National Institute for Health and Care Excellence

Draft for consultation

Depression in adults

Glossary and abbreviations

NICE Guideline CG90 (update)

Supplement 2

November 2021

Draft for consultation

This supplement was developed by the National Guideline Alliance which is part of the Royal College of Obstetricians and Gynaecologists

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive. All NICE guidance is subject to regular review and may be updated or withdrawn.

.

Copyright

ISBN:

Contents

1 Glossary

Term	Definition
Abstract	Summary of a study, which may be published alone or as an introduction to a full scientific paper.
Acquired cognitive impairments	Neurological disorders that affect cognitive abilities (for example, learning, memory and problem-solving). Acquired disorders may be due to medical conditions that affect mental function (for example, dementia, Parkinson's disease or traumatic brain injury).
Area under the curve (AUC)	Summary measure of the accuracy of a diagnostic test.
Arm (of a clinical study)	Subsection of individuals within a study who receive one particular intervention, for example placebo arm.
Association	Statistical relationship between 2 or more events, characteristics or other variables. The relationship may or may not be causal.
Attrition bias	Systematic differences between comparison groups for withdrawal or exclusion of participants from a study.
Avoidance	An unhelpful form of coping behaviour in which a person changes their behaviour to avoid thinking about, feeling, or doing difficult things. This includes putting things off, reducing activities, not tackling problems, not speaking up for oneself, distraction, and using alcohol or substances to numb feelings.
Baseline	The initial set of measurements at the beginning of a study (after run-in period where applicable) with which subsequent results are compared.
Bias	Influences on a study that can make the results look better or worse than they really are. Bias can occur by chance, deliberately or as a result of systematic errors in the design and execution of a study. It can also occur at different stages in the research process, for example during the collection, analysis, interpretation, publication or review of research data. For examples see Confounding factor, Performance bias, Publication bias Selection bias.
Blinding	The practice of keeping the investigators or subjects of a study ignorant of the group to which a subject has been assigned. For example, a clinical trial in which the participating patients or their doctors are unaware of whether they (the patients) are taking the experimental drug or a placebo (dummy treatment). The purpose of 'blinding' or 'masking' is to protect against bias. See also double-blind study and single-blind study.
Case series	Report of a number of cases of a given disease, usually covering the course of the disease and the response to treatment. There is no comparison (control) group of patients.
Case-control study	A study to find out the cause(s) of a disease or condition. This is done by comparing a group of patients who have the disease or condition (cases) with a group of people who do not have it (controls) but who are otherwise as similar as possible (in characteristics thought to be unrelated to the causes of the disease or condition). This means the researcher can look for aspects of their lives that differ to see if they may cause the condition. Such studies are retrospective because they look back in time from the outcome to the possible causes of a disease or condition.
Chronic depressive symptoms	People with chronic depressive symptoms includes those who continually meet criteria for the diagnosis of a major depressive episode for at least 2 years; or have persistent subthreshold symptoms for at least 2 years; or who have persistent low mood with or without concurrent episodes of major depression for at least 2 years. People

Term	Definition
	with depressive symptoms may also have a number of social and personal difficulties that contribute to the maintenance of their chronic depressive symptoms.
Clinical effectiveness	How well a specific test or treatment works when used in the 'real world' (for example when used by a doctor with a patient at home), rather than in a carefully controlled clinical trial. Trials that assess clinical effectiveness are sometimes called management trials. Clinical effectiveness is not the same as efficacy.
Clinical efficacy	The extent to which an intervention is active when studied under controlled research conditions.
Clinician	A healthcare professional who provides patient care. For example a doctor, nurse or physiotherapist.
Cochrane Review	The Cochrane Library consists of a regularly updated collection of evidence-based medicine databases including the Cochrane Database of Systematic Reviews (reviews of RCTs prepared by the Cochrane Collaboration).
Cohort	A group of people sharing some common characteristic (e.g. patients with the same disease), followed up in a research study for a specified period of time.
Cohort study	A study with 2 or more groups of people – cohorts – with similar characteristics. One group receives a treatment, is exposed to a risk factor or has a particular symptom and the other group does not. The study follows their progress over time and records what happens.
Collaborative care	Collaborative care requires that the service user and healthcare professional jointly identify problems and agree goals for treatments, and normally comprises: • case management which is supervised and supported by a senior mental health professional • close collaboration between primary and secondary physical health services and specialist mental health services in the delivery of services • the provision of a range of evidence-based interventions • the long-term coordination of care and follow-up.
Comorbidities	The presence of more than one disease or health condition in an individual at a given time
Comparative group	The group in the study who do not receive the treatment/procedure or who receive the norm treatment. This group is used to measure against the treatment/procedure being investigated.
Concealment of allocation	The process used to ensure that the person deciding to enter a participant into an RCT does not know the comparison group into which that individual will be allocated. This is distinct from blinding and is aimed at preventing selection bias. Some attempts at concealing allocation are more prone to manipulation than others and the method of allocation concealment is used as an assessment of the quality of a trial.
Confidence interval (CI)	There is always some uncertainty in research. This is because a small group of patients is studied to predict the effects of a treatment on the wider population. The confidence interval is a way of expressing how certain we are about the findings from a study, using statistics. It gives a range of results that is likely to include the 'true' value for the population. The CI is usually stated as '95% CI', which means that the range of values has a 95 in 100 chance of including the 'true' value. For example, a study may state that “based on our sample findings, we are 95% certain that the 'true' population blood pressure is not higher than 150

Term	Definition
	and not lower than 110". In such a case the 95% CI would be 110 to 150. A wide confidence interval indicates a lack of certainty about the true effect of the test or treatment – often because a small group of patients has been studied. A narrow confidence interval indicates a more precise estimate (for example if a large number of patients have been studied).
Confounding factor	Something that influences a study and can result in misleading findings if it is not understood or appropriately dealt with. For example, a study of heart disease may look at a group of people who exercise regularly and a group who do not exercise. If the ages of the people in the 2 groups are different, then any difference in heart disease rates between the 2 groups could be because of age rather than exercise. Therefore age is a confounding factor.
Continuous outcome	Data with a potentially infinite number of possible values within a given range. Height, weight and blood pressure are examples of continuous variables.
Contraindicated	A situation in which a medication or treatment should not be administered
Control group	A group of people in a study who do not receive the treatment or test being studied. Instead, they may receive the standard treatment (sometimes called 'usual care') or a dummy treatment (placebo). The results for the control group are compared with those for a group receiving the treatment being tested. The aim is to check for any differences. Ideally, the people in the control group should be as similar as possible to those in the treatment group, to make it as easy as possible to detect any effects due to the treatment.
Cost–benefit analysis (CBA)	Cost-benefit analysis is one of the tools used to carry out an economic evaluation. The costs and benefits are measured using the same monetary units (for example UK pounds) to see whether the benefits exceed the costs.
Cost–consequence analysis (CCA)	Cost-consequence analysis is one of the tools used to carry out an economic evaluation. This compares the costs (such as treatment and hospital care) with the consequences (such as health outcomes) of a test or treatment with a suitable alternative. Unlike cost–benefit analysis or cost-effectiveness analysis, it does not attempt to summarise outcomes in a single measure (such as the quality adjusted life year) or in financial terms. Instead, outcomes are shown in their natural units (some of which may be monetary) and it is left to decision-makers to determine whether, overall, the treatment is worth carrying out.
Cost-effectiveness analysis (CEA)	Cost-effectiveness analysis is one of the tools used to carry out an economic evaluation. The benefits are expressed in non-monetary terms related to health, such as symptom-free days, heart attacks avoided, deaths avoided or life years gained (that is, the number of years by which life is extended as a result of the intervention).
Cost-effectiveness model	An explicit mathematical framework which is used to represent clinical decision problems and incorporate evidence from a variety of sources in order to estimate the costs and health outcomes.
Cost-minimisation analysis (CMA)	Cost-minimisation analysis is a type of economic evaluation which can be used when the alternatives being compared have equivalent clinical effectiveness. The costs of alternatives are compared in order to determine which is the cheapest.
Cost–utility analysis (CUA)	Cost–utility analysis is one of the tools used to carry out an economic evaluation. The benefits are assessed in terms of both quality and duration of life, and expressed as quality adjusted life years (QALYs). See also Utility.

Term	Definition
Credible interval (CrI)	The Bayesian equivalent of a confidence interval.
Cross-over study design	A study comparing two or more interventions in which the participants, upon completion of the course of one treatment, are switched to another. A problem with this study design is that the effects of the first treatment may carry over into the period when the second is given. Therefore a crossover study should include an adequate 'wash-out' period, which means allowing sufficient time between stopping one treatment and starting another so that the first treatment has time to wash out of the patient's system.
Cross-sectional study	The observation of a defined set of people at a single point in time or time period – a snapshot. (This type of study contrasts with a longitudinal study, which follows a set of people over a period of time.)
Decision analysis	An explicit quantitative approach to decision-making under uncertainty, based on evidence from research. This evidence is translated into probabilities, and then into diagrams or decision trees which direct the clinician through a succession of possible scenarios, actions and outcomes.
Depression	In this guideline the term 'people with depression' is used. This includes people with a clinical diagnosis of depression and those who feel themselves to be experiencing depression or depressive symptoms, and recognises that people experience, describe and label their experiences of depression in very individual ways.
Diagnostic study	A study to assess the effectiveness of a test or measurement in terms of its ability to accurately detect or exclude a specific disease.
Dichotomous outcomes	Outcome that can take one of 2 possible values, such as dead/alive, smoker/non-smoker, present/not present (also called binary data).
Discounting	Costs and perhaps benefits incurred today have a higher value than costs and benefits occurring in the future. Discounting health benefits reflects individual preference for benefits to be experienced in the present rather than the future. Discounting costs reflects individual preference for costs to be experienced in the future rather than the present.
Dominance	A health economics term. When comparing tests or treatments, an option that is both less effective and costs more is said to be 'dominated' by the alternative.
Double-blind study	A study in which neither the subject (patient) nor the observer investigator/ clinician) is aware of which treatment or intervention the subject is receiving. The purpose of blinding is to protect against bias.
Drop-out	A participant who withdraws from a trial before the end.
Economic evaluation	An economic evaluation is used to assess the cost effectiveness of healthcare interventions (that is, to compare the costs and benefits of a healthcare intervention to assess whether it is worth doing). The aim of an economic evaluation is to maximise the level of benefits – health effects – relative to the resources available. It should be used to inform and support the decision-making process; it is not supposed to replace the judgement of healthcare professionals. There are several types of economic evaluation: cost–benefit analysis, cost–consequence analysis, cost-effectiveness analysis, cost-minimisation analysis and cost–utility analysis. They use similar methods to define and evaluate costs, but differ in the way they estimate the benefits of a particular drug, programme or intervention.
Effect (as in effect measure, treatment	A measure that shows the magnitude of the outcome in 1 group compared with that in a control group. For example, if the absolute risk reduction is shown to be 5% and it is the outcome of interest, the effect

Term	Definition
effect, estimate of effect, effect size)	size is 5%. The effect size is usually tested, using statistics, to find out how likely it is that the effect is a result of the treatment and has not just happened by chance.
Effectiveness	How beneficial a test or treatment is under usual or everyday conditions.
Effectiveness reviews	Evaluation of how beneficial a test or treatment is under everyday conditions.
Efficacy	How beneficial a test, treatment or public health intervention is under ideal conditions (for example in a laboratory).
Epidemiological study	The study of a disease within a population, defining its incidence and prevalence and examining the roles of external influences (for example infection, diet) and interventions.
EQ-5D (EuroQoL 5 dimensions) or EQ-VAS	A standardised instrument used to measure health-related quality of life. It provides a single index value for health status.
EQ-VAS (EuroQoL Visual analogue scale)	A standardised instrument used to measure health-related quality of life, using a visual analogue scale.
Evidence	Information on which a decision or guidance is based. Evidence is obtained from a range of sources including RCTs, observational studies, expert opinion (of clinical professionals or patients).
Evidence based	The process of systematically finding, appraising and using research findings as the basis for clinical decisions.
Evidence table	A table summarising the results of a collection of studies which, taken together, represent the evidence supporting a particular recommendation or series of recommendations in a guideline.
Exclusion criteria (clinical study)	Criteria that define who is not eligible to participate in a clinical study.
Exclusion criteria (literature review)	Explicit standards used to decide which studies should be excluded from consideration as potential sources of evidence.
Extended dominance	If Option A is both more clinically effective than Option B and has a lower cost per unit of effect when both are compared with a do-nothing alternative, then Option A is said to have extended dominance over Option B. Option A is therefore more cost effective and should be preferred, other things remaining equal.
Extrapolation	An assumption that the results of studies of a specific population will also hold true for another population with similar characteristics.
False negative	A diagnostic test result that incorrectly indicates that an individual does not have the disease of interest, when they do actually have it.
False positive	A diagnostic test result that incorrectly indicates that an individual has the disease of interest, when they actually do not have it.
Fixed-effect model	In meta-analysis, a model that calculates a pooled effect estimate using the assumption that all observed variation between studies is caused by random sample variability. Studies are assumed to estimating the same overall effect.
Follow-up	Observation over a period of time of an individual, group or initially defined population whose appropriate characteristics have been assessed in order to observe changes in health status or health-related variables.
Forest plot	A graphical representation of the individual results of each study included in a meta-analysis together with the combined meta-analysis result. The plot also allows readers to see the heterogeneity among the results of the studies. The results of individual studies are shown as squares centred on each study's point estimate. A horizontal line runs through each square to show each study's confidence interval. The overall estimate from the meta-analysis and its confidence interval are

Term	Definition
	shown at the bottom, represented as a diamond. The centre of the diamond represents the pooled point estimate, and its horizontal tips represent the confidence interval.
Generalisability	The extent to which the results of a study hold true for groups that did not participate in the research.
Gold standard	A method, procedure or measurement that is widely accepted as being the best available to test for or treat a disease.
GRADE, GRADE profile	A system developed by the GRADE Working Group to address the short-comings of present grading systems in healthcare. The GRADE system uses a common, sensible and transparent approach to grading the quality of evidence. The results of applying the GRADE system to clinical trial data are displayed in a table known as a GRADE profile.
Harms	Adverse effects of an intervention.
Health economics	Study or analysis of the cost of using and distributing healthcare resources.
Health-related quality of life (HRQoL)	A measure of the effects of an illness to see how it affects someone's day-to-day life.
Heterogeneity	The term is used in meta-analyses and systematic reviews to describe when the results of a test or treatment (or estimates of its effect) differ
Imprecision	Results are imprecise when studies include relatively few patients and few events and thus have wide confidence intervals around the estimate of effect.
Incidence	The incidence of a disease is the rate at which new cases occur in a population during a specified period.
Inclusion criteria (clinical study)	Specific criteria that define who is eligible to participate in a clinical study.
Inclusion criteria (literature review)	Explicit criteria used to decide which studies should be considered as potential sources of evidence.
Incremental cost	The extra cost linked to using one test or treatment rather than another. Or the additional cost of doing a test or providing a treatment more frequently.
Incremental cost effectiveness ratio (ICER)	The difference in the mean costs in the population of interest divided by the differences in the mean outcomes in the population of interest for one treatment compared with another.
Incremental net benefit (INB)	The value (usually in monetary terms) of an intervention net of its cost compared with a comparator intervention. The INB can be calculated for a given cost-effectiveness (willingness to pay) threshold. If the threshold is £20,000 per QALY gained then the INB is calculated as: (£20,000×QALYs gained) minus incremental cost.
Indirectness	The available evidence is different to the review question being addressed, in terms of population, intervention, comparison and outcome (PICO).
Intention-to-treat analysis (ITT)	An assessment of the people taking part in a clinical trial, based on the group they were initially (and randomly) allocated to. This is regardless of whether or not they dropped out, fully complied with the treatment or switched to an alternative treatment. Intention-to-treat analyses are often used to assess clinical effectiveness because they mirror actual practice: that is, not everyone complies with treatment and the treatment people receive may be changed according to how they respond to it.
Internal validity	How well an experiment is done and if it is clear that the variable being tested is what is causing the measured effect.
Intervention	In medical terms this could be a drug treatment, surgical procedure, diagnostic or psychological therapy. Examples of public health

Term	Definition
	interventions could include action to help someone to be physically active or to eat a more healthy diet.
Length of stay	The total number of days a patient stays in hospital.
Less severe depression	Depression that encompasses sub-threshold and mild depression.
Licence	See Product licence.
Likelihood ratio	The likelihood ratio combines information about the sensitivity and specificity. It tells you how much a positive or negative result changes the likelihood that a patient would have the disease. The likelihood ratio of a positive test result (LR+) is sensitivity divided by (1 minus specificity).
Lost to follow-up	Patients who have withdrawn from the clinical trial at the point of follow-up.
Markov model	A method for estimating long-term costs and effects for recurrent or chronic conditions, based on health states and the probability of transition between them within a given time period (cycle).
Mean	An average value, calculated by adding all the observations and dividing by the number of observations.
Mean difference	In meta-analysis, a method used to combine measures on continuous scales (such as weight), where the mean, standard deviation and sample size in each group are known. The weight given to the difference in means from each study (for example how much influence each study has on the overall results of the meta-analysis) is determined by the precision of its estimate of effect.
Median	The value of the observation that comes half-way when the observations are ranked in order.
Medication management	Giving a person advice on how to keep to a regimen for the use of medication (for example, how to take it, when to take it and how often). The focus in such programmes is only on the management of medication and not on other aspects of depression.
Meta-analysis	A method often used in systematic reviews. Results from several studies of the same test or treatment are combined to estimate the overall effect of the treatment.
Methodology	Systematic, theoretical analysis of the methods applied to a field of study.
Minimal important difference (MID)	Threshold for clinical importance which represents the minimal important difference for benefit or for harm; for example the threshold at which drug A is less effective than drug B by an amount that is clinically important to patients.
Morbidity	A diseased condition or state
More severe depression	Depression encompassing moderate and severe depression
Multidisciplinary team	A team with members from different healthcare professions (including for example, oncology, pathology, radiology, nursing)
Multivariate model	A statistical model for analysis of the relationship between 2 or more predictors, (independent) variables and the outcome (dependent) variable.
Net monetary benefit (NMB)	The value (usually in monetary terms) of an intervention net of its cost. The NMB can be calculated for a given cost-effectiveness (willingness to pay) threshold. If the threshold is £20,000 per QALY gained then the NMB is calculated as: (£20,000×QALYs gained) minus cost.
Network meta-analysis (NMA)	Meta-analysis in which multiple treatments (that is, 3 or more) are being compared using both direct comparisons of interventions within RCTs and indirect comparisons across trials based on a common comparator.

Term	Definition
Non-randomised	When subjects of a study are not allocated to a specific treatment/group at random.
Number needed to treat (NNT)	The average number of patients who need to be treated to get a positive outcome. For example, if the NNT is 4, then 4 patients would have to be treated to ensure 1 of them gets better. The closer the NNT is to 1, the better the treatment. For example, if you give a stroke prevention drug to 20 people before 1 stroke is prevented, the number needed to treat is 20.
Observational study	Individuals or groups are observed or certain factors are measured. No attempt is made to affect the outcome. For example, an observational study of a disease or treatment would allow 'nature' or usual medical care to take its course. Changes or differences in one characteristic (for example whether or not people received a specific treatment or intervention) are studied without intervening. There is a greater risk of selection bias than in experimental studies.
Occult	Hidden, or difficult to observe directly
Odds ratio (OR)	Odds are a way to represent how likely it is that something will happen (the probability). An odds ratio compares the probability of something in one group with the probability of the same thing in another. An odds ratio of 1 between 2 groups would show that the probability of the event (for example a person developing a disease, or a treatment working) is the same for both. An odds ratio greater than 1 means the event is more likely in the first group. An odds ratio less than 1 means that the event is less likely in the first group. Sometimes probability can be compared across more than 2 groups – in this case, one of the groups is chosen as the 'reference category' and the odds ratio is calculated for each group compared with the reference category. For example, to compare the risk of dying from lung cancer for non-smokers, occasional smokers and regular smokers, non-smokers could be used as the reference category. Odds ratios would be worked out for occasional smokers compared with non-smokers and for regular smokers compared with non-smokers. See also Confidence interval, Relative risk.
Opportunity cost	The loss of other healthcare programmes displaced by investment in or introduction of another intervention. This may be best measured by the health benefits that could have been achieved had the money been spent on the next best alternative healthcare intervention.
Outcome	The impact that a test, treatment, policy, programme or other intervention has on a person, group or population. Outcomes from interventions to improve the public's health could include changes in knowledge and behaviour related to health, societal changes (for example a reduction in crime rates) and a change in people's health and wellbeing or health status. In clinical terms, outcomes could include the number of patients who fully recover from an illness or the number of hospital admissions, and an improvement or deterioration in someone's health, functional ability, symptoms or situation. Researchers should decide what outcomes to measure before a study begins.
p value	The p value is a statistical measure that indicates whether or not an effect is statistically significant. For example, if a study comparing 2 treatments found that one seems more effective than the other, the p value is the probability of obtaining these results by chance. By convention, if the p value is below 0.05 (that is, there is less than a 5% probability that the results occurred by chance) it is considered that there probably is a real difference between treatments. If the p value is 0.001 or less (less than a 1% probability that the results occurred by chance), the result is seen as highly significant. If the p value shows that there is

Term	Definition
	likely to be a difference between treatments, the confidence interval describes how big the difference in effect might be.
Pairwise analysis	A process of comparing entities in pairs to judge which of each entity is preferred, or has a greater amount of some quantitative property.
Performance bias	Systematic differences between intervention groups in care provided apart from the intervention being evaluated. Blinding of study participants (both the recipients and providers of care) is used to protect against performance bias.
Placebo	A fake (or dummy) treatment given to participants in the control group of a clinical trial. It is indistinguishable from the actual treatment (which is given to participants in the experimental group). The aim is to determine what effect the experimental treatment has had over and above any placebo effect caused because someone has received (or thinks they have received) care or attention.
Placebo effect	A beneficial (or adverse) effect produced by a placebo and not due to any property of the placebo itself.
Post-hoc analysis	Statistical analyses that are not specified in the trial protocol and are generally suggested by the data.
Power (statistical)	The ability to demonstrate an association when one exists. Power is related to sample size; the larger the sample size, the greater the power and the lower the risk that a possible association could be missed.
PR interval	The part of the electrocardiogram between the beginning of the P wave (atrial depolarisation) and the QRS complex (ventricular depolarisation)
Prevalence	The prevalence of a disease is the proportion of a population that are cases at a point in time.
Primary care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
Primary care	Services provided in a community setting, outside secondary care, with which patients usually have first contact
Primary outcome	The outcome of greatest importance, usually the one in a study that the power calculation is based on.
Product licence	An authorisation from the Medicines and Healthcare Products Regulatory Agency (MHRA) to market a medicinal product.
Prognosis	A probable course or outcome of a disease. Prognostic factors are patient or disease characteristics that influence the course. Good prognosis is associated with low rate of undesirable outcomes; poor prognosis is associated with a high rate of undesirable outcomes.
Prognosis	A prediction of the likely outcome or course of a disease; the chance of recovery, recurrence or death
Prognostic factors	Disease characteristics that influence the course of the disease and which are used to predict the likely outcome
Prospective study	A research study in which the health or other characteristic of participants is monitored (or 'followed up') for a period of time, with events recorded as they happen. This contrasts with retrospective studies.
Protocol (review)	A document written prior to commencing a review that details exactly how evidence to answer a review question will be obtained and synthesised. It defines in detail the population of interest, the interventions, the comparators/controls and the outcomes of interest (PICO).

Term	Definition
Psychological	Adjective of psychology, which is the scientific study of behaviour and its related mental process. Psychology is concerned with such matters as memory, rational and irrational thought, intelligence, learning, personality, perceptions and emotions and their relationship to behaviour.
Psychosocial	Concerned with psychological influences on social behaviour
Publication bias	Publication bias occurs when researchers publish the results of studies showing that a treatment works well and don't publish those showing it did not have any effect. If this happens, analysis of the published results will not give an accurate idea of how well the treatment works. This type of bias can be assessed by a funnel plot.
QRS interval	Period from the start of the Q wave to the end of the S wave (time for ventricular depolarisation)
QT interval	Period from the start of the Q wave to the end of the T wave (duration of ventricular electrical activity)
Quality adjusted life year (QALY)	A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality-of-life. One QALY is equal to 1 year of life in perfect health. QALYS are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a scale of 0 to 1). It is often measured in terms of the person's ability to perform the activities of daily life, and freedom from pain and mental disturbance.
Quality of life	See Health-related quality of life.
Random effect model	In meta-analysis, a model that calculates a pooled effect estimate using the assumption that each study is estimating a different true treatment effect due to real differences between studies. Observed variation in effects are therefore caused by a combination of random sample variability (within-study variation) and heterogeneity between studies (between-study variation). The overall effects is an average of the estimated true study effects.
Randomisation	Assigning participants in a research study to different groups without taking any similarities or differences between them into account. For example, it could involve using a random numbers table or a computer-generated random sequence. It means that each individual (or each group in the case of cluster randomisation) has the same chance of receiving each intervention.
Randomised controlled trial (RCT)	A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug or treatment. One group (the experimental group) receives the treatment being tested, the other (the comparison or control group) receives an alternative treatment, a dummy treatment (placebo) or no treatment at all. The groups are followed up to see how effective the experimental treatment was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.
Recruitment bias	When proper randomisation is not achieved when recruiting individuals, meaning that the sample obtained may not be representative of the population intended to be analysed.
Reference standard	The test that is considered to be the best available method to establish the presence or absence of the outcome – this may not be the one that is routinely used in practice.
Regimen	A plan or regulated course of treatment

Term	Definition
Relative risk (RR)	The ratio of the risk of disease or death among those exposed to certain conditions compared with the risk for those who are not exposed to the same conditions (for example the risk of people who smoke getting lung cancer compared with the risk for people who do not smoke). If both groups face the same level of risk, the relative risk is 1. If the first group had a relative risk of 2, subjects in that group would be twice as likely to have the event happen. A relative risk of less than 1 means the outcome is less likely in the first group. Relative risk is sometimes referred to as risk ratio.
Reporting bias	See Publication bias.
Resource implication	The likely impact in terms of finance, workforce or other NHS resources.
Retrospective study	A research study that focuses on the past and present. The study examines past exposure to suspected risk factors for the disease or condition. Unlike prospective studies, it does not cover events that occur after the study group is selected.
Review question	The plan or set of steps to be followed in a study. A protocol for a systematic review describes the rationale for the review, the objectives and the methods that will be used to locate, select and critically appraise studies, and to collect and analyse data from the included studies.
Routine (sessional) outcome monitoring	A system for the monitoring of the outcomes of treatments which involves regular (usually at each contact: referred to as sessional) assessment of symptoms or functioning using a valid scale. It can inform both service user and practitioner of progress in treatment. It is often supported by computerised delivery and scoring of the measures which ensures better completion of the questionnaires and service level audit and evaluation. Alternative terms such as “sessional outcome monitoring” or sessional outcomes” may also be used which emphasise that outcomes should be recorded at each contact.
Rumination	Repetitive and prolonged negative thinking about the depression, feelings and symptoms, the self, problems or difficult life events and about their causes, consequences, meanings and implications (for example ‘Why did this happen to me?’, ‘Why can’t I get better?’).
Secondary care	Services provided by multidisciplinary team in the hospital, as opposed to the General Practitioner and the primary care team
Secondary outcome	An outcome used to evaluate additional effects of the intervention deemed a priori as being less important than the primary outcomes.
Selection bias	Selection bias occurs if: • the characteristics of the people selected for a study differ from the wider population from which they have been drawn; or • there are differences between groups of participants in a study in terms of how likely they are to get better.
Sensitivity	How well a test detects the thing it is testing for. If a diagnostic test for a disease has high sensitivity, it is likely to pick up all cases of the disease in people who have it (that is, give a 'true positive' result). But if a test is too sensitive it will sometimes also give a positive result in people who don't have the disease (that is, give a 'false positive'). For example, if a test were developed to detect if a woman is 6 months pregnant, a very sensitive test would detect everyone who was 6 months pregnant but would probably also include those who are 5 and 7 months pregnant. If the same test were more specific (sometimes referred to as having higher specificity), it would detect only those who are 6 months pregnant and someone who was 5 months pregnant would get a negative result (a 'true negative'). But it would probably also miss some people who were 6 months pregnant (that is, give a 'false negative').

Term	Definition
	Breast screening is a 'real-life' example. The number of women who are recalled for a second breast screening test is relatively high because the test is very sensitive. If it were made more specific, people who don't have the disease would be less likely to be called back for a second test but more women who have the disease would be missed.
Sensitivity analysis	A means of representing uncertainty in the results of an analysis. Uncertainty may arise from missing data, imprecise estimates or methodological controversy. Sensitivity analysis also allows for exploring the generalisability of results to other settings. The analysis is repeated using different assumptions to examine the effect on the results. • One-way simple sensitivity analysis (univariate analysis) – each parameter is varied individually in order to isolate the consequences of each parameter on the results of the study. • Multi-way simple sensitivity analysis (scenario analysis) – 2 or more parameters are varied at the same time and the overall effect on the results is evaluated. • Threshold sensitivity analysis – the critical value of parameters above or below which the conclusions of the study will change are identified. • Probabilistic sensitivity analysis – probability distributions are assigned to the uncertain parameters and are incorporated into evaluation models based on decision analytical techniques (for example Monte Carlo simulation).
Significance (statistical)	A result is deemed statistically significant if the probability of the result occurring by chance is less than 1 in 20 ($p<0.05$).
Single blind study	A study in which either the subject (patient/participant) or the observer (clinician/investigator) is not aware of which treatment or intervention the subject is receiving.
Specificity	The proportion of true negatives that are correctly identified as such. For example, in diagnostic testing the specificity is the proportion of non-cases correctly diagnosed as non-cases. In terms of literature searching a highly specific search is generally narrow and aimed at picking up the key papers in a field and avoiding a wide range of papers. See also Sensitivity.
Stakeholder	An organisation with an interest in a topic on which NICE is developing a clinical guideline or piece of public health guidance. Organisations that register as stakeholders can comment on the draft scope and the draft guidance. Stakeholders may be: • manufacturers of drugs or equipment • national patient and carer organisations • NHS organisations • organisations representing healthcare professionals.
Standard deviation (SD)	A measure of the spread or dispersion of a set of observations, calculated as the average difference from the mean value in the sample.
Stepped care	This is a system of delivering and monitoring treatments, so that the most effective, least intrusive and least resource intensive treatments are delivered first. Stepped care has a built in 'self-correcting' mechanism so that people who do not benefit from initial treatments can be 'stepped up' to more intensive treatments as needed.
Subgroup analysis	An analysis in which the intervention effect is evaluated in a defined subset of the participants in a trial, or in complementary subsets.
Systematic review	A review in which evidence from scientific studies has been identified, appraised and synthesised in a methodical way according to predetermined criteria. It may include a meta-analysis.

Term	Definition
Systemic therapy/treatment	Medicine, usually given by mouth or injection, to treat the whole body rather than targeting one specific area
Time horizon	The time span over which costs and health outcomes are considered in a decision analysis or economic evaluation.
Treatment allocation	Assigning a participant to a particular arm of a trial.
Treatment manuals	Treatment manuals are based on those that were used in the trials that provided the evidence for the efficacy of treatments recommended in this guideline.
True negative	A diagnostic test result that correctly indicates that an individual does not have the disease of interest when they actually do not have it.
True positive	A diagnostic test result that correctly indicates that an individual has the disease of interest when they do actually have it.
Univariate	Analysis which separately explores each variable in a data set.
Utility	In health economics, a utility is the measure of the preference or value that an individual or society places upon a particular health state. It is generally a number between 0 (representing death) and 1 (perfect health). The most widely used measure of benefit in cost-utility analysis is the quality-adjusted life year, but other measures include disability-adjusted life years (DALYs) and healthy year equivalents (HYEs).

1 Abbreviations

Abbreviation	Meaning
3MSE	Modified mini-mental state examination
5-HT	5-hydroxytryptymine
A&E	Accident and emergency Department
ACT	Acceptance and commitment therapy
AD	Antidepressant
ADI	Amritsar depression inventory
ADM	Antidepressant medication
ADQ	Average daily quantities
AfC	Agenda for change
AGREE	Appraisal of guidelines for research and evaluation
AMED	Allied and alternative medicine database
AMI	Autobiographical memory impairment
AMS	Amisulpride
AP	Antipsychotic
APA	American psychiatric association
APNR	Acute phase non-responders
ASEX	Arizona sexual experience scale
AUC	Area under the curve
bid	Twice a day
BA (TD)	Behavioural activation (treatment for depression)
BABCP	British association for behavioural and cognitive psychotherapies
BAC	British association for counselling
BACP	British cssociation for counselling and psychotherapy
BAI	Beck anxiety inventory
BAME	Black, Asian and minority ethnic groups
BASDEC	Brief assessment schedule depression cards
BD	Bipolar disorder
BDQ	Brief disability questionnaire
BDI	Beck depression inventory
BDI-II	Beck depression inventory-II
BDT	Brief dynamic therapy
BIDS	Brief inventory for depressive symptoms
BLIPS	Brief limited intermittent psychotic symptoms
BLRI	Barrett-lennard relationship inventory
BME	Black, minority ethnic
BMQ	Beliefs about medicines questionnaire
BMT	Behavioural marital therapy
BNF	Britich national formulary
BOCF	Baseline observation carried forward
BPD	Borderline personality disorder
BPI	Brief pain inventory
BPIT	Brief psychodynamic-interpersonal therapy

Abbreviation	Meaning
Bpn	Bupropion XL
BPRS	Brief psychiatric rating scale
BSP/BS	Brief supportive psychotherapy
BT	Behaviour therapy
BtB	Beating the Blues
BZD	Benzodiazepine
C	Completers analysis
CADET	Collaborative depression trial
CARE	Comprehensive assessment and referral evaluation
CAT	Cliet assessment of treatment
CAT	Cognitive analytic therapy
CAU	Care as usual
CBASP	Cognitive behavioural analysis system of psychotherapy
C-BDI	Chinese beck depression inventory
CBT	Cognitive behavioural therapy
CCBT/cCBT	Computerised cognitive behavioural therapy
CCA	Constant comparative approach
CCC	Clinical classification categories
CCDAN	Cochrane centre for depression, anxiety and neurosis
CCG	Clinical commissioning group
CCSS	Caribbean culture-specific screen for emotional disorders
CCT	Client-centred treatment
CDRS-SR	Carroll depression rating scale (self-report)
CDS	Chronic disease score
CDSR	Cochrane database of systematic reviews
CEAC	Cost-effectiveness acceptability curve
CEAF	Cost-effectiveness acceptability frontier
CEEG	Continuous electroencephalography
CENTRAL	Cochrane central register of controlled trials
CES-D	Centre of epidemiology studies – depression
CFB	Change from baseline
CG	Clinical guideline
CGI	Clinical global impressions
CI	Confidence interval
CIDI (-SF)	Composite international diagnostic interview (-short form)
CIGP-CD	Cognitive-interpersonal group psychotherapy for chronic depression
CINAHL	Cumulative index to nursing and allied health literature
CIS-R	Clinical interview schedule-revised
Cit/cital	Citalopram
clr	Cluster randomised (adjusted)
CM	Care management/clinical management
CMB	Combined
CMBN	Combined arms
CMHN	Community mental health nurse

Abbreviation	Meaning
CMHT	Community mental health team
CNS	Central nervous system
CNSLNG	Counselling
Cntl	Control
CNTRL	Control
COMB	Combination of 12 weeks' antidepressant treatment and 16 sessions of CBT with 6 months' maintenance therapy and 6 months' follow-up (Strategy B in this guideline)
Combo	Combined treatment
COPE	Calendar of premenstrual experiences
CORE	Centre for outcomes, research and effectiveness
CORE (-OM)	Clinical outcomes in routine evaluation (-outcome measure)
CPA	Care programme approach
CPN	Community psychiatric nurse
CPRS	Comprehensive psychopathological rating scale
C-R	Clinician-reported
CRHT	Crisis resolution and home treatment
CRHTT	Crisis resolution and home treatment team
CrI	Credible interval
CSPRS	Collaborative study psychotherapy rating scale
CSQ (-8)	Client satisfaction questionnaire (-8 items)
CT	Cognitive therapy
Ctp	Citalopram
CTS	Cognitive therapy scale
CWD	Coping with depression
D	Dysthymia
DA	Dopamine
DAI	Drug attitude index
DALY	Disability adjusted life years
DARE	Database of abstracts of reviews of effects
DBM	Demineralised bone matrix
DBS	Deep brain stimulation
DESS	Discontinuation emergent signs and symptoms
df	Degrees of freedom
DIC	Deviance information criterion
DIS	Diagnostic interview schedule
DOI	Declaration of interests
DP	Day patient
DPDS	Depression subscale of the short-CARE
DRP (-PC)	Depression recurrence prevention program (-psychiatric consultation)
DSM (–II, –III, –IV, –TR, –R)	Diagnostic and statistical manual of mental disorders of the American psychiatric association (2nd edition, 3rd edition, 4th edition, text revision, revision)
Dsp	Desipramine
dul/dulox	Duloxetine

Abbreviation	Meaning
ECG	Electrocardiogram
ECT	Electroconvulsive therapy
EDS	Edinburgh depression scale
EED	Economic evaluation database
EEG	Electroencephalogram
EFT	Emotion-focused therapy
EMBASE	Excerpta medica database
EMDR	Eye movement desensitization and reprocessing
EQ-5D	European quality of life-5 dimensions
ER	Extended release
ERIC	Education resources information center
Escit/esc	Escitalopram
EuroQOL	European quality of life
F	Female
FDA	US food and drug administration
Flp	Flupenthixol
FLU/fluox/flx/flu	Fluoxetine
Flv/Fvx	Fluvoxamine
G	Group
GAD	Generalised anxiety disorder
GAF	Global assessment of functioning
GAS	Global assessment scale
GBP	British pounds sterling
GC	Guideline committee
gCBT	Group cognitive behavioural therapy
GDG	Guideline development group
GDS	Geriatric depression scale
GHC	Group health cooperative
GHQ	General health questionnaire
GMS-AGECAT	Geriatric mental state-automated geriatric examination for computer assisted taxonomy
GP	General practitioner
GPc	General practitioner care
GPRD	General practice research database
GPT	Group psychotherapy
GRADE	Grading of recommendations assessment, development and evaluation
GRP	Guideline review panel
GSDS	Groningen social disabilities schedule
GSH	Guided self-help
GSS	Global seasonality score
HADS	Hospital anxiety and depression scale
HADS (-D)	Hospital anxiety and depression scale (-Depression)
HAM-A	Hamilton anxiety rating scale
HAMD/HAM-D	Hamilton depression rating scale

Abbreviation	Meaning
HAP	Human activities profile
HAQ	Health assessment questionnaire
HCl	Hydrochloride
HIRU	Health information research unit
HLM	Hierarchical linear modelling
HMIC	Health management information consortium
HMO	Health maintenance organisation
HMSO	Her majesty's stationery office
HMU	Head-mounted unit
HRQoL	Health-related quality of life
HRSD	Hamilton rating scale for depression
HRT	Hormone replacement therapy
HSCIC	Health and social care information centre
HSCL	Hopkins symptom checklist
HTA	Health technology assessment
IAPT	Improving access to psychological therapies
ICC	Intracluster correlation coefficient
ICD (-9, -10)	International classification of diseases (9th revision; 10th revision)
ICER	Incremental cost-effectiveness ratio
ICM	Imipramine + clinical management
ICSD-2	International classification of sleep disorders-2
ICT	Integrative cognitive therapy
IDS	Inventory for depressive symptomatology
IHD	Ischaemic heart disease
IIP	Inventory of interpersonal problems
Imp	Imipramine
IMPACT	A collaborative care for depression programme at the University of Washington
Int	Intervention
Ip	Interpersonal therapy for dysthymic disorder
IP	Inpatient
IPA	Interpretative phenomenological analysis
IPD	Interpersonal difficulties
IPT	Interpersonal therapy
IPT (-M, -D)	Interpersonal therapy (-maintenance, -for dysthymia)
IQR	Inter-quartile range
ISI	Insomnia severity index;
ITT	Intention to treat
K	Number of studies
K10	Kessler-10
KPDS	Kleinian psychoanalytic diagnostic scale
LD3	Low dose (three times per week)
LD5	Low dose (five times per week)
LED	Light-emitting diode

Abbreviation	Meaning
LGBT	Lesbian, gay, bisexual and transgender
Li	Lithium
LOCF	Last observation carried forward
LOF	Lofepramine
LOR	Log-odds ratio
LR-	Negative likelihood ratio
LR+	Positive likelihood ratio
LSP	Life skills profile
LVCF	Last value carried forward
M	Male
MADRS	Montgomery–åsberg depression rating scale
MAJOR	Major depression arm of study
MANSA	Manchester short assessment of quality of life
MAOI	Monoamine-oxidase inhibitor
MBCBT	Mindfulness-based CBT
MBCT	Mindfulness-based cognitive therapy
MBSR	Mindfulness-based stress reduction
mcl	Moclobemide
MD	Mean difference/major depression
MDD	Major depressive disorder
MDI	Major depression index
MEDLINE	Medical literature analysis and retrieval system online
mg	Milligrams
MH	Mental health
MHI (-5)	Mental health inventory (-5 items)
MHRA	Medicines and healthcare products regulatory agency
MHT	Mental health team
MI	Myocardial infarction
MID	Minimally important difference
MIDAS	Module for meta-analytical integration of diagnostic test accuracy studies
MINI	Mini international neuropsychiatric interview
MINOR	Minor depression arm of study
MMPI	Minnesota multiphasic personality inventory
MMQ	Maudsley marital questionnaire
MMRM	Mixed-effect model repeated measure
MMSE	Mini-mental state examination
Mnp	Minaprine
MOS-SF-20	Medical outcomes study-short form-20 items
MPS	Maier and Philipp (core mood stability) subscale
Mpt	Maprotiline
MRC	Medical research council
MSE	Mental state examination
MSQ	Mental status questionnaire
n	Number of participants

Abbreviation	Meaning
N	Total number of participants
N/A	Not applicable
N/n	Number of participants
N/R	Not reported
NA	Noradrenaline
NA	Not available
NARI	Noradrenaline reuptake inhibitor
NaSSA	Noradrenaline and specific serotonin antidepressant
NCC	National collaborating centre
NCCMH	National Collaborating Centre for Mental Health
ND	Non-directive
NEF	Nefazodone
NEO (-FFI)	Neo personality inventory (-five-factor inventory)
NGA	National guideline alliance
NHS	National health service
NICE	National institute for health and care excellence
NIMH	National Institute of mental health
nm	Nanometres
NMA	Network meta-analysis
NMB	Net monetary benefit
NNH	Number needed to harm
NNT	Number needed to treat
Nort	Nortriptyline
NOS	Not otherwise specified
NPV	Negative predictive value
NR	Not reported
NSAID	Non-steroidal anti-inflammatory drug
NSF	National service framework
OCD	Obsessive-compulsive disorder
OHE HEED	Office of health economics health economic evaluations database
OIS	Optimal information size
Olz	Olanzapine
ONS	Office for national statistics
OPD	Other personality disorder
OpenSIGLE	System for information on grey literature in Europe
OR	Odds ratio
OT	Occupational therapy/therapist
Parox/prx/px	Paroxetine
PARQ	Physical activity readiness questionnaire
PASE	Physical activity scale for the elderly
PC	Personal computer
P-CM	Placebo + clinical management
PCMHW	Primary care mental health worker
PCP	Primary care practitioner

Abbreviation	Meaning
PCT	Primary care trust
PD	Personality disorder
PDPT	Psychodynamic psychotherapy
PDAS	Psychotic depression assessment scale
PE	Process experiential treatment
PEP (+PC)	Psychoeducational prevention programme (+psychiatric consultation)
PF-SOC	Problem-focused style of coping scale
PGEM	Pharmacist guided education and monitoring
PGI	Patient global impression scale
PGMS	Philadelphia geriatric morale scale
PHD3	Public health dose (180 minutes of moderate-intensity exercise per week, three times per week)
PHD5	Public health dose (180 minutes of moderate-intensity exercise per week, five times per week)
PHQ	Patient health questionnaire
PHQ (-9)	Patient health questionnaire (-9 items)
Phz	Phenelzine
PICO	Population intervention comparison outcome
PLA/Plb/pbo/pb	Placebo
POMS	Profile of mood states
PP	Psychodynamic psychotherapy
PRIME-MD	Primary care evaluation of mental disorders
PRT	Progressive resistance training
PS	Problem solving
PSE	Present state examination
PSQI	Pittsburgh sleep quality index
PSS	Personal social services
PSSRU	Personal social services research unit
PST/PS (PC)	Problem-solving treatment (-primary care)
PsycINFO	Psychological information database
Pt/s	Patient/s
PTSD	Post-traumatic stress disorder
PWP	Psychological wellbeing practitioner
QALM	Quality-adjusted life month
QALY	Quality-adjusted life year
QI	Quality improvement
QIDS-SR	Quick inventory of depressive symptomatology-self report
QLDS	Quality of life depression scale
Q-LES-Q	Quality of life enjoyment and satisfaction questionnaire
QoL	Quality of life
QoLI	Quality of life inventory
QTc	Corrected QT interval
QWB-SA	Quality of well-being scale
RAND-36	A 36-item health survey by RAND
RANLab	Random agent networks model application

Abbreviation	Meaning
RCT	Randomised controlled trial
RD	Risk difference
RDC	Research diagnostic criteria
REBT	Rational emotive behaviour therapy
RET	Rational emotive therapy
RFCBT	Rumination-focused CBT
RIMA	Reversible inhibitors of monoamine oxidase-A
ROB	Risk of bias
ROC	Receiver operator characteristic
RQ	Review question
RR	Relative risk/risk ratio
RS	Rating scale
RSMD	Rating scale for mania and depression
rTMS	Repetitive transcranial magnetic stimulation
Rts	Ritanserin
SAD	Seasonal affective disorder
SADS	Schedule for affective disorders and schizophrenia
SAS	Spielberger state/trait anxiety scale OR social adjustment scale
SAS-M	Social adjustment scale-modified
SAS-SR	Social adjustment scale-self report
SASS	Social adaptation self-evaluation scale
SC	Standard care
SCID (-IV, -PQ)	Structured clinical interview for DSM (-IV, -personality questionnaire)
SCI-PANSS	Structured clinical interview – positive and negative syndrome scale
SCL (-20, -90, -R)	Symptom checklist (-20 items, -90 items, -revised)
SD	Standard deviation
SDS	Sheehan disability scale
SE	Side effects
SE	Standard error
SEM	Standard error of the mean
SF-12, -36	12-/36-item short form health survey
SFS	Social functioning scale
SFX	Significant effects
SG	Standard gamble
Short-CARE	Comprehensive assessment referral evaluation (short)
SIGH (-SAD, -SR)	Structured interview guide for the Hamilton depression rating scale (-seasonal affective disorders, -self rating)
SIGN	Scottish intercollegiate guidelines network
SJW	St John's wort
SMD	Standardised mean difference
SNRI	Serotonin–noradrenaline reuptake inhibitor
SOFAS	Social and occupational functioning assessment scale
SPC	Summary of product characteristics
SPSP	Short psychodynamic supportive psychotherapy

Abbreviation	Meaning
SQ-SS	Symptom questionnaire-somatic subscale
SR	Sustained release
S-R	Self-reported
SRT	Social rhythm therapy
Srtl/stl/st	Sertraline
SSRI	Selective serotonin reuptake inhibitor
STAI	State-trait anxiety inventory
STAR*D	Sequenced treatment alternatives to relieve depression
STPP	Short-term psychodynamic psychotherapy
t.i.d	Three times a day
T1	End of trial
T2	6 months after end of trial
T3	Triiodothyronine
TA	Technology appraisal
TAU	Treatment as usual
TCA	Tricyclic antidepressant
TCM (-TP)	Telephone care management (-telephone psychotherapy)
TDCRP	NIMH treatment of depression collaborative research programme
tDCS	Transcranial direct current stimulation
TDM	Telephone disease management programme
TeCA	Tetracyclic antidepressant
TMS	Transcranial magnetic stimulation
TRD	Treatment-resistant depression
TSU	NICE guidelines technical support unit
TTO	Time trade-off
UC	Usual care
UME	Unrelated mean effects
UKCP	United Kingdom council for psychotherapy
US	United States
VAMC	Veterans affairs medical center
VAS	Visual analogue scale
VAX	Virtual address extension
Ven/vfx	Venlafaxine
VNS	Vagus nerve stimulation
vrbl	Verbal
WFSBP	World federation of societies of biological psychiatry
WHO	World health organization
WHO-5	World health organization 5-item wellbeing index
WHOQOL (Brief)	World health organization quality of life assessment (brief)
WL/WLC	Waitlist/waitlist control
WMD	Weighted mean differences
WSAS	Work and social adjustment scale
WSDS	Work and social disability scale
XL/XR	Extended release

Abbreviation	Meaning
YLD	Years lived with disability

1