Appendix 16b: Clinical evidence profiles for psychological and psychological interventions

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

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

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

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

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

Very low = any estimate of effect is very uncertain.

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

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LOW-INTENSITY INTERVENTIONS

Computerised cognitive behavioural therapy (CCBT)

Is CCBT effective compared with waitlist?

			Quality asses	sment				Su	mmary of f	findings		
							No. of	patients	1	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Waitlist control	Relative (95% CI)	Absolute	Quality	
Leaving	study early fo	or any reason			1							
1		no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	35/102 (34.3%)	42/100 (42%)	RR 0.82 (0.57 to 1.16)	76 fewer per 1000 (from 181 fewer to 67 more)	⊕⊕OO LOW	CRITICAL
								0%	1.10)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	ion self-repo	rted measure	s at endpoint (B	etter indicate	d by lower v	alues)						
1		no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	102	100	-	SMD 0.27 lower (0.54 lower to 0.01 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is CCBT effective compared with discussion control?

			Quality asses	ssment				Sum	mary of fi	ndings		
			Z ,				No. o	f patients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Discussion control	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	67/239 (28%)	30/238 (12.6%)	RR 2.23 (1.51 to 3.28)	155 more per 1000 (from 64 more to 287 more) 0 more per 1000 (from 0 more to 0	⊕⊕⊕⊕ HIGH	CRITICAL
Depress	ion self-repo	rted measure	es at endpoint (Better indicate	ed by lower v	alues)				more)		
2	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	172	208	-	SMD 0.61 lower (1.22 lower to 0 higher)	⊕⊕OO LOW	CRITICAL

¹ Heterogeneity >80%

Is CCBT effective compared with treatment as usual?

			Quality asses	sment					Summary o	of findings		
			Quality asses	J			No. of p	oatients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	TAU control	Relative (95% CI)	Absolute	Quality	
Depress	ion self-repo	rted measure	es at endpoint (E	Better indicate	d by lower v	alues)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	32	22	-	SMD 0.62 lower (0.91 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL
Leaving	study early				l							
1		no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	54/146 (37%)	0%	RR 1.35 (0.95 to 1.93)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repo	rt at 3 month	s (Better indica	ted by lower v	alues)							
1		no serious limitations		no serious indirectness	serious ²	none	95	100	-	SMD 0.40 lower (0.7 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	rt at 5 month	s (Better indica	ted by lower v	alues)							

1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	83	81	-	SMD 0.42 lower (0.73 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion self-repo	rts at 8 mont	hs (Better indica	ated by lower	values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	94	92	-	SMD 0.56 lower (0.85 to 0.27 lower)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study, inconclusive effect size ² Single study

Is CCBT effective compared with information control?

			Quality asses	sment					mary of f			
							No	. of patients	ı	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Information	Relative (95% CI)	Absolute	Quality	•
Depressi	ion self-repor	ted measures	s at endpoint (Be	etter indicated	by lower valu	ies)						
				no serious indirectness	no serious imprecision	none	174	195	-	SMD 0.23 lower (0.43 to 0.02 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Is CCBT effective compared with any control?

								9	Summary	of findings		
			Quality asses	ssment				o. of tients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	any control	Relative (95% CI)	Absolute	Quality	
Depress	ion self-repor	t measures at	endpoint (Bette	r indicated by l	ower values)		<u> </u>					
6	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	480	525	-	SMD 0.35 lower (0.52 to 0.18 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Depress	ion self-repor	t measures at	3-month follow-	-up (Better indi	icated by lowe	r values)	ļ					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	33	21	-	SMD 0.10 higher (0.45 lower to 0.65 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repor	t measures at	5-month follow	up (Better indi	icated by lowe	r values)	<u> </u>					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	30	17	-	SMD 0.39 higher (0.21 lower to 0.99 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repor	t measures at	6-month follow	l -up (Better indi	icated by lowe	r values)						

1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	106	131	-	SMD 0.20 lower (0.46 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repor	t measures at	8-month follow-	up (Better indi	cated by lowe	r values)						
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	33	20	-	SMD 0.04 higher (0.51 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repor	t measures at	12-month follow	v-up (Better inc	licated by low	er values)						
2	randomised trials		no serious inconsistency		no serious imprecision	none	196	224	-	SMD 0.23 lower (0.43 to 0.04 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Single study, inconclusive effect size

Is CCBT effective compared with psychoeducation control?

			Quality asses	ssment			Summary of findings					
							No	o. of patients	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Psychoeducation control	Relative (95% CI)		Quality	
Leaving	study early	for any reas	on									
	randomised trials			no serious indirectness	serious ¹		46/182 (25.3%)	25/165 (15.2%)	RR 1.67 (1.08 to 2.59)	102 more per 1000 (from 12 more to	$\Delta \Delta \Delta \Delta \Delta$	CRITICAL

									241 m	ore)		
								0%	0 more 100 (fror more	00 n 0 to 0		
Depress	ion self repo	ort measure:	at endpoint (Better indicat	ed by lower	· values)						
	randomised trials		no serious inconsistency		•	none	136	140	SMD (low (0.2 lowe 0.2 high	er 27 r to	⊕⊕OO LOW	CRITICAL

Is CCBT effective compared with group CBT?

			Quality assess	sment					mmary of f	indings		
							No. of	patients	I	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Group CBT control	Relative (95% CI) Absolute		Quality	
Leaving	study early fo	or any reason									•	
1				no serious indirectness	very serious ¹	none	35/102 (34.3%)	43/99 (43.4%)	RR 0.79 (0.56 to 1.12)	91 fewer per 1000 (from 191 fewer to 52 more)	⊕⊕OO LOW	CRITICAL

¹ Single study
² Single study, inconclusive effect size

								0%	0 fewer per 1000 (from 0 fewer to 0 more)		
Depressi	ion self repor	t measures a	t endpoint (Bett	er indicated b	y lower valu	es)					
	randomised trials				very serious ¹	none	102	99	SMD 0.06 higher (0.22 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is CCBT effective compared with any active control?

			Quality assess	ment			S	ummary	of findings			
						No. o	f patients		Effect		Importance	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ССВТ	Any active control	Relative (95% CI)	Absolute	Quality	-
Depressi	on self report	measures at	6 month follow ι	up (Better indic	er values)							
1		no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	106	115	-	SMD 0.05 higher (0.21 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Depressi	on self report	measures at1	.2 month follow	up (Better indi	cated by low	er values)						
		no serious limitations	serious ²	no serious indirectness	serious ³	none	196	206	-	SMD 0.02 lower (0.22 lower to	⊕⊕OO LOW	CRITICAL

					0.17 higher)	
					,	

¹ Single study, inconclusive effect size

Guided self-help

Is individual guided self-help (with minimal support) effective compared with waitlist control?

			Quality asse	ssment				Sum	mary of fi	ndings		
							No. of pa	tients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self- help (with minimal support)		Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
_	randomised trials			no serious indirectness	serious ¹	none	14/115 (12.2%)	0%	RR 1.71 (0.62 to 4.69)	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
Depress	ion self-repo	ort (Better in	dicated by low	er values)								
	randomised trials	no serious limitations		no serious indirectness	no serious imprecision	none	78	81	-	SMD 0.98 lower (1.5 to 0.47	⊕⊕⊕O MODERATE	CRITICAL

² Heterogeneity >50%
³ Inconclusive effect size

										lower)		
Depres	sion self-repo	ort at 12 mor	nths (Better ind	icated by low	er values)							
1	randomised trials			no serious indirectness	serious ³	none	107	109	-	SMD 0.20 lower (0.47 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion clinician	report (Bett	er indicated by	lower values)							
4	randomised trials			no serious indirectness	no serious imprecision	none	79	82	-	SMD 1.54 lower (1.9 to 1.18 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

¹ Inconclusive ES
² Heterogeneity >50%
³ Single study

Is individual guided self-help (with support) effective compared with treatment as usual?

			Quality asses	sment				Summa	ry of findi	ngs		
			Quality usses	Sincine			No. of p	atients	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	_	Treatment as usual	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	7/29 (24.1%)	0%	RR 7.24 (0.95 to 55.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕00	CRITICAL
Depress	ion self-repo	rt (Better inc	dicated by lowe	er values)								
	randomised trials			no serious indirectness	very serious ¹	none	19	23	-	SMD 0.27 lower (0.88 lower to 0.34 higher)	LOW	CRITICAL

¹ Single study; inconclusive ES

Is individual guided self-help (minimal support) effective compared with control?

			Quality asse	ssment				Sur	nmary of fi	ndings		
			Quanty associ				No. of pat	ients	Eff	ect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self- help (minimal support)	Control	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
	randomised trials	no serious Iimitations			no serious imprecision	none	103/248 (41.5%)	0%	RR 10.77 (0 to 31281.62)	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
Depress	ion self-repo	ort (Better in	dicated by low	er values)								
	randomised trials		no serious inconsistency		serious ²	none	102	102	-	SMD 0.49 lower (0.77 to 0.21 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	ort at 12 mor	nths (Better ind	licated by low	ver values)							
	randomised trials			no serious indirectness	serious ²	none	102	102	-	SMD 0.42 lower (0.7 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL

Is individual guided self-help (with support) effective compared with waitlist control?

			Quality asses	sment				Summ	ary of find	lings		
			Quality asses	Silicit			No. of par	tients	Е	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self- help (with support)		Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early										1	
	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	1/15 (6.7%)	0%	RR 0.50 (0.05 to 4.94)	0 fewer per 1000 (from 0 fewer to 0 more)		CRITICAL
Depress	ion self-repo	rt (Better ind	licated by lowe	r values)								
	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	13	11	-	SMD 0.28 lower (1.08 lower to 0.53 higher)	LOW	CRITICAL

¹ Single study; inconclusive ES

¹ Heterogeneity >50% ² Single study

Is group guided self-help effective compared with waitlist control?

			Quality asses	sment				Su	mmary o	f findings		
			Quality usses	Silicit			No. of	atients	ı	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group guided self-help	control	Relative (95% CI)	Ahsoluta	Quality	importance
Leaving	study early											
	randomised trials			no serious indirectness	serious ¹	none	0/11 (0%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	rt (Better ind	icated by lower	values)								
	randomised trials			no serious indirectness	very serious ²	none	11	10	-	SMD 0.67 lower (1.56 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repo	rt at 3-month	ns (Better indica	ted by lower v	values)	l						
1	randomised trials	no serious limitations		no serious indirectness	very serious ²	none	30	25	-	SMD 0.51 lower (1.05 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study ² Single study; inconclusive ES

Is group guided self-help effective compared with treatment as usual?

			Quality asses	smont				Sum	nmary of f	indings		
			Quality asses	sillelit			No. of	patients	E	ffect		l
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	considerations	Group guided self-help	Treatment as usual	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
1	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	35/205 (17.1%)	0%	RR 2.16 (1.08 to 4.34)	0 more per 1000 (from 0 more to 0 more)	$\oplus \oplus \oplus O$	CRITICAL
Depress	sion self-repo	ort (Better in	dicated by lowe	er values)	'				·			
1	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	82	40	-	SMD 0.45 lower (0.83 to 0.07 lower)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study

Is guided self-help (with support by mail) effective compared with waitlist control?

			Quality asses	ssment				Sur	mmary of	findings		
							No. of pa	atients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Guided self-help (with support by mail)	control	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
_	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	25/167 (15%)	0%	RR 1.75 (0.67 to 4.65)	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
Depress	ion self-repo	ort (Better inc	dicated by lowe	er values)								
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	28	67	-	SMD 0.57 lower (1.02 to 0.12 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	rt at 1-mont	h (Better indica	ited by lower	values)							
	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	158	100	-	SMD 0.08 lower (0.3 lower to 0.13 higher)	⊕⊕⊕O MODERATE	

	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	50	46	-	SMD 0.02 higher (0.38 lower to 0.42 higher)	⊕⊕OO	CRITICAL		
epress	pression self-report at 6-months (Better indicated by lower values)													
	randomised trials	no serious limitations	no serious inconsistency		no serious imprecision	none	78	113	-	SMD 0.32 lower (0.62 to 0.02 lower)	⊕⊕⊕⊕ HIGH	CRITICAL		

¹ Inconclusive ES
² Single study
³ Single study; inconclusive ES

Physical activity

Is supervised aerobic physical activity plus antidepressants effective compared with combination antidepressants?

			Quality asses	ssment				Summa	ary of find	lings		
			X ,				No. of	patients	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Supervised aerobic + AD	Combination AD	Relative (95% CI)	Absolute	Quality	importance
Clinicia	n-rated depr	ession score	s (Better indica	ated by lower	values)							
	randomised trials		no serious inconsistency		serious ¹	none	10	20	-	SMD 1.04 lower (1.85 to 0.23 lower)	⊕⊕⊕O MODERATE	CRITICAL
Leaving	treatment e	early due side	e effects									
	randomised trials		no serious inconsistency			none	5/55 (9.1%)	0%	RR 0.87 (0.27 to 2.83)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

¹ Single study
² Single study and inconclusive effect size

Is physical activity (supervised) effective compared with no physical activity control?

			Quality asse	ssment				Sumn	nary of fir	ndings		
			X ,				No. of pa	tients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)	No physical activity control	Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated depr	ession score	s (Better indica	ted by lower	values)							
5	randomised trials			no serious indirectness		none	110	103	-	SMD 1.26 lower (2.12 to 0.37 lower)	⊕⊕⊕ HIGH	CRITICAL
Clinicia	n-rated depr	ession score	s at 24 weeks (Better indicat	ed by lower	values)						
1	randomised trials			no serious indirectness	· •	none	12	11	-	SMD 0.15 higher (0.67 lower to 0.97 higher)	⊕⊕OO LOW	CRITICAL
Clinicia	n-rated depr	ession score	s at 34-36 weel	ks (Better ind	icated by low	ver values)						
1	randomised trials		no serious inconsistency	no serious indirectness		none	56	57	-	SMD 0.38 lower (0.75 to 0.01 lower)	⊕⊕⊕ HIGH	CRITICAL

Self-rat	ed depressio	n scores (Be	tter indicated	by lower valu	es)							
7	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	214	190	-	SMD 0.74 lower (1.19 to 0.29 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-rat	ed depressio	n scores at 4	1 weeks (Bette	r indicated by	lower value	5)						
1	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	48	34	-	SMD 1.58 lower (2.09 to 1.08 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rat	ed depressio	n scores at 8	3 weeks (Bette	r indicated by	lower value	s)						
1	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	48	34	-	SMD 1.06 lower (1.53 to 0.59 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rat	ed depressio	n scores at 3	34 weeks (Betto	er indicated b	y lower value	es)						
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	43	43	-	SMD 0.24 lower (0.67 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Leaving	treatment e	arly										
3	randomised trials		no serious inconsistency	no serious indirectness	serious ³	none	17/104 (16.3%)	0%	RR 1.47 (0.72 to	0 more per 1000 (from 0 fewer to	⊕⊕⊕O MODERATE	CRITICAL

				3.01)	0 more)	

¹ Single study and inconclusive effect size

Is physical activity (unsupervised) effective compared with no physical activity control?

			Quality asses	sment				Summary	of findir	ngs		
			Quality asses				No. of pati	ents	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision		Physical activity (unsupervised)	No physical activity control	Relative (95% CI)	Absolute	Quality	Importance
Self-rate	ed depression	n scores (Bet	ter indicated b	y lower value	s)				ļ		ļ	
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	11	15	-	SMD 0.42 higher (0.37 lower to 1.21 higher)	LOW	CRITICAL
Self-rate	ed depression	n scores at 2	4 weeks (Bette	r indicated by	lower value	s)						
1	randomised trials	no serious Iimitations			very serious ¹	none	14	18	-	SMD 0.10 higher (0.6 lower to 0.8 higher)		CRITICAL

¹ Single study and inconclusive effect size

² Single study ³ Inconclusive effect size

Is physical activity (supervised) effective compared with pill placebo?

			Quality asses	ssment				Sumi	mary of fi	ndings		
			Quanty asses	,sinenc			No. of pat	ients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)		Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated depre	ession scores	s (Better indica	ted by lower	values)							
1	randomised trials			no serious indirectness	very serious ¹	none	51	49	-	SMD 0.27 lower (0.67 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Leaving	treatment e	arly			-							
3	randomised trials	no serious Iimitations		no serious indirectness	serious ²	none	12/87 (13.8%)	0%	RR 0.64 (0.33 to 1.23)	0 fewer per 1000 (from 0 fewer to 0 more)		CRITICAL

¹ Single study and inconclusive effect size ² Inconclusive effect size

Is physical activity (unsupervised) effective compared with pill placebo?

			Quality asses	ssment				Summ	ary of find	dings		
			Quality asset	, sincinc			No. of patie	ents	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (unsupervised)		Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated depr	ession score	s (Better indica	ated by lower	values)							
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	53	49	-	SMD 0.12 lower (0.5 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL
Leaving	treatment											
1	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	3/53 (5.7%)	0%	RR 0.20 (0.06 to 0.65)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study and inconclusive effect size ² Single study

Is physical activity (supervised) effective compared with waitlist control?

			Quality asses	sment				Summa	ry of find	dings		
			Quality asses	Silicit			No. of pat	ients	ı	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)	Waitlist control	Relative (95% CI)	Absolute	Quality	=
Clinicia	n-rated depre	ession scores	(Better indicate	d by lower va	lues)						l .	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	10	12	-	SMD 0.49 lower (1.35 lower to 0.36 higher)		CRITICAL
Clinicia	n-rated depre	ession scores	at 12 weeks (Be	tter indicated	by lower va	lues)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	10	9	-	SMD 0.34 lower (1.24 lower to 0.57 higher)		CRITICAL

Single study and inconclusive effect size

Is physical activity (supervised aerobic) effective compared with antidepressants?

			Quality asses	cmant				Sı	ımmary of	findings		
			Quality usses	Silient			No. of patien	its	Е	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised aerobic)	AD	Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated depre	ession scores	(Better indicate	ed by lower va	lues)			1				
2	randomised trials	no serious limitations	very serious ¹	no serious indirectness	serious ²	none	51	49	-	MD 0.75 lower (1.79 lower to 0.28 higher)	⊕OOO VERY LOW	CRITICAL
Self-rat	ed depression	scores (Bett	er indicated by	lower values)								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	53	48	-	SMD 0.19 lower (0.58 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Leaving	treatment ea	arly						<u> </u>				
2	randomised	no serious	no serious	no serious	serious ²	none	24/104	0%	RR 1.59	0 more per	⊕⊕⊕О	CRITICAL

t	rials	limitations	inconsistency	indirectness		(23.1%)	(0.87 to	1000 (from 0	MODERATE	
							2.9)	fewer to 0		
								more)		
										1

Is physical activity (unsupervised aerobic) effective compared with antidepressants?

			Quality asses	sment				Sun	nmary of t	findings		
							No .of patient	s	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (unsupervised aerobic)		Relative (95% CI)	Absolute	Quality	importance
Cliniciar	n-rated depre	ession scores	(Better indicat	ed by lower v	alues)							
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	53	49	-	SMD 1.03 lower (1.44 to 0.61 lower)	⊕⊕⊕O MODERATE	CRITICAL
Leaving	treatment e	arly										
_	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	3/53 (5.7%)	0%	RR 0.40 (0.11 to 1.45)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕О	CRITICAL

¹ Heterogeneity >80%

² Inconclusive effect size

³ Single study and inconclusive effect size

Leaving	treatment e	arly due to si	ide effects								
1	randomised trials		no serious inconsistency	, ,	none	3/53 (5.7%)	0%	RR 2.77 (0.3 to 25.78)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Is physical activity (supervised aerobic) effective compared with psychosocial and psychological interventions?

			Quality asse	ssment				Summar	y of findi	ngs		
			•				No. of	patients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	-		Relative (95% CI)	Absolute	Quality	Importance
Self-rate	ed depression	n scores (Be	etter indicated	by lower val	ues)							
	randomised trials		no serious inconsistency		serious ¹	none	39	40	-	SMD 0.23 lower (0.68 lower to 0.21 higher)	⊕⊕⊕O MODERATE	CRITICAL
Leaving	Leaving treatment early											
1	randomised	no serious	no serious	no serious	very	none	2/10 (20%)	0%	RR 1.20 (0.14 to	0 more per 1000	⊕⊕OO	CRITICAL

¹ Single study ² Single study and inconclusive effect size

Self-rat			inconsistency 8 weeks (Bette			ues)			10.58)	(from 0 fewer to 0 more)	LOW	
1	randomised	no serious		no serious	very	none	15	16	-	SMD 0.09 lower (0.79 lower to 0.62 higher)	⊕⊕OO LOW	CRITICAL
Self-rat	randomised	no serious	no serious inconsistency	no serious	very	none	13	13	-	SMD 0.41 lower (1.18 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAL
Self-rat	randomised	no serious	34 weeks (Bet no serious inconsistency	no serious	very	none	8	10	-	SMD 0.63 lower (1.59 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL

¹ Inconclusive effect size ² Single study and inconclusive effect size

Is physical activity (supervised non-aerobic) effective compared with psychosocial and psychological interventions?

			Quality asses	ssment				Summary o	of finding	s		
			Quanty asses	Silient			No. of	Ef	ffect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	activity and		Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated depr	ession score	s (Better indica	ited by lower	values)						ı	
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	12	12	-	SMD 0.80 higher (0.04 lower to 1.64 higher)	⊕⊕OO LOW	CRITICAL
Clinicia	n-rated depr	ession score	s at 36 weeks (Better indica	ted by lower	values)			-			
1	randomised trials			no serious indirectness	very serious ¹	none	13	13	-	SMD 0.17 lower (0.94 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL

Single study and inconclusive effect size

Is supervised aerobic physical activity + antidepressants effective compared with antidepressants?

			Quality assess	sment				Su	ımmary of	findings		
			4 ,				No. of patier	nts	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Supervised aerobic + AD	AD	Relative (95% CI)	Absolute	Quality	
Clinician	-rated depres	ssion scores (I	Better indicated	by lower value	es)							
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	55	48	-	SMD 0.08 lower (0.47 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Leaving	treatment ea	rly										
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	11/55 (20%)	0%	RR 1.37 (0.58 to 3.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Self-rate	d depression	scores (Bette	er indicated by lo	ower values)								
			no serious inconsistency	no serious indirectness	very serious ¹	none	55	48	-	SMD 0.08 higher (0.31 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL

Is group physical activity (supervised aerobic) effective compared with no physical activity control?

			Quality asse	ssment				Summ	nary of fin	dings		
			Quality asse.	331110110			No. of pa	tients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group physical activity (supervised aerobic)		Relative (95% CI)	Absolute	Quality	Importance
Self-rat	ed mean dep	ression scor	es (Better indic	cated by lowe	er values)							
2	randomised trials		no serious inconsistency		no serious imprecision	none	84	63	-	SMD 0.94 lower (1.29 to 0.59 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-rat	ed depressio	n change sco	ores (Better inc	licated by low	ver values)							
1	randomised trials			no serious indirectness	very serious ¹	none	19	20	-	SMD 0.61 lower (1.26 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL
	1	1			1							

¹ Single study and inconclusive effect size

Leaving	treatment e	arly										
2	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	13/64 (20.3%)	0%	RR 1.24 (0.56 to 2.79)	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
Self-rat	ed mean dep	ression scor	es at 4 weeks (Better indica	ted by lower	values)						
1	randomised trials		no serious inconsistency	no serious indirectness	serious ³	none	48	34	-	SMD 1.58 lower (2.09 to 1.08 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rat	ed mean dep	ression scor	es at 8 weeks (Better indica	ted by lower	values)						
1	randomised trials		no serious inconsistency	no serious indirectness	serious ³	none	48	34	-	SMD 1.06 lower (1.53 to 0.59 lower)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study and inconclusive effect size
² Inconclusive effect size
³ Single study

Is group physical activity (supervised non-aerobic) effective compared with no physical activity control?

			Quality asse	ccmont				Summ	nary of fin	dings		
			Quality asse	331116111			No. of pat	Ef	fect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group physical activity (supervised non-aerobic)		Relative (95% CI)	Absolute	Quality	Importance
Clinicia	n-rated mear	n depression	scores (Better	indicated by	lower values	5)						
4	randomised	no serious	serious ¹	no serious	no serious	none				SMD 0.77		
	trials	limitations		indirectness	imprecision		93	90	-	lower (1.08 to 0.45 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rate	ed mean dep	pression scor	es (Better indi	cated by lowe	er values)							
	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	93	90	-	SMD 0.54 lower (0.84 to 0.24 lower)	⊕⊕⊕O MODERATE	CRITICAL

Leavir	ng treatment e	arly												
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ³	none	2/20 (10%)	0%	RR 2.00 (0.2 to 20.33)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL		
Leavir	eaving treatment early due to side effects													
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ³	none	2/20 (10%)	0%	RR 5.00 (0.26 to 98)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL		
Clinici	Clinician-rated mean depression scores at 24 weeks (Better indicated by lower values)													
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ³	none	12	11	-	SMD 0.15 higher (0.67 lower to 0.97 higher)	⊕⊕OO LOW	CRITICAL		
Clinici	an-rated mear	n depression	scores at 34-3	6 weeks (Bet	ter indicated	by lower values	5)							
2	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-	SMD 0.38 lower (0.75 to 0.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL		

Self-rat	ed mean dep	ression sco	es at 34 weeks	(Better indic	ated by lowe	er values)						
1	randomised trials		no serious inconsistency			none	43	43	-	SMD 0.24 lower (0.67 lower to 0.18 higher)	⊕⊕⊕O MODERATE	CRITICAL

¹ Heterogeneity >80%

Is individual physical activity (supervised aerobic) effective compared with no physical activity control?

			Quality asses	ssment				Summa	ary of fin	dings		
			· ·				No. of pat	tients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency Indirectness II		Imprecision	Other considerations	Individual physical activity (supervised aerobic)	No physical activity control	Relative (95% CI)	Absolute	Quality	Importance
Cliniciar	n-rated mear	depression	scores at endp	oint (Better i	ndicated by	lower values)						
1	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	17	13	-	SMD 1.16 lower (1.94 to 0.37 lower)	⊕⊕⊕O MODERATE	

Heterogeneity >50%
 Single small study and inconclusive effect size
 Inconclusive effect size

Self-rat	Self-rated mean depression scores at endpoint (Better indicated by lower values)													
	randomised trials		no serious inconsistency			none	17	13	-	SMD 0.87 lower (1.54 to 0.2 lower)	⊕⊕⊕O MODERATE			

¹ Single small study

Is individual physical activity (unsupervised non-aerobic) effective compared with no physical activity control?

			Quality asses	coment				Summary	of findin	gs		
			Quality asses	Silient			No. of patie	ents	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual physical activity (unsupervised non-aerobic)	No physical activity control	Relative (95% CI)	Absolute	Quality	Importance
Self-rate	ed mean dep	ression scor	es at endpoint	(Better indica	ted by lowe	r values)		l				
1	randomised trials			no serious indirectness	very serious ^{1,2}	none	11	15	-	SMD 0.42 higher (0.37 lower to 1.21 higher)	⊕⊕OO LOW	
Self-rate	ed mean dep	ression scor	es at follow up	(Better indica	ated by lowe	r values)		·	,			'
1	randomised trials		no serious inconsistency		,	none	11	15	-	SMD 0.10 higher (0.6 lower to	⊕⊕OO LOW	

		0.8 higher)	
		Join Migher,	

¹ Single small study
² Inconclusive effect size

HIGH-INTENSITY INTERVENTIONS

Cognitive behavioural therapies

Is CBT effective compared with waitlist control?

			Quality asses	ssment				Sui	nmary of f	indings				
			Q ,				No. of	patients	E	Effect		Importance		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	Waitlist control	Relative (95% CI)	Absolute	Quality			
Depress	Depression scores: continuous measures at endpoint (Better indicated by lower values)													
2	randomised trials	no serious limitations			no serious imprecision	none	54	0	-	SMD 0.89 lower (1.45 to 0.33 lower)	⊕⊕⊕⊕ HIGH	CRITICAL		
Depress	ion scores (di	ichotomous o												
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	7/12 (58.3%)	0%	RR 0.70 (0.41 to 1.2)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL		
Depress	ion scores (di	ichotomous o	outcomes): clinic	ian-rated										
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	5/12 (41.7%)	0%	RR 0.45 (0.23 to 0.91)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕OO LOW	CRITICAL		

Is CBT effective compared with placebo?

			Quality asses	ssment			S	ummary o	f findings			
							N.o of p	atients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	Placebo	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
	randomised trials	no serious limitations	serious ¹		no serious imprecision	none	24/95 (25.3%)	0%	RR 0.44 (0.12 to 1.61)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depressi	ion scores: co	ontinuous me	easures: self-rat	ed (Better ind	licated by low	er values)						
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	59	62	-	SMD 0.15 lower (0.51 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Depressi	ion scores: co	ontinuous me	easures: clinicia	n-rated (Bette	er indicated by	lower values)						
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	59	62	-	SMD 0.32 lower (0.68 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study; inconclusive effect size

Depressi	Depression scores: dichotomous outcomes: self-rated													
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	30/59 (50.8%)	0%	RR 0.85 (0.62 to 1.18)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL		
Depressi	epression scores: dichotomous outcomes: clinician-rated													
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	38/59 (64.4%)	0%	RR 0.81 (0.65 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕OO LOW	CRITICAL		

Is CBT effective compared with non-directive psychotherapies?

			Quality asse	ssment				Summa	ry of find	lings		
			 ,				No	o. of patients	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	Non-directive psychotherapies	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
1	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	5/36 (13.9%)	0%	RR 0.46 (0.17 to 1.23)	•	⊕⊕⊕ HIGH	CRITICAL

¹ Heterogeneity >50
² Single study; inconclusive effect size

4	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	47	40	-	SMD 0.19 lower (0.86 lower to 0.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores:	continuous	measures: self-	report (BDI 8	sessions) (B	etter indicated	by lower	values)				
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	30	-	SMD 0.20 lower (0.72 lower to 0.31 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depres	sion scores: (dichotomou	s outcomes									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	12/36 (33.3%)	0%	RR 0.59 (0.34 to 1.03)	· .	⊕⊕OO LOW	CRITICAL
Depres	sion scores:	continuous	measures at fo	llow-up (6 mg	onths) (follow	v-up mean 6 m	onths; Be	etter indicated by	lower va	lues)		
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	26	-	SMD 0.13 lower (0.67 lower to	⊕⊕⊕⊕ HIGH	CRITICAL

Depres	sion scores: o	continuous r	neasures at fo	llow-up (1 ye	ar) (follow-u	p mean 1 years;	Better i	ndicated by lower	r values)	0.4 higher)		
3	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	25	25	-	SMD 0.22 higher (0.79 lower to 1.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores: o	dichotomou	s measures at	follow-up (3 r	months) (foll	ow-up mean 3 r	nonths)					
1	randomised trials			no serious indirectness	very serious ²	none	17/36 (47.2%)	0%	RR 0.75 (0.48 to 1.16)	-	⊕⊕OO LOW	CRITICAL

¹ Heterogeneity > 50%
² Single study; inconclusive effect size

Is CBT (primary care) effective compared with GP care?

			Quality asses	ssment				,	Summary	of findings		
			Quality asses	Sincin			No. of pat	ients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT (primary care)		Relative (95% CI)	Absolute	Quality	importance
Leaving	study early											
3	randomised trials			no serious indirectness	no serious imprecision	none	29/100 (29%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕ HIGH	CRITICAL
Depress	ion scores: co	ntinuous me	asures: self-rep	ort (Better ind	licated by low	er values)	<u> </u>	,				
2	randomised trials	no serious limitations		no serious indirectness	no serious imprecision	none	52	68	-	SMD 0.01 higher (0.83 lower to 0.85 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion scores: co	ontinuous me	asures: clinician	ı-rated (Better	indicated by	lower values)						
2	randomised trials			no serious indirectness	no serious imprecision	none	47	45	-	SMD 0.33 lower (0.74 lower to 0.08 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
								<u> </u>				

Depressi	ion scores: co	ntinuous me	easures: self-rep	ort at follow-u	ıp (5 months)	(follow-up mear	5 months	; Bett	er indica	ted by lower va	lues)		
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	26	44	-	SMD 0.13 higher (0.36 lower to 0.61 higher)	⊕⊕OO LOW	CRITICAL	
Depression scores: continuous measures: clinician-rated at follow-up (5 months) (follow-up mean 5 months; Better indicated by lower values)													
	randomised trials	no serious Iimitations		no serious indirectness	very serious ²	none	23	35	-	MD 0.31 higher (0.22 lower to 0.84 higher)	⊕⊕OO LOW	CRITICAL	

¹ Heterogeneity > 50%
² Single study; inconclusive effect size

Is CBT effective compared with antidepressants?

									Summary	of findings		
			Quality asses	ssment			No. of		E	iffect	Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	AD	Relative (95% CI)	Absolute		
Leaving	the study ear	rly										
14	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	146/686 (21.3%)	0%	RR 0.75 (0.63 to 0.91)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕ HIGH	CRITICAL
Relapse	at post-treat	ment						!		-		
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	4/14 (28.6%)	0%	RR 0.86 (0.27 to 2.71)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse	up to 12 moi	nths (with cor	ntinuation treat	ment) (follow-	up mean 12 n	nonths)						
2	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	2/29 (6.9%)	0%	RR 0.26 (0.06 to 1.21)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL

Relaps	e up to 12 moi	nths (no cont	inuation treatm	ent) (follow-u	p mean 12 mc	onths)						
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	12/95 (12.6%)	0%	RR 0.59 (0.3 to 1.14)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL
Relaps	e at 18 months	s (no continu	ation treatment	t) (follow-up m	iean 18 month	ıs)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	3/15 (20%)	0%	RR 0.40 (0.12 to 1.31)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relaps	e at 24 months	s (no continu	ation treatment	t) (follow-up m	iean 24 month	ns)	L					
2	randomised trials	no serious limitations	serious ²	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	0%	RR 0.69 (0.34 to 1.4)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relaps	e at 24 months	s (with contin	nuation treatme	nt) (follow-up	mean 24 mor	ths)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	2/7 (28.6%)	0%	RR 0.67 (0.16 to 2.84)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depres	ssion scores: co	ontinuous me	easures at post-	treatment: self	f-report (Bette	er indicated by lo	wer value	es)				
8	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	234	-	SMD 0.06 lower (0.24 lower to 0.12	⊕⊕⊕⊕ HIGH	CRITICAL

										higher)		
Depress	ion scores: co	ntinuous me	asures at post-t	reatment: clin	ician-rated (B	etter indicated b	y lower va	alues	5)			
13	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	698	705	-	SMD 0.05 higher (0.06 lower to 0.15 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depress	ion score: dic	hotomous m	easures: clinicia	n-rated								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	35/60 (58.3%)	0%	RR 1.00 (0.77 to 1.3)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depress	ion scores: di	ichotomous n	neasures: self-re	eport								
3	randomised trials	no serious limitations	serious ²	no serious indirectness	no serious imprecision	none	46/94 (48.9%)	0%	RR 0.81 (0.46 to 1.42)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
No. not	achieving rer	nission										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	36/60 (60%)	0%	RR 1.11 (0.85 to 1.44)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
HRSD-17	7>6 & HRSD-2	24>8 at end o	f treatment									
5	randomised	no serious	no serious	no serious	no serious	none	283/424	0%	RR 1.00 (0.86 to	0 fewer per 1000 (from 0	$\oplus \oplus \oplus \oplus$	CRITICAL

	1 .	Ī.	1	1 .		I	I					
	trials	limitations	inconsistency	indirectness	imprecision		(66.7%)		1.15)	fewer to 0	HIGH	
										more)		
50% de	crease in BDI	scores										
1	randomised	no serious	no serious	no serious	very serious ¹	none			RR 1.45	0 more per		
	trials	limitations	inconsistency	indirectness			16/30	00/		1000 (from 0	$\oplus \oplus OO$	00.71041
							(53.3%)	0%	(0.82 to	fewer to 0	LOW	CRITICAL
							`		2.59)	more)		
										more,		
Depres	sion scores: co	ontinuous me	easures at follov	v-up (1 month): clinician-rat	ed (follow-up m	ean 1 mor	nths;	Better ind	licated by lowe	r values)	
_	T ,		Ι.		. 1	1						
1	randomised	no serious	no serious	no serious	very serious ¹	none				SMD 0.08		
	trials	limitations	inconsistency	indirectness			19	16	_	higher (0.59	$\oplus \oplus OO$	CRITICAL
							13			lower to 0.74	LOW	011110/12
										higher)		
Depres	sion scores: co	ontinuous me	easures at follov	v-up (12 mont	hs): clinician-r	ated (Better indi	cated by I	owe	r values)			
3	randomised	no serious	no serious	no serious	no serious	none				SMD 0.50		
	trials	limitations	inconsistency	indirectness	imprecision		73	64	_	lower (0.84 to	$\oplus \oplus \oplus \oplus$	CRITICAL
	li i di s		inconsistency	li di comess	in precision		, ,			0.15 lower)	HIGH	CHITTOTAL
										0.13 lower)		
Donros	sion scores: s	l nationalis me	acures at follow	un (24 mont)	hs), clinician r	l ated (follow-up i	maan 24 n		ha. Dattar	indicated by lay	wor values)	
Depres	sion scores: co	ontinuous me	easures at iollov	v-up (24 monti	ns): ciinician-r	ated (follow-up i	mean 24 n	nont	ns; better	indicated by io	wer values)	
1	randomised	no serious	no serious	no serious	very serious ¹	none				SMD 0.37		
	trials	limitations	inconsistency	indirectness						lower (0.98	$\oplus \oplus OO$	
			comoioceney				0	0	-	lower to 0.23	LOW	CRITICAL
											LOW	
										higher)		
Depres	sion scores: co	ontinuous me	asures at follov	v-up (12 mont	hs): self-repor	l t (follow-up mea	n 12 mon	ths;	Better indi	cated by lower	values)	
						ı	1			I I		
3	randomised	no serious	no serious	no serious	no serious	none	70	64	-	SMD 0.41	$\oplus \oplus \oplus \oplus$	CRITICAL
										lower (0.76 to	AAAA	
L	_1	l .	1	1	1	l	1	1		l		

	trials	limitations	inconsistency	indirectness	imprecision					0.07 lower)	HIGH	
Depres	sion scores: co	ontinuous me	easures at follow	-up (24 mont	hs): self-repor	t (follow-up mea	n 24 mon	ths;	Better indi	cated by lower	values)	
1	trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹		22	20	-	SMD 0.40 lower (1.01 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous me	easures (clinican	-rated) after 6	months main	tenance (follow-	up mean	6 mc	onths; Bett	er indicated by	lower value	es)
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	13	6	-	SMD 0.41 higher (0.57 lower to 1.39 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous me	easures (self-rep	ort) after 6 m	onths mainten	ance (follow-up	mean 6 m	ontl	hs; Better i	ndicated by lov	ver values)	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	14	6	-	SMD 0.03 higher (0.92 lower to 0.99 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: d	chotomous r	neasures (self-r	eport) at follo	 w-up (1 year) (follow-up mean	1 years)					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	16/24 (66.7%)	0%	RR 0.76 (0.55 to 1.05)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	rity: Moderat	e or modera	te/severe: Leavi	ng the study e	arly							
5	randomised	no serious	no serious	no serious	serious ³	none	80/349	0%	RR 0.83 (0.64 to	0 fewer per 1000 (from 0	⊕⊕⊕O	CRITICAL

	trials	limitations	inconsistency	indirectness			(22.9%)		1.07)	fewer to 0 more)	MODERATE	
By seve	erity: Severe: I	eaving the st	tudy early		1	<u> </u>	1	ļ		<u> </u>		
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	30/110 (27.3%)	0%	RR 1.04 (0.68 to 1.61)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By seve	erity: Severe/v	ery severe: L	eaving the stud	y early								
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/66 (22.7%)	0%	RR 0.55 (0.32 to 0.94)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
By seve	erity: Moderat	e or modera	te/severe: Depr	ession scores:	continuous m	easures (self-rep	ort) (Bett	er in	dicated by	lower values)		
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	108	121	-	SMD 0.07 lower (0.33 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	erity: Severe: I	Depression so	ores: continuo	is measures (s	elf-report) (Be	tter indicated by	lower va	lues				
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	101	96	-	SMD 0.03 lower (0.38 lower to 0.31 higher)	⊕⊕⊕O MODERATE	CRITICAL
			ļ	I								

By se	everity: Severe/v	ery severe: [Depression score	es: continuous	measures (se	lf-report) (Better	indicated	l by l	ower valu	es)		
3	randomised trials	no serious limitations	serious ²	no serious indirectness	serious ³	none	75	83	-	SMD 0.06 higher (0.42 lower to 0.53 higher)	⊕⊕OO LOW	CRITICAI
By se	everity: Moderat	e or modera	te/severe: Depr	ession scores:	continuous m	easures (cliniciar	ı-report) ((Bett	er indicate	ed by lower val	ues)	
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	451	459	-	SMD 0.04 higher (0.09 lower to 0.17 higher)	⊕⊕⊕O MODERATE	CRITICAL
3y se	everity: Severe: I	Depression so	cores: continuo	ıs measures (c	linician-rated)	(Better indicate	d by lowe	r val	ues)			
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	151	196	-	SMD 0.02 higher (0.2 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL
By se	everity: Severe/v	ery severe: o	continuous mea	sures (clinician	-rated) (Bette	r indicated by lo	wer value	s)				
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	76	84	-	SMD 0.90 lower (0.4 lower to 0.23 higher)	⊕⊕⊕O MODERATE	CRITICAL
3y se	everity: Moderat	e or modera	te/severe: conti	nuous measur	es at 16-week	follow-up (self-r	eport) (B	etter	indicated	by lower value	es)	
L	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	17	22	-	SMD 0.25 higher (0.38 lower to 0.89	⊕⊕OO LOW	CRITICAL

										higher)		
By seve	rity: Moderat	e or moderat	te/severe: conti	nuous measur	es at 16-week	follow-up (clinic	ian-rated) (Be	tter indica	ted by lower va	alues)	
1	trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	16	22	-	SMD 0.26 lower (0.9 lower to 0.39 higher)		CRITICAL
By seve	rity: Severe a	nd severe/ve	ry severe: conti	nuous measur	es at 16-week	follow-up (self-r	eport) (Bo	etter	indicated	by lower value	es)	
1	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	18	27	-	SMD 0.23 higher (0.37 lower to 0.83 higher)	⊕⊕OO LOW	CRITICAL
By seve	rity: Severe a	nd severe/ve	ry severe: conti	nuous measur	es at 16-week	follow-up (clinic	ian-rated) (Be	tter indica	ted by lower va	alues)	
1	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	18	27	-	SMD 0.23 higher (0.05 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By seve	rity: Moderat	e or moderat	e/severe: dicho	tomous outco	mes (self-repo	ort)						
2	randomised trials	no serious limitations	serious ³	no serious indirectness	very serious ⁴	none	16/35 (45.7%)	0%	RR 0.50 (0.11 to 2.3)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕OOO VERY LOW	CRITICAL
By seve	rity: Severe: o	lichotomous	outcomes (self-	report)		,						
1	randomised	no serious	very serious ¹	no serious	no serious	none	30/59	0%	RR 1.07 (0.74 to	0 more per 1000 (from 0	⊕⊕OO	

	trials	limitations		indirectness	imprecision		(50.8%)		1.56)	fewer to 0 more)	LOW	
By seve	rity: Moderat	e or moderat	e/severe: dicho	otomous (clinic	ian-rated)							
4	randomised trials	no serious limitations	serious ³	no serious indirectness	serious ²	none	231/353 (65.4%)	0%	RR 0.94 (0.71 to 1.24)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	rity: Severe: o	lichotomous	(clinician-rated		1							
2	randomised trials	no serious limitations	serious ³	no serious indirectness	no serious imprecision	none	53/82 (64.6%)	0%	RR 1.02 (0.81 to 1.29)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By seve	rity: Moderat	e: Relapse po	ost-treatment		,		l		l			
1	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	4/14 (28.6%)	0%	RR 0.86 (0.27 to 2.71)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	rity: Moderat	e/severe: Re	lapse up to 12 n	nonths								
2	randomised trials	no serious limitations	serious ³	no serious indirectness	no serious imprecision	none	9/46 (19.6%)	0%	RR 0.66 (0.28 to 1.56)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
		I	-	1	1			•				

By seve	erity: Moderat	e/severe: Re	lapse at 18 mor	nths								
1	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	3/15 (20%)	0%	RR 0.40 (0.12 to 1.31)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	erity: Moderat	e/severe: Re	lapse at 24 mor	nths								
2	randomised trials	no serious limitations	serious ³	no serious indirectness	serious ²	none	8/22 (36.4%)	0%	RR 0.74 (0.24 to 2.26)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	erity: Moderat	e: Relapse at	24 months									
1	randomised trials	no serious limitations	very serious ¹	no serious indirectness	no serious imprecision	none	2/7 (28.6%)	0%	RR 0.67 (0.16 to 2.84)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	erity: Severe: I	No. not achie	ving remission (self-report)			,	,				
1	randomised trials	no serious limitations	serious ⁵	no serious indirectness	no serious imprecision	none	29/45 (64.4%)	0%	RR 2.01 (1.41 to 2.88)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By seve	erity: Severe: I	No. not achie	ving remission (clinician-rated	1)		1					
1	randomised trials	no serious limitations	serious ⁵	no serious indirectness	no serious imprecision	none	30/45 (66.7%)	0%	RR 1.55 (1.14 to 2.11)	0 more per 1000 (from 0 more to 0	⊕⊕⊕O MODERATE	CRITICAL

										more)		
By seve	ity: Less seve	ere: No. not a	chieving remissi	on (self-repor	t)							
1	randomised trials	no serious limitations			no serious imprecision	none	28/45 (62.2%)	0%	RR 1.64 (1.17 to 2.3)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By seve	ity: Less seve	ere: No. not a	chieving remissi	on (clinician-r	ated)							
1	randomised trials	no serious limitations			no serious imprecision	none	29/45 (64.4%)	0%	RR 2.15 (1.48 to 3.11)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study; inconclusive effect size
² Heterogeneity > 50%
³ Inconclusive effect size
⁴ Heterogeneity >80%
⁵ Single study

Is CBT + antidepressants effective compared with antidepressants?

									Summary	of findings		
			Quality asses	ssment			No. of		E	ffect	Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT + AD	AD	Relative (95% CI)	Absolute		
Leaving	study early						<u>'</u>					
	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	102/416 (24.5%)	0%	RR 0.81 (0.65 to 1.01)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse	at 6 months	(with continu	ation treatmen	t)				•				
	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	0/16 (0%)	0%	RR 0.09 (0.01 to 1.62)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse	at 12 months	s (no continua	ation treatment)								
	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	4/16 (25%)	0%	RR 0.63 (0.2 to 1.95)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
		<u>'</u>	1		'	1	1		1			

Relapso	e at 18 month	s (no continu	ation treatment	:)								
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	2/10 (20%)	0%	RR 0.40 (0.1 to 1.6)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relaps	e at 24 month	s (no continu	ation treatment	:)								
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	4/16 (25%)	0%	RR 0.50 (0.17 to 1.43)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse	e at 6 months	(no continua	tion treatment				1					
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	6/22 (27.3%)	0%	RR 1.09 (0.41 to 2.89)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapso	e at 6 years (n	o continuatio	on treatment)		,		,					
1	randomised trials	no serious limitations	serious ³	no serious indirectness	no serious imprecision	none	8/20 (40%)	0%	RR 0.44 (0.25 to 0.78)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores: co	ontinuous me	easures post-tre	atment (self-ro	eport) (Better	indicated by low	ver values)				
6	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	142	135	-	SMD 0.38 lower (0.62 to 0.14 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Depres	ssion scores: co	ontinuous me	easures post-tre	atment (clinici	ian-report) (Be	etter indicated b	y lower va	lues)			
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	368	356	-	SMD 0.46 lower (0.61 to 0.31 lower)	⊕⊕⊕⊕ HIGH	
Depres	sion scores: d	chotomous r	measures post-t	reatment (clin	ician-report)							
4	randomised trials	no serious limitations	serious ¹	no serious indirectness	serious ⁴	none	171/322 (53.1%)	0%	RR 0.76 (0.55 to 1.03)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depres	ssion scores: di	chotomous r	neasures post-t	reatment (self	-report)			ļ		-		
3	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	43/95 (45.3%)	0%	RR 0.88 (0.65 to 1.18)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depres	ssion scores: d	ichotomous r	neasures post-t	reatment (self	report: 50% i	ncrease BDI)						
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	18/30 (60%)	0%	RR 1.53 (0.89 to 2.63)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depres	ssion scores: co	ontinuous me	easures at 6 mo	nths' maintena	nce (self-repo	ort) (Better indica	ated by lo	wer	values)			
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	9	6	-	SMD 0.35 higher (0.69 lower to 1.4 higher)	⊕⊕OO LOW	CRITICAL

Depres	sion scores: co	ontinuous me	easures at 6 mo	nths' maintena	nce (clinician	-report) (Better i	indicated I	by lo	wer value	s)		
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	10	6	-	SMD 0.50 higher (0.53 lower to 1.53 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous me	easures at 1 yea	r follow-up (se	elf-report) (Be	tter indicated by	lower val	ues)				
2	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	48	44	-	SMD 0.29 lower (0.7 lower to 0.12 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores: co	ontinuous me	easures at 1-mo	nth follow-up	(clinician-rate	d) (Better indica	ted by low	er v	alues)			
3	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	66	60	-	SMD 0.29 lower (0.64 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	ssion scores: co	ontinuous me	easures at 1-mo	nth follow-up	(self-report) (I	Better indicated	by lower v	value	es)			
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.33 lower (1.01 lower to 0.35 higher)	⊕⊕OO LOW	CRITICAL
By seve	erity: Moderat	e and moder	ate/severe: Lea	ving the study	early							
4	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	72/315 (22.9%)	0%	RR 0.81 (0.62 to 1.07)	0 fewer per 1000 (from 0 fewer to 0	⊕⊕⊕O MODERATE	CRITICAL

										more)		
By seve	rity: Severe: L	eaving the st	udy early									
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	8/24 (33.3%)	0%	RR 1.33 (0.55 to 3.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	rity: severe/v	ery Severe: L	eaving the stud	y early				•				
3	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	22/77 (28.6%)	0%	RR 0.69 (0.45 to 1.07)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By seve	rity: Moderat	e and moder	ate/severe: Dep	pression scores	continuous n	neasures post-tre	eatment (self-	report) (Be	tter indicated l	oy lower val	ues)
2	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	58	57	-	SMD 0.32 lower (0.68 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	rity: Severe: [Depression so	ores continuou	s measures pos	st-treatment (self-report) (Bet	ter indicat	ted k	y lower va	lues)		
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.46 lower (1.14 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
By seve	rity: Severe/v	ery severe: D	epression score	es continuous r	neasures pos	t-treatment (self	-report) (E	Bette	r indicated	by lower valu	es)	
3	randomised	no serious	no serious	no serious	no serious	none	66	62	-	SMD 0.42 lower (0.78 to	$\oplus \oplus \oplus \oplus$	CRITICAL

	trials	limitations	inconsistency	indirectness	imprecision					0.07 lower)	HIGH	
By seve	rity: Moderat	e and moder	ate/severe: Dep	ression scores	continuous n	neasures post-tre	eatment (clinic	ian-rated)	(Better indicat	ed by lower	values)
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	284	277	-	SMD 0.50 lower (0.67 to 0.33 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
By seve	rity: Severe: [Depression so	ores continuou	s measures po	st-treatment (clinician-rated) (Better inc	licat	ed by lowe	r values)		
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.48 lower (1.17 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
By seve	rity: Severe/v	ery severe: D	epression score	es continuous i	measures post	t-treatment (clini	ician-rate	d) (B	etter indic	ated by lower v	/alues)	
3	randomised trials	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	66	63	-	SMD 0.28 lower (0.63 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	rity: Moderat	e and moder	ate/severe: Dep	pression scores	dichotomous	measures post-	treatment	t (sel	f-report)			
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	0%	RR 0.58 (0.31 to 1.1)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By seve	rity: Severe: [Depression so	ores dichotomo	us measures (self-report)							
1	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	0%	RR 1.07 (0.74 to	0 more per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

									1.56)	more)		
y sev	erity: Severe/v	ery severe: [Depression score	es dichotomou	s measures (s	elf-report)				1		
L	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	0%	RR 0.71 (0.3 to 1.72)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By sev	erity: Moderat	e and moder	ate/severe: Dep	pression scores	dichotomous	measures post-	treatment	(clir	nician-rate	d)		
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	128/249 (51.4%)	0%	RR 0.71 (0.62 to 0.82)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
By sev	erity: Severe: [Depression so	cores dichotomo	ous measures p	oost-treatmer	t (clinician-rated	1)					
I	randomised trials	no serious limitations	very serious ²	no serious indirectness	no serious imprecision	none	38/59 (64.4%)	0%	RR 1.11 (0.83 to 1.49)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By sev	erity: severe/v	ery Severe: [Depression score	es dichotomou	s measures po	ost-treatment (cl	linician-rat	ed)				
L	randomised trials	no serious limitations	serious ³	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	0%	RR 0.47 (0.22 to 0.99)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL

¹ Inconclusive effect size
² Single study; inconclusive effect size
³ Single study
⁴ Heterogeneity >50%

Is CBT + antidepressants effective compared with CBT?

			Quality asses	sment				S	Summary o	f findings		
							No. of p	oatients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT +	СВТ	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
5	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	85/355 (23.9%)	85/355 (23.9%)	RR 1.00 (0.77 to 1.3)	0 fewer per 1000 (from 55 fewer to 72 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	1.3)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse	at 6 months	(with contin	uation treatme	nt)								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	0/16 (0%)	1/15 (6.7%)	RR 0.31 (0.01 to	46 fewer per 1000 (from 66 fewer to 410 more)	⊕⊕OO LOW	CRITICAL
								7.15) 0 fewer per 1000 (from 0 fewer to 0 more)				
Relapse	at 12 month	s (no continu	ation treatmen	t)								
1	randomised	no serious	no serious	no serious	very	none	4/16	3/15	RR 1.25 (0.33 to	50 more per 1000 (from	⊕⊕ОО	CRITICAL

	trials	limitations	inconsistency	indirectness	serious ²		(25%)	(20%)	4.68)	134 fewer to 736 more)	LOW	
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Relapse	at 18 month	s (no continu	ation treatmen	t)								
	randomised trials	no serious limitations		no serious indirectness	very serious ²	none	2/16 (12.5%)	3/15 (20%)	RR 0.63 (0.12 to 3.24)	74 fewer per 1000 (from 176 fewer to 448 more)	⊕⊕OO LOW	CRITICAL
								0%	3.24)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse	at 24 month	s (no continu	ation treatmen	t)								
1	randomised trials	no serious limitations		no serious indirectness	very serious ²	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more)	⊕⊕OO LOW	CRITICAL
					1) (2. 11			0%	4.00)	0 more per 1000 (from 0 fewer to 0 more)		
Depress	ion scores: co	ontinuous me	easures post-tre	eatment (self-	report) (Bet	ter indicated by I	ower val	ues)				
4	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	110	109	-	SMD 0.17 lower (0.44 lower to 0.1	⊕⊕⊕O MODERATE	CRITICAL

										higher)		
Depres	sion scores: co	ontinuous m	easures post-tro	eatment (clinic	cian-report)	(Better indicated	d by lowe	r values)				
4	randomised trials	limitations	no serious inconsistency	no serious indirectness	serious ¹	none	110	110	-	SMD 0.05 lower (0.31 lower to 0.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores: co	ontinuous m	easures at 1-mo	onth follow-up	(self-repor	t) (Better indicat	ed by low	er value	s)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	18	19	-	SMD 0.29 lower (0.94 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous m	easures at 1-mo	onth follow-up	(clinician-r	eport) (Better inc	dicated by	/ lower v	alues)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	18	19	-	SMD 0.08 lower (0.72 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous m	easures at 6 mc	onths' mainter	ance (self-r	eport) (Better inc	dicated by	y lower v	ralues)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	9	14	-	SMD 0.35 higher (0.49 lower to 1.2 higher)	⊕⊕OO LOW	CRITICAL
Depres	sion scores: co	ontinuous m	easures at 6 mg	onths' mainter	ance (clinic	ian-report) (Bette	er indicat	ed by lov	ver values)		
1	randomised	no serious	no serious	no serious	very	none	10	13	-	SMD 0.04 lower (0.87	⊕⊕00	CRITICAL

	trials	limitations	inconsistency	indirectness	serious ²					lower to 0.78 higher)	LOW	
Depres	sion scores: c	ontinuous m	easures at 1-yea	ar follow-up (s	self-report) (Better indicated	by lower	values)				
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	48	48	-	SMD 0.14 higher (0.26 lower to 0.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion scores: c	ontinuous m	easures at 1-yea	ar follow-up (d	linician-rep	ort) (Better indic	ated by l	ower valu	ues)			
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	48	50	-	SMD 0.14 higher (0.26 lower to 0.53 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	erity: Moderat	e and mode	rate/severe: lea	ving study ear	rly							
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	68/293 (23.2%)	70/289 (24.2%)	RR 0.95 (0.71 to 1.28)	12 fewer per 1000 (from 70 fewer to 68 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	1.20)	0 fewer per 1000 (from 0 fewer to 0 more)		
By seve	erity: Severe/\	ery severe: I	Leaving study ea	arly								
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	17/62 (27.4%)	15/66 (22.7%)	RR 1.20 (0.66 to	45 more per 1000 (from 77 fewer to	⊕⊕⊕O MODERATE	CRITICAL

By seve	rity: Moderat	te and mode	rate/severe: De	pression score	es: continuo	ıs measures post	-treatme	0% ent (self-r	2.19)	270 more) 0 more per 1000 (from 0 fewer to 0 more)	by lower va	lues)
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	58	55	-	SMD 0.08 lower (0.45 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	rity: Severe/\	ery severe: I	Depression scor	es: continuou	s measures p	oost-treatment (s	self-repo	rt) (Bette	er indicate	d by lower valu	ues)	
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	52	54	-	SMD 0.27 lower (0.65 lower to 0.11 higher)	⊕⊕⊕O MODERATE	CRITICAL
By sever	rity: Moderat	te and mode	rate/severe: De	pression score	es: continuo	ıs measures post	-treatme	ent (clinic	cian-report	t) (Better indic	ated by lowe	er values)
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	58	55	-	SMD 0.01 lower (0.38 lower to 0.36 higher)	⊕⊕⊕O MODERATE	CRITICAL
By sever	rity: Severe/\	ery severe: I	Depression scor	es: continuou	s measures p	oost-treatment (linician-	report) (I	Better indi	cated by lowe	r values)	
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	52	55	-	SMD 0.09 lower (0.47 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL

		_	I .	_	1				I			I
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	0/16 (0%)	1/15 (6.7%)	RR 0.31 (0.01 to	46 fewer per 1000 (from 66 fewer to 410 more)	⊕⊕OO LOW	CRITICAL
								0%	7.15)	0 fewer per 1000 (from 0 fewer to 0 more)		
seve	rity: Moderat	e: Relapse a	t 12 months (no	continuation	treatment							
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	4/16 (25%)	3/15 (20%)	RR 1.25 13 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more)	⊕⊕OO LOW	CRITICAI
								0%		0 more per 1000 (from 0 fewer to 0 more)		
seve	rity: Moderat	e: Relapse a	t 18 months (no	continuation	treatment							
	randomised trials	no serious limitations		no serious indirectness	very serious ²	none	2/16 (12.5%)	3/15 (20%)	RR 0.63 (0.12 to – 3.24)	74 fewer per 1000 (from 176 fewer to 448 more)	⊕⊕OO LOW	CRITICA
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

1	randomised trials	limitations	no serious inconsistency	no serious indirectness	very serious ²	none	4/16 (25%)	3/15 (20%)	RR 1.25 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By sev	erity: Moderat	e: Depressio	n scores: contir	nuous measur	es at 1-mon	th follow-up (self	r-report) ((Better ir	idicated by	/ lower values)		
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	18	19	-	SMD 0.29 lower (0.94 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
By sev	erity: Moderat	e: Depressio	n scores: contir	nuous measur	es at 1-mon	th follow-up (clin	ician-rep	ort) (Bet	ter indicat	ed by lower va	lues)	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	18	19	-	SMD 0.08 lower (0.72 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By sev	erity: Moderat	e/severe: De	epression score	s: continuous	measures a	t 6 months' maint	tenance (self-repo	ort) (Better	indicated by lo	ower values	5)
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	9	14	-	SMD 0.35 higher (0.49 lower to 1.2 higher)	⊕⊕OO LOW	CRITICAL
By sev	erity: Moderat	e/severe: De	epression score	s: continuous	measures a	t 6 months' maint	tenance (clinician	report) (B	etter indicated	by lower v	alues)
1	randomised	no serious	no serious	no serious	very	none	10	13	-	SMD 0.04 lower (0.87	⊕⊕ОО	CRITICAL

	trials	limitations	inconsistency	indirectness	serious ²					lower to 0.78 higher)	LOW	
By severity: Very severe: Depression scores: continuous measures at 1-year follow-up (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	48	48	-	SMD 0.14 higher (0.26 lower to 0.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Very severe: Depression scores: continuous measures at 1-year follow-up (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	48	50	-	SMD 0.14 higher (0.26 lower to 0.53 higher)	⊕⊕⊕O MODERATE	CRITICAL

¹ Inconclusive effect size
² Single study, inconclusive effect size

Is CBT (for insomnia) + antidepressants effective compared with non-directive interventions (quasi-desens for insomnia) + antidepressants?

			Quality asses	ssment				Summary	of finding	gs		
			Quality asset	Silicit			No.	of patients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT (for insomnia) + AD	Non-directive interventions (quasi-desens for insomnia) + AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
	randomised trials		no serious inconsistency	no serious indirectness	- /	none	5/15 (33.3%)	3/15 (20%)	RR 1.67 (0.48 to 5.76)	134 more per 1000 (from 104 fewer to 952 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)	l l	
Depress	sion scores: o	ontinuous n	neasures post-	treatment (cli	nician-repor	rted) (Better ind	licated by lo	ower values)				
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	15	15	-	SMD 0.39 lower (1.11 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is CBT effective compared with treatment as usual (TAU)/antidepressants in older adults?

			Quality asses	ssment				S	ummary o	f findings		
			Launi, 2000				No. of	patients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	TAU/AD	Relative (95% CI)	Absolute	Quality	
Leaving	study for any	y reason	L			<u> </u>						
	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	8/52 (15.4%)	15/56 (26.8%)	RR 0.57 (0.27 to 1.21)	115 fewer per 1000 (from 196 fewer to 56 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion scores: c	ontinuous m	easures post-tro	eatment (self-	report) (Bett	er indicated by lo	ower val	ues)				
	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	52	56	-	SMD 0.31 lower (0.69 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion scores: c	ontinuous me	easures post-tro	eatment (clini	cian-report) (Better indicated	by lowe	r values)				
	randomised trials		no serious inconsistency		no serious imprecision	none	52	56	-	SMD 0.41 lower (0.79 to 0.03	⊕⊕⊕⊕ HIGH	CRITICAL

										lower)		
Depress	sion scores: co	ontinuous m	easures at 3-mo	onth follow-u	o (self-report)	(Better indicate	d by low	er values)			
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ²	none	21	23	-	SMD 0.44 lower (1.03 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: co	ontinuous m	easures at 3-mo	onth follow-u	c (clinician-re	oort) (Better ind	icated by	lower va	lues)	'		
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ²	none	21	23	-	SMD 0.27 lower (0.87 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: co	ontinuous m	easures at 6-m	onth follow-u	(self-report)	(Better indicate	d by low	er values)	1		
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ²	none	21	23	-	SMD 0.42 lower (1.02 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: co	ontinuous m	easures at 6-m	onth follow-u	clinician-rep	oort) (Better ind	icated by	lower va	lues)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	21	23	-	SMD 0.15 lower (0.74 lower to 0.44 higher)	⊕⊕OO LOW	CRITICAL

Inconclusive effect size
Single study, inconclusive effect size

Is CBT + antidepressants effective compared with antidepressants in older adults?

			Quality assess	sment				Su	ımmary of	findings		
			Quality assess	mene			No. of	patients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT +	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early fo	or any reason										
	randomised trials	no serious limitations			very serious ¹	none	12/36 (33.3%)	12/33 (36.4%)	RR 0.92 (0.48 to 1.75)	29 fewer per 1000 (from 189 fewer to 273 more)	⊕⊕OO LOW	CRITICAL
								0%	1.73)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depressi	ion scores: co	ontinuous me	asures post-trea	itment (self-re	port) (Bettei	r indicated by lov	wer value	es)				
	randomised trials	no serious limitations			very serious ¹	none	36	33	-	SMD 0.36 lower (0.84 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Depressi	on scores: co	ontinuous me	asures post-trea	tment (clinicia	an-report) (B	etter indicated b	y lower	values)				
	randomised trials	no serious limitations	no serious inconsistency		very serious ¹	none	36	33	-	SMD 0.45 lower (0.93 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is group CBT + antidepressants effective compared with antidepressants in older adults?

			Ovality assess					Su	mmary of	findings		
			Quality assess	sment			No. of p	atients		Effect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT + AD	AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving s	study early fo	or any reason										
		no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	4/22 (18.2%)	5/23 (21.7%)	RR 0.84 (0.26 to 2.72)	35 fewer per 1000 (from 161 fewer to 374 more)	⊕⊕OO LOW	CRITICAL
								0%	2.72)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depressi	on scores: Ro	ecurrence (M	ADRS >=10) at 6	months				,				
		no serious limitations		no serious indirectness	very serious ¹	none	1/18 (5.6%)	4/19 (21.1%)	RR 0.26 (0.03 to	mara) (6		CRITICAL
								0%	2.14)	0 fewer per 1000 (from 0 fewer to 0 more)		

epres	ssion scores: R	ecurrence (N	IADRS >=10) at 1	.2 months								
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious	none	5/18 (27.8%)	8/18 (44.4%)	RR 0.63 (0.25 to	164 fewer per 1000 (from 333 fewer to 244 more)	⊕⊕OO LOW	CRITICA
								0%	1.55)	0 fewer per 1000 (from 0 fewer to 0 more)		
epres	ssion scores: B	DI >=12 at 6 i	months									
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	8/18 (44.4%)	5/19 (26.3%)	RR 1.69 (0.68 to 4.21)	182 more per 1000 (from 84 fewer to 845 more)	⊕⊕OO LOW	CRITICA
								0%		1000 (from 0 fewer to 0 more)		
epres	ssion scores: B	DI >=12 at 12	months									
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	7/18 (38.9%)	5/18 (27.8%)	RR 1.40 (0.54 to	111 more per 1000 (from 128 fewer to 722 more)	⊕⊕OO LOW	CRITICA
								0%	3.6)	0 more per 1000 (from 0 fewer to 0 more)		

Single study, inconclusive effect size

Is CBT effective compared with placebo + clinical management in relapse prevention?

			Quality asses	ssment				Summa	ry of find	ings		
							No. of	patients	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT	Placebo + clinical management	Relative (95% CI)	Ahsolute	Quality	
Leaving	study early						<u> </u>					
1	randomised trials		no serious inconsistency		serious ¹	none	16/97 (16.5%)	6/90 (6.7%)	RR 2.47 (1.01 to	98 more per 1000 (from 1 more to 337 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	0.03)	0 more per 1000 (from 0 more to 0 more)		
Relapse					•		•					
3	randomised trials	no serious limitations		no serious indirectness	serious ³	none	61/187 (32.6%)	75/175 (42.9%)	RR 0.69 (0.42 to 1.12)		⊕⊕OO	CRITICAL

										51 more)		
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Remissi	on (68 week	s)										
	randomised trials		no serious inconsistency		very serious ⁴	none	42/70 (60%)	30/65 (46.2%)	RR 1.30	0.00	⊕⊕OO LOW	CRITICAL
								0%	·	0 more per 1000 (from 0 fewer to 0 more)		
Depress	sion scores: (continuous	outcomes in pa	itients with 5	or more pr	evious episodes	s (clinician-re	ported) (Bette	r indicate	d by lower	values)	
	randomised trials		no serious inconsistency		very serious ⁴	none	37	34	-	SMD 0.08 lower (0.54 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores:	continuous o	outcomes in pa	l atients with 5	or more pr	evious episodes	s (self-reporte	ed) (Better indi	cated by	lower value	es)	
	randomised trials		no serious inconsistency		very serious ⁴	none	51	50	-	SMD 0.18 higher (0.21	⊕⊕OO LOW	CRITICAL

					lower to	
					0.57	
					higher)	

Is CBT effective compared with antidepressants in relapse prevention?

			Quality asses	sment				Sum	mary of fin	idings		
			Quality usses	Silicit			No. of pati	ients	E	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT	AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early							<u> </u>			1	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	3/60 (5%)	5/120 (4.2%)	RR 1.20 (0.3 to	8 more per 1000 (from 29 fewer to 160 more)	⊕⊕OO LOW	CRITICAL
								0%	4.85)	0 more per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised	no serious	no serious	no serious	very	none	21/27	0%	RR 0.46 (0.27 to	0 fewer per 1000 (from 0	⊕⊕00	CRITICAL

¹ Single study
² Heterogeneity >50%
³ Inconclusive effect size
⁴ Single study, inconclusive effect size

trials	limitations	inconsistency	indirectness	serious ¹	(77.8%)	0.79)	fewer to 0	LOW	
							fewer)		

¹ Single study, inconclusive effect size

Is CBT + antidepressants effective compared with antidepressants in relapse prevention?

			Quality asses	sment				Summ	nary of find	dings		
			Z,				No. of pat	ients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT + AD	AD	Relative (95% CI)	Absolute	Quality	_
Leaving	study early											
1	randomised trials	no serious limitations			very serious ¹	none	23/66 (34.8%)	24/66 (36.4%)	RR 0.96 (0.61 to 1.52)	0 fewer per	⊕⊕OO LOW	CRITICAL
								0%		1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	4/66 (6.1%)	5/66 (7.6%)	RR 0.80 (0.22 to 2.85)	15 fewer per 1000 (from 59 fewer to 140 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per		

										1000 (from 0 fewer to 0 more)	
Depress	ion scores: co	ontinuous ou	tcomes (clinicia	an-reported) (Better indica	ated by lower va	lues)				
1	randomised trials				very serious ¹	none	66	66	-	SMD 0.18 lower (0.52 lower to 0.16 higher)	CRITICAL

Single study, inconclusive effect size

Is CBT effective compared with behavioural activation?

			Quality asses	sment				S	iummary o	of findings		
			X , Y				No. of	patients	I	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	ВА	Relative (95% CI)	Absolute	Quality	
Leaving	study early					Į.		ļ				
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	7/55 (12.7%)	12/53 (22.6%)	RR 0.56 (0.24 to 1.33)	100 fewer per 1000 (from 172 fewer to 75 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

By sev	verity: High sev	erity: Depres	ssion scores: co	ntinuous meas	sures at 8-w	eek endpoint (s	elf-report	ed) (Bett	er indicat	ed by lower valu	ues)	
1	trials	no serious limitations	no serious inconsistency		very serious ²	none	21	22	-	SMD 0.34 higher (0.26 lower to 0.95 higher)	⊕⊕OO LOW	CRITICAL
By sev	erity: High sev	erity: Depres	ssion scores: co	ntinuous meas	sures at 8-w	eek endpoint (c	linician-re	ported) (Better in	dicated by lowe	r values)	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	21	22	-	SMD 0.03 lower (0.62 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By sev	verity: High sev	erity: Depres	ssion scores: co	ntinuous meas	sures at 16-	week endpoint (self-repor	ted) (Bet	ter indica	ted by lower va	lues)	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	18	16	-	SMD 0.67 higher (0.02 lower to 1.37 higher)	⊕⊕OO LOW	CRITICAL
By sev	verity: High sev	erity: Depres	ssion scores: co	ntinuous meas	sures at 16-	week endpoint (clinician-r	eported)	(Better i	ndicated by low	er values)	
L	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	16	18	-	SMD 0.37 lower (1.05 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
By sev	verity: Modera	te: Depressio	on scores: contir	nuous measur	es at 8-weel	c endpoint (self-	reported)	(Better i	ndicated	by lower values)	
L	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	17	15	-	SMD 0.23 lower (0.93 lower to 0.47	⊕⊕OO LOW	CRITICAL

										higher)		
By seve	erity: Moderat	e: Depressio	n scores: contir	nuous measur	es at 8-week	endpoint (clinic	ian-repo	rted) (Be	tter indica	ted by lower va	alues)	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	17	15	-	SMD 0.36 lower (1.06 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL
By seve	erity: Moderat	e: Depressio	n scores: contir	nuous measur	es at 16-wee	k endpoint (self	reported	l) (Better	indicated	by lower value	es)	
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	67	69	-	SMD 0.06 higher (0.28 lower to 0.4 higher)	⊕⊕⊕O MODERATE	CRITICAL
By seve	erity: Moderat	e: Depressio	n scores: contir	nuous measur	es at 16-wee	ek endpoint (clini	cian-rep	orted) (B	etter indic	ated by lower	values)	
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	64	66	-	SMD 0.08 higher (0.26 lower to 0.43 higher)	⊕⊕⊕O MODERATE	CRITICAL
Relaps	e at 1 year											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	9/30 (30%)	9/27 (33.3%)	RR 0.90 (0.42 to 1.93)	33 fewer per 1000 (from 193 fewer to 310 more) 0 fewer per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

Recurre	ence at 2 year	s										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	4/17 (23.5%)	3/12 (25%)	RR 0.94 (0.26 to	15 fewer per 1000 (from 185 fewer to 615 more)	⊕⊕OO LOW	CRITICAL
								0%	3.46)	0 fewer per 1000 (from 0 fewer to 0 more)		
Not ach	ieving remiss	ion (BDI <=1	0)									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	33/45 (73.3%)	24/43 (55.8%)	RR 1.31 (0.96 to	173 more per 1000 (from 22 fewer to 452 more)	⊕⊕OO LOW	CRITICAL
								0%	1.81)	0 more per 1000 (from 0 fewer to 0 more)		
not ach	ieving remiss	ion (HRSD <=	7)									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	35/45 (77.8%)	28/43 (65.1%)	RR 1.19 (0.91 to	124 more per 1000 (from 59 fewer to 365 more)	⊕⊕OO LOW	CRITICAL
11								0%	1.56)	0 more per 1000 (from 0 fewer to 0 more)		

¹ Inconclusive effect size ² Single study, inconclusive effect size

Is CBT effective compared with IPT?

			Quality asses	ssment				S	ummary o	f findings		
							No. of	oatients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	IPT	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	50/202 (24.8%)	40/203 (19.7%)	RR 1.29 (0.91 to 1.85)	57 more per 1000 (from 18 fewer to 167 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	1.00)	0 more per 1000 (from 0 fewer to 0 more)		
Depress	ion scores: c	ontinuous me	easures post-tro	eatment (self-	report) (Bette	er indicated by lo	ower valu	ıes)				
3	randomised trials	no serious limitations			no serious imprecision	none	184	199	-	SMD 0.21 higher (0.01 to 0.41 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depress	ion scores: c	ontinuous me	easures post-tro	eatment (clini	cian-report) (Better indicated	by lower	r values)				
4	randomised trials	no serious limitations	serious ²	no serious indirectness	serious ¹	none	207	223	-	SMD 0.13 higher (0.06 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

Depress	sion scores: co	ontinuous m	easures at 5 to	6-month follo	w-up (self-rep	oort) (Better indi	icated by	lower va	alues)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	26	44	-	SMD 0.13 higher (0.36 lower to 0.61 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: co	ontinuous m	easures at 5 to	6-month follo	w-up (clinicia	n-report) (Bette	r indicate	d by low	er values)			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	23	35	-	SMD 0.31 higher (0.22 lower to 0.84 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: d	ichotomous	outcomes (BDI	9) post-treatr	ment							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³		0/0 (0%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: D	ichotomous	outcomes (HRS	D>6) post trea	atment							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	38/59 (64.4%)	35/61 (57.4%)	RR 1.12 (0.84 to 1.5)	69 more per 1000 (from 92 fewer to 287 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Is CBT effective compared with rational emotive behaviour therapy (REBT)?

			Quality assess	sment				S	ummary of	findings		
			Quality assess	,c			No. of p	atients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	REBT	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	6/56 (10.7%)	5/57 (8.8%)	RR 1.22 (0.4 to 3.77)	19 more per 1000 (from 53 fewer to 243 more)	⊕⊕OO LOW	CRITICAL
								0%	3.77)	0 more per 1000 (from 0 fewer to 0 more)		
Relapse	at 6-month f	ollow-up (no	continuation tre	atment)								
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	3/49 (6.1%)	1/48 (2.1%)	RR 2.94 (0.32 to 27.27)	40 more per 1000 (from 14 fewer to 547 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

 ¹ Inconclusive effect size
 ² Heterogeneity >50%
 ³ Single study, inconclusive effect size

		T	easures post-trea	, , , , , , , , , , , , , , , , , , ,	1	,		,	ı	<u> </u>	T T	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	56	57	-	SMD 0.00 higher (0.37 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAI
Depre	ssion scores: co	ontinuous me	easures post-trea	atment (clinicia	an-report) (Better indicated	d by lower v	values)				
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	56	57	-	SMD 0.03 lower (0.4 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL
				1				ļ				
epre	ssion scores: co	ontinuous me	easures at 5 to 6-	-month follow-	up (self-rep	oort) (Better inc	dicated by lo	ower va	lues)			
Depre	randomised trials	T	no serious inconsistency	no serious indirectness	very serious ¹	none	dicated by lo	57	lues) -	SMD 0.06 higher (0.31 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAI
1	randomised trials	no serious limitations	no serious	no serious indirectness	very serious ¹	none	56	57	-	higher (0.31 lower to 0.43		CRITICAL

¹ Single study, inconclusive effect size

Is CBT effective compared with integrative CBT?

			Quality asses	sment				Sum	mary of fir	ndings		
			Quality asses	Silicite			No. o	f patients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	Integrative CBT	Relative (95% CI)	Absolute	Quality	
Leaving	study early										ļ.	
	randomised trials			no serious indirectness	very serious ¹	none	3/11 (27.3%)	0/11 (0%)	RR 7.00 (0.4 to 121.39)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%	121.39)	0 more per 1000 (from 0 fewer to 0 more)		
Depressi	ion scores: co	ontinuous me	asures post-tre	atment (self-r	eport) (Bette	er indicated by Ic	wer valu	ies)				
	randomised trials			no serious indirectness	very serious ¹	none	11	11	-	SMD 0.30 lower (1.14 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is group CBT effective compared with other group therapies?

			Quality asses	ssment				Su	mmary of	findings		
			Quality asset	.sinem			No. of	patients	Е	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT	Other group therapies	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
3	randomised trials			no serious indirectness	serious ¹	none	22/83 (26.5%)	22/75 (29.3%)	RR 0.94 (0.57 to	18 fewer per 1000 (from 126 fewer to 155 more)		CRITICAL
								0%	1.53)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	sion scores: c	ontinuous m	easures post-tr	eatment (self	-report) (Bet	ter indicated by	lower va	lues)				
2	randomised trials			no serious indirectness	serious ¹	none	39	44	-	SMD 0.17 lower (0.61 lower to 0.26 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion scores: c	ontinuous m	easures post-tr	eatment (clin	ician-report)	(Better indicate	d by low	er values)				
2	randomised trials			no serious indirectness	serious ¹	none	39	44	-	SMD 0.12 lower (0.55 lower to	⊕⊕⊕O MODERATE	CRITICAL

										0.31 higher)		
Depres	sion scores: d	lichotomous	outcomes (BDI	>9) post-treat	tment (self-re	eport)						
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	43/52 (82.7%)	RR 0.60 (0.46 to 0.79)	331 fewer per 1000 (from 174 fewer to 447 fewer)	⊕⊕⊕ HIGH	CRITICAL
Denres	sion scores: d	lichotomous	outcomes (HSF	RD>11) nost-ti	reatment (clin	nician-report)		0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
			1					T				
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none		9/28 (32.1%)	RR 1.27	87 more per 1000 (from 119 fewer to		
							11/27 (40.7%)		(0.63 to	501 more)	⊕⊕OO LOW	CRITICAL
							11/27 (40.7%)	0%	(0.63 to - 2.56)	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
Depres	sion scores: c	ontinuous m	neasures at 3-m	onth follow-u	ıp (self-repor	t) (Better indica	(40.7%)		2.56)	0 more per 1000 (from 0 fewer to 0		CRITICAL

1	randomised	no serious	no serious	no serious	very serious ²	none				SMD 0.09		
	trials	limitations	inconsistency	indirectness			21	22	-	higher (0.51 lower to 0.68 higher)	LOW	CRITICAL

Is group CBT - mindfulness + GP care effective compared with GP care?

			Quality asses	ssment				Summ	ary of find	ings		
							No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT- mindfulness + GP care	GP care	Relative (95% CI)	Absolute	Quality	-
Leaving	study early											
2	randomised trials			no serious indirectness	no serious imprecision	none	19/113 (16.8%)	0/107 (0%)	RR 19.11 (2.58 to	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%	141.35)	0 more per 1000 (from 0 more to 0 more)		
Relapse												
2	randomised trials			no serious indirectness	no serious imprecision	none	51/113 (45.1%)	65/107 (60.7%)	RR 0.74 (0.57 to	158 fewer per 1000 (from 24	⊕⊕⊕⊕ HIGH	CRITICAL

¹ Inconclusive effect size ² Single study, inconclusive effect size

					0.96)	fewer to 261	
						fewer)	
						0 fewer per	
				0%		1000 (from 0	
				0 / 0		fewer to 0	
						fewer)	

Is group CBT - mindfulness effective compared with waitlist control?

			Quality asses	sment				Summa	ary of fin	dings		
			,				No. of pat	ients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT- mindfulness	Waitlist	Relative (95% CI)	Absolute	Quality	=
Depress	ion scores: co	ontinuous me	easures at 1-mo	nth follow-up	(self-report)	(Better indicate	d by lower va	lues)				
1	randomised trials			no serious indirectness	very serious ¹	none	19	23	-	SMD 0.36 lower (0.98 lower to 0.25 higher)		CRITICAL

¹ No explanation was provided

Is group CBT - mindfulness effective compared with antidepressants in relapse prevention?

			Quality asses	sment				Sum	mary of fi	ndings		
			Quanty asses	, sincinc			No. of patie	ents	E-	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: Group CBT - mindfulness	AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	2/61 (3.3%)	6/62 (9.7%)	RR 0.34 (0.07 to 1.61)	64 fewer per 1000 (from 90 fewer to 59 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	ion scores: c	ontinuous m	neasures 1-mor	th post-treat	ment (clinici	an-report) (Bett	er indicated by	lower	values)			
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	61	62	-	SMD 0.31 lower (0.66 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion scores: c	ontinuous m	neasures 1-mor	ith post-treat	ment (self-re	eport) (Better in	dicated by lowe	er value	es)			
1	randomised	no serious	no serious	no serious	serious ²	none	61	62	-	SMD 0.37 lower (0.72	⊕⊕⊕О	CRITICAL

	trials	limitations	inconsistency	indirectness						to 0.01	MODERATE	
										lower)		
Depress	sion scores: c	ontinuous m	l neasures 15-mo	 onth follow-uբ	clinician-r	eport) (Better in	dicated by lowe	er value	es)			
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	61	62	-	SMD 0.23 lower (0.59 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion scores: c	ontinuous n	neasures 15-mo	onth follow-up	(self-repor	t) (Better indicat	ed by lower va	lues)				
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	61	62	-	SMD 0.34 lower (0.69 lower to 0.02 higher)	LOW	CRITICAL

¹ Single study, inconclusive effect size
² Single study

Behavioural activation

Is behavioural activation (BA) effective compared with supportive psychotherapy?

			Quality asses	sment				Sum	nmary of f	indings		
			47				N	o. of patients	Е	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ВА	Supportive psychotherapy	Relative (95% CI)	Absolute	Quality	
Leaving	study early						ļ					
1	randomised trials			no serious indirectness	serious ¹	none	2/40 (5%)		RR 0.17 (0.04 to 0.71)	247 fewer per 1000 (from 86 fewer to 285 fewer) 0 fewer per 1000 (from 0 fewer to 0		CRITICAL
Depress	ion self-repo	orted measur	res at endpoint	(Better indica	ated by lowe	er values)				fewer)		
1	randomised trials			no serious indirectness	very serious ²	none	10	15	-	SMD 0.69 lower (1.52 lower to 0.14 higher)	LOW	CRITICAL

Single study
2 Single study, inconclusive effect size

Is behavioural activation effective compared with antidepressants?

			Quality asses	sment				9	Summary	of findings		
			` ,				No. of p	atients	I	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	ВА	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	4/43 (9.3%)	30/100 (30%)	RR 0.31 (0.12 to 0.83)	207 fewer per 1000 (from 51 fewer to 264 fewer)		CRITICAL
Danvaga	ion calf you	#*************************************			noint (Rotto	indicated by la		(9.3%) 0% er values)	3337	0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depress	ion seii-repo	rted measure	es (moderate se	verity) at end	point (Bette	r indicated by io	wer valu	esj	l			
	randomised trials		no serious inconsistency	no serious indirectness	very serious ²	none	15	28	-	SMD 0.15 higher (0.47 lower to 0.78 higher)	⊕⊕OO LOW	CRITICAL
Depressi	ion self-repo	rted measure	es (high severity) at endpoint	(Better indic	ated by lower v	alues)					
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	22	38	-	SMD 0.24 higher (0.29 lower to 0.76 higher)	⊕⊕OO LOW	CRITICAL

Depre	ession clinician-	reported me	asures (modera	ite severity) a	t endpoint (Better indicated	by lower	values)				
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	15	28	-	SMD 0.14 higher (0.49 lower to 0.77 higher)	⊕⊕OO LOW	CRITICAL
Depre	ession clinician-	reported me	asures (high sev	verity) at endp	oint (Bette	r indicated by lov	wer value	es)				
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	22	38	-	SMD 0.04 lower (0.56 lower to 0.49 higher)	⊕⊕OO LOW	CRITICAL
Relap	se at 1-year fol	low-up										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	9/27 (33.3%)	9/28 (32.1%)) RR 1.04 16 (0.49 to 2.21)	13 more per 1000 (from 164 fewer to 389 more)	⊕⊕OO LOW	CRITICAL
								0%	2.21)	0 more per 1000 (from 0 fewer to 0 more)		
Recur	rence at 2 year	s										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	3/12 (25%)	9/17 (52.9%)	RR 0.47 (0.16 to 1.39)	281 fewer per 1000 (from 445 fewer to 206 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0		

										more)		
Not achi	eving remiss	ion (BDI <=10	D)							,		
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	24/43 (55.8%)	72/100 (72%)	RR 0.78 (0.58 to 1.04)	158 fewer per 1000 (from 302 fewer to 29 more)	⊕⊕OO LOW	CRITICAL
								11	1.04)	0 fewer per 1000 (from 0 fewer to 0 more)		
Not achi	eving remiss	ion (HRSD <=	·7)									
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	28/43 (65.1%)	77/100 (77%)	RR 0.85 (0.66 to	115 fewer per 1000 (from 262 fewer to 62 more)	⊕⊕OO LOW	CRITICAL
							(65.1%)	0%	1.08)	0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Single study
² Single study, inconclusive effect size

Problem solving

Is problem solving effective compared with placebo?

			Quality asses	sment				Sı	ummary o	findings		
			1				No. of p	atients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving	Placebo	Relative (95% CI)	Absolute	Quality	
Leaving	study early		l			l						
1	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	2/30 (6.7%)	18/30 (60%)	RR 0.11 (0.03 to 0.44)	534 fewer per 1000 (from 336 fewer to 582 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Leaving	study due to	side effects										
	randomised trials	no serious limitations		no serious indirectness	very serious ²	none	0/30 (0%)	2/30 (6.7%)	RR 0.20 (0.01 to 4)	53 fewer per 1000 (from 66 fewer to 200 more)	⊕⊕OO LOW	CRITICAL
								0%	4)	0 fewer per 1000 (from 0 fewer to 0 more)		

Depress	sion clinician-	reported me	asures at endp	oint (Better in	dicated by I	ower values)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	29	26	-	SMD 0.66 lower (1.21 to 0.12 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion clinician-	reported me	asures HRSD >	7 at endpoint								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	12/30 (40%)	22/30 (73.3%)	RR 0.55 (0.33 to 0.89)	330 fewer per 1000 (from 81 fewer to 491 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depress	sion self-repo	rted measur	es at endpoint	(Better indicat	ted by lowe	values)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	29	26	-	SMD 0.69 lower (1.24 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion self-repo	rted measur	es BDI >8 at en	dpoint								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	13/30 (43.3%)	21/30 (70%)	RR 0.62 (0.39 to 0.99)	266 fewer per 1000 (from 7 fewer to 427 fewer)	⊕⊕⊕O MODERATE	CRITICAL

Diagnos	is of depress	ion 6 months	after treatmer	nt				0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
	randomised trials			no serious indirectness	very serious ²	none	70/128 (54.7%)	77/117 (65.8%)	RR 0.83 (0.68 to 1.02)	112 fewer per 1000 (from 211 fewer to 13 more)	⊕⊕OO LOW	CRITICAL
Diagnos	is of depress	ion 12 montl	ns after treatme	ent				0%		0 fewer per 1000 (from 0 fewer to 0 more)		
		T			T	I		I		-		
	randomised trials			no serious indirectness	very serious ²	none	73/128 (57%)	68/117 (58.1%)	1%) RR 0.98 (0.79 to 1.22)	12 fewer per 1000 (from 122 fewer to 128 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Single study
² Single study, inconclusive effect size

Is problem solving effective compared with antidepressants?

			Quality asses	ssment								
					No. of patients		Effect			Importance		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early f	or any reaso	n									
	randomised no trials lim	no serious limitations		no serious indirectness	serious ²	none	25/110 (22.7%)	12/67 (17.9%)	RR 0.88 (0.18 to 4.2)	21 fewer per 1000 (from 147 fewer to 573 more)	⊕⊕OO LOW	CRITICAL
Leaving	study due to	side effects						0%	4.2)	0 fewer per 1000 (from 0 fewer to 0 more)		
							T		T	CC 1		
	randomised trials				no serious imprecision	none	0/110 (0%)	5/67 (7.5%)	RR 0.12 (0.01 to 0.97)	66 fewer per 1000 (from 2 fewer to 74 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%	0.37)	0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depress	ion clinician-	reported me	asures at endp	oint (Better in	dicated by lo	wer values)						
2	randomised	no serious	no serious	no serious	serious ²	none	63	61	-	SMD 0.10	⊕⊕⊕O	CRITICAL

			inconsistency assures HRSD > 7	indirectness						higher (0.25 lower to 0.45 higher)		
1	randomised		no serious inconsistency	no serious indirectness	very serious ³	none	38/80 (47.5%)	12/36 (33.3%)	RR 1.43 (0.85 to 2.39)	143 more per 1000 (from 50 fewer to 463 more) 0 more per 1000 (from 0 fewer to 0 more)	LOW	CRITICAL
Depress	ion clinician-	reported me	asures HRSD >7	at 1-year fol	·							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	33/80 (41.3%)	16/36 (44.4%)	RR 0.93 (0.59 to 1.45)	31 fewer per 1000 (from 182 fewer to 200 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	Depression clinician-reported measures at 1-year follow-up (Better indicated by lower values)											
1	randomised trials	no serious Iimitations	no serious inconsistency	no serious indirectness	very serious ³	none	25	30	-	SMD 0.21 lower (0.74 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

Depress	sion self-repo	rted measur	es at endpoint	(Better indica	ted by lower v	alues)						
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	63	61	-	SMD 0.11 lower (0.46 lower to 0.25 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures BDI >8 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	13/30 (43.3%)	(0.4	RR 0.67 (0.41 to 1.09)	213 fewer per 1000 (from 381 fewer to 58 more)	⊕⊕OO LOW	CRITICAL
								0%		1000 (from 0 fewer to 0 more)		
Depression self-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ³	none	25	30	-	SMD 0.14 lower (0.67 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL

¹ Heterogeneity >50%

² Inconclusive effect size

³ Single study, inconclusive effect size

Is problem solving + antidepressants effective compared with antidepressants?

			Quality asses									
			Quality asses	No. of patients		Effect			Importance			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving + AD	AD	Relative (95% CI)	Absolute	Quality	-
Leaving	study early f	or any reason										
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	6/35 (17.1%)	6/36 (16.7%)	RR 1.03 (0.37 to	5 more per 1000 (from 105 fewer to 315 more)	⊕⊕OO LOW	CRITICAL
								0%	- 2.89)	0 more per 1000 (from 0 fewer to 0 more)		
Leaving	study due to	side effects										
1	randomised trials			no serious indirectness	very serious ¹	none	4/35 (11.4%)	2/36 (5.6%)	RR 2.06 (0.4 to	59 more per 1000 (from 33 fewer to 529 more)	⊕⊕OO LOW	CRITICAL
							,	0%	- 10.52)	0 more per 1000 (from 0 fewer to 0 more)		

Depr	ession clinician-	reported me	asures at endpo	oint (Better inc	licated by lo	ower values)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	31	34	-	SMD 0.18 higher (0.3 lower to 0.67 higher)	⊕⊕OO LOW	CRITICAL
Depr	ession clinician-	reported me	asures at 1-year	r follow-up (Be	etter indicat	ed by lower valu	ues)			<u>'</u>		
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	30	30	-	SMD 0.25 lower (0.76 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL
Depr	ession clinician-	reported me	asures HRSD >7	at endpoint								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	14/35 (40%)	12/36 (33.3%)	RR 1.20 (0.65 to	67 more per 1000 (from 117 fewer to 407 more)	⊕⊕OO LOW	CRITICAL
							(1071)	0%	2.22)	0 more per 1000 (from 0 fewer to 0 more)		
Depr	ession clinician-	reported me	asures HRSD >7	at 1-year follo	ow-up	1		<u>'</u>			'	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	12/35 (34.3%)	16/36 (44.4%)	RR 0.77 (0.43 to 1.39)	102 fewer per 1000 (from 253 fewer to 173 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0		

Denressi	ion self-reno	rted measure	es at endpoint (E	Setter indicate	d by lower y	values)				fewer to 0 more)		
	randomised	T	T	I	very	none				SMD 0.24		
	trials	limitations			serious ¹		31	34	-		⊕⊕OO LOW	CRITICAL
Depress	ion self-repo	rted measure	es at 1-year follo	w-up (Better i	indicated by	lower values)						
	randomised trials	no serious limitations			very serious ¹	none	30	30	-	SMD 0.25 lower (0.76 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL

Single study, inconclusive effect size

Is problem solving (GP delivered) effective compared with problem solving (nurse delivered)?

			Quality asses	sment				Summa	ry of findi	ngs		
			Quality asses	Silicit			No. of p	patients	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving (GP delivered)	Problem solving (nurse delivered)	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early f	or any reaso	n									
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	14/39 (35.9%)	9/41 (22%)	RR 1.64 (0.8 to 3.34)	140 more per 1000 (from 44 fewer to 514 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depress	ion clinician-	reported me	easures at endp	oint (Better i	ndicated by	ower values)					•	
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	34	36	-	SMD 0.02 lower (0.49 lower to 0.44 higher)	LOW	CRITICAL
Depress	ion clinician-	reported me	easures at 1-yea	ar follow-up (Better indica	ted by lower va	lues)				1	
1	randomised	no serious	no serious	no serious	very	none	25	28	-	SMD 0.01 lower (0.55	⊕⊕00	CRITICAL

	trials	limitations	inconsistency	indirectness	serious ¹					lower to 0.53 higher)	LOW	
Depress	sion clinician	reported mo	easures HRSD >	7 at endpoint			•	<u> </u>	!			
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	19/39 (48.7%)	19/41 (46.3%)	RR 1.05 (0.66 to 1.67)	23 more per 1000 (from 158 fewer to 310 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depress	sion clinician	reported mo	easures HRSD >	7 at 1-year fo	llow-up							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	15/39 (38.5%)	18/41 (43.9%)	RR 0.88 (0.52 to 1.48)	53 fewer per 1000 (from 211 fewer to 211 more)	⊕⊕OO LOW	CRITICAL
								0%	,	0 fewer per 1000 (from 0 fewer to 0 more)		
Depres	sion self-repo	orted measu	es at endpoint	(Better indica	ted by lowe	er values)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	34	36	-	SMD 0.07 lower (0.54 lower to 0.4 higher)		CRITICAL

Depressi	on self-repo	rted measur	es at 1-year fol	low-up (Bette	er indicated l	by lower values)						
	randomised trials			no serious indirectness	_ ′ ,	none	25	28	-	SMD 0.15 lower (0.69 lower to 0.39 higher)	LOW	CRITICAL

¹ Single study, inconclusive effect size

Couples therapy

Is couples therapy effective compared with waitlist control?

			Quality asses	ssment				Sum	mary of f	indings		
							No. of p	atients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy		Relative (95% CI)	Absolute	Quality	-
Depressi	ion self-repor	ted measure	at endpoint (Be	tter indicated	by lower value	es)						
2	randomised trials	no serious limitations	no serious inconsistency		no serious imprecision	none	27	27	-	SMD 1.35 lower (1.95 to 0.75 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Is couples therapy effective compared with CBT?

			Quality asses	sment				S	ummary o	f findings		
			X ,				No. of p	atients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy	СВТ	Relative (95% CI)	Absolute	Quality	
Leaving	study early				<u> </u>							
3		limitations	,	indirectness	serious ¹	none	12/55 (21.8%)	9/51 (17.6%)	RR 1.22 (0.55 to 2.71)	39 more per 1000 (from 79 fewer to 302 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	rted measure	es at endpoint (Better indicat	ed by lower	values)						
2	randomised trials			no serious indirectness	serious ¹	none	33	34	-	SMD 0.10 lower (0.58 lower to 0.38 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion self-repo	rted measure	es at 6-month fo	ollow-up (Bett	ter indicated	by lower values)					
1	randomised trials			no serious indirectness	very serious²	none	20	20	-	SMD 0.05 lower (0.67 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL

Depres	sion self-repo	rted measur	es at 12-month	follow-up (Be	tter indicat	ed by lower va	alues)					
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	32	32	-	SMD 0.41 lower (0.9 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICA
epres	sion self-repo	rted measur	es at 18-month	follow-up (Be	tter indicat	ed by lower va	alues)					
-	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	20	20	-	SMD 0.08 lower (0.7 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL
)epres	sion clinician-	reported me	easures at endp	oint (Better in	dicated by	lower values)						
-	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	20	20	-	SMD 0.07 lower (0.69 lower to 0.55 higher)	⊕⊕OO LOW	CRITICAL
elaps	e at 6 months				1							
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	11/20 (55%)	14/20 (70%)	RR 0.79 (0.48 to	147 fewer per 1000 (from 364 fewer to 196 more)	⊕⊕OO LOW	CRITICAL
								0%	1.28)	0 fewer per 1000 (from 0 fewer to 0		

Relapse	at 12 month	S										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	10/20 (50%)	13/20 (65%)	RR 0.77 (0.45 to 1.32)	150 fewer per 1000 (from 357 fewer to 208 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Is couples therapy + CBT effective compared with CBT?

			Quality asses	sment				Sur	mmary of f	indings		
			,				No. of p	atients	I	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy + CBT	СВТ	Relative (95% CI)	Absolute	Quality	· -
Relapse	at 12 months	S										
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	1/10 (10%)	2/13 (15.4%)	RR 0.65 (0.07 to 6.19)	54 fewer per 1000 (from 143 fewer to 798 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0		

¹ Inconclusive effect size ² Single study, inconclusive effect size

						l l
					more)	l l
					,	

¹ Single study, inconclusive effect size

Is couples therapy + CBT effective compared with couples therapy?

			Quality asses	sment				Sun	nmary of fi	ndings		
			Quality asses	Sincin			No. of p	atients	ı	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy + CBT	Couples therapy	Relative (95% CI)	Absolute	Quality	-
Relapse	at 6 months											
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	0/11 (0%)	1/11 (9.1%)	RR 0.33 (0.02 to 7.39)	61 fewer per 1000 (from 89 fewer to 581 more)	⊕⊕OO LOW	CRITICAL
								0%	7.39)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse	at 12 month	S									•	
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	1/10 (10%)	1/10 (10%)	0 fewer p 10 1000 (fror 0%) RR 1.00 fewer to 1	0 fewer per 1000 (from 93 fewer to 1287 more)		CRITICAL
								0%	13.8/)	0 fewer per 1000 (from 0 fewer to 0 more)		

Is couples therapy effective compared with IPT?

			Quality asses	sment				S	ummary o	of findings		
			Quality asses	Silient			No. of p	atients	E	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy	IPT	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
2	randomised trials			no serious indirectness	serious ¹	none	4/29 (13.8%)	6/29 (20.7%)	RR 0.67 (0.22 to	68 fewer per 1000 (from 161 fewer to 215 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	2.04)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	ion self-repo	rted measure	es at endpoint (Better indicat	ed by lower	values)						
1	randomised trials			no serious indirectness	very serious ²	none	20	20	-	SMD 0.06 lower (0.68 lower to 0.56 higher)	⊕⊕OO LOW	CRITICAL
Depress	ion self-repo	rted measure	es at 6-month fo	ollow-up (Bett	er indicated	by lower values)					
1	randomised trials			no serious indirectness	very serious ²	none	20	20	-	SMD 0.32 lower (0.94 lower to 0.31	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

										higher)				
Depress	sion self-repo	rted measur	es at 12-month	follow-up (Be	tter indicate	d by lower value	es)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	20	20	-	SMD 0.23 lower (0.86 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL		
Depress	Depression self-reported measures at 18 months (Better indicated by lower values)													
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	20	20	-	SMD 0.14 higher (0.48 lower to 0.76 higher)	⊕⊕OO LOW	CRITICAL		
Depress	ion clinician-	reported me	asures at endpo	oint (Better in	dicated by lo	wer values)								
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	29	29	-	SMD 0.01 higher (0.51 lower to 0.52 higher)	⊕⊕⊕O MODERATE	CRITICAL		

¹ Inconclusive effect size
² Single study, inconclusive effect size

Interpersonal therapy (IPT)

Is IPT effective compared with placebo?

			Quality asses	sment				S	ummary o	of findings		
			Quality asses				No. of	patients	E	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Placebo	Relative (95% CI)	Absolute	Quality	
Leaving	study early		'									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	14/61 (23%)	25/62 (40.3%)	RR 0.57 (0.33 to 0.99)	173 fewer per 1000 (from 4 fewer to 270 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%	0.99)	0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depress	ion clinician-	reported me	asures at endpo	oint (Better in	dicated by lo	wer values)						
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	61	62	-	SMD 0.43 lower (0.79 to 0.07 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	ion clinician-	reported me	asures HRSD >7	at endpoint								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	35/61 (57.4%)	49/62 (79%)	RR 0.73 (0.56 to	213 fewer per 1000 (from 55 fewer to	⊕⊕⊕O MODERATE	CRITICAL

									0.93)	348 fewer)		
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depressi	ion self-repo	rted measure	es at endpoint (Better indicat	ed by lower	values)						
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	61	62	-	SMD 0.28 lower (0.64 lower to 0.07 higher)	⊕⊕OO LOW	CRITICAL
Depressi	ion self-repo	rted measure	es BDI >9 at end	lpoint								
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ²	none	27/61 (44.3%)	37/62 (59.7%)	RR 0.74 (0.52 to 1.05)	155 fewer per 1000 (from 286 fewer to 30 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

¹ Single study
² Single study, inconclusive effect size

Is IPT effective compared with usual care (including antidepressants)?

			Quality asses	ssment				Sı	ummary o	f findings		
			•				No. of	patients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Usual GP care (incl. AD)	Relative	Absolute	Quality	
Leaving	study early											
1	randomised trials	no serious limitations			no serious imprecision	none	48/119 (40.3%)	14/113 (12.4%)	RR 3.31 (1.94 to 5.63)	286 more per 1000 (from 116 more to 574 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		
Depress	ion clinician-	reported me	asures at endp	oint (Better in	dicated by lo	wer values)						
2	randomised trials	no serious limitations	,	no serious indirectness	serious ³	none	128	122	-	SMD 0.07 lower (0.33 lower to 0.18 higher)	⊕OOO VERY LOW	CRITICAL
Depress	ion clinician-	reported me	asures at 3-mo	nth follow-up	(Better indicate	ated by lower va	alues)	l				
1	randomised trials			no serious indirectness	serious ⁴	none	26	21	-	SMD 0.81 lower (1.41 to 0.21	⊕⊕⊕O MODERATE	CRITICAL

										lower)		
Depress	sion clinician-	reported me	easures at 9-mo	nth follow-up	(Better indica	ated by lower va	lues)					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ⁴	none	26	21	-	SMD 0.98 lower (1.6 to 0.37 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion self-repo	rted measur	es at endpoint	(Better indica	ted by lower v	values)						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ⁴	none	52	20	-	SMD 0.69 lower (1.22 to 0.16 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion self-repo	rted measur	es at 3-month	follow-up (Bet	ter indicated	by lower values)					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ⁴	none	26	21	-	SMD 0.88 lower (1.48 to 0.28 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion self-repo	rted measur	es at 5-month	follow-up (Bet	ter indicated	by lower values)					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ⁵	none	44	18	-	SMD 0.20 lower (0.75 lower to 0.35 higher)	⊕⊕OO LOW	CRITICAL
Depress	sion self-repo	rted measur	es at 9-month	follow-up (Bet	ter indicated	by lower values)					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ⁴	none	26	21	-	SMD 0.98 lower (1.6 to	⊕⊕⊕O MODERATE	CRITICAL

					0.37 lower)	

¹ Heterogeneity >50%

Is IPT (with/without placebo) effective compared with IPT + antidepressants in older adults?

			Quality asses	ssment				Sumn	nary of fir	ndings		
			Quality asset	, sincinc			No. of patio	ents	E	ffect		l ma m a mta m a a
No. of	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT +	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early	l for any reaso	on									
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	11/29 (37.9%)	8/29 (27.6%)	1111 1.44	121 more per 1000 (from 77 fewer to 513 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Leaving	study early	due to side e	effects									
2	randomised	no serious	no serious	no serious	serious ¹	none	1/29 (3.4%)	4/29	RR 0.34 (0.06 to	91 fewer per 1000	⊕⊕⊕О	CRITICAL

Heterogeneity >80%
 Inconclusive effect size
 Single study
 Single study, inconclusive effect size

	trials	limitations	inconsistency	indirectness				(13.8%)	2.08)	(from 130 fewer to	MODERATE	
										149 more)		
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depres	sion clinician	-reported m	easure HRSD >									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	12/17 (70.6%)	5/16 (31.3%)	RR 2.26 (1.03 to 4.97)	394 more per 1000 (from 9 more to 1241 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		

¹ Inconclusive effect size ² Single study

Is IPT + antidepressants effective compared with antidepressants?

			Quality asses	sment				S	Summary o	of findings		
							No. of p	atients	E	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + AD	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early f	or any reasor	1									
4	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	32/146 (21.9%)	44/156 (28.2%)	RR 0.77 (0.53 to	65 fewer per 1000 (from 133 fewer to 39 more)	⊕⊕⊕O MODERATE	CRITICAL
							(21.9%)		1.14)	0 fewer per 1000 (from 0 fewer to 0 more)		
Leaving	study early d	lue to side ef	fects									
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	3/97 (3.1%)	7/109 (6.4%)	RR 0.57 (0.17 to	28 fewer per 1000 (from 53 fewer to 57 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	1.89) 0 fewer per 1000 (from 0 fewer to 0 more)			
Depress	ion clinician-	reported mea	asures at endpo	oint (5 weeks)	(Better indi	cated by lower v	alues)					
2	randomised	no serious	serious ²	no serious	serious ³	none	102	98	-	SMD 0.16	⊕⊕00	CRITICAL

	trials	limitations		indirectness						lower (0.44 lower to 0.12 higher)	LOW	
Depres	sion clinician-	reported me	asures after 12	weeks' treatn	nent (Better	indicated by low	er value:	s)				
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	44	43	-	SMD 0.13 lower (0.55 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion clinician-	reported me	asures HRSD >7	at endpoint	'	<u> </u>						
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ⁴	none	5/16 (31.3%)	11/25 (44%)	RR 0.71 (0.3 to	128 fewer per 1000 (from 308 fewer to 290 more)	⊕⊕OO LOW	CRITICAL
							,	0%	1.66)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depres	sion self-repo	rted measur	es at endpoint (5 weeks) (Bet	ter indicated	d by lower values	s)					
1		no serious limitations	no serious inconsistency	no serious indirectness	very serious ⁴	none	65	65	-	SMD 0.06 lower (0.41 lower to 0.28 higher)	⊕⊕OO LOW	CRITICAL

¹ Inconclusive effect size
² Heterogeneity >50%
³ Single study
⁴ Single study, inconclusive effect size

Is IPT (with/without placebo) effective compared with antidepressants (with/without clinical management)?

			Quality asses	ssment				Summary	of findin	gs		
							No. of p	patients	Eff	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	AD (with/without clinical management)	(95% CI)	Abcolutal	Quality	Importance
Leaving	study early	for any rea	son									
	randomised trials	limitations	inconsistency			none	63/171 (36.8%)	67/173 (38.7%)	RR 0.94 (0.72 to 1.22)	23 fewer per 1000 (from 108 fewer to 85 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
	randomised trials		no serious inconsistency			none	0/17 (0%)	2/25 (8%)	RR 0.29 (0.01 to 5.67)	57 fewer per 1000 (from 79 fewer to 374 more)	⊕⊕OO LOW	CRITICAL

Depres	sion cliniciar	n-reported r	neasures at en	dpoint (Bett	er indicated	by lower value	s)	0%		0 fewer per 1000 (from 0 fewer to 0 more)		
		limitations	inconsistency	indirectness		none	154	148	-	SMD 0.08 higher (0.15 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depres	sion cliniciar	1-reported r	measures HRSI) > / at endpo	oint							
	randomised trials	no serious limitations		no serious indirectness	serious ¹	none	47/78 (60.3%)	44/82 (53.7%)	RR 1.12 (0.86 to	64 more per 1000 (from 75 fewer to 247 more)	⊕⊕OO	CRITICAL
									1.46)	more	LOW	
								0%	1.46)	0 more per 1000 (from 0 fewer to 0 more)	LOW	
Depres	sion self-rep	orted meas	ures at endpoi	nt (Better inc	dicated by lo	ower values)		0%	1.46)	0 more per 1000 (from 0 fewer to	LOW	

									(0.32 lower to 0.4 higher)		
Depres	sion self-rep	orted meas	ures BDI >9 at	endpoint							
	randomised trials		no serious inconsistency		•	none	27/61 (44.3%)		33 fewer per 1000 (from 175 fewer to 180 more)	⊕⊕OO LOW	CRITICAL
								0%	0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Inconclusive effect size
² Single study, inconclusive effect size
³ Heterogeneity >50%

Is IPT (continuation treatment) effective compared with antidepressants?

			Quality asses	ssment				Summa	ary of find	ings		
			Quanty asses	Sincin			No. of patie	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment)	AD	Relative (95% CI)	Absolute	Quality	•
Depress	ion clinician-	reported me	easures after 4	months' conti	nuation trea	tment (Better in	idicated by lowe	er values)			
1	randomised trials		no serious inconsistency	no serious indirectness	- /	none	93	91	-	SMD 0.03 higher (0.26 lower to 0.32 higher)	LOW	CRITICAL
Depress	ion clinician-	reported me	easures HRSD >	7 after 4 mont	ths' continua	tion treatment	l					
1	randomised trials		no serious inconsistency	no serious indirectness	- /	none	50/93 (53.8%)	47/91 (51.6%)	RR 1.04 (0.79 to 1.37)	21 more per 1000 (from 108 fewer to 191 more) 0 more per 1000 (from 0	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is IPT (continuation treatment) effective compared with treatment as usual (TAU)?

			Quality asses	ssment				Sumr	nary of fi	ndings		
							No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment)	TAU	Relative (95% CI)	Absolute	Quality	
Depress	sion clinician	-reported m	easures after 4	months' con	tinuation tre	eatment (Better	indicated by lo	wer valu	es)			
1	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	93	92	-	SMD 0.44 lower (0.73 to 0.15 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depress	sion clinician	-reported m	easures HRSD >	7 after 4 mo	nths' continu	uation treatmer	it					
1	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	50/93 (53.8%)	75/92 (81.5%)	RR 0.66 (0.53 to 0.82)	277 fewer per 1000 (from 147 fewer to 383 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		

¹ Single study

Is IPT (continuation treatment) + antidepressants effective compared with antidepressants?

			Quality assess	sment			Sı	ımr	mary of f	indings		
							No. of patients	5		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	considerations	IPT (continuation treatment) + AD	ΑD	Relative D (95% Absolute CI) cs' IPT free (Better indic		Quality	
Depressi values)	ion clinician-ı	eported mea	sures after 6 mo	onths' continu	ation treatm	ent, 16 weeks' d	rug free and 8 we	eks	' IPT free	(Better indica	ted by lo	ower
1	randomised trials		no serious inconsistency		very serious ¹	none	11	12	-	SMD 0.57 lower (1.41 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is IPT (continuation treatment) + antidepressants effective compared with antidepressants + medication clinic?

			Quality asses	ssment				Summary	of finding	gs		
			1				No. of pa	ntients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + AD	medication	Relative (95% CI)	Absolute	Quality	Importance
Relapse	(16-week co	ontinuation p	ohase)									
	randomised trials			no serious indirectness	very serious ¹	none	0/11 (0%)	1/14 (7.1%)	RR 0.42 (0.02 to 9.34)	41 fewer per 1000 (from 70 fewer to 596 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

Single study, inconclusive effect size

Is IPT (continuation treatment) + antidepressants effective compared with IPT + placebo?

			Quality asses	ssment				Summa	ry of find	ings		
							No. of pati	ents	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + AD		Relative (95% CI)	l Absolute	Quality	Importance
Relapse	(16-week co	ntinuation to	reatment)								•	
	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	0/11 (0%)	1/5 (20%)	RR 0.17 (0.01 to 3.51)	166 fewer per 1000 (from 198 fewer to 502 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Single study, inconclusive effect size

Is IPT (continuation treatment) + placebo effective compared with placebo + medication clinic?

			Quality asses	ssment				Summary	of finding	s		
							No. of pa	ntients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + placebo	Placebo + medication clinic	Relative (95% CI)	Absolute	Quality	Importance
Relapse	(16-week co	entinuation t	reatment)								L	
	randomised trials		rious no serious no serio	no serious indirectness	,	none	1/5 (20%)	0/10 (0%)	RR 5.50 (0.26 to	0 more per 1000 (from 0 fewer to 0 more)		CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

Single study, inconclusive effect size

Is IPT (3-year maintenance treatment) effective compared with IPT + antidepressants?

			Quality asses	ssment				Sum	mary of f	indings		
			4 ,				No. of patie	nts	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	IPT + AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	2/26 (7.7%)	4/25 (16%)	RR 0.48 (0.1 to 2.4)	83 fewer per 1000 (from 144 fewer to 224 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised trials			no serious indirectness	serious ²	none	18/26 (69.2%)	10/25 (40%)		292 more per 1000 (from 0 more to 792 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	-	0 more per 1000 (from 0 more to 0 more)		

Is IPT (3-year maintenance treatment) effective compared with IPT + placebo?

			Quality asses	sment				Summa	ry of find	ings		
							No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	IPT + placebo	Relative (95% CI)	Absolute	Quality	portunee
Leaving	study early											
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	2/26 (7.7%)	4/26 (15.4%)	(0.1 to	77 fewer per 1000 (from 138 fewer to 231 more)		CRITICAL
								0%	2.5)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse												
	randomised trials	no serious limitations	no serious inconsistency		very serious ¹	none	18/26 (69.2%)	21/26 (80.8%)	RR 0.86 (0.62 to 1.18)	113 fewer per 1000 (from 307 fewer to 145 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0		

¹ Single study, inconclusive effect size ² Single study

					fewer to 0	
					more)	

Single study, inconclusive effect size

Is IPT (3-year maintenance treatment) effective compared with antidepressants?

			Quality asses	sment				Summa	ary of find	ings		
			Quality asses				No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	AD	Relative (95% CI)	Absolute	Quality	-
Leaving	study early											
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	2/26 (7.7%)	9/28 (32.1%)	RR 0.24 (0.06 to 1.01)	244 fewer per 1000 (from 302 fewer to 3 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse												
	randomised trials	no serious limitations	no serious inconsistency		very serious ¹	none	18/26 (69.2%)	15/28 (53.6%)	RR 1.29 (0.84 to 1.99)	155 more per 1000 (from 86 fewer to 530 more)	⊕⊕OO LOW	CRITICAL

								0%	0 more per 1000 (from 0 fewer to 0 more)
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Single study, inconclusive effect size

Is IPT (3-year maintenance treatment) effective compared with placebo?

			Quality asses	sment				Summa	ary of find	ings		
							No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	Placebo	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	2/26 (7.7%)	3/23 (13%)	RR 0.59 (0.11 to	53 fewer per 1000 (from 116 fewer to 290 more)		CRITICAL
								0%	3.22)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised trials			no serious indirectness	very serious ¹	none	18/26 (69.2%)	21/23 (91.3%)	RR 0.76 (0.57 to 1.01)	219 fewer per 1000 (from 393 fewer to 9 more)	⊕⊕OO LOW	CRITICAL

more)										0%	0 fewer per 1000 (from 0 fewer to 0		
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¹ Single study, inconclusive effect size

Is IPT (3-year maintenance treatment) + antidepressants effective compared with antidepressants?

			Quality asses	ssment				Sumn	nary of fir	ndings		
			1				No. of patients E			ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + AD	AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	7/50 (14%)	13/56 (23.2%)	RR 0.60 (0.26 to 1.38)	93 fewer per 1000 (from 172 fewer to 88 more)	⊕⊕⊕O MODERATE	CRITICAL
1.								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Inconclusive effect size

Is IPT (3-year maintenance treatment) + antidepressants effective compared with medication clinic + antidepressants?

			Quality asse	ssment				Summa	ry of find	ings		
			,				No. of pa	Ef	fect			
No. of studies	I)esign	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + AD			Ahsoliite	Quality	Importance
Relapse				<u> </u>	<u>'</u>			<u> </u>				
2	randomised trials		no serious inconsistency			none	15/50 (30%)	27/56 (48.2%)	RR 0.62 (0.38 to	10 more)		CRITICAL
								0%	1.02)	0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Inconclusive effect size

Is IPT (3-year maintenance treatment) + placebo effective compared with medication clinic + placebo?

			Quality asse	ssment				Summa	ry of find	ings		
			Quanty asso				No. of pa	atients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + placebo	Medication clinic + placebo	Relative (95% CI)	Ahsoluta	Quality	Importance
Leaving	study early											
	randomised trials		no serious inconsistency	no serious indirectness	serious ¹	none	8/51 (15.7%)	3/52 (5.8%)	RR 2.35	372 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	ŕ	0 more per 1000 (from 0 fewer to 0 more)		
Relapse												
	randomised trials		no serious inconsistency	no serious indirectness		none	37/51 (72.5%)	47/52 (90.4%)	RR 0.80 (0.66 to 0.97)	,	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		0 fewer		

				per	1000	
				(fro	om 0	
				fewe	r to 0	
				fev	ver)	

¹ Inconclusive effect size

Is IPT (3-year maintenance treatment) effective compared with IPT + placebo?

			Quality asses	sment				Summa	ary of find	ings		
							No. of patients Effect					Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	IPT + placebo	Relative (95% CI)	Absolute	Quality	
Leaving	study early										1	
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	2/26 (7.7%)	4/26 (15.4%)	RR 0.50 (0.1 to 2.5)	77 fewer per 1000 (from 138 fewer to 231 more) 0 fewer per	⊕⊕OO LOW	CRITICAL
								0%		1000 (from 0 fewer to 0 more)		
Relapse	•											
1	randomised trials	no serious limitations			very serious ¹	none	18/26 (69.2%)	21/26 (80.8%)	RR 0.86 (0.62 to 1.18)	113 fewer per 1000 (from 307 fewer to 145	⊕⊕OO LOW	CRITICAL

					more)
				0%	0 fewer per 1000 (from 0 fewer to 0 more)

¹ Single study, inconclusive effect size

Is IPT (3-year maintenance treatment) + antidepressants effective compared with medication clinic + antidepressants?

			Quality asse	ssment				Summa	ry of find	ings		
							No. of pa	atients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + AD			l Δhsolute	Quality	Importance
Relapse					•				<u> </u>			
2	randomised trials		no serious inconsistency			none	15/50 (30%)	27/56 (48.2%)	RR 0.62 (0.38 to	10 more)		CRITICAL
								0%	1.02)	0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Inconclusive effect size

Is IPT (with/without placebo) effective in IPT + antidepressants?

			Quality asses	ssment				Sumn	nary of fir	ndings		
			Quality asset				No. of pati	ents	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT + AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early	for any reaso	on									
	randomised trials	no serious Iimitations	no serious inconsistency	no serious indirectness	serious ¹	none	18/64 (28.1%)	19/57 (33.3%)	(0.52 to 1.45)	43 fewer per 1000 (from 160 fewer to 150 more) 0 fewer per 1000 (from 0 fewer to	⊕⊕⊕O MODERATE	CRITICAL
Leaving	study early	due to side e	effects							0 more)		
2	randomised		no serious	no serious indirectness	serious ¹	none	1/29 (3.4%)	4/29 (13.8%)	(0.06 to 2.08)	91 fewer per 1000 (from 130 fewer to 149 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

Depress	sion clinician	-reported m	easures HRSD	>7 at endpoin	t							
1	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	12/17 (70.6%)	5/16 (31.3%)	RR 2.26 (1.03 to 4.97)	394 more per 1000 (from 9 more to 1241 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		

¹ Inconclusive effect size ² Single study

Is IPT + antidepressants effective compared with antidepressants in older adults?

			Quality assess	sment				S	Summary o	f findings		
							No. of p	atients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + AD	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early d	ue to side effe	ects			ļ						
1				no serious indirectness	very serious ¹	none	0/16 (0%)	7/25 (28%)	RR 0.10 (0.01 to 1.67)	252 fewer per 1000 (from 277 fewer to 188 more) 0 fewer per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

										more)		
Leaving	study due to	side effects										
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	0/16 (0%)	2/25 (8%)	RR 0.31 (0.02 to	55 fewer per 1000 (from 78 fewer to 399 more)	⊕⊕OO LOW	CRITICAL
								0%	5.99)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	ion clinician-	reported mea	sures HRSD >7 a	at endpoint								
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	5/16 (31.3%)	11/25 (44%)	RR 0.71 (0.3 to	128 fewer per 1000 (from 308 fewer to 290 more)	⊕⊕OO LOW	CRITICAL
								0%	1.66)	0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Single study, inconclusive effect size

Is IPT (with/without placebo) effective compared with antidepressants (with/without clinical management) in older adults?

			Quality asse	ssment				Summary o	f findings			
			Quality asse	oomene			No. of	patients	Ef	fect		-
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	AD (with/without clinical management)	(95% CI)	Absolute	Quality	Importance
Leaving	study early	for any reas	on									
1	randomised trials		no serious inconsistency		very serious ¹	none	3/17 (17.6%)	7/25 (28%) 0%	RR 0.63 (0.19 to 2.1)	104 fewer per 1000 (from 227 fewer to 308 more) 0 fewer per 1000 (from 0 fewer to 0 fewer to 0	⊕⊕OO LOW	CRITICAL
Leaving	study due t	o side effect	s							more)		
	randomised trials		no serious inconsistency		very serious ¹	none	0/17 (0%)	2/25 (8%)	RR 0.29 (0.01 to 5.67)	57 fewer per 1000 (from 79 fewer to 374 more)	⊕⊕OO LOW	CRITICAL

Depres	sion clinician	-reported m	neasures HRSD	>7 at endpoi	int					per 1000 (from 0 fewer to 0 more)		
1	randomised trials		no serious inconsistency		very serious ¹	none	12/17 (70.6%)	11/25 (44%)	DD 1 60	264 more per 1000 (from 26 fewer to 770 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

¹ Single study, inconclusive effect size

Is IPT effective compared with standard care (Netherlands) in older adults?

			Quality assess	sment				Sum	mary of f	indings		
							N	lo. of patients		Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Standard care (Netherlands)	Relative (95% CI)	Absolute	Quality	
Depressi	on clinician-r	eported mea	sures at 2-mont	h follow-up (B	etter indicat	ed by lower valu	ies)					
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	69	74	-	SMD 0.28 lower (0.61 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Depressi	on clinician-r	eported mea	sures at 6-mont	h follow-up (B	etter indicat	ed by lower valu	ies)					
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	69	74	-	SMD 0.11 lower (0.44 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is IPT (2 to 3-year maintenance treatment) + antidepressants effective compared with IPT + placebo in older adults?

			Quality asses	ssment				Summ	ary of fin	dings		
			Quanty asset				No. of pati	ents	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3- year maintenance treatment) + AD		Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early	for any reas	on									
2	randomised trials		no serious inconsistency		serious ¹	none	5/53 (9.4%)	10/60 (16.7%)	RR 0.56 (0.2 to 1.55)	73 fewer per 1000 (from 133 fewer to 92 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	1.33)	0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse	!											
2	randomised trials				no serious imprecision	none	13/53 (24.5%)	37/60 (61.7%)	RR 0.40 (0.24 to 0.67)	370 fewer per 1000 (from 204 fewer to 469 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		0 fewer		

					per 1000	
					(from 0	
					fewer to 0	
					fewer)	

¹ Inconclusive effect size

Is IPT (2 to 3-year maintenance treatment) + antidepressants effective compared with medication clinic + placebo in older adults?

			Quality asses	ssment				Summa	ry of find	ings		
			L ,				No. of pa	atients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3- year maintenance treatment) + AD	Medication clinic + placebo	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early	for any reas	on									
	randomised trials		no serious inconsistency		,	none	3/25 (12%)	0/29 (0%)	(0.44 to	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
							-	0%	149.2)	0 more per 1000 (from 0 fewer to 0 more)		

Relaps	e									
1	randomised trials	no serious limitations	no serious inconsistency	serious ²	none	5/25 (20%)	26/29 (89.7%)	RR 0.22 (0.1 to 0.49)	, ,	CRITICAL
							0%		0 fewer per 1000 (from 0 fewer to 0 fewer)	

¹ Single study, inconclusive effect size ² Single study

Is IPT (2 to 3-year maintenance treatment) + placebo effective compared with medication clinic + placebo in older adults?

			Quality asses	ssment				Summa	ry of findi	ngs		
			X • • • • • • • • • • • • • • • • • • •				No. of pa	atients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3- year maintenance treatment) + placebo	Medication clinic + placebo	Relative (95% CI)	Ahsolute	Quality	Importance
Leaving	study early	for any reas	on									
	randomised trials		no serious inconsistency			none	4/25 (16%)	0/29 (0%)	(0.59 to	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%	183.92)	0 more per 1000 (from 0 fewer to 0 more)		
Relapse	<u> </u>											
	randomised trials		no serious inconsistency		serious ²	none	16/25 (64%)	26/29 (89.7%)	RR 0.71 (0.52 to 0.98)	260 fewer per 1000 (from 18 fewer to 430	⊕⊕⊕O MODERATE	CRITICAL

				few	er)	
			0%	0 fer per 1 (froi fewer few	ver 000 n 0 to 0 er)	

¹ Single study, inconclusive effect size ² Single study

Is IPT (2 to 3-year maintenance treatment) + antidepressants effective compared with antidepressants in older adults?

			Quality asses	ssment				Summa	ry of findi	ngs		
							No. of patie	ents	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	IPT (2 to 3-year maintenance treatment) + AD	AD	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early f	or any reaso	n									
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	3/25 (12%)	4/28 (14.3%)		23 fewer per 1000 (from 113 fewer to 341 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is IPT (2 to 3-year maintenance treatment) + antidepressant effective compared with medication clinic + antidepressants in older adults?

			Quality asses	ssment				Summary	of finding	gs		
							No. of pa	ntients	Ef	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3- year maintenance treatment) + AD	Medication clinic + AD		Absolute	Quality	Importance
Relapse								-			ļ	
1	randomised trials		no serious inconsistency		very serious ¹	none	5/25 (20%)	12/28 (42.9%)	RR 0.47 (0.19 to 1.14)	227 fewer per 1000 (from 347 fewer to 60 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

¹ Single study, inconclusive effect size

Counselling

Is counselling effective compared with GP care?

			Quality asses	ssment				Sur	nmary of	findings		
							No. of pa	tients	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	GP care	Relative (95% CI)	Absolute	Quality	
Leaving	study early (dropouts by	4 months)									
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	5/67 (7.5%)	5/67 (7.5%)	RR 1.00 (0.3 to 3.3)	0 fewer per 1000 (from 52 fewer to 172 more) 0 fewer per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL
Leaving	study early (dropouts by	12 months)							more)		
	randomised trials				very serious ¹	none	9/67 (13.4%)	10/67 (14.9%)	RR 0.90 (0.39 to 2.07)	15 fewer per 1000 (from 91 fewer to 160 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	67	67	-	SMD 0.49 lower (0.83 to 0.15 lower)	⊕⊕⊕O MODERATE	CRITICAL	
epression self-reported measures at 12-month follow-up (Better indicated by lower values)													
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	67	67	-	SMD 0.03 lower (0.37 lower to	⊕⊕OO LOW	CRITICAI	

Single study, inconclusive effect size Single study

Is counselling effective compared with antidepressants?

			Quality asses	sment				Sur	nmary of	findings				
							No. of pa	tients	E	ffect		Importance		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	AD	Relative (95% CI)	Absolute	Quality			
Depress	Depression self-reported measures at endpoint (Better indicated by lower values)													
	randomised trials				very serious ¹	none	39	44	-	SMD 0.04 higher (0.39 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL		

Relapse	2											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	27/52 (51.9%)	22/51 (43.1%)	RR 1.20 (0.8 to	86 more per 1000 (from 86 fewer to 349 more)	⊕⊕OO LOW	CRITICAL
								0%	1.81)	0 more per 1000 (from 0 fewer to 0 more)		
Relapse	e at 12 month	ıs										
1		limitations	,	indirectness	serious ²	none	43/52 (82.7%)	30/51 (58.8%)	RR 1.41 (1.08 to 1.83)	241 more per 1000 (from 47 more to 488 more) 0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depres			nth follow-up (E				T					
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	31	34	-	SMD 0.17 higher (0.32 lower to 0.66 higher)	⊕⊕OO LOW	CRITICAL

Single study, inconclusive effect size Single study

Is counselling effective compared with CBT?

			Quality asses	smant				Sum	mary of fi	ndings		
			Quality asses	Silicit			No. of pa	tients	ı	Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	СВТ	Relative (95% CI)	Absolute	Quality	
Leaving	study early (dropouts by 4	l months)									
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	5/67 (7.5%)	7/63 (11.1%)	RR 0.67 (0.22 to	37 fewer per 1000 (from 87 fewer to 112 more)	⊕⊕OO LOW	CRITICAL
								0%	2.01)	0 fewer per 1000 (from 0 fewer to 0 more)	LOW	
		dropouts by 1	12 months)			T						
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	9/67 (13.4%)	13/63 (20.6%)	RR 0.65 (0.3 to 1.42)	72 fewer per 1000 (from 144 fewer to 87 more)	⊕⊕OO LOW	CRITICAL
								0%	1.42)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	ion self-repo	rted measure	es at endpoint (I	Better indicate	ed by lower v	values)						
1	randomised	no serious	no serious	no serious	very	none	67	63	-	SMD 0.14	⊕⊕ОО	CRITICAL

	trials	limitations	inconsistency	indirectness	serious ¹					lower (0.48 lower to 0.21 higher)	LOW	
Depress	ion self-repo	rted measure	es at 12-month	follow-up (Bet	ter indicated	d by lower value	s)					
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	67	63	-	SMD 0.04 higher (0.31 lower to 0.38 higher)		CRITICAL

Single study, inconclusive effect sizes

Is counselling + GP care effective compared with GP care?

			Quality asses	sment				Sumr	mary of fin	dings		
			X , ******				No. of par			Effect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling + GP care	GP care	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
1	randomised trials				very serious ¹	none	8/73 (11%)	7/72 (9.7%)	RR 1.13 (0.43 to 2.95)	13 more per 1000 (from 55 fewer to 190 more)	⊕⊕OO LOW	CRITICAL
								0%	2.33)	0 more per 1000 (from 0 fewer to 0 more)		

	T		Τ .	Ι .	Τ	1	I	1		T = 5		
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	44/73 (60.3%)	46/72 (63.9%)	RR 0.94 (0.73 to	38 fewer per 1000 (from 172 fewer to 141 more)	⊕⊕OO LOW	CRITICA
								0%	1.22)	0 fewer per 1000 (from 0 fewer to 0 more)		
epres	ssion self-repo	rted measur	es (BDI >=14 at	12 months)								
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	42/73 (57.5%)	0%	RR 0.80 (0.62 to 1.02)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICA
epres	ssion self-repo	rted measur	es at 6-month f	ollow-up (Bet	ter indicate	d by lower values	5)					
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	65	65	-	MD 0.50 higher (2.47 lower to 3.47 higher)	⊕⊕OO LOW	CRITICA
		L		follow-up (Re	tter indicat	ed by lower value	es)					
epres	ssion self-repo	rted measur	es at 12-montn	Tollow-up (be								

Single study, inconclusive effect size

Short-term psychodynamic psychotherapy

Is short-term psychodynamic psychotherapy effective compared with antidepressants?

			Quality asses	ssment				Summ	ary of find	dings		
			Quality usse.	is in the			No. of patie	nts	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	AD	Relative (95% CI)	Absolute	Quality	
Leaving	study early											
2	randomised trials		no serious inconsistency		serious ¹	none	19/110 (17.3%)	16/83 (19.3%)	RR 0.90 (0.51 to	19 fewer per 1000 (from 94 fewer to 116 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%	- 1.6)	0 fewer per 1000 (from 0 fewer to 0 more)		
Depress	sion clinician	-reported m	easures at end	lpoint (Better	indicated b	y lower values)						
1	randomised trials		no serious inconsistency		serious ²	none	59	44	-	SMD 0.43 higher (0.03 to 0.82 higher)	⊕⊕⊕O MODERATE	CRITICAL

Depres	sion clinician	-reported m	easures mean	change from	baseline to	endpoint (Bette	r indicated by hig	her valu	es)			
1	randomised trials		no serious inconsistency		very serious ³	none	26	25	-	SMD 0.03 higher (0.52 lower to 0.58 higher)	⊕⊕OO LOW	CRITICAL

¹ Inconclusive effect size

Is short-term psychodynamic psychotherapy effective compared with behaviour therapy?

			Quality asse	ssment				Summar	y of findi	ngs		
			Quality asse	oomene			No. of pat	ients	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	psychodynamic	Behaviour therapy		Absolute	Quality	importance
Leaving	study early											
	randomised trials		no serious inconsistency			none	14/51 (27.5%)	4/44 (9.1%)	RR 3.02 (1.07 to 8.5)	682 more)		CRITICAL
								0%		0 more per 1000		

Single study
 Single study, inconclusive effect size

				(f	from 0	
				mo	ore to 0	
				n	more)	

¹ Single study

Is short-term psychodynamic psychotherapy effective compared with CBT?

			Quality asses	ssment				Summar	y of findir	ngs		
			4,				No. of patier	nts	E	ffect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	СВТ	Relative (95% CI)	Absolute	Quality	-
Leaving	study early								<u>I</u>			
1	randomised trials			no serious indirectness	very serious ¹	none	9/30 (30%)	0%	RR 2.16 (0.81 to 5.76)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕00	CRITICAL
Depress	sion self-repo	rted measu	res at endpoint	(Better indica	ated by lowe	er values)						
1	randomised trials	no serious limitations		no serious indirectness	very serious ¹	none	28	29	_	SMD 0.35 higher (0.61 lower to 1.3 higher)	I WERY	CRITICAL
Depress	sion self-repo	rted measu	res at 6-month	follow-up (Be	etter indicate	ed by lower valu	es)					
1	randomised trials				very serious ¹	none	26	30	-	SMD 0.13 higher (0.4 lower to	⊕⊕OO LOW	CRITICAL

										0.67 higher)		
pres	sion self-repo	orted measu	res at 1-year fo	llow-up (Bett	er indicated	by lower values)					
	randomised trials	no serious limitations	serious	no serious indirectness	very serious ¹	none	25	25	-	SMD 0.22 lower (1.22 lower to 0.79 higher)	⊕OOO VERY LOW	CRITICA
ill me	eeting RDC cri	teria for dep	ression at end	point								
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	17/30 (56.7%)	12/36 (33.3%)	RR 1.70 (0.97 to 2.97)	233 more per 1000 (from 10 fewer to 657 more)	⊕⊕OO LOW	CRITICA
								0%		1 00 /		
ill me	eeting RDC cri	teria for dep	ression at 3-m	onth follow-u	ip							
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	19/30 (63.3%)	17/36 (47.2%)	RR 1.34 (0.86 to 2.08)	101101 10	⊕⊕OO LOW	CRITICA
								0%		0 more per 1000 (from 0 fewer to 0 more)		

¹ Single study, inconclusive effect size ² Heterogeneity >50%

Is short-term psychodynamic psychotherapy + antidepressants effective compared with supportive therapy + antidepressants?

			Quality asses	ssment				Summary o	of findings	5		
			Quality asset	, sincinc			No. of pat	ients	Ef	fect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy + AD	therany +	Relative (95% CI)	Absolute	Quality	Importance
Leaving	study early											
1	randomised trials		no serious inconsistency		very serious ¹	none	14/47 (29.8%)	10/48 (20.8%)	2.89)	90 more per 1000 (from 60 fewer to 394 more) 0 more per 1000 (from 0	LOW	CRITICAL
Non vo	an itt ava									fewer to 0 more)		
Non-rei	mitters											
1	randomised trials		no serious inconsistency		very serious ¹	none	31/47 (66%)	29/48 (60.4%)	RR 1.09 (0.8 to 1.48)	54 more per 1000 (from 121 fewer to 290 more)	LOW	CRITICAL
								0%		0 more pei	-	

										1000 (from 0 fewer to 0 more)		
Depress	sion clinician	-reported m	easures at end	point (Better	indicated b	y lower values)						
	randomised trials			no serious indirectness	, ,	none	35	39	-	0.80 lower (4.06 lower to 2.46 higher)	⊕⊕OO LOW	CRITICAL

¹ Single study, inconclusive effect size

Is short-term psychodynamic psychotherapy effective compared with short-term psychodynamic psychotherapy + antidepressants?

			Quality assess	sment				Summary	of findings	3		
			•				No. of	patients	E	ffect		
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Short-term psychodynamic psychotherapy+ AD		Absolute	Quality	Importance
Depres	sion cliniciar	n-reported r	neasures at er	ndpoint (Bett	er indicated	d by lower val	ues)					
	randomised trials		no serious inconsistency	no serious indirectness		none	107	101	-	SMD 0.04 higher (0.23 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

Leaving	g study early								
1	randomised trials	no serious inconsistency	serious ²	none	1/107 (0.9%)	RR 0.06 (0.01 to 0.44)	137	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study, inconclusive effect size ² Single study

Is short-term psychodynamic psychotherapy effective compared with waitlist control?

			Quality asses	sment				Summa	ry of find	lings		
							No. of patie	nts	Ef	fect		Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Wait- list control	Relative (95% CI)	Absolute	Quality	·
Depress	ion clinician	-reported m	easures at end	point (Better	indicated by	lower values)						
	randomised trials			no serious indirectness	serious ¹	none	10	10	-	SMD 1.09 lower (2.04 to 0.13	⊕⊕⊕O MODERATE	CRITICAL

					lower)	

¹ Single study

Is short-term psychodynamic psychotherapy effective compared with supportive therapy?

			Quality asses	ssment								
					No. of pat	Ef	fect		Importance			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	bsychodynamic	Supportive	Relative (95% CI)	Absolute	Quality	
Depress	sion clinician	-reported m	neasures at end	dpoint (Bette	r indicated k	y lower values						
1	randomised trials		no serious inconsistency		serious ¹	none	10	10	-	SMD 0.97 lower (1.91 to 0.03 lower)	⊕⊕⊕O MODERATE	CRITICAL

¹ Single study

Are antidepressants effective compared with short-term psychodynamic psychotherapy + antidepressants?

			Quality asses	ssment									
							No. of patients		E	ffect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	AD	Short-term psychodynamic psychotherapy + AD	Relative (95% CI)	Absolute	Quality	Importance	
Depress	Depression clinician-reported measures at 24 weeks (Better indicated by lower values)												
	randomised trials	no serious limitations	very serious ¹		very serious ²	none	56	72	-	SMD 0.16 higher (2.44 lower to 2.76 higher)	VERY LOW	CRITICAL	
Depress	ion clinician-	reported me	asures at 24-m	onth follow-u	ıp (Better in	dicated by lower	r va	lues)					
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	49	40	-	SMD 0.52 higher (0.1 to 0.95 higher)	⊕⊕⊕O MODERATE	CRITICAL	
Depress	ion clinician-	reported me	easures at 48 m	onths (Better	indicated by	lower values)	.						
	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	49	40	-	SMD 0.59 higher (0.16 to 1.01 higher)	⊕⊕⊕O MODERATE	CRITICAL	

Rational emotive behaviour therapy

Is rational emotive behaviour therapy (REBT) effective compared with antidepressants?

			Quality assess	No. of patients			Effect	Quality	Importance				
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	REBT	AD	Relative (95% CI)	Absolute			
Depressi	Depression scores: continuous measures (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	57	57	-	SMD 0.07 lower (0.44 lower to 0.29 higher)	⊕⊕OO LOW	CRITICAL	
Depressi	on scores: co	ntinuous meas	sures (clinician-ra	ited) (Better in	dicated by lo	wer values)							
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	57	57	-	SMD 0.00 higher (0.37 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAL	
Relapse	at 6-month fo	llow-up (follo	w-up mean 6 mo	nths)									
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious ¹	none	1/48 (2.1%)	0%	RR 0.20 (0.02 to 1.61)	0 fewer per 1000 (from 0 fewer to 0 more)	$\oplus\oplus$	CRITICAL	

¹ Heterogeneity >80%

² Single study, inconclusive effect size

³ Single study

Leaving s	Leaving study early														
	randomised trials				very serious ¹	none	5/57 (8.8%)	0%	RR 0.63 (0.22 to 1.8)	0 fewer per 1000 (from 0 fewer to 0 more)	$\oplus\oplus$	CRITICAL			

¹ Single study; inconclusive effect size