Depression in Chronic Physical Health Problems - Service level interventions

Comparisons Included in this Clinical Question

case management vs. standard care
BANERJEE1996

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

psychiatric liaison vs. standard care
SCHRADER2005

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BANERJEE1996 Study Type: RCT Study Description: *ITT included all ramdomised particiapnts. Only those who completed the study were included int eh logistic regression Type of Analysis: ITT* Blindness: No mention Duration (days): Mean 182 Setting: UK, London Notes: RANDOMISATION: computer generated three digit random number Info on Screening Process: 441 subjects elligible for screening, 317 completed the screen with 180 scoring above 8. 154 were interviewed, 17 refused informed consent. 69 people entered the study	n= 69 Age: Sex: 12 males 57 females Diagnosis: 100% Depression by AGECAT Exclusions: - <65 years old - currently recievig psychiatric care - scoring <8 on selfcare(d) questionnaire Notes: Participants were all aged over 65 and receiving home care due to disabilities and physical illness. All participants were screened for depression using the self-care questionnaire. Baseline: No difference at baseline: MADRS: Intervention 27.5(6.2) control 25.1(6.3)	**Data Used** Mortality Remission (below cut-off) MADRS Notes: TAKEN AT: Baseline and 6 months post randomisation (end of treatment) DROP OUT: Intervention: 4/33 Control: 4/36	**Group 1 N= 33** Mulidisciplinary teams - Assigned a case manager who coordinated care with the psychogeriatric team and conducted home visits and follow up. Each case was presented to a multidisciplinary team. A management plan was formulated on an individual basis. **Group 2 N= 36** Standard care - Each control participant was referred to a doctor only.	
Results from this paper: Quality assessment score +				
BOGNER2008 Study Type: RCT Study Description: No details of drop out reported - unclear whether ITT has been used Type of Analysis: Completer Blindness: No mention Duration (days): Mean 49 Setting: US, Philadelphia	n= 64 Age: Mean 59 Sex: 15 males 49 females Diagnosis: 100% Depression by Current diagnosis	**Data Used** Physical health outcomes Adherence to physical health medication CES-D	**Group 1 N= 32** Collaborative care - Integrated care provided an individualised programme, intergrating depression and hypertension management, care manager addressed factors to antidepressant and hypertension medication adherence, patient education, assessed side effects and progress.	Collaborative care component score - 15/26

Notes: RANDOMISATION: procedure not reported Info on Screening Process: 109 patients were identified by medical records aspotential eligible for study. 73 provided consent for screenin, 9 particiapnts were excluded	100% Hypertension by Current diagnosis Exclusions: - no current diagnosis of depression or perscription for antidepressant medication - <50 years old - systolic blood pressue <140 mm Hg and diastolic pressure <90 mm Hg or systolic <130mm HG or diastolic of < 80 mm Hg for nondiabetic - Cognitive impairment - unable to communicate in English - unable to use medication event monitoring system Notes: All participants had to have a current diagnosis of depression or a perscription for an antidepressant medication Baseline: CES-D: Intervention 17.5(13.2) control 19.6(14.2)	Notes: TAKEN AT: Baseline and 6 weeks post-randomisation (end of treatment) DROP Out: not reported	**Group 2 N= 32** Standard care - Usual primary care treatment for hypertension	
Results from this paper: Quality assessment score +				
COLE2006 Study Type: RCT Study Description: Paper states ITT was applied but over 50% drop out not accounted for in analysis Type of Analysis: Completer Blindness: Single blind Duration (days): Mean 168 Setting: Canada, Montreal Notes: RANDOMISATION: Block size randomisation with allocation concealment Info on Screening Process: 1500 screened, 225 with major depression, 68 did not consent	n= 157 Age: Mean 78 Sex: 48 males 109 females Diagnosis: 100% Depression by DSM-IV Exclusions: - <65 years old - those admitted to intensive care or cardiac monitoring for more than 48 hours - imminently terminal illness - did not speak or understand English or French - not living in Montreal - not meeting DSM criteria for major depression Notes: Range of medical illnesses Baseline: No differences at baseline: HAMD Intervention 21.3(5.5) control: 20.1(5.9)	**Data Used** Numbers receiving consultation Remission (below cut-off) Response (>50 reduction from baseline) Mortality Notes: TAKEN AT: Baseline and 6 months post randomisation (end of treatment) DROP OUT: Intervention 45/78 Control 48/79	**Group 1 N= 78** Collaborative care - assessment and treatment with a general hospital psychiatrist, which included antidepressant medication and/or supportive psychotherapy.followed up by a case manager who liaised with the PCP and monitored progress and coordinated care **Group 2 N= 79** Standard care - Usual care before and after discharge from hospital	Collaborative care component score - 15/26
Results from this paper: Quality assessment score +				
CULLUM2007 Study Type: RCT Study Description: ITT using logistic regression Type of Analysis: ITT Blindness: No mention Duration (days): Setting: UK, East Anglia Notes: RANDOMISATION: Block randomisation with allocation concealment Info on Screening Process: 618 screened, 138 with GDS >7, 15 refused assessment, 1 discharged prior to interview, 1 partially complete data	n= 121 Age: Mean 80 Sex: 50 males 71 females Diagnosis: 100% Depression by GDS Exclusions: - GDS-15 <7 - <65 years - severe dysphasia, severe deafness - current alcohol dependency - too physically unwell to participate Notes: All participants were medical inpatients with a range of illnesses Baseline: Differences at baseline (Change scores used in analysis) GDS-15: Intervention 10.5 control 9.6	**Data Used** Satisfaction with care Remission (below cut-off) Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 12 weeks post randomisation (end of treatment) DROP OUT: Intervention 21/62 control 13/59	**Group 1 N= 62** Collaborative care - liaison psychiatric nurse supervised by the local CMHT-OP acted as case manager, who was responsible for assessing and formulating a care plan addressing psychological and social needs including the need for antidepressant medication. Liasion with PCP	Collaborative care componenet score - 11/26* only basic details about intervention provided in paper
Results from this paper: Quality assessment score +				

DWIGHTJOHNSON2005 Study Type: RCT Study Description: ITT using lOCF Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 56 Setting: US, California Notes: RANDOMISATION: procedure not reported Info on Screening Process: 401 eligible patients, 269 agreed to undergo screening,. Of the 81 eligible patients, 55 agreed to particiapte and 53 completed baseline assessments	n= 55 Age: Mean 48 Sex: all females Diagnosis: 100% Depression by PHQ-9 100% Cancer by Clinical judgement Exclusions: - <3 months since diagnosis - cancers other than carcinoma of the cervis or breat cancer (stages I-IV) - not meeting criteria for major depression or dysthymia or persistent depressive symptoms at both baseline and 1 month later - history of bipolar or psychotic disorders - gross cognitive impairment - currently abusing alcohol and/or drugs - currently receiving psychotherapy - unable to speak English or Spanish Baseline: no differences at baseline: PHQ-9 Intervention 12.6(7.0) Control 13.40(7.2)	**Data Used** Mortality Adherence to physical health medication Functional Assessment of Cancer Therapy-General Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 8 weeks (end of intervention) DROP OUT: Intervention 11/28 Control 15/27	**Group 1 N= 28** Collaborative care - liniciaStepped care approach with patient education about depression. Case managers supervised by psychiatrist. Problem solving therapy or antidepressant therapy. Case manager involved in medication mangament, follow up. Oncologist or physican consulted **Group 2 N= 27** Standard care - Participants were advised to consult with their physician about depression and a note was placed on their clinical record to indicate the presence of depression.	Collaborative care component score - 18/26
Results from this paper: Quality assessment score +				
ELL2007 Study Type: RCT Study Description: Observed case analysis. ITT using LOCF analysis also conducted but not reported Type of Analysis: Observed case Blindness: Duration (days): Mean 365 Setting: US, California (home healthcare) Notes: RANDOMISATION: procedure not reported Info on Screening Process: 9178 screened, 696 eligible for study, 272 refused to participate, 25 unable to consent.	n= 311 Age: Sex: 86 males 225 females Diagnosis: 100% Depression by PHQ-9 Exclusions: - Cognitive impairment - no screening positive for depression Notes: All participants were receiving home healthcare. 100% of sample haad at least 1 chronic physical health problem Baseline: No differences at baseline	**Data Used** Numbers receiving pharmacological interventions Response (>50 reduction from baseline) Remission (below cut-off) Notes: TAKEN AT: Baseline and 12 months post randomisation (end of treatment) DROP OUT: Intervention 86/155 control 66/156	**Group 1 N= 155** Collaborative care - Existing staff acted as Clinical Depression Specialist and used a stepped care depression treatment algorithm. First-line treatment was choice of structured psychotherapy, problem solving therapy or antidepressant medication. **Group 2 N= 156** Enhanced standard care - Routine PHQ-9 screening at admission to home health care. If the participant screened positive, the primary care physician was informed.	collaborative care component score - 19/26
Results from this paper: Quality assessment score +				
ELL2008 Study Type: RCT Study Description: ITT - no further details reported Type of Analysis: ITT Blindness: No mention Duration (days): Mean 365 Setting: US, California Notes: RANDOMISATION: Method not reported Info on Screening Process: 2,334 screened for	n= 472 Age: Sex: 73 males 399 females Diagnosis: Depression by PHQ-9 100% Cancer by Clinical judgement Exclusions: - <90 days after cancer diagnosis and not receiving either acute or follow up care	**Data Used** Pain intensity SF-12 PHQ-9 Mortality Response (>50 reduction from baseline)	**Group 1 N= 242** Collaborative care - tepped care for depression treatment programme provided by a cancer depression clinical specialist working in collaboration with a psychiatrist and oncologist.Patient education, assessment, and consideration of initial choice of treatment of ADs or PST.	Collaborative care componenet score: 20/26

eligibility, 571 met criteria for depression or dysthymia, 99 excluded.	- <18 years - PHQ-9 <10 - Acute suicidal ideation - advanced cancer or other condition limiting life expectancy to less than 6 months - Scoring > 8 on Alcohol Use Disorders Identification Tool. - Inability to speak English or Spanish Notes: Time since diagnosis >90 days with advanced cancer excluded Baseline: No baseline differences reported: PHQ9 Intervention: 12.79(4.4) Control: 13.17(4.51)	Notes: TAKEN AT: Baseline and 12 month post randomisation (end of treatment) DROPOUT: Intervention98/242 Control: 116/230	**Group 2 N= 230** Enhanced standard care - ll participants in the control condition received medical centre standard oncology care and supportive services routinely provided to all patients with cancer. Additionally received patient and physican education and depression treatments.	
Results from this paper: Quality assessment score +				
FORTNEY2007 Study Type: RCT Study Description: ITT with missing values were imputed using multiple imputation Type of Analysis: ITT Blindness: No mention Duration (days): Mean 365 Setting: US, VA medical centres Notes: RANDOMISATION: Unit of randomisation was the VA clinic Info on Screening Process: 430 particiaptns were enrolled in the study, of these 35 did not provide informed consent	n= 395 Age: Mean 60 Sex: 362 males 33 females Diagnosis: 100% Depression by PHQ-9 Exclusions: - Serious mental illness - PHQ-9 score <12 - current suicide ideation - recent bereavement - pregnancy - substance dependence - cognitive impairment - receiving speciality mental health treatment Notes: Even though not recruited specifically for a chronic physical health problem, 99% of the sample had at least 1 current chronic health problem Baseline: No signifiacnt differences at baseline: PHQ-9 Intervention: 16.3(3.4) Control: 16.4(3.4)	**Data Used** Quality of life (physical) Satisfaction with care Medication adherence Remission (no longer meeting diagnosis) Remission (below cut-off) Notes: TAKEN AT: Baseline and 12 months post randomisation (end of treatment) DROPOUT: Intervention: 31/177, Control: 29/218	**Group 1 N= 177** Collaborative care - TEAM intervention, stepped care approach with watchful waiting or ADs as step one. Care management included symptom monitoring, education, assessing treatment barriers, follow-up of adherence, side effects and symptoms. **Group 2 N= 218** Enhanced standard care - All providers and patients received education. Results of depression screening were logged into electronic medical records.	Cluster randomised Collaborative care component score - 15/26
Results from this paper: Quality assessment score +				
KATON2004 Study Type: RCT Study Description: ITT - no details provided, used for modelling not dichotomous data (completer only) Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 365 Setting: US, Washington Notes: RANDOMISATION: computerised algorithm Info on Screening Process: 851 screened, 375 eligible, 329 randomised (46 refused randomisation, 42 refused, 4 did not provide consent)	n= 329 Age: Mean 58 Sex: 115 males 214 females Diagnosis: Depression by PHQ-9 Diabetes by Clinical judgement Exclusions: - no diagnosis of diabetes or depression - hearing difficulties which would prevent telephone conversations - currently in care of psychiatrist - bipolar disorder or schizophrenia - use of antipsychotic or mood stabiliser medication - mental confusion - PHQ-(score <10 Notes: all participants were on the GHC population based diabetes register Baseline: Baseline SCL-20 score: Intervention 1.6(0.45)	**Data Used** Satisfaction with care SCL 20 Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 12 months post randomisation (end of maintenance phase) DROP out: Intervention 18/164 Control: 23/165	**Group 1 N= 164** Collaborative care - Stepped care. Patient education followed by choice of firstline treatment with either antidepressant medication or problem-solving treatment for primary care. If depression persisted, treatments were switched or participant referred for consultation **Group 2 N= 165** Standard care - sual care with those screening positive for depression advised to consult with their primary care physian regarding the depression	collaborative care componenet score: 18/26

	Control: 1.7(0.51)			
Results from this paper: Quality assessment score +				
KATZELNICK2000 Study Type: RCT Study Description: ITT using all randomised participants, missing data in primary analysis dealt with via robust or sandwich estimates Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 365 Setting: US, various clinics Notes: RANDOMISATION: procedure not reported Info on Screening Process: 1465 screened positive for depression, of these 1295 agreed to complete second interview. 410 had HAM-D score >15, of these 407 agreed to participate	n= 407 Age: Mean 46 Sex: 92 males 315 females Diagnosis: 100% Depression by DSM-IV Exclusions: - HAM-D <15 - Not screening positive for depression on modified SCID - life-threatening medical disorder - recent treatment for alcohol or substance use disorder - past treatment for schizophrenia or bipolar disorder - active treatment for depression defined as current speciality mental health treatment or minimal adequate trial of antidepressants Notes: All participants were high utilisers of primary care (for reasons other than depression) Baseline: No differences at baseline: HAM-D Intervention: 19.1 control: 19.2	**Data Used** Numbers receiving consultation Numbers receiving pharmacological interventions HAM-D Response (>50 reduction from baseline) Notes: TAKEN AT: BASELINE and 52 weeks post randomisation (end of maintenance treatment) DROP OUT: Intervention 15/218 Control 12/189	**Group 1 N= 218** Collaborative care - All patients received psychoeducation materials. Folled a medication algorithm with care coordinators telephoning patients to treatment adherence, side effects and response. Feedback and consultation with primary care physician **Group 2 N= 189** Standard care - Physicians informed that telephone screening suggested depression	Cluster randomised - physician practices the unit of randomisation Collaborative care component score - 14/26
Results from this paper: Quality assessment score +				
LANDIS2007 Study Type: RCT Study Description: No mention of ITT Type of Analysis: completer Blindness: No mention Duration (days): Mean 168 Setting: US, North Carolina Notes: RANDOMISATION: stratified by clinic and whether patient was recieveing medication. Random numbers generated Info on Screening Process: All adult medicaid patients were screened, with those eligible fo the study contacted to participate. No further details.	n= 45 Age: Mean 40 Sex: 2 males 43 females Diagnosis: 100% Depression by PHQ-9 Asthma by Clinical judgement Diabetes by Clinical judgement Exclusions: - PHQ-9 score <10 - Not currently receiving care for either asthma or diabetes - Bipolar disorder, psychotic symptoms - active suicidal ideation Notes: All participants visiting a medicaid centre for either usual asthma or diabetes care Baseline: PHQ-9: Intervention: 17.3(5.2) control@ 15.9(4.8)	**Data Used** SF-12 HAM-D PHQ-9 Notes: TAKEN AT: Baseline and 6 months post randomisation (end of treatment) DROP OUT - not reported	**Group 1 N= 22** Collaborative care - General care manager monitored treatment adherence, side effects and response to ADs, routine follow-up via telephone, monitoring process of care, patient education and instruction in self-management techniques. GCM's also co-ordinated with PCPs **Group 2 N= 23** Standard care - General care managers provided usual care services for asthma and diabetes	Collaborative care component score: 15/26
Results from this paper: Quality assessment score +				
LIN2003 Study Type: RCT Study Description: ITT analysis of repeated measures Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 365	n= 1001 Age: Mean 72 Sex: 317 males 684 females Diagnosis: 100% Depression by DSM-IV	**Data Used** Pain intensity Numbers receiving psychological treatment Numbers receiving pharmacological interventions Mortality Response (>50 reduction from baseline)	**Group 1 N= 495** Collaborative care - Stepped care with depression clinical specialist (case manager). Received an education video and booklet. First line treatment antidepressants or PST. Case manager contacted on average 9 times over 12 months. Reviewed progress and	Sub-group analysis of Unutzer et al. (2002) IMPACT trial Collaborative care component score - 15/26

Setting: US, multicentre Notes: RANDOMISATION: stratified by recruitment centre and used a random computer number generator Info on Screening Process: 2102 people elligle, 180 randomised (301 refused SCID or didn't complete it) 1001 people included in sub-group with arthritis	100% Arthritis by Clinical judgement Exclusions: - <60 years - No DSM diagnosis of depression or dysthmia - History of bipolar disorder or psychosis - ongoing treatment with psychiatrist - current alcohol use problems - severe cognitive impairment - acute risk of suicide Baseline: No baseline differences reported	Notes: TAKEN AT: Baseline and 12 months post randomisation (end of study) DROPOUT: Intervention: 77/495 Control 74/506 (including mortality)	discussed with GP. **Group 2 N= 506** Standard care - Usual care from primary care physician	
Results from this paper: Quality assessment score +				
OSLIN2003 Study Type: RCT Study Description: Participants who withdrew from the study were considered in the primary outcome as having a negative outcome. Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 112 Setting: US, VA clinics including 23 physicians from cardiology clinics and 4 from rheumatology) Notes: RANDOMISATION: cluster randomised with inidivudal physician as the unit of randomisation Info on Screening Process: 2489 selected for screening of which 838 consented. 45.3% were positive for depression with 61.7% of rheumatology and 47.5% of cardiology screenign positive for depression	n= 97 Age: Mean 62 Sex: 93 males 4 females Diagnosis: 100% Depression by DSM-IV Exclusions: - <18 years - active suicidal ideation - regular use of illegal substances - current hallucinations or a history of a primary psychotic disorder - history of mania or hypomania Notes: ~50% of total participants were recruited from cardiology or rheumatology clinics, with a higher % for depression only sample used in the analysis. Baseline: No differences at baseline: HDRS Intervention 14.3(5.6) control 15.5(5.4)	**Data Used** HDRS CES-D Response (>50 reduction from baseline) Notes: TAKEN AT: baseline and 4 months post randomisation (end of treatment) DROPOUT: not reported for depression only cases	**Group 1 N= 34** Collaborative care - Behavioural health specialist nurse maintained regular telephone contact to monitor treatment effectiveness, adverse events, treatment adherence and to offer support and education. AD's and psychosocial support provided. Nurse collaborated with GP **Group 2 N= 43** Enhanced standard care - Usual care from the primary care physician or specialist. Yearly screening for depression. Providers educated on existing treatment guidelines, screening patients attending clinic, diagnostic information provided and general treatment suggestions given.	cluster randomised collaborative care component score - 15/26 Depression only data used 77/97 participants.
Results from this paper: Quality assessment score +				
SCHRADER2005 Study Type: RCT Study Description: ITT no further details provided Type of Analysis: ITT Blindness: No mention Duration (days): Mean 365 Setting: Australia, Adelaide Notes: RANDOMISATION: based on GP Info on Screening Process: 669 screened positive for depression, with 872 not eligible for trial	n= 669 Age: Sex: no information Diagnosis: 100% Depression by CES-D 100% Cardiovascular disease by Clinical judgement Exclusions: - <18 or >64 years old - CES-D <16 Notes: Participants were admitted to hospital with MI, unstable anguna, arrhythmia, congestive heart failure, coronary artery bypass surgery or angioplasty Baseline: No differences at baseline reported	**Data Used** Mortality Diagnosis of MDD Notes: TAKEN AT: Baseline and 12 weeks post randomisation (end of treatment) DROP Out: Intervention 57/331 Control 40/338	**Group 1 N= 331** Psychiatric consultation - Consultations followed routine practice, screening scores were sent to GP who took part in a 15-30 min telephone case conference with the attending psychiatric registar and cardiac rehab nurse, management taioloured to patient based on consultation **Group 2 N= 338** Standard care - standard cardiac and non-cardiac care	Cluster randomised
Results from this paper: quality assessment score +				

STRONG2008

STRONG2008 Study Type: RCT Study Description: ITT included all participants who were randomised and had avaliable outcome data Type of Analysis: ITT Blindness: No mention Duration (days): Mean 182 Setting: UK, Edinburgh Notes: RANDOMISATION: no details reported Info on Screening Process: 660 participants with MDD screened for eligibility, 326 did not meet inclusion criteria, 134 refused to participate	n= 200 Age: Mean 56 Sex: 59 males 141 females Diagnosis: Depression by Diagnosed by physician 100% Cancer by Clinical judgement Exclusions: - Cancer prognosis <6 months - MDD of <1 month's duration - SCL-20 Depression score <1.75 - patietns unlikely to adherence to intervention - Major communiaction difficulties - concurrent intensive treatment such as frequent chemotherapy or radiotherapy - poorly controlled medical disorder such as epilepsy - comorbid severe psychiatric disorder Baseline: No differences at baseline: SCL-20 Intervention 2.25 Control 2.35	**Data Used** Remission (below cut-off) Pain intensity SCL 20 Response (>50 reduction from baseline) Notes: TAKEN AT: Baseline and 6 month spost randomisation (end of treatment) DROPOUT: Intervention 15/101, Control 17/99	**Group 1 N= 101** Collaborative care - Depression care for people with cancer. Included paitent educationm, problem-solving therapy with a nurse, progress monitoring via montly telephone calls. Psychiatrist reviewed progress. Nurse dicussed ADs with patient and collaborated with GP **Group 2 N= 99** Standard care - sual care including services available from the GP. GPs and oncologists were informed of the depression diagnosis and advice was given regarding antidepressant drugs if requested.	Collaborative care component score - 16/26
Results from this paper: Quality assessment score +				
WILLIAMS2004 Study Type: RCT Study Description: ITT analysis of repeated measures Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 365 Setting: US, multicentre Notes: RANDOMISATION: stratified by recruitment centre and used a random computer number generator Info on Screening Process: 2102 people elligle, 180 randomised (301 refused SCID or didn't complete it) 417 people included in sub-group with arthritis	n= 417 Age: Mean 71 Sex: 194 males 223 females Diagnosis: 100% Depression by DSM-IV 100% Diabetes by Clinical judgement Exclusions: - <60 years - No DSM diagnosis of depression or dysthmia - History of bipolar disorder or psychosis - ongoing treatment with psychiatrist - current alcohol use problems - severe cognitive impairment - acute risk of suicide Baseline: No baseline differences reported SCL-20 Depression: Intervention 1.7(0.6) control 1.7(0.6)	**Data Used** Physical health outcomes Mortality SCL 20	**Group 1 N= 205** Collaborative care - Stepped care with depression clinical specialist (case manager). Received an education video and booklet. First line treatment antidepressants or PST. Case manager contacted on average 9 times over 12 months. Reviewed progress and discussed with GP. **Group 2 N= 212** Standard care - Usual care from primary care physician	Sub-group analysis of Unutzer et al. (2002) IMPACT trial Collaborative care component score - 15/26
Results from this paper: Quality assessment score +				
WILLIAMS2007 Study Type: RCT Study Description: ITT using LOCF Type of Analysis: ITT Blindness: Single blind Duration (days): Mean 84 Setting: US, Indianapolis Notes: RANDOMISATION:computer generated list and treatment assigned concealed in	n= 188 Age: Mean 60 Sex: 83 males 99 females Diagnosis: 100% Depression by DSM-IV 100% Stroke by Clinical judgement Exclusions: - <18 years	**Data Used** Mortality PHQ-9 HAM-D Response (>50 reduction from baseline) Remission (below cut-off)	**Group 1 N= 89** Collaborative care - Three nurse-led components; psychoeducational sessions for patients and their families, initiating antidepressants and monitoring treatment effectiveness with PHQ-9. Monthly follow-up and treatment adjusted with senior supervision. **Group 2 N= 93** Standard care - Usual care	6 participants were not included in the analysis and have no demographic or baseline data Collaborative care component score - 12/26

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

Characteristics of Excluded Studies

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

References of Included Studies

BANERJEE1996 (Published Data Only)

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BOGNER2008 (Published Data Only)

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Depression in Chronic Physical Health Problems - Psychosocial interventions

Comparisons Included in this Clinical Question

Counseling versus individual-based cognitive and behavioural intervention
BROWN1993
MANNE2007
MARKOWITZ1998

Counseling versus standard care
MANNE2007

Group existential therapy versus control
KISSANE2007
SIMSON2008
WEISS2003

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

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

Health education versus standard care
BALFOUR2006
CLARK2003
HECKMAN2007

Individual guided self-help intervention versus standard care
BARTH2005
BRODY2006
LANDREVILLE1997
STEIN2007

Individual-based cognitive and behavioural skills intervention versus counselling
BROWN1993
MANNE2007
MARKOWITZ1998

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

IPT versus other psychosocial intervention
MARKOWITZ1998

IPT vs standard care
LESPERANCE2007
MOSSEY1996

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

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

Physical activity versus standard care
KOUKOUVOU2004
LAI2006
SIMS2009

Relaxation versus standard care
YU2006

Social Support versus standard care
DESROSIERS2007

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
ADDOLORATO2004 Study Type: RCT Blindness: No mention Duration (days): Mean 180 Notes: Details on randomisation not adequately	n= 66 Age: Mean 31 Sex: 29 males 37 females Diagnosis: 100% Depression/Anxiety by Zung (modified for	**Data Used** Remission (below cut-off)	**Group 1 N= 33** Individual based cognitive and behavioural skills - Modified & adapted to physical health problem. Stress management; cause & effect of problems related to CD; every day difficulties;	Do not perform sensitivity analysis as participants recruited for depression. Intervention modified to the physical illness.

reported. Allocation concealment not addressed. Info on Screening Process: 112 considered; 66 affected by anxiety & depression - randomized.	physical illness) Coeliac Disease by Histologically confirmed Exclusions: - presence of psychiatric disorders other than anxiety or depression - endocrine disorders - abuse of alcohol and.or other substance addition - consumption of psychoactive drugs and/or current psychiatric treatment - secondary causes of villous atrophy Baseline: No signifiant differences at baseline. Baseline scores of Zung not reported.	Notes: TAKEN AT: pre- and post-intervention (6-months post-baseline). DROP OUTS: none reported.	evaluate/discuss dietary restrictions/ Family members at times participated. Individual. 1 session every 2 weeks. **Group 2 N= 33**	
Results from this paper: Quality assessed: +				
ANTONI2006 Study Type: RCT Study Description: *Analysed 101/130: those with an undetectable viral load were excluded (N= 15 - treatment; N=14 - control). Includes LTFU & non-completer Type of Analysis: *Completers Blindness: No mention Duration (days): Mean 70 Followup: 6- and 12-months Setting: US Setting not reported Notes: Randomisation: no. id's were drawn from a box for assignment to conditions by the project manager & overseen by prinicipal investigator. Info on Screening Process: 257 HIV+ gay men were approached; 81 refused; 46 were excluded. Began trial with 130 men analysed only 101 with a detectable HIV viral load at baseline.	n= 101 Age: Mean 42 Sex: all males Diagnosis: 100% HIV by Not specified 54% AIDS by Clinical judgement Exclusions: - prescribed medications with immunomodulatory effects (i.e. interferon) - history of chemotherapy or whole body radiation treatment for cancer - history of chronic illness associated with permanent changes in the immune system - antibiotic use for an acute infection with the past 2 weeks - changes in the Highly Active Antiretroviral Therapy (HAART) - acute bodily infection during the past month - hospitalization for surgery within the past 3-months - intravenous drug use within the past 6-months - cognitive impairment - inability to read at the 6th grade level - current psychosis, drug or alcohol dependence and panic disorder - active suicidality - not between the ages of 18 and 65 - not gay Notes: Average time since HIV diagnosis = 7.8 years (SD = 5.1); reported on average 6 HIV symptoms (range 0-12) Baseline: No baseline differences between treatment and control on depressed mood. Baseline scores of depression for treatment group (BDI-21 item) = 11.6 (SD = 8.0) and control group = 12.4 (SD = 9.2).	**Data Used** POMS-D BDI-21 item Notes: TAKEN AT: pre-, post-treatment (3-months) & follow-up at 6-, 12-months. DROP OUTS: LTFU - N=22 treatment, N=23 control; Discontinued participantion - N=2 treatment, N=5 control; EXCLUDED: N=15 treatment, N=14 control after randomisation.	**Group 1 N= 76** Group based cognitive and beahvioural skills - Cognitive behavioral stress management + medication adherence training that focused on adherence & medical side effects. 10 weekly 135 min group sessions (4-9 men). Homework assign. Therapist = postdoctoral fellows/graduate students. Monitored fidelity. **Group 2 N= 54** Control - Medication adherence training only = licensed clinical pharmacists 1-H session at baseline, 30 min mantenance sesssions at post-treatment & 6-month follow-up. Gave information on medication, side effects and importance of adherence.	Particpants were not recruited for depression but had a mean BDI in the clinical range at baseline - study will be used in a sensitivity analysis. Intervention for stress management (not specific to depression).
Results from this paper: Quality assessment = +				
BALFOUR2006 Study Type: RCT Type of Analysis: No mention	n= 63 Age: Mean 40 Range 17-61 Sex:	**Data Used** CES-D	**Group 1 N= 15** Psychoeducation plus other - Individual. 4 x weely. 75 min. 1. express feelings of HIV/medication. 2. Education regarding HIV. 3. barriers to medication. 4. roles of	Do not need to perform sensitivity as results are reported for a sub-group with depression. Component of intervention

Blindness: No mention Duration (days): Mean 28 Setting: US, Ottawa Notes: Randomisation by random numbers table. Info on Screening Process: Details on screening not reported.	Diagnosis: HIV/AIDS by Current diagnosis Exclusions: - not diagnosed with HIV for at least 6-months - currently on antiretroviral therapy - HIV RNA levels less than 50 copies/ml - not able to read and write English or French - actively suicidal or psychotic Notes: Mean CD4 cell count of participants = 356 cell/ul; mean HIV plasma viral load approx 73 000 copies/ml. Baseline: No differences at baseline on outcome measures. 43% of patients had CES-D clinical cut-off score of 16 - results presented for sub-group of patients with depression N= 15 - treatment; N= 12 - control.	Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: none reported.	stress/stratergies to cope with depressive symptoms. Therapist = psychologist. Manual. **Group 2 N= 12** TAU - Standard HIV clinic multi-disciplinary team care	aimed at reducing depression.
Results from this paper: Quality assessed: +				
BARTH2005 Study Type: RCT Study Description: *analyse data for participants who provided outcome data Type of Analysis: *non-ITT Blindness: No mention Duration (days): Range 21-28 Followup: No follow-up Setting: GERMANY Inpatient (3 cardiac rehabilitation hospitals) Notes: Randomised by closed envelopes. Info on Screening Process: 5898 consecutive admission; 1709 screened; 441 had mental distress (HADS >17); 268 excluded from interview; 107 did not have depressive disorder as assessed in interview, further 7 excluded; 59 randomised; lost to follow-up: 0 - treatment, 4 - control.	n= 59 Age: Mean 58 Sex: 45 males 14 females Diagnosis: 100% Cardiovascular disease by Currently receiving treatment for disorder Depression by DSM-IV Exclusions: - HADS < 17 and no DSM-IV diagnosis of unipolar affective disorder Notes: Myocardial infarction = 57.6%; coronary artery bypass graft = 33.9%; percutaneous transluminal coronary angioplasty = 22.0%; unstable angina pectoris 5.0% Baseline: No significant baseline differences between groups on measures of depression. Baseline severity of depression as measured by BDI = 19.04 (6.39) - treatment and 21.25 (5.43) - control and HADS (total) = 23.07 (4.02) - treatment and 24.58 (4.51) - control.	**Data Used** HADS BDI-21 item Notes: TAKEN AT: pre-and post-treatment. DROP OUTS: LTFU - 0/27 treatment and 4/32 control.	**Group 1 N= 27** Individual based cognitive and behavioural skills - 3-, 4-week inpatient rehabilitation. Individual therapy. 4-6 sessions, 50 min each. Delivered by psychotherapist. Education; self-help materials; aimed at reducing depression. Cognitive-behavioural approach. **Group 2 N= 28** Control - Treatment as usual = exercise, diet counseling, relaxation and health behaviour education.	Do not need to perform sensitivity analysis as participants recruited for depression; intervention aimed at reducing depression.
Results from this paper: Quality assessment = +				
BRODY2006 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 42 Setting: US Notes: Randomisation: computer-generated. Info on Screening Process: 349 screened, 252 randomised, 214 completed treatment, 32 depressed at baseline.	n= 32 Age: Mean 82 Sex: 11 males 21 females Diagnosis: 100% Macular degeneration 100% Depression by DSM-IV Exclusions: - did not meet criteria for DSM-IV major or minor depression - GDS-15 < 5 Baseline: Baseline depression GDS-15: 7.50 (2.19), 7.80 (2.35).	**Data Used** GDS-15 item Notes: TAKEN AT: baseline and 6-month FU. DROP OUTS:only used completers who had depression at baseline.	**Group 1 N= 12** Self-help - Cognitive and behavioural. Group therapy. Problem solving, cognitive & behavioural elements, guided practice, designed to meet the needs of sight impaired adults. 12 hours over 6-weeks. **Group 2 N= 20** Control - Two arms: audio taped health education & waitlist. 12 hours over 6-weeks.	Subset from larger study with depression at baseline. Intervention modified for chronic physical health problem.
Results from this paper: Quality assessed: +				

BROWN1993

Study Type: RCT

Study Description: *Did not included the 12 subjects who dropped out of treatment before completion of final post-treatment assessment

Type of Analysis: *Completers

Blindness: No mention

Duration (days): Mean 84

Followup: 3-, 9-, & 15-month

Setting: US
Hospital

Notes: Details on randomisation not reported.

Info on Screening Process: 54/107 met all the study criteria: reasons for exclusions included chronic, severe depression and/or anxiety preceeding the cardiac event; 14/54 excluded as dropped out of the study before final post-treatment assessment.

n= 40

Age: Mean 61

Sex: 39 males 11 females

Diagnosis:
MI by Clinical judgement

Depression by SADS

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

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

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

Data Used
SCL 90

BDI-21 item

Notes: TAKEN AT: pre- & post-treatment; 3-, 9- & 15-months follow-up. DROP OUTS: 12/54; in addition, when some participants dailed to complete some assessments, their scores were removed from those analyses.

Group 1 N= 20

Individual based cognitive and behavioural skills - 12 weekly x 1H sessions. Delivered by clinical psychogist/psychiatrist. Included pleasant activities, relaxation, cognitive restructuring, anger management. Therapist, patient + partner. Intervention for depression.

Group 2 N= 20

Counseling - Therapists activities included expression of support, warmth & empathy. Offered interpretation, reflections & clarifications of the participants' feelings. Based on Rogers.

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

Results from this paper:
Quality assessment: +

CHESNEY2003

Study Type: RCT

Study Description: *Only includes participants with outcome data

Type of Analysis: Completers*

Blindness:

Duration (days): Mean 70

Followup: 6-, 12-months (not for WLC)

Setting: US, San Francisco
Not specified

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

Info on Screening Process: 165 met entry criteria, 149 enetered the study: 54 group based cognitive-behavioural, 51 health education, 44 control. Post-treatment: 128/149 (86%) retained.

n= 149

Age: Mean 39 Range 24-58

Sex: all males

Diagnosis:
100% HIV/AIDS by Self-report

100% Depression by CES-D

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

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

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

Data Used
CES-D

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

Group 1 N= 54

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

Group 2 N= 51

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

Group 3 N= 44

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

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

Results from this paper:

Quality assessed: +

CLARK2003

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 150

Setting: Australia, Adelaide
Community

Notes: Randomisation = computer-gernated. Allocation by sealed envelopes.

Info on Screening Process: 139 admissions to rehabilitation unit, 32 excluded, 107 registed, 68 randomised: 33 -treatment, 35 - control. 62 completed: 30 - treatment, 32 - control.

n= 62

Age: Mean 72

Sex: 38 males 24 females

Diagnosis:
100% Stroke by Current diagnosis

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

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

Data Used
GDS-15 item
SF-36
Notes: TAKEN AT: pre - and post-intervention. DROP OUTS: 3/33 (9%) - treatment & 3/35 (8%) - control.

Group 1 N= 30
Psychoeducation plus other - Individual. Information package on stroke, practical coping suggestions, resources in community & support structures. Therapist = social worker. Counselling for patient + spouse for stroke related stresses. 3 x 1H sessions at home over 5-months.

Group 2 N= 32
No treatment - No mention on the control group other than they did not receive the intervention. All participants discharged into community - assume it is a no treatment control.

Perform sensitivity analysis as participants are not recruited for depression (and are sub-threshold). Intervention has a componenet that = psychosical as discuss stresses related to physical health problem.

Results from this paper:
Quality assessed: +

DAVIS1984

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 42

Followup: 6-weeks

Notes: Details on randomisation not reported.

Info on Screening Process: All participants were appropriate for the study; 4 declined. 2 participants in Waitlist dropped out.

n= 13

Age: Mean 33

Sex: 3 males 10 females

Diagnosis:
100% Epilepsy

100% Depression by Not specified

Exclusions: - IQ < 70
- behaviour problems
- did not have depression

Notes: All subjects epileptic and receiving anticonvulsant mediction. Mean length of seizure disorder was 13.69 years (SD = 11.1)

Baseline: No significance test conducted. Baseline scores of BDI: 20.75 - treatment; 20.75 - control (SDs not reported; small ns in each group).

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

Group 1 N= 8
CBT - 6 weeky 2 hour classes. Group therapy. Led by social workers. Homework assigned. Therapy designed to treat depression. Please activities, physical exervcise, self-talk, thought stopping, increasing postive cognitions. FU class (6-weeks after last session)

Group 2 N= 5
Waitlist - Offered treatment after post-assessment.

Participants recruited for depression and chronic physical health problems; intervention designed to treat depression.
3 in the treatment, 1 in the control group were receiving psychotropic medication.

Results from this paper:
Quality assessed: +

DESROSIERS2007

Study Type: RCT

Study Description: Single blind = rater only blinded

Type of Analysis: Completer

Blindness: Single blind

Duration (days):

Setting: CANADA
Community

Notes: Randomisation by computer-generated

n= 62

Age: Mean 71

Sex:

Diagnosis:
100% Stroke by Current diagnosis

Exclusions: - clinical diagnosis of stroke
- not living in the community
- no self-report problems with leisure activities
- cognitive problenm score < or equal to the 5th percentile

Data Used
HRQOL
CES-D
Notes: TAKEN AT: pre- and post-intervention. DROP OUTS; 4/33 - treatment, 2/29 - control.

Group 1 N= 33
Social support - Leisure education program: aim to optimize leisure experiences. 8-12 sessions x 1H. Focused on leisure awareness, self-awareness & competency deveopment. Therapist = occipational/recreational. Delivered home/community.

Group 2 N= 29

Perform sensitivity analysis as participants not recruited for depression. Need to perform change score for HRQOL as there are differences as baseline.

with stratification based on functional independence. Info on Screening Process: 230 eligible, 168 excluded, 62 randomised, 56 analysed.	on the Modified Mini-Mental State - language comphrehension problems - severe comorbidities Baseline: Differences at baseline on the HRQOL which was lower in the control group. Baseline scores of depression on CES-D:18.5 (SD = 12.1) - treatment & 16.3 (SD = 9.0) - control.			
Results from this paper: Quality assessed; +				
EVANS1995 Study Type: RCT Study Description: *Included only those for whom all data were colllected includign FU data. Type of Analysis: *Completers Blindness: No mention Duration (days): Mean 56 Followup: 6-month Setting: USA Outpatient Info on Screening Process: 95 patients scheduled for radiation treatment; 78 had a CES-D of 16+ and were randomized.	n= 78 Age: Mean 54 Sex: 47 males 31 females Diagnosis: 100% Cancer by Not specified 100% Depression by CES-D Exclusions: - CES-D less than 16 Notes: Stage II cancer: N=30 lung cancer, N=22 bladder, N=16 postate, N=4 head-neck. Scheduled for radiation treatment. Mean duration of knowledge on their diagnosis = 12.3 weeks. Baseline: Did not test for differences in severity of depression at baseline. Baseline scores of depression = 27.2 (SD = 8.8) - cognitive & behavioural; 27.9 (SD = 8.4) - peer support; 29.0 (SD = 7.0) - control	**Data Used** CES-D Notes: TAKEN AT: post-treatment and 6-month follow-up. DROP OUTS: 6 lost to FU because of death/illness;	**Group 1 N= 27** CBT - 8-week, group therapy 1 hour per week, 6-9 patients led by social worker. Included homework assignments. Intervention designed for depression/anxiety. **Group 2 N= 21** Peer Support - 8-week, group therapy 1 hour per week, 6-9 patients led by social worker. Modeled after support groups typically used in chronic illness. Members encouraged to describe feelings about having cancer. **Group 3 N= 24** No treatment - Did not attend intervention. Offered crisis intervention + individual therapy at no charge oustide study protocol (only 2 persons took up offer).	Participants recruited for depression and chronic physical health problems; intervention for depression.
Results from this paper: 1.1 Poorly addressed 1.2 Not reported 1.3 Not addressed 1.4 Not addressed 1.5 Adequately covered 1.6 Not addressed 1.7 Well covered 1.8 7.7% in total 1.9 Not addressed 1.10 Not applicable 2.1 +				
FOLEY1987 Study Type: RCT Type of Analysis: *Completers Blindness: No mention Duration (days): Mean 35 Setting: GERMANY Outpatient Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: 41 met criteria; *36 provided pre-and post-assessments and analyzed.	n= 36 Age: Mean 39 Sex: 5 males 31 females Diagnosis: 100% Multiple Sclerosis by Not specified Exclusions: - no confirmed MS diagnosis - a level of disability greater than 8 o the 10-point disability status scale - major cognitive deficitis Baseline: No significant baseline differences between groups. Baseline scores of BDI depression: 24.4 (SD =	**Data Used** BDI **Data Not Used** Physical health outcomes - no data Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5/4.	**Group 1 N= 18** Individual based cognitive and behavioural skills - 6 session cognitive-behavioural + shortened progressive deep-muscle relaxation. Therapist = advanced clinical psychologist. Focused on psychosocial stressors. **Group 2 N= 18** Control - Waitlist control, received treatment after 5 week delay. In the mean time received TAU: all received minimum of 2H supportive psychotherapy. N=2 antidepressants, 2 family counseling, 3 individual counseling.	Perform sensitivity analysis as participants not recruited for depression & chronic physical illness. Sub-group analysis: interventon for psychosocial stressors.

	13.0) - treatment & 21.7 (15.0) - control.			
Results from this paper: Quality assessed: +				
HECKMAN2007 Study Type: RCT Study Description: * Perform analysis on participants who completed assessment form. Type of Analysis: *Completers Blindness: No mention Duration (days): Mean 56 Followup: 4-, 8-month Setting: US Notes: Details on randomisation/allocation concealment not reported. Info on Screening Process: 360 eligible; 61 excluded; 299 randomized; 257 completed post-assessment; 243 completed 4-month FU; 223 completed 8-month FU	n= 299 Age: Mean 43 Sex: 210 males 89 females Diagnosis: 100% HIV/AIDS by Self-report Exclusions: - 18 years + - informed consent - self-reported diagnosis of HIV/AIDS - residence in community of 50 000 or fewer & at least 20 miles from a city of 100 000 or more Notes: Participants reported having lived with HIV for a mean of 10 years. Baseline: No differences between group at baseline on main outcome measures. Baseline depression scores for all paritcipants = BDI 22.1 (SD = 10.5) with 71% reporting a score of 16+. Usual care: 22.47 (1.03); psycho-educ : 21.33 (1.16); cognitive-behavioural: 22.55 (1.02).	**Data Used** HIV-Related Life-Stressor Burden Scale SCL 90 BDI-21 item Notes: TAKEN AT: pre- and post-assessment & 4-. 8-month follow-up. DROP OUTS: Completed post-assessment 94/07 (usual care), 66/84 (psycho-education), 97/108 (cognitive-behavioural)	**Group 1 N= 107** TAU - AIDS service organisations - case management, support groups, social services assistance. **Group 2 N= 108** Group based cognitive and beahvioural skills - Coping Improvement Group Intervention - 8 weekly sessions. 6-8 per group. Therapist = Masters/PhD level clinicians. 90 mins. Separate groups for gay men. Cognitive-behavioural principles. Conducted using teleconference. Intervention aimed at stress/coping **Group 3 N= 84** Health-education - Information support group intervention - group therapy. Therapist = nurse practitioners/social workers. Separate groups for gay men. 90 min: 60 min assigned to information relating to AIDS/HIV; 30-min topics generated by group.	Perform sensitivity analysis as participants were not recruited for depression and chronic physical health problems. Sub-group analysis as intervention aimed at psychosocial stressors (stress and coping)
Results from this paper: Quality assessed: +				
HENRY1997 Study Type: RCT Study Description: *'ITT' analysis does not included the two participants who discontinues their involvement in the programme for medical reasons. Type of Analysis: Completers Blindness: No mention Duration (days): Mean 42 Followup: No follow-up Setting: AUSTRALIA, Sydney Primary care Notes: Details on randomisation not reported. Info on Screening Process: 32 potential subjects, 21 met screening criteria, 2 discontinued treatment.	n= 19 Age: Mean 60 Range 47-74 Sex: 9 males 10 females Diagnosis: 100% Diabetes by Currently receiving treatment for disorder Exclusions: - no diagnosis of non-insulin-dependent diabetic patients with a duration of > 6-months - requiring insulin therapy in the last 6-months - currently requiring insulin therapy - presence of severe levels of psychopatholoy or major forms of psychiatric disoder such as schizophrenia, bipolar or addictice disorders - no bio-chemical evcidence of elevated HbA1 (i.e. <10%) within the past month Notes: Mean duration of diabetes was 6.4 years (range 1.5 to 23) Baseline: There were no significant differences between groups at baseline. Baseline scores of BDI depression: 11.10 (SD = 2.69) - treatment; 13.33 (SD = 4.69) - control	**Data Used** BDI Notes: TAKEN AT: pre- and post-assessment. DROP OUTS: two participants discontinued their involvement in the programme for medical reasons	**Group 1 N= 10** CBT - 6 weekly 1.5-hour sessions. Group therapy. Muscle relaxation + cogntive coping skills training (i.e. monitor negative self-statements, problem solving). Homework assignments. Designed to cope with stress & anxiety. **Group 2 N= 9** Waitlist - Participants received treatment immediately following the past-treatment assessment period.	Perform sensitivity analysis - participants were not recruited for depression and chronic physical health problems. Intervention designed to reduce stress (and axiety).
Results from this paper: Quality assessed: +				
KELLY1993				

Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 56 Followup: 3-month Setting: Milwaukee Notes: Details on randomisation not reported. Info on Screening Process: 115 completed pre-intervention assessment and had CES-D >16.Only participants for whom all data were collected, including long-term follow-up were included in the analysis.	n= 68 Age: Mean 34 Sex: all males Diagnosis: HIV by Not specified 100% Depression by CES-D Exclusions: - a CES-D score < 16 - female Notes: N=56 were asymptomatic or had symptoms of immune compromise; N= 12 had illnesses that met Centres fo Disease Control criteria for AIDS. Mean duration of knowledge of symptoms = 31 months Baseline: No significance test conducted. Baseline scores of CES-D: 27.4 (SD = 8.9) - cognitive and behavioural; 28.1 (SD = 8.5) - peer support; 31.0 (SD = 6.6) - control	**Data Used** CES-D Notes: TAKEN AT: pre- and post-intervention and 3-month follow-up. DROP OUTS: only report outcomes for completers.	**Group 1 N= 27** CBT - 8 week group therapy (8-9 participants). 90 minutes. Led by psychologists, counselors or psychiatry residents. Also discussed safer sex practice. Aimed to reduce anxiety & depression. **Group 2 N= 14** Peer Support - 8 week group therapy (8-10 participants). 90 minutes. Led by psychologists, counselors or psychiatry residents. Encouraged members to describe their feelings about having HIV. **Group 3 N= 27** No treatment - Offered crisis intervention outside study protocol.	Particpants recruited for depression; cognitive-behavioural interention designed to reduce depression - discussed safe sex practice.
Results from this paper: Quality assessed: +				
KISSANE2007 Study Type: RCT Type of Analysis: *Completers Blindness: Open Duration (days): Mean 37 Range 1-226 Setting: AUSTRALIA, Melbourne (multisite) Notes: Randomisation: independent using an 'adaptive biased coin design'. Allocation concealment not addressed. Info on Screening Process: 485 referred; 258 not assessed or randomised; 227 randomised: 147 intervention, 80 control; *117/147, 60/80 analyzed for psychosocial outcomes.	n= 227 Age: Mean 52 Range 25-69 Sex: all females Diagnosis: Cancer by Histologically confirmed Exclusions: - did not have stage IV breast cancer - not geographically accessible - had a life expectancy of less than 1 year - over 70 years - history of other cancers (exept basal cell carcinoma) - inadequate English - intellectual disability of dementia Notes: Stage IV Breast cancer Baseline: No baseline differences between groups for percentage with depression. 34/147 (23%) - treatment and 20/80 (25%) - control had a diagnosis of depression; meta-analysis refers only to this sub-population.	**Data Used** Remission (no longer meeting diagnosis) Notes: TAKEN AT: baseline, 6-, 12-, 18-, 24-months. DROP OUTS:	**Group 1 N= 147** Group existential therapy - Group therapy (12). Weekly 90 min, advised for 1 year. Aim: improve interpersonal relatonships; create network of social support; coping skills. Provides safe form to express feelings/confront existential issues. Co-therapist = psychology/social worker. **Group 2 N= 80** Control - x3 relaxation classes, 1H over 3-week period. Progressive muscular relaxation, guided imagery, manualized method. Encouraged to practice. Also delivered to treatment group. Delivered by occupational therapist.	Participants not recruited for depression and chronic physical health problems; analysis reported for sub-group with depression.
Results from this paper: Quality assessed: +				
KOUKOUVOU2004 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 180 Setting: GREECE, Thessalonki Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: Details not reported.	n= 29 Age: Mean 53 Range 36-66 Sex: all males Diagnosis: 100% Cardiovascular disease by Clinical judgement Exclusions: - did not have a diagnosis of CHF mainly based on clinical signs, radiological findings, schocadiographically determined ejection fraction/shortening fraction -myocardial infarction/unstable angina, aortic stenosis, diabetes mellitus, uncontrolled hypertension, muscuoloskeletal limirationsor other contraindications for	**Data Used** Physical health outcomes Minnesota Living with Heart failre Questionnaire Quality of Life Index HADS BDI-21 item Notes: TAKEN: pre- and post-intervention. DROP OUTS: 2/18 - treatment, 1/11 - control.	**Group 1 N= 11** Control - No further information. **Group 2 N= 18** Exercise - 6-months supervised exercise. 2-4 weeks institution-based training. 3-months aerobic training then added resistance exercises. Exercised 50-70% of peak VO2 for 60min (+5min per month) x 3-4 weekly.Progression of exercise duration, freq, intensity.	Perform sensitivity analysis as participants not recruited for depression and chronic physical health problems (only 1 patient w/o depression). Aim of the study is to reduce psychological profile.

	participating in an exercise program - not clinically stable for <3-months - not on stable medication or diet Baseline: No differences at baseline. Baseline scores of depression: HADS-D = 13.1 (SD = 3.13) - treatment, 11.6 (SD = 2.3) - control; BDI = 18.6 (SD = 4.65) - treatment, 18.5 (SD = 5.1) - control. Only 1 patients was found without depression, 7 mild (scores 10-15), 14 moderate (16-23) & 4 severe (>23).			
Results from this paper: Quality assessed: +				
KUNIK2008 Study Type: RCT Study Description: *Completed assessments Type of Analysis: Completers* Blindness: Single blind Duration (days): Mean 56 Followup: 12-month Setting: US Notes: Randomisation numbers generated by statistician. Allocation concealment not addressed. Info on Screening Process: 1981 screened, 1351 eligible for pre-treatment testing, 747 presented for testing, 256 eligible, 238 randomised.	n= 238 Age: Mean 66 Sex: 226 males 9 females Diagnosis: 100% Cardiovascular disease by Laboratory-confirmed 100% Depression/Anxiety by BAI/BDI 53% Depression by DSM-IV Exclusions: - no diagnosis of COPD - without moderate anxiety (>16 BAI) and/ or depression BDI > 14) - no treatment by GP - cognitive disorder (<23 MMSE) - psychotic disorder - substance abuse/dependence (SCID) Notes: 32.9% had a history of psychiatric treatment. Baseline: No significant baseline differences. Depression at baseline (BDI): cognitive and behavioural - 23.44 (12.49); health education - 21.12 (12.09).	**Data Used** BDI-II SF-36 Notes: TAKEN AT: baseline, mid-point, post-intervention, 4-, 8-, 12-month FU. Drop outs (at 12-month FU): 37/89 (CBT); 36/92 (Health education).	**Group 1 N= 63** Group based cognitive and beahvioural skills - 8 1-H sessions for both anxiety & depression. Group (N=10). Therapist = psych interns, post-doctoral fellows. Discussed symptoms, practice exercises. Relaxation training, pleasurable activity, cognitive therapy, problem-solving. **Group 2 N= 60** Health-education - 8 sessions COPD education. 45 lectures/15 discussion. Same therapists. Discussed breathing strategies, medication use, end of life planning.	Recruited for depression.
Results from this paper: Quality assessed: +				
LAI2006 Study Type: RCT Study Description: Single blind = observer blinded Blindness: Single blind Duration (days): Mean 84 Followup: 6-month Setting: US, Kansas Home Notes: Randomisation by random-number generator. Allocation concealment with sealed envelopes. Info on Screening Process: 582 in registry, 117 consented & eligible, 100 passed cardiac stress test & enrolled, 100 randomised.	n= 100 Age: Mean 70 Sex: 62 males 38 females Diagnosis: 100% Stroke by Clinical judgement Exclusions: - no diagnosis of stroke according to WHO - no confirmed diagnosis of clinical assessment and/or positive CT/MRIscan - < 50 years - stroke onsent not within 3 - 28 days - not a resident within a 50 mile radius - subarachnoid hemorrhage - lethargic, obtunded, comatose - uncontrolled blood pressure -hepatic or renal failure NYHA III/IV heart failure - known limited life expectancy prestroke disability in self-care	**Data Used** SF-36 GDS-15 item **Data Not Used** Physical health outcomes - no data Notes: TAKEN AT: pre- and post-intervention & 6 months FU. DROP OUTS: at FU 10/50 - treatment & 10/50 - control.	**Group 1 N= 50** Exercise - Delivered at home.3 x week, 36 sessions, 12-weeks. Supervised by a physical/occupational therapist. Equipment supplied i.e. stationary bike, elastic bands. **Group 2 N= 50** TAU - Health rehabilitation services as ordered by their physicans. Visted by RA every 2 weeks to provide education about stroke prevention.	Perform sensitivity analysis as participants are not recruited for depression **sub-threshold depression**. Aim of intervention is to reduce depression.

	lived in nursing home prior to stroke Baseline: No significant differences between groups at baseline. Baseline GDS score = 3.4 (SD = 2.8) - treatment & 3.8 (SD = 2.7) - control.			
Results from this paper: Quality assessed: +				
LANDREVILLE1997 Study Type: RCT Study Description: *study used on data from 23 participants who completed study Type of Analysis: *Completers Blindness: Open Duration (days): Mean 28 Setting: CANADA Setting not specified Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: 163 interested in participating; 119 excluded; 44 admitted; N=4 (9%) did not complete study	n= 23 Age: Mean 72 Sex: 3 males 20 females Diagnosis: 100% Depression by DSM-III-R 100% Functional impariment (elderly) by Functional Autonomy Measurement System Exclusions: - less than 55 years - less than 11 on GDS - have less than 1 disability in activities of daily living, instrumental activities of daily living or mobility - not living in the community in independent living - psychosis, alcoholism, immediate suicide risk - having an illness known to cause depressive symptoms (yperthroidism) - cognitive impairment (>24 on Mini-Mental State Examination) - currently on medication for depression or not on stabilized medication for a minimum of 3-months Notes: Duration of disability (months): 108.70 - treatment; 147.69 - control. Baseline: Total - major depression = 17; minor depression = 6. Baseline BDI score: 19.70 (6.11) - treatment; 21.76 (12.49)- control. Baseline GDS score: 20.40 - treatment; 18.84 - control.	**Data Used** Functional Autonomy Measurement System GDS BDI-21 item Notes: TAKEN AT: pre- and post-treatment and 6 month follow-up for treatment group only. DROP OUTS: 4 (9%) dropped out.	**Group 1 N= 10** Self-help - Bibliotherapy based on Feeling Good - cognitive therapy for depression. Monitor depressive symptoms. Contacted by telephone once a week to ask about progress & answer questions. **Group 2 N= 13** Waitlist - Contacted by therapist via telephone once a week to monitor condition & to encourage group to perservere until treatment became available. Did not offer counselling, telephone lasted 15 mins.	Do not need to perform sensitivity analysis as participants were recruited for depression
Results from this paper: Quality assessed: +				
LARCOMBE1984 Study Type: RCT Blindness: No mention Duration (days): Mean 42 Followup: 1-month (treatment group only) Setting: Not specified Notes: Details on randomisation not reported. Info on Screening Process: 54 individuals posted questionnaire, 21 respondents met all criteria in the 1st stage of screening, 1 failed criteria in 2nd stage, 1 discontined treatment after first session.	n= 19 Age: Mean 42 Range 26-61 Sex: 6 males 13 females Diagnosis: 100% Multiple Sclerosis by Diagnosed by physician Depression by BDI Exclusions: - not aged between 20 and 65 - no self-reported duration of depression of at least 3-months - concurrent or prior treatment with major tranquillisers or lithium - score of < 20 on BDI - does not fulfill research criteria for definite or probablle depression according to the Feighner et al (1972) criteria - presence of other major psychological disorders - high suicidial risk - score outside normal range on the Wechsler Memory	**Data Used** HDRS BDI Notes: TAKEN AT: pre- and post-intervention and 1-month follow-up (for treatment group only). DROP OUTS: none reported	**Group 1 N= 9** CBT - Weekly, 90 minute sessions. Group therapy (4-5 participants). Led by grasuate students. Pleasant activity schedule; identifying depressive thoughts & distorted cognitions. **Group 2 N= 10** Waitlist - Treatment delayed for 6-weeks.	Participants recruited for depression and chronic physical health problems; intervention aimed at depression. 1 participant in the treatment and 2 in the waiting list group were receiving antidepressant medication.

	Scale and Simpson Memory Pictures Test - no diagnosis of MS by neurologist - no willingness to participate in a treatment research project Notes: MS diagnosed 8 participants for 10 years or less; 11 between 11 and 30 years. Baseline: There were no significant differences between groups at baseline. Baseline BDI scores: 27.44 (SD = 5.64) - treatment; 29.00 (SD = 8.67). Baseline Ham-D scores: 16.22 (SD = 512); 16.90 (SD = 6.41).			
Results from this paper: Quality assessed: = +				
LESPERANCE2007 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 84 Setting: CANADA 9 academic centres Outpatient Notes: RANDOMISATION: computer generated and concealed in opaque envelopes Info on Screening Process: 370 screened, 30 did not have depression, 30 HAMD <20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused	n= 284 Age: Mean 58 Sex: 214 males 70 females Diagnosis: 100% Depression by DSM-IV 100% Cardiovascular disease by Histologically confirmed Exclusions: - <18 years of age - HAMD <20 - depression due to general medical condition - psychosis, bipolar, - substance abuse - suicide risk - current use of antidepressants, lithium, anticonvulsants for mood disoder - current psychotherapy - previous absence of response to citalipram or IPT - 2 or more previous unsuccessful treatment fo the index depression - lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events - MMSE < 24 - clinician judgement that the patient would not adhere to study regime - coronary bypass graft surgery planned during the next 4 months - Canadian Cardiovascular Society Angine Class of 4 - unable to speak French/English Notes: severe depression according to APA criteria Baseline: Total: HAM-D: 29.68 BDI = 30.3; HAM-D: 30.0 - IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.	**Data Used** Cardiovascular outcomes Response (>50 reduction from baseline) Remission (below cut-off) BDI-II HDRS-24 Notes: Dropouts: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67	**Group 1 N= 75** Citalopram - 10mg/d week1, 20mg/d, if HAMD >8 increased to max 40mg/d. Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 2 N= 67** Placebo Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 3 N= 75** IPT - Individual IPT, 12 weekly sessions+placebo: up to 4 sessions via telephone. Focused on dealing with interpersonal conflicts, life transitions, grief, and loss. Conducted by Doctoral or Masters level therapists with mean 15 years experience. Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 4 N= 67** Citalopram + IPT - citalopram and IPT provided as described Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.	Sponsored by Canadian Institutes of Health Research Participants recruited for major depression; intervention modifed for illness
LII2007 Study Type: RCT Study Description: *Patients in the treatment arm who missed group therapy x2 were dropped from the study Type of Analysis: *Completers Blindness: Duration (days): Mean 56 Followup: None	n= 48 Age: Sex: 23 males 25 females Diagnosis: 100% Renal disease by Current diagnosis Exclusions: - less than 18 years - not literate in Mandarin or Taiwanese - not diagnosed with End Stage Renal Disease	**Data Used** SF-36 BDI-21 item	**Group 1 N= 20** Group based cognitive and beahvioural skills - Cognitive theraoy to identify, problem solve irrational thoughts; relaxation skills; health education. Self-efficacy. Coping strategies for depression. Group. 2H per week for 8 weeks. 10-15 per group. Therapist = clinical nurse specialist/renal nurse.	Perform sensitivity analysis - participants not recruited for depression; intervention for stress/depression - modified and included health education (sub-group analysis).

Setting: TAIWAN Notes: Randomisation done by independent researcher using random computer-generated list. Info on Screening Process: 60 patients recruited from haemodialysis unit; 12 dropped out (10 - treatment, 2 - control)	- not receiving routine haemodialysis treatment - history of psychiatric disorder or severe systemic diseases (i.e. migrating cancer, rheumatoid arthritis, severe congestive heart failre Notes: End Stage Renal Disease (all on dialysis). Study is looking at the effect of reducing haemodialysis patients' depression; exlcuded participants with history of depression. Baseline: There was no significant difference between groups at baseline on depression scores. Baseline scores of BDI-21 depression scores are: 15.9 (SD = 9.89) - treatment, 12.18 (12.18 (SD = 8.92) - control.	Notes: TAKEN AT: pre- and post-intervention (1-month after intervention). DROP OUTS: 10/30 - treatment and 2/30 - control	**Group 2 N= 28** TAU - Routine nursing care and a self-care bookley normally provided by the unit.	
LUSTMAN1998 Study Type: RCT Study Description: *ITT did not include 1 participant who did not begin intervention in treatment group Single blind = rater only Type of Analysis: *ITT Blindness: Single blind Duration (days): Mean 70 Followup: 6-months** Notes: Randomised via computer algorithm; concealed in sealed envelopes Info on Screening Process: 135 eligible; 84 excluded; 51 randomised; treatment: 1, control: 0 didn't begin; treatment: 4, control: 4 didn't complete intervention; treatment: 20, control: 22 completed intervention + post-assessment; treatment: 20, control: 21 completed FU	n= 51 Age: Mean 55 Sex: 26 males 25 females Diagnosis: Diabetes by Diagnosed by physician Depression by DSM-III Exclusions: - did not have type II diabetes mellititus - not between 21 and 70 years old - did not have major depression (according to Diagnositic Interview Schedule) - did not score at least 14 on BDI - active suicidal ideation or history of attempted suicide - history of panic disorder, bipolar depression or any psychotic disorder - current substance abuse disorder - currently taking psychoactive medications Notes: Type II diabetes mellitus. Mean duration of diabetes: 9.9 years (SD = 11.8) - treatment & 7.7 years (SD = 7.0) - control. Baseline: No significant differences at baseline on depression; large but non significant differences between groups on prevalence of complications of diabetes, use of insulin, duration of diabetes. Basline scores of BDI depression: 24.9 (SD = 10.2) - treatment; 21.1 (SD = 6.8) - control.	**Data Used** Response (>50 reduction from baseline) Remission (below cut-off) Notes: TAKEN AT: pre- & post-assessment; 6-month FU. **At FU some patients who remained depressed after 10 week treatment were referred to primary care for antidepressant medication or to a psychotherapist.	**Group 1 N= 25** Group based cognitive and beahvioural skills - CBT - 60 min. 10 weekly sessions. Therapist = licensed psychologist.Behavioural strategies, problem solving, cognitive techniques. All received individual session in diabetes education program. Intervention for depression. **Group 2 N= 26** Control - Diabetes education program (also provided to treatment group). 60 min, biweekly, individual sessions during entire treatment period (10 weeks).	Sensitivity analysis not needed, participants recruited for depression; intervention aimed at depression.
Results from this paper: Quality assessed: +				
MANNE2007 Study Type: RCT Type of Analysis: ITT Blindness: Open Duration (days): Followup: 3-, 6-months Setting: US, Philadelphia, New Jersey, Delaware, Pennsylvania Notes: Assigned randomly by research assistant stratified by baseline BDI. Info on Screening Process: 852 approached; 353 randomised; 297, 263, 225 completed 3-. 6-, 9-month post-assessment.	n= 353 Age: Mean 50 Sex: all females Diagnosis: 100% Cancer by Current diagnosis Exclusions: - not diagnosed with primary gynecological cancer - patient was not receiving active treatment i.e. chemotherapy/radiation or less than 3-months post cancer surgery - Karnofsky Performance Status of <80 or an Eastern Cooperative Oncology Group (ECOG) score not equal to 0 or 1 - did not live within 2H communiting distance from	**Data Used** BDI-21 item **Data Not Used** Physical health outcomes (self-report) - no dat Notes: TAKEN AT: pre-, post-treatment (3-months from baseline), 3-, 6-month FU (6-. 9-months from baseline). DROP OUTS: 47 - cognitive-behavioural; 41 - supportive counseling 40/111 TAU.	**Group 1 N= 122** Individual based cognitive and behavioural skills - 6 x 1H individual sessions + phone booster session. Aim: coping/support skills; identifying & dealing with emotional reactions to cancer. Techniques from cognitive-behavioural int. Homework assig. Educational material. Therapist = social work/psychologist	Perform sensitivty analysis - particpants not recruited for depression ; sub-group: intervention for psychosocial stressors.

	recruitment centre - less than 18 y/o - was not Engligh speaking - hearing impaired Notes: Gynecological cancer: 81.8% ovarian; endometrial (6.5%); primary peritoneal 6.2%; cervical 3.1%; vaginal 0.6%; vulvar (0.6%); uterine 1.1%, fallopian tube cancer 0.6%. Baseline: No significant differences at baseline for depression. BDI-21 depression scores at baseline: 13.51 (SD = 7.7) - cognitive and behavioural; 14.47 (SD = 9.06) - supportive counseling; 12.51 (SD = 7.86) - TAU.		**Group 2 N= 120** Counseling - 6 x 1H individual sessions + phone booster session. Aim: emotional expression, support existing coping behaviours, enhanced self-esteem & autonommy. Conversational in style. Discuss reactions to cancer. Manualized. Therapist = social work/psychologist **Group 3 N= 111** TAU - Social work consultations. Referrals to a psychiatrist/pyschologist could be made by physician.	
Results from this paper: Quality assessed: +				
MARKOWITZ1998 Study Type: RCT Study Description: * included participants who refused randomisation (n=4) or received minimal treatment (n=15). Type of Analysis: *ITT Blindness: Open Duration (days): Mean 119 Setting: USA Outpatient Notes: Randomly assigned patients to treatment in a balanced design using a computer-generated random number sequence sealed in individual envelopes. Info on Screening Process: Details not reported.	n= 101 Age: Mean 37 Range 24-59 Sex: 86 males 15 females Diagnosis: 100% HIV by Not specified 53% Depression by DSM-III-R Exclusions: - not HIV-positive for 6 months or more - a score of 14 or less on the HDRS-24 item - not judged by clinican to have significant depressive symptoms - poor physical health that inhibits outpatient treatment - non-HIV medical disease - schizophrenia, bipolar disoder, current substance abuse - contraindication to imipramine - MMSE score < 25 - inability to speak english - concurrent psychiatric treatment aside from HIV self-help or support groups Notes: Baseline mean Karnofsky score = 80 (S.D. 6.5); CD4 cell count = 280 (S.D. 222); all clinically judged to have depression. Baseline: There were no significant differences between groups at baseline. HAM-D (24 items) baseline scores: 20.4 (4.5) - cognitive and behavioural; 20.4 (4.5) - IPT; 20.5 (5.6) IPT + pharm	**Data Used** 100-point Karnofsky scale CD4 cell count HDRS-24 HDRS-17 BDI Notes: TAKEN AT: pre-, mid- and post-intervention.	**Group 1 N= 27** CBT - Therpasits all PhD psychologists. Homework assigned. 16 x 50 minute sessions within 17-week period. Designed for depression. Individual therapy. **Group 2 N= 24** IPT - Modified to psychosocial concerns of depressed HIV-positive patients. 16 x 50 minute sessions within 17-week period. Individual therapy. **Group 3 N= 24** Supportive psychotherapy - Ranged between 8 - 16 sessions of 30 - 50 min duration. Added psychoeducation about depression and HIV + client centred approach. Served as control arm in the study. Less structured. **Group 4 N= 26** Supportive psychotherapy - Therapy ranged between 8 - 16 sessions of 30 - 50 min duration. Imipramine. Mean dose 210 (S.D. 66) - Begun at 50 mg/d and increases as tolerated to 300 mg/d for 3 - 4 weeks.	Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing depression. IPT modified for physical health problem.
Results from this paper: Quality assessed: ++				
MOHR2000 Study Type: RCT Type of Analysis: ITT and Completers Blindness: No mention Duration (days): Mean 56 Notes: Details on randomisation not reported. Info on Screening Process: 73 assessed, 39 did not meet inclusion criteria, 2 declined.	n= 32 Age: Mean 42 Sex: 9 males 23 females Diagnosis: 100% Multiple Sclerosis by Not specified Depression by POMS-D Exclusions: - No diagnosis of relapsing MS - No treatment with interferon beta-1a - Score of < 15 on POMS-Depression-Dejection scale	**Data Used** The Profile of Mood states: Depression sub-scale Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5 CBT; 4 TAU.	**Group 1 N= 11** CBT - Telephone-administrated. Modified for use with MS patients. Homework assignments. Individual therapy. Weekly, 50-min sessions over 8 weeks. **Group 2 N= 12** TAU - Usual care available through Kaiser Permanete Medical Care Program of Northern California.	Participants recruited for depression; intervention modified for physical health; telephone admin. All patients receiving interferon beta-1a; treatment group (1 additional psycotherapy, 1 antidep); control group (1 additional psycotherapy, 2 antidep)

	- Patients in treatment for depression for < 3 months who did not intend to continue treatment throughout the study - Dementia - < 5th percentle on the Short Word List Baseline: There were no significant differences between groups at baseline. Baseline scores of POMS-D = 33.1 - treatment, 27.9 - control.			
Results from this paper: Quality assessed: +				
MOHR2001 Study Type: RCT Type of Analysis: ITT Blindness: No mention Duration (days): Mean 112 Followup: 6-month follow-up Setting: USA, California Notes: 1st 6 patients to still meet MDD criteria after 4 week criteria were assigned to group therapy - less than 6 were assigned to CBT or sertaline Info on Screening Process: 177 patients showed some signs of depression and received a thorough screening assessment; 63 met inclusion/exclusion criteria.	n= 63 Age: Mean 44 Sex: 17 males 46 females Diagnosis: 100% Multiple Sclerosis Depression Exclusions: - an unconfirmed diagnosis of MS - a relapsing-remitting or secondary progressive disease course not confirmed by a neurologist - no diagnosis of MDD (DSM-IV; SCID) - a score less than 16 on the HRSD-17 and BDI - unwillingness to abstain from psychological/pharmacological treatment for depression other than that provided during treatment - other serious psychological disorders - dementia - severe suicidality - initiation of interferon medication with the previous 2 months - other disorders of the CNS - current/planned pregnancy - current psychological/pharmacological treatment for depression Baseline: There were no significant differences between groups at baseline. Basline BDI scores: 24.8 - treatment, 23.5 - control. Baseline HAM-D scores: 21.0 - treatment, 20.5 - control.	**Data Used** Longitudinal Interval Follow-up Evaluation-II HDRS BDI Notes: TAKEN AT: pre- and post-intervention and at 6-month follow-up.	**Group 1 N= 20** CBT - 4 psychologists with 1-8 years of postdoctoral experience. Individual therapy. 16 weekly 50 min sessions. Standard CBT + specific skills for management of MS-related symptoms. **Group 2 N= 22** Group existential therapy - Group therapy (5-9 patients) for people with medical diagnoses + 2 therapists. 16 weekly 90 min sessions. Aim is to facilitate the emotional expressions related to MS. 5 psychologiss with 1-9 years postdoctoral experience. NOT RANDOMISED TO THERAPY **Group 3 N= 21** Sertraline - Initiated at 50 mg per day and increased by 50 mg every 4-weeks until a dosage of 200 mg was reached or until full remission was achieved.	Do not perform sensitivity analysis - participants recruited for depression. Cognitive and behavioural Intervention modified for chronic physical health problem.
Results from this paper: Quality assessed: +				
MOSSEY1996 Study Type: RCT Type of Analysis: Completers Blindness: Duration (days): Mean 70 Followup: 6-, 12-months Setting: US, Pennsylvania Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: Age-eligible N = 4883; 1804 approached, 1530 completed screening, 362, 287, 89 met GDS, MMSE & SCID criteria (respectively), &76 completed	n= 76 Age: Mean 71 Sex: 17 males 59 females Diagnosis: 100% General Medical (hospitalized) by Currently receiving treatment for disorder 100% Subdysthymic depression by GDS Exclusions: - not between the ages of 60 & 91 - GDS score < 11 - MMSE score < 22 - DSM-III-R criteria for current major depression, dysthymia or another Axus I disorder	**Data Used** GDS Notes: TAKEN AT: pre- and post-intervention (3-months), 6-12-month FU. DROP OUTS: 9/35 - treatment, 4/41 - control.	**Group 1 N= 35** IPT - 10 weekly sessions. 60 min. Individual.Intervention for depression. Modified to accomodate physical health i.e. longer/more intensity/flexible apts. **Group 2 N= 41** TAU - No further information besides usual care.	Do not perform sensitivity analysis as participants recruited for depression & physical health problem. Intervention for depression; treatment length/intensity modified for physical health problems.

assessment.	Baseline: No significant differences between groups at baseline. Baseline scores if GDS at baseline: 15.6 (SD = 3.7) for total group.			
Results from this paper: Quality assessed; +				
SAVARD2006 Study Type: RCT Study Description: Single blind: assessor blinded to treatment allocation therefore HAM-D is rated blindly Type of Analysis: Completers* Blindness: Single blind Duration (days): Mean 56 Setting: CANADA Notes: Stratified by location of recruitment; assigned randomly via computer-generated random no. table; group allocation contained in sealed envelopes. Info on Screening Process: 497 approached; 333 screened; 45 randomised; 37 analysed*	n= 37 Age: Mean 51 Sex: all females Diagnosis: 100% Cancer by Current diagnosis 73% Depression by DSM-IV Exclusions: - no diagnosis of metastatic breast cancer (stage IV) - a score of <7 on the HADS-D or < 15 on the BDI - terminal stage of the disease defined as a life expectancy < 2-months - DSM-IV criterial for severe psychiatric disorder other than major depression - severe suicidal ideations with risk of acting out - Scale for Suicide Ideation - having recently (within the past 2-months) started on antidepressant medication or recently altered the dosage - currently receiving a psychological intervention targeting depression Baseline: No significant differences at baseline for depression; cognitive-behaviour treatment group had longer time passed since initial cancer diagnosis. Baseline BDI scores of depression: 21.13 - treatment, 20.10 - control; HAM-D: 14.21 - treatment, 14.40 - control.	**Data Used** Physical health outcomes EORTC Quality of Life Questionnaire EORTC Breast Cancer- Specific QoL Questionnaire HAM-D BDI-21 item HADS Notes: TAKEN AT: pre- and post-treatment; 3-, 6 month FU. DROP OUTS: 4/25 - treatment; 4/20 - control - analysed only completers	**Group 1 N= 20** Control - Waitlist control **Group 2 N= 21** Individual based cognitive and behavioural skills - 8 weekly individual sessions. 60-80 min.3 booster sessions every 3 weeks. CBT slightly adapted for women with cancer i.e. targeting negative thoughts specific to cancer. Therapist = licensed psychologist	Do not perform sensitivity analysis - participants recruited for depression.
Results from this paper: Quality assessed: +				
SIMONI2007 Study Type: RCT Study Description: Single blind = rater only blinded *Only participants with non-missing data at each time point were included in analysis Type of Analysis: *Completers Blindness: Single blind Duration (days): Mean 90 Followup: 3-month Setting: US, New York HIV primary care outpatient clinic Notes: Randomisation based on a compueter-generate sequence prepared by an external statistician. Allocation concealment via numbered, opaque, sealed envelop Info on Screening Process: 53% of eligile patients approached declined; 71 assign to treatment, 59 (83%) completed FU; 65 assign to control, 57 (88%) completed FU.	n= 136 Age: Mean 43 Sex: 75 males 61 females Diagnosis: 100% HIV by Current diagnosis Exclusions: - less than 18 years - not proficient in English - not prescribed on HAART regimen - with dementia or psychosis - Notes: Years since HIV diagnosis: 7.8 years (SD = 4.6) Baseline: No significant differences at baseline for outcome measures. Baseline scores of CES-D depression: 19.9 (SD = 12.4) - treatment, 19.6 (SD = 11.2) - control.	**Data Used** Physical health outcomes CES-D Notes: TAKEN AT: pre- and post-intervention & 3 month FU.	**Group 1 N= 71** Peer Support - Delivered by trained peers who = HIV+ & on HAART. 3-months, 6 twice-monthly 1H group therapy @ clinic. Plus, 3 x weekly phone calls from trained peers who were assigned to individ by researcher. Discussed shared experiences in groups/problem-solving. **Group 2 N= 65** TAU - Standard medical care from the clinic. Were given social & mental health referrals when requested.	Perform sensitivity analysis as participants were not recruited for depression and physical health problems.

Results from this paper:
Quality assessed: +

SIMS2009

Study Type: RCT

Study Description: **Does not include 2 drop outs in the control group

Type of Analysis: ITT**

Blindness: No mention

Duration (days): Mean 70

Setting: Australia, Community

Notes: Randomisation by independent person using computer generated block randomisation list. Allocation concealment not addressed.

Info on Screening Process: 1550 invited, 233 responded, 104 depressed, 59 medical exclusions, 45 entered trial.

n= 45

Age: Range 21-93

Sex: 27 males 18 females

Diagnosis:
100% Stroke

100% Depression by PSE depression module

Exclusions: - stroke < 6 months ago
- inability to walk a distance of at least 20m independently with or without a gait assistive device
- < 18 years
- PHQ-9 < 5
- depression with psychotic features
- alcohol or drug related depression
- schizophrenia, bipolar disorder, dementia other psychiatric diagnoses
- suicidal ideation
- terminally ill, uncontrolled hypertension, unstale insulin dependent diabetes & unstable angina

Baseline: Differences in baseline depression scores: intervention (CES-D) 15.43 (sd 7.49); control (CES-D) 23.27 (sd 8.86).

Data Used
Remission (below cut-off)
SF-12
Quality of Life Index
CES-D

Notes: TAKEN AT: baseline, post-intervention & 6-month FU. DROP OUTS: 2/22 control group; 0/23 intervention group.

Group 1 N= 23
Exercise - Group based. X2 per week for 10 weeks. Supervised by fitness trainer. Each session cost $5. Moderate intensity strengthening excercises/resistance training.

Group 2 N= 22
Waitlist - Waitlist controls receiving usual care.

Recruited for depression.

Results from this paper:
Quality assessed: +

SIMSON2008

Study Type: RCT

Blindness: No mention

Duration (days): Mean 5 Range 3-11

Setting: GERMANY
Inpatient

Notes: Randomisation procedure not reported. Allocation concealment not addressed.

Info on Screening Process: 111 screened.

n= 30

Age: Mean 60

Sex: 17 males 13 females

Diagnosis:
100% Diabetes

100% Depression by HADS-D

Exclusions: - dementia
- insufficient German language skills
- expected inpatient care for > 3 weeks
- age > 75 years
-

Baseline: No significant differences.

Data Used
HADS

Notes: TAKEN AT: baseline and post-intervention (discharged from hospital). DROP OUTS: none reported.

Group 1 N= 15
Group existential therapy - An average of 5 sessions, 30 min, weekly.

Group 2 N= 15
TAU - Standard treatment, including medical and surgical care.

Recruited for depression.

Results from this paper:
Quality assessed: +

STEIN2007

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 122

Setting: 514 screened, 69 ineligible, 180

n= 160

Age: Mean 40

Sex: 90 males 70 females

Diagnosis:
100% HIV by Not specified

Data Used
Response (>50 reduction from baseline)
Remission (below cut-off)

Group 1 N= 88
Control - Assessment only condition.

Do not need to perform sensitivity analysis as participants recruited for depression & physical health problems.

refused, 177 assessed & randomised, 79 (90%) - treatment & 81 (91%) - control completed FU (N = 160 at FU)	Exclusions: - less than 18 years - did not speak either English or Spanish - did not have regular access to a telephone - did not have competency to sign informed consent - did not have a BDI score > 9 Notes: HIV + for 91.0 (SD = 72.9) months; 28.1% diagnosed within the last 12-months. Baseline: No significant differences at baseline. The mean BDI score at baseline was 22.7 (SD = 9.6): 40% in the mild to moderate stage, 36.3% moderate to severe and 23.8% severely depressed.	Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 9 (90%) - treatment & 81 (91%) - control completed FU (N = 160 at FU)	**Group 2 N= 79** Self-help - Participant + nominated peer. Resource Guide locating sources for support. Delivered by telephone. Therapist = social worker/clinical psychologist/nurse. Family functioning, HIV educ + psycho-educ. 22 weeks of treatment, max 12 calls. McMaster model.	
Results from this paper: Quality assessed: +				
WEISS2003 Study Type: RCT Type of Analysis: Completers Blindness: No mention Duration (days): Mean 16 Setting: Netherlands Notes: Randomisation using a computerized minimisation program. Info on Screening Process: 150 contacted study staff; 116 completed screening, 110 accepted; 85 randomised.	n= 84 Age: Mean 39 Sex: all males Diagnosis: AIDS by Current diagnosis Exclusions: - men not between the ages of 18 and 65 years - not HIV-positive for at least 6-months - inadequate Dutch - current alcohol or drug abuse - current psychotic symptoms Notes: Participants known about daignosis for an overage of 4 years, 65% were asymptomatics & 62% were not using antiretroviral medication at baseline. Baseline: No significant differences between groups at baseline. Baseline BDI scores = 10.3 (SD = 7.3) - treatment; 11.0 (SD = 6.6) - control.	**Data Used** POMS-D BDI-21 item Notes: TAKEN AT: baseline, 4-months, 9-months (post-treatment), 6-month FU. DROP OUTS: 4/44 (treatment); 7/41 (control)	**Group 1 N= 44** Group existential therapy - 17 weekly 2.5 H sessions (over 4-months) + 5-monthly maintenance sessions. Group therapy (6-8). Techniques: stress management; sharing feelings; interpersonal relationships; developing hope. Psychotherapists. **Group 2 N= 41** Control - Education: writtien information about HIV infection. Delivered to both treatment and control.	Perform sensitivity analysis as participants are not recruited for depression. Subthreshold depression
Results from this paper: Quality assessed: +				
YU2006 Study Type: RCT Blindness: Single blind Duration (days): Mean 84 Followup: None Setting: CHINA Notes: Details on randomisation not reported. Allocation concealment not addressed. Info on Screening Process: Details not reported.	n= 121 Age: Mean 76 Sex: 68 males 53 females Diagnosis: 100% Cardiovascular disease Exclusions: - presence of physical impairment or cognitive deterioration interdering with relaxation - unconrolled angina - unstable / acute heart failure, acute systematic illness, recenet injurious fall - pre-existing psychiatric diagnosis or current use of anti-anxiety, anti-depressant use - prior relaxation training or use of relaxation techniques - current participation in any rehabilitation program Baseline: No significant differences at baseline. Baseline HADS 11.22 (2.69) - relaxation; 13.13 (4.52) - control.	**Data Used** Quality of Life Index HADS Notes: TAKEN AT: baseline and at 12-weeks.	**Group 1 N= 59** Relaxation training - 2 sessions + revision session. Sucessive muscle groups tenses, relaxed. Bi-weekly telephone calls to enoucage practice over 12 weeks. **Group 2 N= 32** Control - Research nurse made a total of 8 phone calls to participants. Attention placebo.	Participants not recruited for depression.
Results from this paper: Quality assessed: +				

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
ANTONI2000	Excluded men with current psychopathology & depression severity using a corrected 17-HRSD score of > 15 to take into account possible HIV-related organic symptoms.
ARVING2007	Population is not recruited for depression - excluded ongoing psychiatric diagnosis. Baseline scores of depression on HADS-D is below cut-off: 4 (SD = 4) - treatment and 4 (SD = 3) - TAU.
BADGER2007	Treatment group - CES-D = 16.44 (SD = 1.7); Control - CES-D = 9.88 (SD = 1.7)
BASLER1991	Unclear whether population is depressed
BERGER2008	Population not depressed
BILLHULT2007	Population not depressed
BLANCH2002	Design - not an RCT (no control group)
CHANG2008	Population not depressed
CLASSEN2008	Population not depressed
DAVIES2008	Population not depressed
DETER2007	Outcomes not relevant
DOBKIN2007	Design - not an RCT (no control group)
EDELMAN1999	Population not depressed: median of POMS-D is 6 for treastment group and 5 for control group
EDELMAN1999A	Baseline scores of depression as assessed by POMS-D = 11.39 for treatment and 12.17 for control.
ELCI2008	Rehabilitation program (outside the scope of the guideline)
FREEMAN2005	Population not depressed
FRIZELLE2004	Population not depressed. Baseline HADS-D scores = 4.32 (SD = 4.01).
GALLAGHER2003	Population does not have depression: control group - 6.1 (SD = 3.40 on HADS-D and treatment group - 6.3 (SD = 3.5)
GITLIN2007	Not an intervention trial
GIVEN2004	Data is not extractable
GOODWIN2001	Population does not have depression.
GOTAY2007	Less than 50% were above the clinical cut off for depression as assessed by a CES-D score of greater than 16.
GREER1992	Population - Baseline scores of HADS-D: 6.2 (SD 4.0) - treatment and 5.8 (SD 3.5)- control group.
HOFFMANN2007	Population not depression: means HADS-D for treatment and control = 5.
HOPKO2005	Design: no control group (pre and post scores for 6 patients receiving treatment)
ISMAIL2008	Does not meet minimal criteria for depression, PHQ-9: M ~ 6
JERANT2008	Population not depressed
JOHNSON2008	Population not depressed at baseline
JONKERS2007	Do not report data on clinical efficacy of the intervention. Report: drop out, fidelity, dose-received exposure/satisfaction, barriers; look out for clinical efficacy study to be published
KARAPOLAT2008	Population not depressed

KARLSEN2004	Prevention study. Combine three scales to assess overall psychological well being (one of the including depression - Zung Short). Does not look at depression specifically.
KENNEDY2003	Design - not an RCT
KOHN2000	Only has a BDI score at follow-up therefore cannot assess whether population has depression or not [only report biological indicators at baselineline]
LEONPIZARRO2007	Population not depressed
LEPORE2003	Population not depressed: baseline scores of CES-D depression = 0.46 (control); 0.54 (education); 0.49 (education +)
LINCOLN2003	Data: only report medians
LIU2008	Intervention does not meet definition criteria
LOLAK2008	Did not meet criteria for depression HADS: M ~ 5
MARTIRE2007	Do not report depression outcomes for participants with chronic physical health problems because there were differences between treatment groups at baseline (do not report baseline scores).
MAY2002	Participants not depressed - 24.3% treatment & 29.2% control reached scores higher than the 95% of the reference population for depression. Looked at depression as a moderater of efficacy. Zung depression baseline = 13.94 - control and 12.49 - treatment
MEAD2007	Population not depressed
MENDOZA2001	Iintervention not relevant - memory note book
MOADEL2008	Commentary
MOHR2001	Not randomised to group existential therapy
MOHR2001A	No comparisons between interventions (treatment groups collapsed); aim to examine the relationship between depression, treatment of depressision and interferon gamma
MULDER1994	Population did not all have depression - 12% were within the range of depression on the BDI and 46% on the GHQ.
NEIDIG2003	Participants do not meet minimal criteria for depression
NUNES2007	Excluded clinical depression
PAYNE2008	Population not depressed at baseline
POWELL2008	Population not depressed
RIGBY2008	Population not depressed
ROBINSONWHELEN2007	No extractable data
SCHOLZ2006	Cannot assess depression as participants are not recruited for depression nor do they report baseline score of depression. Papers is look at associations of depression with variables not not the efficacy of the intervention on depressive symptoms.
SMITH2004	Population not all depressed. Only report medians so cannot use data.
SMITH2008	Randomisation not adequately done.
SNOEK2008	No extractable data for depression
SOMMARUGA1995	Cannot assess whether participants meet criteria for depression.
STEEL2007	Population not depressed at baseline
SUH2002	Before and after study with no control group
SULLIVAN2009	Design not an RCT
THOMAS1999	Intervention for physical health problem and not psychosocial factors

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

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Depression in Chronic Physical Health Problems - Psychosocial interventions in combination with pharmacology and in comparison with pharmacology

Comparisons Included in this Clinical Question

Psychosocial intervention plus pharmacology versus pharmacology alone
LESPERANCE2007

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

Psychosocial intervention versus pharmacology
LESPERANCE2007

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
LESPERANCE2007 Study Type: RCT Type of Analysis: ITT Blindness: Double blind Duration (days): Mean 84 Setting: CANADA 9 academic centres Outpatient Notes: RANDOMISATION: computer generated and concealed in opaque envelopes Info on Screening Process: 370 screened, 30 did not have depression, 30 HAMD <20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused	n= 284 Age: Mean 58 Sex: 214 males 70 females Diagnosis: 100% Depression by DSM-IV 100% Cardiovascular disease by Histologically confirmed Exclusions: - <18 years of age - HAMD <20 - depression due to general medical condition - psychosis, bipolar, - substance abuse - suicide risk - current use of antidepressants, lithium, anticonvulsants for mood disoder - current psychotherapy - previous absence of response to citalipram or IPT - 2 or more previous unsuccessful treatment fo the index depression - lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events - MMSE < 24 - clinician judgement that the patient would not adhere to study regime - coronary bypass graft surgery planned during the next 4 months - Canadian Cardiovascular Society Angine Class of 4 - unable to speak French/English Notes: severe depression according to APA criteria Baseline: Total: HAM-D: 29.68 BDI = 30.3; HAM-D: 30.0 - IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.	**Data Used** Cardiovascular outcomes Response (>50 reduction from baseline) Remission (below cut-off) BDI-II HDRS-24 Notes: Dropouts: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67	**Group 1 N= 75** Citalopram - 10mg/d week1, 20mg/d, if HAMD >8 increased to max 40mg/d. Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 2 N= 67** Placebo Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 3 N= 75** IPT - Individual IPT, 12 weekly sessions+placebo: up to 4 sessions via telephone. Focused on dealing with interpersonal conflicts, life transitions, grief, and loss. Conducted by Doctoral or Masters level therapists with mean 15 years experience. Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone. **Group 4 N= 67** Citalopram + IPT - citalopram and IPT provided as described Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.	Sponsored by Canadian Institutes of Health Research Participants recruited for major depression; intervention modifed for illness
MARKOWITZ1998 Study Type: RCT Study Description: * included participants who refused randomisation (n=4) or received minimal treatment (n=15). Type of Analysis: *ITT	n= 101 Age: Mean 37 Range 24-59 Sex: 86 males 15 females	**Data Used** 100-point Karnofsky scale CD4 cell count HDRS-24 HDRS-17	**Group 1 N= 27** CBT - Therpasits all PhD psychologists. Homework assigned. 16 x 50 minute sessions within 17-week period. Designed for depression. Individual	Participants recruited for depression and chronic physical health problems. Cognitive-behavioural therapy aimed at reducing

Blindness: Open Duration (days): Mean 119 Setting: USA Outpatient Notes: Randomly assigned patients to treatment in a balanced design using a computer-generated random number sequence sealed in individual envelopes. Info on Screening Process: Details not reported.	Diagnosis: 100% HIV by Not specified 53% Depression by DSM-III-R Exclusions: - not HIV-positive for 6 months or more - a score of 14 or less on the HDRS-24 item - not judged by clinican to have significant depressive symptoms - poor physical health that inhibits outpatient treatment - non-HIV medical disease - schizophrenia, bipolar disoder, current substance abuse - contraindication to imipramine - MMSE score < 25 - inability to speak english - concurrent psychiatric treatment aside from HIV self-help or support groups Notes: Baseline mean Karnofsky score = 80 (S.D. 6.5); CD4 cell count = 280 (S.D. 222); all clinically judged to have depression. Baseline: There were no significant differences between groups at baseline. HAM-D (24 items) baseline scores: 20.4 (4.5) - cognitive and behavioural; 20.4 (4.5) - IPT; 20.5 (5.6) IPT + pharm	BDI Notes: TAKEN AT: pre-, mid- and post-intervention.	therapy. **Group 2 N= 24** IPT - Modified to psychosocial concerns of depressed HIV-positive patients. 16 x 50 minute sessions within 17-week period. Individual therapy. **Group 3 N= 24** Supportive psychotherapy - Ranged between 8 - 16 sessions of 30 - 50 min duration. Added psychoeducation about depression and HIV + client centred approach. Served as control arm in the study. Less structured. **Group 4 N= 26** Supportive psychotherapy - Therapy ranged between 8 - 16 sessions of 30 - 50 min duration. Imipramine. Mean dose 210 (S.D. 66) - Begun at 50 mg/d and increases as tolerated to 300 mg/d for 3 - 4 weeks.	depression. IPT modified for physical health problem.
Results from this paper: Quality assessed: ++				
TARG1994 Study Type: RCT Study Description: *2 drop outs were not included in analysis Type of Analysis: *Completers Blindness: Double blind Duration (days): Mean 84 Setting: US Notes: RANDOMISATION: no further details. ALLOCATION CONCEALMENT: not addressed Info on Screening Process: Details not reported.	n= 20 Age: Mean 33 Range 26-49 Sex: all males Diagnosis: 100% Depression by HAM-D 100% HIV by Not specified Exclusions: - substance abuse - HRSD <16 - did not have major depression - not asymptomatic Baseline: HRSD: Fluoxetine 20.8 (5.3) Placebo 19.7 (4.0)	**Data Used** Physical health outcomes SCID POMS-D HDRS Notes: Dropouts: Fluoxetine 1/10 Placebo 1/10	**Group 1 N= 10** Fluoxetine. Mean dose 20mg/day - 15 minute medication visits; questioned on medication compliance and side effects. Supportive psychotherapy - 12 weeks: weekly sessions relaxation techniques, problem solving skills training. Group therapy (6-8). Included HIV-related concerns. Therapist = 4th year psychiatric residents. **Group 2 N= 10** Placebo Supportive psychotherapy - 12 weeks: weekly sessions relaxation techniques, problem solving skills training	Funding: California AIDS Center. Participants recruited for depression. Psychosocial intervention modified for physical health problem.
Results from this paper: Quality assessed: +				
ZISOOK1998 Study Type: RCT Study Description: *ITT: all participants given medication + 1 follow-up assessment; used last observation carried forward Type of Analysis: *ITT Blindness: Double blind Duration (days): Mean 49 Setting: US, California Notes: No further details on randomisation. Allocation concealment not addressed. Info on Screening Process: 47 referred	n= 47 Age: Mean 35 Sex: all males Diagnosis: 100% Depression by DSM-III-R 100% HIV Exclusions: - acutely ill - substance abuse - cognitively impaired - suicidal	**Data Used** BDI-13 item HDRS-17 **Data Not Used** CGI-S - no data CGI-I - no variablility measure Notes: Dropouts: Fluoxetine 4/25 Placebo 6/22	**Group 1 N= 25** Fluoxetine. Mean dose 20-60mg - 1 capsule (20mg) each day for the first 3 weeks. Depending on side effects/response the dose could in increased to 2 capsules (40mg) dail in the 4th week and to 3 capsules daily (60mg) by 5th week. At any time dose could be decreased. Supportive psychotherapy - Minimum of 7 weeks. Education about HIV and depression, mutual support, coping strategies. Group therapy.	Funding: NIMH grant, Eli Lilly provided medication. Participants recruited for major depression

	- not currently experiencing major depression of mdoerate to severe intensity - not HIV seropositive Notes: HIV seropositive for approx 3 years prior to study. Baseline: HRSD17 item: Fluoxetine 20.4 (4.1) Placebo 20.2 (5.8). BDI-13: Fluoxetine = 14.0 (7.2) Placebo = 13.7 (5.0) No significant differences at baseline between groups for depression.		**Group 2 N= 22** Placebo Supportive psychotherapy - Minimum of 7 weeks. Education about HIV and depression, mutual support, coping strategies. Group therapy.	
Results from this paper: Quality assessed: +				

Characteristics of Excluded Studies

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

References of Included Studies

LESPERANCE2007 (Published Data Only)

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

MARKOWITZ1998 (Published Data Only)

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

TARG1994 (Published Data Only)

Targ, E. F., Karasic, D. H., Diefenbach, P. N., Anderson, D. A., Bystritsky, A., & Fawzy, F. I. (1994). Structured group therapy and fluoxetine to treat depression in HIV-positive persons. Psychosomatics., 35, 132-137.

ZISOOK1998 (Published Data Only)

Zisook, S., Peterkin, J., Goggin, K. J., Sledge, P., Atkinson, J. H., & Grant, I. (1998). Treatment of major depression in HIV-seropositive men. HIV Neurobehavioral Research Center Group. Journal of Clinical Psychiatry., 59, 217-224.

References of Excluded Studies

KEMP2004 (Published Data Only)

Kemp, B. J., Kahan, J. S., Krause, J. S., Adkins, R. H., & Nava, G. (2004). Treatment of major depression in individuals with spinal cord injury. Journal of Spinal Cord Medicine., 27, 22-28.

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

ROBINSON2008 (Published Data Only)

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

SCHIFFER1990 (Published Data Only)

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

Depression in Chronic Physical Health Problems - Pharmacological interventions

Comparisons Included in this Clinical Question

Amitriptyline vs. Nomifensine
ROBERTSON1985

Citalopram vs Reboxetine
RAMPELLO2004

Duloxetine vs Placebo
WISE2007

Fluoxetine vs Desipramine
HOLLAND1998 SCHWARTZ1999

Fluoxetine vs. paroxetine
GULSEREN2005

Fluoxetine vs. placebo
BLUMENFIELD1997

Maprotiline vs. mianserin
SCHIFANO1990

Mianserin vs. placebo
COSTA1985 VANHEERINGEN1996

Mirtazapine versus placebo
VANDENBRINK2002

Mirtazapine vs Imipramine

Paroxetine vs Amitriptyline
BIRD2000 PEZZELLA2001

Paroxetine vs Desipramine
MUSSELMAN2006

Paroxetine vs Nortriptyline
NELSON1999 POLLOCK2002

Paroxetine vs. Doxepin
LI2005

psychostimulant (SAMe) vs placebo
ANCARANI1993

SSRI vs Other drug
BARONE2006

SSRI vs placebo
ANDERSEN1994
BROWN2005A
CHEN2002
DEVOS2008
EHDE2008
EISER2005
EVANS1997
FISCH2003
FRUEHWALD2003
GLASSMAN2002
GOTTLIEB2007
LACASSE2004
LEENTJENS2003
LESPERANCE2007
LUSTMAN2000
LUSTMAN2006
MAURI1994
MCFARLANE2001
MENZA2008
MOHAPATRA2005
MORROW2003
MURRAY2005A
MUSSELMAN2006
PAILEHYVARINEN2003
PAILEHYVARINEN2007
RABKIN1999
RABKIN2004
RAZAVI1996
ROBINSON2000
SCT-MD-24
STRIK2000
TOLLEFSON1993
WERMUTH1998
WIART2000
YANG2002

SSRI vs TCA
ANTONINI2006
CHEN2002
DEVOS2008
HUANG2005
MENZA2008

TCA versus placebo
ANDERSEN1980
BORSON1992
KIMURA2000
LAKSHMANAN1986
LIPSEY1984
LUSTMAN1997A
MENZA2008
RABKIN1994
ROBINSON2000
TAN1994

Trazadone vs placebo
RAFFAELE1996

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes

ANCARANI1993

Methods	Participants	Outcomes	Interventions	Notes
Study Type: RCT Study Description: 1/42 treatment, 1/11 placebo withdrawn, no reason given Type of Analysis: completers* Blindness: Double blind Duration (days): Mean 21 Setting: 5 neurology units, ITALY Notes: no info on randomisation Info on Screening Process: 53 enrolled, no	n= 53 Age: Mean 55 Sex: 30 males 23 females Diagnosis: 100% Renal disease by Diagnosed by physician 100% Depression by DSM-III-R Exclusions: on dialysis for less than 4 months Notes: undergoing dialysis 3 times per week	**Data Used** IPAT-DS HARD	**Group 1 N= 41** SAMe (S-adenosyl-L-methionine). Mean dose 400mg - SAMe (400mg) intravenously delivered on alteranate days, at the end of dialysis session. **Group 2 N= 10** Placebo - no info on placebo	funding: BioResearch, BASF group, Milan, Italy.

more info.

Baseline: IPAT-DS: 36.24 (1.67) SAMe, 36.20 (3.41) placebo
HARD: 25.73 (1.11) SAMe, 20.66 (2.14) placebo

Notes: TAKEN AT: day 0 (start), day 10, day 21 (end).
DROP OUT: 1 participant from each group (2.38 SAMe, 9.09 placebo)

Results from this paper:
Quality assessment = +

ANDERSEN1980

Study Type: RCT

Blindness: Double blind
Duration (days):

Setting: Denmark

n= 22

Age: Mean 59

Sex:

Diagnosis:
Depression

Parkinson's Disease

Exclusions: - other somatic diseases
- dementia

Data Not Used
Anderson depression scale - no data
Notes: depression data not usable as in medians not in means

Group 1 N= 10
Nortriptyline
Group 2 N= 12
Placebo

ANDERSEN1994

Study Type: RCT

Blindness: Double blind
Duration (days): Mean 42

Setting: Denmark, patients with acute stroke admitted to hospital

Notes: RANDOMISATION: no further details

n= 66

Age: Mean 67

Sex: 26 males 40 females

Diagnosis:
100% Stroke

Depression

Exclusions: - subarachoid hemorrhage or Binswanger's disease
- previous degenerative or expansive neurological diseases
- psychiatric illness other than depression

Baseline: HDRS: Citalopram 19.4 (3.1) Placebo 18.9 (2.8)

Data Used
Response (>50 reduction from baseline)
HDRS-17
Notes: Dropouts: Citalopram 7/33 Placebo 2/33

Group 1 N= 33
Citalopram
Group 2 N= 33
Placebo

Funding: Lundbeck Foundation, Medical Research Foundation for North Jutland, the Aalborg Diocese Research Foundation

ANTONINI2006

Study Type: RCT

Blindness: Single blind
Duration (days): Mean 84

Setting: Italy

Notes: no further details on randomisation

n= 31

Age: Mean 70

Sex: 14 males 17 females

Diagnosis:
100% Depression by DSM-IV

100% Parkinson's Disease

Exclusions: - severe motor fluctuations
- psychosis
- dementia

Baseline: HDRS: Sertraline 20.3 (3.9) Amitriptyline 19.7 (2.8)

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)
Physical health outcomes
HDRS
Notes: Dropouts: 4/16 Sertraline Amitriptyline 4/1

Group 1 N= 12
Sertraline. Mean dose 50mg
Group 2 N= 11
Amitriptyline. Mean dose 25mg

Funding: Pfizer

BARONE2006

Study Type: RCT

Blindness: Single blind

Duration (days): Mean 84

Setting: Italy

Notes: no further details on randomisation

n= 67

Age: Mean 66

Sex: 35 males 32 females

Diagnosis:
100% Depression by DSM-IV

100% Parkinson's Disease

Exclusions: - HDRS <16
- Not on stable treatment for parkinson's
- history of motor fluctuations
- use of dopamine agonists, antipsychotics
- psychosis
- suicide attempts

Baseline: HDRS: Sertraline 21.33 (4.4) Pramipexole 19.7 (3.5)

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)
HDRS

Notes: Dropouts: Pramipexole 1/33 Sertraline 7/34

Group 1 N= 33
Pramipexole. Mean dose 3.24mg

Group 2 N= 34
Sertraline. Mean dose 48.1mg

Funding: no information

BIRD2000

Study Type: RCT

Study Description: ITT: LOCF

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 56

Setting: 34 centres throughout UK, Ireland, Germany, Italy and Belgium.

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: 210 entered, 191 randomised, 3 more dropped out from Amitriptyline group for lack of does efficacy and lack of good clinical practice.

n= 191

Age: Mean 54

Sex: 48 males 140 females

Diagnosis:
100% Arthritis by Diagnosed by physician

100% Depression by ICD-10

Exclusions: faillure to make ICD-10 criteria for depression (mild, moderate or severe)
Risk of suicide
patients receiving MAOIs, lithium, ECT, an SSRI, tricyclic or tetracyclic antidepressant 8 weeks from the trial start.
Patients with severe co-existing illness that may be effected by the study medications

Notes: all participants had history of arthritis for over 1 year. Previous episodes of major depression: (19.1) paroxetine group and (17.0) in amitriptyline. Previous history ofanxiety/obsessional disorders: (8.5) paroxetine group and (7.4) in amitriptyline.

Baseline: MADRS total: 24.4 (5.1) Paroxetine, 24.3 (5.5) Amitriptyline

Data Used
PGE
Physical health outcomes (self-report)
CGI-I
Adverse events
MADRS

Notes: TAKEN AT: Baseline,weeks 4, 8 and end of treatment
DROP OUT: 18(19.1) Paroxetine, 19 (20.2) amitriptyline
Leaving due to adverse events: 15 (16.0) paroxetine, 14 (14.9) amitriptyline

Group 1 N= 94
Paroxetine. Mean dose 20-40mg - Start dose: 20mg for 2 weeks. After this could increase to 40mg if required.
Also received an amitriptyline matched placebo.

Group 2 N= 94
Amitriptyline. Mean dose 75-150mg - Start dose: 75mg for 2 weeks. After this could increase to 150mg if required.
Also received a paroxetine matched placebo.

educational grant from SmithKline Beecham

Results from this paper:
Quality assessment result: +

BLUMENFIELD1997

Study Type: RCT

Study Description: * 1/7 treatment left study, all placebo participants completed

Type of Analysis: completers*

Blindness: Double blind

Duration (days): Mean 56

Setting: 2 hospitals, New York, US.

Notes: Details on randomisation not reported.

Info on Screening Process: no info

n= 14

Age:

Sex: no information

Diagnosis:
100% Renal disease by Diagnosed by physician

100% Depression by HADS-D

Exclusions: -not between 18-70 years of age
-other chronic illness

Data Used
HADS
BDI

Notes: TAKEN AT:
DROP OUT:

Group 1 N= 6
Fluoxetine. Mean dose 20mg - 20 mg daily

Group 2 N= 7
Placebo - placebo as capsule

Funded by the Lily Research Laboratory.

-other psychiatric disorder other that major depressive disorder
-received psychotropic medication in the week prior to study
-received MAOIs two weeks prior to service
-not satisfy the criteria for major depressive disorder
-pregnant or woman of child bearing age not using contraception
-involved in any other drug study prior to this study

Notes: all subjects on dialysis

Baseline: not stated, although all participants scored at least 16 on the HADS.

Results from this paper:
Quality assessment = +

BORSON1992

Study Type: RCT

Type of Analysis: Completer

Blindness: Double blind

Duration (days): Mean 84

Setting: VA medical centres and private practices
SEATTLE, US

Notes: RANDOMISATION: Assignment to treatment was conducted by a psychiatrist blind to the study questions using a random number table

Info on Screening Process: Not reported

n= 36

Age: Mean 61

Sex: 22 males 14 females

Diagnosis:
100% COPD by Not specified

100% Depression by DSM-III

Exclusions: - Primary diagnosis not moderate to severe COPD
- No diagnosis of depression
- Another medical illness more disabling than lung disease
- MMSE <25 indicating severe cognitive impairment
- Recent stroke ot myocardial infarction
- Currently abusing alcohol
- If other psychotropics couldn't be withdrawn
- Taking <40mg of prednisone daily and those who began home oxygen treatment within the month

Notes: All participants were outpatients with 39% receiving care from VA physicians and 61% from community providers.

Baseline: HAM-D: 29.6(7.6) Nortriptyline; 29.5(6.4) placebo

Data Used
Functional Index of Living
CGI-I
Physical health outcomes
Adverse events
HAM-D
Response (based on CGI)

Notes: TAKEN AT: baseline and end of treatmen
DROPOUT: Nortrip: 5/18; Placebo: 1/18
Leavinf due to adverse events

Group 1 N= 18
Nortriptyline. Mean dose 67.3 - Antidepressant treatment was initiated at one-forth the final calculated dose of 1mg/kg body weight

Group 2 N= 18
Placebo - Identical placebo to maintain blinding

Non-drug company funded (medical research service) but drug compies supplied both the active treatment and placebo treatment

Results from this paper:
Quality assessment: +

BROWN2005A

Study Type: RCT

Study Description: * Analysis includedl those who completed baseline + <= one post-baseline evaluation regardless of study completion LOCF used for missing data

Type of Analysis: ITT*

Blindness: Double blind

Duration (days): Mean 84

Setting: Astham Clinic
DALLAS, US

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: Not reported

n= 90

Age: Mean 41

Sex: 16 males 66 females

Diagnosis:
100% Asthma by Clinical judgement

Depression by Two-item screening tool

Exclusions: - Unable to speak English or Spanish
- No physician diagnosis of asthma and not currently taking asthma medication
- <17 on HAM-D
- Current substance abuse
- Psychosis
- High suicide risk
- Clinically significant hypothyroidism
- Severe cognitive impairment

Data Used
IDS-SR
Adverse events
AQLQ
ACQ
HAM-D
Remission (below cut-off)
Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline, wks, 1-12, End of treatment
DROPOUT: 23/41 Citalopram; 16/41 placebo (based on the 82 evaluable sample)

Group 1 N= 41
Citalopram. Mean dose 20mg/d

Group 2 N= 41
Placebo

Although 90 participants were randomisted, the paper only presents and analyses data from 83 participants

- Pregnant/ nursing women
- Prison or jail inmates
- prior treatment with citalopram or a history of lifetime treatment resistant depression defined as no adequate response to two trials of antidepressants

Notes: Participants were identified through a two item screening tool but required a diagnosis of MDD

Baseline: HAMD 24.0 citalopram; 23.4 placebo

Results from this paper:
Quality assessment score = +

CHEN2002

Study Type: RCT

Blindness: No mention

Duration (days): Mean 56

Setting: China,

Notes: RANDOMISATION: no further details

n= 60

Age:

Sex: no information

Diagnosis:
100% Stroke

100% Depression

Exclusions: - prestroke psychiatric illness
- cognitive impairment
- suicidal ideation

Baseline: HAMD: Paroxetine 20.2 (3.3) Doxepin 19.2 (1.9) Placebo 18.1 (3.1)

Data Used
ADL
HDRS-17

Notes: Dropouts: Paroxetine 0/24 Doxepine 8/16 (all Aes) Placebo 4/20 (lack of efficacy)

Group 1 N= 24
Paroxetine. Mean dose 200mg/d

Group 2 N= 20
Placebo. Mean dose 30mg/d - Guvitamine

Group 3 N= 16
Doxepine. Mean dose 25mg/d

no information on funding

COSTA1985

Study Type: RCT

Study Description: Efficacy assessments were based on LOCF in which missing scores from patients who dropped out before day 21 had ther ast observation score assigned.

Type of Analysis: ITT and completer

Blindness: Double blind

Duration (days): Mean 28

Setting: In-patient (70/73 participants)

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: Not stated

n= 73

Age: Mean 52

Sex: all females

Diagnosis:
Cancer

Depression by Clinical judgement

Exclusions: - age <18
- no diagnosis of depression accorind to criteria proposed by Stewart et al and Kathol & Perry
- Depression not succeeding or paralleling development of cancer
- Zung self-rating score <41, Ham-D <16
- diagnoses of alcoholism, drug use disorder, personality disorder, schizoaffective disorder, depressive symdrome superimposed on residual schizophrenia, organic mental disorder
- epilepsy
- Vomiting resistant to treatment

Notes: Stages II III and IV included. Cancers localisations included breat, overay, uterine cervix and other. Depression diagnosis based on screening and then psychiatric evaluation based on Kathhol & Petty criteria for depression in medically ill patients.

Baseline: Zung: Mianserin 50.1(6.31) Placebo 51.2(6.56)
CGI: Mianserin 3.33(1.19) Placebo 3.32(1.09)
HAMD: Mianserin 20.6(3.62) Placbo 20.8(3.85)

Data Used
Adverse events
HDRS-17
CGI-S
Brief Zung Self-rating Depression Scale

Notes: TAKEN AT: Baseline and and of treatmen
DROPOUT: Mianserin 7/36 (19%) placebo 15/37 (41%)
Leaving the study early due to side effects: Mianserin 1/36 Placebo 1/37

Group 1 N= 36
Mianserin. Mean dose 44.5mg/day - 10mg Mianserin tablets. During week 1, 1 tablet t.i.d., following 3 weeks 2 tablets t.i.d.
Dose could be modified according to therapeutic effect and tolerance.

Group 2 N= 37
Placebo

Funding not mentioned

Results from this paper:
1.1Adequately addressed

1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Adequately addressed
1.7 Well covered
1.8 Mianserin 7/36 (19%), Placebo 15/37 (41%)
1.9 Well covered
1.10 Not applicable

2.1 +

DEVOS2008

Study Type: RCT

Study Description: All participants were included in the analysis for primary data

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 30

Setting: France, LILLE

Notes: RANDOMISATION: Independently stratified using a randomisation table. List was transmitted to an independent contract research organisation for prepara

Info on Screening Process: 48 participants screened, no screening failures

n= 48

Age: Mean 62

Sex: 15 males 27 females

Diagnosis:
100% Depression by DSM-IV

Parkinson's Disease by Clinical judgement

Exclusions: - >80 years
- Parkinson's Disease <2 years
- not receiving optimal dose of dopaminergic treatment
- not meeting DSM-IV criteria for major depression
- <20 MADRS
- serious or unstable medical condition
- Dementia
- psychotic disorders and suicidal thoughts

Baseline: No significant differences at baseline between groups: MADRS: placebo 27, Citalopram 25, Despiramine 29
Reports demongraphic data for 42/48 participants

Data Used
MADRS
Response (>50 reduction from baseline)
Remission (below cut-off)

Notes: TAKEN AT: Baseline and 30 days (end of treatment)
DROP OUT: Placebo 0/16, Citalopram 2/15, Desipramine 1/17

Group 1 N= 16
Placebo - Three placebo tablets

Group 2 N= 15
Citalopram. Mean dose 20mg/day - Citalopram treatment consisted of one 20mg tablet and two placebo tablets

Group 3 N= 17
Desipramine. Mean dose 75mg/day - Desipramine treatment consisted of two 25mg tablets and 1 placebo tablet for 2 days followed by three 25mg tabletsfor last 28 days

Non-drug company funded (funded by French Ministry of Health grant

Results from this paper:
Quality assessment score ++

EHDE2008

Study Type: RCT

Study Description: All outcomes analysed using ITT regardless of participant's adherence to protocol. For the main analyses, baseline values were substituted for missing

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 84

Setting: WASHINGTON, US
- participants wer erecruited from various centres and clinics

Notes: RANDOMISATION: a randomisation table was prepared in blocks of 10 using a computerised random number generator.

Info on Screening Process: 349 participants assessed for eligibility, 215 were excluded (main reason due to taking antidepressants) and 90 people declined

n= 42

Age: Mean 45 Range 24-63

Sex: 20 males 22 females

Diagnosis:
Multiple Sclerosis by Clinical judgement

Depression by DSM-IV

Exclusions: - Age <18years
- Diagnosis of MS not confirmed by neurologist or MS-specialising physiatrist
- No diagnosis of MDD or dysthymia based on DSM-IV criteria
- Failed paroxetine treatment in past
- Receiving psychotherapy
- Taking psychopsychotropic medications
- Taking >50mg/day amitriptyline or equivalent for pain or sleep
- suicidal ideation necessitating immediate psychiatric intervention
- pregnant, nursing or not using adequate contraception

Data Used
Adverse events
MS QoL scale
SWLS
SCL 20
SCL 90
CES-D
HAM-A
HAM-D
Response (>50 reduction from baseline)
Remission (below cut-off)

Notes: TAKEN AT: baseline, 6 weeks (mid treatment), 12 weeks (post treatment)
DROPOUT: Prx: 4/22 (18%) Placebo: 1/20 (5%)
Leaving the study early due to adverse events: Prx2/22, placebo 0/20

Group 1 N= 22
Paroxetine. Mean dose 10-40mg/day - Initial dose 10mgday (one capsule) for one week. Doseage increased to 20mg/day if tolerated. On each visit the psychiatrist adjusted the study medication up to 4 capsule s(40mg/day) depending on clinical outcome and side effects

Group 2 N= 20
Placebo - up to 4 capsules of placebo could be given

Study supported by non-industry grant. Drugs provided by GlaxoSmithKline

- participating in another drug study
- use of corticosteroids within 2 weeks prior to enrollment

Notes: Participants scoring >=16 on the CES-D at screening were questioned regarding inclusion/exclusion criteria. Those meeting inclusion criteria attended an interview with a psychiatrist.

Baseline: No significant differences at baseline
HAM-D: 17.2(4.3)prx, 19.0(4.6) placbo
CES-D: 33.3(9.3) Prx, 35.9(8.3) Placebo

Results from this paper:
Quality assessed: +

EISER2005

Study Type: RCT

Study Description: 6 week double-blind placebo controlled study followed by a 3 month open-label extension period

Type of Analysis: Completer

Blindness: Double blind

Duration (days): Mean 42

Setting: Lewisham, UK

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: 135 people were screened, 47 screened positive for depression of which 28 received a diagnosis and areed to participate

n= 28

Age: Mean 66 Range 49-79

Sex: 14 males 14 females

Diagnosis:
100% COPD by Current diagnosis

100% Depression by ICD-10

Exclusions: - No diagnosis of COPD and/or a change in FEV after bronchodilators of >15% of normal values
- no history of smoking (either current or past)
- Excerise tolerance not affected by COPD
- No diagnosis of clinical depression
- Previously diagnosis with dperession
- Use of psychotrophic drugs within past 3 months
- signifiacnt co-morbidity limiting mobility e.g. cardiothoracic

Notes: All had a diagnosis of moderate to severe COPD

Baseline: HAD 12(3); BDI 23(8)

Data Used
SGRQ
MADRS
Physical health outcomes
BDI
HADS

Notes: TAKEN AT: baseline and end point (end of double-blind stage)
DROPOUT: 4/14 Prx; 0/14 Placebo

Group 1 N= 14
Paroxetine. Mean dose 20mg

Group 2 N= 14
Placebo

Funding not reported

Results from this paper:
Quality Assessment score: +

EVANS1997

Study Type: RCT

Study Description: ITT included all those who completed at least 3 weeks of treatment. Discontinuations prior to 3 weeks were excluded from the analysis.

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 56

Setting: UK, LIVERPOOL

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: 144 patients were diagnosed with depression, 58 wer enot included int eh trial due to refusal, physician's decision, medical contraindication, and other reasons

n= 82

Age: Mean 82

Sex: 14 males 59 females

Diagnosis:
100% Depression by GMS-AGECAT

Exclusions: - <65 years old
- Suicidal intent or severe depression requiring ECT
- serious mental illness
- Already receiving psychotropic medication other than hypnotics
- unstable epilepsy
- severe cognitive impairment (MMSE <10)

Notes: Participants had various medical illnesses. A sub-group analysis of those with serious illnesses was conducted in a follow-up paper

Baseline: Only reported for 76/82.
No baseline differences HAMD Flx 20.5, Placebo 21.0

Data Used
Adverse events
Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and 8 weeks (end of treatment)
DROP OUT: Flx: 18/39 Placebo 23/43

Group 1 N= 39
Fluoxetine. Mean dose 20mg/day - 20mg/day given in the morning for 8 weeks

Group 2 N= 43
Placebo

Drug-company sponsored (Lilly Industries Ltd)

Results from this paper:
Quality assessment score +

FISCH2003

Study Type: RCT

Study Description: * ITT- all participants with at least one follow-up were assessable for the primary outcome.Generalised estimating equation used for missing data.

Type of Analysis: ITT and completers*

Blindness: Double blind

Duration (days): Mean 84

Setting: 15 sites of the Hoosier Oncology group, US (3 academic centres, 12 community sites)

Notes: RANDOMISATION: Patients were stratified on the basis of Eastern Cooperative Oncology Group performance. The randomisation was performed centrally.

Info on Screening Process: Not reported

n= 163

Age: Mean 60

Sex: 82 males 81 females

Diagnosis:
Cancer

Depression by Two-item screening tool

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

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

Data Used
Functional Assessment of Cancer Therapy-General
Brief Zung Self-rating Depression Scale
Response (>50 reduction from baseline)

Notes: TAKEN AT 3-6 weeks into treatment
DROP OUT Fluoxetine 19/83, Placebo 15/80
Discontinued study drug due to adverse events: Fluoxetine 4/83 Placebo 2/80

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

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

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

Results from this paper:
1.1 Adequately addressed
1.2 Adequately addressed
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Adequately addressed
1.7 Adequately addressed
1.8 19/83 Fluoxetine, 15/80 placebo
1.9 Well covered
1.10 Not addressed

2.1 +

FRUEHWALD2003

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 90

Followup: 3 months then open label follow up

Setting: France, neurorehabilitation unit

Notes: RANDOMISATION: generated by computer programme independently of the research team

n= 54

Age: Mean 64

Sex: 21 males 29 females

Diagnosis:
Stroke

Depression

Exclusions: - HDS <15
- more than mild communication deficits and/or cognitive impairment
- relevant diseases of the CNS
- previous degenerative or expansive neurological disorders

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

Data Used
MMSE
HDRS
BDI

Notes: Dropouts: Fluoxetine 2/28 Placebo 2/26

Group 1 N= 28
Fluoxetine

Group 2 N= 26
Placebo

Drug company sponsored: Lannacher Heilmittel

GLASSMAN2002

Study Type: RCT

Study Description: Intention to treat

Blindness: Double blind

Duration (days): Mean 168

Setting: Outpatient cardiology and psychiatry clinics US, Canada, Europe, Australia

Notes: RANDOMISATION: no description

Info on Screening Process: 11546 screened, 8191 did not have MI or angina, 2799 did not have depression, 187 did not meet DSM criteria

n= 369

Age: Mean 57

Sex: 234 males 135 females

Diagnosis:
MI

Angina

100% Depression by DSM-IV

Exclusions: - uncontrolled hypertension
- cardiac surgery in next 6 months
- renal dysfunction
- substance abuse
- psychosis, bipolar, dementia

Baseline: HAMD = 19.6

Data Used
Cardiovascular outcomes
HDRS-17

Notes: Dropouts: Sertraline 53/186 Placebo 46/183
Deaths:Sertraline 2/186 Placebo 5/183
Adverse events:Sertraline 16/186 Placebo 11/183

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

Group 2 N= 183
Placebo

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

GOTTLIEB2007

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 84

Setting: Heart Failure Clinic Veterans Affairs, US

Notes: RANDOMISATION: no details

n= 28

Age: Mean 62

Sex: 24 males 4 females

Diagnosis:
100% Cardiovascular disease

100% Depression by BDI

Exclusions: - MI within 1 month
- unstable angina
- BDI <10
- substance abuse
- psychosis

Baseline: BDI median = 21.5

Data Used
SF-36
Remission (below cut-off)

Notes: Dropouts: Paroxetine 1/14 Placebo 1/14
Death: Paroxetine 1/14 Placebo 0/14

Group 1 N= 14
Paroxetine - Controlled release: started at 12.5mg/d, if tolerated well increased to 25mg/d after 2 weeks

Group 2 N= 14
Placebo

Drug company sponsored (GSK)
Moderate depression according to APA criteria

GULSEREN2005

Study Type: RCT

Study Description: There is no mention of blinding of the participants, raters were however blinded.

Type of Analysis: Completer

Blindness: Rater only blind

Duration (days): Mean 84

Setting: Paitents were all outpatients being monitored at the endocrinology unit at a local hospital
TURKEY, Izmir

Notes: RANDOMISATION: details not reported

Info on Screening Process: 25 people meet the inclusion criteria but two were excluded prior to randomisation as they reported that they could not be present for regular follow ups

n= 23

Age: Mean 57

Sex: 3 males 17 females

Diagnosis:
Diabetes

Depression by DSM-IV

Exclusions: - HAM-D score <16
- Active suicidal ideation
- History of any psychotic disorder
- A physical disease or mental incapacity that would prevent them from performing an interview
- currently taking psychoactive ,edications

Notes: Type II diabetes

Baseline: HAM-D: Flx 17.5(2.4) Prx 18.8(3.0)
HAM-A: Flx 15.7(6.9) Prx 17.2(7.2)

Data Used
Adverse events
Physical health outcomes
Response (>50 reduction from baseline)
CGI-I
HAM-A
HAM-D

Data Not Used
SF-36 - Individual scales provided without tota score

Notes: TAKEN AT: BASELINE AND END OF TREATMENT (wk12)
DROP OUT: flx 1/12 Prx 2/11

Group 1 N= 12
Fluoxetine. Mean dose 20mg/day

Group 2 N= 11
Paroxetine. Mean dose 20mg/day

Only completer data has been used for baseline and demographic variables

Results from this paper:
Quality assessment = +

HOLLAND1998

Study Type: RCT

Study Description: ITT - LOCF for all participants who received at least one dose of study drug

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 42

Setting: Six investigation sites New York, US

Notes: RANDOMISATION: Not reported

Info on Screening Process: 2 patients withdrew before reciving active drug and one randomised patient discontinued without starting the drug.

n= 38

Age: Mean 50

Sex: all females

Diagnosis:
Cancer

100% Depression by DSM-IV

Exclusions: - Male
- Not having a diagnosis of breast carcinoma stages II, II or IV
- Mood-congruent or mood-incongruent delusions
- Serious suicide risk
- Unspecified organic mental disorders or substance abuse disorders during the previous year
- Schizophrenia or schizoaffective, paranoid or bipolar disorders
- Taking MAOIs within 14dyad or heterocyclic antidepressants within 7 days, routine use of psychoactive drugs including benzodiazepines and lithium
- Fluoxetine use within 30 days of initial evaluation
- Contraindications to the use of desipramine
- Serious medical illness
- Allergy to study drug
Concomitant use of various drugs including tryptophan and cimetidine
- pregnant or lactating women and women not using contraception

Baseline: HAMD: Fluoxetine 23.58, Placebo 22.79
HAMA: Fluoxetine 20.00, Placebo 19.79
CGI-S: Fluoxetine 4.84, Placebo 4.29

Data Not Used
HAM-D - no data
CGI-S - no data
HAM-A - no data

Notes: TAKEN AT: Baseline and post-treatment (visit 8)
DROP OUT: Fluoxetine: 6/21, Despiramine 7/17
Leaving due to adverse events: Fluoxetine 6/21 Desipramine 5/17

Group 1 N= 21

Fluoxetine. Mean dose 20-60mg - Fluoxetine-treated patients received 20mg of active drug in the morning and placebo in the evening
20mg/d week1-4, could increase by 20mg/week during days 29-42. Dose reduction was allowed for those patients unable to tolerate >20mg/day.

Group 2 N= 17

Desipramine. Mean dose 100-150mg - received 25mg active drug in the evening and placebo in the morning
Dose titrated in25mg/week increments to 100mg/day at wk4. Dose could be further increased by 25mg/week up to max 150mg/day. Dose reduction allowed for those unable to tolerate >100mg/d

Drug company sponsored: Eli Lilly

Results from this paper:
1.1 Adequately addressed
1.2 Not reported adequately
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Not addressed
1.7 Poorly addressed
1.8 Fluoxetine: 6/21 (28%), Desipramine: 7/17 (41%)
1.9 Well covered
1.10 Adequatley addressed

2.1 +

HUANG2005

KIMURA2000

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 84

Setting: US, hospitals in Iowa and Baltimore

n= 47

Age: Mean 60

Sex: 27 males 20 females

Diagnosis:
100% Stroke

Data Used
MMSE
HAM-D

Group 1 N= 21

Nortriptyline - Iowa: 20 mg/d first week, 50mg/d for weeks 2-3, 75 mg/d weeks 4-6, 100mg from 7-12weeks
Baltimore: 20mg/d first week, 50mg/d for weeks 2-3, 70mg/d week 4, 100mg from

funding: grant from NIMH and Nippon Medical School

100% Depression

Exclusions: - aphasia, dementia, decreased levels of consciousness
- HAMD <10

Notes: dropouts: 12/47

5-6 weeks

Group 2 N= 26

Placebo

LACASSE2004

Study Type: RCT

Study Description: Worst possible score was substituted for those dropping out of intervention group with the best score substituted for those dropping out of placebo

Type of Analysis: ITT and Completer

Blindness: Double blind

Duration (days): Mean 84

Setting: Respiratory care home service QUEBEC, Canada

Notes: RANDOMISATION: random number table used to allocate patients. Process under the responsibility of one hospital pharmacist not involved in trial

Info on Screening Process: 342 assessed for eligibility, 237 ineligible, 82 refused.

n= 23

Age: Mean 70

Sex: 10 males 13 females

Diagnosis:
100% COPD by Clinical judgement

100% Depression by GDS

Exclusions: - Aged <60
- Inpatients
- No diagnosis of COPD supported by a history of past or current smoking
- FEV1>50% of predicted value
- No signifiacnt depression symptoms at baseline
- Unable to give informed consent
- Contraindication to antidepressant therapy
- Known hypersensitivity to actie drug or MAOI use in past 2 weeks
- Current participation in rehabilitation programme

Notes: All participants were on long-term oxygen therapy (>=18 ours per day)

Baseline: GDS: 18.7(3.6) Prx, 17.9(5.2) Placebo

Data Used
Adverse events

Data Not Used
GDS - No usable data

Chronic Respiratory Questionnaire - No usable data

Notes: TAKEN AT: Baseline and week12 (post treatment)
DROPOUT: 4/12 prx, 4/11 placebo

Group 1 N= 12

Paroxetine. Mean dose 5-20mg/day - Treatment started at 5mg/day with weekly 5mg increments up to 20mg/day

Group 2 N= 11

Placebo

Non-industry support (Quebec Lung Association). Drugs spullied by GlaxoSmithKline
Trial was stopped prematurely due to problems in patient accural

Results from this paper:
Quality assessed: = +

LAKSHMANAN1986

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 90

Setting: US, general medical ward

Notes: Randomisation: no further details

n= 29

Age: Mean 76

Sex:

Diagnosis:
100% Depression

Exclusions: - suicidal thoughts
- glaucoma
- cardiac disease
- poorly controlled seizures
- severe pulmonary or renal disease
- aphasia
- MMSE <20

Notes: Used HAMD

Baseline: HAMD: Doxepin 31.5 (11.0) Placebo 29.3 (7.8)

Data Used
HAM-D

GDS

Group 1 N= 11

Doxepine - 10mg for people <70kg in weight and 20mg >70kg

LEENTJENS2003

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 67

Setting: Netherlands

n= 12

Age: Mean 67

Sex: 8 males 4 females

Diagnosis:
100% Depression by DSM-IV

Data Used
Response (>50 reduction from baseline)

Group 1 N= 6

Sertraline - Starting dose 25mg, 50mg after 1 week, doubled to 100mg if no response at 6 weeks

problems recruiting participants aimed for 40

Notes: no further details on randomisatin

100% Parkinson's Disease

Notes: No dropouts

Group 2 N= 6

Placebo

LESPERANCE2007

Study Type: RCT

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 84

Setting: CANADA 9 academic centres Outpatient

Notes: RANDOMISATION: computer generated and concealed in opaque envelopes

Info on Screening Process: 370 screened, 30 did not have depression, 30 HAMD <20, 6 psychiatric reasons, 6 medical reasons, 5 logistics, 9 refused

n= 284

Age: Mean 58

Sex: 214 males 70 females

Diagnosis:

100% Depression by DSM-IV

100% Cardiovascular disease by Histologically confirmed

Exclusions: - <18 years of age
- HAMD <20
- depression due to general medical condition
- psychosis, bipolar,
- substance abuse
- suicide risk
- current use of antidepressants, lithium, anticonvulsants for mood disoder
- current psychotherapy
- previous absence of response to citalipram or IPT
- 2 or more previous unsuccessful treatment fo the index depression
- lifetime history of early termination of citalopram or 2 other SSRIs because of adverse events
- MMSE < 24
- clinician judgement that the patient would not adhere to study regime
- coronary bypass graft surgery planned during the next 4 months
- Canadian Cardiovascular Society Angine Class of 4
- unable to speak French/English

Notes: severe depression according to APA criteria

Baseline: Total: HAM-D: 29.68 BDI = 30.3; HAM-D: 30.0 - IPT (+ Placebo), 30.3 - control; BDI = 29.1 - IPT (+ Placebo), 31.3 - control.

Data Used

Cardiovascular outcomes

Response (>50 reduction from baseline)

Remission (below cut-off)

BDI-II

HDRS-24

Notes: Dropouts: IPT + Citalopram 2/67 IPT + Placebo 6/75 Citalopram 3/75 Placebo 6/67

Group 1 N= 75

Citalopram - 10mg/d week1, 20mg/d, if HAMD >8 increased to max 40mg/d.

Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.

Group 2 N= 67

Placebo

Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.

Group 3 N= 75

IPT - Individual IPT, 12 weekly sessions+placebo: up to 4 sessions via telephone. Focused on dealing with interpersonal conflicts, life transitions, grief, and loss. Conducted by Doctoral or Masters level therapists with mean 15 years experience.

Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.

Group 4 N= 67

Citalopram + IPT - citalopram and IPT provided as described

Clinical management - information about depression and medication use, encourage adherence, evaluate adverse events. Individual. 20-25 mins. Up to 4 could be done via telephone.

Sponsored by Canadian Institutes of Health Research Participants recruited for major depression; intervention modifed for illness

LI2005

Study Type: RCT

Study Description: Raters were blind to treatment allocation but unclear from paper whether participants were also blinded

Type of Analysis: Completer

Blindness: Open

Duration (days): Mean 56

Setting: Neurology unit, CHINA, Shaanxi Province

Notes: RANDOMISATION: performed by coin toss

Info on Screening Process: 89 participants were thought to be eligible, 9 were excluded, 8 dod mpt , meet the inclusion criteria and 5

n= 67

Age: Mean 34

Sex: 32 males 35 females

Diagnosis:

Epilepsy by Diagnosed by physician

Depression by CCMD-3

Exclusions: - No diagnosis of epilepsy
- No CCMD-3 diagnosis of depression
- HAM-D <18
- Comorbid neurological or physical illness or substance misuse
- Refusal to consent

Notes: Daignosis of epilepsy from clinical assessment and

Data Used

Adverse events

HAM-D

HAM-A

Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and end of treatmen DROP OUT - 0/33 trx, 3/34 (9%) control

Group 1 N= 33

Paroxetine. Mean dose 20-40mg - Paroxetine taken daily at a starting dose of 10mg/d, increased to 20mg/d after one week. After 4 weeks if there was a HAM-D reduction <50% fose was increased to 30-40mg/d

Group 2 N= 34

Doxepine. Mean dose 100mg/d - Starting dose of 25mg/d was adjusted according to response. Mean 100 mg/d (12.5mg/d)

Funding not reported

refused consent

confirmatory EEG.
All participants were on anticonvulsants

Baseline: No differences in age, duration of illness or on pretreatment HAM-D scores

Results from this paper:
Quality assessment score = +

LIPSEY1984

Study Type: RCT

Study Description: LOCF (if in study for at least week)

Blindness: Double blind

Duration (days):

Setting: US, patients in rehabilitation hospitals or outpatients

Notes: RANDOMISATION: random number table

n= 34

Age: Mean 61

Sex: 22 males 12 females

Diagnosis:
100% Stroke

100% Depression

Exclusions: - severe comprehension deficit
- already receiving antidepressants
- contraindication for nortriptyline

Data Used
Remission (below cut-off)

Notes: Dropouts: Nortriptyline 3/14 Placebo 2/20

Group 1 N= 14
Nortriptyline - 6 week regimen: 20 mg/d week1, 50 mg/d week 2-3, 70mg/d week4, 100mg/d weeks 5-6
4 weeks regimen: 50mg/d week1, 70mg/d weeks 2-3, 100mg/d week4

Group 2 N= 20
Placebo

Funding: NIH grant, Sandoz Pharmaceutical company provided medication

LUSTMAN1997A

Study Type: RCT

Study Description: Personnel preparing treatment packs were different from those wmonitoring progress. Dummy reports were produced to ensure blinding of raters.

Type of Analysis: Completer only

Blindness: Double blind

Duration (days): Mean 56

Setting: US, Washington, St louis

Notes: RANDOMISATION: details not reported Diabetes management regimes kept constant during the study unless clinically indicated

Info on Screening Process: 180 patients evaluated to determine eligibility, 66 were excluded ont eh basis of their psychiatric interview. Present study looks at 35 subjects with active depression diagnosis

n= 28

Age: Mean 45

Sex: 11 males 17 females

Diagnosis:
Diabetes by Histologically confirmed

Depression by DSM-III

Exclusions: - aged <21 or >65
- gHb <9%
Active suicidal ideation or a history of attempted suicide
- History of Bipolar disorder or any other psychiatric disorder
- Current alcohol abuse or other substance abuse disorder
- Currently taking psychoactive medications or notriptyline contraindicated
- Pregnant or lactating women
- History of convulsions or seizure disoder
- Clinically significant hepatic dysfunction
- Uniary outflow obstruction
- Glaucoma
- Current hypo or hyperthyroidism
- Current ECG evidence of any cardiac conditions which preclude treatment with tricyclics

Notes: Insulin or non-insulin dependent diabetes with poor glycemic control

Baseline: BDI: Nort 19.0(7.4), Placebo 17.8(7.1)

Data Used
Remission (below cut-off)
BDI

Data Not Used
Physical health outcomes - F-value only without means

Notes: TAKEN AT: Baseline and end of treatmen (wk8)
DROPOUT: - does not give drop out for depressed only. Total study drop out = 14%

Group 1 N= 14
Nortriptyline. Mean dose 25 - 50mg/day - 25mg/day increased to 50mg/day during second visit. Subsequent adjustments were made to ensure that a plasma nortriptyline level reamined within the range of 50-150 ng/ml

Group 2 N= 14
Placebo

Paper reports a subset of a 1988 unpublished study. Paper only reports on those who were depressed and had poor glycemic control. Data for depressed patients presented seperately (data for non-depressed not entered into the analysis

Results from this paper:
Quality assessment +

LUSTMAN2000

Study Type: RCT

Study Description: Paper provides both ITT and completer for the dichotomous outcomes, completer only for continuous

Type of Analysis: ITT and completer

n= 60

Age: Mean 46

Sex: 14 males 38 females

Data Used
Physical health outcomes
BDI
HAM-D

Group 1 N= 27
Fluoxetine. Mean dose 20-40mg/day - - Dosing began at 20mg/day and could be increased to a max of 40mg/day

Drug-company funded - Eli Lilly
Demographics and baseline for completers only

Blindness: Double blind

Duration (days): Mean 56

Setting: US, Washington, St Louis

Notes: RANDOMISATION: a computerised algorithm determined the randomisation pattern

Info on Screening Process: 65 participants gave informed consent, 5 were excluded from participation due to exclusionary psychiatric condition (1), unwilling to take medication (4)

Diagnosis:
Diabetes

Depression by BDI

Exclusions: - Aged <21 or >65
- BDI <14, or HAM-D <14
- Active suicidal ideation or a history of attempted suicide
- History of Bipolar disorder or any other psychiatric disorder
- Current alcohol abuse or other substance abuse disorder
- Currently taking psychoactive medications or fluoxetine contraindicated
- Pregnant or lactating women
- History of convulsions or seizure disoder
- Clinically significant hepatic dysfunction

Notes: Type I and II diabetes

Baseline: BDI: Flx 23.6(8.2), Placebo 22.4(9.1)
HAMD Flx 20.1(5.6), Placebo 19.5(6.9)

Remission (below cut-off)

Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and End of treatmer
DROPOUT: FLx 3/30 (10%), Placebo 3/30 (10%)
Leaving the study early due to adverse events: Flx 1/30, placebo 0/30

Group 2 N= 27

Placebo

Results from this paper:
Quality assessment +

LUSTMAN2006

Study Type: RCT

Study Description: ITT with patients who did not complete the protocol being censored at the point of discontinuation I the survival estimates

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 365

Setting: Outpatient clinics
USA, Washington, Seattle and Arizona

Notes: RANDOMISATION: Patients were randomised using a computer generated algorithm. Randomisation was stratified according to site. Allocation concealment.

Info on Screening Process: 389 screened, 351 statisfied the inclusion criteria and were enrolled in the open label phase of the trial. 156 completed the inducation phase of which 152 entered the maintenace phase of the trail (presented here)

n= 152

Age: Mean 53

Sex: 61 males 91 females

Diagnosis:
Diabetes

Depression by DSM-IV

Exclusions: - Non-recovery from depression durin open-label phase of trial (Initially patients were excluded if BDI <14 or HAM-D <15)
- Aged <18
- No diagnosis of type I or II diabetes
- Active suicial or homicial ideation or a history of attempted suicide
- Current alcohol or other substance misuse disorder
- Medical contraindication to sertraline treatment

Notes: Study is looking at the prevention of relapse in patients who recovered from depression during an open-label phase of the trial. See notes for further details

Baseline: Maintenance phase:
BDI: sertraline 4.4(3.0) Placebo 3.5(2.6)

Data Used
Time to relapse

Notes: TAKEN AT: trial could continue up to 52 weeks or until a relapse of depression occurred.
DROPOUT: 15/79 sertraline (19%), Placebo 7/73 (19%)

Group 1 N= 79

Sertraline. Mean dose 118mg/day - Participants begain the open-phase of the study on 50mg/day which could be adjusted to a max of 200mg/day. In the randomised phase of the trail, blinded tappering was achieved by dovetailing the induction and maintenance medication.

Group 2 N= 73

Placebo - During a two-week period after randomisation, the induction medication was gradually reduced and the maintence medication, in this case placebo increased.

Drug-company sponsored study - Pfizer NY
Recovery from depression was defined per DSM-IV citeria as a period of >=2 months during which there were no significant symptoms of depression

Results from this paper:
Quality assessment ++

MAURI1994

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 56

Setting: Italy,

Notes: RANDOMISATION: no further details

n= 26

Age: Mean 35

Sex: 19 males 6 females

Diagnosis:
100% Depression by DSM-III-R

100% HIV

Data Used
HDRS

Notes: no information on dropouts

Group 1 N= 16

Fluvoxamine. Mean dose 100-150mg/d

Group 2 N= 10

Placebo

funding: no information

Baseline: HDRS: Fluoxetine 30.37 (1.31) Placebo 29.50 (6.94)

MCFARLANE2001

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 180

Setting: Coronary Care Unit, Canada

Notes: RANDOMISATION: no further details

n= 38

Age: Mean 62

Sex: 23 males 15 females

Diagnosis:
100% Cardiovascular disease

Exclusions: - <15 Inventory to Diagnose Depression before discharge and 2 weeks later
-

Data Used
Cardiovascular outcomes

Notes: Dropouts: Sertraline 6/18 Placebo 5/20

Group 1 N= 18
Sertraline. Mean dose 50mg/d

Group 2 N= 20
Placebo

Sponsorship by Heart and Stroke Foundation of Ontario
All received access to multidisciplinary care: exercise rehab, nutrition, counselling

MENZA2008

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 56

Setting: US

Notes: Randomisation: no further details

n= 52

Age: Mean 63

Sex: 27 males 25 females

Diagnosis:
100% Depression by DSM-IV

100% Parkinson's Disease

Exclusions: - MMSE <26
- psychiatric diagnosis other than depression or anxiety

Baseline: HAMD: Paroxetine 18.82 (5.6) Nortriptyline 21.12 (5.64) Placebo 19.29 (5.64)

Data Used
Response (>50 reduction from baseline)
HAM-D

Group 1 N= 18
Paroxetine. Mean dose 28.4mg - Flexible dosing started at 12.5mg and could be increased to 37.5mg

Group 2 N= 17
Nortriptyline. Mean dose 48.5mg - Flexible dosing started at 25mg could be increased to 75mg

Group 3 N= 17
Placebo

MOHAPATRA2005

Study Type: RCT

Blindness: Single blind

Duration (days): Mean 180

Setting: Cardiology and Psychiatry departments, India

Notes: Randomisation: no further information

n= 17

Age: Mean 56

Sex: 10 males 7 females

Diagnosis:
100% Depression by DSM-IV

MI

Exclusions: -history of depression before cardiac problems
- substance abuse
- recovering from bypass surgery

Data Used
Cardiovascular outcomes
Remission (below cut-off)

Notes: no dropouts

Group 1 N= 11
Sertraline. Mean dose 50-200mg/d

Group 2 N= 6
TAU

Sponsorship by Quality of Life Research and Development Foundation

MORROW2003

Study Type: RCT

Study Description: * Data analysis was limited to patients who provided complete data. LOCF was used for 43 patients who provided cycle 3 but not cycle 4 data

Type of Analysis: completer*

Blindness: Double blind

Duration (days):

Followup: up to cycle 4 of chemotherapy

Setting: 18 oncology private-practice groups, US

n= 549

Age: Mean 56 Range 23-84

Sex: 116 males 363 females

Diagnosis:
Cancer

32% Depression by CES-D

Exclusions: - <18 yrs
- cancer patients who were not scheduled to begin the first of

Data Used
POMS
CES-D

Group 1 N= 277
Paroxetine. Mean dose 20mg

Group 2 N= 272
Placebo - Identical looking placebo

Drug company sponsored: GlaxoSmith-Kline
Supoprted by a National Cancer Institute Grant

Notes: RANDOMISATION: accomplished centrally using a computer-generated random-numbers table.

Info on Screening Process: 902 patients met initial medical eligibility criteria.
- 198 (22%) did not continue as they were no longer medically eligible, did not complee the baseline questionnaires or refused random assignement
- 155 patients did not meet the fatigue criteria

>=4 cycles of chemotherapy without concurrent radiotherapy of interferon treatment
- use of psychotropic medications, MAOIs, tryptophan or warfarin
- history of mania or seizures
- reported havined been hospitalised for any psychiatric condition
-Patients not reporting fatigue (as assessed by MAF) after cycle 2 of chemotherapy

Notes: 32% of the sample had a CES-D >19 (defined by authors as cut-off for depression)

Baseline: CES-D: paroxetine: 14.8 (SE 0.67), placebo: 15.8 (SE 0.67)
POMS: paroxetine: 3.1 (SE 0.22), placebo: 3.7 (0.27)

Notes: TAKEN AT: cycle 2 (Baseline), cycle 4 (endpt)
DROPOUT: Paroxetine: 33/277, placebo: 37/272
Leaving the study due to adverse events: 2 - does not state which group

Results from this paper:
1.1 Adequately addressed
1.2 Adequately addressed
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Not addressed
1.7 Well covered
1.8 Paroxetine: 33/277 (12%), placebo: 37/272 (13%)
1.9 Poorly addressed
1.10 Not addressed

2.1 +

MURRAY2005A

Study Type: RCT

Study Description: LOCF

Blindness: Double blind

Duration (days): Mean 180

Setting: Sweden, stroke centres

Notes: RANDOMISATION: conducted at the Central Pharmacy in Stockholm, each centre pharmacy received presealed treatment packages.

Info on Screening Process: 260 screened, 137 excluded - other serious/terminal illness (n=10), treatment of other psychiatric problem (n=8), difficulties adhering to protocol (n=18), does not wish to participate (n=54), already on antidepressant (n=40), suicidal (n=3),

n= 123

Age: Mean 71

Sex: 59 males 64 females

Diagnosis:
100% Depression by DSM-IV

100% Stroke

Exclusions: - MADRS <10
- severe ability to communicate
- acute MI
- psychiatric illness other than depression
- significant risk of suicide
- current use of psychotropic or analgesic drugs

Baseline: MADRS: Sertraline 18.9 (6.1) Placebo 19.6 (6.1)
Major Depression n=76 Minor depression n=61

Data Used
ADL
MADRS
Notes: Dropouts: Sertraline 24/62 Placebo 30/61

Group 1 N= 62
Sertraline - 50mg/d weeks 1-4, after 4 weeks could be increased to 100mg/d according to investigators discretion. After 6 weeks had to display 20% reduction from baseline on MADRS to continue.

Group 2 N= 61
Placebo - After 6 weeks had to display 20% reduction from baseline on MADRS to continue.

Funding: Unrestricted grant from Pfizer; also grants from AFA Insurances, and Marianne and Marcus Wallenberg Foundation

MUSSELMAN2006

Study Type: RCT

Study Description: ITT population with LOCF approach applied for the missing data

Type of Analysis: ITT and completer

Blindness: Double blind

Duration (days): Mean 42

Followup: 6 months

Setting: 2 centres

Notes: RANDOMISATION: not reported

n= 35

Age: Mean 54

Sex: all females

Diagnosis:
Cancer

Depression by DSM-III-R

Exclusions: - Aged <18 or >75
- Pregnant women and women of childbearing potential not

Data Used
Adverse events
Response (>50 reduction from baseline)
Remission (below cut-off)
CGI-S
HAM-D
HAM-A

Group 1 N= 13
Paroxetine. Mean dose 31mg - 20mg/day for 4 wks, dose could be increased to 40mg/d

Drug company sponsored: GlaxoSmithKline

using contraception, lactating women
- Serious suicidal risk
- History of urinary retention, intracranial metastases, angina pectoris, MI, arrhythmia, presence of conduction detects or any serious CVD
- Serious illness incuding cardiac, hepatic, renal, respiratory, endocrinologic, neurologic or hematologic disease of such instability that hospitalisation is likely in the next 2 months
- DSM-III-R diagnosis of organic mental disorder, alcohol and/or substance use disorder, paranoid or psychotic symptoms, or bipolar disorder

Baseline: HAMD: Paroxetine: 21.00 (5.66), Desipramine 23.00 (6.16), Placebo 23.91 (4.99)
HAMA: Paroxetine: 19.62 (7.19), Desipramine 18.45 (6.67), Placebo 21.82 (8.54)
CGI-S: Paroxetine: 3.85 (0.69), Desipramine 4.00 (0.77), Placebo 4.18 (0.40)

Notes: TAKEN AT: baseline, post-treatment and 6 month FU
DROPOUT: Paroxetine 5/13, Desipramine 5/11, Placebo 5/11
Leaving the study early due to adverse events: Paroxetine 2/13, Desipramine 1/11, Placebo 2/11

Group 2 N= 11

Desipramine. Mean dose 113mg - 25g/evening for 3 days, increased to 50mg/evening for 4 days with subsequent forced titration to 125mg/day at the rate of 25mg ever 7 days during 2nd, 3rd and 4th weeks. After titration dose increases of 25mg/day permitted every 3 days up max 200mg/day.

Group 3 N= 11

Placebo

Results from this paper:
1.1 Well covered
1.2 Not reported adequately
1.3 Not addressed
1.4 Well covered
1.5 Poorly addressed
1.6 Not addressed
1.7 Well covered
1.8 Paroxetine: 5/13 (38%), Desipramine: 5/11 (45%), Placebo: 5/11 (45%)
1.9 Well covered
1.10 Not addressed

2.1 +

NELSON1999

Study Type: RCT

Study Description: ITT (LOCF)

Blindness: Double blind

Duration (days): Mean 42

Setting: US

Notes: RANDOMISATION: no further details

n= 81

Age: Mean 58

Sex: 67 males 14 females

Diagnosis:
100% Depression by DSM-III-R

100% Cardiovascular disease

Exclusions: - < 18 years
- HAMD-17 <16
- psychosis, bipolar, substance abuse
- baseline QTc >460msec
- unstable angina
- MI within 3 months

Baseline: HAMD = 22.6

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)

Notes: Dropouts: Paroxetine 4/41 Nortriptyline 14/40
- due to adverse events: Paroxetine 2/41 Nortriptyline 10/40

Group 1 N= 41

Paroxetine - Starting dose of 20mg/d unless over 65 years (then 10mg/d). After week 3 increased to 30mg/d if required up to a max of 40mg/d.

Group 2 N= 40

Nortriptyline - Nortriptyline plasma concentrations determined at week 1, 2 and 6. Dose adjusted to obtain blood level between 50 and 150 ng/ml

Sponsored by drug company (Smith Kline Beecham)

severe depression

PAILEHYVARINEN2003

Study Type: RCT

Study Description: LOCF used for patients who completed at least 2 weeks of the trial

Type of Analysis: ITT

Blindness: Single blind

Duration (days): Mean 70

Setting: Not stated

Notes: RANDOMISATION: computerised and

n= 15

Age: Mean 61

Sex: all females

Diagnosis:
Diabetes

Depression by MADRS

Exclusions: - Male

Data Used
RAND-36
HbA1c
BMI
Blood glucose
BDI
MADRS
HAM-A

Group 1 N= 7

Paroxetine. Mean dose 20 mg/day - 20mg once daily

Group 2 N= 8

Placebo

competing interests: non declared

concealed to both patient, investigators and treating physicians until inclusion and informed consent was established.

Info on Screening Process: 22 participants were screened of which 7 were excluded as they failed to meet inclusion criteria

- pre-menipausal, aged <50
- unstable antidabetic medication in previous 3 months
- GHbA1c <6.5% or fasting blood glucose <7.0 mmol/l
- MADRS score <2.5 or >12
- Major complications due to diabetes including CVD, renal failure
- Glaucoma,
- Use of warfarin
- Use of any kind of antidepressant

Notes: All participants had unsatisfactory glycemic control

Baseline: MADRS: Paroxetine 7.4(2.9), Placebo 6.4(4.0)
BDI: Paroxetine 13.7(7.4), Placebo 13.0(9.2)

Notes: TAKEN AT: Baseline and end of treatmen
DROPOUT: Paroxetine 0/7, placebo 2/8
Adverse events: Paroxetine 4/7, placebo 3/7

Results from this paper:
Quality assessment +

PAILEHYVARINEN2007

Study Type: RCT

Study Description: Identical tablets were packed in identical vials according to the randomisation schedule.

Type of Analysis: Completer only

Blindness: Double blind

Duration (days): Mean 182

Setting: Outpatients
FINLAND, Helsinki

Notes: RANDOMISATION: computerised and concealed to participants, investigators and treating physicians. Investigators were not involved in treatment.

Info on Screening Process: 73 interview, 23 did not meet incusion criteria. Most common reason for exclusion was good glycemic control. 6 particiapnts withdrew consent before starting medication

n= 49

Age: Mean 59

Sex: 33 males 10 females

Diagnosis:
Diabetes

Depression by DSM-IV

Exclusions: - Aged <50 or >70
- Good glycemic control - GHbA1c <7.5%
- Moderate to severe depression as defined by >6 items on DSM criteria
- Glucoma
- Using warfarin
- Major complications due to diabetes
- using any kind of antidepressant

Notes: All participants met criteria for mild depression

Baseline: HADS Prx 14.0(5.2), Placebo 15.7(5.5)
SF-36: Prx 56.2(17.4), Placebo 48.5(15.7)

Data Used
Adverse events
SF-36
Physical health outcomes
HADS

Notes: TAKEN AT: baseline and end of treatmen (6 months)
DROPOUT: Prx: 1/24 (4%), Placebo 11/25 (44%)

Group 1 N= 23
Paroxetine. Mean dose 20mg/day

Group 2 N= 20
Placebo

Drug company sponsored - GlaxoSmithKline
Baseline demographics only provided for the 43 participants who received medication

Results from this paper:
Quality assessment +

PEZZELLA2001

Study Type: RCT

Study Description: ITT: all patients who had taken at least one dose of study medication and who had at least one on-dose efficacy assessment. LOCF used for missing data

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 56

Setting: 25 centres in Austria, Belgium, Canada, Germany, Italy and The Netherlands

Notes: RANDOMISATION: details not reported
Double-dummy technique used to ensure blinding

Info on Screening Process: 194 were eligible for entry into the study
179 participants were randomised with 175 receiving at least one dose of study medication

n= 179

Age: Mean 51 Range 34-72

Sex: all females

Diagnosis:
Cancer

Depression by ICD-10

Exclusions: - MADRS <16
- WHO perforrmance status >2
- Life expectancy <3 months
- Male
- Marked hepatice dysfunction, renal dysfunction or sever co-existing diseases
- received depot neuroleptic in past 6 months, oral neuroleptic in past 2 months, MAOI or SSRI in past 4 weeks, lithium treatment of ECT within 8 weeks or a tri or tetra-cyclic antidepressant in previous 7 days.
- Treated with an investigational compound within past 30

Data Used
Adverse events
Response (>50 reduction from baseline)
Functional Index of Living
CGI-I
CGI-S
MADRS

Notes: TAKEN AT: Baseline and post-treatment
DROPOUT: Paroxetine: 17/89 (19%), Amitriptyline: 22/90 (22%)
Leaving the study early due to adverse events: Paroxetine 9/89 (10%), Amitriptyline 10/90(11.5%

Group 1 N= 89
Paroxetine. Mean dose 20-40mg - Administerd at 20mg/day for 3 weeks, thereafter dose could be increased to 30mg/d . After week 5 dose could be further increased to 40mg/day or reduced to 20mg/d

Group 2 N= 90
Amitriptyline. Mean dose 75-150mg - Initial dose titration of 25mg/day for 3 days, followed by 50mg/day days 4-7 then 75mg/day for 2 weeks, thereafter dose could be increased to 100mg/day. After week 5 dose could be further increased to 150mg/day or reduced to 75mg/day

No mention of funding

days or 5 half-lives, endocrine therapy in past 4 weeeks.
- Considered to be at risk of suicide
- Breast feeding, likely to become pregnant
- Diagnosis of schizophrenia, bipolar disorder or other psychoses
- Known abusers of alcohol or drugs
- Clinically significant ECG or abnormal laboratory values
- Previously treated with paroxetine or known sensitivity to SSRIs ot TCAs
- If likely to need surgery, scheduled for total body irradiation, spinal or abdominal radiotherapy
- undergoing formal psychotherapy

Baseline: FLC: Paroxetine 87.5 (18.6), Amitriptyline 95.0 (20.0)

Results from this paper:
1.1 Well covered
1.2 Not reported adequately
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Adequately addressed
1.7 Well covered
1.8 Paroxetine: 17/89 (19%), Amitriptyline 22/90 (22%)
1.9 Well covered
1.10 Not addressed

2.1 +

POLLOCK2002

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 42

Setting: US

Notes: RANDOMISATION: non further details

n= 20

Age: Mean 59

Sex: 17 males 3 females

Diagnosis:
100% Depression by DSM-III-R

100% Cardiovascular disease

Exclusions: - < 3 months post MI, <3 months post coronary bypass graft, or <60% occlusion of major coronary artery
- HAMD <15
- psychosis, bipolar

Baseline: HAMD = 20

Data Used
Cardiovascular outcomes

Notes: no information on dropouts

Group 1 N= 10
Paroxetine - Initiated at 10mg/d, 20mg/d at second week

Group 2 N= 7
Nortriptyline - Adjusted to achieve plasma drug concentration ranging from 50-120ng/ml

Sponsored by Merck/American Federation for Aging Research Fellowship, National Institute for Mental Health and National Heart, Lung, and blood institute

RABKIN1994

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 42

Setting: US

Notes: RANDOMISATION: no further details

n= 97

Age: Mean 38

Sex: 92 males 5 females

Diagnosis:
100% Depression by DSM-III-R

100% HIV

Exclusions: - current risk of suicide
- previous treatment with imipramine during episode
- substance abuse
- schizophrenia or bipolar disorder

Baseline: HDRS: Imipramine 17.5 (4.1) Placebo 16.1 (4.0)

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)
HDRS

Notes: Dropouts: Imipramine 12/50 Placebo 5/47

Group 1 N= 50
Imipramine - 50mg/d for 3days, 100mg/d for 4 days, 150mg/d for a week then 200mg/d for rest of study

Group 2 N= 47
Placebo

funding: NIMH grant, Ciba-Geigy Corp provided medication

RABKIN1999

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 56

Setting: US

Notes: RANDOMISATION: no further details

n= 120

Age: Mean 39

Sex: 117 males 3 females

Diagnosis:
100% Depression by DSM-IV

100% HIV

Exclusions: - psychosis or bipolar
- substance misuse
- panic disorder
- suicide risk
- significant cognitive impairment
- HIV wasting syndrome
- significant diarrhea

Baseline: HDRS: Fluoxetine 19.6 (4.7) Placebo 18.6 (5.1)

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)
HDRS
Notes: Dropouts: Fluoxetine 24/81 Placebo 9/39

Group 1 N= 81
Fluoxetine - 20mg/d starting dose, increased by further 20mg/d bi-weekly depending on response

Group 2 N= 39
Placebo

Funding: NIMH grant, Eli Lilly provided medication

RABKIN2004

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 56

Setting: US

Notes: RANDOMISATION: computer generated numbers

n= 123

Age: Mean 41

Sex: all males

Diagnosis:
100% Depression by DSM-IV

100% HIV by DSM-IV

Exclusions: - substance abuse
- psychosis
- suicide risk
- cognitive impairment
- unstable medical condition

Baseline: HRSD: Fluoxetine 18.2 (4.5) Placebo 16.8 (3.3)

Data Used
Remission (below cut-off)
Response (>50 reduction from baseline)
Notes: Dropouts: Fluoxetine 16/46 Placebo 9/39 Testosterone 8/38

Group 1 N= 39
Placebo

Group 2 N= 38
Testosterone

Group 3 N= 46
Fluoxetine

Funding: NIMH grant, Lilly provided medication

RAFFAELE1996

Study Type: RCT

Blindness: No mention

Duration (days): Mean 30

Setting: Italy, stroke rehabilitation program

Notes: RANDOMISATION: no further details

n= 22

Age: Mean 70

Sex: 13 males 9 females

Diagnosis:
Stroke

Depression

Exclusions: - aphasia

Baseline: Zung depression scale: Trazadone 62.4 (11.8) Placebo 59.2 (10.3)

Data Used
ADL
Zung

Group 1 N= 11
Trazadone. Mean dose 300mg

Group 2 N= 11
Placebo

no information on funding provided

RAMPELLO2004

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 112

Setting: Italy, community-based

n= 74

Age: Mean 74

Sex: 35 males 39 females

Data Used
HDRS
BDI

Group 1 N= 37
Citalopram. Mean dose 20mg/d

Group 2 N= 37
Reboxetine. Mean dose 4mg/d

no information on funding

Notes: RANDOMISATION: computer generated by physician not involved in evaluation of patients

Info on Screening Process: 95 screened, 16 did not meet eligiblity criteria, 5 refused to participate

Diagnosis:
Stroke

100% Depression by DSM-IV

Exclusions: - HDRS <20
- BDI <15
- previous degeneerative or expansive neurological diseases, tumours, MS, Binswanger's disease,
- psychiatric illness (except depression)
- severe aphasia, cognitive deficit, impaired consciousness, heart disease

Baseline: HDRS for anxious depression: Citalopram 22.39 (2.09) Placebo 22.83 (2.41)
HDRS for retarded depression: Citalopram 22.75 (1.71) Placebo 22.66 (1.37)

Notes: Dropouts: anxious depressed - Citalopram 2/22 Reboxetine 3/22
retarded depressed - Citalopram 1/15
Reboxetine 0/15

Group 3 N=
Reboxetine

RAZAVI1996

Study Type: RCT

Study Description: ITT based on all randomised patients for success rate response rate and side-effects. Completer data used for scale results.

Type of Analysis: ITT and completer

Blindness: Double blind

Duration (days): Mean 30

Setting: Multicentre

Notes: RANDOMISATION: stratification based on centre, no further details reported

Info on Screening Process: 24 patients were not randomised after the 1-week placebo triail due to (n):
- HADS <13 (9)
- Non-compliant (13)
- Concomitant medical events (2)
- Manic episode (1)
- unspecified reasons (3)

n= 91

Age: Mean 53

Sex: 17 males 74 females

Diagnosis:
Cancer

Depression by DSM-III

Exclusions: - HADS <13
- Major depressive disorders with melancholic features, Bipolar disorder
- Alcohol abuse in previous year
- Uncontrolled pain, uncontrolled somatic comorbidities
- Brain trumors or those receiving CNS-targeted treatments
- Life expectancy <3 months
- undergoing abdominal or thoracic surgery in last 6 weeks, >15 days corticosteroid treatment
- Women who were pregnant or breast feeding
- psychotropic drug use in previous 2 weeks or taking antidepressants, neuroleptics, lithium or procarbazine
- Fluoxetine or MAOI treatment in previous 6 weeks

Notes: Patients had to suffer from an adjustment disorder (with depressive mood or mixed features) or a major depressive disorder in relation to the cancer disease that had been diagnosed for a period between 6weeks - 7 years

Baseline: Not reported for whole sample, completers only

Data Used
Global Severity Index (GSI)
MADRS
HAM-A
HADS
Remission (below cut-off)
Response (>50 reduction from baseline)

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

Group 1 N= 46
Placebo

Group 2 N= 45
Fluoxetine. Mean dose 20mg/day

Drug company sponsored: Lilly France and Lilly Benelux

Results from this paper:
1.1 Well covered
1.2 Not reported adequately
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Adequately addressed
1.7 Well covered
1.8 Fluoxetine 15/45 (33%), Placebo 7/46 (15%)
1.9 Adequately addressed
1.10 Adequately addressed

2.1 +

ROBERTSON1985

Study Type: RCT

Type of Analysis: completer

Blindness: Double blind

Duration (days): Mean 35

Followup: 6 week

Setting: UK, LONDON

Notes: RANDOMISATION: hospital pharmacist conducted randomisation and kept study codes to ensure blinding

Info on Screening Process: 80 consecutive referrals were screened, with 66 meeting cirteria for MDD and epilepsy. Of the 66, 42 were eligible and agreed to participate

n= 42

Age: Mean 36

Sex: 16 males 26 females

Diagnosis:
100% Depression by DSM-III

Epilepsy by Clinical judgement

Exclusions: - HAM-D <15
- Pregnant
- receiving psychotropic medication or ECT considered
- <18 or >70 years
- English speaking
- evidence of cognitive impairment or progressive disorder of the central nervous system

Baseline: No differences at baseline

Data Used
Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline, week 6 (end of treatment) and week 12 (follow up)
DROP OUT: unclear 3/42 in whole study

Group 1 N= 13
Amitriptyline. Mean dose 25mg tid - Dose could be doubled in non-responders

Group 2 N= 13
Nomifensine. Mean dose 25mg tid - Dose could be doubled in non-responders

Group 3 N= 13
Placebo

Only head-to-head arm used, no useable data for TCA vs. placebo
Non drug company sponsored

Results from this paper:
Quality assessment score +

ROBINSON2000

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 84

Setting: US, Rehabilitation Centre

Notes: RANDOMISATION: no further details

n= 56

Age: Mean 67

Sex: 31 males 25 females

Diagnosis:
100% Stroke

100% Depression by DSM-IV

Exclusions: - any other significant medical illness
- severe comprehension deficit
- prior history of head injury
- prior history of other brain disease other than stroke

Baseline: HDRS: Fluoxetine 20.4 (4.7) Placebo 17.5 (6.2)

Data Used
MMSE
Functional independence
HAM-A
HADS

Notes: Dropouts: Fluoxetine 9/23 Nortriptyline 3/16 Placebo 4/17

Group 1 N= 23
Fluoxetine - 10mg/d for first 3 weeks, 20mg/d for weeks 4-6, 30mg/day for weeks 7-9, 40mg/d final 3 weeks

Group 2 N= 16
Nortriptyline - 25mg/d first week, 50mg/d weeks 2-3, 75mg/d weeks 3-6, 100mg final 6 weeks

Group 3 N= 17
Placebo

funding: NIMH, Raul Carrea Institute of Neurological Research; Eli Lilly provided fluoxetine and placebo

SCHIFANO1990

Study Type: RCT

Study Description: No details given - assumed completer only

Type of Analysis: No mention

Blindness: Double blind

Duration (days): Mean 28

Setting: Italy

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: No details reported

n= 48

Age: Mean 76

Sex: 8 males 40 females

Diagnosis:
100% Depression by DSM-III

Exclusions: - <65 years
- no diagnosis of MDD or dysthymic disorder according to DSM-III
- Bipolar disorder
- presence of dementia
- treatment with antidepressant drugs or ECT in previous 2 weeks
- schizophrenia or other psychotic disorders
- diagnosis of alcohol abuse or dependence, and/or substance abuse or dependence
- evidence of a history of allergy to any of the study drugs

Notes: Participants were recruited from the internal disease unit of a general medical hospital. All participants had a physical health probelsm and were classed as medically ill. Main conditions included cardiac diseases and arthrosis

Data Used
GDS
Response (>50 reduction from baseline)

Notes: TAKEN AT: Baseline and 28 days (end of treatment)
DROP OUT: Mianserin 5/25 Maprotiline 8/23

Group 1 N= 25
Mianserin - 2 capsules were administered in the first week (45mg), dosage increased to 3 capsules (67.5mg) for remaining weeks. The investigator was able to increase dosage to 4 capsules (90mg) on the basis of response and side-effects.

Group 2 N= 23
Maprotiline - 2 capsules were administered in the first week (75mg), dosage increased to 3 capsules (112.5mg) for remaining weeks. The investigator was able to increase dosage to 4 capsules (150mg) on the basis of response and side-effects.

Details of funding not reported

Baseline: No difference at baseline: GDS: Mianserin 18(6.1) Maprotiline 20(5.1)

Results from this paper:
Quality assessment score +

SCHWARTZ1999

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 42

Setting: US

Notes: RANDOMISATION: no further details

n= 14

Age: Mean 36

Sex: all females

Diagnosis:
100% HIV

100% Depression by DSM-III-R

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

Baseline: HRSD: Fluoxetine 20.88 (6.01) Desipramine 22.00 (10.82)

Data Used
HDRS-17

Notes: Dropouts: Fluoxetine 0/8 Desipramine 2/6

Group 1 N= 8
Fluoxetine. Mean dose 20-40mg

Group 2 N= 6
Desipramine. Mean dose 75-100mg

Funding: Eli Lilly

SCT-MD-24

Study Type: RCT

Study Description: ITT using LOCF

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 84

Setting: US

Notes: Randomisatisation: no further details

n= 168

Age: Mean 54

Sex: 89 males 79 females

Diagnosis:
Depression by DSM-IV

100% Diabetes

Exclusions: - pregnant or breast feeding women
- bipolar disorder, schizophrenia, personality disorder
- learning disabilities

Baseline: HAMD: Escitalopram 26.16 Placebo 27.67

Data Used
Response (>50 reduction from baseline)
MADRS

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

Group 2 N= 84
Placebo

STRIK2000

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 63

Followup: continuation phase for further 16 weeks

Setting: Departments of Cardiology and Psychiatry, Netherlands

Notes: RANDOMISATION: no further details

Info on Screening Process: 556 eligible, 199 refused to participate, 4 died, 285 did not meet DSM criteria, 12 dropped out at later stage, 2 exclude because ATVI <20cm

n= 54

Age: Mean 56

Sex: 38 males 16 females

Diagnosis:
Depression by DSM-III-R

MI

Exclusions: - <18 years of age
- HAMD <17
- <3 months before >12months after MI
- psychosis, bipolar, pregnancy

Baseline: HAMD = 21.6

Data Used
Cardiovascular outcomes
HDRS

Notes: dropouts: Fluoxetine 2/27 placebo 5/27 (9 week acute phase)
Fluoxetine 3/25 placebo 4/22
(contination phase up to 25 weeks)

Group 1 N= 27
Fluoxetine - Starting dose 20mg/d, could be increased to 40mg/d in week 3, 60mg/d in week 6

Group 2 N= 27
Placebo

Drug company sponsored (Eli Lilly)

TAN1994

Study Type: RCT

Type of Analysis: Completer only

Blindness: Double blind

Duration (days): Mean 36

Setting: UK, LONDON

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: No details reported

n= 63

Age: Mean 80

Sex: 21 males 42 females

Diagnosis:
100% Depression by GDS

Exclusions: - <65 years old
- Moderate or severe cognitive impairment (AMT >7/10)
- life-threatening illness
- pre-existing antidepressant therapy
- medical contraindications
- history of dysrthythmias, urinary retention, glaucoma and previous allergies
- Suicidal ideation
- GDS <15

Notes: Participants were recruited from general medical wards and had a range of medical illnesses

Baseline: No differences at baseline: GDS Lofepramine 17.0(4.3) Placebo 16.6(3.3)

Data Used
Adverse events
GDS
MADRS

Notes: TAKEN AT: Baseline and 36 days post randomisation (28 days of intervention) (end of treatment)

Group 1 N= 32
lofepramine. Mean dose 70mg - Active drug and placebo tablets were identical and administered in same fashion

Group 2 N= 31
Placebo - Active drug and placebo tablets were identical and administered in same fashion

No details about funding reported

Results from this paper:
Quality assessment score +

TOLLEFSON1993

Study Type: RCT

Study Description: ITT using LOCF

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 42

Setting: US, California

Notes: RANDOMISATION: procedure not reported

Info on Screening Process: of the 671 participants to enter the study, 82.7% had at least one current chronic illness.

n= 596

Age:

Sex: no information

Diagnosis:
100% Depression by DSM-III-R

Exclusions: - No diagnosis of depression according to DSM-III-R criteria
- <60 years old
- HAM-D < 16
- <26 MMSE
- Serious suicidal risk
- Serious or unstable medical co-morbidity
- Other DSM-III-R axis I disorders or presence of psychosis

Notes: All participants included in the analysis had at least one current chronic illness, the most common illnesses were joint disease and CVD

Baseline: No differences reported at baseline: HAMD: Flx approx 24 Placebo approx 24

Data Used
HAM-D

Notes: TAKEN AT: Baseline and 6 weeks (end of treatment)
DROP OUT: unclear for sub-group analysis

Group 1 N= 301
Fluoxetine. Mean dose 20mg/day

Group 2 N= 295
Placebo

Sub-groups with phsyical illnesses (as reported in small et al 1996) used in the analysis.

Results from this paper:
Quality assessment score +

VANDENBRINK2002

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 56

Followup: 24 weeks entire treatment

Setting: Netherlands, nested RCT within MIND-IT trial

Notes: no further information on randomisation

n= 94

Age: Mean 58

Sex: 73 males 21 females

Diagnosis:
100% Depression by DSM-IV

100% MI

Exclusions: - other psychiatric problem
- <18 years

Data Used
BDI
HDRS

Notes: Dropouts: 8weeks - Mirtazapine 10/47 Placebo 3/44
24weeks - Mirtazapine 15/47 Placebo 23/41

Group 1 N= 47
Mirtazapine - 30mg/d for weeks 1-2, lowered to 15mg/d if adverse events or increased to 45 mg/d if lack of response

Group 2 N= 44
Placebo

Sponsored by Netherlands Heart Foundation and unrestricted grants from drug companies (Lundbeck and Organon)

VANHEERINGEN1996

Study Type: RCT

Study Description: ITT included those patients who had received at least one post-baseline efficacy assessment. LOCF analysis used to substitute missing data

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 42

Setting: University hospital, Gent, BELGIUM

Notes: RANDOMISATION: details not reported

n= 55

Age: Mean 52

Sex: all females

Diagnosis:
Cancer by DSM-III

Depression

Exclusions: - Male
- <18 yrs
- Not meeting DSM-III criteria for depression
- HAM-D 16

Notes: women were included is they had a confirmed diagnosis of breast cancer Stage I or II, with no metastases and not qualifying for primary surgical treatment.

Baseline: HAMD: Mianserin 21.0 (3.6), Placebo: 21.6 (5.4)

Data Used
Adverse events
Response (>50 reduction from baseline)
HAM-D

Notes: TAKEN AT: Baseline, day 14, Day 28 and Day 42 (end of treatment)
DROPOUT: Mianserin 6/28 (21%), placebo 15/27 (56%)
Leaving the study due to adverse events: Mianserin 2/28, placebo 4/27

Group 1 N= 28
Mianserin. Mean dose 60mg - 30mg/day for week 1, increased to 60mg/day for the remainder of the study

Group 2 N= 27
Placebo - Indistinguishable capsules given as a single night-time dose

Drug company sponsored: NV Organon

Results from this paper:
1.1 Adequately addressed
1.2 Not reported adequately
1.3 Not addressed
1.4 Well covered
1.5 Adequately addressed
1.6 Not addressed
1.7 Well covered
1.8 Mianserin 6/28 (21%), Placbo 15/27 (56%)
1.9 Well covered
1.10 Not applicable

2.1 +

WERMUTH1998

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 42

Followup: 52 week continuation

Setting: Denmark, outpatients

Notes: no further details on randomisation

n= 37

Age: Mean 64

Sex: 16 males 21 females

Diagnosis:
100% Depression by DSM-III-R

Exclusions: - <35 years
- HDRS <13
- dementia
- schizophrenia, psychosis
- severe medical disorders
- substance abuse

Baseline: HDRS-17: Citalopram 16.61 (3.08) Placebo 16.16 (3.08)

Data Used
Response (>50 reduction from baseline)
HDRS

Notes: Dropouts: Citalopram 5/18 Placebo 2/19 (6 weeks acute phase)
Citalopram 12/18 Placebo 15/19 (52 weeks - data not usable)

Group 1 N= 18
Citalopram - Starting dose of 10mg if over 65 years or 20mg if under 65 years. Dose reassessed at 6 weeks - non-responders dose was doubled.

Group 2 N= 19
Placebo

Funding: Lundbeck

WIART2000

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 45

Setting: France, Neurorehabilitation unit

Notes: RANDOMISATION: no further details

n= 31

Age: Mean 68

Sex: 15 males 16 females

Diagnosis:
100% Depression by ICD-10

Data Used
Response (>50 reduction from baseline)
MMSE
MADRS

Group 1 N= 16
Fluoxetine

Group 2 N= 15
Placebo

Drug company? Lilly France

Info on Screening Process: 121 screened

Stroke

Exclusions: - MADRS <19
- MMSE <23
- severe aphasia
- previous stroke

Baseline: MADRS: Fluoxetine 28.5(7.7) Placebo 27.2(6.3)

Notes: Dropouts: Fluoxetine 2/16 Placebo 0/15

WISE2007

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 7

Setting: US

Notes: Randomisation: no further details

n= 233

Age: Mean 73

Sex: 83 males 150 females

Diagnosis:
100% Depression

Exclusions: - psychiatric diagnosis other than MDD or mild dementia
- moderate to severe dementia or learning disability
- over 65 years of age

Baseline: HAMD: Duloxetine 22.5(3.4) Placebo 22.2(3.8)

Data Used
Response (>50 reduction from baseline)
Remission (below cut-off)
HAM-D

Group 1 N= 155
Duloxetine. Mean dose 60mg

Group 2 N= 78
Placebo

YANG2002

Study Type: RCT

Blindness: No mention

Duration (days): Mean 112

Setting: China, 2-6 months after a stroke

Notes: RANDOMISATION: no further details

n= 121

Age: Mean 64

Sex: 75 males 46 females

Diagnosis:
100% Stroke

100% Depression

Exclusions: - HDRS-17 <7

Data Used
ADL
Response (>50 reduction from baseline)
Remission (below cut-off)

Group 1 N= 64
Paroxetine. Mean dose 20mg/d

Group 2 N= 57
Placebo

funding: no information

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
AMSTERDAM2006	Non RCT
ARSLAND2000	Non RCT
BROWN2007D	Non RCT
CANKURTARAN2008	Mixed depression and anxiety, low % depressed in both groups
CHEMERINSKI2001	pooled analysis of trials
CHEN2001	Looks at combining SSRI treatment with chinese herbal medicine
CHEN2003	Unable to obtain English papers
CHOIKWON2006	no depression diagnosis
CHUCK2000	Non-RCT
COULEHAN1997	Not physically ill; randomisation combines psychosocial and pharmacological interventions in analysis
CURRIER2003	no control group
DALESSANDRO2007	not randomised
DELOLMO2007	TMS only - no phram / relevant comparator
ELLIOTT2002	not RCT

FAKHOURY2007	No relevant comparison group
GLEASON2004	no relevant comparison group
GOODNICK1997	Non RCT
GORDON1985	Looking at desipramine versus placebo only
GRASSI2004	Non RCT
GRAY1992A	No diagnosis of Depression
HE2002	Non-RCT
HOLLAND1991	Not an antidepressant
HU2002	Unable to obtain English version
HU2005A	No comparator (control group just received treatment as usual)
HUANG2003	not RCT
INDACO1988	Participants non-depressed focus of intervention is on reduction in headache
IOSIFESCU2003	No comparison
JANSEN1999	not RCT
JIA2005	No comparator (control group just received treatment as usual)
KENNEDY1989A	Non-RCT
KIMURA2003	pooled analysis of other trials
KOK2007	Not physically ill (psychiatric inpatient not medical inpatient)
KONG2007	participants were not depressed
KRISHNAN2001	pooled analysis of two trials
KUHN2003	Non-RCT
LAITINEN1969	did not use validated scales
LASKA2005	did not assess depression
LAURITZEN1994	augmentation trial
LECHIN1998	Population were children and adolescents <18 years
LIANG2005	No useable comparison - treatment group did not receive placebo or any intervention
LUSTMAN2007	Non RCT
MA2006	No useable comparison - control group did not receive placebo or any othe rintervention
MACFARLANE1986	Participants are not depressed. Intervention aimed at reducing pain
MAYO2007	No pre-cross over data, query regarding randomisation method
MITCHELL2008	Protocol only
MORASCO2007A	Prevention study - outside scope
MOSS2006	Non RCT
MUSSELMAN2001	Prevention study - outside scope
NIEDERMAIER2004	prevention of depression after stroke
PAE2004	Non RCT
PARK2008	Not a relevant comparison (drug not an antidepressant)
PENG2005	Range of psychological disorders, unclear % with depression
RABEY1996	Conference abstract
RABKIN1994A	fluoxetine not randomised
REDING1986	no depression outcomes

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

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