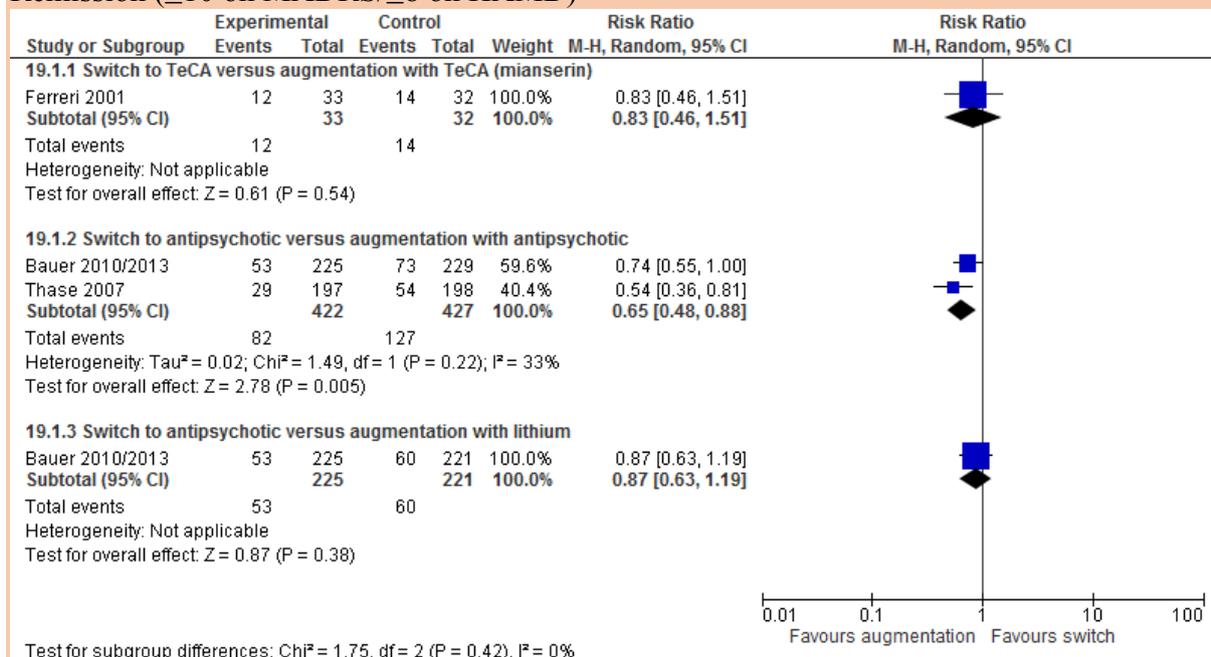


Discontinuation due to adverse events

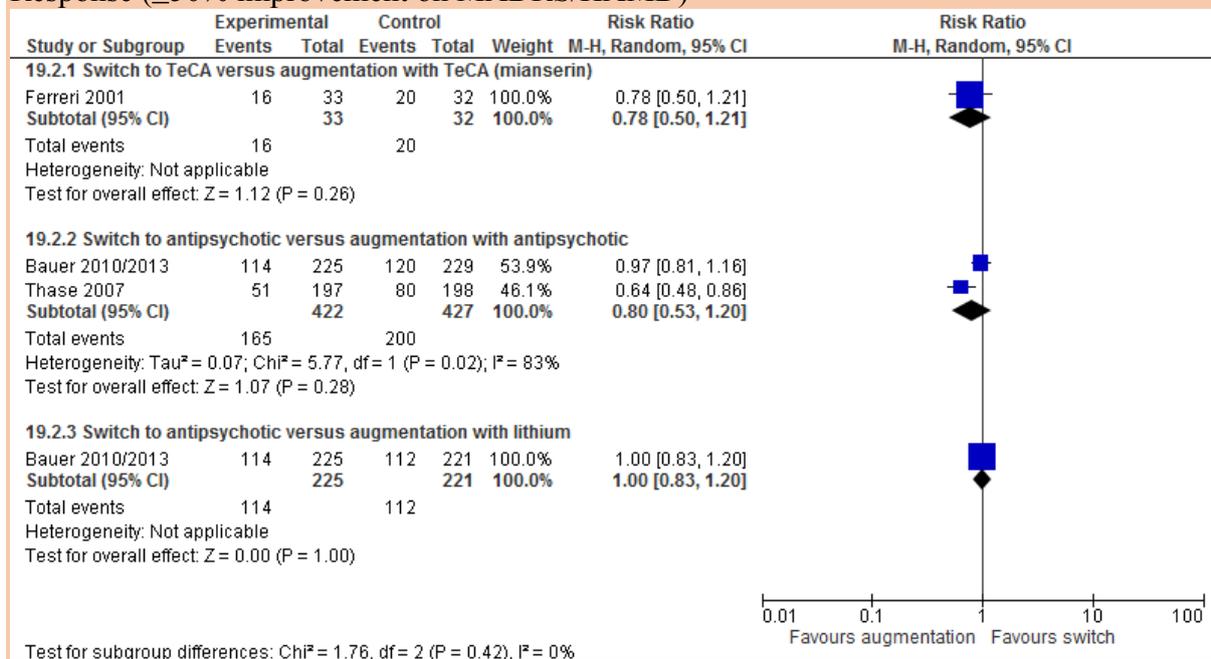


Switching to another antidepressant or non-antidepressant agent compared to augmenting with another antidepressant or non-antidepressant agent

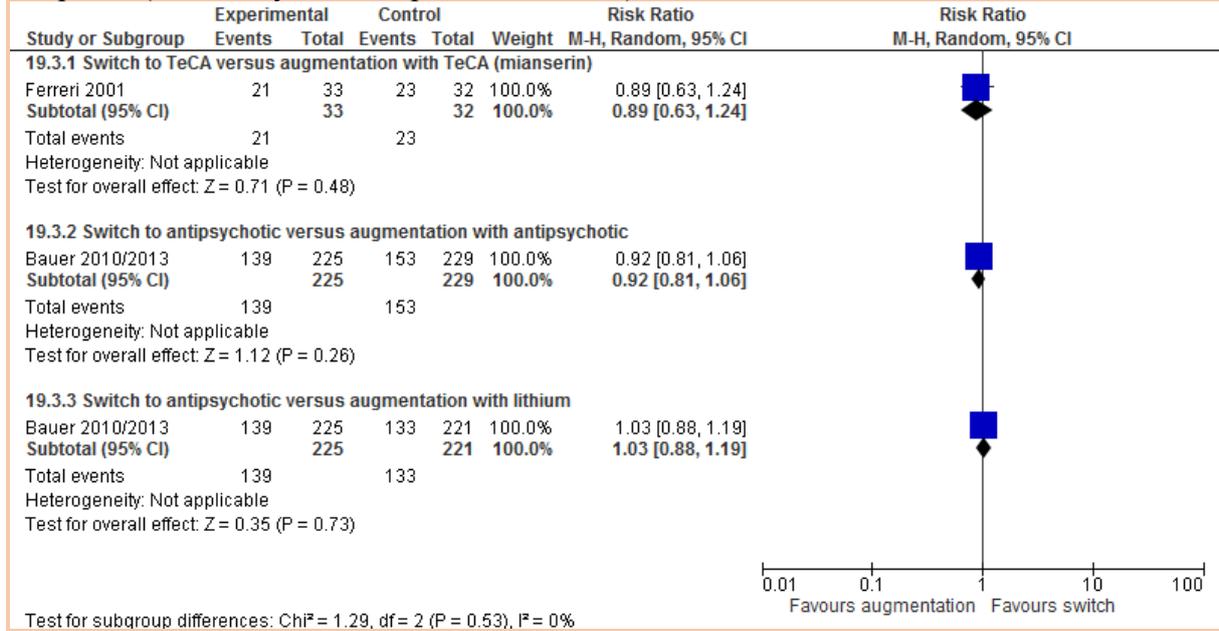
Remission (≤ 10 on MADRS/ ≤ 8 on HAMD)



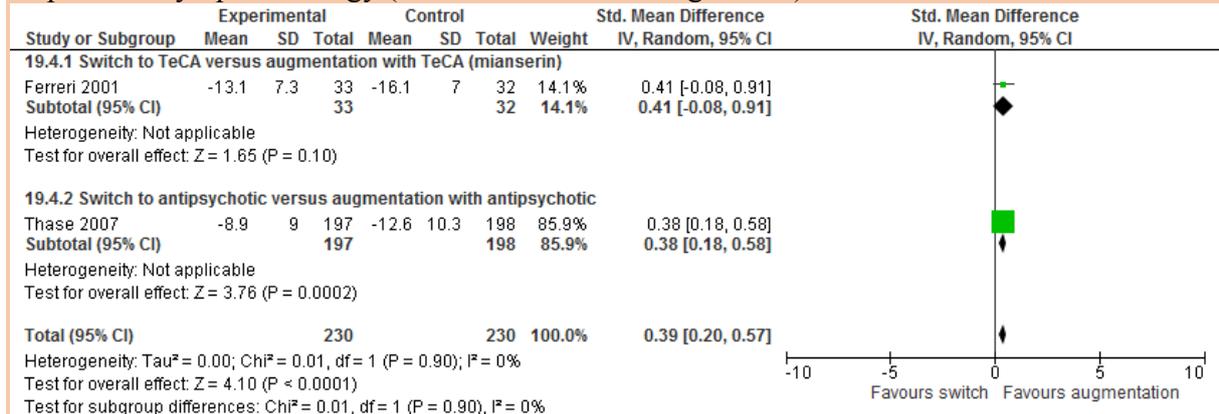
Response ($\geq 50\%$ improvement on MADRS/HAMD)



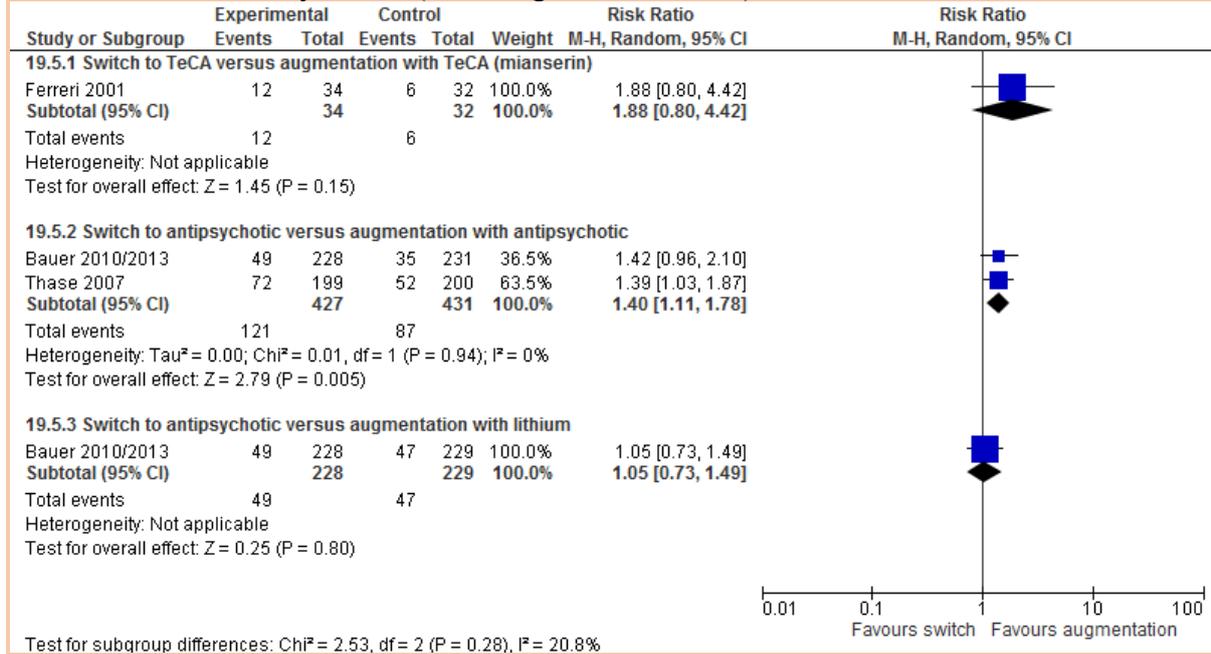
Response (much/very much improved on CGI-I)



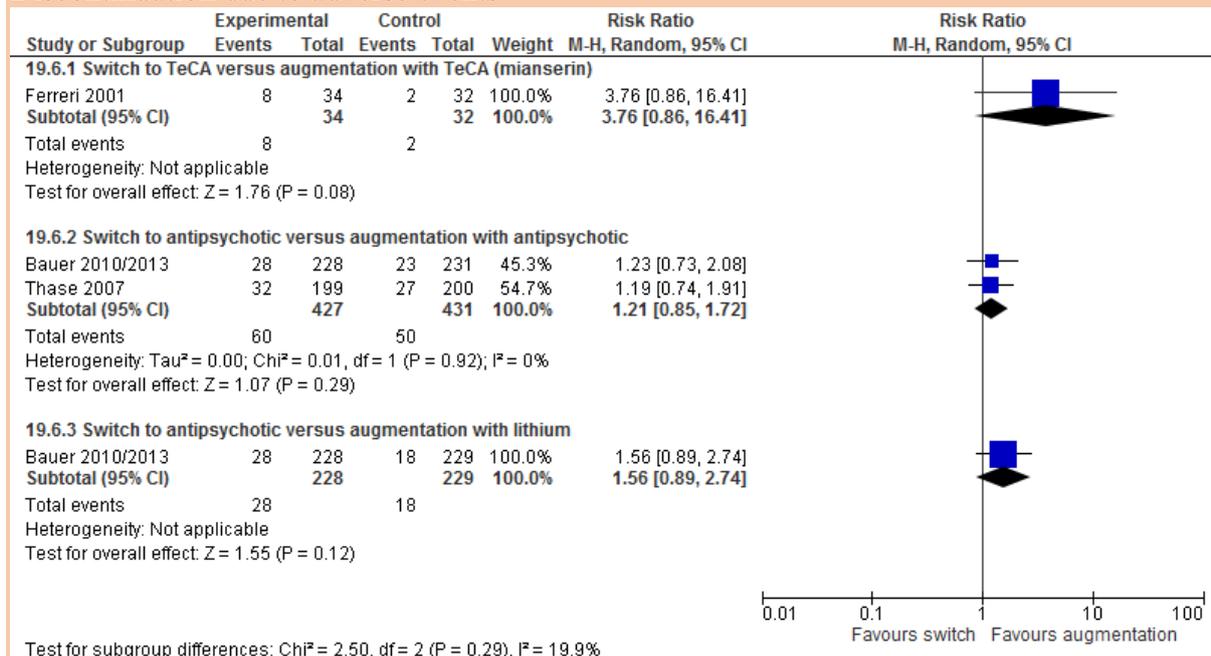
Depression symptomatology (MADRS/HAMD change score)



Discontinuation for any reason (including adverse events)

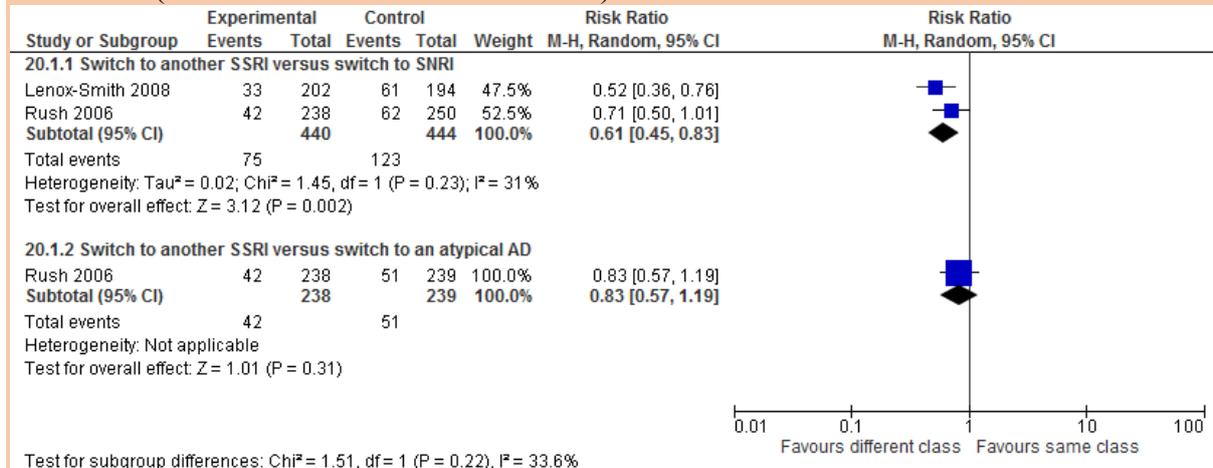


Discontinuation due to adverse events

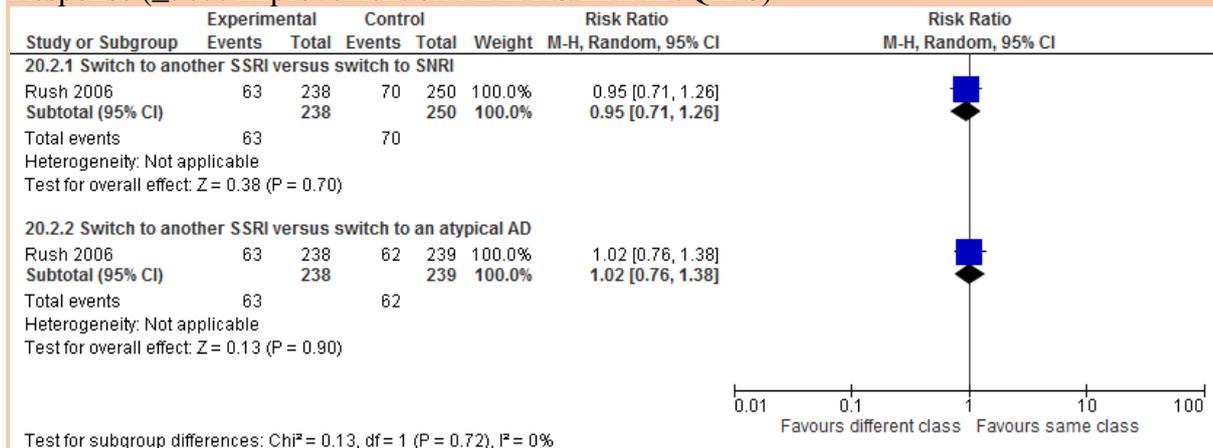


Switching to another antidepressant of the same class compared to switching to another antidepressant of a different class

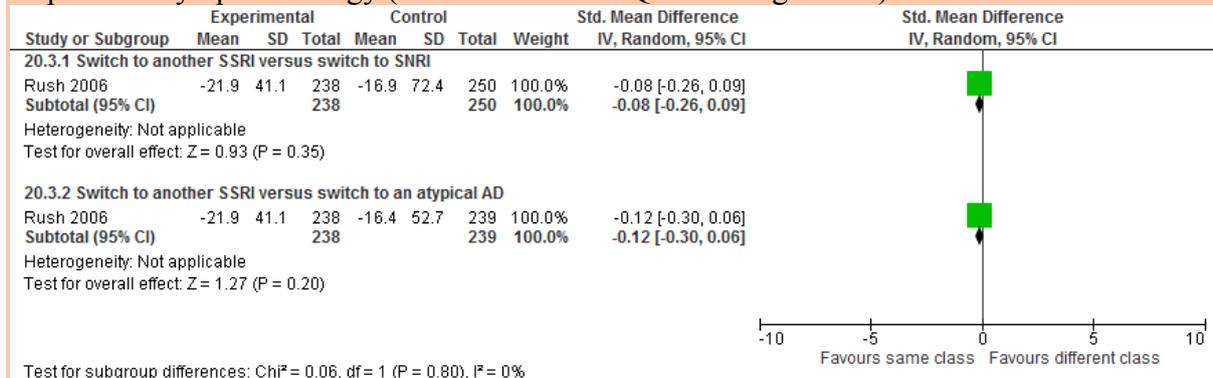
Remission (≤ 8 on MADRS/ $\leq 4/7/9$ on HAMD)



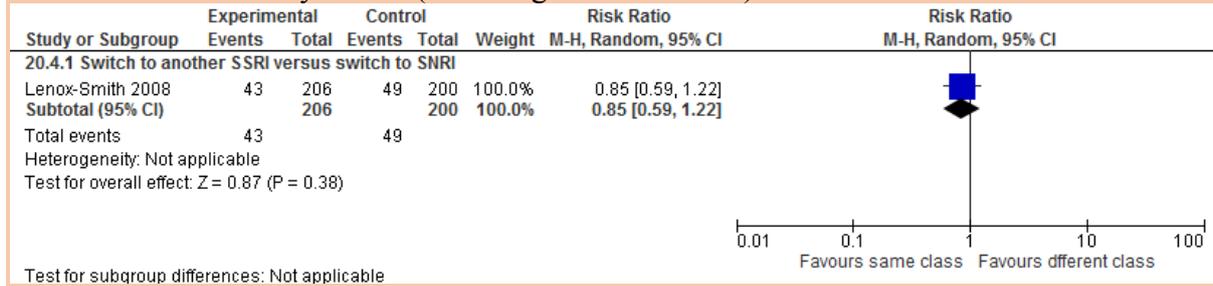
Response ($\geq 50\%$ improvement on MADRS/HAMD/QIDS)



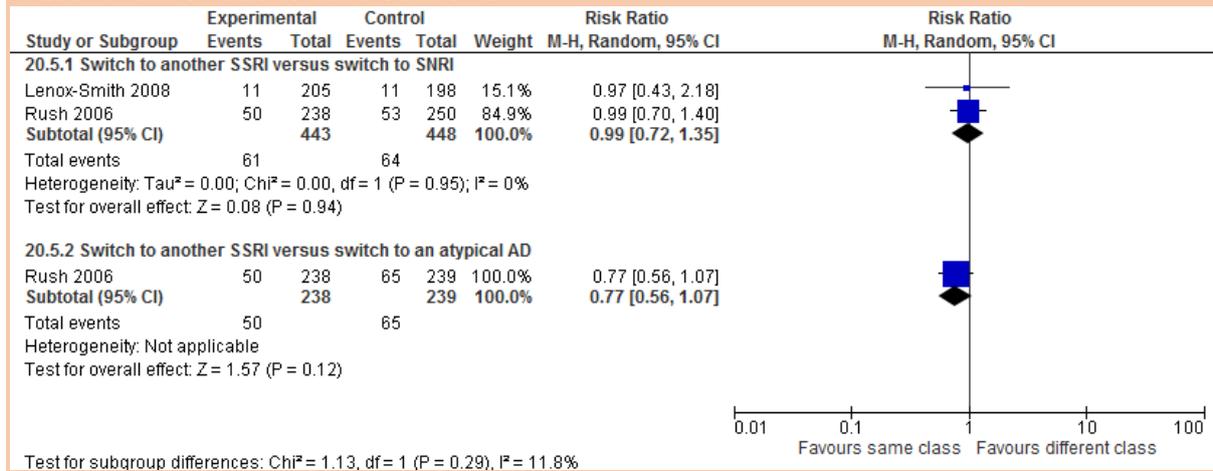
Depression symptomatology (MADRS/HAMD/QIDS change score)



Discontinuation for any reason (including adverse events)

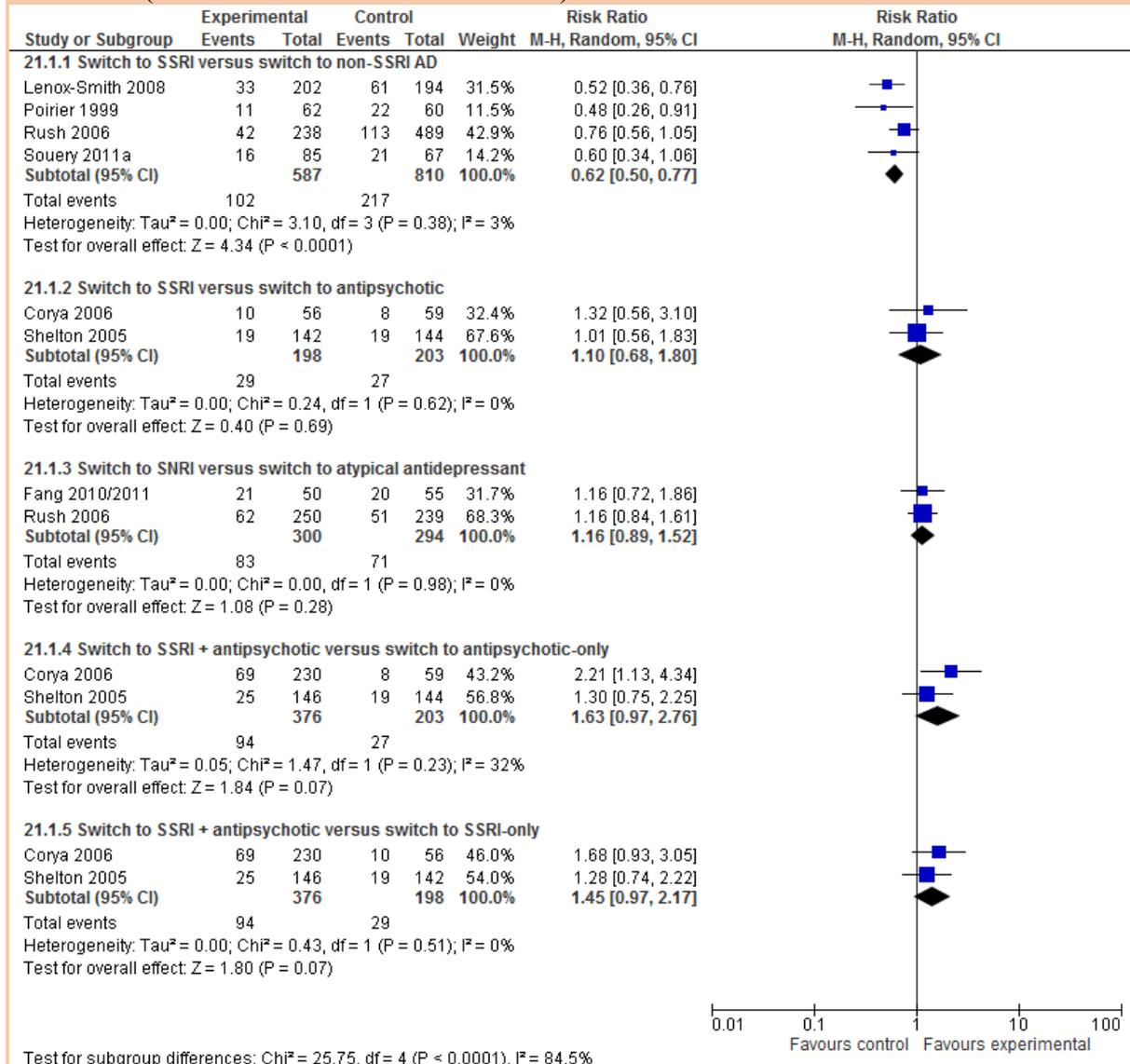


Discontinuation due to adverse events

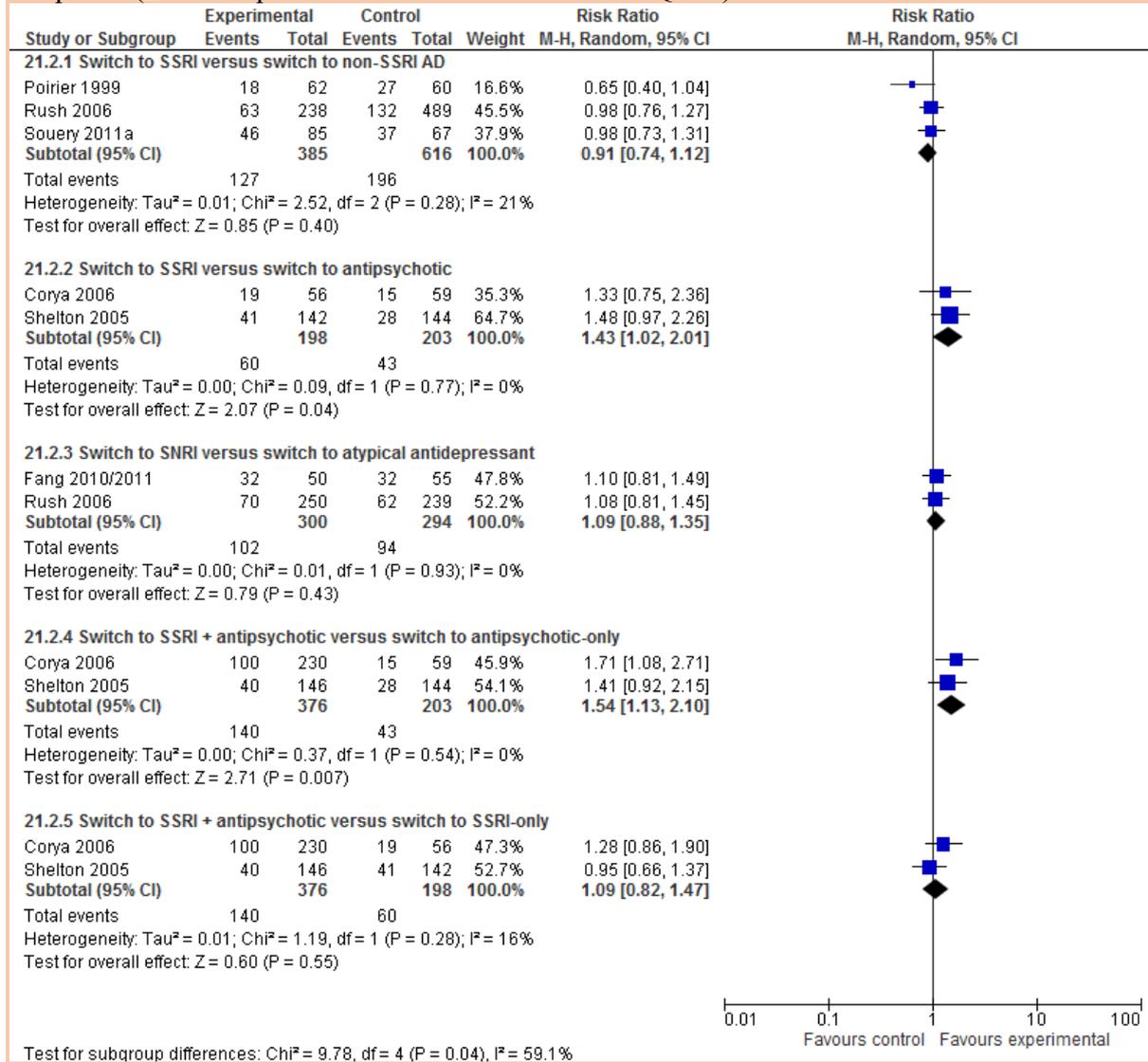


Switching to another antidepressant or non-antidepressant agent (head-to-head comparisons)

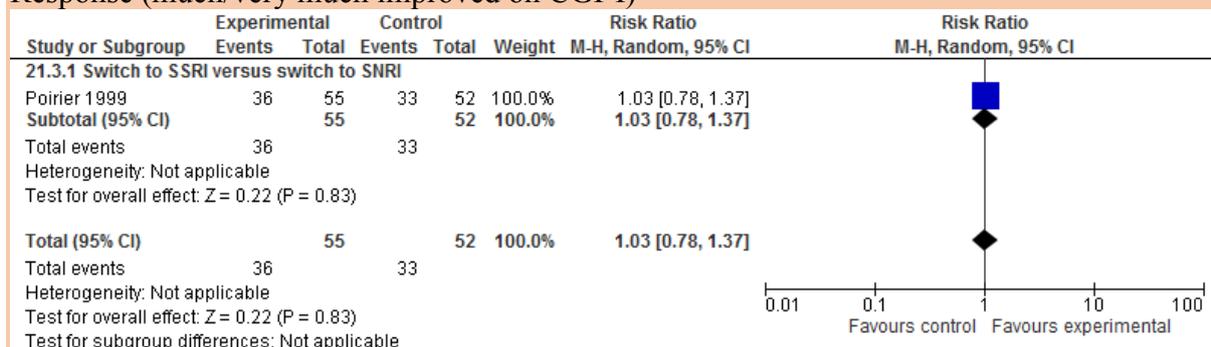
Remission (≤ 8 on MADRS/ $\leq 4/7/9$ on HAMD)



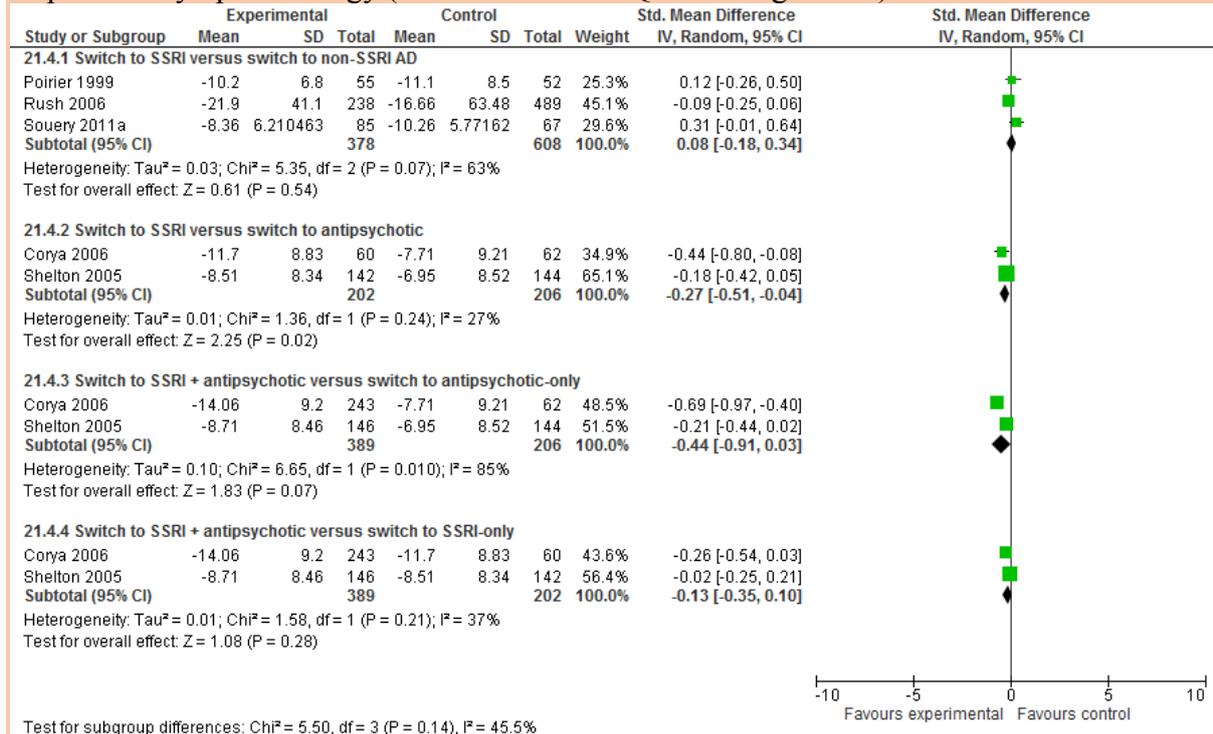
Response ($\geq 50\%$ improvement on MADRS/HAMD/QIDS)



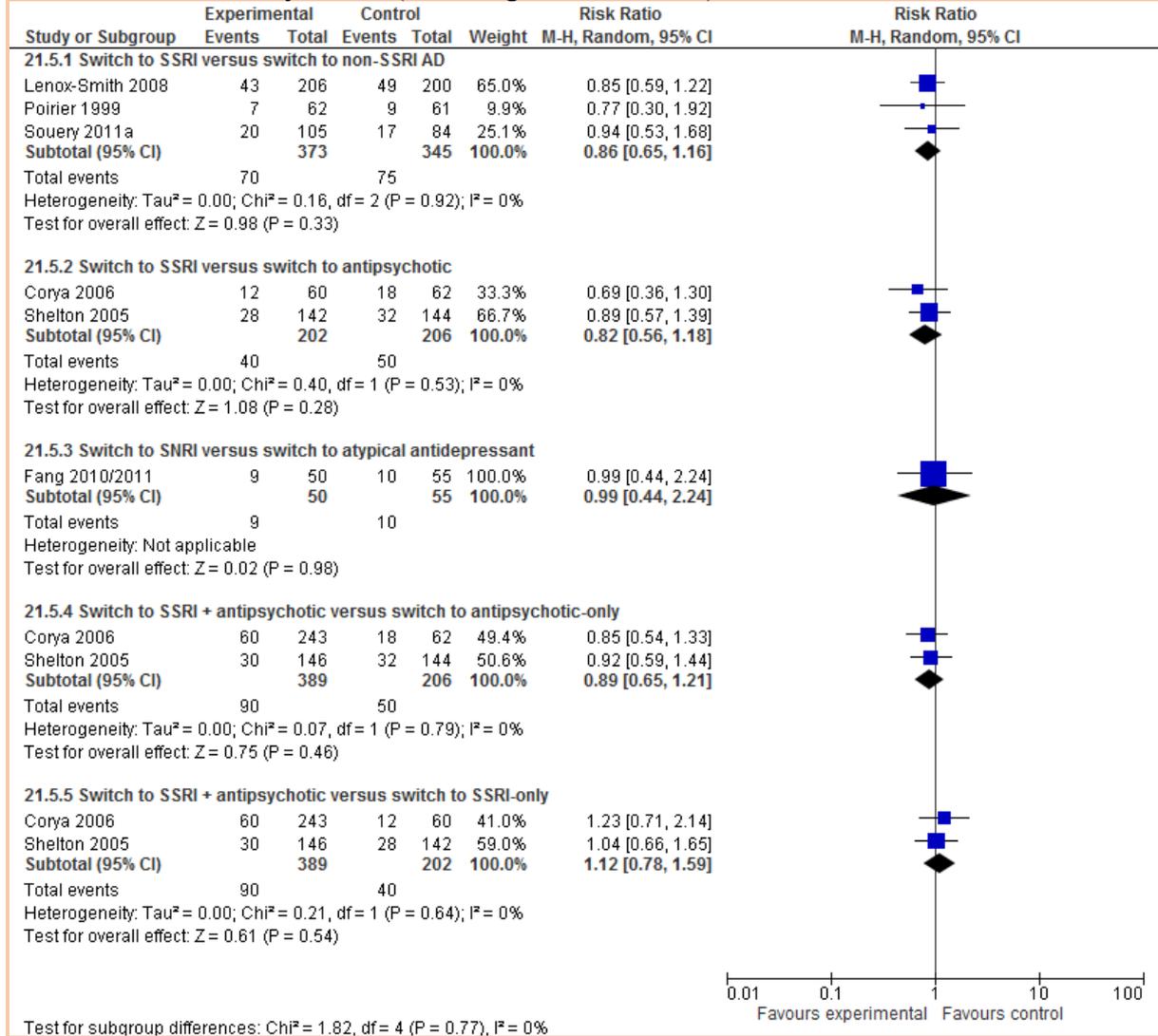
Response (much/very much improved on CGI-I)



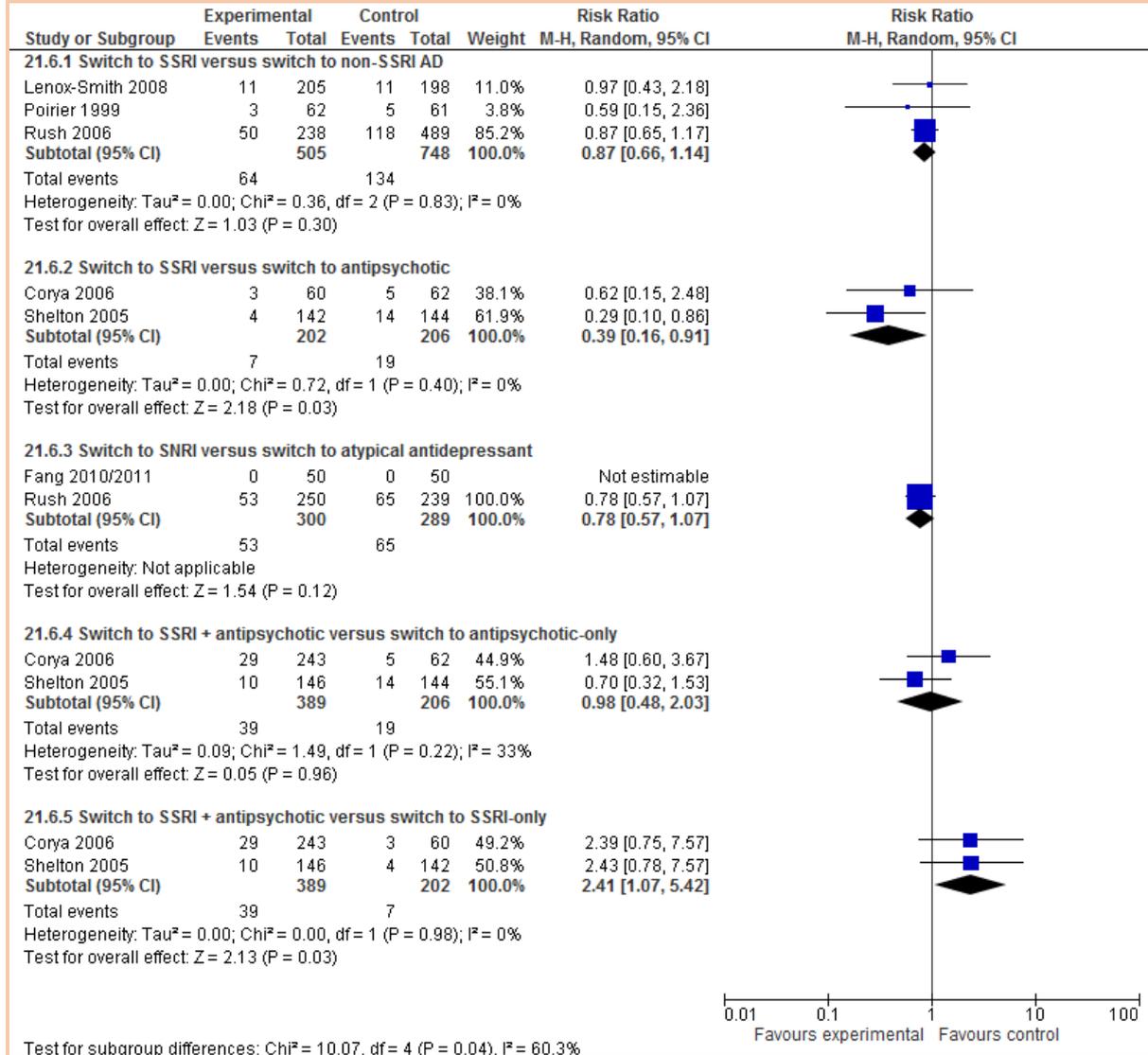
Depression symptomatology (MADRS/HAMD/QIDS change score)



Discontinuation for any reason (including adverse events)

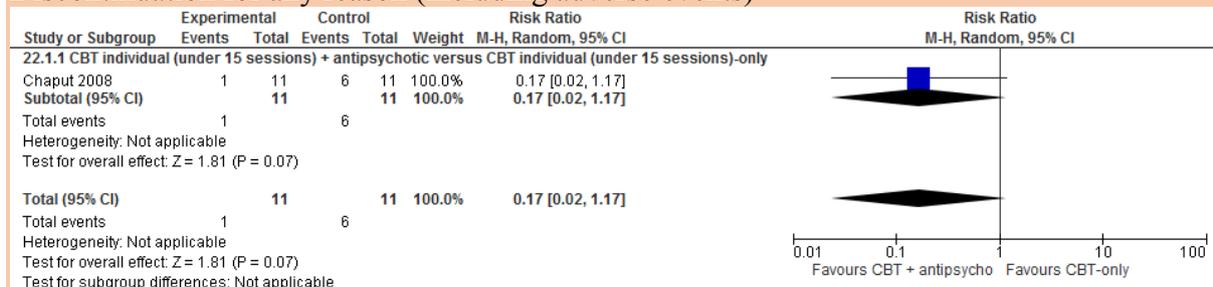


Discontinuation due to adverse events



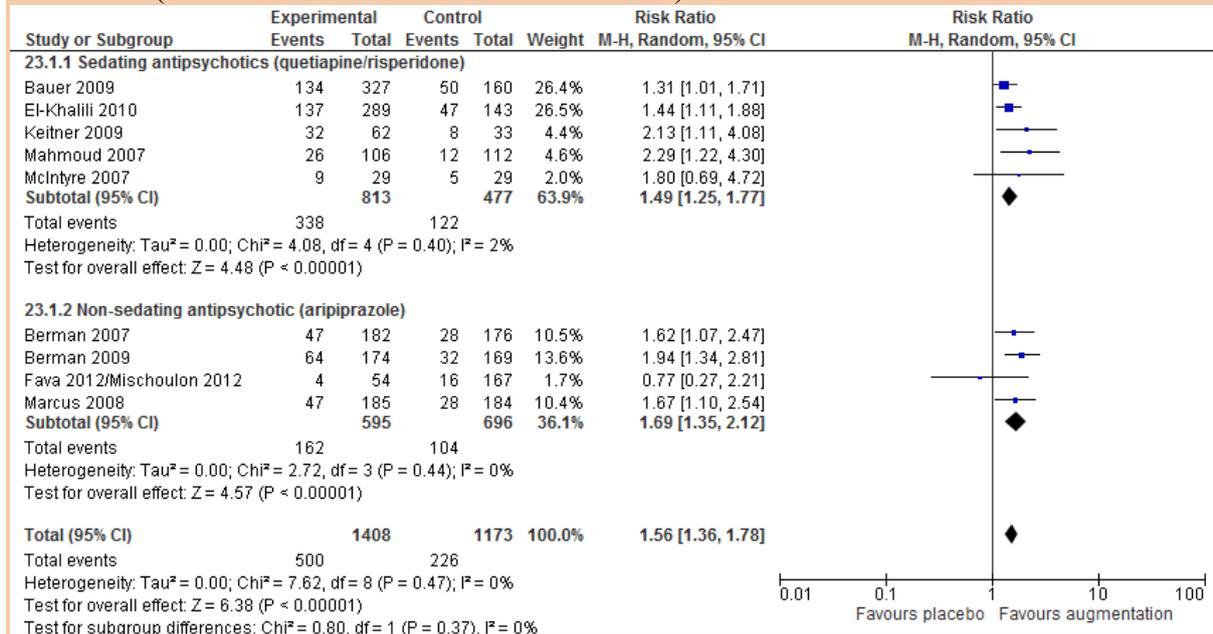
Switching to a combined psychological and pharmacological intervention versus switching to a psychological intervention-only

Discontinuation for any reason (including adverse events)

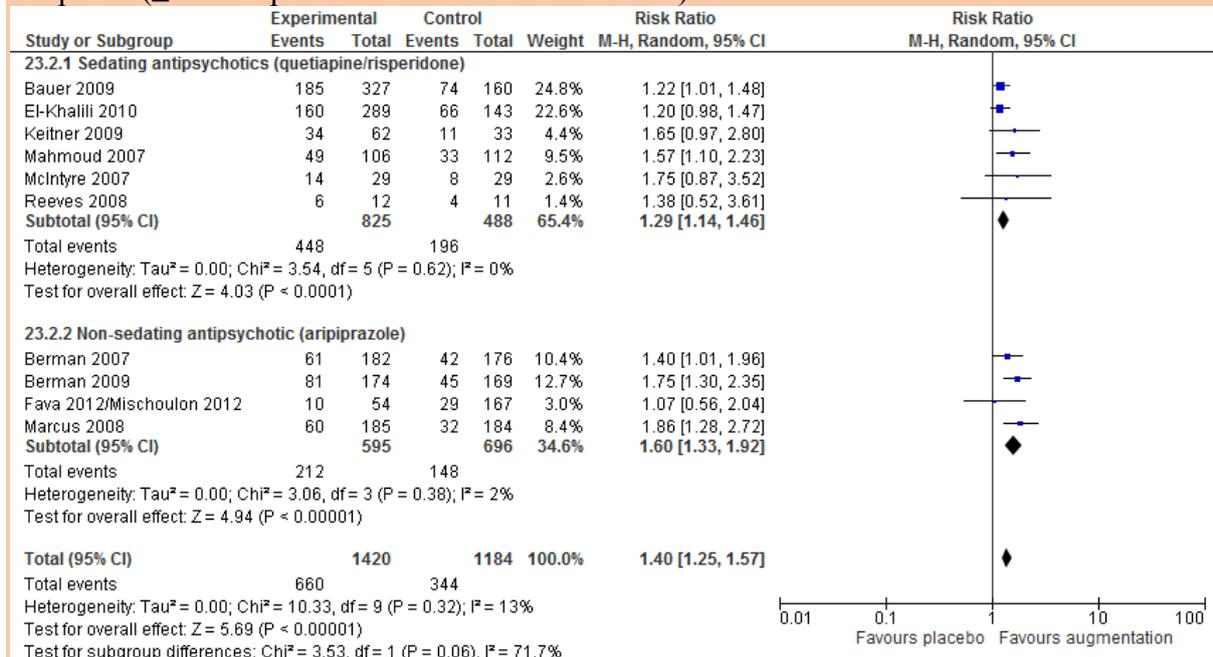


Antipsychotic augmentation versus placebo: Sub-analysis by sedating versus non-sedating antipsychotics

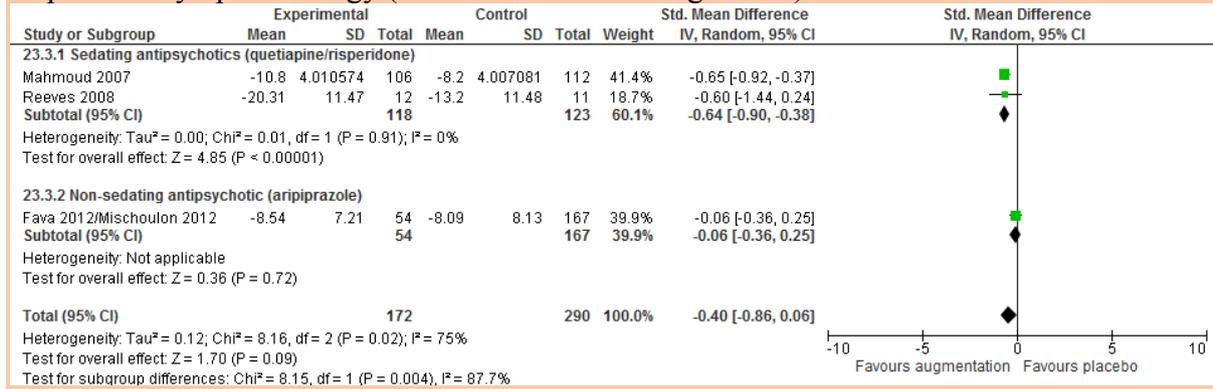
Remission (<10/11 on MADRS/<7/8/10 on HAMD)



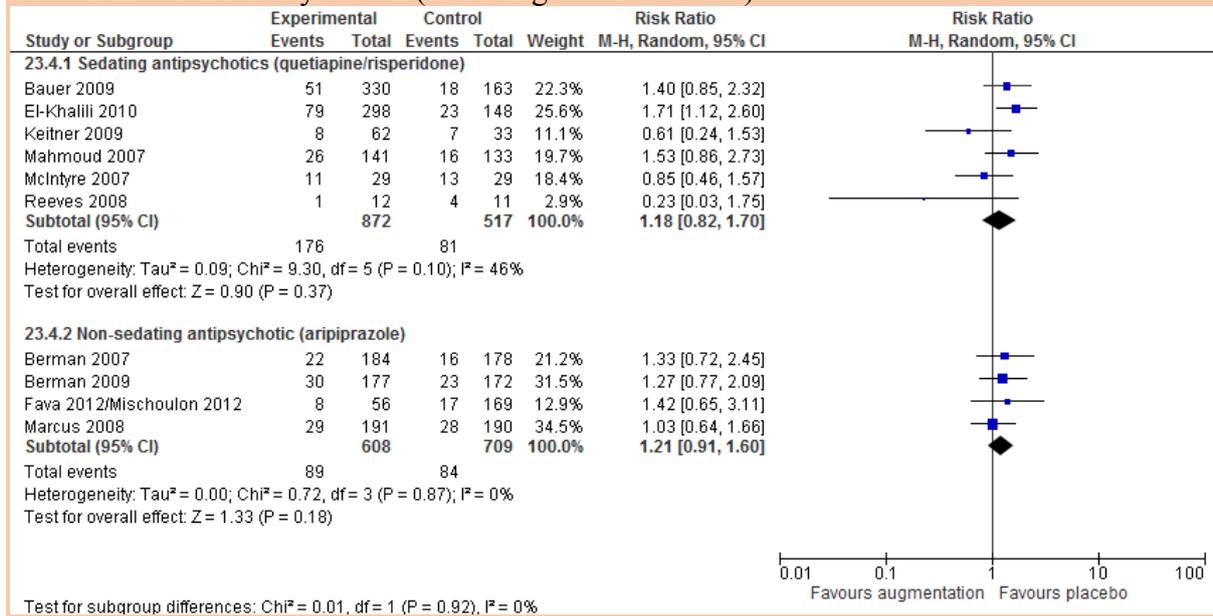
Response (≥50% improvement on MADRS/HAMD)



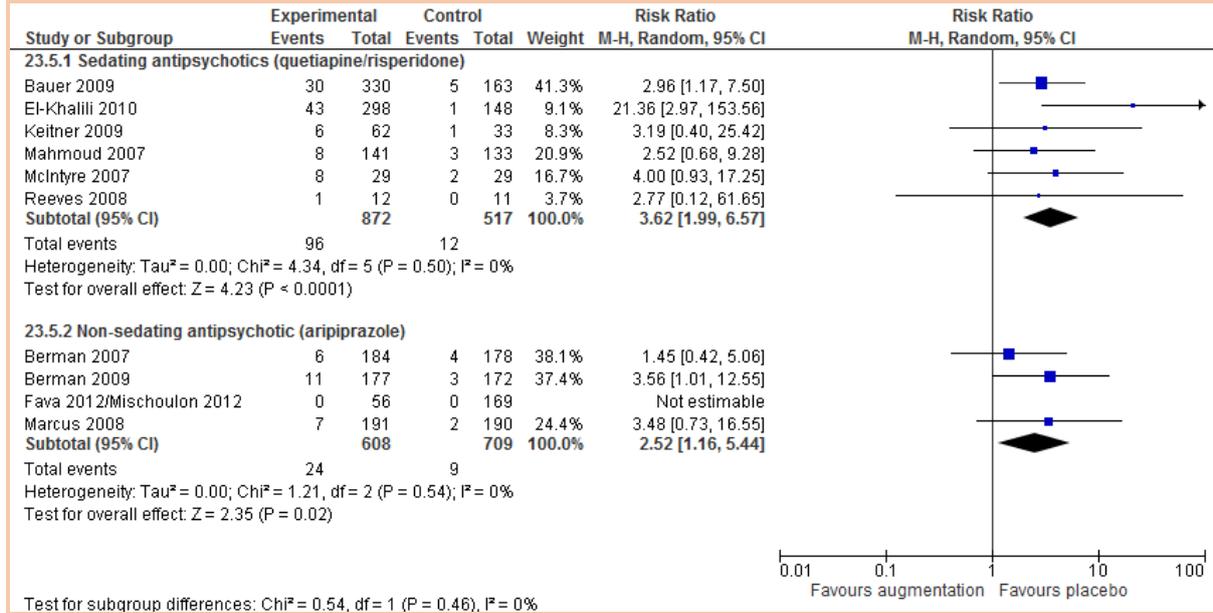
Depression symptomatology (MADRS/HAMD change score)



Discontinuation for any reason (including adverse events)



Discontinuation due to adverse events



Chronic depression (chapter 9)

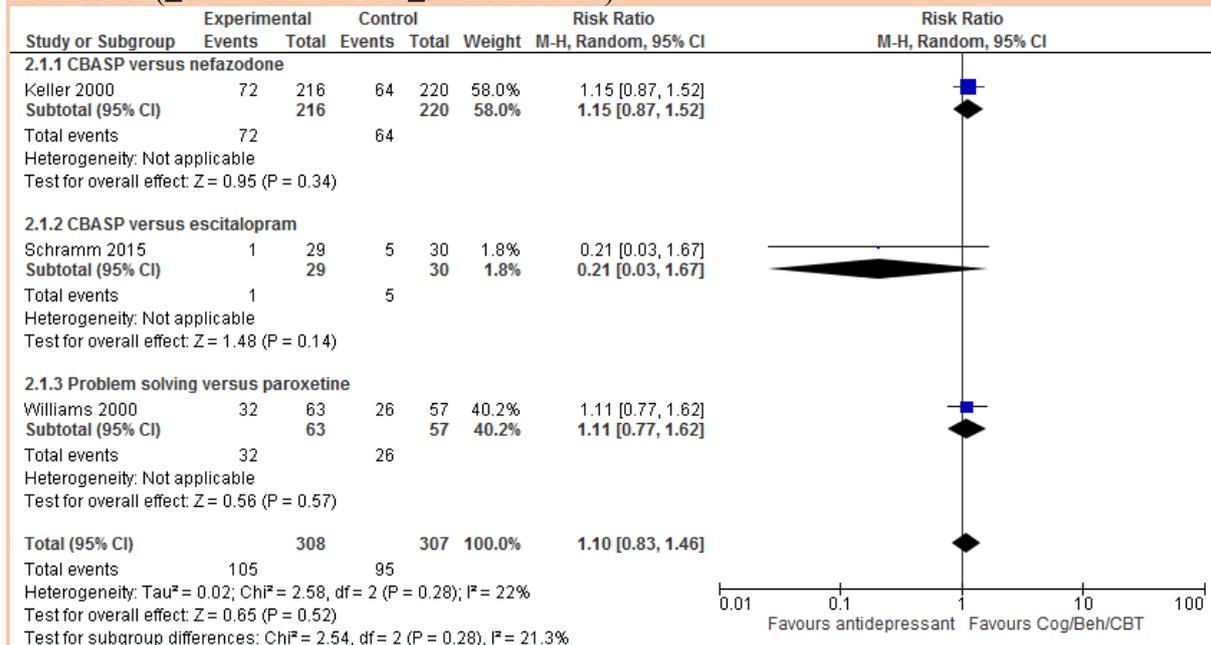
Problem solving versus pill placebo for chronic depression

Remission (score <7 on HAM-D)

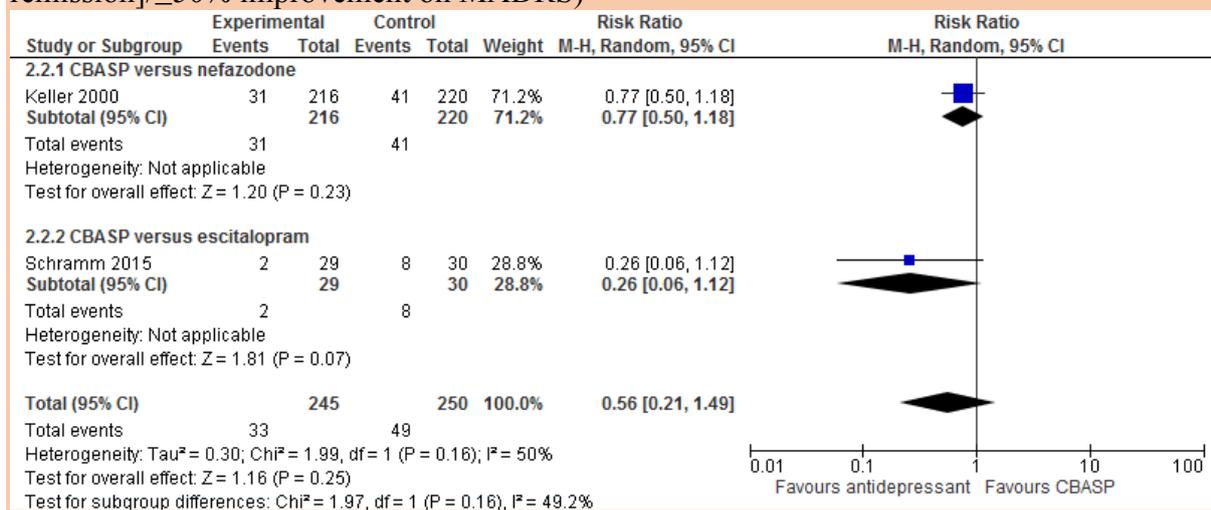


Cognitive and cognitive behavioural therapies versus antidepressants for chronic depression

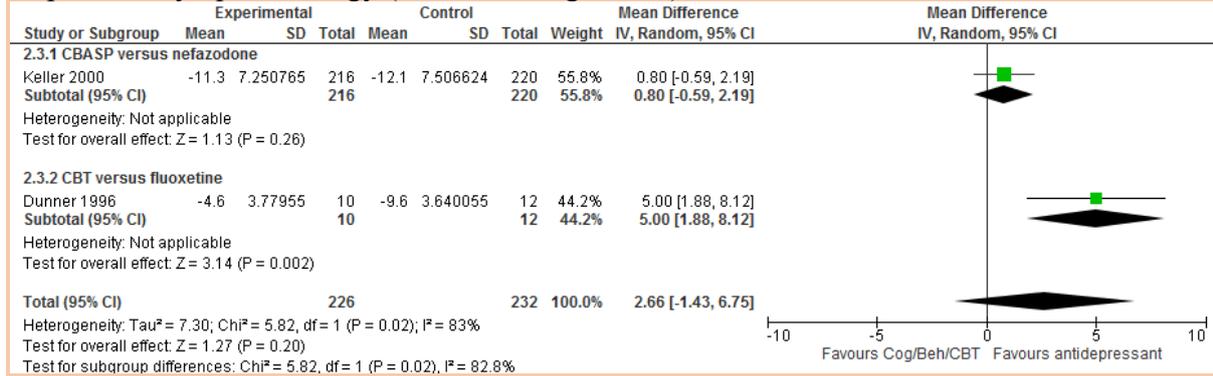
Remission (≤ 8 / < 7 on HAM-D/ ≤ 9 on MADRS)



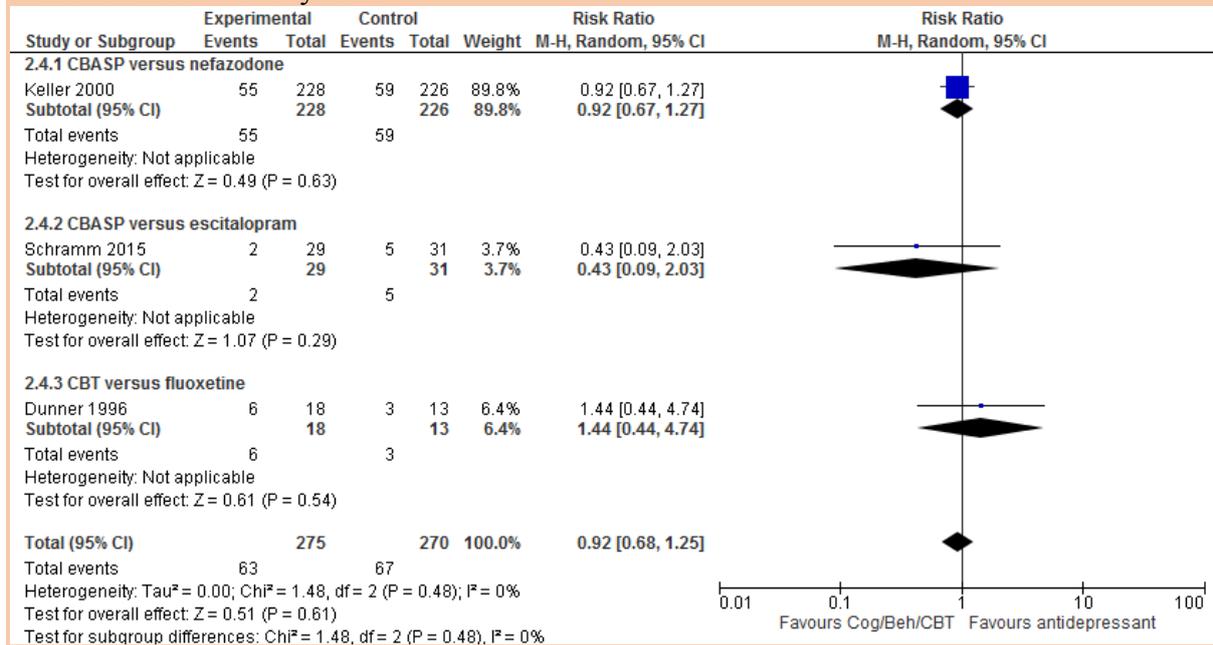
Response ($\geq 50\%$ improvement on HAM-D & HAMD score 8-15 [response without remission]) $\geq 50\%$ improvement on MADRS)



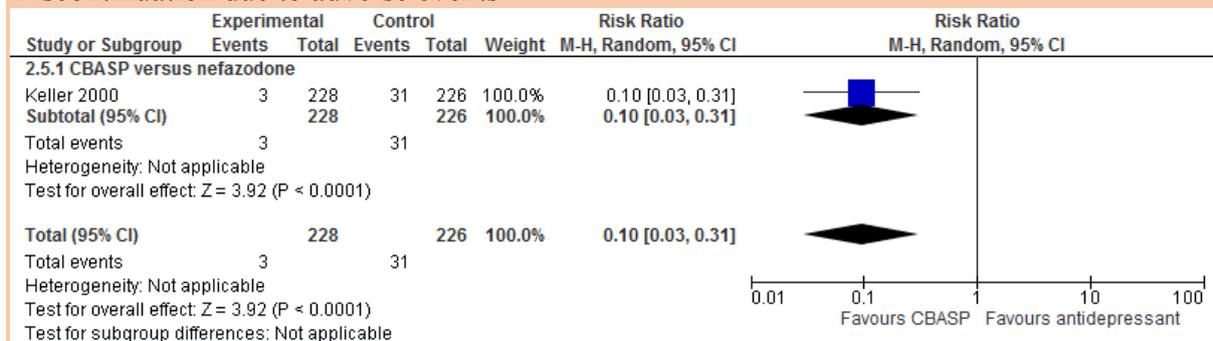
Depression symptomatology (HAMD change score)



Discontinuation for any reason

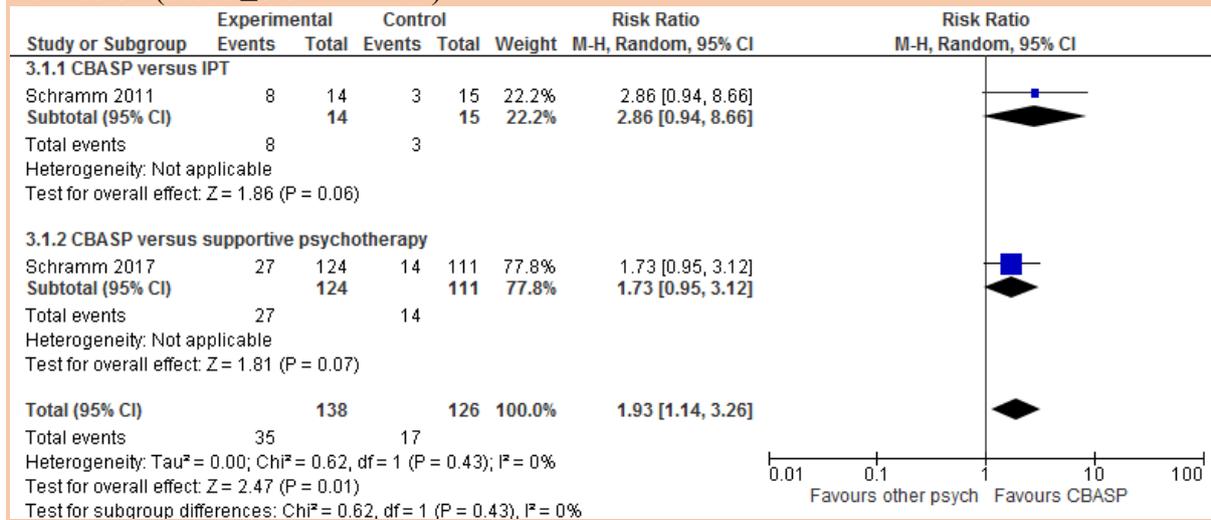


Discontinuation due to adverse events

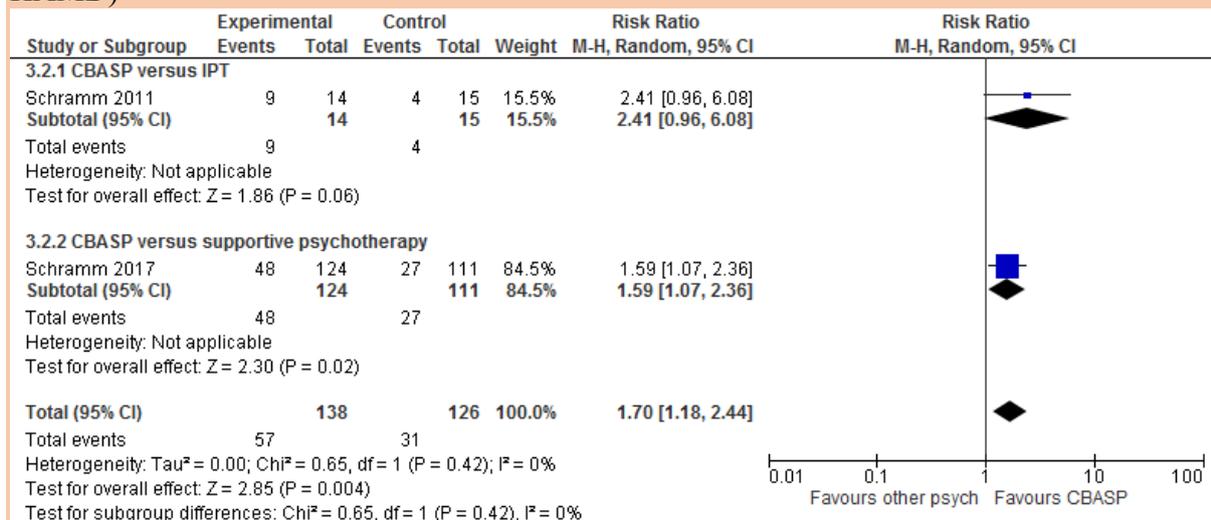


CBASP versus other psychological intervention for chronic depression

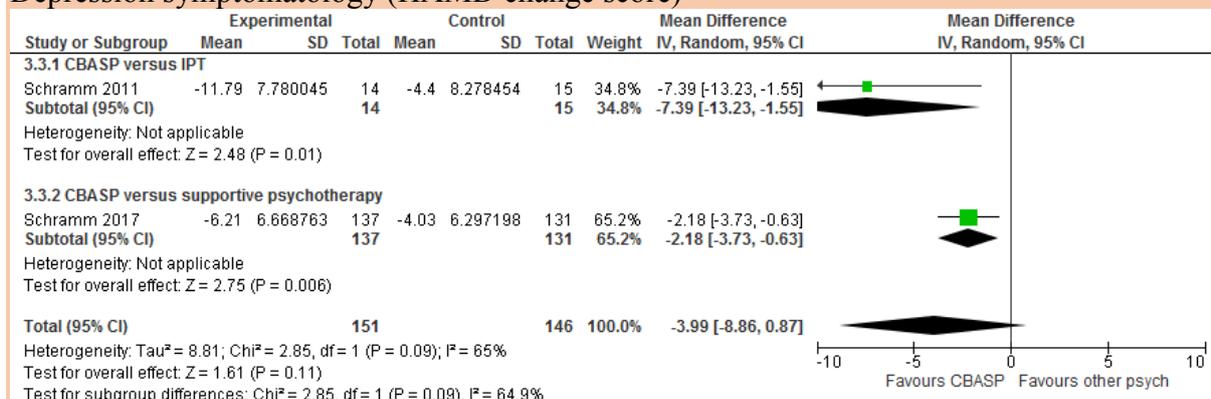
Remission (score ≤ 8 on HAM-D)



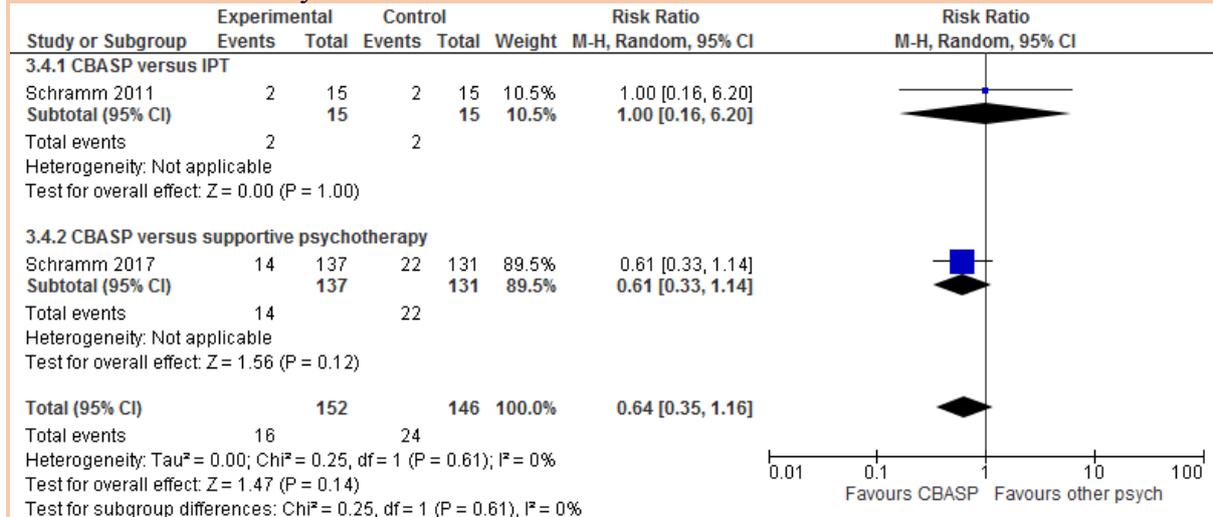
Response ($\geq 50\%$ improvement on HAMD & HAMD score $\leq 15/\geq 50\%$ improvement on HAMD)



Depression symptomatology (HAMD change score)

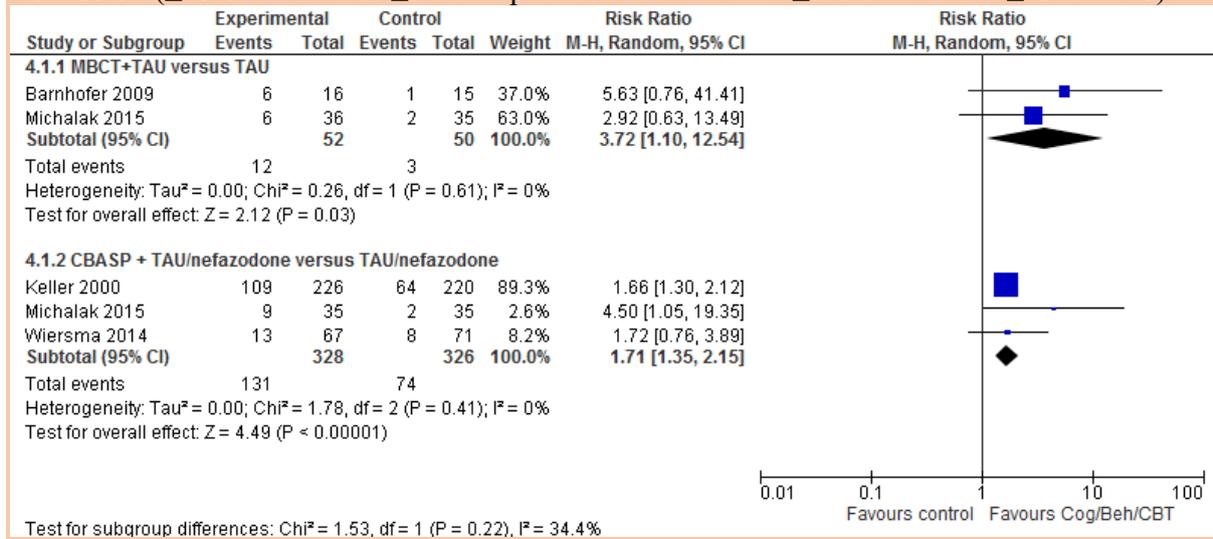


Discontinuation for any reason

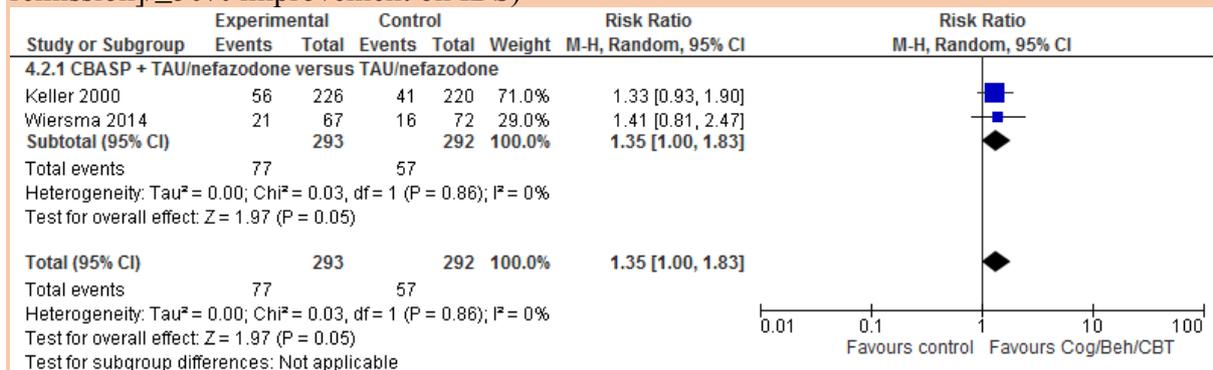


Cognitive and cognitive behavioural therapies + TAU/AD versus TAU/AD-only for chronic depression

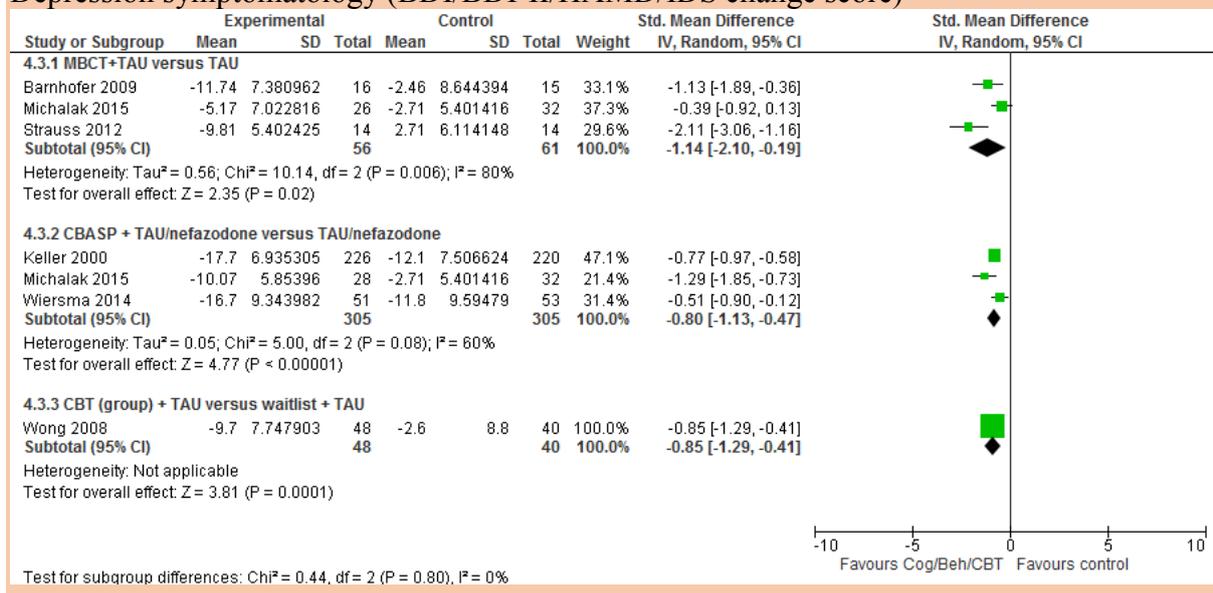
Remission (≤ 13 on BDI-II & $\geq 50\%$ improvement on BDI-II/ $\leq 7/8$ on HAMD/ ≤ 13 on IDS)



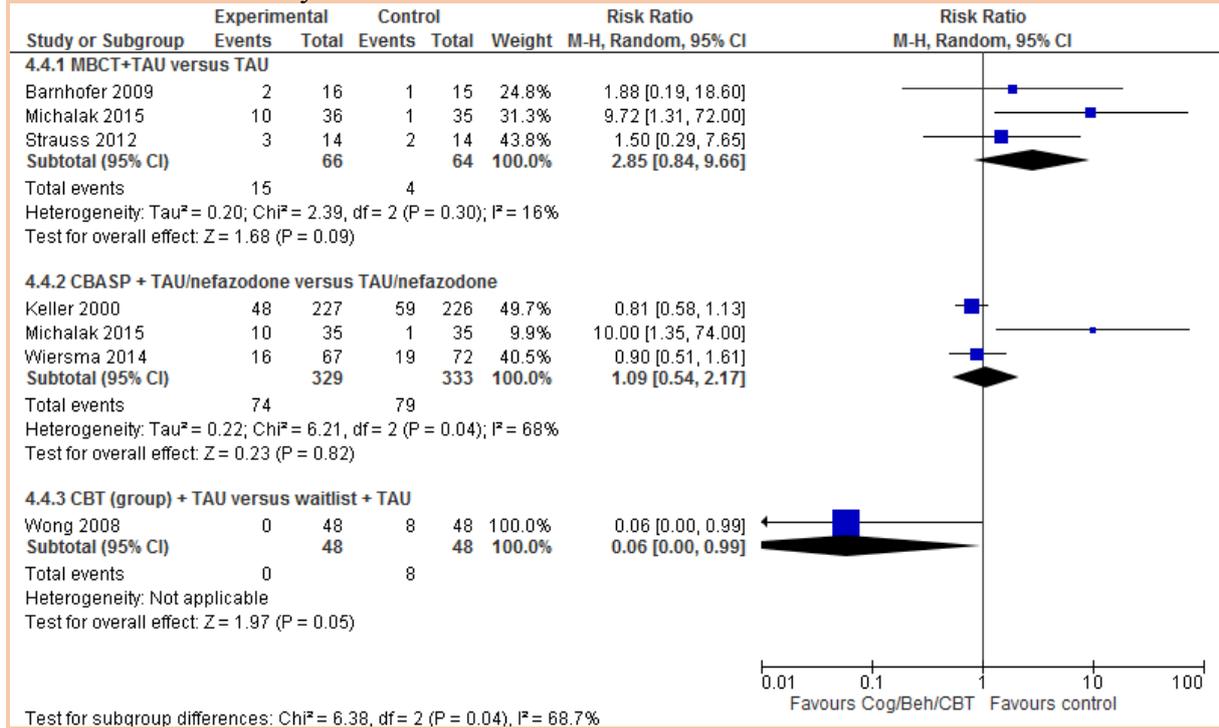
Response ($\geq 50\%$ improvement on HAMD & HAMD score 8-15 [response without remission]/ $\geq 50\%$ improvement on IDS)



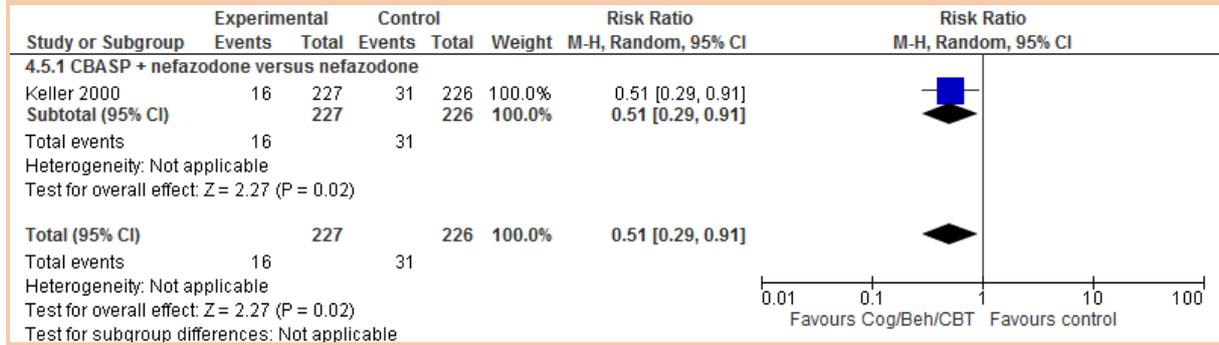
Depression symptomatology (BDI/BDI-II/HAMD/IDS change score)



Discontinuation for any reason

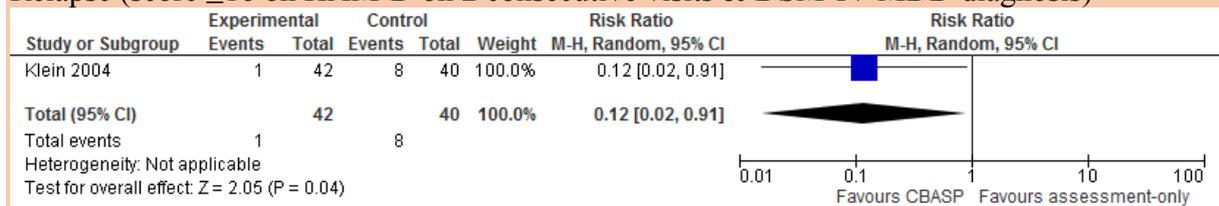


Discontinuation due to adverse events

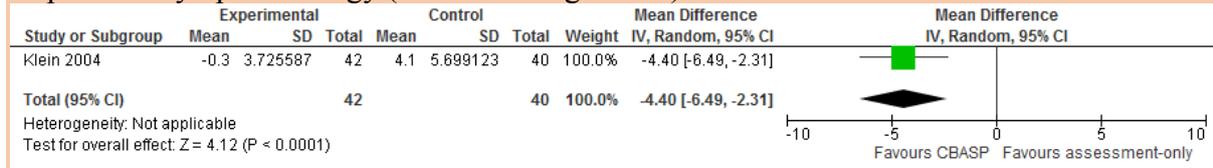


CBASP (maintenance treatment) versus assessment-only for relapse prevention in chronic depression

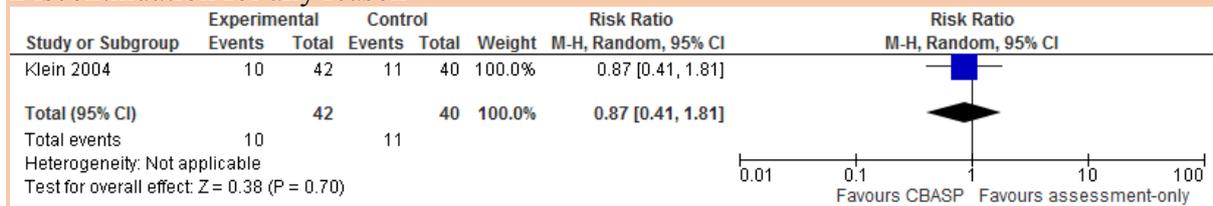
Relapse (score ≥16 on HAM-D on 2 consecutive visits & DSM-IV MDD diagnosis)



Depression symptomatology (HAMD change score)

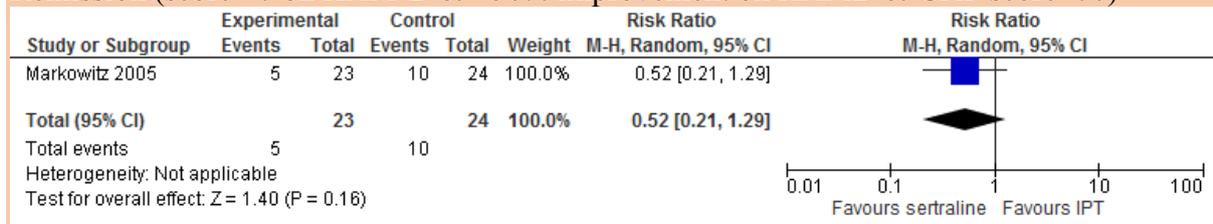


Discontinuation for any reason

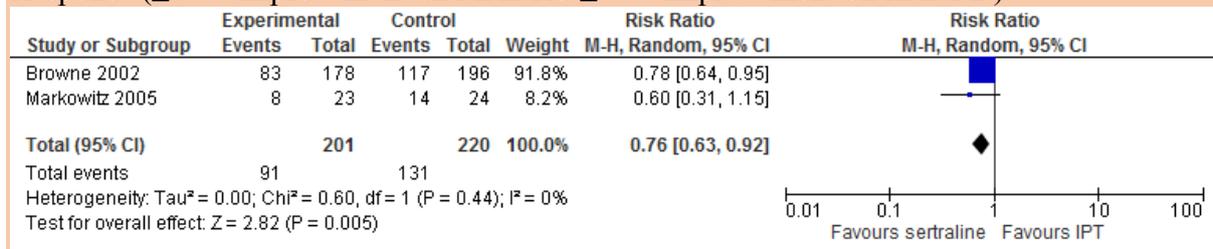


IPT versus sertraline for chronic depression

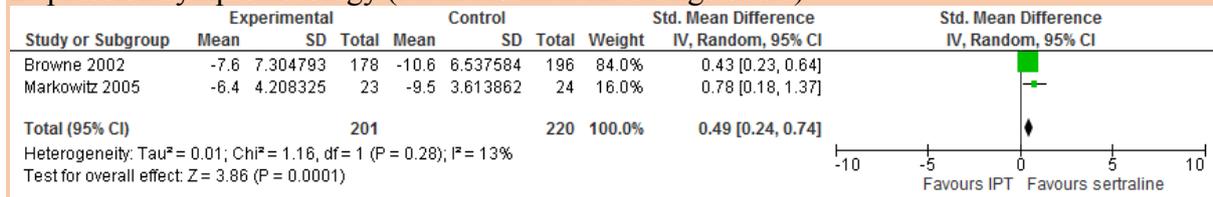
Remission (score <7 on HAM-D & >50% improvement on HAMD & GAF score >70)



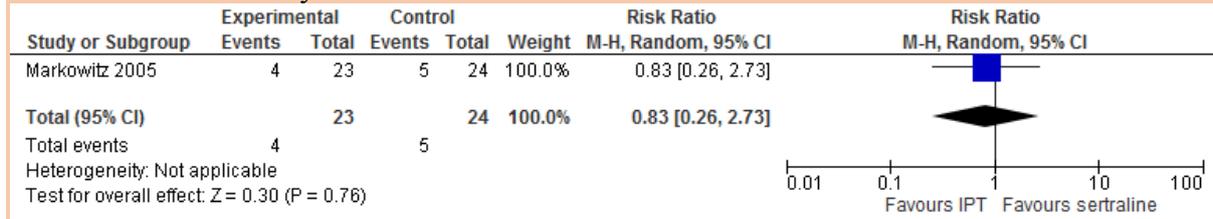
Response (≥40% improvement on MADRS/≥50% improvement on HAM-D)



Depression symptomatology (MADRS/HAMD change score)

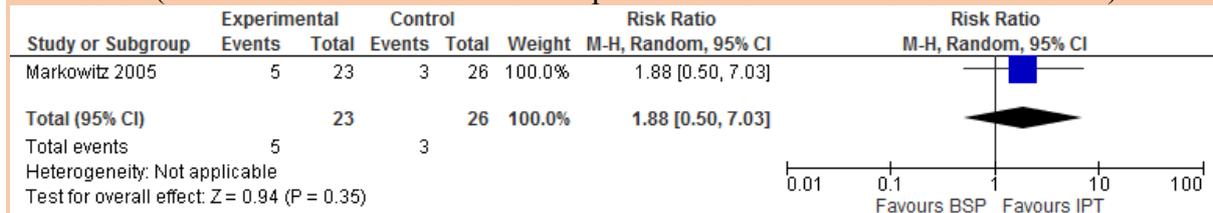


Discontinuation for any reason

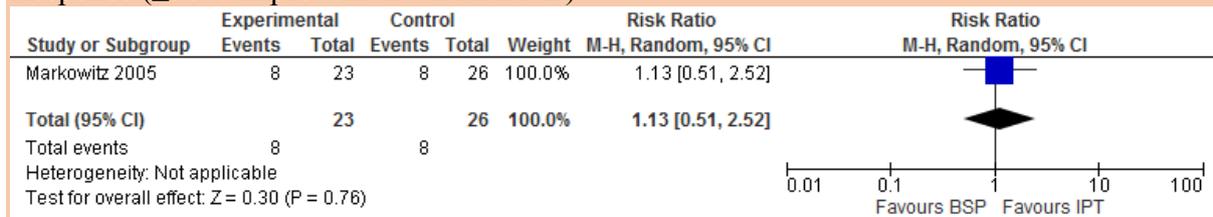


IPT versus brief supportive psychotherapy (BSP) for chronic depression

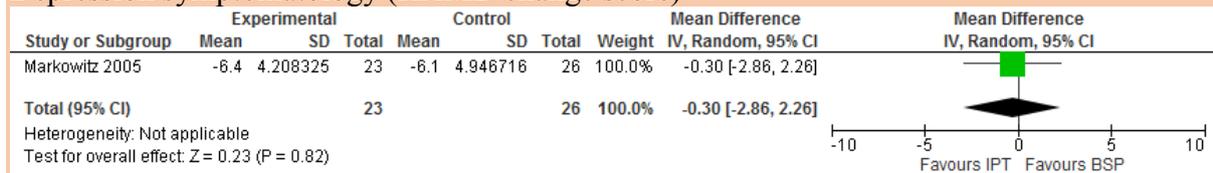
Remission (score <7 on HAM-D & >50% improvement on HAMD & GAF score >70)



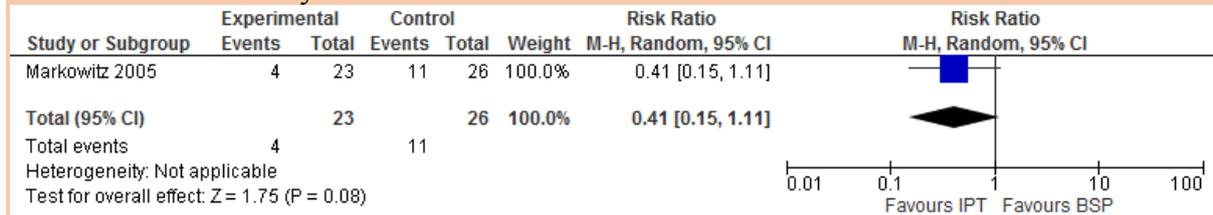
Response ($\geq 50\%$ improvement on HAM-D)



Depression symptomatology (HAMD change score)

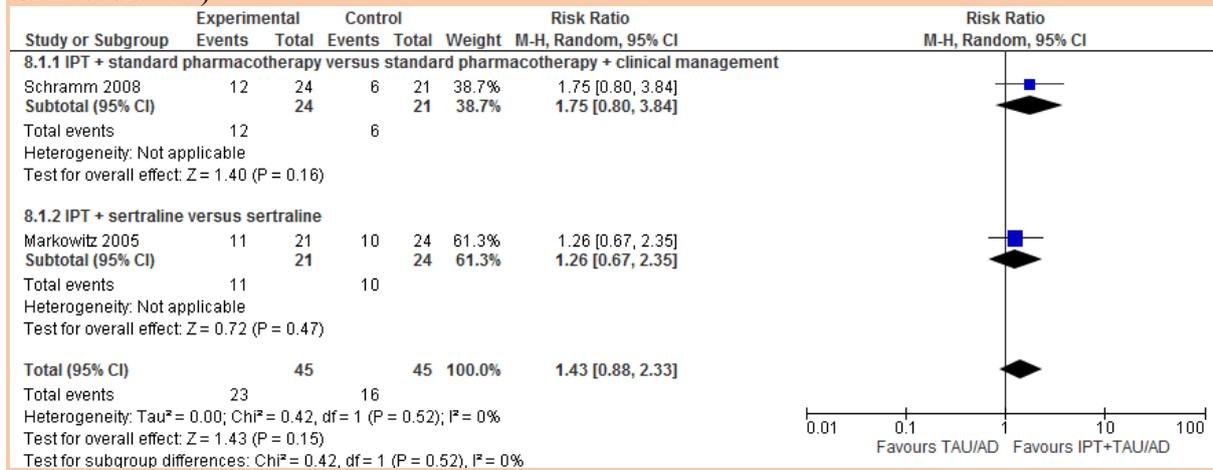


Discontinuation for any reason

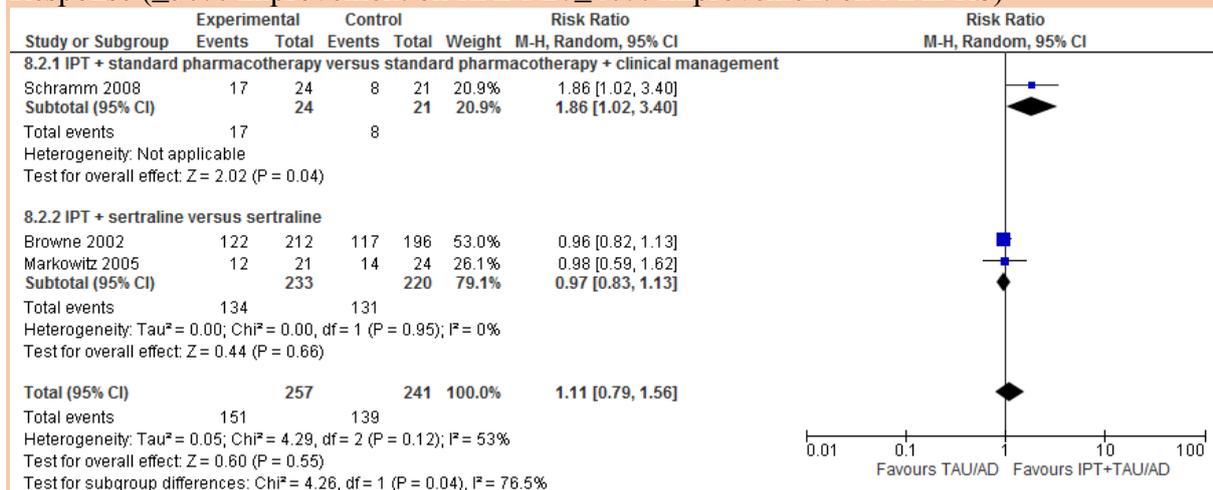


IPT + TAU/AD versus TAU/AD-only for chronic depression

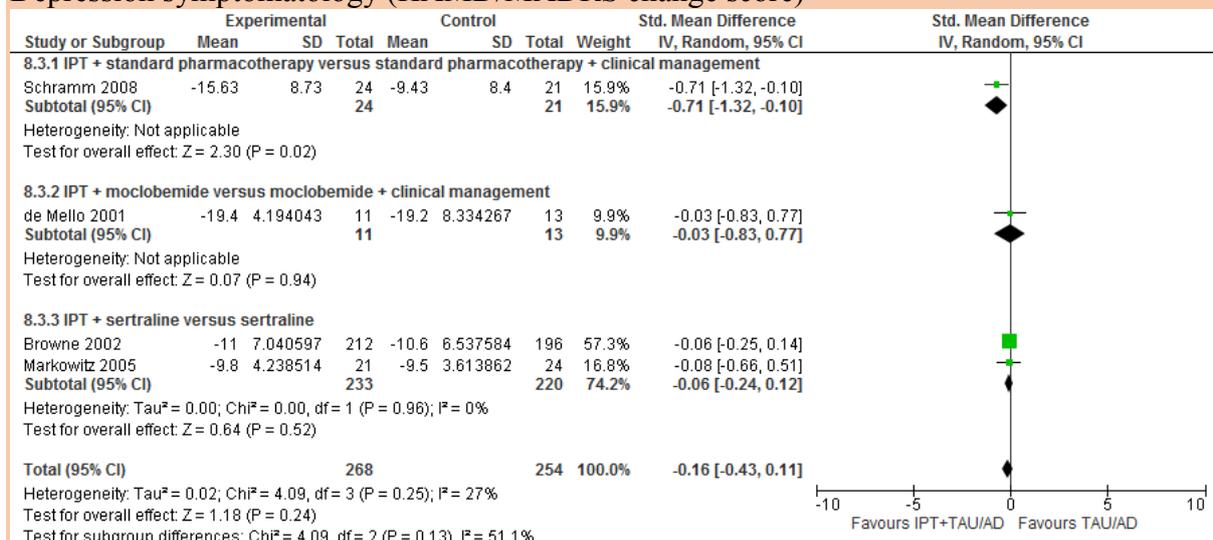
Remission (score ≤ 7 on HAM-D/score < 7 on HAM-D & $> 50\%$ improvement on HAMD & GAF score > 70)



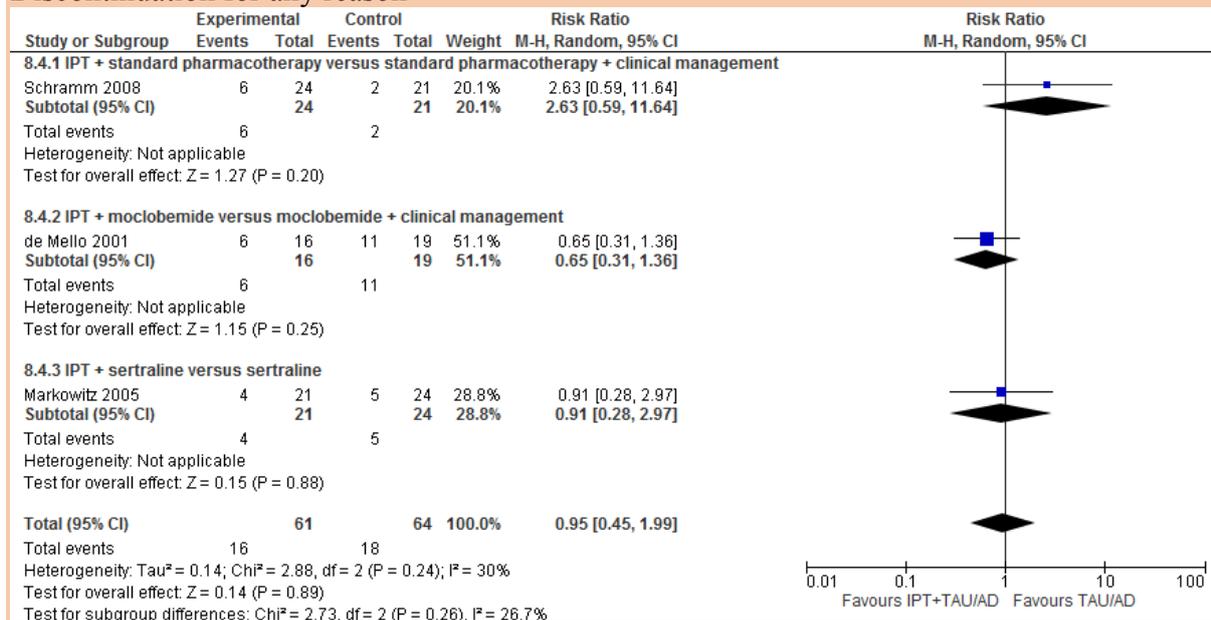
Response ($\geq 50\%$ improvement on HAM-D/ $\geq 40\%$ improvement on MADRS)



Depression symptomatology (HAMD/MADRS change score)

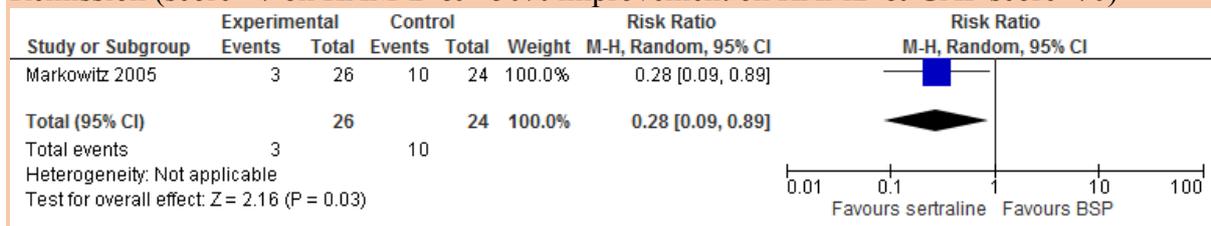


Discontinuation for any reason

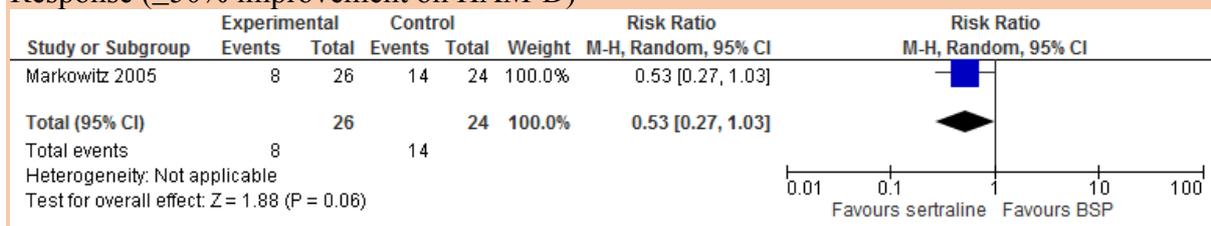


Brief supportive psychotherapy (BSP) versus sertraline for chronic depression

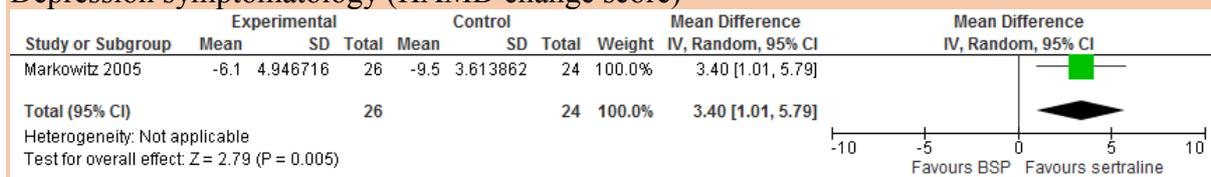
Remission (score <7 on HAM-D & >50% improvement on HAMD & GAF score >70)



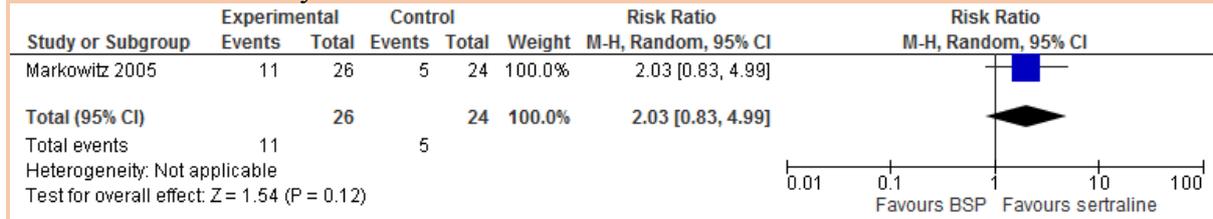
Response (≥50% improvement on HAM-D)



Depression symptomatology (HAMD change score)

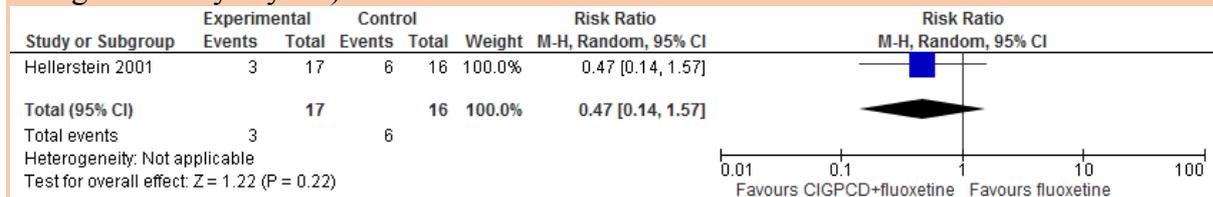


Discontinuation for any reason

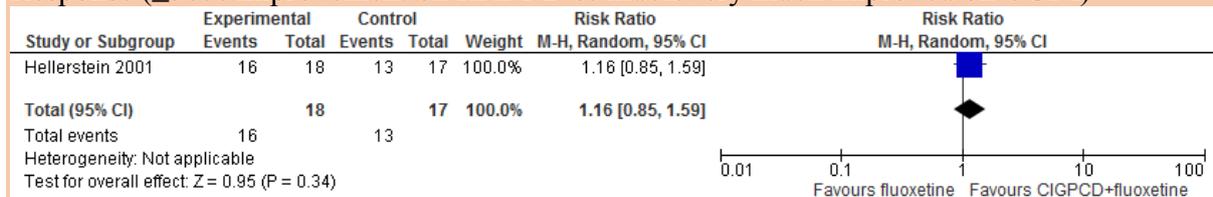


Cognitive-Interpersonal Group Psychotherapy for Chronic Depression (CIGP-CD) + fluoxetine versus fluoxetine (maintenance treatment) for relapse prevention in chronic depression

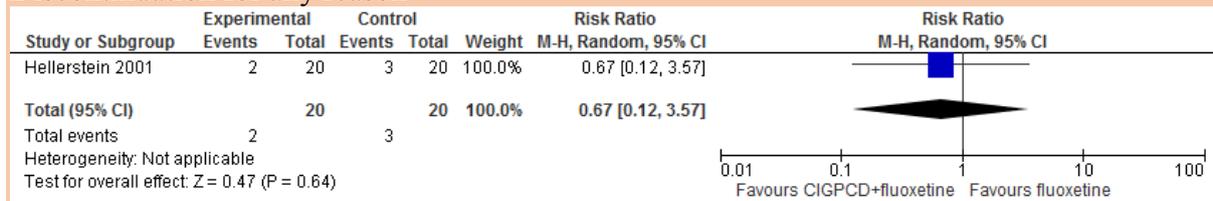
Relapse (score >0 on item #1 (depressed mood) on HAM-D OR meeting DSM-IV criteria for a diagnosis of dysthymia)



Response ($\geq 50\%$ improvement on HAM-D & much/very much improved on CGI-I)

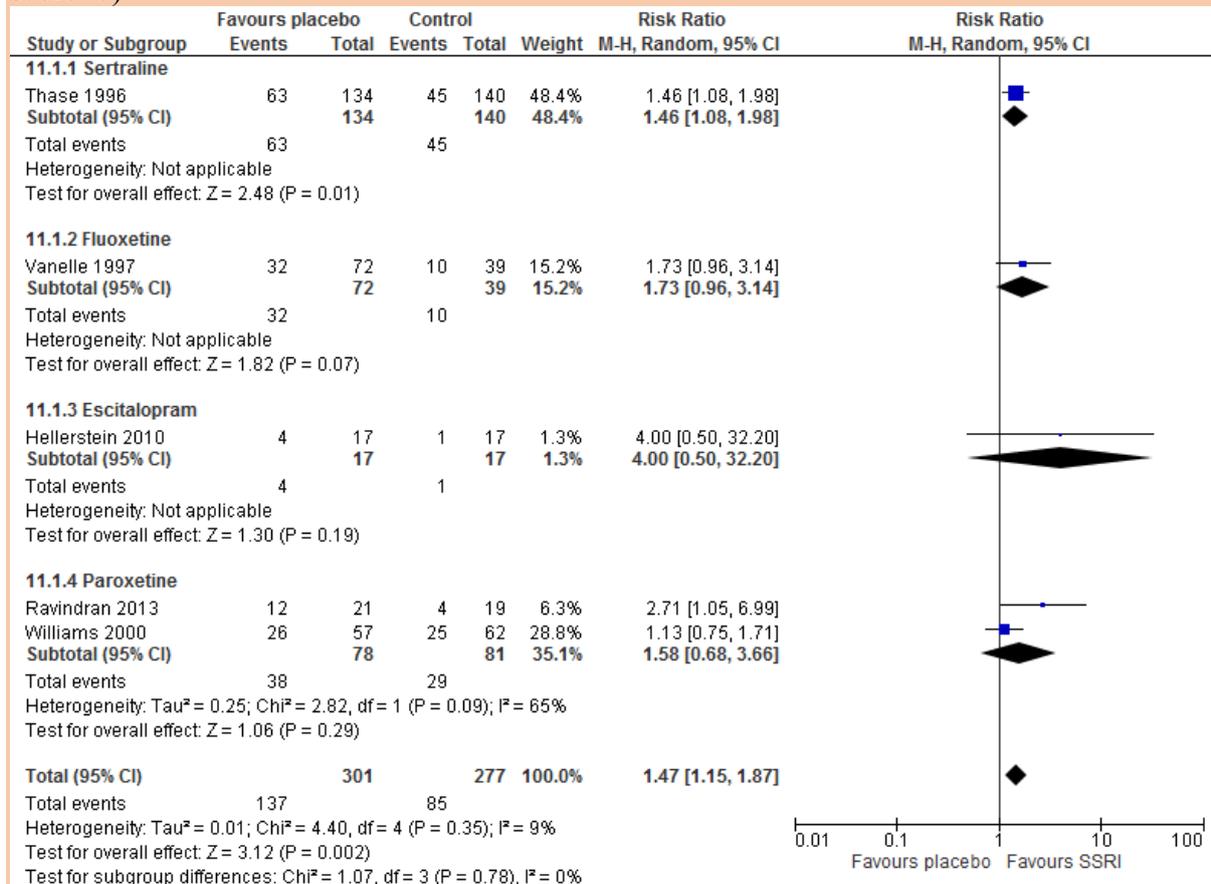


Discontinuation for any reason

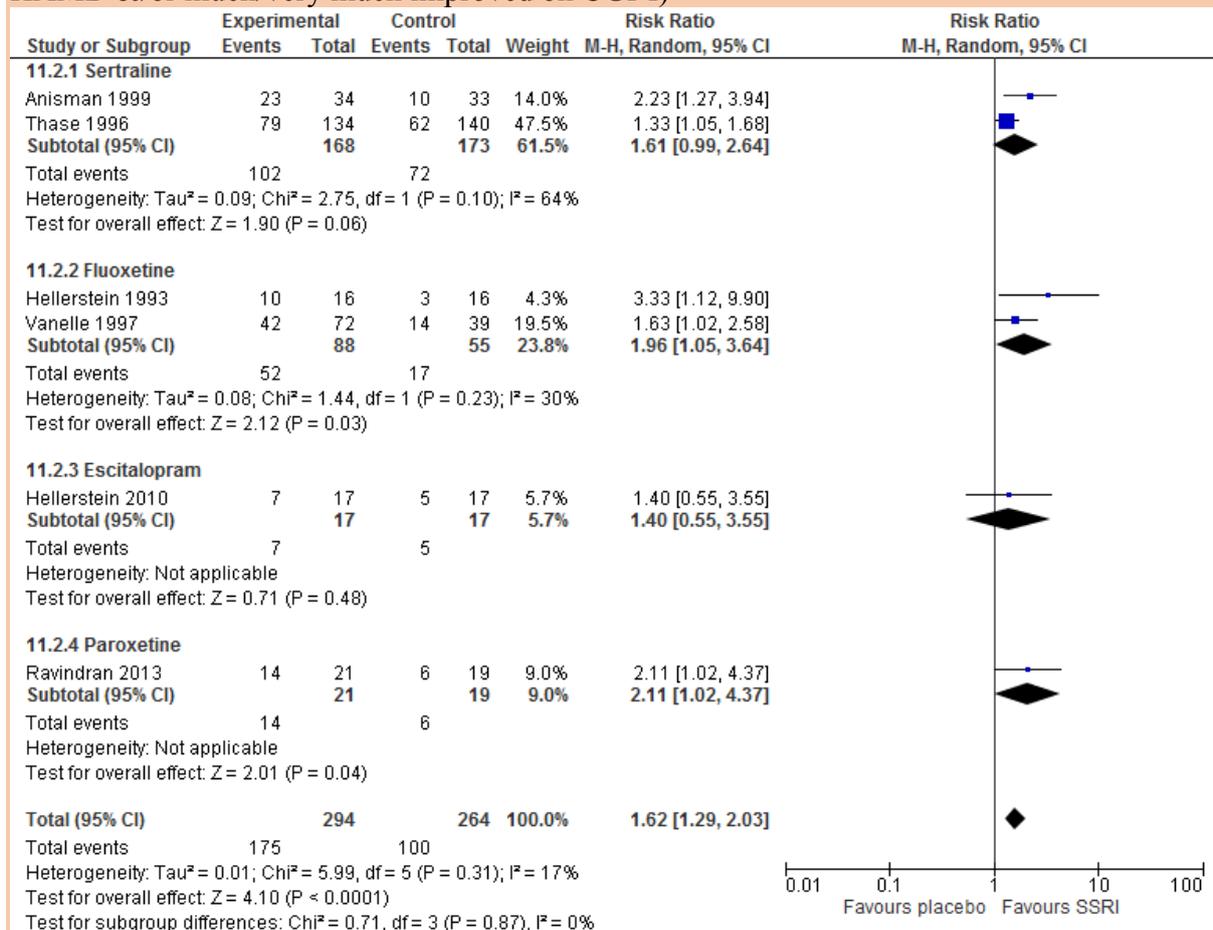


SSRIs versus placebo for chronic depression

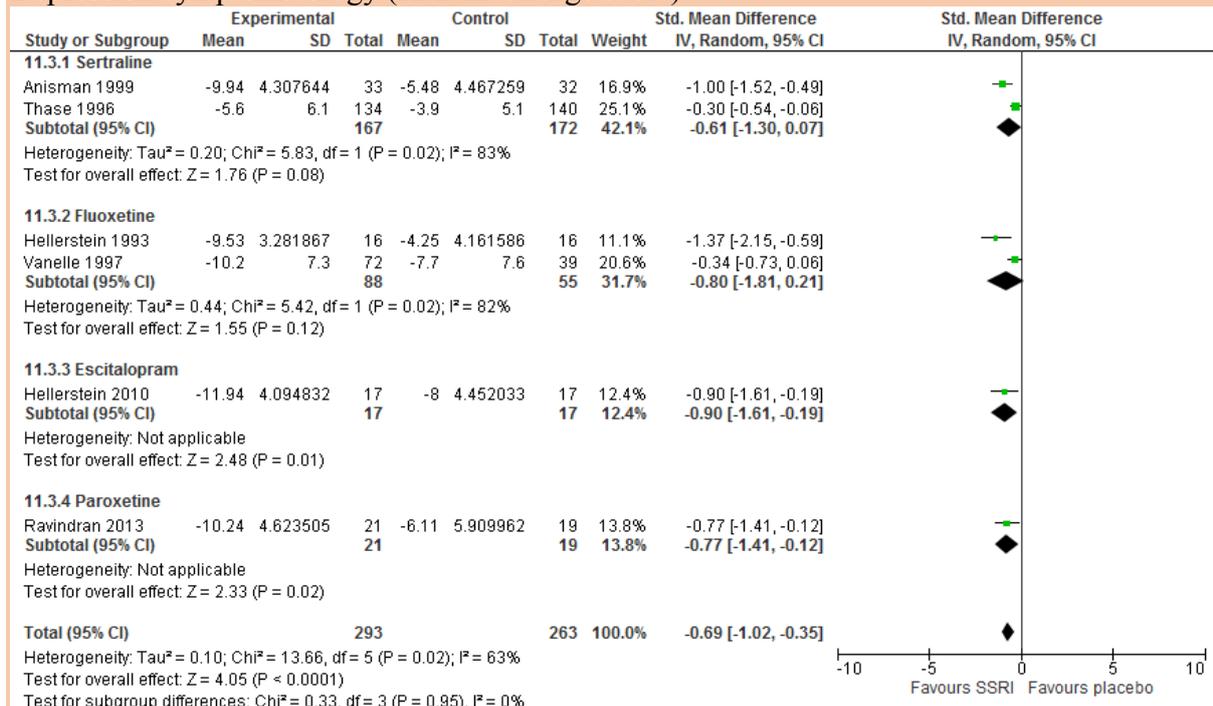
Remission (score ≤ 4 / < 7 / ≤ 8 on HAM-D/ ≤ 4 on HAM-D & HAMD item # 1 [depressed mood] score=0)



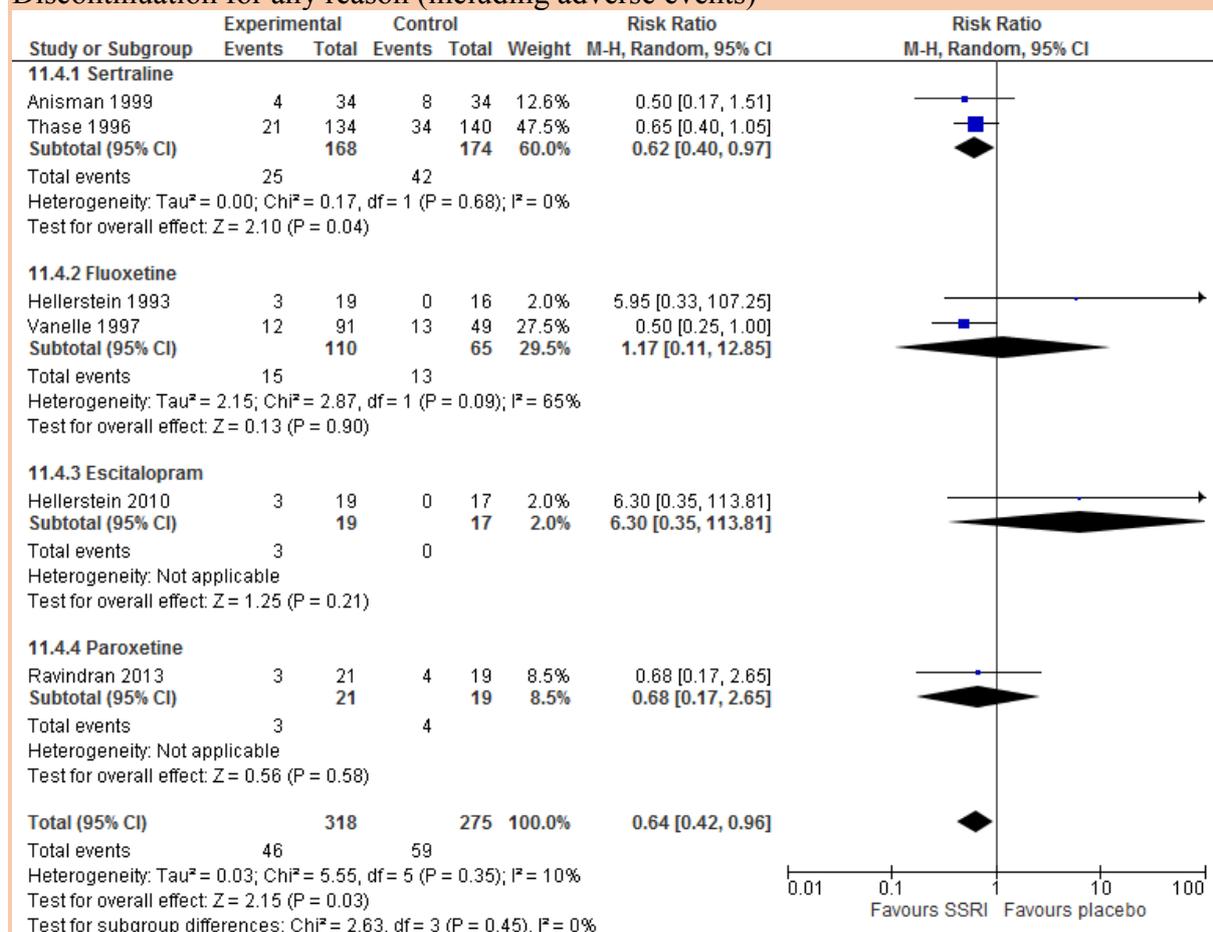
Response ($\geq 50\%$ improvement on HAMD & HAMD score ≤ 10 / $\geq 50\%$ improvement on HAMD &/or much/very much improved on CGI-I)



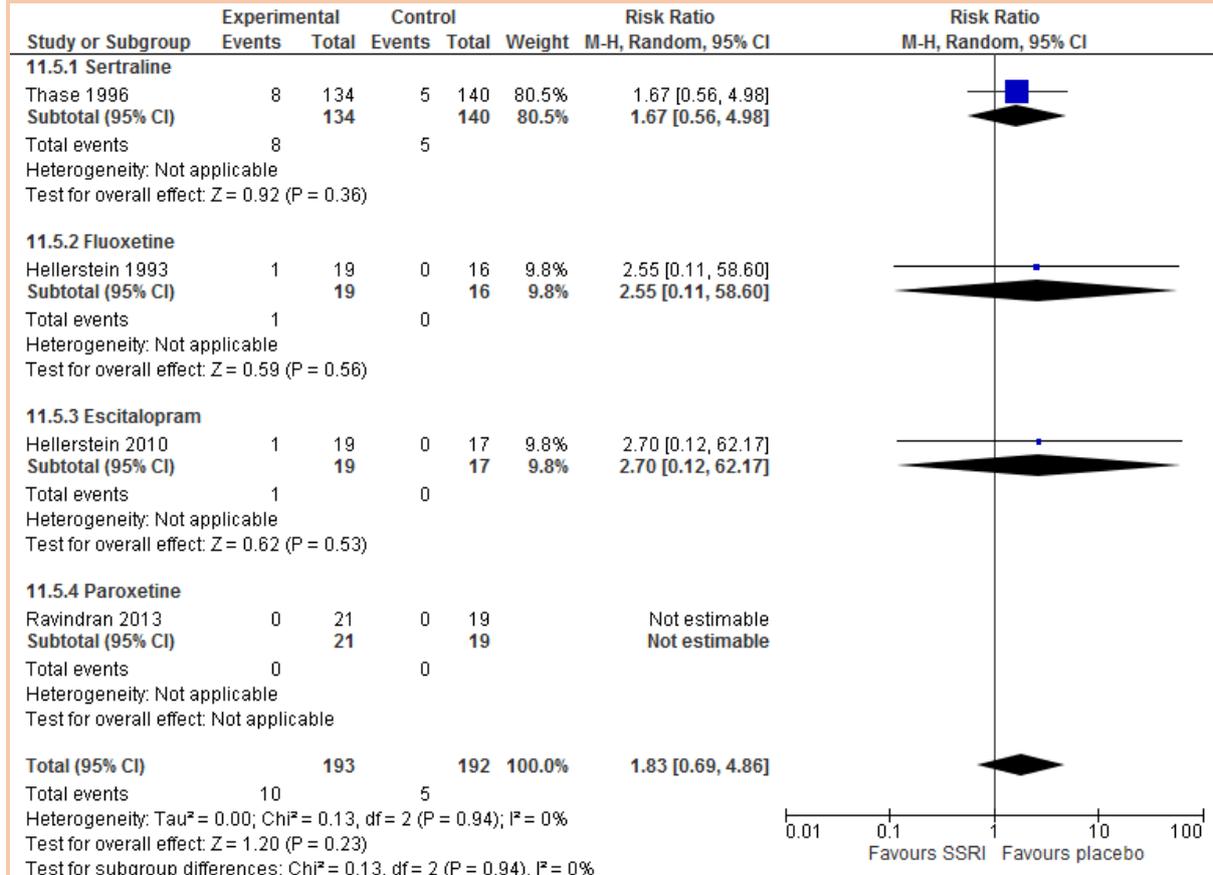
Depression symptomatology (HAMD change score)



Discontinuation for any reason (including adverse events)



Discontinuation due to adverse events

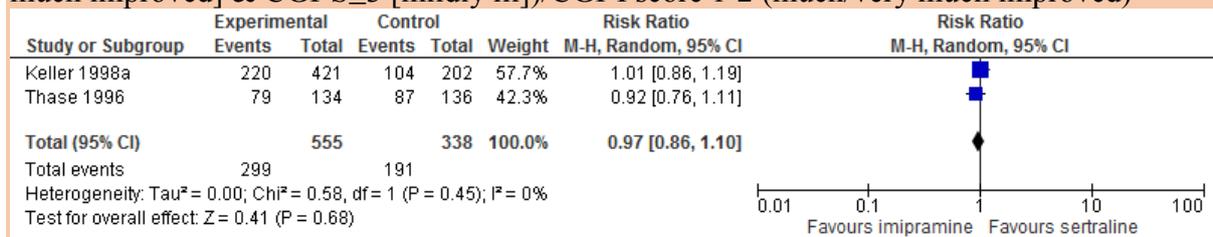


Sertraline versus imipramine for chronic depression

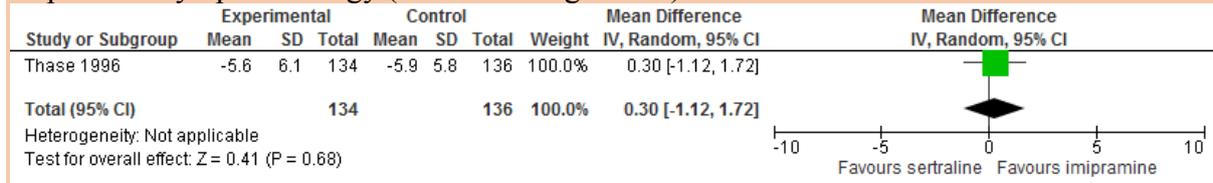
Remission (score ≤7 on HAM-D & much/very much improved on CGI-I/≤4 on HAM-D)



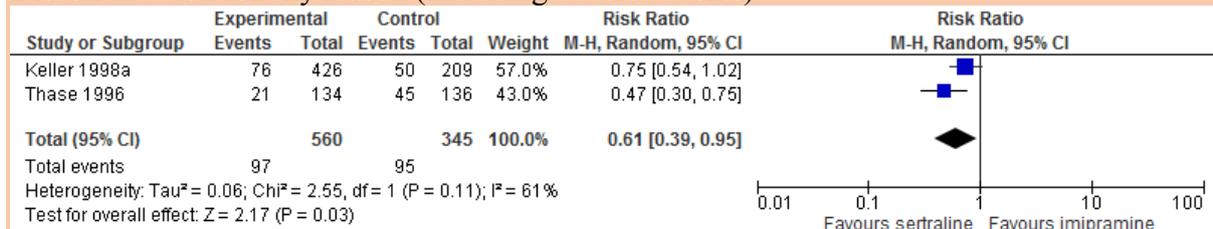
Response (≥50% improvement on HAM-D & HAM-D≤15 & CGI-I score 1-2 [much/very much improved] & CGI-S≤3 [mildly ill])/CGI-I score 1-2 (much/very much improved)



Depression symptomatology (HAMD change score)



Discontinuation for any reason (including adverse events)

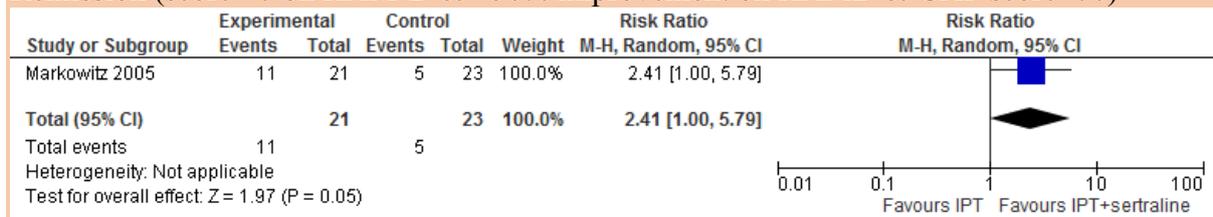


Discontinuation due to adverse events

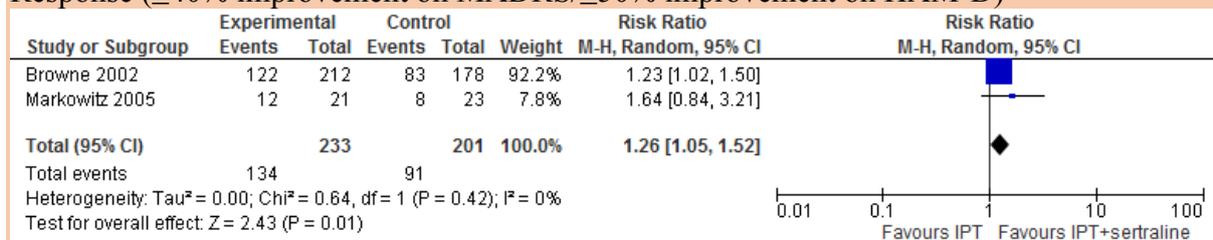


Sertraline + IPT versus IPT-only for chronic depression

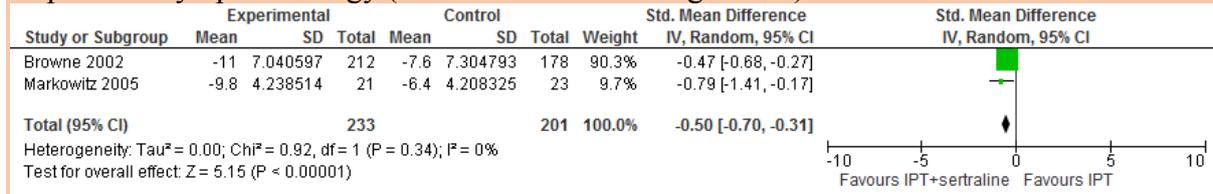
Remission (score <7 on HAM-D & >50% improvement on HAMD & GAF score >70)



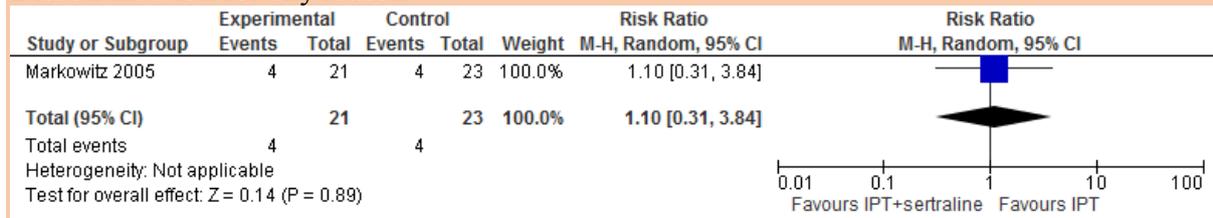
Response (≥40% improvement on MADRS/≥50% improvement on HAM-D)



Depression symptomatology (MADRS/HAMD change score)

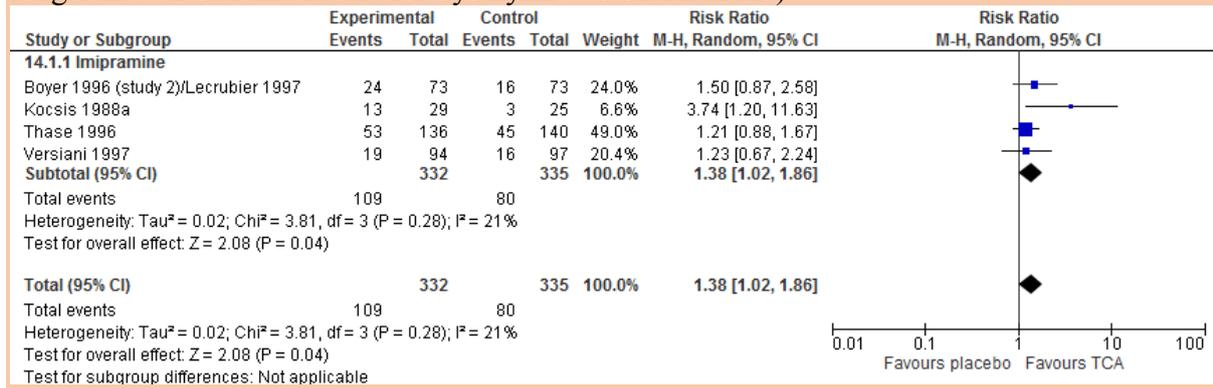


Discontinuation for any reason

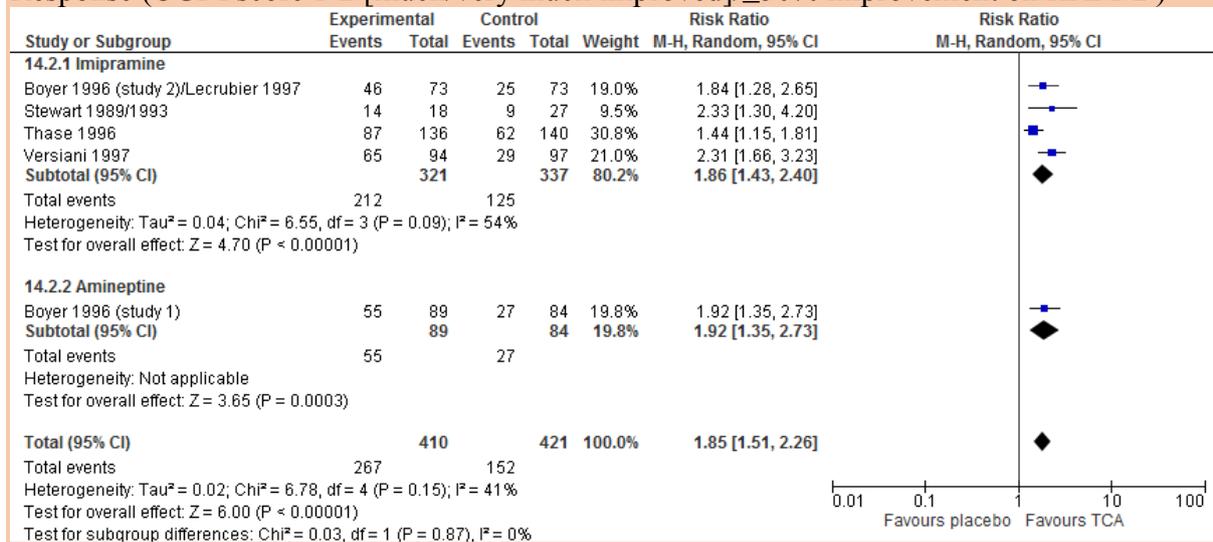


TCA's versus placebo for chronic depression

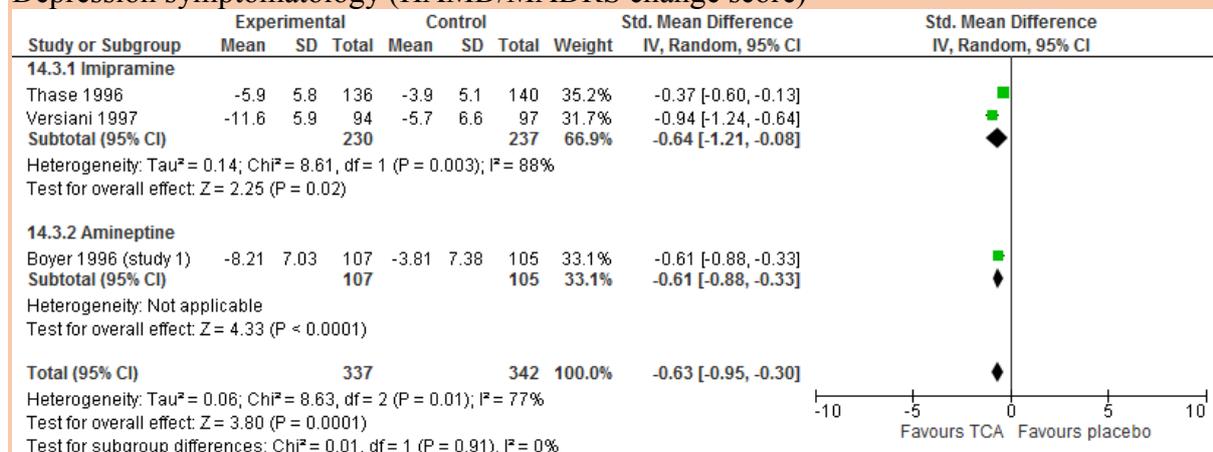
Remission (score ≤4 on HAM-D/≤6 on HAM-D & ≥10-point improvement on GAS & no longer meet DSM-III criteria for dysthymia/<8 on MADRS)



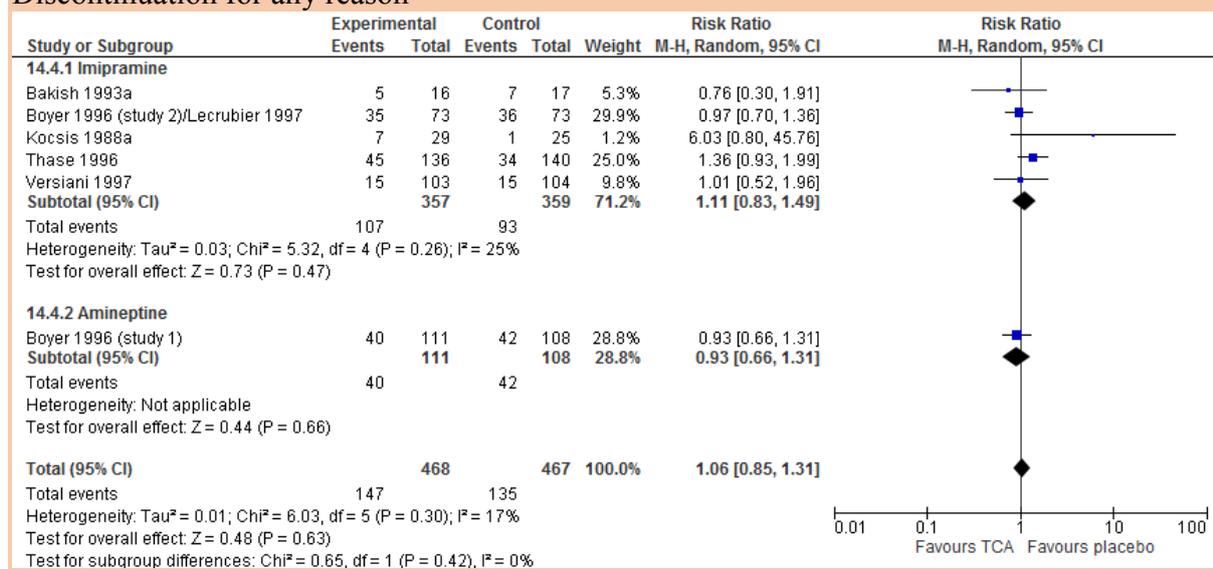
Response (CGI-I score 1-2 [much/very much improved]/≥50% improvement on HAM-D)



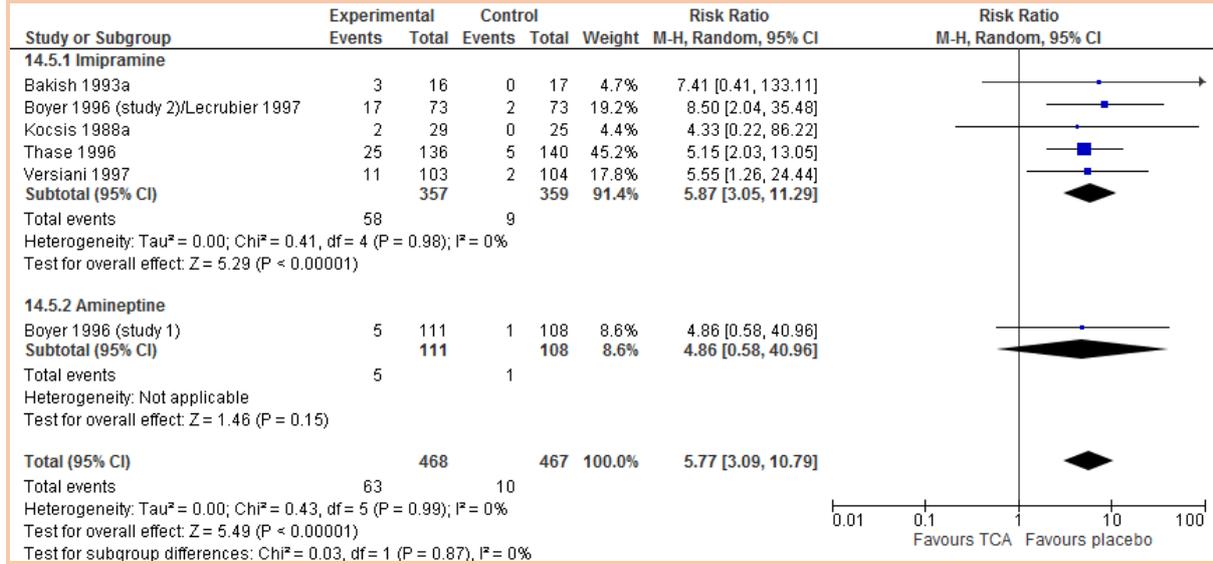
Depression symptomatology (HAMD/MADRS change score)



Discontinuation for any reason

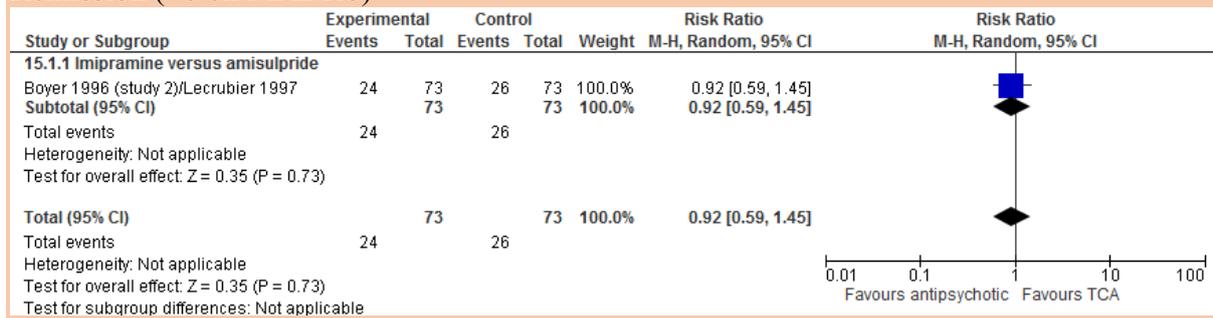


Discontinuation due to adverse events

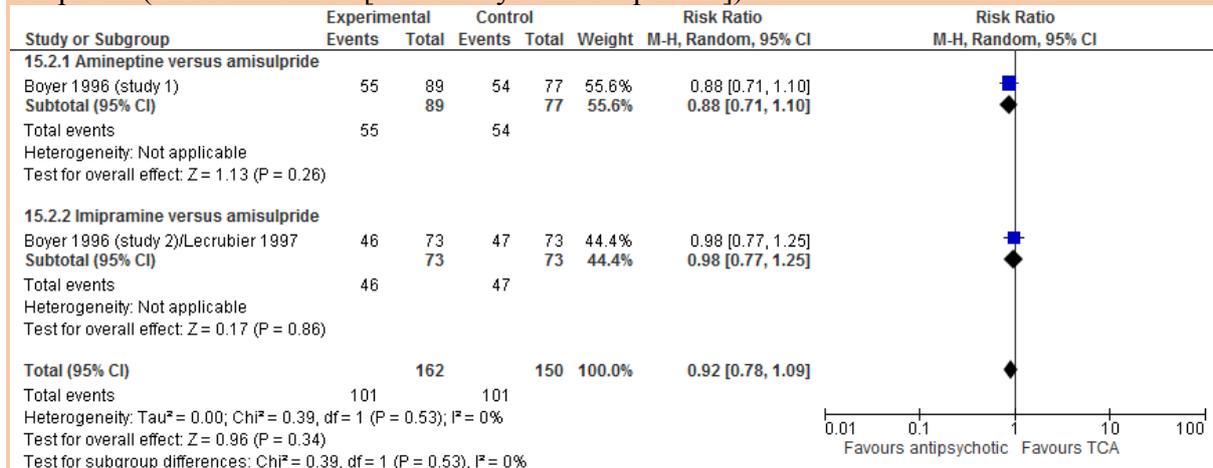


TCA versus antipsychotic for chronic depression

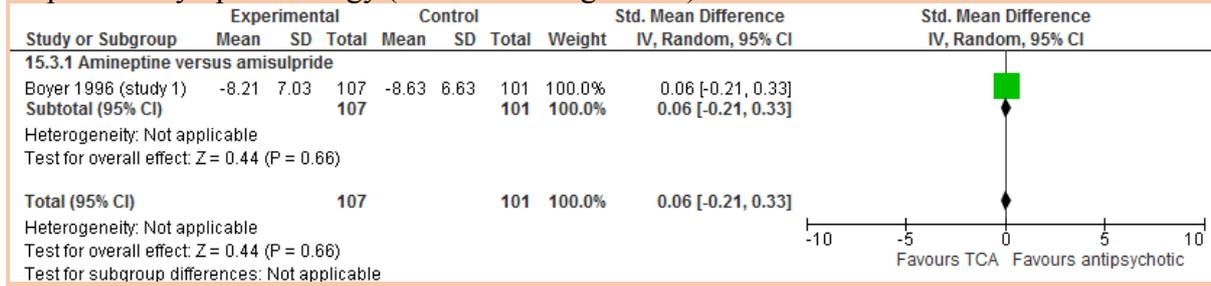
Remission (<8 on MADRS)



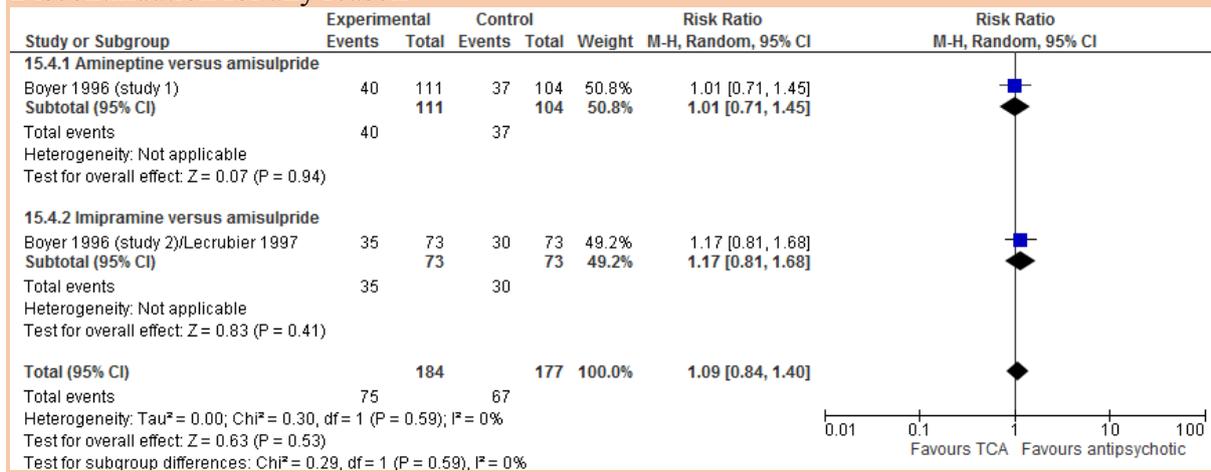
Response (CGI-I score 1-2 [much/very much improved])



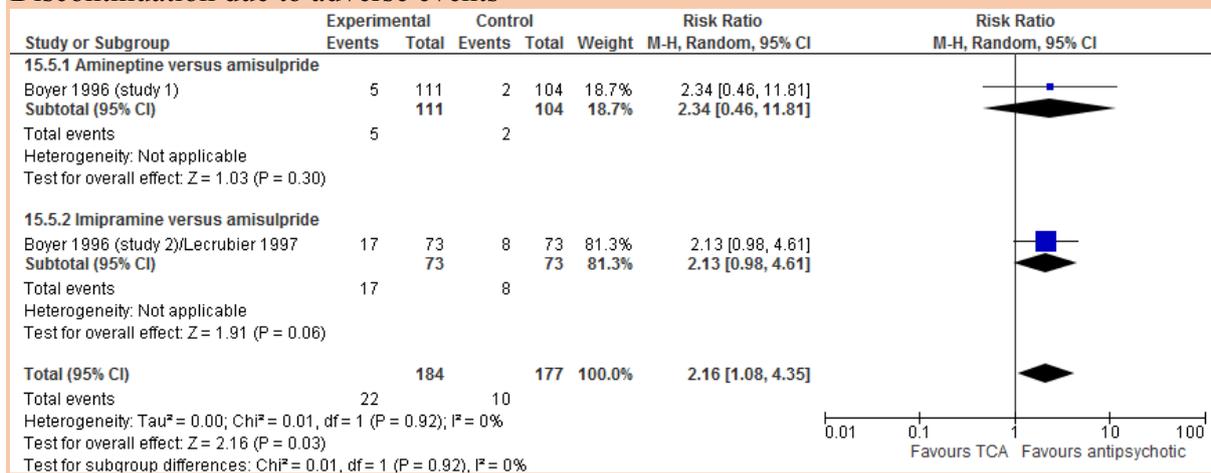
Depression symptomatology (MADRS change score)



Discontinuation for any reason

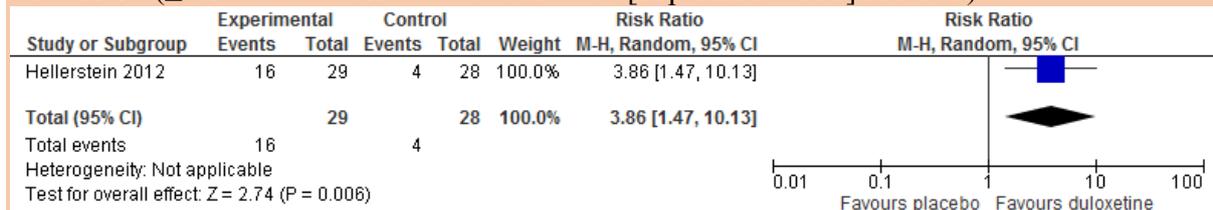


Discontinuation due to adverse events

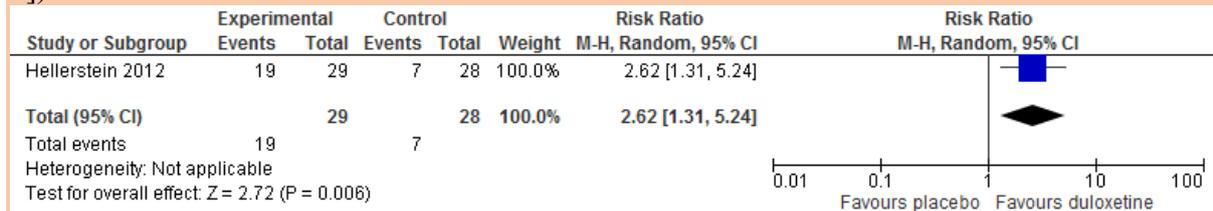


Duloxetine versus placebo for chronic depression

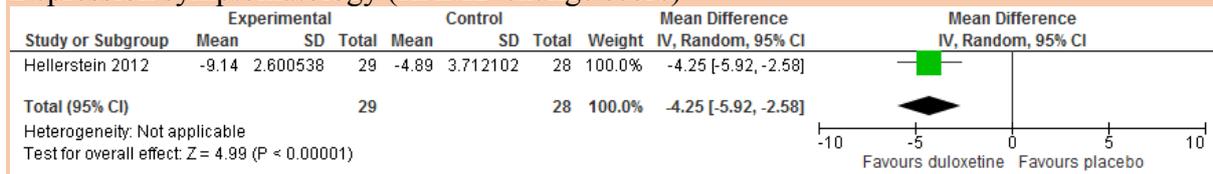
Remission (≤ 4 on HAM-D & HAM-D item # 1 [depressed mood] score=0)



Response ($\geq 50\%$ improvement on HAM-D & much/very much improved on CGI-I [score 1-2])

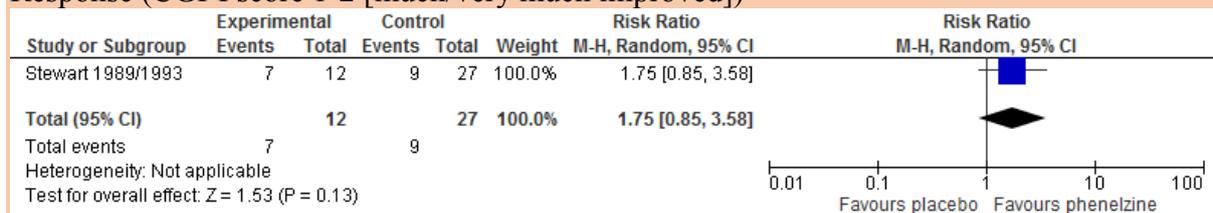


Depression symptomatology (HAMD change score)



Phenelzine versus placebo for chronic depression

Response (CGI-I score 1-2 [much/very much improved])

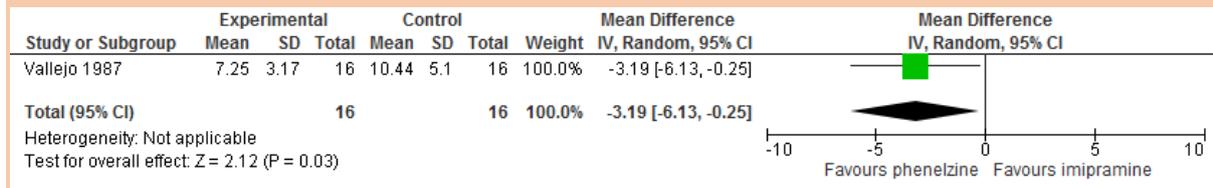


Phenelzine versus imipramine for chronic depression

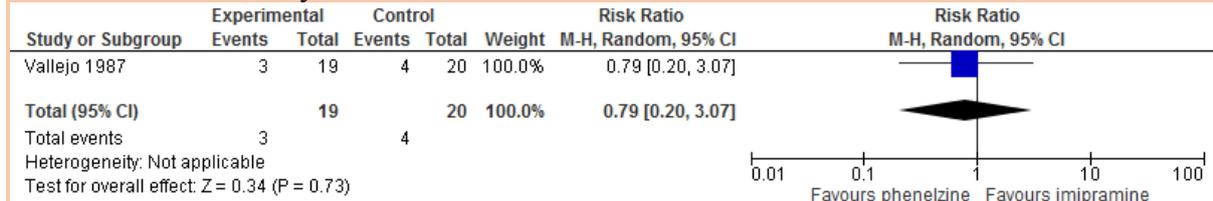
Response (CGI-I score 1-2 [much/very much improved])



Depression symptomatology (HAMD endpoint)



Discontinuation for any reason

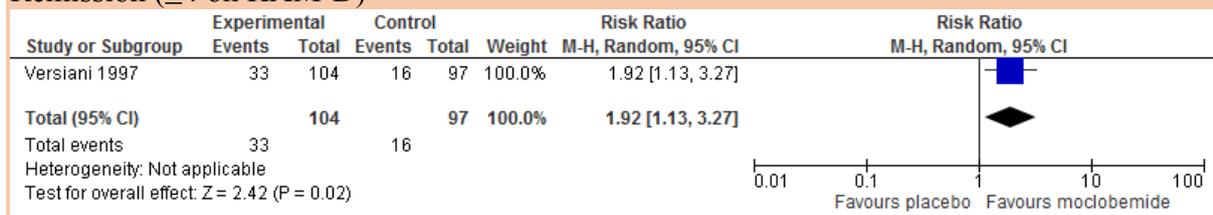


Discontinuation due to adverse events

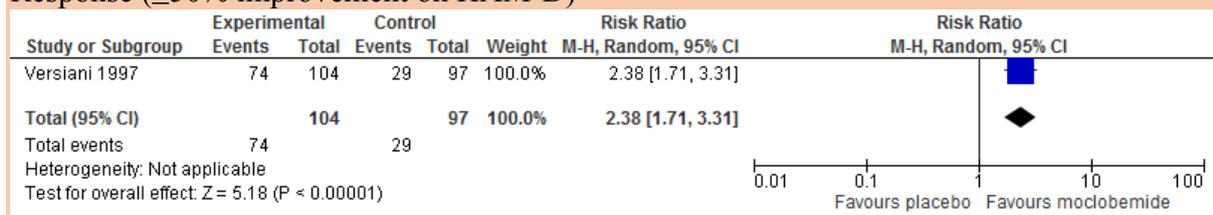


Moclobemide versus placebo for chronic depression

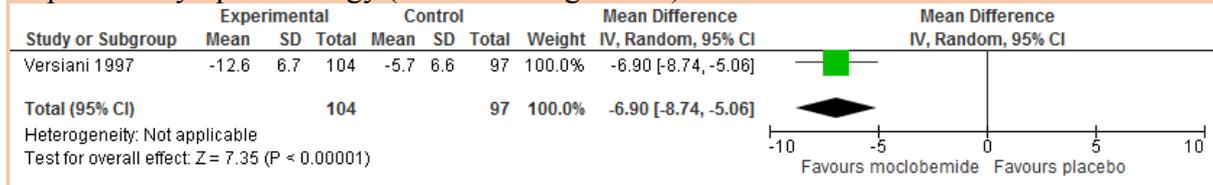
Remission (≤ 4 on HAM-D)



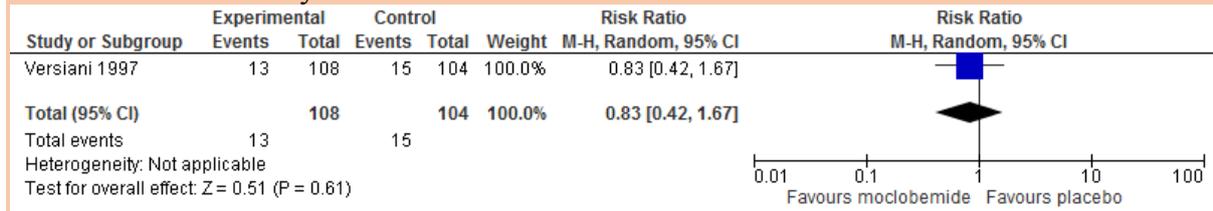
Response ($\geq 50\%$ improvement on HAM-D)



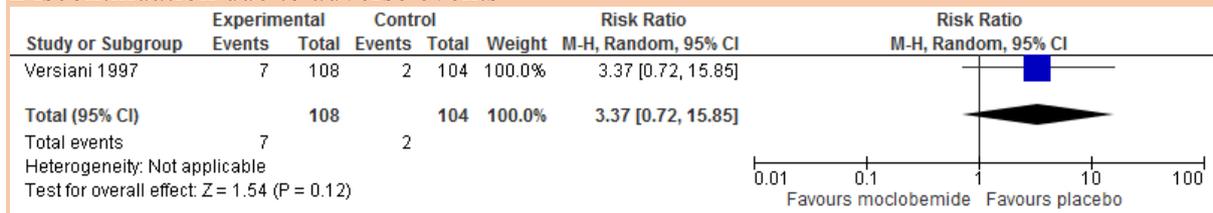
Depression symptomatology (HAMD change score)



Discontinuation for any reason

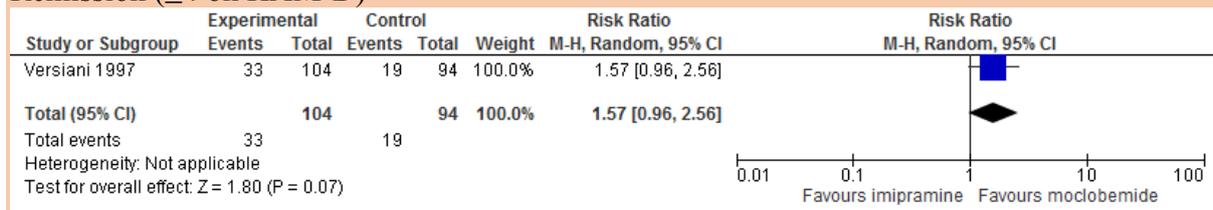


Discontinuation due to adverse events

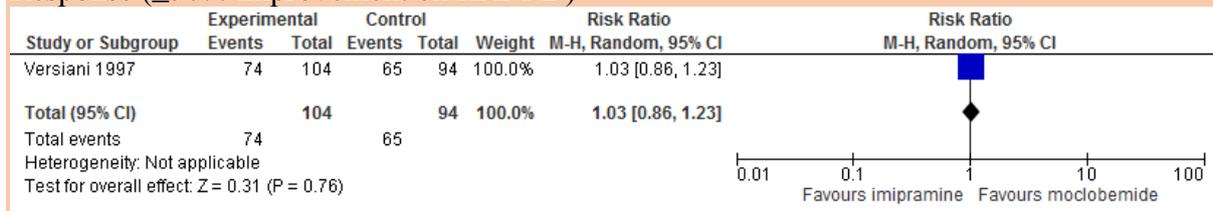


Moclobemide versus imipramine for chronic depression

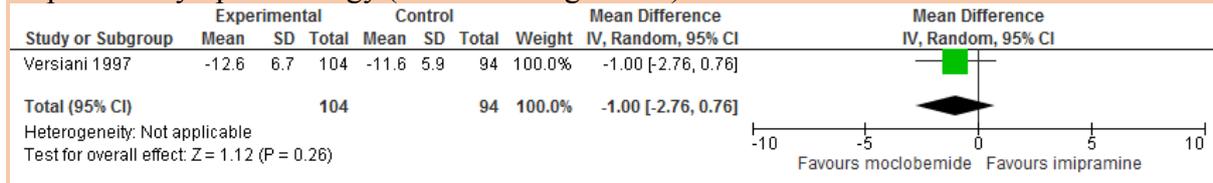
Remission (≤ 4 on HAM-D)



Response ($\geq 50\%$ improvement on HAM-D)



Depression symptomatology (HAMD change score)



Discontinuation for any reason

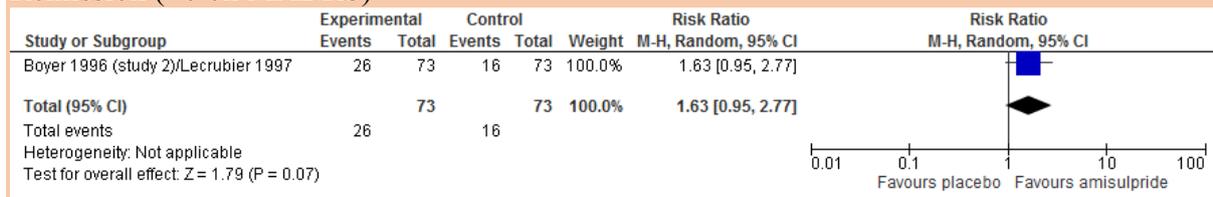


Discontinuation due to adverse events

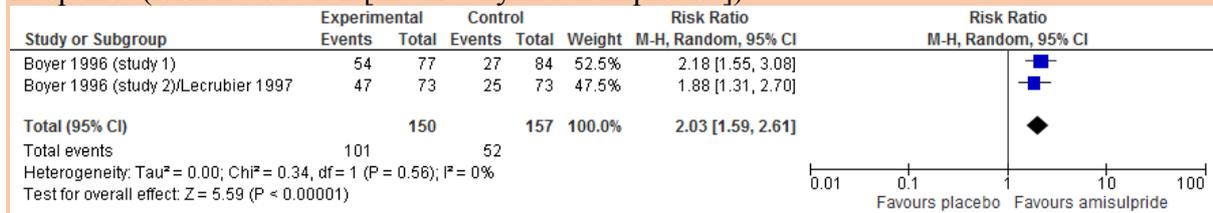


Amisulpride versus placebo for chronic depression

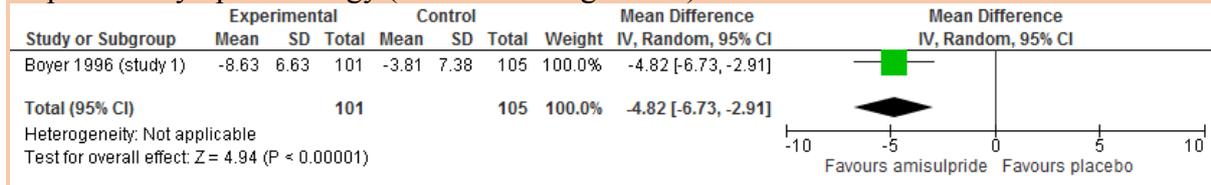
Remission (<8 on MADRS)



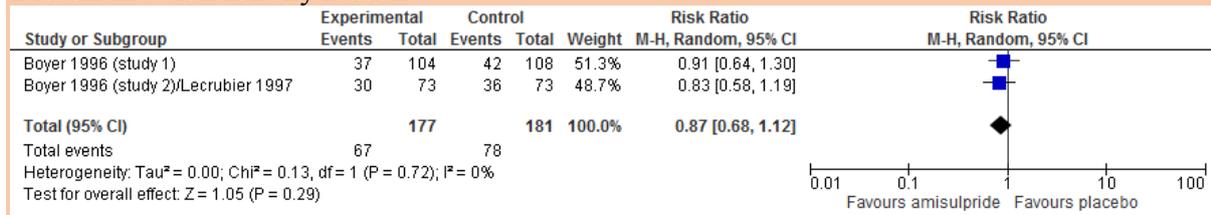
Response (CGI-I score 1-2 [much/very much improved])



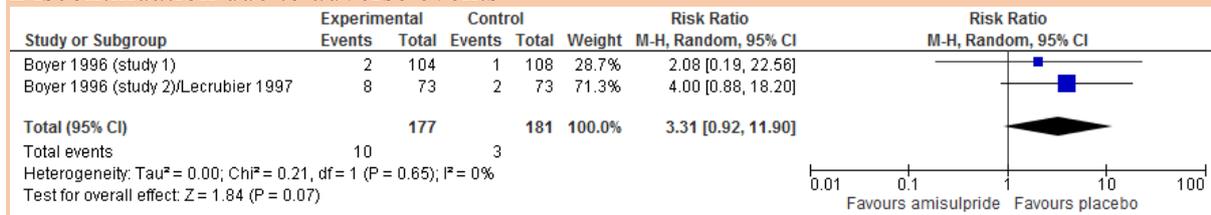
Depression symptomatology (MADRS change score)



Discontinuation for any reason



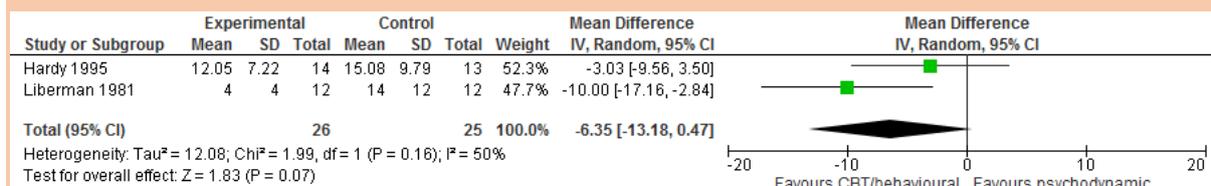
Discontinuation due to adverse events



Complex depression (chapter 10)

CBT/behavioural therapies versus psychodynamic therapies for complex depression

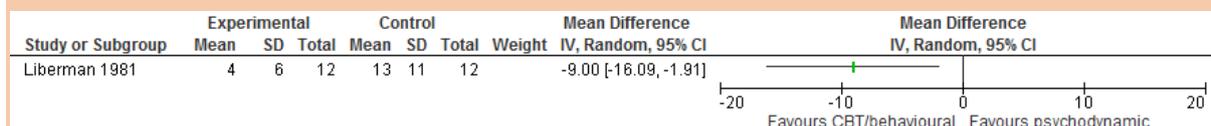
Depression symptomatology at endpoint (BDI)



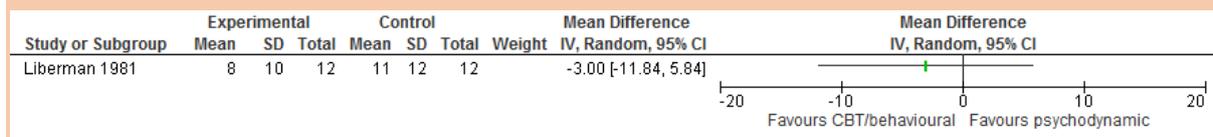
Depression symptomatology at 12 week follow-up (BDI)



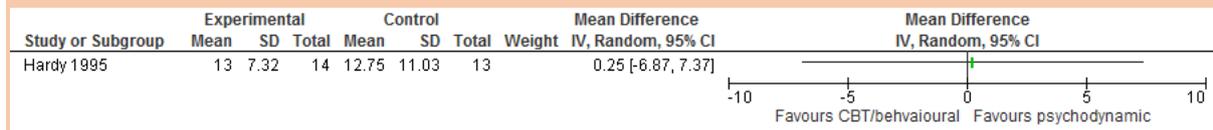
Depression symptomatology at 24 week follow-up (BDI)



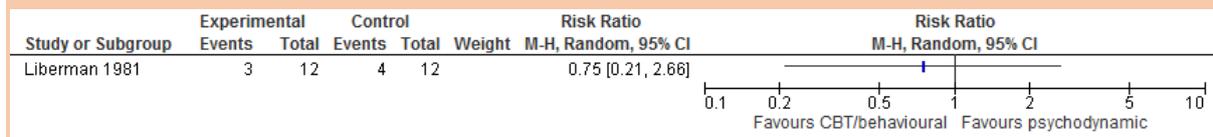
Depression symptomatology at 36 week follow-up (BDI)



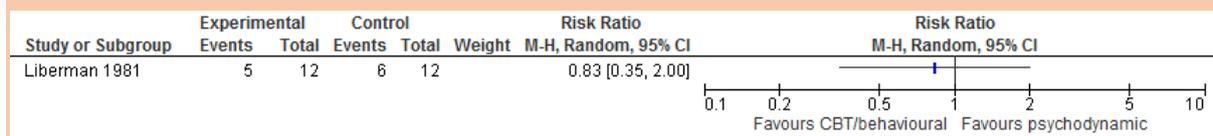
Depression symptomatology at 1 year follow-up (BDI)



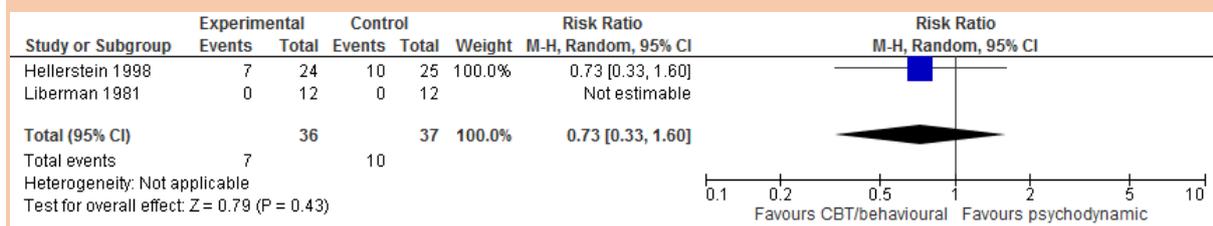
Suicide attempts at 24 week follow-up



Suicide attempts at 2 year follow-up

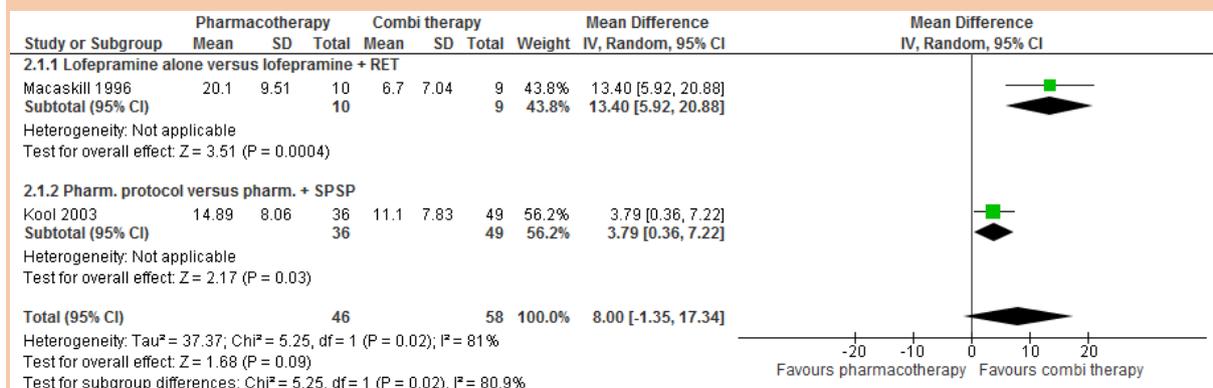


Discontinuations for any reason

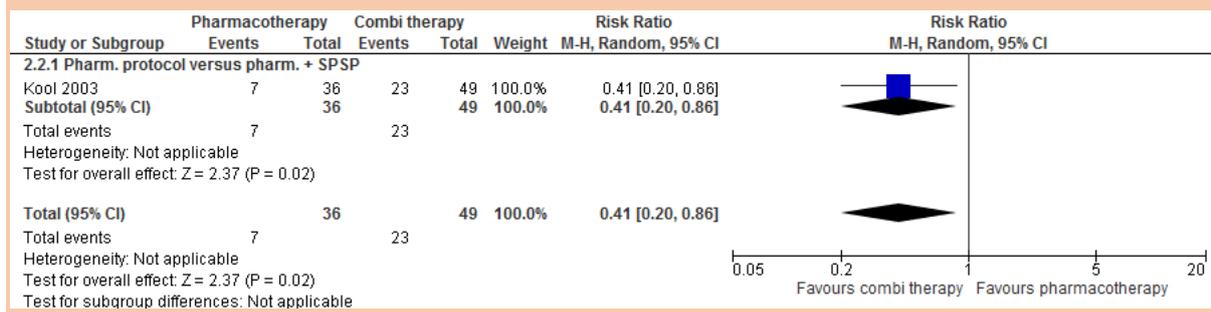


Pharmacotherapy versus combination therapy for complex depression

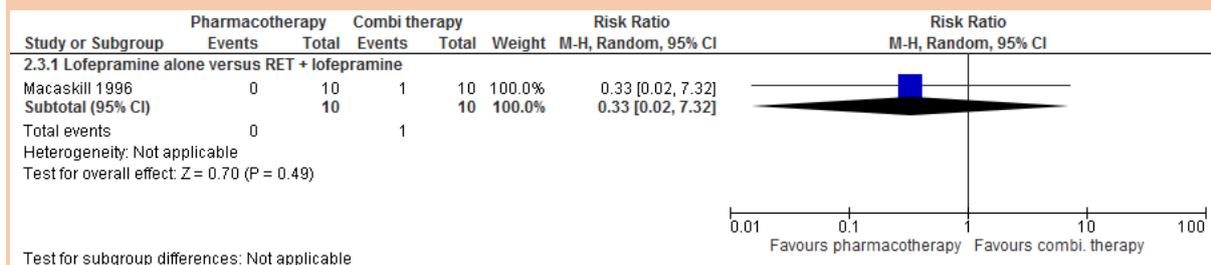
Depression symptomatology at endpoint (HAM-D 17)



Remission at endpoint (HAM-D 17)



Discontinuations for any reason

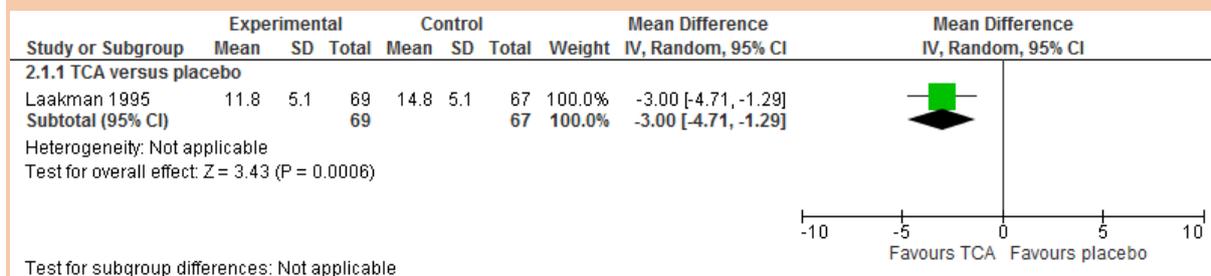


Psychotic depression (chapter 10)

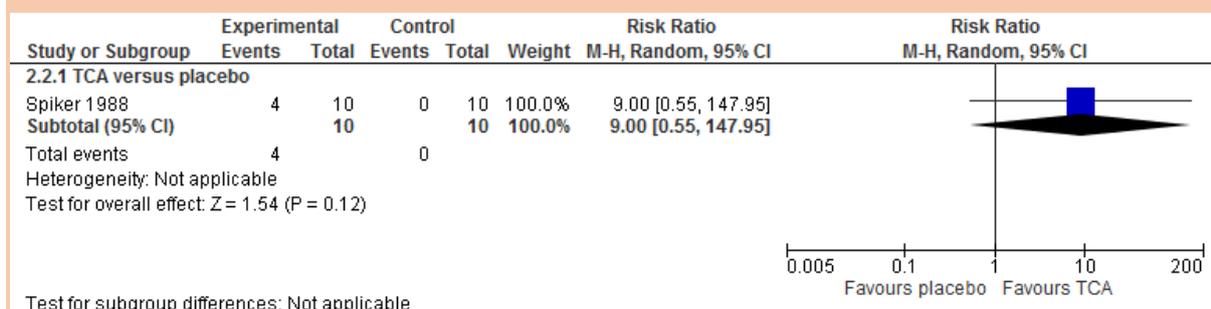
Antidepressants versus other pharmacological interventions

Antidepressant versus placebo

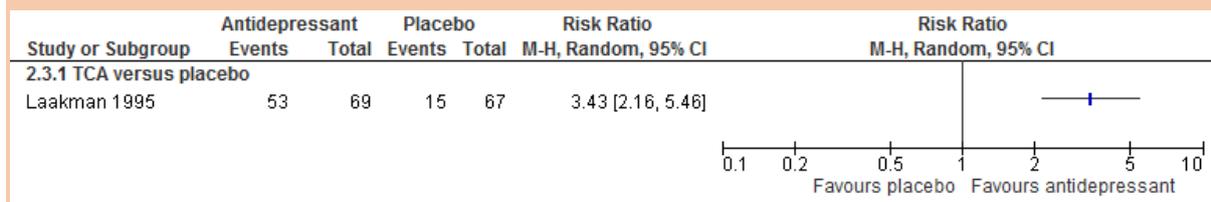
Depressive symptoms at endpoint (HAMD 17)



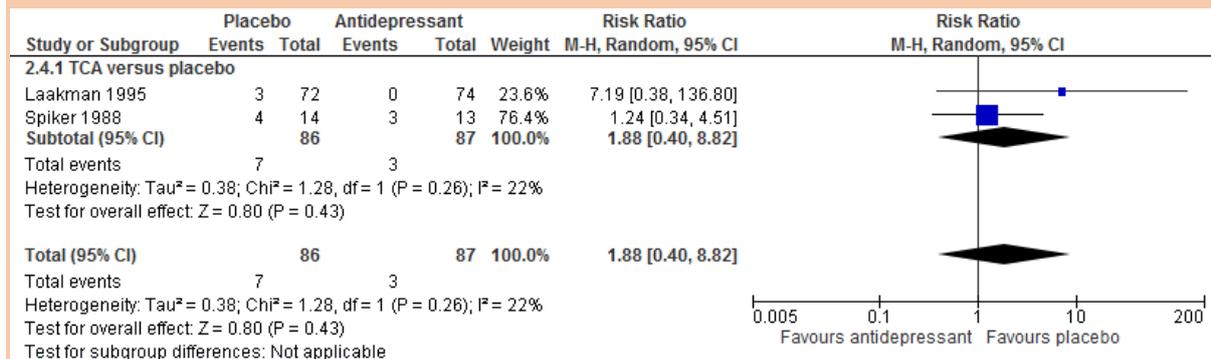
Remission



Response

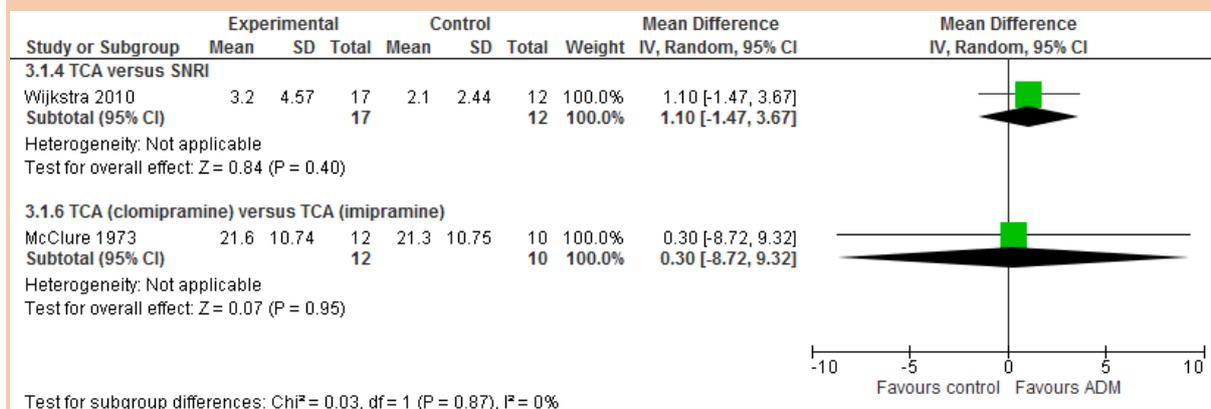


Discontinuation

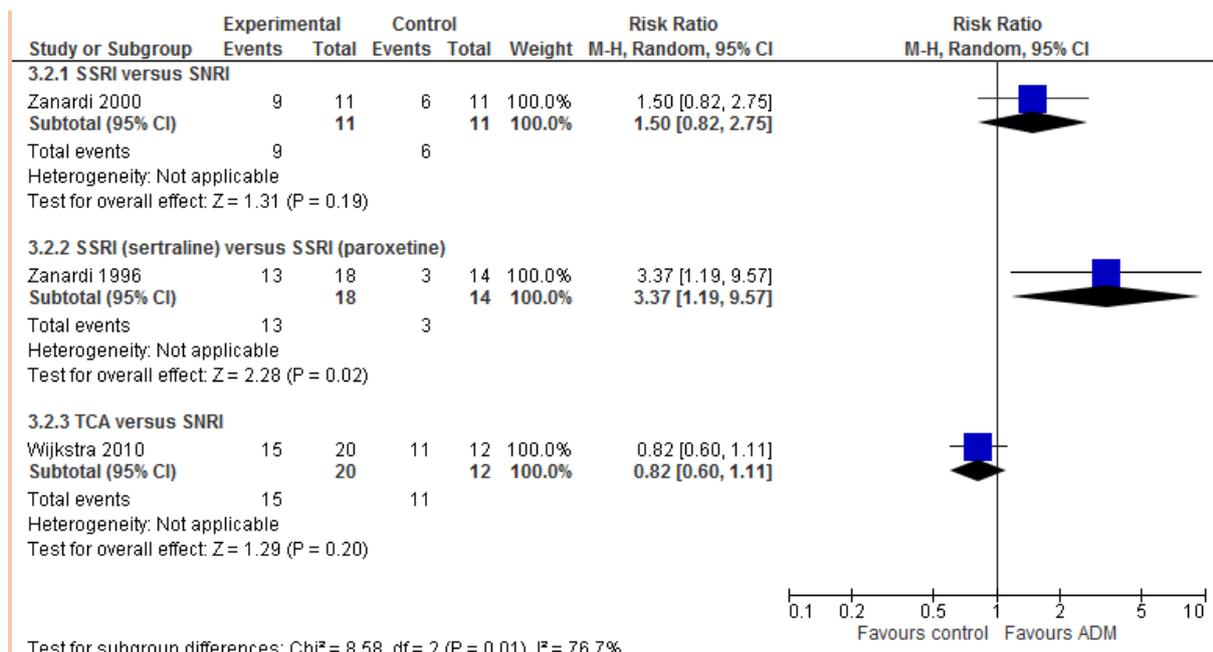


Antidepressant versus antidepressant

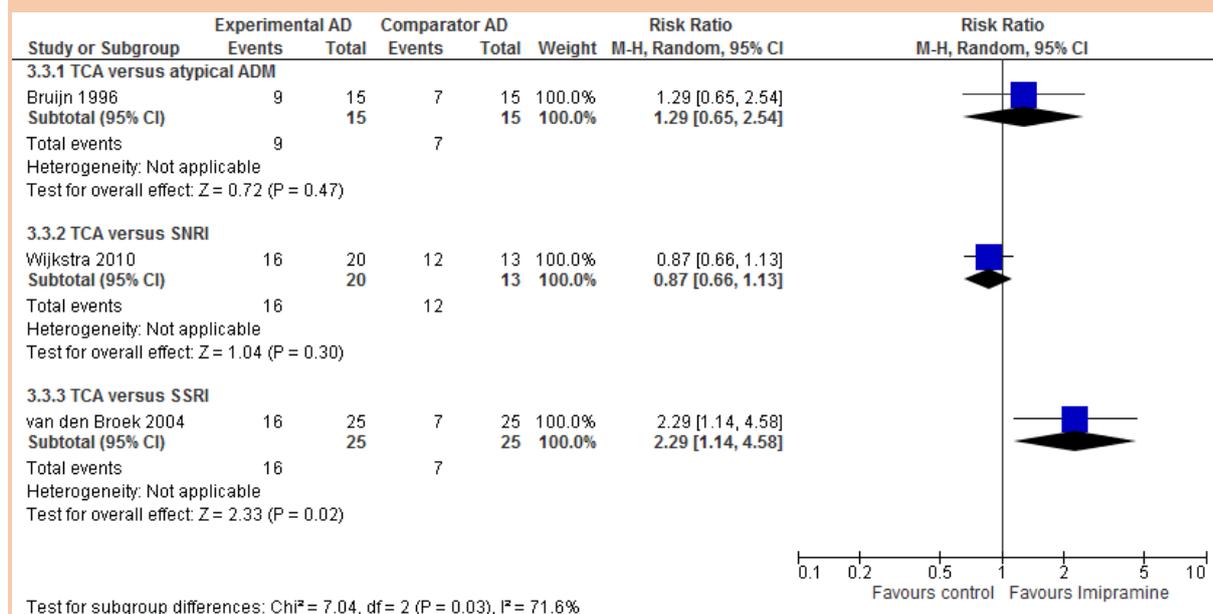
Depressive symptoms at endpoint



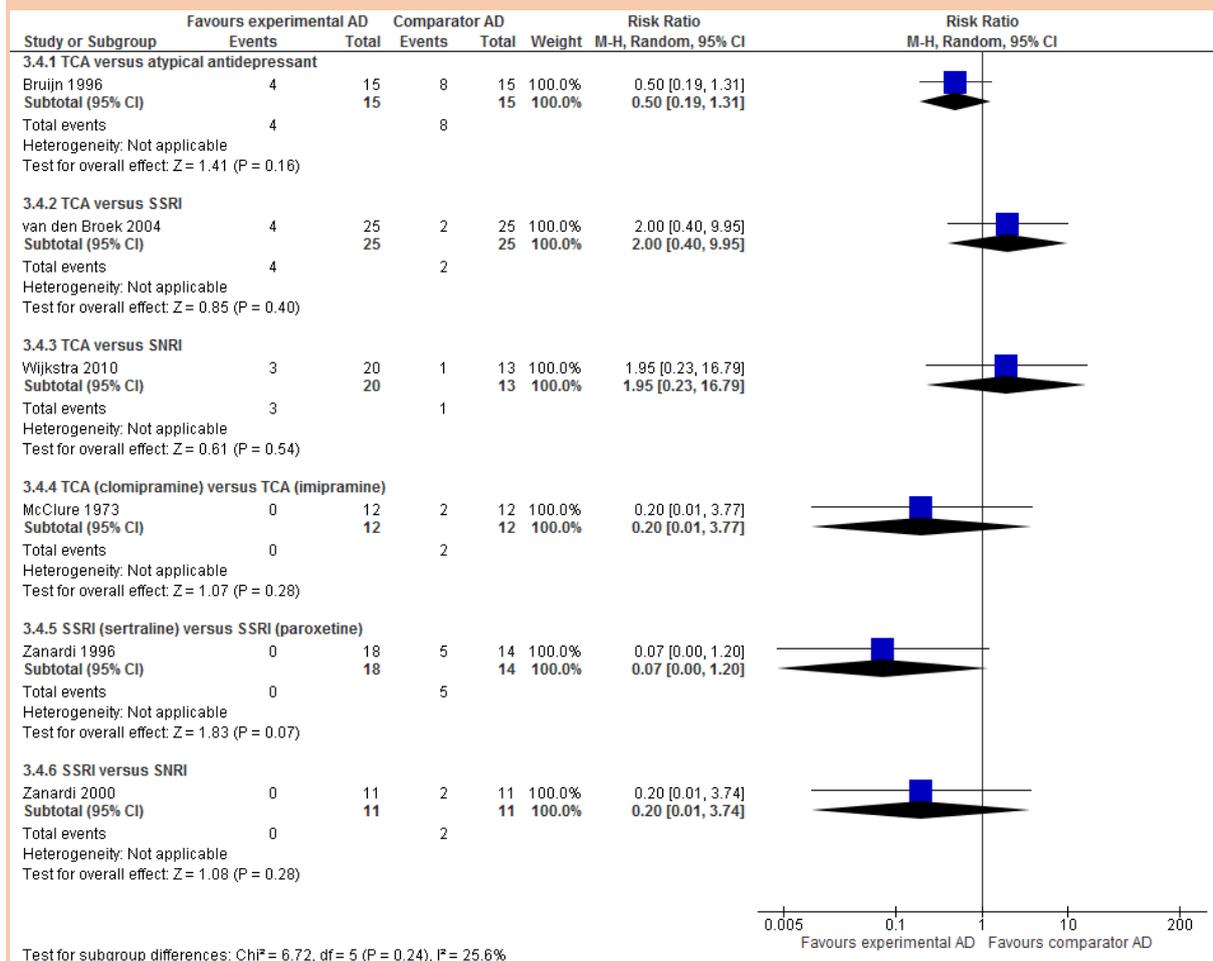
Remission



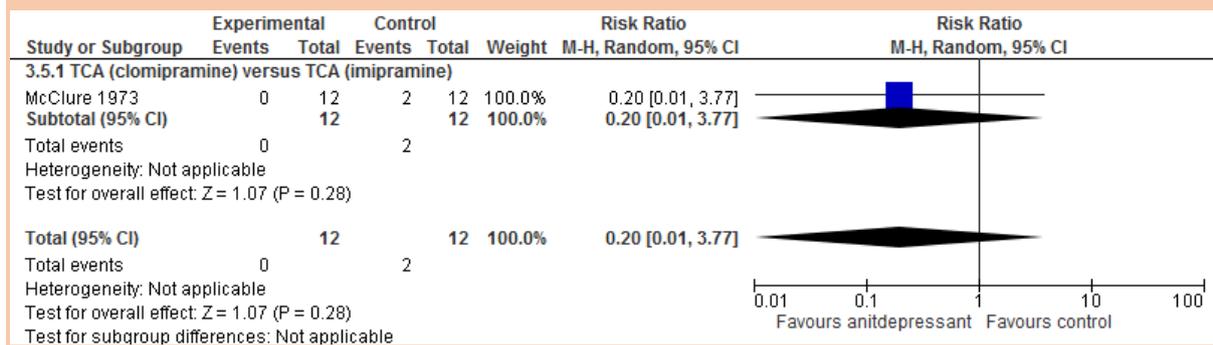
Response



Discontinuation

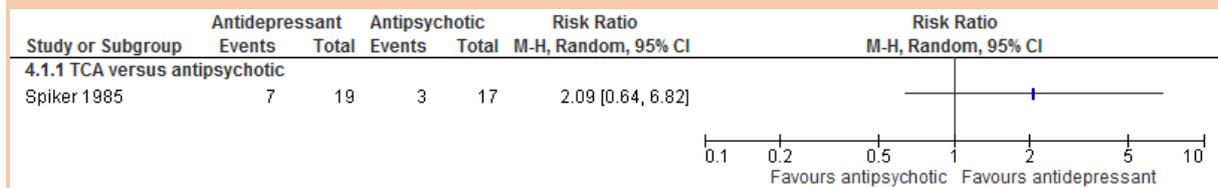


Discontinuation due to side effects

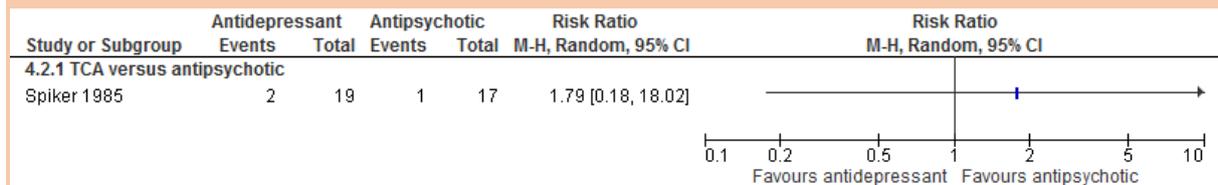


Antidepressant versus antipsychotic

Remission

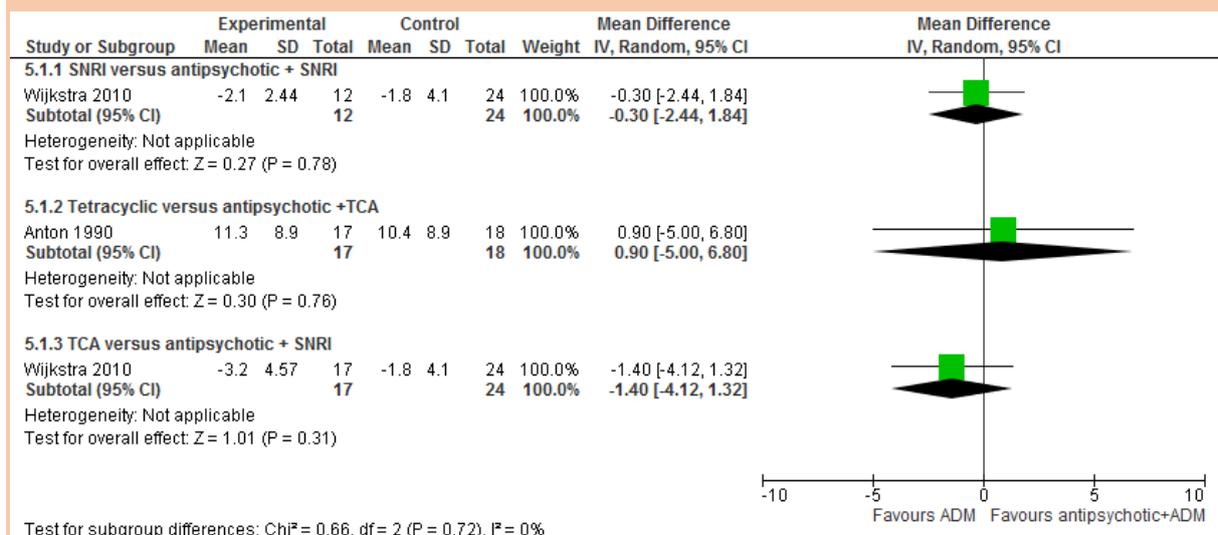


Discontinuation

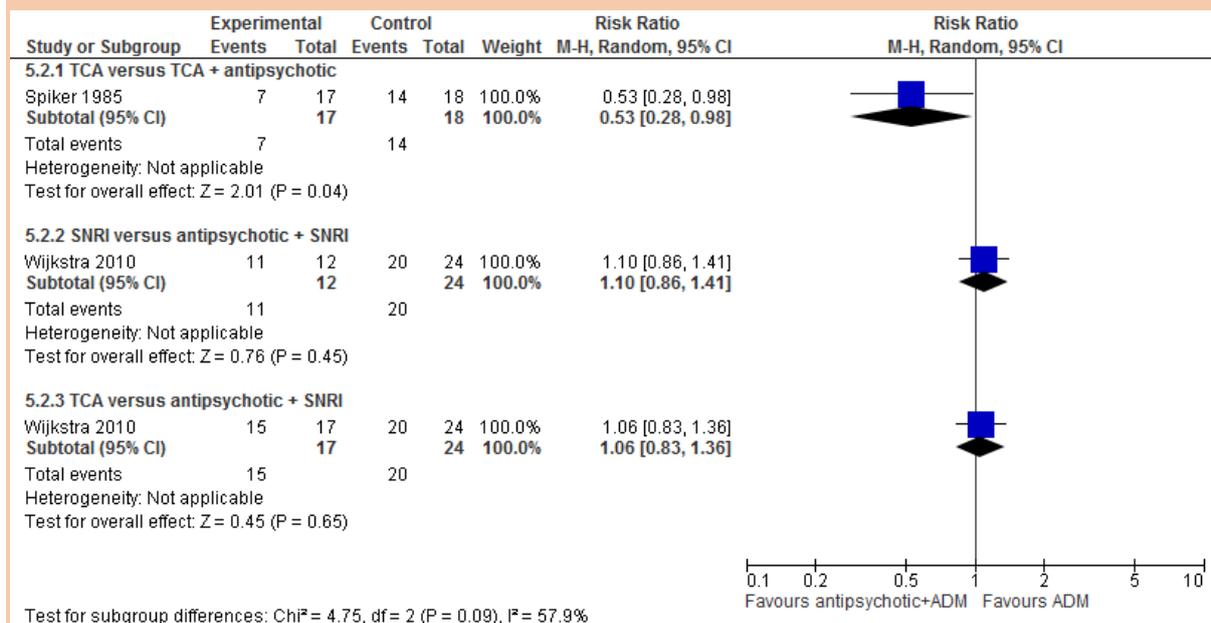


Antidepressant versus antipsychotic plus antidepressant

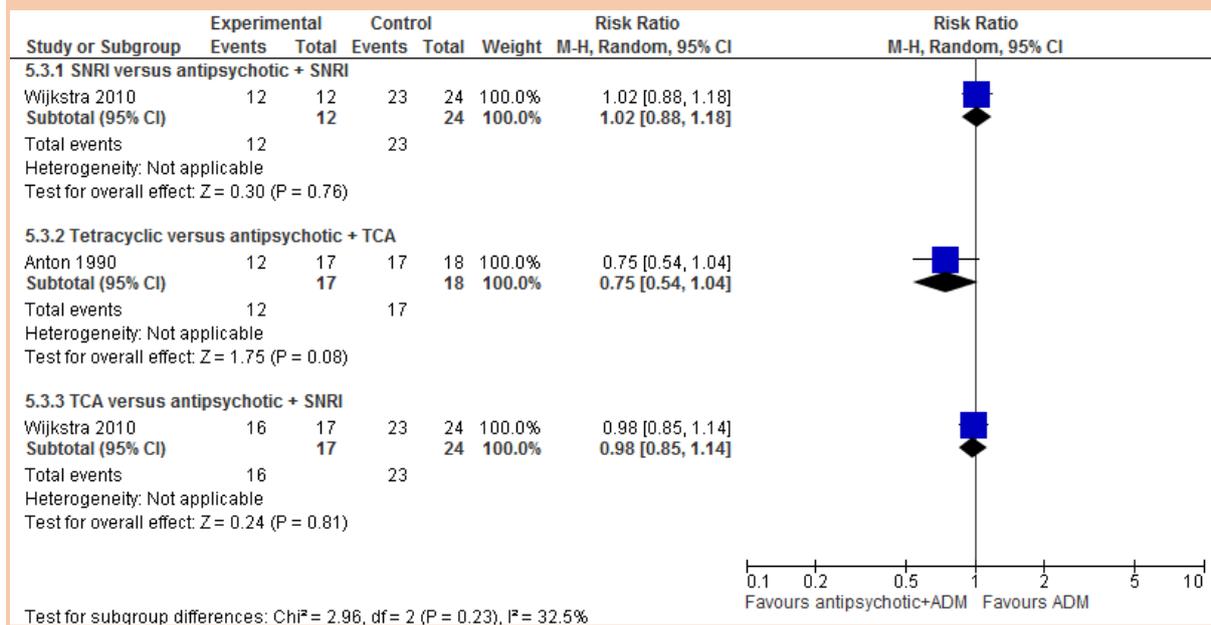
Depression symptomatology at endpoint (HAMD 17)



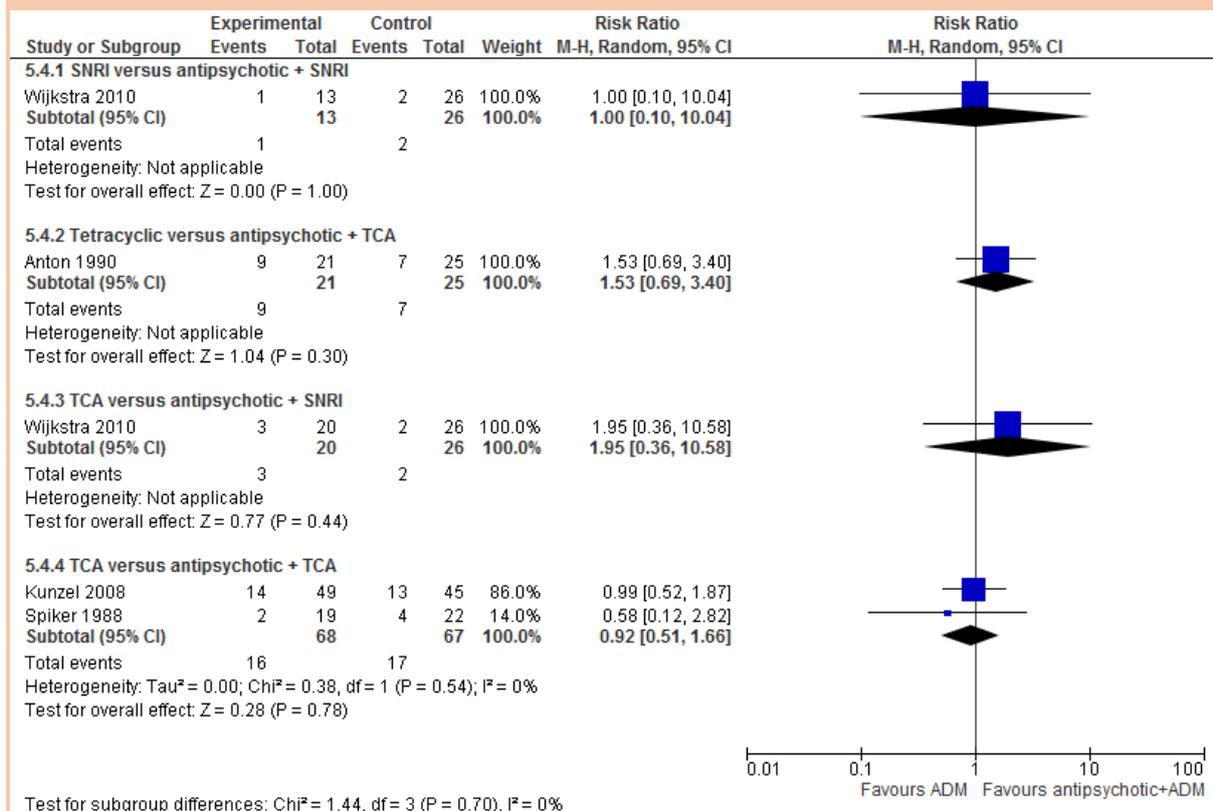
Remission



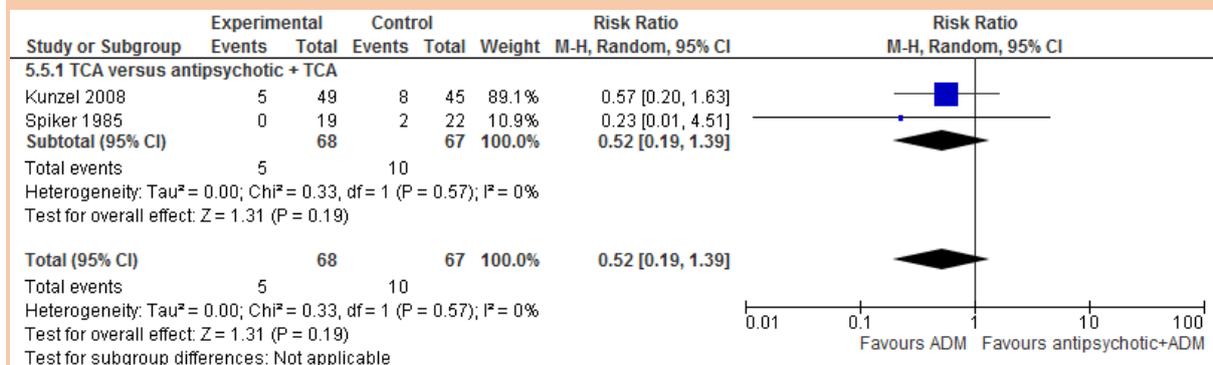
Response



Discontinuation



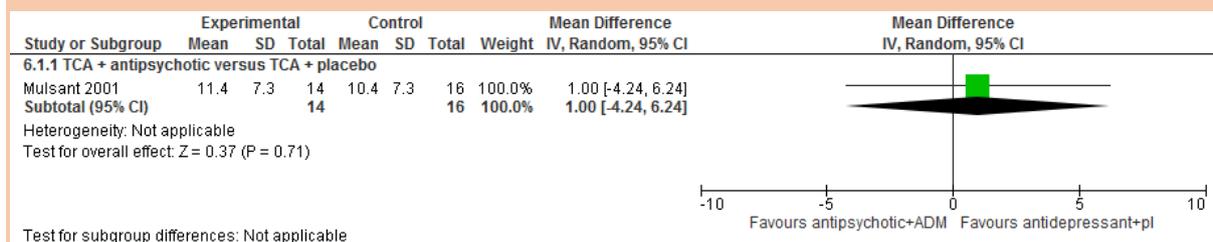
Discontinuation due to side effects



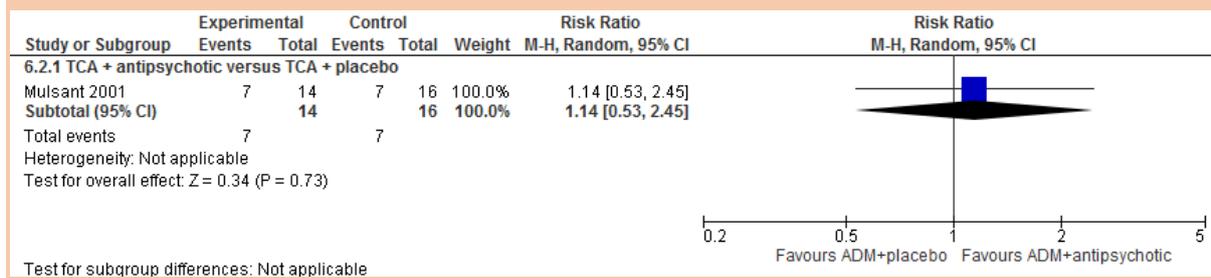
Combined antidepressant and antipsychotic versus other pharmacological interventions

Antidepressant plus antipsychotic versus antidepressant plus placebo

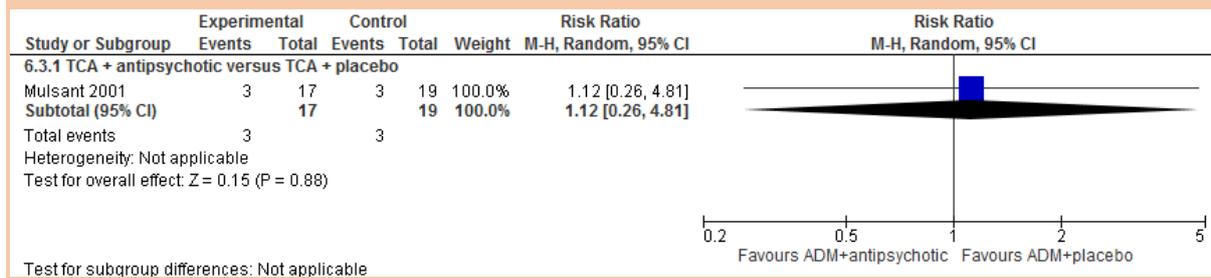
Depression symptomatology at endpoint (HAMD 17)



Remission

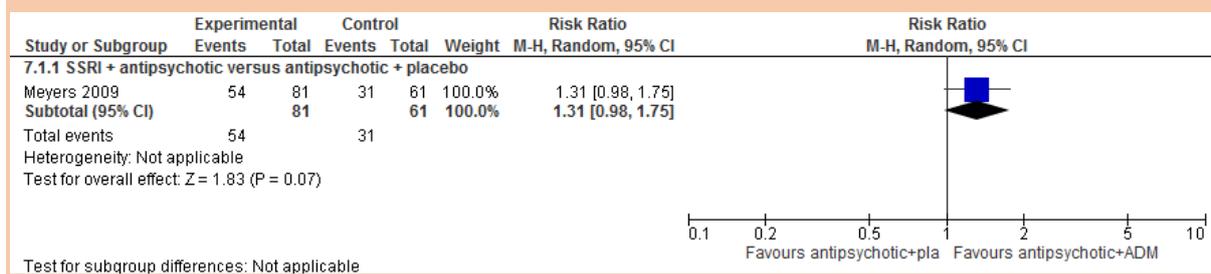


Discontinuation

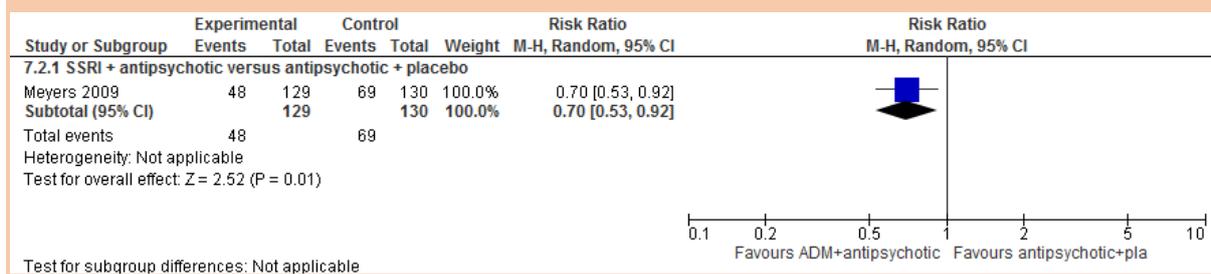


Antidepressant plus antipsychotic versus antipsychotic plus placebo

Remission



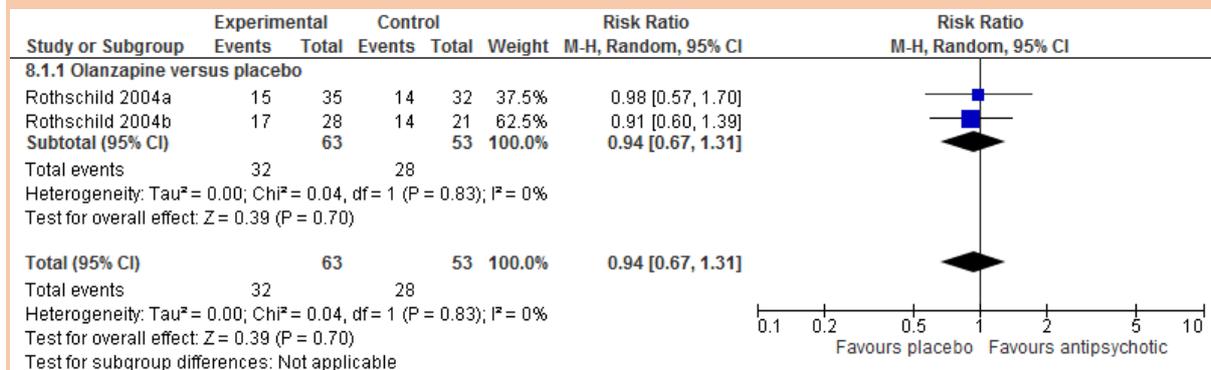
Discontinuation



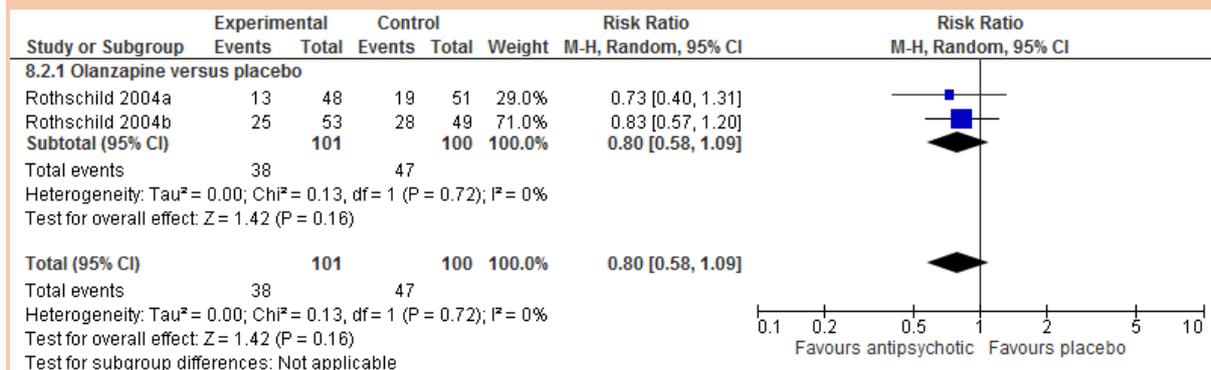
Antipsychotics versus other pharmacological interventions

Antipsychotics versus placebo

Response

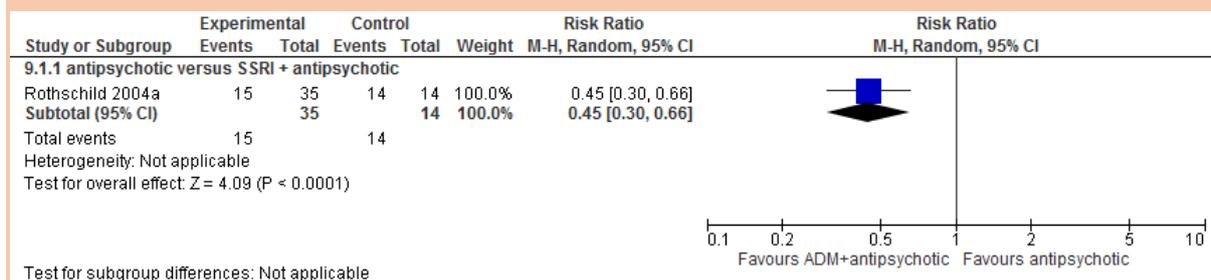


Discontinuation

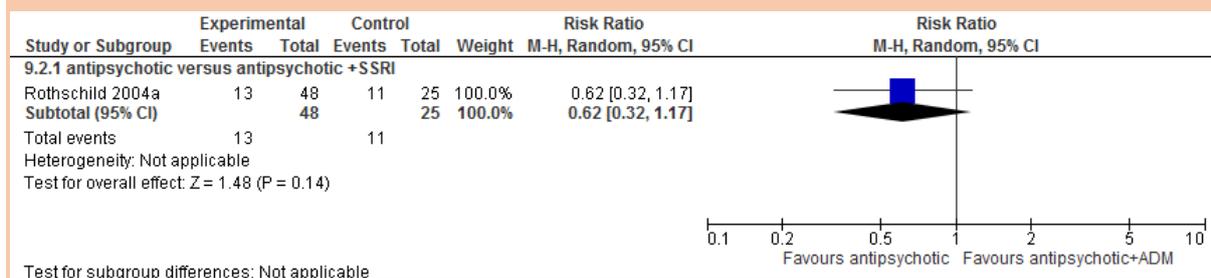


Antipsychotics versus antipsychotics plus antidepressants

Response



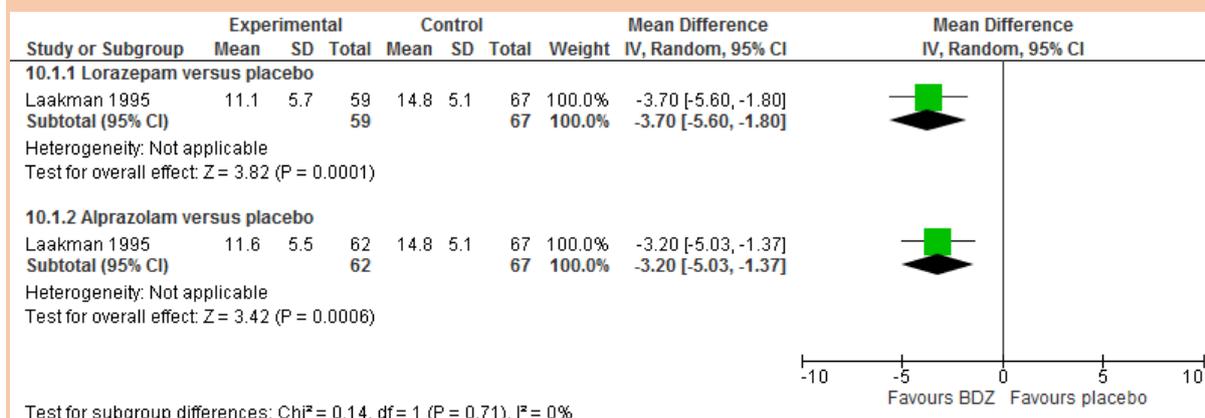
Discontinuation



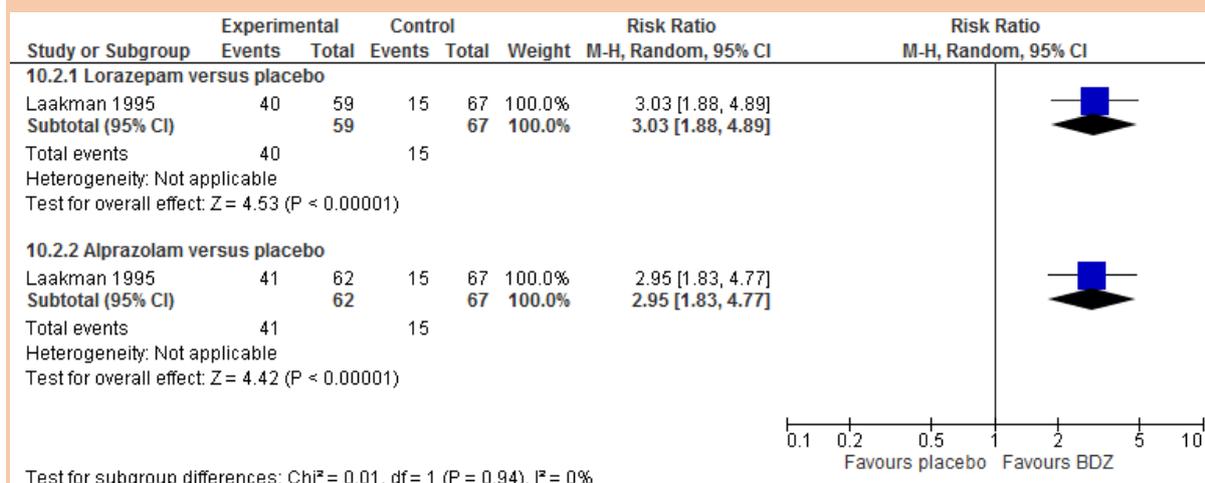
Benzodiazepines versus other pharmacological interventions

Benzodiazepines versus placebo

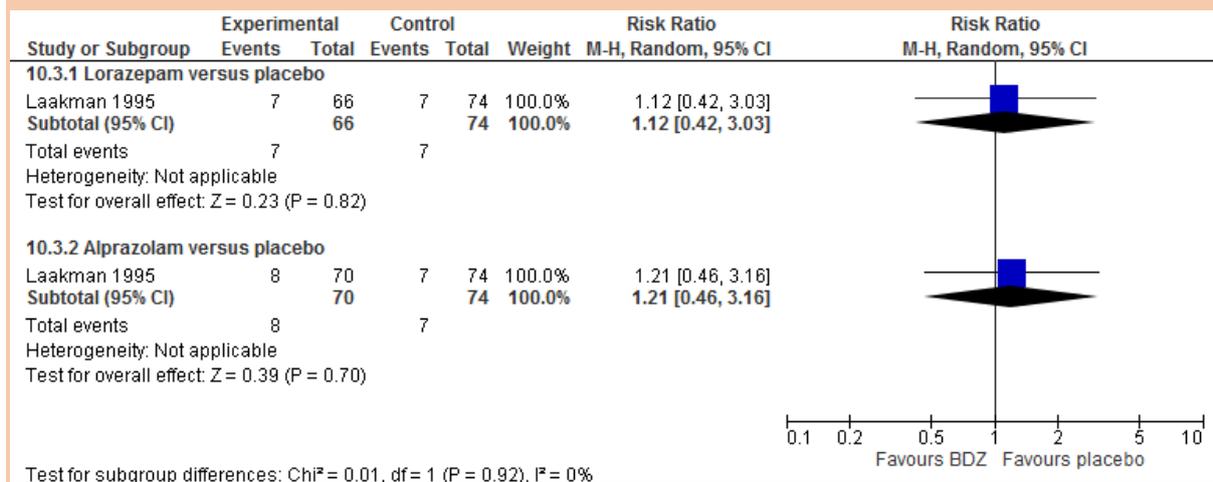
Depression symptomatology at endpoint (HAMD-17)



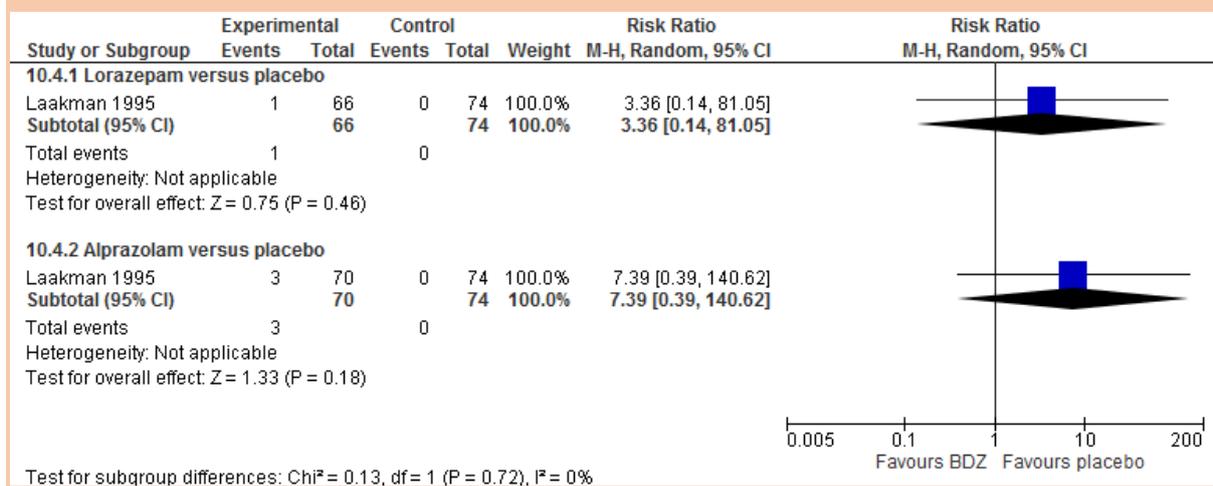
Response



Discontinuation

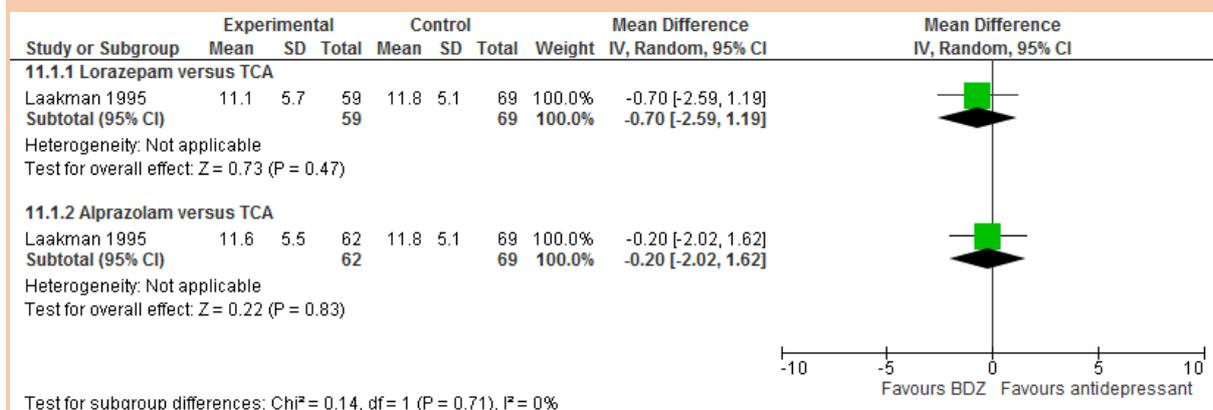


Discontinuation due to side effects

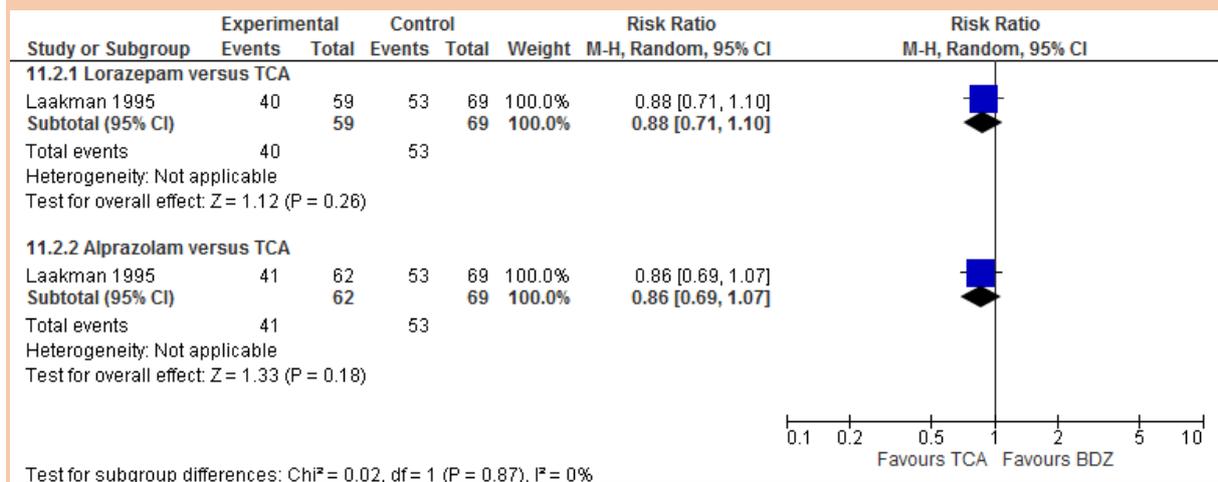


Benzodiazepines versus antidepressants

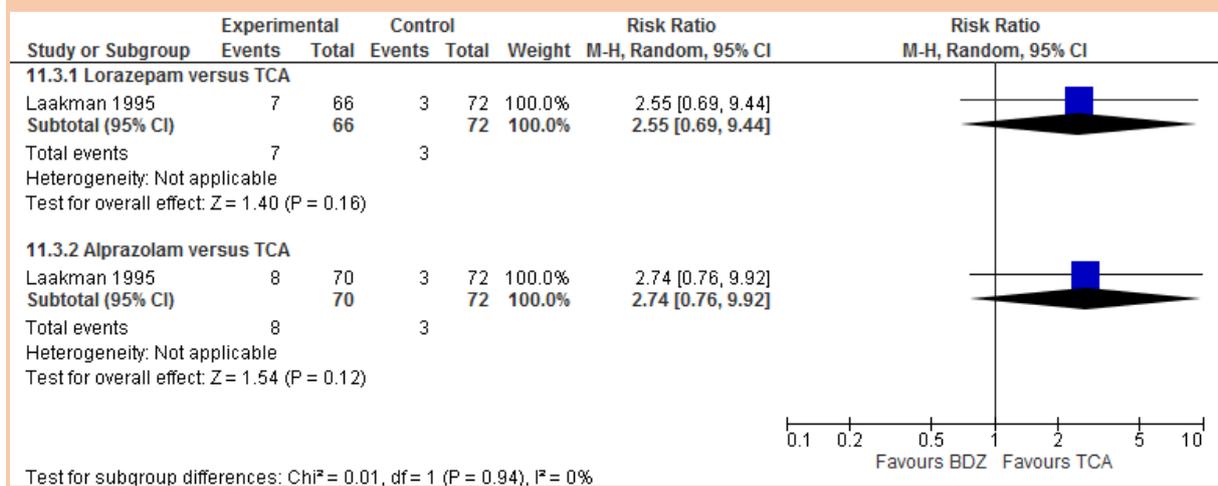
Depression symptomatology at endpoint (HAMD 17)



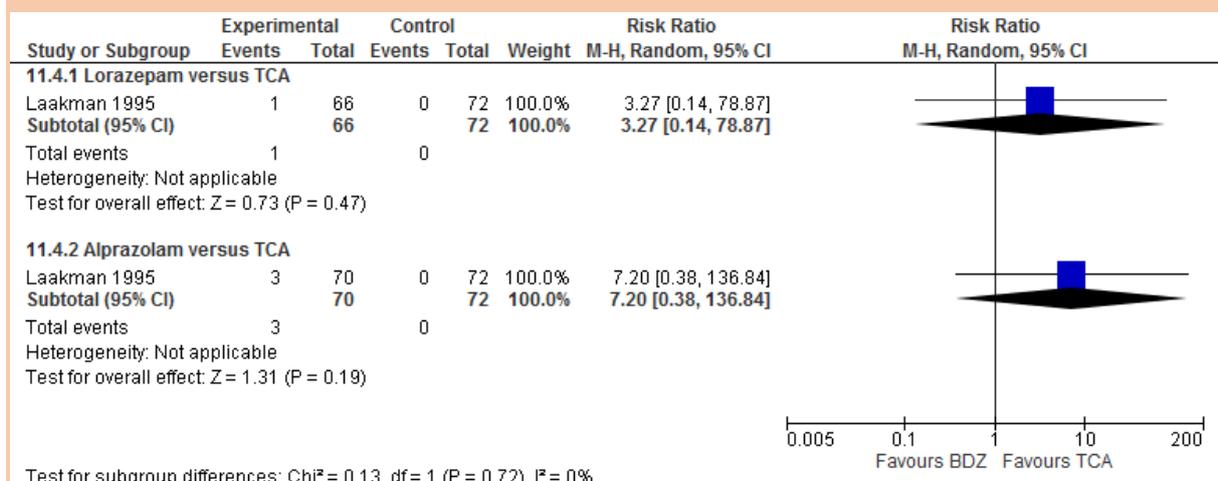
Response



Discontinuation

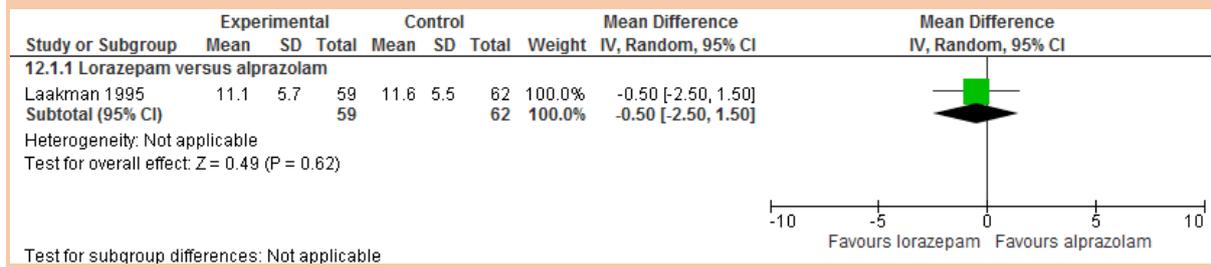


Discontinuation due to side effects

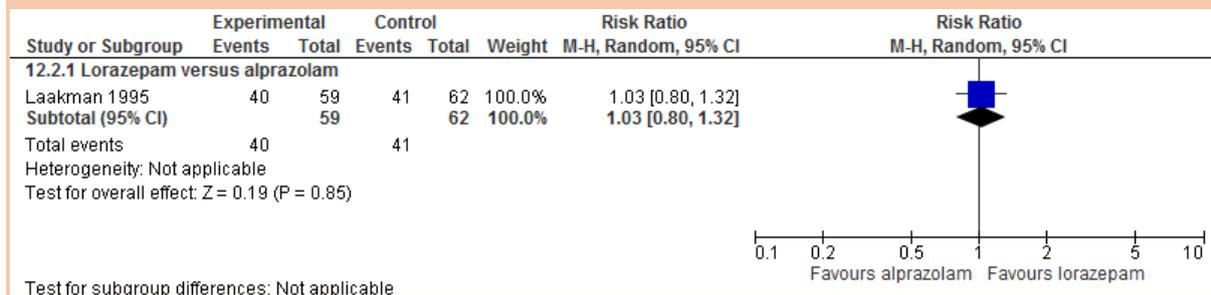


Benzodiazepines versus benzodiazepines

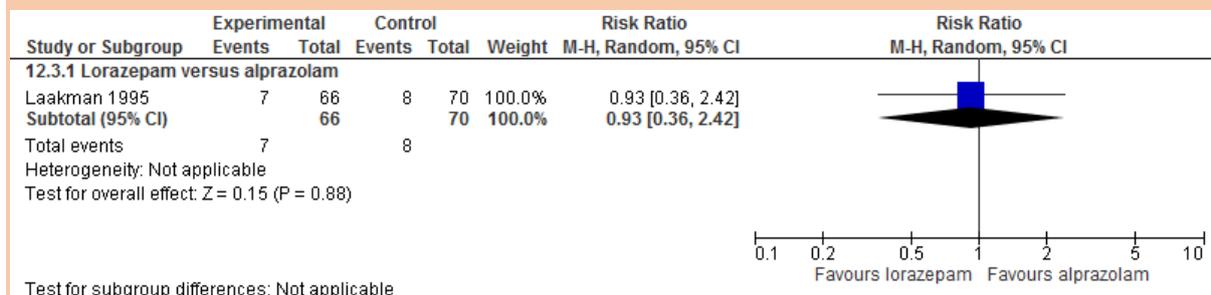
Depression symptomatology at endpoint (HAMD 17)



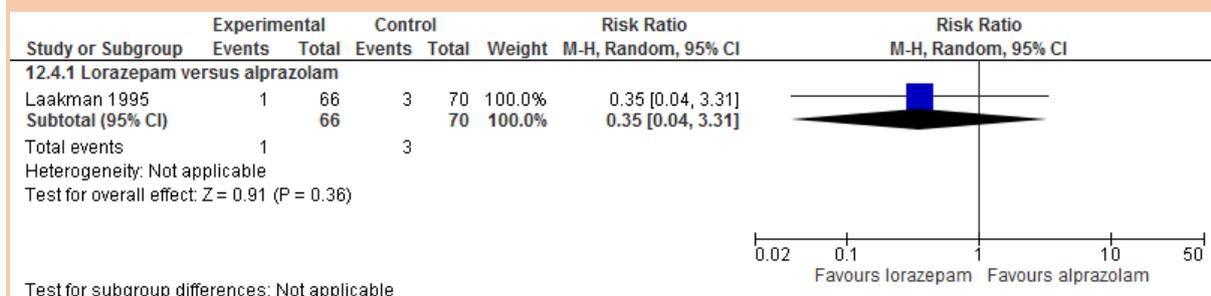
Response



Discontinuation



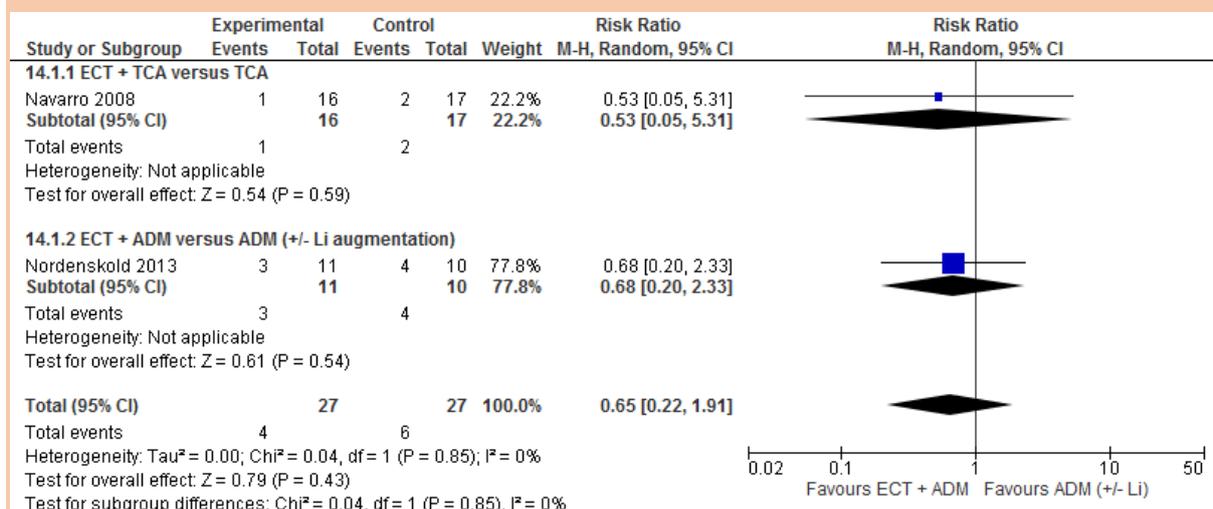
Discontinuation due to side effects



Relapse prevention

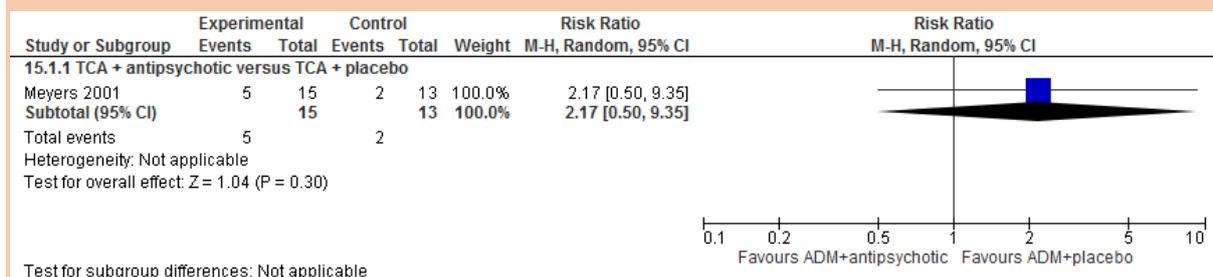
ECT plus an antidepressant versus antidepressants with or without lithium augmentation

Relapses



Antidepressants plus antipsychotics versus antidepressants plus placebo

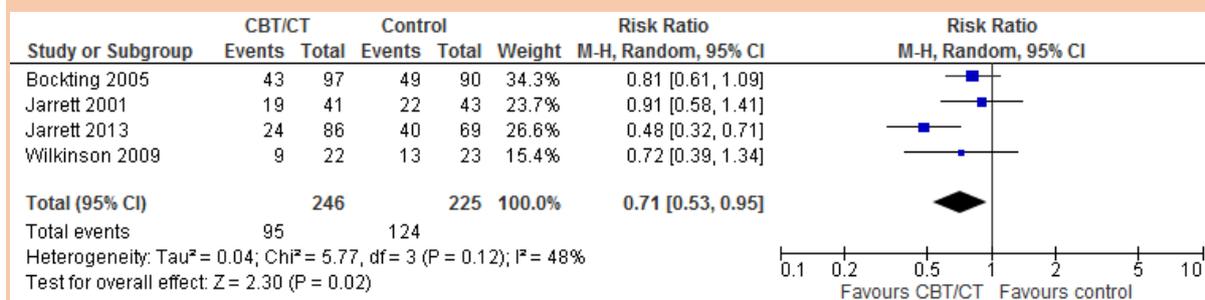
Relapses



Relapse prevention (chapter 11)

Psychological interventions versus control

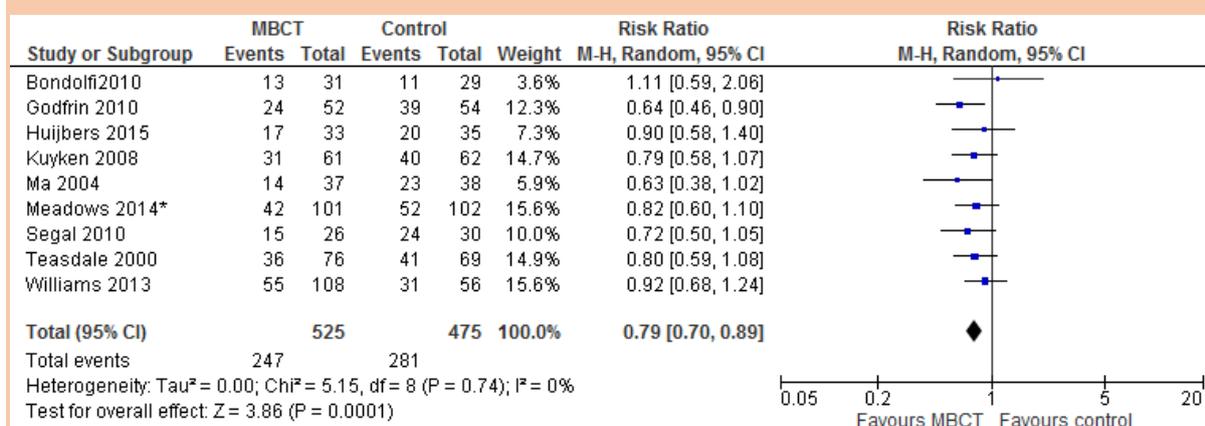
CBT/CT versus control (12 month follow-up)



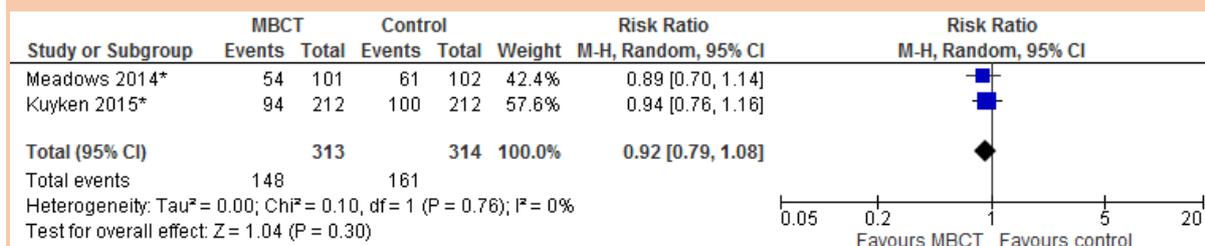
CBT/CT versus control (24 month follow-up)



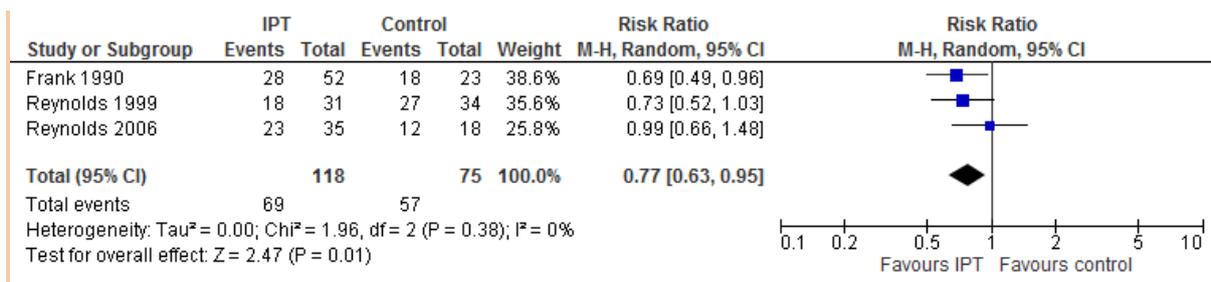
MBCT versus control (12 month follow-up)



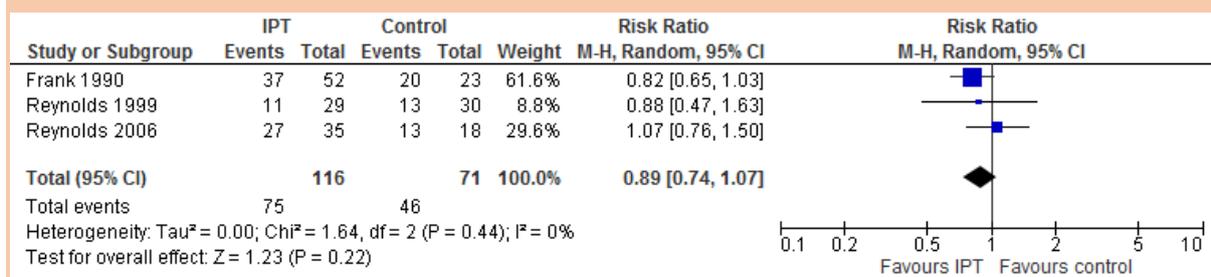
MBCT versus control (24 month follow-up)



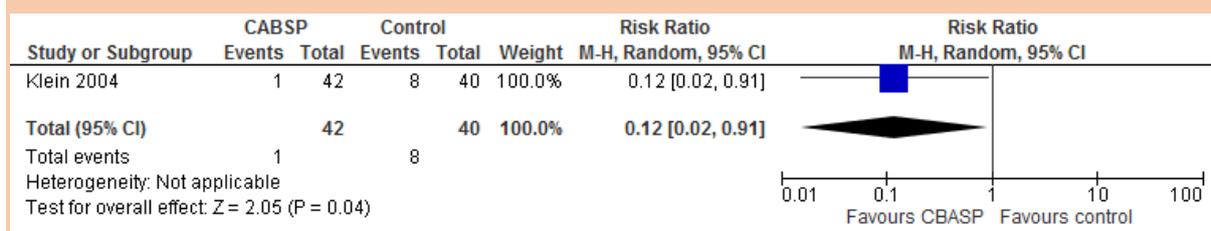
IPT versus control (12 month follow-up)



IPT versus control (24 month follow-up)



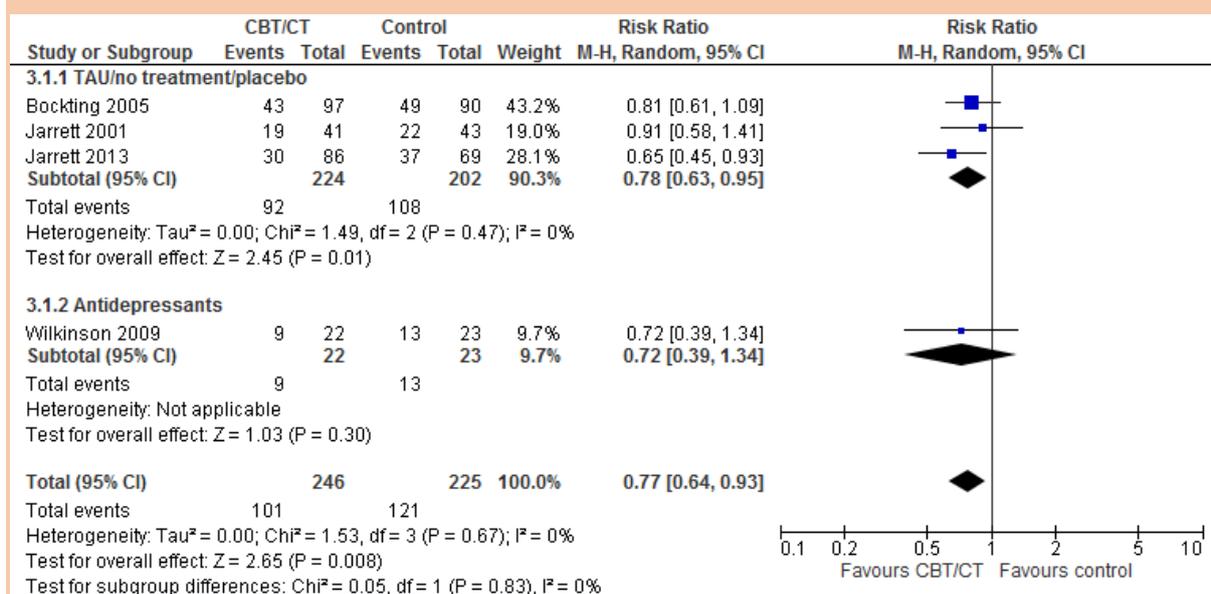
'Other' psychological interventions versus control (12 month follow-up)



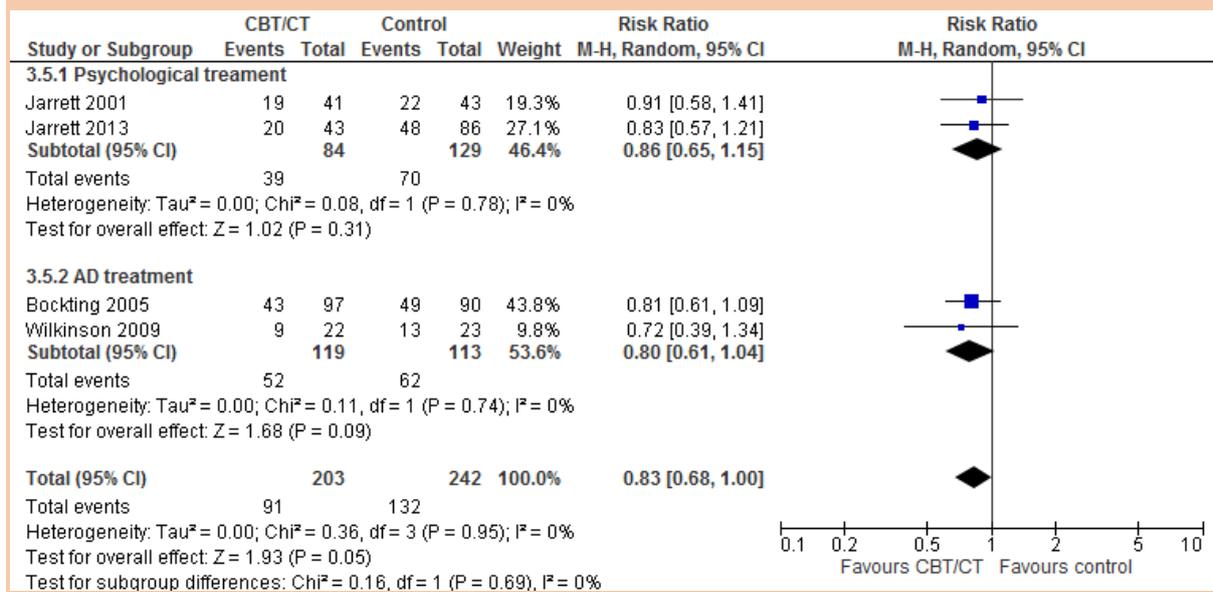
Subgroup analysis: psychological interventions versus control

CBT/CT versus control

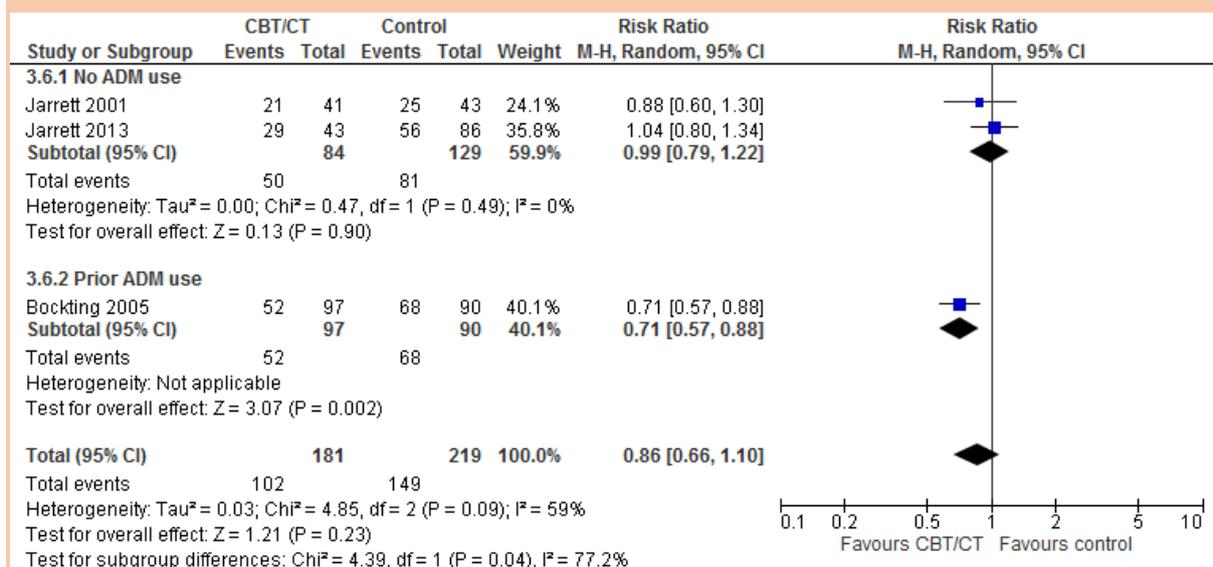
Comparator: 12 month follow-up



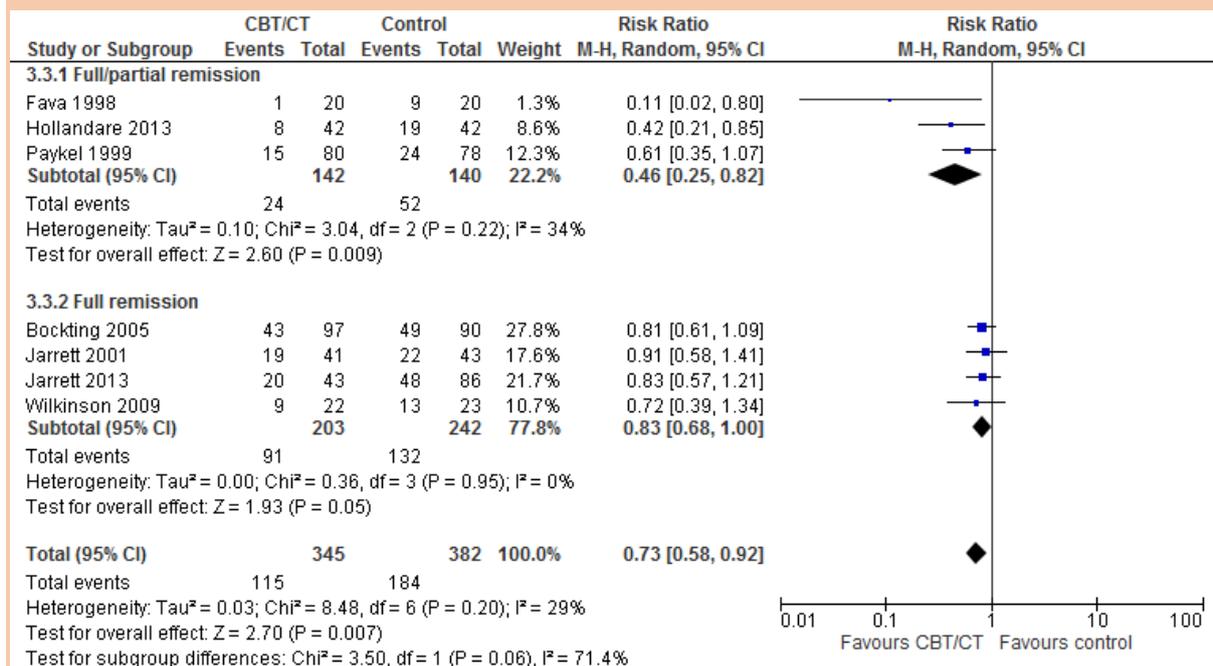
Acute treatment: 12 month follow-up



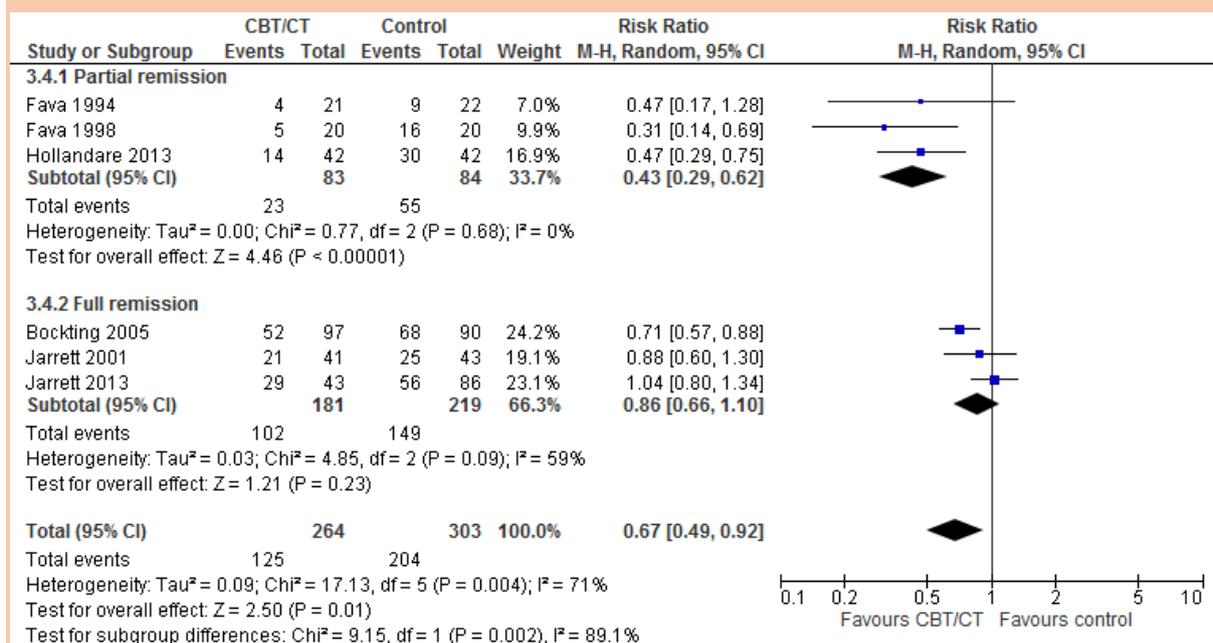
Acute treatment: 24 month follow-up



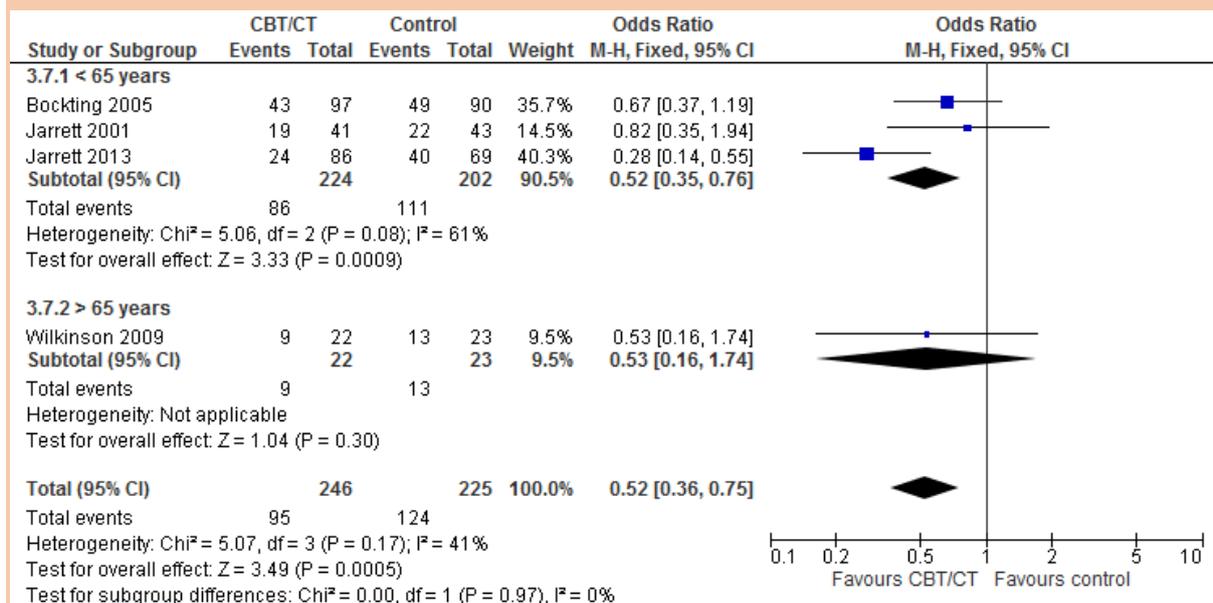
Remission status: 12 month follow-up



Remission status: 24 month follow-up

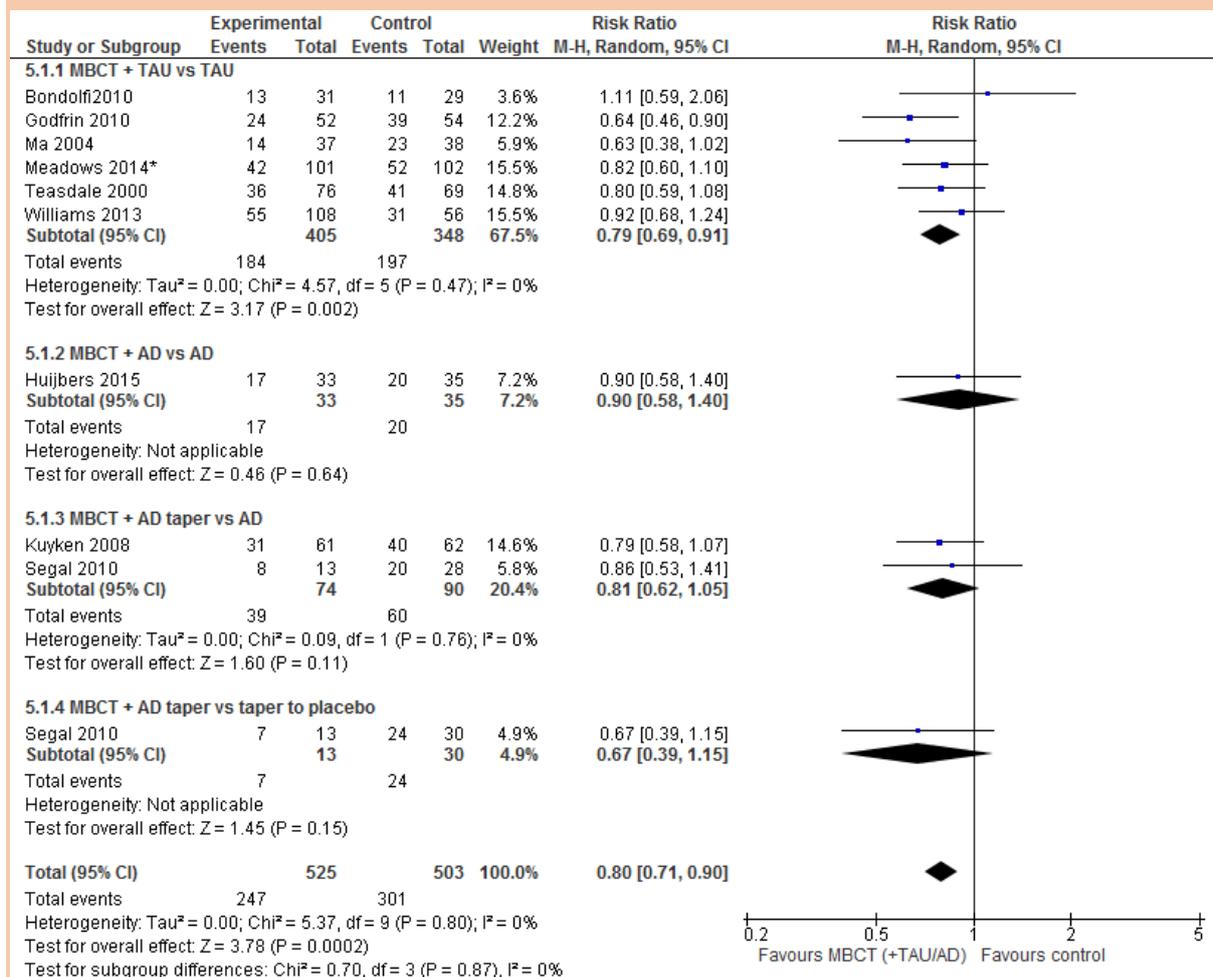


Older adults: 12 month follow-up



MBCT versus control

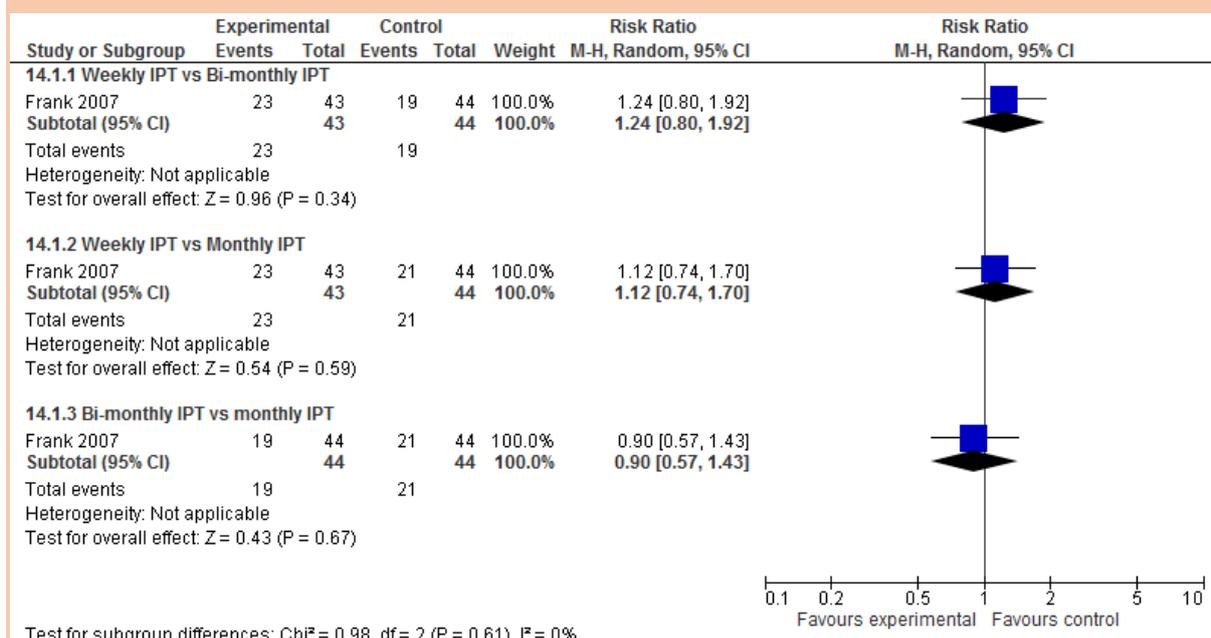
Comparator: 12 month follow-up



Psychological interventions versus psychological interventions CBT versus psychoeducation (12 month follow-up)

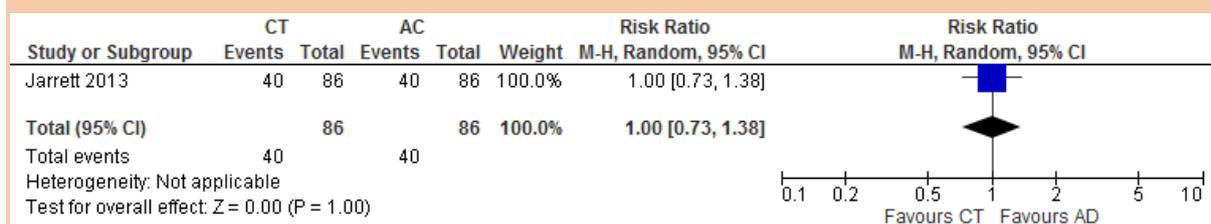


IPT versus IPT (24 month follow-up)



Psychological versus pharmacological

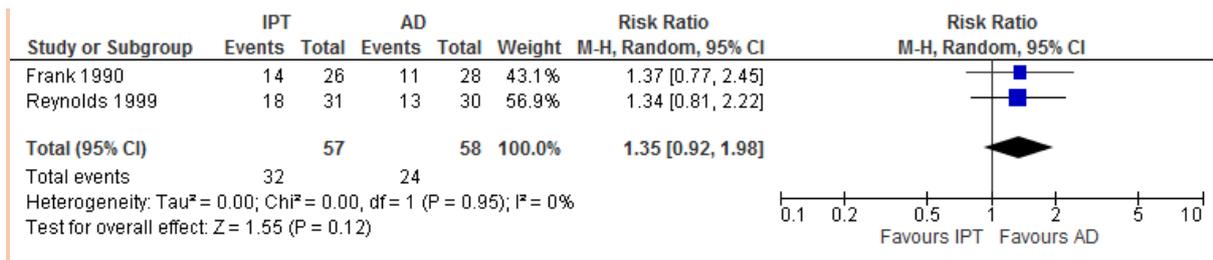
CBT versus antidepressant (12 months)



CBT versus antidepressant (24 months)

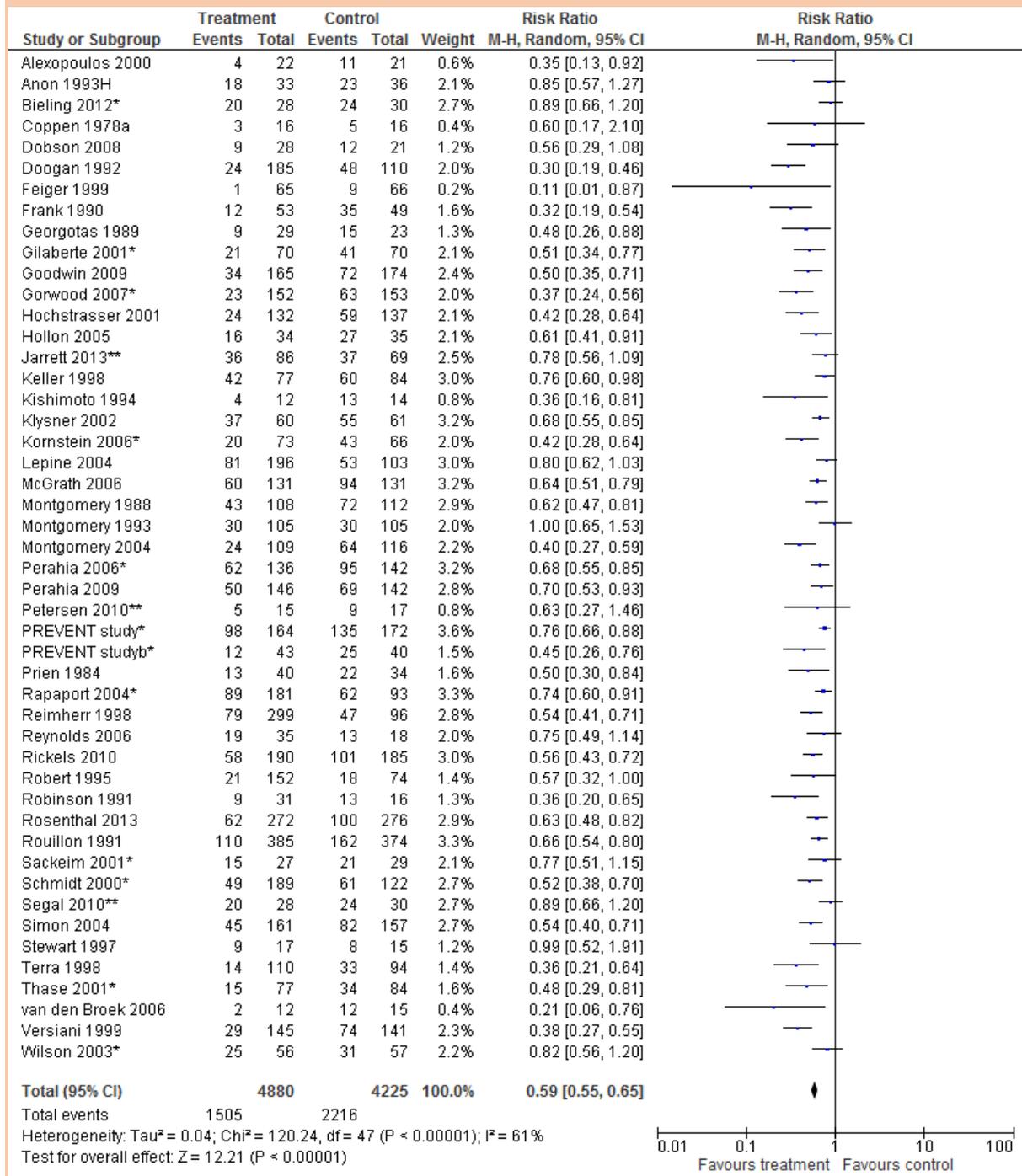


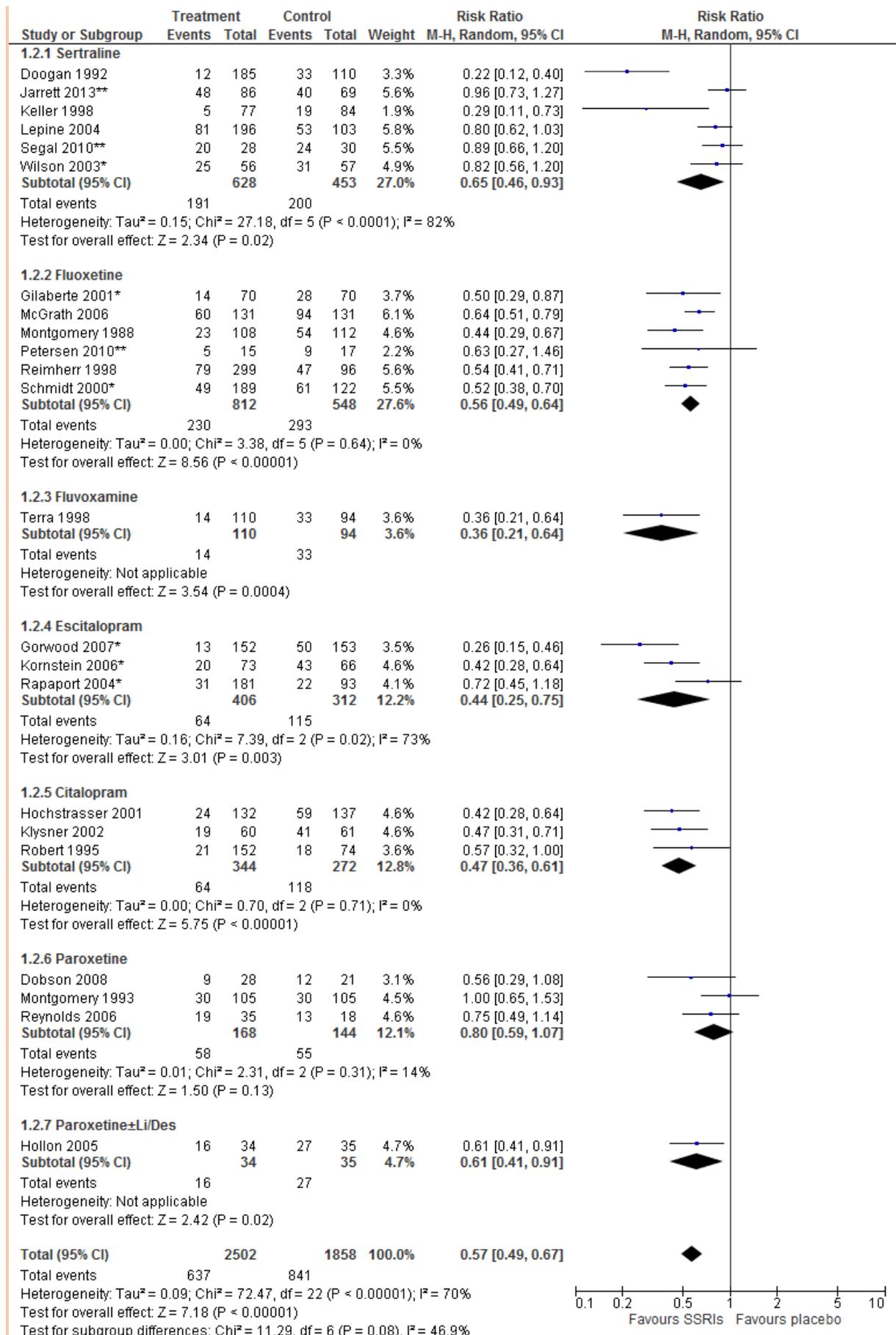
IPT versus antidepressant



Pharmacological interventions

Antidepressants versus placebo

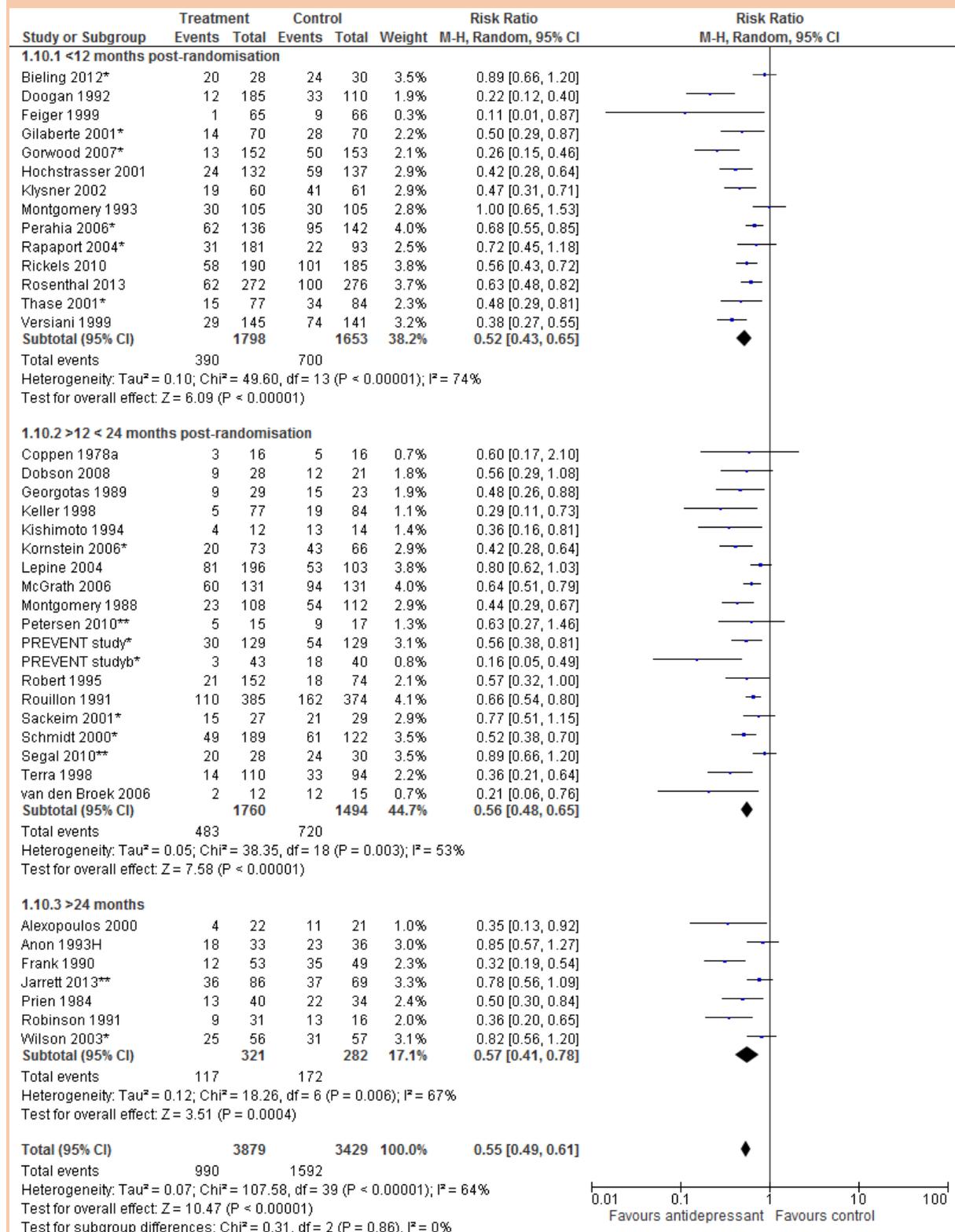




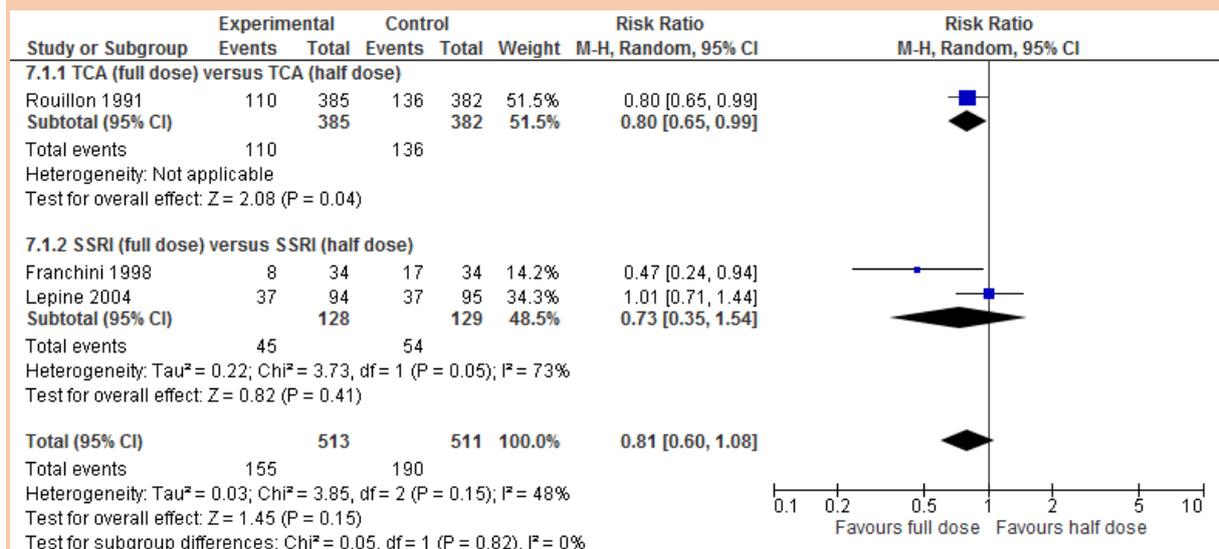
Subgroups: older adults



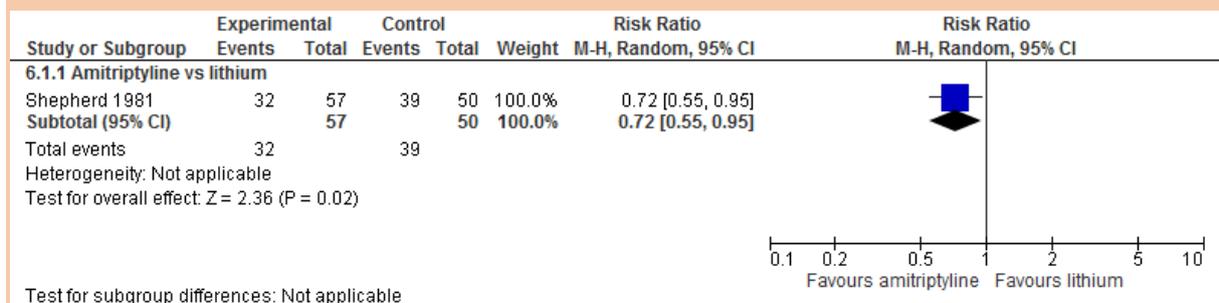
Subgroups: post-randomisation time



Antidepressants (full-dose) versus antidepressants (half-dose)



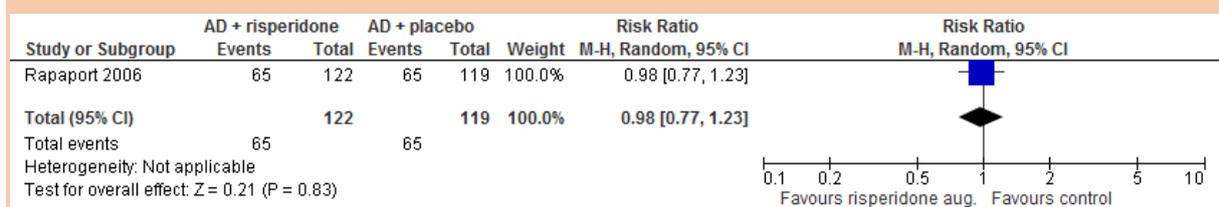
Antidepressants versus lithium



Lithium augmentation versus placebo augmentation



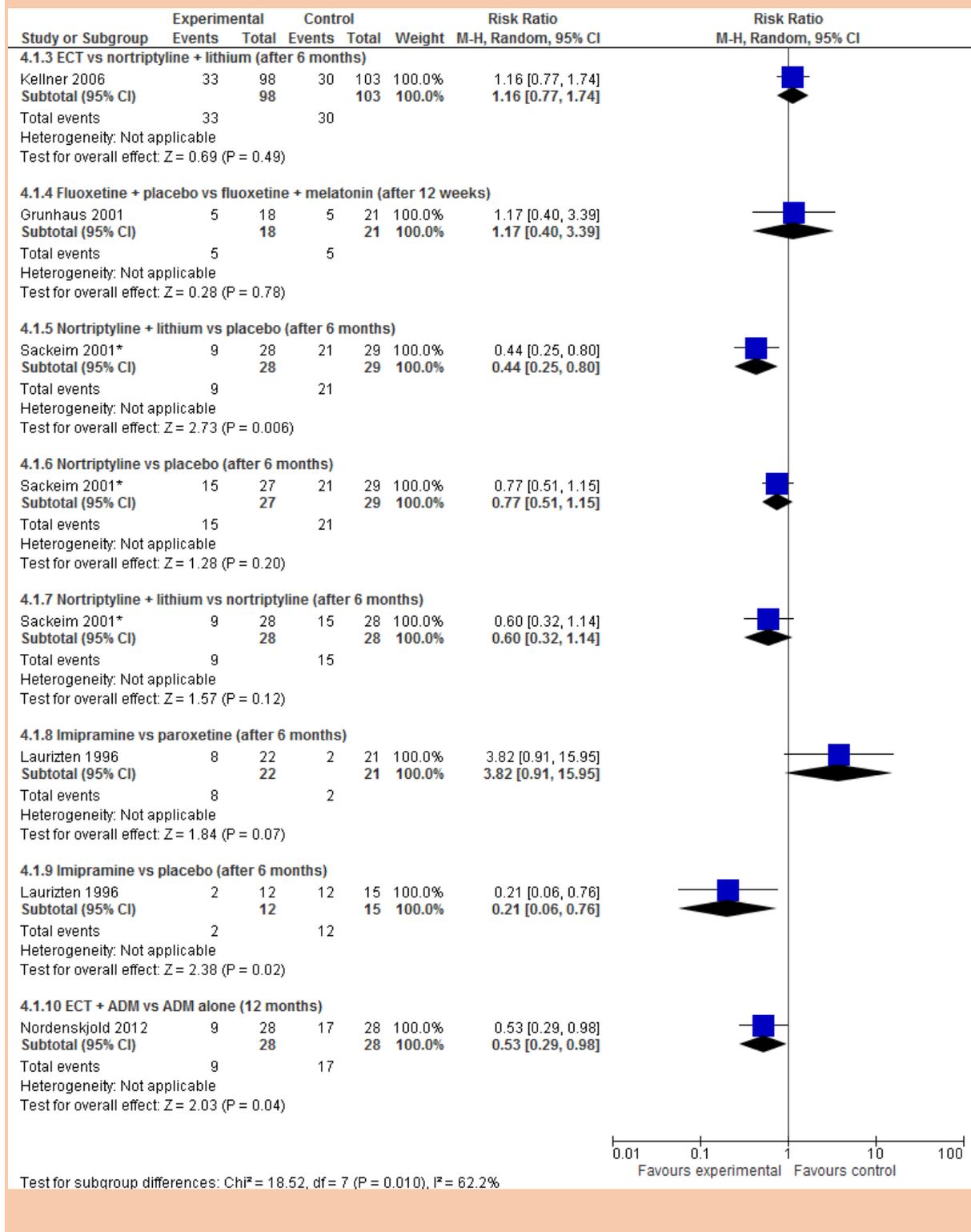
Risperidone augmentation versus placebo augmentation



Antipsychotics versus placebo



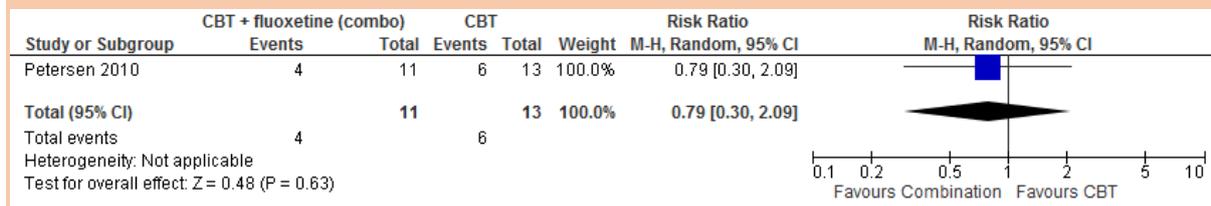
Responders to ECT randomised to continuation treatment



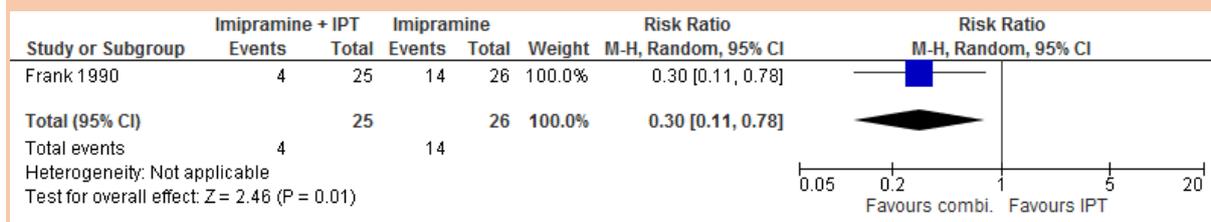
Combination interventions

Combination psychological plus pharmacological versus psychological

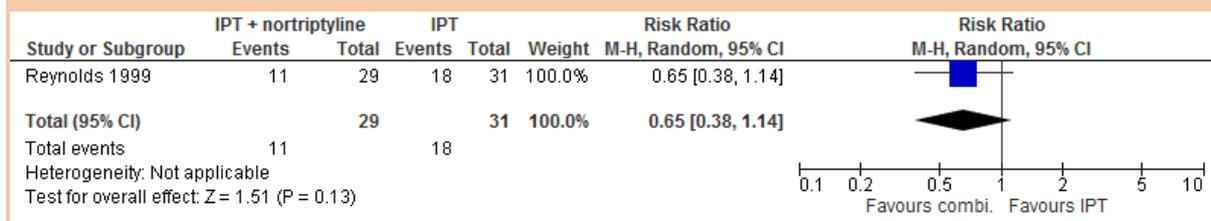
CBT plus fluoxetine versus CBT (12 month follow-up)



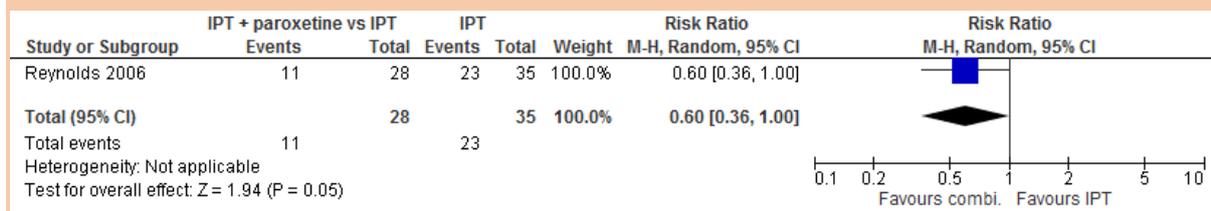
IPT plus imipramine versus IPT (12 month follow-up)



IPT plus nortriptyline versus IPT (12 month follow-up)



IPT plus paroxetine versus IPT (12 month follow-up)



MBCT plus mADM versus MBCT (12 month follow-up)



Combination psychological plus pharmacological versus pharmacological

Imipramine plus IPT versus imipramine (12 month follow-up)



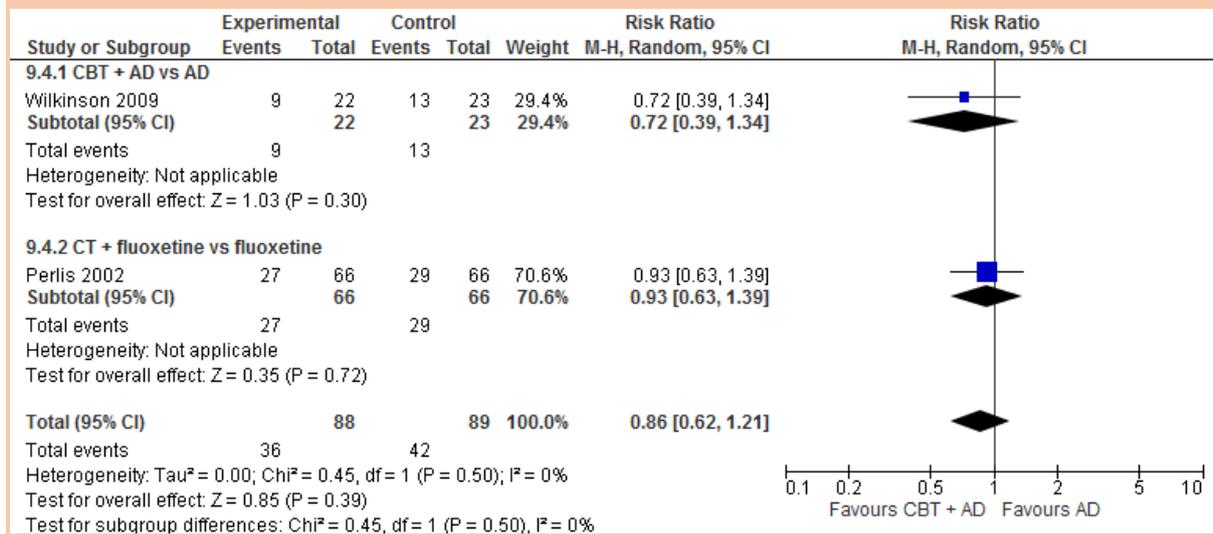
MBCT plus mADM (12 month follow-up)



Paroxetine plus IPT versus paroxetine (12 month follow-up)



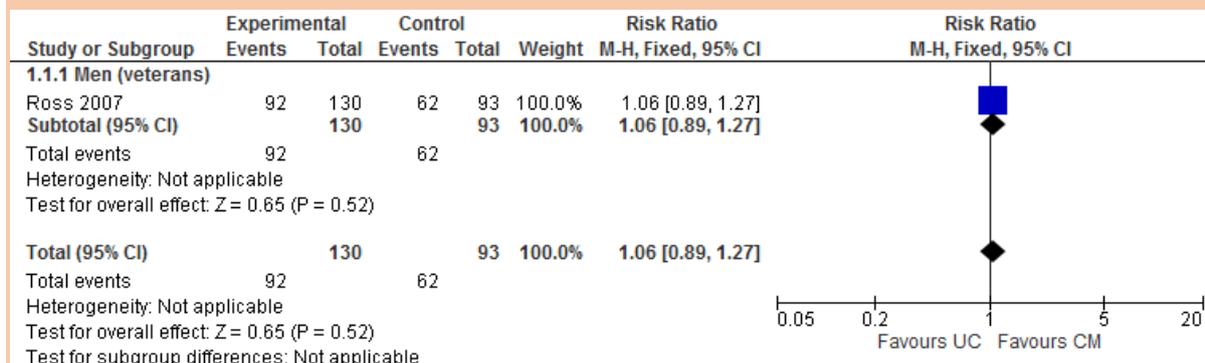
CBT plus antidepressants versus antidepressants (12 month follow-up)



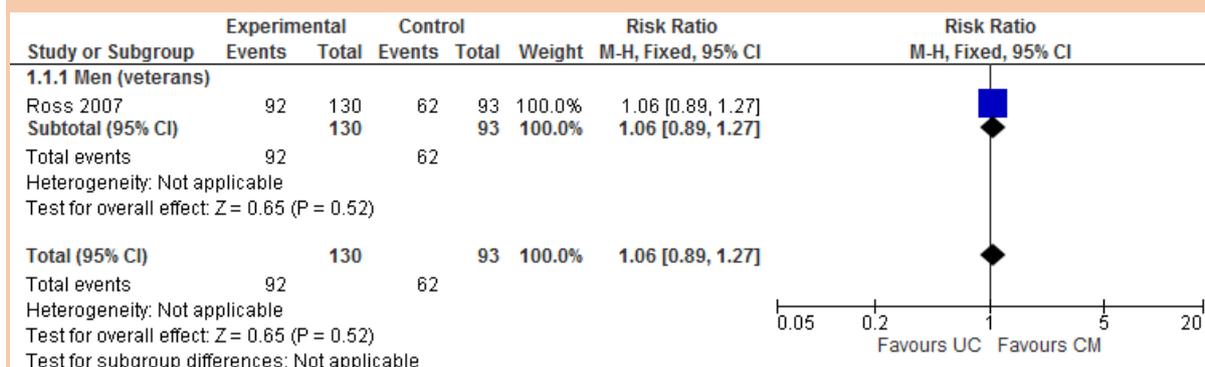
Access to services (chapter 12)

Close monitoring versus usual care (men [veterans])

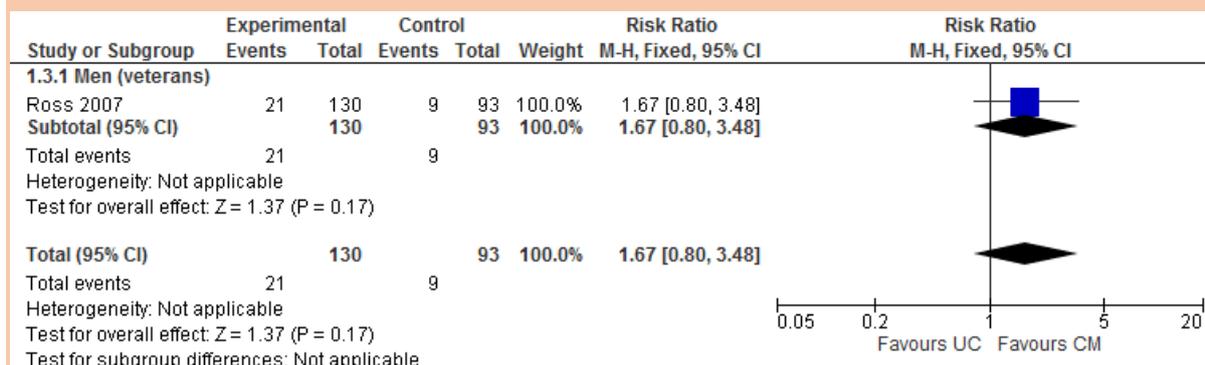
Number attending primary care visits during study period (case review)



Number who had any MH care [including behavioural health specialist] during the study period (case review)

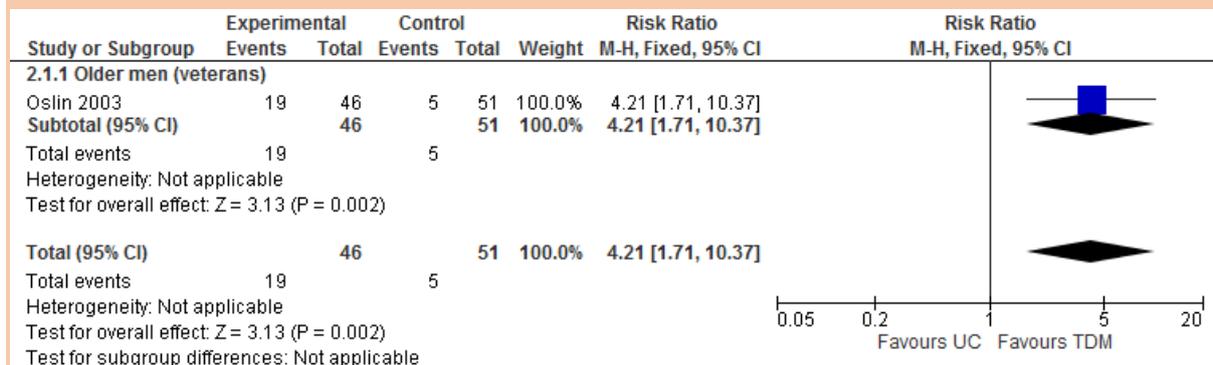


Number who started an antidepressant during the study period (case review)



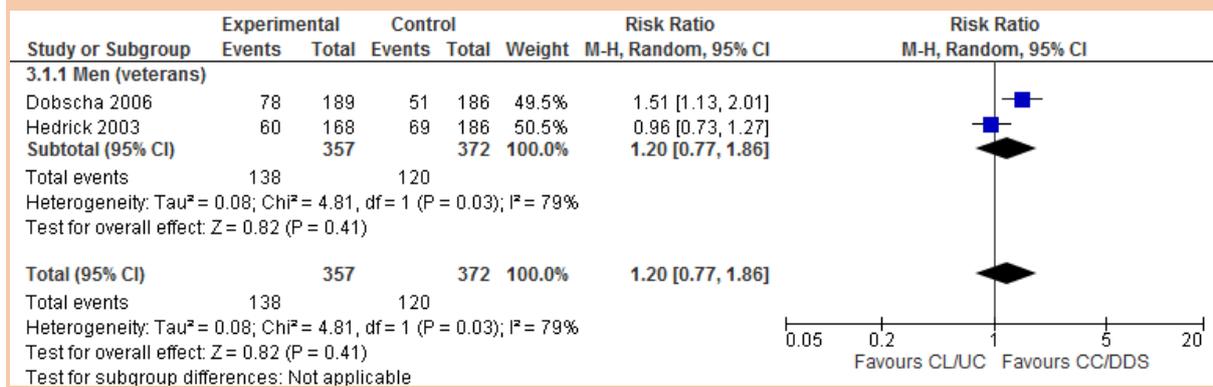
Telephone disease management versus usual care (older men [veterans])

Number completing at least one mental health/substance abuse appointment (assessed by self-report)

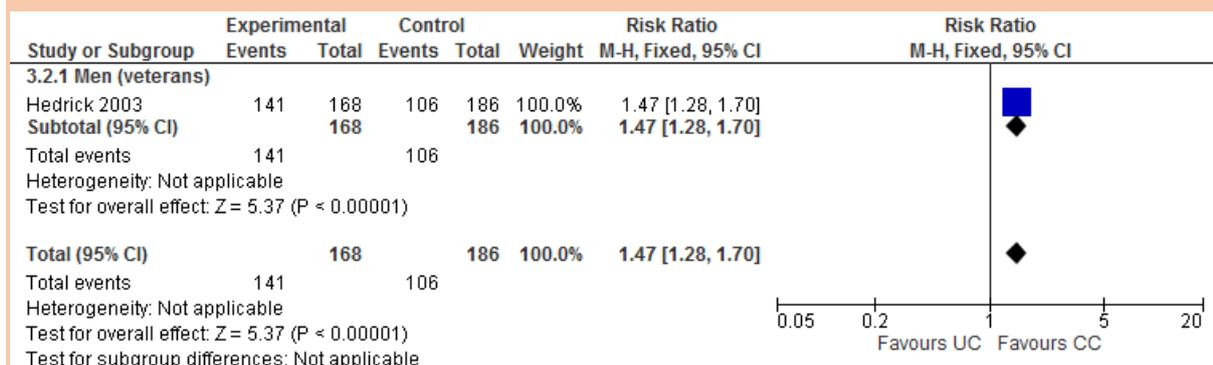


Simple collaborative care versus usual care (men [veterans] and older adults)

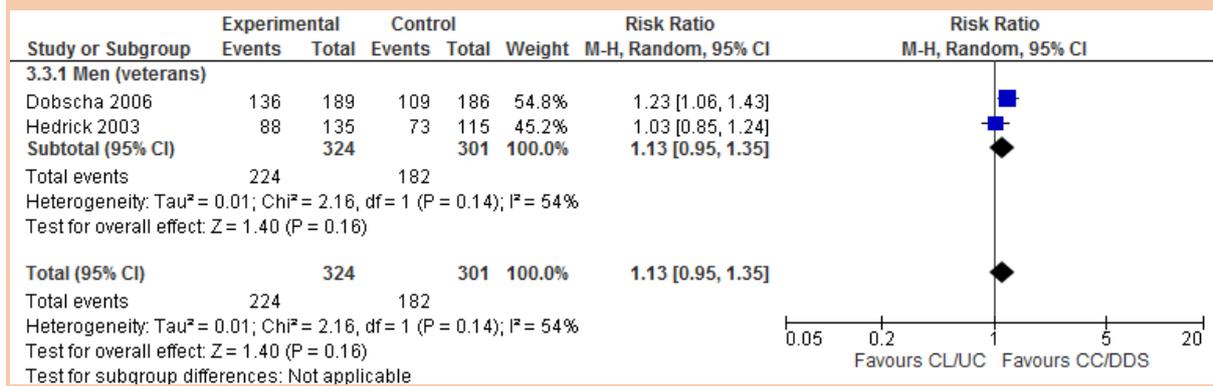
Number who attended ≥1 appointment with mental health specialist



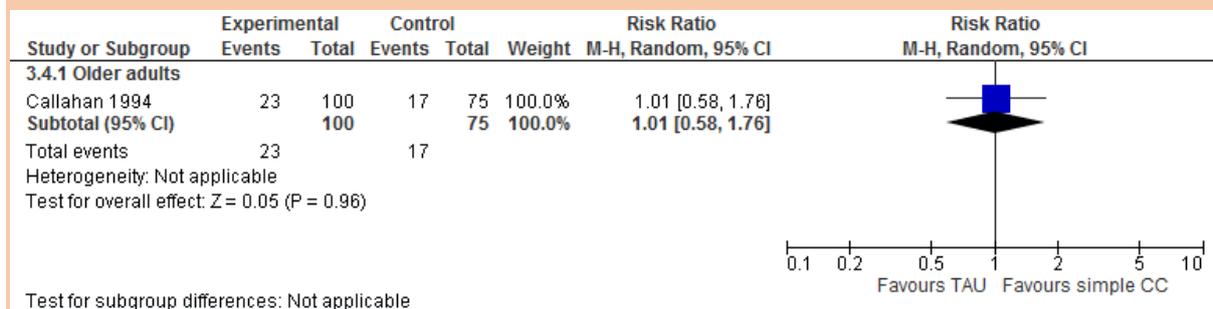
Number who have had a depression-related primary care visit



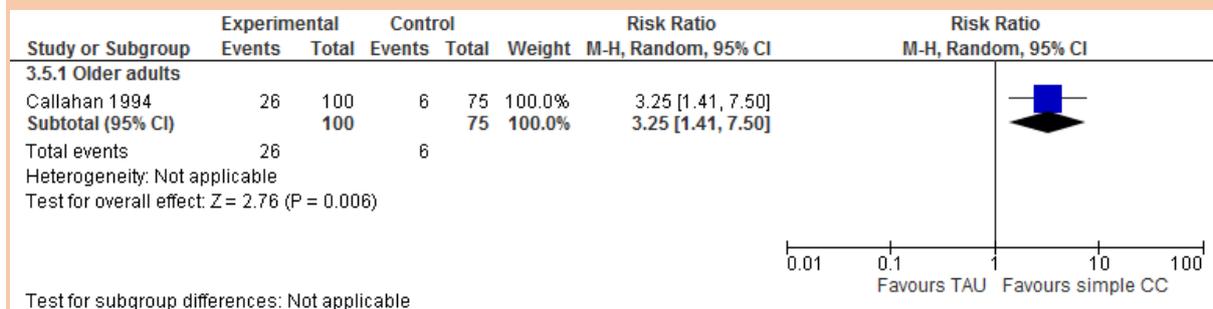
Received ≥ 90 days of therapy with a minimally therapeutic dosage of antidepressant



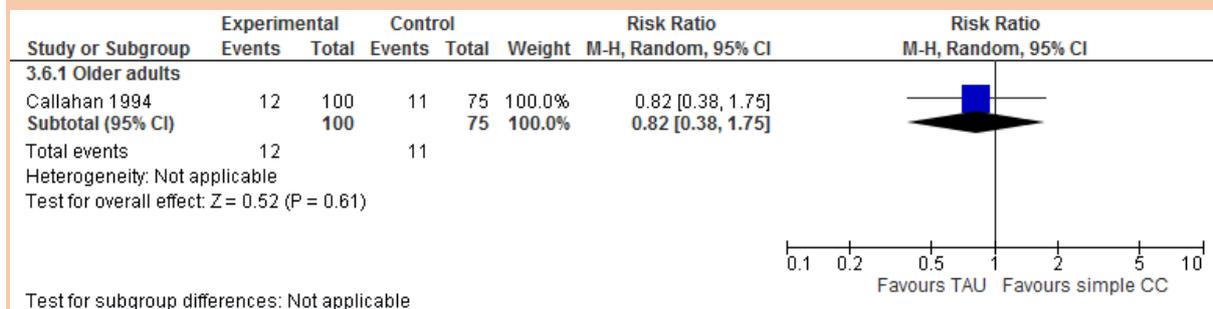
Number of patients whose unhelpful medications (those potentially exacerbating depression) were terminated



Number of people starting an antidepressant

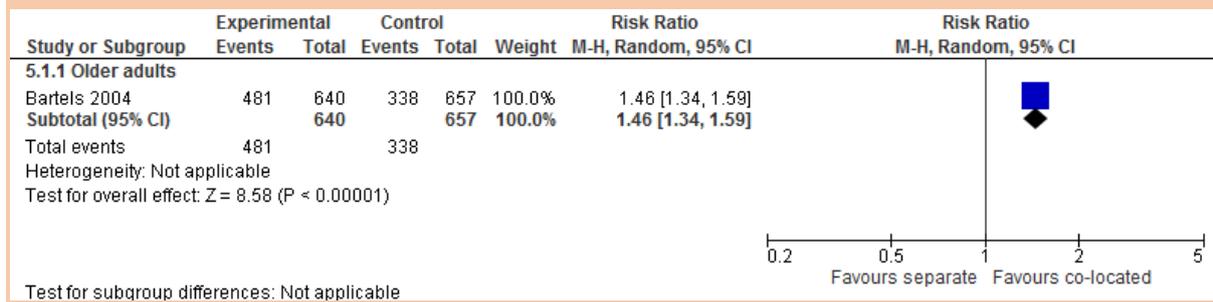


Number of patients for whom a psychiatric consultation was sought

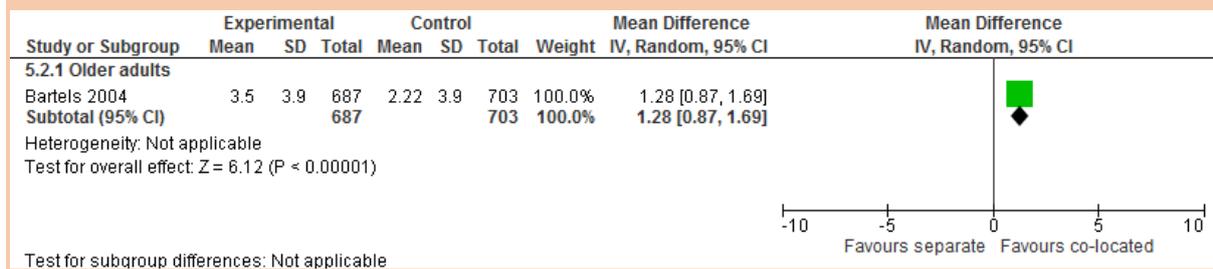


Co-located services versus geographically separate services (older adults)

Mean number of patients who engaged with treatment

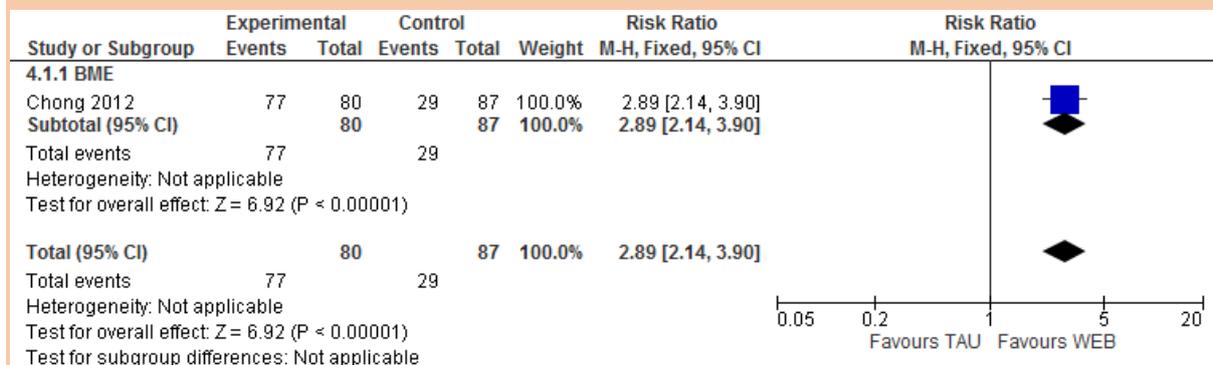


Number of treatment visits

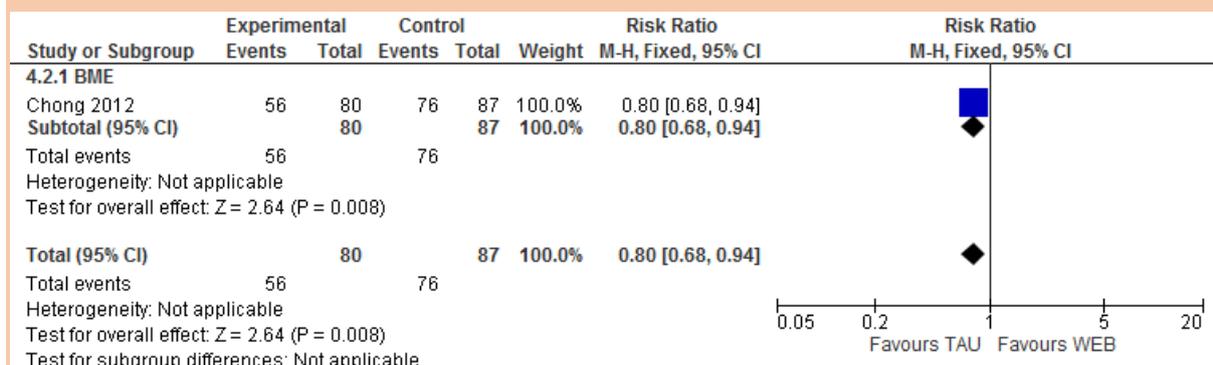


Clinic-based tele-psychiatry (using a webcam) versus TAU (BAME)

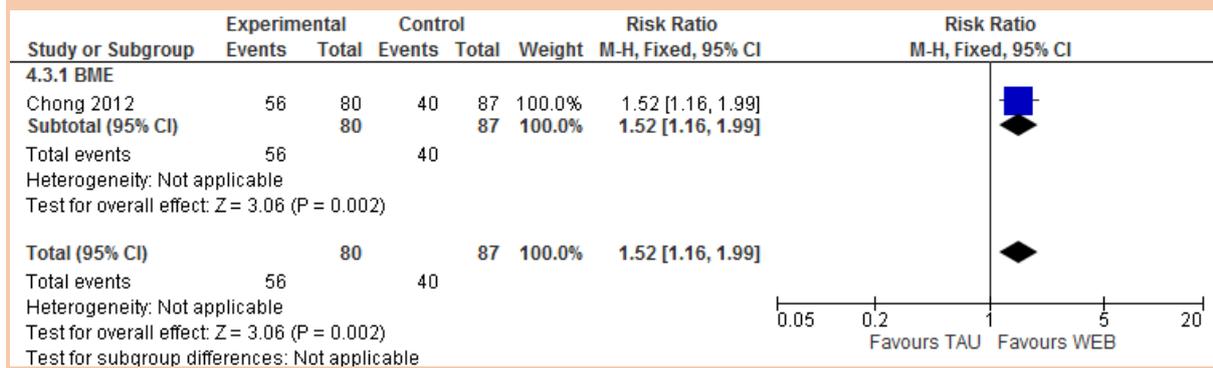
Number of subjects who made a mental health appointment



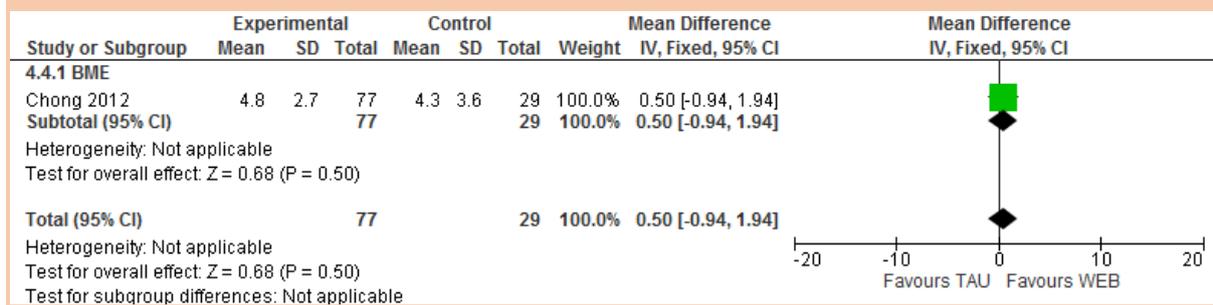
Number of subjects who made a primary care appointment



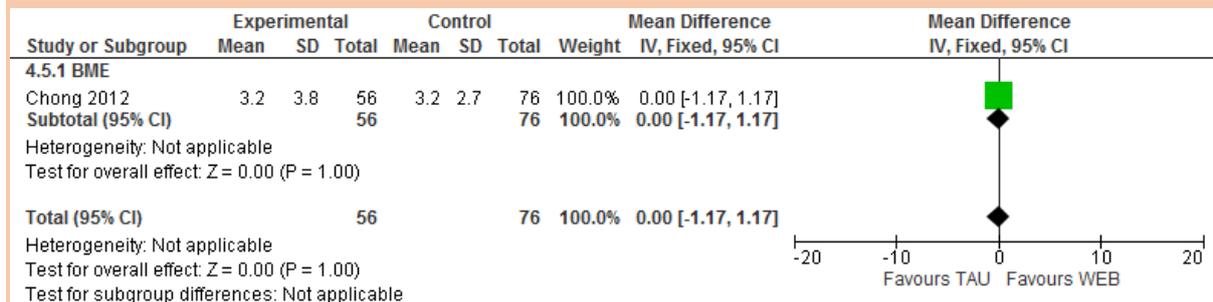
Number used antidepressants



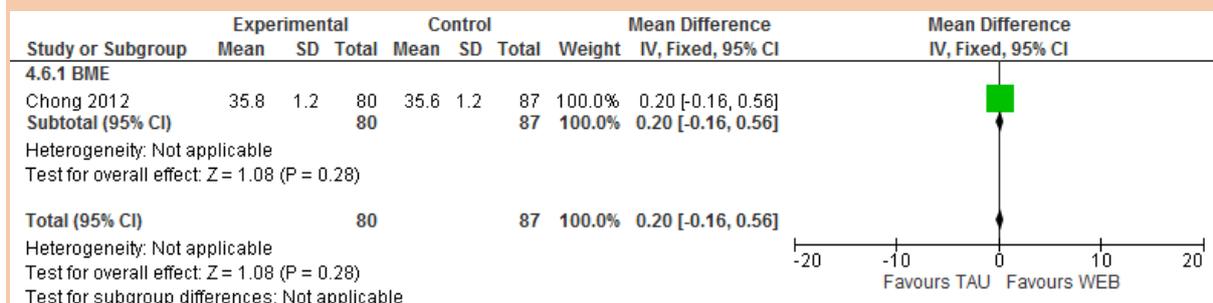
Mean number of completed mental health appointments



Mean number of completed primary care appointments

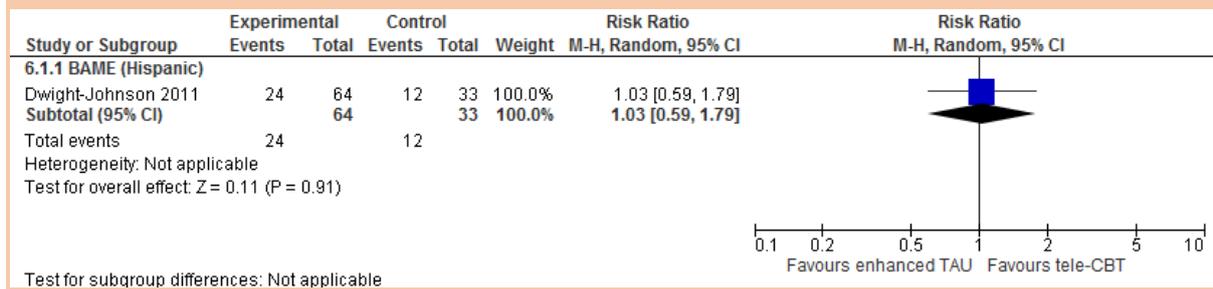


Satisfaction (visit specific satisfaction questionnaire [VSQ-9] range 0-36, higher better)



Telephone CBT versus enhanced usual care (BAME)

Number reporting they were satisfied with the treatment provided



Culturally-adapted CBT versus TAU (BAME)

Number of participants stating they were 'very satisfied' with the treatment

