National Institute for Health and Care Excellence

Consultation draft

# Depression in adults: treatment and management

## Appendix U2.3: Text from CG90 Appendix 16a that has been deleted

*NICE Guideline*

*Appendices*

*May 2018*

**Disclaimer**

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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# Appendix 16a: Clinical evidence profiles for service delivery

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

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

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

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

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

**Very low** = any estimate of effect is very uncertain.

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

# Contents

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

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

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

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

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

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

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

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

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

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | per 100 (from 13 fewer to 29 fewer) | | |

[1] Significant heterogeneity - random effects model used

## Is medication management effective? (Efficacy data)

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

[1] Single study; inconclusive effect size

[2] CI compatible with both benefit and no benefit

## Is medication management effective? (Acceptability and adherence data)

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

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

[1] CI compatible with both benefit and no benefit