APPENDIX 18: NUTRITIONAL AND PHYSICAL INTERVENTIONS FOR ACUTE DEPRESSION – GRADE PROFILES

Nutritional interventions

Eicosapentaenoic acid compared with placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Eicosapentaenoic acid	Placebo	Relative (95% CI)	Absolute		
Depression (symptoms) (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	59	57	-	SMD 0.10 lower (0.47 lower to 0.27 higher)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Few trials reported

Physical interventions

Transcranial magnetic stimulation (TMS) compared with sham TMS

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TMS	Sham TMS	Relative (95% CI)	Absolute		
Response												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	4/11 (36.4%)	4/12 (33.3%)	RR 0.95 (0.52 to 1.74)	17 fewer per 1000 (from 160 fewer to 247	⊕OOO VERY	Critical
Depression (symptoms; HAM-D) (measured with: Hamilton depression rating scale; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.09 lower (0.94 lower to 0.75 higher)	⊕OOO VERY	Critical
Depression (symptoms; BDI) (measured with: Beck depression inventory; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.25 higher (0.6 lower to 1.1 higher)	⊕OOO VERY	Critical
Global assessment of functioning (measured with: Global assessment of functioning; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	0	-	-	SMD 0.27 lower (1.12 lower to 0.58 higher)	⊕OOO VERY	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Acupuncture compared with sham acupuncture

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham - Acute Depression	Relative (95% CI)	Absolute		
Discontinuation (for any reason)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	4/13 (30.8%)	3/13 (23.1%)	RR 1.33 (0.37 to	76 more per 1000 (from 145 fewer	⊕OOO VERY	Critical
Depression (symptoms) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	9	10	-	SMD 0.1 lower (1 lower to 0.8	⊕OOO VERY	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Bright light therapy compared with low-density negative air ionization

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Bright light therapy	Low-density negative air ionization	Relative (95% CI)	Absolute		
Response (50% reduction in SIGH-ADS)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	7/18 (38.9%)	5/20 (25%)	RR 1.56 (0.6 to 4.04)	140 more per 1000 (from 100 fewer to 760 more)	⊕OOO VERY LOW	Critical
Discontinuation (for any reason)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	8/18 (44.4%)	9/20 (45%)	RR 0.99 (0.49 to 2.01)	4 fewer per 1000 (from 229 fewer to 454 more)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Bright light therapy compared with high-density negative air ionization

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Bright light therapy	High-density negative air ionization	Relative (95% CI)	Absolute		
Discontinuation (for any reason)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	8/18 (44.4%)	4/6 (66.7%)	RR 0.67 (0.31 to 1.43)	220 fewer per 1000 (from 460 fewer to 287 more)	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Chronotherapeutic augmentation treatment compared with treatment as usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Chronotherapeutic augmentation	Treatment as usual	Relative (95% CI)	Absolute		
Discontinuation (for any reason)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	5/32 (15.6%)	0/17 (0%)	RR 6 (0.35 to 102.44)	-	⊕OOO VERY LOW	Critical
Depression (symptoms) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	reporting bias	32	17	-	SMD 0.51 lower (1.11 lower to 0.09	⊕OOO VERY LOW	Critical

[1] Risk of bias in several domains
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.